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PREFACE

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TABLE OF ABBREVIATIONS

A.B.	=	Army Book.
A.C.I.	=	Army Council Instruction.
A.D.H.	=	Assistant Director of Hygiene.
A.F.	=	Army Form.
A.G.	=	Adjutant-General.
A.D.M.S.	=	Assistant Director of Medical Services.
A.D. Corps	=	The Army Dental Corps.
A.O.	=	Army Order.
A.D.P.	=	Assistant Director of Pathology.
C.E.	=	Chief Engineer.
C.M.P.	=	Civilian Medical Practitioner.
C.O.	=	Commanding Officer.
C.R.E.	=	Commander Royal Engineers.
D.A.D.H.	=	Deputy Assistant Director of Hygiene.
D.A.D.M.S.	=	Deputy Assistant Director of Medical Services.
D.A.D.O.S.	=	Deputy Assistant Director of Ordnance Services.
D.G.A.M.S.	=	Director-General Army Medical Services.
D.A.D.P.	=	Deputy Assistant Director of Pathology.
D.D.M.S.	=	Deputy Director of Medical Services.
D. & E.	=	Distribution and Embarkation.
E.M.O.	=	Embarkation Medical Officer.
G.E.	=	Garrison Engineer.
G.H.Q.	=	General Headquarters.
G.O.C.-in-C.	=	General Officer Commanding-in-Chief.
H.T.	=	Horse Transport.
i/c	=	in charge of.
I.D.O.	=	Inspecting Dental Officer.
K.R.	=	King's Regulations.
M.O.	=	Medical Officer.
M. of P.	=	Ministry of Pensions.
M.H.S.	=	Medical History Sheet.
M.T.	=	Motor Transport.

N.C.O.	...	=	Non-commissioned officer.
N.H.I.	...	=	National Health Insurance.
N.Y.D.	...	=	Not Yet Diagnosed.
O.C.	...	=	Officer Commanding.
O.T.C.	...	=	Officers' Training Corps.
para.	...	=	paragraph.
P.M.O.	...	=	Principal Medical Officer (R.A.F.).
Q.A.I.M.N.S.		=	Queen Alexandra's Imperial Military Nursing Service.
R.A.F.	...	=	Royal Air Force.
R.A.M.	...	=	Royal Army Medical.
R.A.M.C.	...	=	Royal Army Medical Corps.
R.A.O.C.	...	=	Royal Army Ordnance Corps.
R.A.S.C.	...	=	Royal Army Service Corps.
R.E.	...	=	Royal Engineers.
R.M.	...	=	Royal Marines.
R.N.	...	=	Royal Navy/Naval.
Regs.	...	=	Regulations.
S.M.O.	...	=	Senior Medical Officer.
S.R.	...	=	Supplementary Reserve.
S.S.T.O.	...	=	Superintending Sea Transport Officer.
T.A.	...	=	Territorial Army.
T.A.N.S.	...	=	Territorial Army Nursing Service.
U.I.	...	=	Unemployment Insurance.
U.K.	...	=	United Kingdom.
V.A.D.	...	=	Voluntary Aid Detachment.
W.D.	...	=	War Department.

SECTION I

COMPOSITION AND GENERAL ORGANIZATION OF THE MEDICAL SERVICES OF THE ARMY

A.—Composition

1. Personnel.—The personnel of the Army Medical Services comprise the following :—

(*a*) Officers late Royal Army Medical Corps, *i.e.*, major-generals and colonels.

(*b*) Officers late The Army Dental Corps, *i.e.*, colonels.

(*c*) Officers and other ranks of the Royal Army Medical Corps and The Army Dental Corps.

(*d*) Members of Queen Alexandra's Imperial Military Nursing Service.

2. Administrative officers.—Major-generals and colonels removed from the Royal Army Medical Corps and colonels removed from The Army Dental Corps, who are still on the active list, are nominated by the War Office to fill administrative appointments at home and abroad.

3. R.A.M.C. and A.D. Corps Officers.—Officers of these corps are posted for duty by the War Office to commands at home and abroad, their subsequent posting to stations being made by the G.Os.C.-in-C. Certain officers are nominated by the War Office direct to appointments (*vide* para. **14**).

4. Tours of officers abroad.—The lengths of tours of service abroad are governed by King's Regulations.

5. Pay and promotion.—The rules governing pay and promotion of officers and nurses of the medical services are laid down in King's Regulations and Royal Warrant for Pay, etc., and of other ranks in King's Regulations, Royal Warrant for Pay, and Standing Orders, R.A.M.C. and A.D. Corps.

B.—Organization

6. The peace organization of the Medical Services of the Army is, briefly, as follows :—

(*a*) A directorate of Army Medical Services at the War Office under the administration of the Director-General. This directorate is divided into sub-directorates, dealing with the medical aspect of all army problems and the various subjects that affect the Medical Services, such as personnel, hospitals, equipment, hygiene, pathology, medical boards, dental treatment, nursing services, etc.

(*b*) Deputy directors of medical services and assistant directors of medical services are appointed to headquarters of commands and districts or areas respectively. In addition, assistant or deputy assistant directors of medical services and of hygiene and pathology are appointed to assist the D.Ds.M.S. or A.Ds.M.S. of headquarter formations.

(*c*) Officers are appointed to command military hospitals and other medical establishments, such as the R.A.M. College, R.A.M.C. Depot and Training Establishment, Record Office, Army School of Hygiene, R.A.M.C. Companies.

(*d*) Officers and other rank personnel are employed on executive duties in military hospitals and other medical establishments.

(*e*) Selected senior A.D. Corps officers are appointed as inspecting dental officers in the larger commands to assist the D.D.M.S. in matters relating to the dental service.

Officers and other ranks A.D. Corps are employed on executive duties in dental centres or laboratories.

(*f*) Members of Q.A.I.M.N.S. are appointed as matrons or sisters in charge of military hospitals and military families' hospitals, or for general nursing duty in military or military families' hospitals.

SECTION II

ADMINISTRATIVE AND EXECUTIVE DUTIES

7. General duties.—The medical services of the Regular Army are maintained for :—

(*a*) The prevention of disease.

(*b*) The care and treatment of those disabled by sickness or injury; and in addition form the necessary peace time nucleus for the medical organization in war.

8. Special duties.—The officers are charged with :—

(*a*) The duty of recommending to general and other officers commanding, verbally or in writing, any precautionary or remedial measures relating to stations, garrisons, barracks, hospitals, movements, food, transports, encampments, billets, bivouacs, dress, physical training, drills, duties, and all other matters which may, in their opinion, conduce to the preservation of the health of the troops.

(*b*) The professional treatment and care of the sick and injured, the administration of military hospitals, the provision and replenishment of medical equipment, and the preparation of medical statistics.

(*c*) The command of all patients in military hospitals or in quarters on the sick list, of medical units and establishments, and of such officers and soldiers as may be attached thereto.

(*d*) The training of the warrant officers, N.C.Os., and men of the Royal Army Medical Corps and The Dental Army Corps.

(*e*) The determination of the physical fitness of candidates for commissions in the Army, of recruits, and of others prior to entering military service, and examination and reports upon the health of officers, soldiers, and others in military service as may be necessary.

9. Private health certificates, information, advice, etc., forbidden.—Officers are prohibited from giving :—

(*a*) private certificates to individual officers, soldiers, or civilians on questions connected with their health which may have to be adjudicated on by Medical Boards or other official authorities except as laid down in para. **119** ;

(*b*) advice or assistance to public companies or private individuals on subjects connected with their official duties ;

(*c*) certificates or testimonials to the patentees or vendors of any proprietary articles or inventions.

10. Regulation pocket case of instruments.—All officers on first appointment to the Royal Army Medical Corps must purchase a regulation pocket case of instruments, which should be available at all times. (*See* para. **423** and Appendix 43.)

11. Books of regulations, etc.—All officers of the R.A.M.C. and A.D. Corps must be in possession of the books of regulations, etc., as detailed in King's Regulations.

12. Attendance on the sick.—Officers of the R.A.M.C. are required to attend without delay to sick calls from any persons eligible to receive medical attendance from a military source and others in case of emergency only, taking such subsequent action as may be suitable with regard to those not in their official charge.

Duties of Administrative Officers

13. The D.G.A.M.S. — The Director-General, Army Medical Services is the responsible technical adviser to the Army Council on all matters of health affecting the Army. He will issue orders on behalf of the A.G. to G.Os.C.-in-C. commands, etc., and will decide all technical questions pertaining to the medical services submitted to the War Office. He is charged with the distribution and allotment to the various commands of the officer personnel of the medical services. He will inspect such stations as he may consider necessary.

14. Appointments.—The Director-General nominates officers for the following :—

Administrative appointments.
The command of general hospitals, of certain other military hospitals and military families' hospitals.
Specialist appointments.

Registrars.
Duty in commands.
All mobilization appointments.
The R.A.M. College.
The R.A.M.C. Depot and Training Establishment.
The R.A.M.C. Record and Pay Office.
The Army School of Hygiene.
Special recruiting appointments.
Retired pay appointments.

He also arranges for the distribution of the members of Q.A.I.M.N.S.

Except in very special circumstances, those officers and ladies nominated to special appointments will not be removed from their appointments without reference to the War Office.

15. Foreign service roster.—He maintains a foreign service roster of officers on duty at home, and will, as a general rule, detail those who have been longest at home as first to proceed abroad.

Duties of the Deputy Directors of Medical Services Commands

16. General.

(*a*) The D.D.M.S. of a command, the A.D.M.S. of a district or area not within a command, or a Senior Medical Officer of a command abroad, is the responsible technical adviser to the G.O.C.-in-C. on all medical matters and questions affecting the health of the troops, and will at all times keep the G.O.C.-in-C. informed thereon.

(*b*) He will control and administer all medical establishments and personnel, including The A.D. Corps allotted to the command, he will distribute the personnel according to requirements, and will issue such orders on behalf of the G.O.C.-in-C. as may be necessary in connection therewith.

(*c*) He will exercise a general supervision over the sanitary condition of all parts of each garrison, camp, or station in the command, and will keep himself informed of the incidence of disease, especially epidemic disease, among troops in the command and among the civil population in or near areas in which troops are stationed. He will make such recommendations or cause such steps to be taken as circumstances may require for the prevention and mitigation of disease among troops.

(*d*) He will satisfy himself that the duties of the troops are not injurious to health, that special care in this respect is bestowed on the training of recruits, and that the courses of physical training do not impose an undue strain.

(*e*) He will exercise close supervision over invaliding, and will critically examine all documents before approving of the proceedings of Medical Boards.

(*f*) He will make the necessary arrangements for medical attendance and hospital and dental treatment for persons who may be entitled to such attendance or treatment at public expense.

17. Inspection.—He will periodically make, or cause to be made, a thorough inspection of all camps, barracks, and other buildings at each station in the command where troops are quartered. He will also make such other inspections as may appear necessary, or as may be specially ordered. He will submit the date of any proposed inspection to the G.O.C.-in-C. for approval and insertion in orders.

18. Inspection reports.—He will report to the G.O.C.-in-C. the result of his inspection of barracks and camps, including reference to sanitary defects observed and the steps recommended for their remedy. Any original defects in planning will, when necessary, be specially reported by him to the G.O.C.-in-C., after consultation with the C.E.

19. Inspection of hospitals.—He will thoroughly inspect, or cause to be inspected by the A.D.M.S. of an area within his command, every hospital in the command annually, to ascertain that they are administered in conformity with the regulations, that the patients are properly cared for, and that while due economy is observed, everything necessary for the treatment of the sick is supplied. He will bring to the notice of the G.O.C.-in-C. such matters as may require his attention or reference to the War Office.

20. Medical libraries.—He will appoint an officer in charge of medical libraries where authorized at stations in the command. (*See* para. **139**).

21. Medical equipment with troops.—He will inspect or cause to be inspected the medical equipment on charge in medical inspection rooms.

22. Medical mobilization equipment.—He will arrange for the assembly half-yearly of a board of officers to examine the medical mobilization equipment (*see* para. **431**).

23. First field-dressings.—He will arrange for the inspection once a year, by a medical officer, of field-dressings in charge of units, and of the R.A.O.C. on the application of the officer in whose charge these dressings may be. The officer conducting this inspection, after satisfying himself as to the general condition of the dressings in bulk, will take away

samples for bacteriological examination. Special attention will be given to seven years' old stock at home and five years' old stock abroad, with a view to detecting signs of deterioration. Unless the examination shows the dressings to be in a bad or doubtful condition, it will not be necessary to examine more than a small percentage, or at stations abroad to open more than one tin-lined case, which should be an old one.

24. Military works services necessary on hygienic grounds.—He will prepare, in consultation with the C.E., a list of military works of importance required in the command for the maintenance of the health of the troops and their families, arranged in order of relative urgency. He will arrange for the cost of these services to be estimated and brought forward for consideration at the annual conference for the selection of items for inclusion in the Statement of Services. On the conclusion of that conference, he will forward annually, to arrive not later than the 1st of October, to the Under-Secretary of State (A.M.D.5), The War Office, through the G.O.C.-in-C., lists showing what items are being included in the Barrack Annual Estimate for the ensuing financial year.

25. Schemes for improvement of hygienic conditions.—He will keep the War Office informed, through the G.O.C.-in-C., of the progress of important schemes for improvement of sanitation and hygiene in the command. These reports should be framed in close co-operation with the R.E.

26. Epidemic diseases, measures of prevention.—Should epidemic disease appear in any garrison or camp, or should information regarding such disease in civil communities indicate the risk of a serious spread of infection to adjacent troops and their families, he will take steps forthwith to ensure the adoption of adequate precautionary measures.

27. Epidemic diseases, reports on.—He will immediately report the occurrence of epidemic disease, whether among the troops or the civil population of any garrison, camp, or the neighbourhood thereof, to the G.O.C.-in-C., for the information of the War Office. Serious outbreaks of disease will be reported from all stations at home or abroad by telegram.

28. Employment of civilian medical practitioners, etc.—If there is no officer of the R.A.M.C. at a station where there are troops entitled to medical attendance, the D.D.M.S. will make arrangements for the medical charge of these troops, and will submit the same for approval of the G.O.C.-in-C. Medical officers of the Supplementary Reserve and Territorial Army, who are willing to offer their services, will have a special claim to employment in the district in which they reside.

The conditions regulating the employment of civilian medical practitioners are laid down in the Pay Warrant. Retired officers of the Medical Services of the Royal Navy, Army, Royal Air Force or Indian Medical Services should not be appointed on the terms applicable to civilian medical practitioners without the previous specific authority of the War Office.

29. Temporary employment of soldiers of other units and civilians.—When application is made to the D.D.M.S. for additional personnel, and there are no soldiers of the R.A.M.C. in the command available for duty, the D.D.M.S. will, if he concurs in the necessity for their employment, direct the O.C. the hospital to apply to the O.C. the station for soldiers of other units for temporary duty. If no soldiers are available, pensioners or other civilians may, with the approval of the D.D.M.S., be employed under the provisions of the Pay Warrant (*see* para. **74**).

30. Orderly officer.—He will cause an orderly officers' duty roster to be maintained at stations where he considers it necessary. The roster will be limited to officers under the rank of major, unless the number of available junior officers falls below four, when majors will also be taken in turn from a separate roster so as to maintain the tour of orderly duty at one in four. At a station where it is inconvenient to detail an orderly officer daily, the D.D.M.S. may authorize such modifications as will meet local circumstances. The above provisions regarding the roster are subject to temporary amendments as notified from time to time in War Office letters.

31. Confidential reports.—(*a*) He will cause confidential reports to be rendered annually on all officers* and on members of Q.A.I.M.N.S. who are serving in the command. These reports will in all cases be furnished in accordance with King's Regulations and will be sent to the G.O.C.-in-C. in time for despatch to the War Office by 1st January. The reports on officers and on members of Q.A.I.M.N.S. who changed stations during the period 1st September to 31st December will be initiated at the old station.

(*b*) He will, when about to vacate his appointment, furnish such remarks on each officer *directly* serving under him (*i.e.* whose annual confidential report would normally be initiated by him) as would enable his successor to complete subsequently

* The reports required on temporary commissioned officers or on re-employed retired officers will be in accordance with instructions issued by the War Office.

his own annual confidential report on the officer, after which the remarks will be destroyed. These reports will not be required if annual confidential reports have been submitted on the officer within the preceding six months.

32. Correspondence.—He will comply with the instructions laid down in King's Regulations regarding correspondence and the reference of questions to higher authority.

33. Reports and returns.—He will render the reports and returns enumerated in these regulations (*see* Section X) and King's Regulations.

34. Royal Army Medical College.—The Commandant, Royal Army Medical College, is vested with the powers of a D.D.M.S., and he is directly responsible to the War Office.

Duties of Assistant Directors of Medical Services of a District or an Area within a Command

35. General duties.—He will be responsible to the D.D.M.S. for the administration and control of the medical establishments within the area. He will frequently visit the hospitals in his area and will satisfy himself that they are being properly administered in accordance with these regulations and with any special orders issued by the D.D.M.S. He will visit all camps and barracks as may be necessary, and will be guided in his duties by the foregoing paragraphs.

36. Confidential Reports.—He will conform with the provisions of para. **31.**

Duties of Assistant Directors or Deputy Assistant Directors of Medical Services at Command Headquarters

37. General duties.—The A.D.M.S. or D.A.D.M.S. at command headquarters will assist the D.D.M.S., and will perform such duties as are allotted to him.

Duties of Assistant Directors and Deputy Assistant Directors of Hygiene and Pathology

38. General.—Assistant directors of hygiene and assistant directors of pathology are appointed to the larger commands to assist and act as technical advisers to the D.D.M.S. They are under the orders of the D.D.M.S., and responsible to him respectively for all problems relating to hygiene and pathology. They will also maintain close liaison with the Directors of Hygiene and Pathology at the War Office.

In smaller commands, one officer is appointed to carry out the combined duties of A.D. of H. and P.

Duties of Assistant Directors of Hygiene

39. Inspections.—The A.D.H. will keep himself informed on all matters relating to the health of the troops and military families. He will make systematic inspections to ascertain the hygienic conditions obtaining in all localities in military occupation, and will report accordingly.

40. Diary.—To ensure continuity of policy and for purposes of record, he will keep a diary in S.O. Book 129, in which all work undertaken during the year will be entered.

41. Inquiries concerning disease.—He will inquire into the origin, cause, and distribution of diseases in the command, and the extent to which they are dependent on preventable causes.

42. Register of infectious diseases.—He will keep the Register for Infectious Diseases (A.B. 187) or a card index, entering therein particulars of all cases from the station reports, A.F. A 35.

43. Action on the occurrence of infectious disease.—On the outbreak of infectious disease, he will, without delay, visit the locality of the outbreak, and, in conjunction with the A.D.P., medical officers, and civil authorities concerned, inquire into the causes and circumstances, and advise as to preventive measures. Where there is a D.A.D. of H. in an area or district he will take the action indicated above in the case of outbreaks in his area or district and make a report to the A.D. of H. at headquarters of the command.

44. Schemes relating to buildings, water supply, etc.—He will advise the D.D.M.S. and confer with the R.E. on the sanitary details connected with all schemes originating in the command relating to buildings, water supply, drainage, sewage disposal, etc., including both new works and alterations; he will keep himself informed regarding the progress of the work (in its sanitary bearing), whether the scheme originated in the command or not (*see* para. **24**).

45. Tests of drainage systems.—He will be present, or be represented at, the tests applied after completion of the construction or reconstruction of any drainage system, and he or his representative will certify as to whether the drains have satisfactorily passed the tests. (*See* Regulations for Engineer Services.)

46. Military families' welfare.—He will supervise all matters relating to the welfare of families and the physical condition of school children, collaborating where necessary with the A.D.P.

47. Instruction in hygiene.—He will arrange such courses of instruction in hygiene in the command as may be required, and will encourage in every way the diffusion of a knowledge of practical hygiene among officers and men. In addition, he will keep himself informed of any deficiencies in the numbers of trained regimental sanitary and water duty personnel by scrutinizing the returns furnished in accordance with King's Regulations and will make such recommendations as he considers necessary with the object of completing the establishment in these duties.

48. Recruiting.—The assistant directors and deputy assistant directors of hygiene are the technical advisers on the medical aspect of recruiting in all commands, and will be responsible for all discharges of recruits considered unfit on medical grounds (*see* Appendix No. 11B (Part 2)). They will also perform the following duties of medical inspectors of recruits and medical experts in physical training.

(*a*) They will use every endeavour to co-ordinate recruiting procedure and physical training at all stations in the command.

(*b*) They will be responsible for seeing that examining medical officers exercise scrupulous care in the selection and rejection of recruits for the Regular Army, Supplementary Reserve, and Territorial Army, and that they adhere to the standards laid down in regulations. (*See* Appendix No. 11B.)

(*c*) They will ascertain from personal observation that medical examiners of recruits are thoroughly acquainted with the requirements of the service and with the method of conducting the examination of recruits, and that sound judgment is brought to bear upon the various conditions which determine their selection or rejection. They will satisfy themselves that the records are properly kept, and will make special inquiry when the causes of rejection for a particular disability are unduly high.

(*d*) They will personally instruct medical examiners of recruits whenever they consider it necessary to do so, and will satisfy themselves that the examiners are fully competent to perform their important duties. They will inquire at once into any circumstances denoting laxity in the medical examination of recruits.

(*e*) They will frequently inspect the regular recruits at their depots, and recommend for discharge those whom they consider not likely to make efficient soldiers.

(*f*) They will pay special attention to the physical training of recruits, in order to ascertain that the existing system of drill and training is securing full physical development without imposing too great a strain.

(*g*) They will prepare an annual report on recruiting to accompany the Command Annual Report (A.F. B 215). (*See* para. **542**.)

49. Reports.—The A.D.H. will prepare an annual report, giving a full résumé of the work done during the year; this should be forwarded to the D.D.M.S. for transmission to the War Office (*see* para. **545** and Appendix No. 8).

Duties of Assistant Directors of Pathology

50. Duties in laboratories.—In addition to his administrative duties, the A.D.P. will, as a rule, be in charge of the principal bacteriological laboratory in the command, and will supervise and co-ordinate the work of all bacteriological laboratories in the command, carrying out such inspections as may be considered necessary. He will see that the laboratories are equipped in accordance with the scales laid down in Appendix No. 37, and that the laboratory apparatus is in serviceable condition, and that there is no undue accumulation of expendable equipment.

51. Preventive measures.—He will keep himself informed on all matters relating to the health of the troops, and collaborate with the assistant director of hygiene in organizing and carrying out such preventive measures as, from their technical nature, fall within his province.

52. Diagnosis, etc.—He will maintain close touch with the medical and surgical work of the military hospitals in the command, with a view to ensuring the fullest utilization of the pathological service in both the diagnosis and the treatment of disease.

53. Inoculations and vaccinations.—He will keep himself informed as to the preventive inoculation and vaccination state of units and families.

54. Sera and vaccines.—He will advise the D.D.M.S. on all matters relating to the preventive or therapeutic application of sera and vaccines.

55. Reports.—He will receive the monthly and annual reports of all bacteriological laboratories in the command, and will submit annually, after the 1st January, to the D.D.M.S. a combined report (A.F. I 1225) and summary, accompanied by a concise general survey of all pathological work carried out in the command during the year (*see* para. **545**).

Duties of Deputy Assistant Directors of Hygiene and Pathology

56. General duties.—D.A.Ds.H. and D.A.Ds.P. will act as advisers to the A.D.M.S. of a district or an area, or to the Senior Medical Officer, in the case of a command abroad. When within a command they will maintain close liaison with the A.Ds. of H. and P. respectively at command headquarters, and with the civil health authorities of the district.

They will be guided in the performance of their duties by the preceding paragraphs. Only where exceptional pressure of work is thrown on the rest of the staff will the D.A.D.P. be called on to assist in carrying out the executive duties of the hospital at which his laboratory is located.

Duties of Inspecting Dental Officers

57. General duties.—The inspecting dental officer in a command will be responsible for ensuring that the dental treatment of the troops is efficiently carried out in accordance with regulations. He will visit the dental centres at frequent intervals, examine the books and records, inspect the equipment, instruments, materials, etc., and, whenever possible, inspect soldiers who have received treatment or have been passed as dentally fit. He will countersign all indents for supplies from dental centres, and will see that the demands are in accordance with requirements. He will prepare an annual report on the dental arrangements in the command, which will be dealt with in accordance with para. **545**. (*See also* para. **552**, sub-paras. (*b*) and (*c*).)

DUTIES OF EXECUTIVE OFFICERS OF THE MEDICAL SERVICES

Duties of Officer Commanding a Military Hospital

58. General duties.—The O.C. hospital is responsible for all the duties connected with his unit and for their proper distribution. He will exercise a general supervision over all the sick in hospital, and is responsible that the capabilities of the personnel and the resources of the hospital generally are fully and economically applied to the care and comfort of the patients.

59. Organization.—He will satisfy himself that the hospital is organized in accordance with the regulations, and will be responsible for buildings, equipment, stores, and supplies.

60. Inspection of hospital premises.—

(*a*) He will periodically inspect the hospital buildings, quarters, and enclosures, and will inform the G.E. or his local representative, of repairs which require to be carried out. Attention is drawn to Regulations for Engineer Services, Part I, with reference to *urgent* repairs.

(*b*) He will submit demands for new works required to the area commander in accordance with Regulations for Engineer Services.

(*c*) He will inspect the vicinity of the hospital periodically and take steps to ensure that it is maintained in a satisfactory condition.

61. Equipment and stores.—He will exercise close supervision over all equipment and stores on his charge, and will satisfy himself that these are supplied in sufficient quantities within the authorized scale, that they are in good condition, and that there is no undue accumulation.

He will ensure that the equipment ledgers and accounts of expendable stores are correctly maintained in accordance with regulations, and will demand, and account for, supplies of medical equipment in accordance with paras. **376** to **448**.

62. Red Cross stores.—Requests for Red Cross comforts for patients in military hospitals in peace should only be necessary in exceptional circumstances, and then only for such articles as are not normally obtainable from military sources.

Should the O.C. hospital consider that application to the British Red Cross Society for such comforts is justified, he will submit his requirements to the D.D.M.S., who will, if he approves, forward the application to the County Director, British Red Cross Society, of the county in which the hospital is situated.

63. Medicines and surgical materials for out-patients.—He will be responsible that such medicines and surgical materials as are usually supplied from the public stock, and are ordered for persons entitled or eligible for medical attendance at the station, are supplied from the dispensary of the hospital, and that the outdoor prescriptions as copied into A.B. 39 agree with the prescriptions filed by the dispenser. He will arrange for the dispensing of prescriptions and the issue of medicines, etc., at fixed hours, so as to suit, as far as possible, the convenience of those concerned. In cases of urgency, medicines, etc., will be supplied at any time, and in all such cases the prescription must be marked " urgent " by the prescribing medical officer.

64. Inspection of equipment, etc.—He or an officer detailed by him will monthly, or oftener when necessary, inspect all equipment, stores, etc., on his charge to satisfy himself as to their condition and correctness; he will similarly, at the end of each month, inspect the steward's books and stores, and check the balance of consumable articles remaining.

65. Custody of stores.—He will, when there is no quartermaster, take over and place the equipment, stores, enclosures, etc., in the care of the steward, who will be responsible to him for them (*see* Standing Orders for R.A.M.C.).

66. Correspondence with officer i/c barracks.—Questions relating to authorized stores or equipment will be addressed direct to the officer i/c barracks.

67. Hospital supplies.—He will exercise close supervision over hospital supplies, and satisfy himself that they are of good quality and in accordance with the contracts. In those hospitals where the local purchase of wines and spirits by the O.C. is specially authorized, he will be responsible for the quality, and will see that the bills are duly passed to the local officer i/c supplies for settlement.

68. Books, records, reports, returns.—He will inspect all hospital books and records to see that they are properly kept, and will satisfy himself that all reports, returns, and vouchers are duly kept and correctly rendered. (*See also* Section X.)

69. Books on charge.—He is responsible that the books of regulations, etc., authorized by King's Regulations, and in Appendix No. 23 of these regulations, are on charge, and are kept in good condition and amended up to date, and that they are produced at the inspections by the D.D.M.S.

70. Hospital and Standing Orders.—He will issue standing orders and daily hospital orders as may be necessary for the carrying out of all hospital duties, and for the maintenance of regularity and discipline within the hospital.

71. Orderly officer.—He will, where necessary, detail an orderly officer (*see* para. **30**).

72. Use of X-ray apparatus.—He will be responsible that no one, unless duly qualified or possessing adequate knowledge of radiography, is allowed to use the X-ray apparatus or to give orders regarding the length of exposure, and that the precautions laid down in Appendix No. 24 are strictly observed.

73. Employment of patients.—He is authorized by King's Regulations to employ on light duties, without extra

pay, such patients as he considers able to assist the hospital establishment.

74. Additional personnel.—When, owing to an increase of patients or other cause, the O.C. considers that the number of soldiers of the R.A.M.C. doing duty in the hospital is insufficient, he will apply to the D.D.M.S. for such additional personnel as he considers necessary. In cases of emergency he should apply direct to the O.C. the station for soldiers of other units, who will only be employed on routine duties of the hospital, and will not be detailed for duty with patients who are seriously ill. (*See* para. **29**).

The O.C. the hospital is responsible that these soldiers are sent back to their units as soon as the necessity for their employment ceases.

75. Hours of attendance.—He will arrange for the hours of attendance of the hospital staff in accordance with the particular local conditions, climatic or otherwise, of the station.

76. Conveyance of sick to hospital.—He will arrange when and where necessary for the conveyance to hospital of such sick persons requiring to be admitted or detained there as are entitled to conveyance to hospital at public expense.

77. Disposal of sick on arrival at hospital.—He, or an officer deputed by him, will examine, as soon as possible, all men sent to hospital and allot them to wards. He will complete both A.Fs. B 256 as far as possible in ink; one of these will be sent back to the unit, the other will be retained as an office record. In cases of alcoholism, venereal disease, or sickness caused by an offence under the Army Act, where the condition is not definitely diagnosed at the time of admission and the nature of the disability cannot therefore be entered on A.F. B 256, the ultimate diagnosis will be notified to the O.C. the soldier's unit as soon as it is ascertained.

He will ensure that each patient is dealt with subsequently in accordance with regulations, and that any special orders that may apply to the case, *i.e.* mental, soldier in arrest, etc., are issued. He will see all detained cases daily (*see* para. **307**).

78. Patients' diets and extras.—He will inspect periodically patients' diet sheets to ascertain that the diets are appropriate, and that unnecessary " extras " are not ordered. He will arrange that ordinary diets are varied as much as possible and that meals are well served (*see* Section VI).

79. Hospital Kitchen By-products and Swill Fund.—He will be responsible for the administration of this fund (*see* Section VI).

80. Discharge of men from hospital.—He will, on the day preceding a patient's discharge, or as early as practicable on the morning of his discharge, notify the fact in writing to the O.C. the unit concerned. Usually the patient will be discharged after the dinner hour. (For disposal of R.A.F. personnel, *see* Section XIV.)

81. Daily state of sick.—He will forward daily on A.F. A 27 a state of the sick in hospital to the D.D.M.S. or A.D.M.S. and the O.C. the station.

82. Consultations with specialists.—He will on the occurrence of any serious or unusual case of illness or injury, and if considered necessary, arrange for a consultation with any R.A.M.C. specialist at his disposal who is qualified to advise in the case. Should it be considered advisable to obtain a further opinion he will apply for the services of the Consulting Physician or Surgeon to the Army. (*See also* para. **287**.)

83. Courts of Inquiry on soldiers admitted for injuries.—He will at once report to the O.C. the unit concerned (on A.F. B 117) when an officer, soldier, nurse or schoolmistress 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, if necessary, be assembled (*see* King's Regulations).

84. Transfers of sick.—Before a patient is transferred to another hospital, he will first ascertain that accommodation is available, and, if so, will give not less than twenty-four hours' notice of the patient's arrival. The medical history sheet (A.F. B 178) and medical case sheet (A.F. I 1237), if any, completed to date, and the medical transfer certificate (A.B. 172) will accompany each patient. In the medical history sheet the word "transferred," with date, will be inserted in the column for discharge.

85. Sick to be retained until recovered.—When a unit or detachment leaves the station he will retain such sick belonging to it as are under treatment in the hospital at the time, until they are sufficiently recovered to rejoin their unit.

86. Infectious disease.—On the occurrence of infectious disease in hospital, he will take the action as detailed in Section XII.

87. Mental disability.—On admission to, or diagnosis in, hospital of a case of mental disability, he will be guided in the disposal of the case by the procedure laid down in Section IX.

88. Reports of admission or discharge of an officer or member of Q.A.I.M.N.S.—When an officer serving at a station at home is admitted to, or discharged from, hospital,

the O.C. hospital will render a separate report for each officer so admitted or discharged, immediately by post to the Under-Secretary of State (A.G. 4(a)), The War Office, S.W.1, giving the following particulars :—

(*a*) Rank and name.
(*b*) Unit.
(*c*) Date of admission or discharge.
(*d*) Disability.

A copy of the report rendered to the War Office will be forwarded to the O.C. the officer's unit.

In the case of members of Q.A.I.M.N.S. this report will be rendered on A.F. B 151 to the Under-Secretary of State (A.M.D. 4), The War Office.

In the case of officers belonging to the Dominion Forces a copy of the report will, at the same time, be forwarded to the High Commissioner of the Dominion concerned, who will be notified immediately of any change in the diagnosis made after the report has been rendered.

89. Report of admission of soldiers of the Jewish faith to military hospitals at home.—When a soldier of the Jewish faith is admitted to a military hospital at home, the O.C. the hospital concerned will immediately notify the fact to the Senior Jewish Chaplain, in order that arrangements may be made for the patient to be visited. No travelling expenses in this connection will be admissible against army funds.

90. Report of condition of patients of O.T.C. (Junior Division).—When a cadet of the Junior Division, O.T.C., is retained as a patient in a military hospital after the dispersal of an annual camp, the O.C. hospital will inform the cadet's parents or guardian at least once a week of his condition and progress. He will, at the same time, forward a copy of his report to the headquarters of the command.

91. Reports of serious or dangerous illness.—

(*a*) *Officers, nurses or soldiers.*—Officers commanding military hospitals will at once inform the O.C. concerned on A.F. A 21A (or by telegram if urgent) when an officer, nurse or soldier who is a patient in hospital or quarters (*a*) becomes seriously or dangerously ill, or (*b*) is certified to be of unsound mind. With regard to category (*a*), he will also at once inform on A.F. A 21A the chaplain of the denomination to which the patient belongs. Any change in the condition of a patient will be notified as above. The Os.C. Royal Victoria Hospital, Netley, and Royal Herbert Hospital, Woolwich, will also submit the reports specified in King's Regulations.

(*b*) *Unattached officers, nurses and soldiers.*—In the case of an officer or nurse unposted or on leave from a station abroad, the report will be made to the Under-Secretary of State, The War Office. Telegrams to the War Office will be addressed, "Troopers, London."

In the case of officers of the Dominion Forces, the information will be despatched by telegram to the High Commissioner of the Dominion concerned.

In the case of a soldier on furlough from a unit abroad, the report will be made to the officer i/c records of the unit.

(*c*) *Territorial Army.*—When an officer or man of the Territorial Army admitted to a military hospital while at annual training in camp, at a training centre or at manœuvres, is or becomes seriously or dangerously ill, the O.C. hospital will immediately notify the patient's next of kin by letter in case of serious illness and by telegram in case of dangerous illness, the telegram being confirmed in all cases by a letter giving full particulars. For this purpose Os.C. units will furnish the O.C. hospital with names and addresses of the next of kin of all officers and men admitted to hospital. When a case is sent to a civil hospital the address of the next of kin should be given to the hospital authorities by the officer arranging admission, with a request that in the event of the patient becoming seriously or dangerously ill a telegram be sent to the next of kin, and the cost of the telegram recovered from the command paymaster (*see* T.A. Regs.).

(*d*) *Ministry of Pensions patients.*—When a Ministry of Pensions patient in a military hospital is seriously or dangerously ill, the O.C. hospital will immediately inform the chief area officer at the local offices of the Ministry for the pensioner's home area.

92. Reports of deaths.—

(*a*) *Officers, nurses and soldiers.*—He will report on A.F. A 27 at once the deaths of officers, nurses and soldiers in military hospitals to the O.C. the unit to which the officer, nurse or soldier belonged or was attached, also to the O.C. station and chaplain of the denomination of the deceased. He will render similar reports when an officer, nurse or soldier is brought into a military hospital after death has occurred, and in cases of deaths due to violence or unknown cause he will report the facts to the coroner. The Os.C. Royal Victoria Hospital, Netley, and the Royal Herbert Hospital, Woolwich, will also submit the reports specified in King's Regulations.

(*b*) *Unattached officers, nurses and soldiers and officers of the Dominion Forces.*—In the case of an officer or nurse unposted

or on leave from a station abroad the report will be despatched to the Under-Secretary of State, The War Office, and in the case of a soldier on furlough to the officer i/c records instead of to the O.C. unit.

In the case of officers of the Dominion Forces the information will be despatched by telegram to the High Commissioner of the Dominion concerned.

(*c*) *Ministry of Pensions patients.*—When a Ministry of Pensions patient dies while under treatment at a military hospital, the O.C. hospital will notify immediately the Chief Area Officer at the local offices of the Ministry for the pensioner's home area, in order that arrangements for the funeral may be proceeded with.

93. Autopsy.—He will order post-mortem examinations when necessary, providing the relatives do not object, and at the same time inform the A.D. or D.A.D. of P. when and where it will take place, in order that he may be present if necessary.

94. R.A.F. hospital reports of admission, discharge, serious illness, etc.—He will render the reports in accordance with paras. **683–686**.

95. Hospital charges and claims for treatment.—He will be responsible that the accounts for hospital charges and special claims for treatment are rendered in accordance with the procedure set forth in Section VII.

96. Cost accounting—military hospitals.—Continuous cost accounts will be prepared quarterly on A.F. N 7528 in accordance with the instructions on that form, for the undermentioned military hospitals and forwarded in duplicate by the O.C. the hospital through the usual channels, one copy being sent to the Under-Secretary of State (A.M.D. 2), The War Office, and one copy to the Under-Secretary of State (F.2), The War Office.

Cambridge Hospital, Aldershot.
Queen Alexandra Military Hospital, Millbank.
Royal Herbert Hospital, Woolwich.
Royal Victoria Hospital, Netley.
Military Hospital, Tidworth.
,, ,, Imtarfa, Malta.
Citadel Military Hospital, Cairo, Egypt.

97. Cash payment to soldiers in hospital.—The detail of procedure for such payments is laid down in para. **319**.

98. Change of command.—When about to hand over command of the hospital he will make arrangements to

transfer his duties in connection with the buildings, equipment, supplies, and stores to his successor. At such transfers a representative of the R.E., the officer i/c barracks or his representative, and the quarter-master, or steward if there is no quarter-master, will invariably be present.

99. Transfer documents.—The following transfer documents will be made out in duplicate and signed by the officers handing over and taking over command, each of whom will retain a copy :—

(*a*) Certificate of transfer of medicines, instruments, and appliances (*see* para. **368**).

(*b*) Transfer return of hospital records, books, and documents in manuscript ; of blank army forms and books (on A.F. L 1350) and of stationery (on A.F. L 1381).

(*c*) Letter to D.D.M.S., reporting handing over and taking over.

100. Procedure when an O.C. hands over to a civilian medical practitioner.—In the event of a military hospital, where there is no quarter-master, being placed in charge of a civilian medical practitioner, the outgoing O.C. will hand over the charge of the equipment, as defined in para. **98**, to the senior warrant officer or N.C.O., R.A.M.C., who will be responsible for its safe custody. The D.D.M.S. will direct a quarter-master to attend and witness the transfer.

Certificates of handing over and taking over will be completed, and will be endorsed by the quarter-master in attendance. These certificates will be forwarded to the D.D.M.S. The certificate required by para. **368** will be signed by the senior warrant officer or N.C.O., R.A.M.C., countersigned by the quarter-master and forwarded to the local auditor.

Similar action as regards the attendance of a quarter-master will be taken when the senior warrant officer or N.C.O., R.A.M.C., of a military hospital, which is under the charge of a civilian medical practitioner, is relieved, or when a military hospital which is under the charge of a civilian medical practitioner is handed over to an officer.

101. Transfers on relief of a quarter-master.—When one quarter-master is relieved by another, the O.C. will attend, or will depute an officer to be present at the transfer of equipment, stores, etc. In the event of there being no quarter-master available for the relief, the O.C. will himself take over from him.

102. Transfers on relief of stewards.—When, in hospitals where there is no quarter-master, the steward is about to be relieved, the O.C. the hospital will take similar steps to have the care of the buildings, equipment, supplies, and stores

transferred to the incoming steward, who will endorse the abstract of inventories (A.B. 126A) held by the O.C. the hospital.

103. Confidential reports.—(*a*) He will prepare annual confidential reports on all officers of the R.A.M.C. and matrons of Q.A.I.M.N.S. serving under him when called for by the headquarters of the command or area concerned (*see* para. **31**).

(*b*) He will, when about to vacate his appointment, furnish remarks on each officer and matron serving under him in accordance with the procedure laid down in para. **31**.

Duties of Officers in Charge of Divisions and Registrars

104. Officers in charge of divisions.—Officers i/c divisions will be responsible to the O.C. the hospital for the proper treatment of the sick and the good order and management of the divisions under their charge. They will detail to wards such officers as may be posted to their divisions for duty.

105. Registrar.—The registrar will be responsible to the O.C. for the preparation and maintenance of all hospital records and for the preparation and rendering of all returns other than those compiled by the quarter-master. He will command the company or companies R.A.M.C., and will carry out the duties of an O.C. as laid down in Standing Orders, R.A.M.C. He will be available for such other duties as may be allotted to him by the O.C. the hospital.

Duties of Officers doing Duty in Military Hospitals

106. General duties.—Officers doing duty are responsible to the O.C. that the duties assigned to them are duly and conscientiously carried out; they will report to the O.C. hospital any breach of discipline, irregularity, or neglect of duty on the part of any of the hospital personnel or patients.

107. Responsibility for ward management, maintenance of order, etc.—They will visit their patients in the morning at the hour fixed by the O.C. the hospital, and will in the evening and at such other times as may be necessary visit all patients who are seriously or dangerously ill. In addition to discharging their professional duties, they are responsible that order, cleanliness, and regularity are maintained in their wards, and that the rules for the management of wards contained in these regulations and in the Standing Orders, R.A.M.C., are complied with.

108. Training of R.A.M.C.—They will be responsible that the personnel detailed for duty in the wards or departments

of the hospital in their charge perform their duties in an efficient manner, and will take every opportunity of giving instruction to the N.C.Os. and men doing duty therein.

109. Personal responsibility.—They will at once draw the attention of the O.C. to patients who are seriously or dangerously ill, and to important cases and all questions of professional difficulty. This will not, however, relieve them from personal responsibility for the proper treatment of patients under their care.

110. Diagnosis.—As soon as possible after the admission of a patient, the officer in medical charge of the case will make a diagnosis in accordance with the Nomenclature of Diseases; he may, when necessary, alter the diagnosis, notifying the O.C. of any such change.

111. Examination of pathological specimens.—Routine pathological and bacteriological examinations will be carried out as far as possible in the hospital by the officer in charge of the case.

When a medical officer wishes to send specimens for examination to the district or command pathological laboratory, he will make out A.F. I 3212 and forward it with the specimen to the pathologist, who will complete the form and return it to the hospital, where it will be placed with the patient's clinical records (*see* para. **587**).

112. Injuries.—In all cases admitted for injuries they will, without delay, complete A.F. B 117 (*see* para. **83**).

113. Hospital record cards.—They will be responsible that A.F. I 1220 is made out for each case on admission and is completed before the patient's discharge, and that A.F. I 1220A is completed for each case of pulmonary tuberculosis.

114. Case sheets.—They will carefully record in the medical case sheets (A.F. I1237) full particulars of all cases of professional interest, serious illness, and such others as are likely to be required for future reference (*see* para. **537** (2) (*o*)).

115. Medical history sheets.—They will make the necessary entries in the medical history sheet (A.F. B 178) of each man admitted to hospital, and in doing so will bear in mind the importance of this document both to the individual and to the State as a factor in determining a soldier's eligibility for a disability pension after his discharge from the Army. They will also enter the particulars of the findings of medical boards, issues of, and repairs to surgical appliances, etc.

116. Temporary medical history sheets.—In cases where a patient's medical history sheet is not available, the entries will be made on a temporary sheet, but must be trans-

ferred to the original sheet by the officer having custody of the latter. All such entries will be signed and dated by the officer making them, and the temporary sheets will then be destroyed.

If the original medical history sheet is lost, the temporary sheet made out will be passed to the O.C. soldier's unit for completion as far as possible, and the following entry made in red ink and dated :—

" To replace original M.H.S. lost. (Date.) "

117. Venereal disease.—They will ensure that every patient suffering from venereal disease is given a copy of the card A.F. I 1242 or 1243, containing instructions regarding his disease. On completion of treatment or transfer to another hospital, the card will be destroyed.

They will comply with the instructions regarding the record and surveillance of venereal disease contained in Appendix No. 12.

118. Mental disability.—They will be guided by the instructions for the disposal of mental cases as given in Section IX. In hospitals where there are no proper rooms for the seclusion and safe keeping of violent, homicidal, or suicidal patients, the only permissible means of mechanical restraint are the strait waistcoat, gloves, and sheet, and these are only to be applied under the specific orders of a medical officer, and then only in order that the patients may not injure themselves or others.

119. Insurance certificates.—They will, when requested, furnish officers or soldiers insured against accident or disease with certificates as to the nature and duration of the disabilities for which they are or have been under treatment.

120. Equipment.—They will see that the medical, surgical, barrack, and ordnance equipment on charge in their wards is complete and in good order, and that the clothing and bedding supplied to the patients are sufficient and suitable.

121. Presence at inspection of equipment.—They will be present in their wards when the periodical inspections of equipment are being carried out (*see* para. **64**).

122. Investigation of damages or deficiencies.—They will investigate without delay any damage to, or deficiencies in, the equipment, clothing, or bedding on charge in their wards, or the library books on loan to their patients. They will report to the O.C. in writing the circumstances in which the damage or deficiency arose, showing whether by accident, neglect, or fair wear and tear, and state their opinion as to whether the charge should fall upon the individual (and if so upon whom) or upon the public.

123. Ordering of diets.—They will order such diet and extras as may be suitable for each patient, and will bear in mind that all necessary economy, compatible with the well-being of the patient, should be practised in order that any undue issue of extras may be avoided. They will in all important cases give precise instructions as to the hours at which food or stimulants are to be administered. (*See* Section VI and Regulations for the Allowances of the Army.)

124. Diet sheets (A.F. I 1202).—Diets and extras for patients having their meals in the wards will be ordered on each patient's diet sheet. For patients having their meals in the dining-hall, ordinary diet will be ordered on the patient's diet sheet by the officer in charge of the ward. Diets and certain extras will be ordered in advance in accordance with local requirements. The diet sheet will be hung up at the head of the patient's bed.

125. Entries on diet sheet.—They will sign their names in the last column of the diet sheet opposite the first entry made by them, initialling subsequent entries except the last, which should be signed in full. They will also complete the form on discharge of a patient from hospital or at the end of every month if the patient has not been previously discharged.

126. Inspection of diets.—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. They will at once report to the O.C. any defects in the cooking, quantity, or quality of the diets or extras.

127. Prescriptions.—Officers will write, date, and sign all prescriptions in a clear and legible manner, and specify the army number, rank, and name of the person for whom the prescription is given, or, in the case of a person who is not a member of His Majesty's Forces, his or her full name and address. They will append specific instructions in English as to the administration of the medicine ordered. For patients in military hospitals, A.B. 39 will be used for ordinary prescriptions and A.B. 36 for prescriptions containing dangerous drugs. All prescriptions for outdoor patients will be written in A.B. 36, and the dispenser will retain the original prescription and will copy it into A.B. 39, adding to each prescription his initials and the date on which it was dispensed.

128. Dangerous drugs.—All original prescriptions containing dangerous drugs written in A.B. 36 will be initialled by the dispenser and marked with the date on which they are dispensed. The dispenser will file them separately and copy

them in a special A.B. 39, to be kept exclusively as a " record of dangerous drugs dispensed," and to be marked accordingly. This book will be kept in safe custody by the O.C. the hospital for a period of two years after the date of the last entry, and will be held available for inspection. The dangerous drugs to which this regulation applies are morphine, the esters of morphine, cocaine, ecgonine, diamorphine (commonly known as heroin), dihydrocodeinone (" Dicodide "), dihydromorphinone (" Dilaudide "), dihydro-oxycodeinone (" Eucodal "), and their respective salts, medicinal opium, extracts and tinctures of Indian hemp ; and any preparation, admixture, extract or other substance containing diamorphine, or dihydrocodeinone, or dihydromorphinone, or dihydro-oxycodeinone, or the esters of morphine, or not less than $\frac{1}{5}$th per cent. of morphine, or $\frac{1}{10}$th per cent. of cocaine or ecgonine. These drugs will not be supplied more than once on the same prescription, provided that, if the prescriptions so directs, the drugs may be supplied on more than one, but not exceeding three occasions, as directed in the prescription, at intervals to be specified in the prescription. A prescription containing any of the drugs specified above will only be given by a dental officer for the purpose of dental treatment, and will be marked " for local dental treatment only." (*See* para. **370**.)

This regulation will not apply in respect of the following preparations :—

Cereoli Iodoformi et Morphinæ B.P.C.
Elix. Diamorph. et Terpin. c. Apomorph. B.P.C.
Emp. Opii B.P. 1898.
Linct. Diamorph. Camph. B.P.C.
,, Diamorph. c. Ipecac. B.P.C.
,, Diamorph. et Scill. B.P.C.
,, Diamorph. et Thymi B.P.C.
Lin. Opii B.P.
,, Opii Ammon. B.P.C.
Pasta Arsenicalis B.P.C.
Pil. Hydrarg. c. Opio B.P.C.
,, Ipecac. c. Scilla B.P.
,, Plumbi c. Opio B.P.
,, Digitalis et Opii Co. B.P.C.
,, Hydrarg. c. Cret. et Opii B.P.C.
Pulv. Cretæ Aromat. c. Opio B.P.
,, Ipecac. Co. B.P. (Dover's Powder).
,, Kino Co. B.P.
Suppos. Plumbi Co. B.P.
Tablettæ Plumbi c. Opio B.P.C.
Ung. Gallæ c. Opio B.P. (Gall and Opium Ointment).
,, Gallæ Co. B.P.C.

129. Discharge of men from hospital.—When they consider patients under their treatment fit for discharge to duty, or to attend as out-patients at a hospital or medical inspection room, they will bring them before the O.C., who, if he concurs, will initial the diet sheets.

130. Discharge of carriers and cases of tuberculosis.—On discharge from the Army of a patient suffering from tuberculosis, or of a carrier of dysentery, typhoid, or paratyphoid infection, the officer in medical charge of the case will prepare the statement referred to in para. **525**.

131. Notification on transfer of case of tuberculosis.—When the wives or children of officers or soldiers who are, or have been, under treatment for tubercle of the lung are moved from one station to another, the officer in medical charge of the case will send a notification to the O.C. military hospital at the station to which the family is proceeding.

In cases arriving in the United Kingdom from abroad and proceeding to a station at home, the civilian medical officer of health of the area will also be notified.

In case of persons proceeding to a selected place of residence, the medical officer of health of the town or locality to which the family is proceeding should alone be notified and the address of the family given.

Duties of the Orderly Officer

132. Period and place of duty.—He will, as a rule, be detailed for twenty-four hours' duty at a time. He will remain during his tour of duty within the precincts of the hospital, except when called away on duty or absent during authorized hours for meals. He will, when leaving the hospital, notify the wardmaster on duty where he is to be found if required. The O.C. hospital may authorize any modification of the above instructions to suit local conditions, provided that the arrangements made ensure that a medical officer can be obtained if required with the minimum delay.

133. Inspection of provisions and diets.—He will attend the provision store with the quarter-master and inspect all supplies, and satisfy himself that they are of good quality. He will see that diets and extras for 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.

134. Visiting wards, complaints, etc.—He will visit the wards at intervals to ascertain that order and regularity are maintained, and will investigate reports or complaints made to

him. He will visit all parts of the hospital, and will report any irregularity or insanitary condition observed. He will make an evening visit to all wards between 6 and 8 p.m.

135. Duties to sick and men discharged.—He will carry out all necessary treatment of the sick in hospital during the absence of the officer in charge of the cases, and will deal with fresh cases of injury or sickness as they arise. He will also inspect men for discharge before they leave the hospital, to see that they are fit to go out, are properly clothed, and are in possession of such articles of their kits as they brought to hospital with them. He will also be responsible for the treatment of men detained for the day.

136. Death in hospital.—On receipt of a report of a death he will see the body, and satisfy himself of the correctness of the report before giving instructions for the removal of the body to the mortuary.

137. Local duties.—He will perform all such local duties as may be delegated to him, including the inspection of recruits and of soldiers in arrest or under sentence, in the absence of the officer in medical charge of troops.

138. Report.—He will, when relieved, report in writing to the O.C. hospital that he has performed the above duties, and will record any unusual circumstances which have arisen during his tour of duty.

Duties of Officers in Charge of Medical Libraries

139. Custody of books.—The officer i/c library will be responsible for the custody of all books, periodicals, etc., issued or presented to or purchased for the library; also for books obtained from the circulating library (*see* Appendix No. 22(A)).

140. Subscriptions.—He will receive the subscriptions from officers mentioned in Appendix No. 22(A), para. 4.

141. Catalogue.—He will compile a catalogue of the library and arrange for copies to be distributed to all medical units in the district, and will arrange with the A.D.M.S. or D.D.M.S. for a list of additions to the library to be published periodically in corps orders.

142. Circulating library.—In those cases approved by the War Office, the officer appointed to take charge of a medical library will obtain books on loan from the Circulating Library by direct communication with Messrs. Lewis, and will also deal direct with that firm in respect of postage charges, catalogues, and so on (*see also* para. **320**).

143. Record of books.—He will at home keep a record of all books taken out from Lewis's Circulating Library, and will forward half-yearly on 1st April and 1st October, to the Under-Secretary of State (A.M.D. 2), The War Office, a statement showing the title of each work held on loan during the period and the dates on which it was taken out and returned.

144. Arrangements for borrowing books.—Officers requiring books, etc., on loan from the library (including the loan of books from the circulating library) will indent for them on the officer i/c library direct. A form of indent to be used for this purpose is shown in Appendix No. 22(C). The officer i/c library will then issue the books, etc., from the library, or obtain them from the circulating library.

145. Retention of books.—All books, etc., borrowed from the library should be returned in good condition within fourteen days from the date of issue, but, should they be required for a longer period than fourteen days, application for their retention for a further period should be made to the officer i/c library before the date on which the books are due to be returned.

146. Failure to return books.—Any officer who fails to return books, etc., in good condition will be responsible for their full cost.

Duties of a Quarter-master at a Military Hospital

147. Charge of buildings, equipment, etc.—He will take over for the O.C., the hospital buildings, quarters, out-offices, and enclosures, as well as officers' quarters, barrack-rooms, or other accommodation provided for the R.A.M.C., A.D. Corps and Q.A.I.M.N.S. employed in the hospital. He will also take over the furniture, equipment, and stores.

148. Responsibility for equipment and stores.—He will be responsible to the O.C. for the receipt, custody, care, and issue of all stores and equipment held on hospital charge, including medicines, instruments, and appliances in the dispensary and medical stores, and articles of diet and extras in the provision store. He will be present when supplies are received, and will be responsible that the quantities are correct. He will sign all indents for hospital supplies. He will be responsible that there is no undue accumulation of stores.

149. Breakages.—He will report breakages of, or damages to, crockery and glass-ware to the O.C., who, after inquiry,

will decide whether they were accidental or caused wilfully or through the neglect of reasonable precautions. (*See* Regulations for Supply, Transport, and Barrack Services, and Standing Orders R.A.M.C.)

150. Personal charges for losses, damages, etc., to equipment and stores.—He will prepare assessments for all personal charges against patients and others, for losses and damages to equipment and stores. The charge against a soldier will be prepared as follows :—

Barrack equipment and stores.—A.B. 51 will be made out in duplicate in accordance with the Priced Vocabulary of Ordnance Stores. When the O.C. hospital has satisfied himself of the correctness of the charges (*see* Regulations for Supply, Transport, and Barrack Services) one copy of A.B. 51 will be sent to the O.C. the soldier's unit for recovery of the amount from the man, and the other to the officer i/c barracks as the authority for issue in replacement and as a voucher to support any write-off of stores in the Expense Store Account.

Medical equipment.—(*a*) **Soldier patients.**—A.B. 51 will be made out in duplicate in accordance with the Priced List of Medical Equipment. When the O.C. hospital has satisfied himself of the correctness of the charges (*see* paras. **397** and **398**), one copy of A.B. 51 will be sent to the O.C. the soldier's unit for recovery of the amount from the man, and the other will be put up as a voucher in support of any write-off of stores in the Hospital Store Account.

(*b*) **Soldiers on the hospital staff.**—A.B. 51 will not be used. The amount chargeable against the soldiers will be credited to the public in the company, etc., accounts on A.F. P 1963.

Any write-off of stores in the Hospital Store Account will be made at the end of each month on A.F. P 1925, which will bear a direct reference to the credit given to the public.

151. Personal charges for damage to buildings.—He will adopt a similar procedure in case of damages to buildings and fixtures, and will prepare personal charges for such on A.F. P 1923.

152. Inspections.—He will accompany the R.E. officer and the officer i/c barracks at their inspections of the hospital buildings and equipment.

153. A.F. I 1227.—He will furnish the officer i/c barracks at his inspections and at transfers with a certified statement

on A.F. I 1227, showing how all the articles of bedding, clothing, and patients' personal equipment in his charge are distributed.

154. Assessment of damages by R.E. and officer i/c barracks.—He will prepare for the approval and countersignature of the O.C. all information which may be necessary to enable the R.E. officer and officer i/c barracks at their inspections to assess damages and deficiencies against units whose sick have been treated in hospital, or against those employed in the hospital, as the case may be.

155. Hospital libraries.—He will have the custody of the books, games, etc., in the hospital library or reading-room, which will be open at convenient hours, and will cause a register to be kept by the N.C.O. acting as librarian, who will see that no books, etc., are introduced into the library except such as have previously been approved by the O.C.

156. Issue of books.—Each book selected by a patient will be entered in a register, and on return will be carefully examined; any damage done will be charged against the individual concerned, A.B. 51 being used for this purpose. All books not returned will be similarly charged against the individual concerned.

157. Inspection of books.—He will inspect the books on charge monthly, for the purpose of recovering losses or damages and checking charges assessed against individuals during the month. The report of the inspection on Form A (Appendix No. 21) will be signed by him, and forwarded in duplicate, by the O.C. the hospital, to the Os.C. units concerned, who will sign and return one copy, and cause payment to be made to the command paymaster.

158. Repair of books.—A quarterly list of books requiring repairs on account of damage charged to the troops will be submitted in the manner shown on Form B, Appendix No. 21. When the repairs have been executed, the bill, duly certified, will be passed to the command paymaster with a copy of the monthly report (Form A, Appendix No. 21), showing how the money has been recovered.

159. Personal charges for damaged books.—Personal or general charges for damages to books will be assessed as they occur, and the charge slips (A.B. 51) forwarded at once to the O.C. the unit concerned. These charges will afterwards be consolidated on Form A, as directed in para. **157**.

160. Replacement of hospital library books lost.—Arrangements will be made locally as necessary for the

replacement of lost books in respect of which recovery has been made from the individuals responsible for the loss (*see* **para. 156**).

161. Returns, etc.—The quarter-master will prepare and submit for the approval and counter-signature of the O.C. all returns and indents connected with his duties, except indents for current supplies.

162. Other duties.—He will perform such other duties as are laid down for him in the Standing Orders, R.A.M.C., and will prepare the returns connected therewith.

Duties of Officers in Medical Charge of Effective Troops

163. Appointment.—Officers will be nominated by the D.D.M.S. or A.D.M.S. for medical and sanitary duties of units outside hospitals. Such duties may be in addition to hospital duties allotted to them.

164. Medical duties.—The officer in medical charge of troops will be in medical charge of all personnel within his area who are eligible under these regulations for medical attendance at public expense, unless local arrangements have been made to the contrary.

He is the adviser to the O.C. unit on all sanitary and medical matters pertaining to the health of the unit, and as such will maintain close liaison with him. He will make such recommendations verbally or in writing as he may consider necessary for the maintenance of the health of the troops and will forward copies of all important recommendations to the D.D.M.S. or A.D.M.S. concerned.

165. Mounted at manœuvres.—At manœuvres or on the line of march he will be mounted, and if with an infantry unit be granted such allowance for hiring a horse as may be admissible under the Allowance Regulations.

166. Examination of sick.—He will hold the morning sick parade at the medical inspection room at such an hour as will suit local conditions and enable sick requiring admission to reach hospital before noon.

167. Sick report.—The name of every soldier reporting sick will be entered on the sick report (A.F. B 256), which will be prepared in duplicate by the soldier's unit.

He will enter on A.F. B 256 a diagnosis of each case reporting

sick, and the disposal of the case in the column of remarks in the following terms :—

(*a*) Medicine and duty (M. & D.)—*i.e.* for trivial cases = treatment and return to duty.

(*b*) Attend " A," " B," " C "—*i.e.* attend for treatment at the medical inspection room with such duties as may be recommended according to the nature of the case.

A = attend for treatment and perform all duties.
B = attend—patient to perform light duties only (specify nature).
C = attend and excuse all duties.

(*c*) Detained—*i.e.* detained in hospital up to one day or reception station and subsisted on rations or extras during this period.

(*d*) Hospital—*i.e.* admitted to hospital. Subsisted on extras for the day of admission and placed on hospital diet for the following day.

(*e*) Duty—*i.e.* reported sick unnecessarily.

He will return one copy of A.F. B 256 when completed to the O.C. unit, retaining the duplicate for record purposes and to complete the admission and discharge book (A.B. 27) for out-patient treatment.

168. Sick sent to hospital.—He will ensure that the men of each unit sent to hospital will be accompanied by a N.C.O., who will take with him sick reports and, if available, the medical history sheets. A man admitted to hospital will take with him in addition to the clothes he is wearing his devotional books, hair brush, comb, razor, shaving-brush, tooth-brush, blacking brushes, clothes brush, canvas shoes (except in the case of invalids proceeding to Netley), and greatcoat.

169. Despatch of sick to hospital.—He will arrange in communication with the O.C. hospital for the despatch to hospital of such sick as require admission to hospital.

When a patient is admitted direct to a hospital other than a military hospital he will report particulars of the case to the O.C. the hospital which normally receives the sick of the garrison, in order that the case may be recorded in the hospital A. and D. Book, etc.

170. Officers on sick list.—He will report on A.F. A 27 immediately to the officer's commanding officer and to the O.C. hospital when an officer is placed on, or removed from, the sick list.

171. Medical equipment, etc.—He will be responsible for the equipment issued on charge to his medical inspection room on the scale laid down in Appendix No. 35, and will render a report half-yearly to the officer from whom it is held on charge as to whether such equipment is complete and in a serviceable condition.

172. Indent for medicines, etc.—He will obtain from the military hospital on indent (A.F. I 1209) such further supplies of medicines and surgical equipment as may be required from time to time to keep the equipment complete.

173. Stationery.—He will apply to the O.C. military hospital for whatever army forms, books, and stationery he may require.

174. Statistics and records.—He will furnish to the O.C. the military hospital not later than the last day of the month all information regarding his duties required for the monthly return of sick.

Instructions regarding the statistics of men attending at the medical inspection rooms for out-patient treatment are contained in Section X.

He will maintain the following books and records :—

(*a*) Sanitary Diary.
(*b*) Admission and Discharge Book of Out-patient Treatment (A.B. 27).
(*c*) Inoculation and vaccination registers.

175. Medical history sheets.—He will make the following entries in the medical history sheet (A.F. B 178) : all admissions to, and discharges from, the sick list in the case of warrant officers treated in quarters ; all particulars regarding vaccination and re-vaccination, prophylactic inoculations ; issue and repair of surgical appliances ; fitness for active or foreign service ; extension, etc., of services ; effect of injuries. (*See also* King's Regulations.)

He will ensure that the entries in Table VIII of the Medical History Sheets are kept up to date by the soldiers' units.

When necessary, he will cause temporary medical history sheets to be made out in accordance with the provisions of para. **116**.

176. Lectures.—He will deliver during the individual training period lectures to officers and men on the use of the first field-dressing, on hygiene and sanitation, and on venereal disease. For the guidance of medical officers concerned, a synopsis of four lectures on these subjects is given in Appendix No. 5. He will also arrange annually with the O.C. a unit for the training of its stretcher-bearers (*see* King's Regulations).

177. Physical training and gymnastics.—He will frequently visit all places set apart for the physical training of the troops, and will give his advice on such subjects, especially with reference to recruits. He will keep a record of the names of men whose training has been modified as well as of their subsequent progress (*see* King's Regulations).

178. Medical inspection of troops.

(*a*) He will carry out the required examination when troops are ordered on active service or overseas and when drafts or individuals are detailed for duty at another station.

With a view to the detection of early tuberculosis, when soldiers are being examined for service overseas their medical history sheets will be scrutinized, and particular attention will be paid to the examination of those who have suffered from hæmoptysis, pleurisy, or bronchitis.

With the exceptions specified below, no officer or soldier will be despatched overseas unless he is " Fit for General Service."

(i) A specially enlisted tradesman may be sent overseas if fit for the duties of his trade in the corps to which he belongs.

(ii) An officer or soldier belonging to a corps, *e.g.* R.A.P.C., etc., the physical standards for which are below those laid down for General Service, may be sent overseas if fit for the duties of his corps in the country to which he is ordered to proceed. The following entry will be made and signed by the medical officer in Table VI of the Medical History Sheet of a soldier found fit: " Fit for Foreign (or Active) Service." Soldiers found unfit for service abroad on account of a disability other than of a temporary nature will be examined by a Medical Board, with a view to determining their fitness for further service.

(*b*) He will inspect men joining the unit on the morning after joining, whether from abroad, from another unit, as recruits, and on rejoining from furlough. They will bring with them A.F. B 256, and the medical officer will enter his remarks thereon.

(*c*) He will inspect the troops in his charge monthly, or more frequently if necessary, to satisfy himself as to their personal hygiene. At these inspections he will ensure that men employed in stores, offices, or on other indoor duties are not overlooked.

Every soldier who has suffered from an illness which may be regarded as the possible precursor of tuberculosis, such as pleurisy or hæmoptysis, will, after discharge from hospital, be weighed and carefully examined as to his general condition once a month, special regard being paid to the condition of his

chest. The officer in medical charge of effective troops will maintain a list of such cases and arrange with the O.C. unit for the man to report monthly for examination.

Whenever special examinations of soldiers are made, each individual soldier will be examined by the medical officer in private and in the presence of a third person, who should be a N.C.O.

(*d*) He will examine soldiers desirous of an extension of service or re-engagement, and when doing so will inspect their medical history sheets. He will not reject men for minor defects or trivial ailments which are not likely to interfere with the efficient performance of their duties, but will note such facts on A.Fs. B 221 and B 136. In case of fitness his certificate will be considered final, but the cases of men considered unfit will be decided by a medical board (*see* King's Regulations).

(*e*) He will examine men for transfer to the army reserve or on termination of engagement.

(i) A soldier found medically unfit for service in the army reserve on being examined prior to transfer will be brought forward for discharge as an invalid.

(ii) A soldier who is suffering from a minor disability not exceeding 20 per cent., who, up to the date of transfer, has performed his duties without serious inconvenience, will not be invalided for this cause alone, but will be classified on A.F. B 268 as fit for base or garrison service only.

(iii) In the case of a soldier who is considered to be temporarily unfit for service in the reserve but in the opinion of the officer in medical charge of the unit is likely to become fit within the next six months, the appropriate medical certificate on A.F. B 268 will be completed and the soldier transferred to the reserve.

(iv) A soldier found to be suffering from a disability on the termination of his engagement will be examined by a medical board, as laid down in King's Regulations.

179. Continued treatment of venereal disease after transfer to reserve or discharge.—When a soldier is transferred to the army reserve or discharged from the Army while undergoing treatment for venereal disease, the advantages of continuing the treatment will be carefully explained to him, and he will be advised to attend at the civilian venereal disease clinic or military hospital nearest to his intended place of residence. No expense for maintenance or travelling will, however, be admitted as a charge against army funds. If he elects to attend the civilian clinic, he will be given Ministry of

Health Form V. 15.A, duly completed by the officer in medical charge of his case. If, on the other hand, he elects to attend at a military hospital, he will be directed to report himself in writing to the O.C. the military hospital at the station in question, and to await instructions regarding his attendance for treatment. The necessary particulars as to the further treatment, tests, etc., required in the case will be forwarded on A.F. I 1239 to the O.C. the military hospital, who will apply direct to the War Office for the man's Venereal Case Card (A.F. I 1247). The necessary instructions for recording further particulars of the case are given in Appendix No. 12.

180. Inspection of barracks.—He will inspect every portion of the barracks, including married quarters, at least once a month, in accordance with King's Regulations, to ascertain the hygienic conditions obtaining. At such inspections he should be accompanied by a regimental officer and the N.C.O. of the sanitary detachment of the unit in occupation of the barracks. The N.C.O. should make notes of all defects observed. The officer in medical charge of effective troops will report verbally to the O.C. the unit concerned any defects noticed, and make all necessary recommendations for remedying them. The hygienic defects found and the recommendations made to the C.O. will also be recorded in a sanitary diary, which will be passed to the O.C. concerned, who, after recording in it the action taken, will return it to the medical officer. Should the defects not be remedied in reasonable time, or should the medical officer consider that further action is necessary, he will, without delay, report the matter to the D.D.M.S. or A.D.M.S., sending a copy of his report to the C.O. of the unit (*see* King's Regulations).

N.B.—The pages of the sanitary diary should be ruled in three columns, to show (1) medical officer's remarks ; (2) commanding officer's remarks ; (3) action taken. It is essential that action taken should be recorded.

181. Ventilation, lighting, limewashing, etc.—He will satisfy himself that every barrack, guardroom, and detention room is suitably lighted and provided with sufficient means of ventilation ; that the beds and bedding are freely exposed to the air ; that the married soldiers' quarters, regimental institutes, kitchens, wash-houses, lavatories, urinals, and latrines are suitably ventilated and lighted ; and that the walls and ceilings of barracks or quarters are clean and in a satisfactory condition.

182. Cubic space in barracks.—He will satisfy himself that there is no overcrowding in barracks. The authorized cubic space in barracks and guardrooms at home stations is 600 cubic feet, with 60 square feet of floor space, and 6 linear

feet of wall space for each man. At stations abroad a special scale is authorized for each command. The number of men each room can accommodate is recorded on A.F. K 1251.

183. Food and cooking.—He will ascertain that articles of food and drink supplied to the troops are of good quality, and that the amount, cooking, variety, preparation, and storage of food are satisfactory. He will see that overcooking is not practised, so as to destroy the vitamins. He will satisfy himself that no typhoid or dysentery carriers are employed in the preparation or handling of food.

184. Cleansing of drinking utensils.—He will frequently inspect the method of sterilization of drinking vessels and eating utensils in all canteens, etc., and satisfy himself that adequate means are maintained in constant use to ensure that all cups, mugs, tumblers, spoons, and forks are sterilized in boiling water after use by each individual.

185. Water supply.—He will also satisfy himself that the amount, quality, and arrangements for distribution of drinking water are satisfactory.

186. Inspection of schools and school children.—He will, unless there is an officer specially detailed for the charge of families, frequently visit the schools at times when the children are present, in order to ascertain that their studies are pursued under hygienic conditions. He will note in his sanitary diary any conditions likely to affect the health of the children, and will make such representations as circumstances demand (*see* A.F. C 319, Schedule of Medical Inspection).

He will make periodical inspections of all school children as described in Educational Training, 1931, section 30, paragraph 1.

187. Military families welfare.—He will, except in those stations at which an officer is specially detailed for the medical charge of families, be responsible that A.F. C 320 is made out and kept up to date for all children under five years of age.

188. Inoculation and vaccination.—He will be responsible for carrying out all preventive inoculations and vaccination of the troops and families of which he is in medical charge, and for furnishing particulars required for the preparation of returns and statistics (*see* Sections X and XII).

189. Infectious disease or unusual outbreak of sickness.—He will report forthwith to the O.C. the military hospital any occurrence of an unusual outbreak of sickness or infectious disease, in order that it may be recorded in the remarks of the Monthly Return of Sick (A.F. A 31), and take action as laid down in Section XII.

190. Officers in medical charge of troops on board ship.—The duties of these officers are laid down in Section XIII.

Duties of Officers in Charge of Medical Stores

191. Army Medical Store, Woolwich.—The O.C. the Army Medical Store at Woolwich will be responsible to, and will communicate direct with, the D.G.A.M.S. on all matters affecting his duties, in the performance of which he will be guided by the special instructions issued to him by the War Office.

192. Other medical stores.—Os.C. other medical stores will be responsible to the D.D.M.S. for the custody, maintenance, expenditure, etc., of all medical equipment, and will correspond direct with him on matters connected therewith.

DUTIES OF DENTAL OFFICERS

Officer in Charge of a Dental Centre

General Duties

193. Annual inspection.—The officer i/c of a dental centre will hold an inspection in March of each year, in order to ensure the maintenance of the dental efficiency of the soldiers for whose treatment he is responsible.

194. Attendance of soldiers at dental centres.—He will complete A.F. I 5025 and send it to the O.C. unit concerned when soldiers are required to attend at a dental centre for treatment.

195. Soldiers refusing treatment.—In the event of a soldier refusing dental treatment, the officer i/c of a dental centre will bring the matter to the notice of the O.C. the man's unit. If the soldier persists in his refusal, the fact ("refused treatment") will be recorded on his dental treatment card and medical history sheet.

196. Provision of artificial dentures.—He will be responsible that no soldier is supplied with dentures or is given treatment with a view to the provision of dentures until the conditions of para. **552** (*b*) are fulfilled.

He will be responsible that all denture work sent to a central dental laboratory is accompanied by A.F. I 5026 in duplicate, and that each impression or model sent is clearly

marked with the abbreviation denoting the dental centre and the appliance number (*see* Appendix No. 13).

197. Equipment and indents.—He will be responsible for all equipment, instruments, etc., in the dental centre in his charge. He will submit requisitions for dental supplies on A.F. I 1209 through the usual channels to the War Office, and will be responsible for ensuring that all demands are restricted as far as possible to the articles contained in the authorized scales of equipment (*see* Appendix No. 34).

198. Specialist instruction.—He will carry out specialist instruction of clerk-orderlies in accordance with the rules laid down in Standing Orders, R.A.M.C., R.A.M.C. (T.A.), and A.D. Corps.

199. Claims for treatment.—He will render claims for treatment on A.F. O 5135 in accordance with the procedure laid down in Section VII.

200. Records and reports.—He will maintain the dental records and render the reports detailed in para. **556**, and will be guided by the instructions for recording dental treatment laid down in Appendix No. 13.

Officer in Charge of an Army Dental Laboratory

201. Duties.

(*a*) The officer in charge of an Army dental laboratory will direct the design and construction of all dental appliances issued by him under these regulations.

(*b*) He will maintain in A.B. 489 an accurate record of all materials used in the construction, remodelling, and repair of each dental appliance, and will forward to the D.D.M.S. of the command on the first day of each month a summary of the dental appliances issued during the previous month.

(*c*) He will direct the specialist instruction of dental mechanics, and, where applicable, of clerk-orderlies in accordance with the rules laid down in Standing Orders, R.A.M.C., R.A.M.C. (T.A.), and A.D. Corps.

(*d*) He will, under the instructions of the Training Officer, A.D. Corps, arrange for the preparation and supply of the apparatus and materials required in the practical and oral examination of dental mechanics (Subjects A, B, and C) and clerk-orderlies (Subject B).

DUTIES OF THE MILITARY NURSING SERVICE

Queen Alexandra's Imperial Military Nursing Service

202. Status.—In all medical and sanitary matters and work in connection with the sick, the matrons, sisters, and staff nurses are to be regarded as having authority in and about military hospitals next after the officers of the R.A.M.C., and are at all times to be obeyed accordingly and to receive the respect due to their position.

203. Roster for service abroad.—A roster of the members of Q.A.I.M.N.S. will be kept at the War Office, and, as a general rule, those who have been longest at home will be the first to proceed abroad.

204. Applications for employment in other services.—Members of Q.A.I.M.N.S. who desire to seek other employment should, before doing so, apply for permission through the usual official channel to the War Office. They must have completed at least one year's service before such permission can be given.

205. Regulations, etc.—Every matron, sister, and staff nurse will be provided with the following books :—

Regulations for the Medical Services of the Army.
R.A.M.C. Training.
Regulations for admission to Q.A.I.M.N.S.
Standing Orders for Q.A.I.M.N.S.
Standing Orders for the R.A.M.C. and A.D. Corps.

On becoming non-effective she will hand these books over to the O.C. the hospital, who will forward them to the D.D.M.S. for disposal.

206. Special establishment in London.—A special establishment of sisters and staff nurses, Q.A.I.M.N.S., is maintained at the Queen Alexandra Military Hospital, London, for the purpose of nursing serious cases occurring in military hospitals not provided with an establishment of Q.A.I.M.N.S. This special establishment may also be used to supplement temporarily the establishment of Q.A.I.M.N.S. at other hospitals in cases of emergency, on application to the War Office through the usual channel.

207. Application for.—Application for their services should be submitted to the D.D.M.S. or A.D.M.S., or in very urgent cases direct to the O.C. Queen Alexandra Military Hospital. In the latter case the D.D.M.S. or A.D.M.S. should be informed as soon as possible of the action taken.

The rules for the employment of the special nursing establishment are contained in Appendix No. 6.

Matron-in-Chief

208. Records and reports.—The Matron-in-Chief will be responsible for keeping the service records and confidential reports of matrons, sisters, and staff nurses.

209. Inspections.—She will, by frequent inspections, keep herself acquainted with the administration of the nursing service in the various military hospitals.

210. Recommendations to the Army Nursing Board.—She will submit to the Director-General and the Army Nursing Board recommendations for the appointment, promotion, distribution, retirement, and dismissal of members of the service.

211. Special establishment.—She will be responsible for the proper employment of the special establishment referred to in para. **206**.

212. Leave.—She will be responsible that adequate arrangements are made for the annual leave of the members of Q.A.I.M.N.S.

213. Other duties.—She will perform such other duties as may be from time to time allotted to her.

Matrons or Sisters in Charge

214. Responsibilities.—The matron or sister in charge of a hospital will be responsible to the O.C. the hospital for the general nursing arrangements of the hospital, for the performance of their duties by the sisters and staff nurses, and for the maintenance of good conduct, efficiency, and discipline amongst all members of the nursing and domestic establishment, as well as for the cleanliness and good order of the wards under their charge. She will visit the dining-hall and ascertain that meals are satisfactorily served. She will furnish an annual report upon these matters for the information of the Director-General and the Army Nursing Board, which will be forwarded by the O.C. at the same time as his annual report. She will not be responsible for the nursing in wards in which members of Q.A.I.M.N.S. are not employed.

215. Nominal roll of sisters desirous of undergoing examination.—She will submit to the War Office, through the usual channels, by the 31st August each year a nominal roll of sisters desirous of undergoing examination for promotion to matron (*see* King's Regulations).

216. Taking over equipment.—She will take over from the quarter-master the equipment shown on the ward

inventories in wards nursed by Q.A.I.M.N.S., and will be responsible for it to him, or to the O.C. if there is no quartermaster.

217. Bedding.—She will also take over the regulated quantity of bedding for each ward nursed by Q.A.I.M.N.S., and will keep a bedding book (A.B. 54), in which all bedding drawn from, or returned to, store will be accounted for. All transactions must be entered and signed in this book as they occur, and she will be responsible for the balance of bedding shown therein.

218. Training in nursing duties.—She will be responsible to the O.C. the hospital for the training of N.C.Os. and men of the R.A.M.C. in nursing duties, and will countersign R.A.M.C. Form 22 (*see* Standing Orders, R.A.M.C.).

219. Reference to O.C.—In all instances of difficulty she will apply to the O.C. military hospital, who will render her every assistance in the performance of her duties.

220. Report to O.C.—When she is informed of any neglect of duty or impropriety of conduct on the part of sisters, staff nurses, N.C.Os. or men of the R.A.M.C., patients, or visitors, she will report it to the O.C. or wardmaster on duty, as the case may be.

221. Confidential reports.—(*a*) She will prepare on A.F. C 339A annual confidential reports on all sisters and staff nurses serving under her and will forward them to the O.C. for transmission, through the usual channels, to the War Office (*see* para. **31**). The instructions laid down in King's Regulations regarding confidential reports on officers will be complied with.

(*b*) She will furnish *special* confidential reports as follows on staff nurses during their provisional period :—

(i) On completion of three months' service, as to the probability of the staff nurse proving suitable for permanent appointment.

(ii) On completion of six months' service, as to the staff nurses' work, conduct, and suitability in all respects for Q.A.I.M.N.S.

These special reports will be forwarded through the O.C. military hospital direct to the War Office, to be laid before the Army Nursing Board.

(*c*) She will, when about to vacate her appointment, furnish remarks on each member of the Q.A.I.M.N.S. serving under her in accordance with the procedure laid down in para. **31.**

Reports under (*a*) and (*c*) above will be required for members of Q.A.I.M.N.S. Reserve and T.A.N.S. when temporarily employed in military or military families' hospitals.

222. Special courses of instruction.—Applications from matrons and sisters desirous of attending courses of instruction at recognized civil hospitals will be submitted to the O.C. for transmission to the War Office.

223. Leave.—She will make arrangements for the annual leave of sisters and staff nurses serving under her, and will submit to the Matron-in-Chief through the O.C. a statement of the arrangements made.

Sisters

224. Responsibility and duties.—Every sister in a military hospital will be under the immediate supervision of the matron or sister in charge, and directly responsible to her in all matters relating to conduct and discipline. She will carry out such orders and instructions relative to the treatment of the sick and ward management as she may receive from the officer in charge of the wards, whom she will accompany on his visits. She will be responsible to the officer in charge of the wards for the nursing of the patients, and for the cleanliness, ventilation, lighting, warming, and good order of the wards and annexes, and will be responsible to the matron or sister in charge for the equipment and bedding handed over to her.

225. Admission of patients.—She will ensure that patients on admission into her ward receive suitable nourishment.

226. Emergencies.—When any case of illness or accident is brought to hospital, or in the event of any accident, emergent illness, or attempted suicide occurring in her wards, she will cause the orderly officer to be informed at once, and, pending his arrival, will take such steps as may appear to her to be necessary to meet the requirements of the case.

227. Special nurse or orderly.—If a sister considers a special nurse or orderly necessary, she will immediately report the fact to the matron, sister in charge, or, at night, to the night sister, who will act for the matron or sister in charge.

228. Bedtime.—She will be responsible that patients who have been allowed up throughout the day are in bed by the hour laid down in hospital orders.

229. Death of a patient.—When a death takes place, the sister in charge of the ward will be responsible that the orderly officer is at once informed, and will, on receiving his instructions, see that the body is prepared for the mortuary. She

will then inform the senior warrant officer or N.C.O., who will arrange for the removal of the body with all due reverence.

230. Night duties.—Sisters will be detailed in rotation for duty as night sister for a period of not more than two months, as the matron or sister in charge may decide. When only one sister or staff nurse is on night duty, she may be detailed for one month. A night sister, before going on duty, will report to the matron or sister in charge to receive instructions; she will visit the wards frequently during the night, and, on coming off duty, will personally submit her written report to the matron or sister in charge.

231. Night-report book.—Before going off duty, each sister will put in writing in the night-report book any notes on special cases or other important matters which may be necessary for the guidance of the night staff. The night sister will see that these instructions are carried out, and will record the hours of her visit to each ward, noting in the night-report book any information she may wish to bring to notice.

232. Kits of patients.—When a patient is too ill to look after his regimental clothing the sister will cause the articles, except those to be retained in the ward, to be handed into the pack store by the ward orderly, who will countersign the check from A.B. 182 and hand it to the quarter-master for safe custody.

233. Equipment of patients.—She will cause to be drawn from the steward the personal equipment required for each patient on admission, and will be responsible that it is returned into store on the patient's discharge or death. A list of these articles is given in the Standing Orders, R.A.M.C. When a patient is able, he will sign the counterfoil of A.B. 42, as an acknowledgment of having received these articles, but when he is so ill as to be unable to look after his equipment, the orderly will endorse the book.

234. Damages and deficiencies.—She will immediately report to the officer i/c the ward all damages to, or deficiencies in, the medical, surgical, and hospital equipment, clothing, and bedding on charge.

235. Diets and extras.—When the daily diets and extras have been ordered on the diet sheets by the officer, she will complete and sign the Diet and Extra Sheet Summary (A.F. F 734). She will then transmit these forms to the steward.

236. Wines, etc.—The sister will receive daily from the steward the wines, spirits, or malt liquor ordered for the

patients in her wards, and be responsible for their correct distribution in accordance with the orders of the officer in charge of the ward.

237. Visits at meal times.—She will visit her wards at meal times and see that the diets are properly distributed and served. She will communicate any irregularity to the orderly officer.

238. Unauthorized articles.—She will be careful that money, articles of food or drink, books, tracts, pictures, or articles of equipment are not introduced into the wards without the previous sanction of the officer in charge.

239. Discharged patients.—She will see that the discharged men leave the wards in sufficient time to parade for inspection by the orderly officer.

240. Instruction of orderlies.—She will be held responsible for carrying out the prescribed courses of training in nursing, and will, by every means in her power, afford the orderlies ample opportunity of learning their duties. A sister is prohibited from utilizing the services of nursing orderlies for any but nursing and routine ward work.

Staff Nurses

241. Duties.—Staff nurses will be guided by the instructions contained in the preceding paragraphs. They will obey the orders which they receive from the matron or sisters. In the absence of a sister from a ward, the senior staff nurse present will be held responsible for the performance of the duties ordinarily carried out by the sister.

Military Families' Hospitals

242. Duties.—Matrons, sisters, and staff nurses employed in military families' hospitals will comply with the foregoing regulations in so far as these are applicable to their duties.

243. Absence and substitute.—The matron or sister in charge will not be absent from the hospital without the permission of the O.C., and in her absence a nurse will be selected, with his approval, to take her place.

244. Dieting account, etc.—Under instructions from the O.C. she will prepare the diet forms and accounts as laid down in the Standing Orders for R.A.M.C. She will also submit for his signature the daily and other indents for supplies, and will retain in her custody all such supplies held in reserve.

245. Fuel, light, and articles for cleaning.—She will draw fuel and articles for cleaning and washing purposes in accordance with the Allowance Regulations and Standing Orders for R.A.M.C., and will regulate and distribute the articles according to requirements.

246. Patients' valuables.—She will take over from every patient on admission all money and articles of value in the patient's possession, and will make an entry of them in A.B. 191 in the presence of the patient, giving the latter a receipt. The property will be given to the O.C. for safe custody, and returned to the patient on discharge.

247. Patients to bring certain articles.—She will see that every patient brings with her a change of linen and a brush and comb, and, if admitted for her confinement, infant clothes also.

248. Personal cleanliness of patients.—Sisters or staff nurses will see that every patient who is allowed up washes herself, has her hair neat, and her bed made. They will see that all clothing not in use is put away and numbered so as to correspond with the bed, and that the other articles of dress are neatly folded and put in the place appointed.

SECTION III

MEDICAL ATTENDANCE AND ADMISSION TO HOSPITALS

MEDICAL ATTENDANCE

249. Medical attendance — definition. — The term "medical attendance" means the professional advice and treatment afforded to persons eligible for such during sickness or injury (i) as out-patients at military hospitals, military families' hospitals, reception stations, and medical inspection rooms; or (ii) in quarters or at their residence, by an officer of the R.A.M.C. or civilian medical practitioner engaged for attendance on the troops. It also covers the vaccination and inoculation of such persons as may be required under the regulations to undergo the operation, lymph or vaccine for the

purpose being supplied from army sources. It includes such medicines and surgical materials as are available from army sources and are ordered by the officer in medical charge of the case, or are supplied by the civilian medical practitioner in attendance. The term "medical attendance" does not include in-patient hospital treatment. (For the conditions governing admission to hospital, *see* paras. **259–276**.)

250. Medicines, etc., for officers and others.—The medicines and surgical materials ordered by a medical officer for those allowed medical attendance will be procured from a military dispensary (*see* paras. **63** and **127**).

251. Persons eligible for medical attendance.—Enlisted soldiers, whether on duty or on furlough, are entitled to medical attendance at the public expense. As a privilege, medical attendance is also granted to the under-mentioned persons wherever there is a medical officer nominated for the duty at the station or where a civilian medical practitioner is engaged for attendance on the troops. The M.O. or C.M.P. will not be called on to visit persons who reside beyond one mile from a point to be fixed by the G.O.C.-in-C. :—

(*a*) Officers on full pay (except adjutants, T.A.) and their wives and children (under 14 years of age).

(*b*) Retired officers re-employed other than those at the W.O. and those who are debarred from this benefit under the terms of the contract on which they are engaged.

(*c*) Officers on the half-pay list suffering from disabilities attributable to military service.

(*d*) Members of Q.A.I.M.N.S., and, when employed temporarily in military or military families' hospitals, members of the Q.A.I.M.N.S. (R.) and T.A.N.S.

(*e*) Queen's Army Schoolmistresses and their children (under 14 years of age), and female pupil teachers.

(*f*) The families (as defined in para. **268**) of all soldiers who are on the married quarters roll :—

(i.) when present with their unit; or

(ii.) (*a*) separated from the soldier by the exigencies of the service, or

(*b*) certified to be medically unfit to live at his duty station,

and in receipt of marriage allowance.

(*g*) Officers, warrant officers and N.C.Os. of the Indian Services, and their wives and children, under the conditions laid down in para. **280**.

(*h*) Civilian servants of officers not exceeding the maximum number for whom servant allowance is authorized by Allowance Regulations, under the conditions laid down in para. **258**.

(*i*) Retired officers and discharged soldiers, under the conditions laid down in paras. **281** and **282**.

(*j*) V.A.D. members during training in military hospitals.

(*k*) Members of the Army Audit Staff and their wives and children (under 14 years of age), when serving abroad.

252. List of persons allowed medical attendance to be furnished.—When medical attendance is claimed from a medical officer or civilian medical practitioner engaged for attendance on the troops for persons who are allowed medical attendance and are not enlisted soldiers or members of the families of soldiers on the married quarters roll occupying quarters in barracks, a nominal roll (on A.F. A 23), giving the rank or occupation and address of each person, will be furnished by the O.C. on the first day of each quarter to the medical officer or civilian medical practitioner, and no person whose name is not included in this roll, other than enlisted soldiers and their families referred to above, will be considered eligible for medical attendance. Changes in the nominal roll will be duly notified to the medical officer or civilian medical practitioner on the first day of the second and third months in each quarter. On the employment of a civilian medical practitioner, all persons at the same station who are allowed medical attendance on the conditions laid down in these regulations will be included in the numbers to be attended by him.

253. Claims for medical attendance.—Claims for medical attendance by civil practitioners should be rendered in accordance with the provisions of para. **462**.

254. Warrant officers.—Warrant officers will, in ordinary circumstances, receive medical attendance in their own quarters, and when under treatment in quarters may, if considered desirable, receive diets and extras subject to the hospital charges laid down in Allowance Regulations.

255. Soldiers' families.—Provided that the conditions laid down in para. **251** are fulfilled, the wives and children (under 14 years of age) of warrant officers will, when practicable, receive medical attendance in their quarters, and those of N.C.Os. and men on the married quarters roll will be visited in their quarters if unable to attend at the medical inspection room, reception station, military hospital, or military families' hospital, as the case may be. Medical comforts will be issued when necessary.

Wives and children of soldiers not on the married quarters roll may be permitted to attend at the medical inspection room, reception station, military hospital, or military families' hospital, and to receive such treatment as may be available and necessary provided that no extra expense to army funds is incurred. They are not eligible to receive attendance in quarters. Such medicines and surgical materials as may be available from army sources may be supplied if necessary.

256. Confinements.—Attendance cannot be claimed for the wives of officers or soldiers during their confinement, unless the attendance of a midwife or civilian practitioner cannot be obtained privately, or unless the midwife or civilian practitioner privately employed should, in any case of difficulty or danger, require the assistance of the R.A.M.C. officer or civilian medical practitioner engaged for attendance on the troops, when such assistance will be rendered, provided that the conditions specified in para. **251** are fulfilled.

257. Medical comforts.—All issues of medical comforts to sick women and children will be entered by the medical officer on the extra sheet (A.F. I 1205), the certificate on which will be signed by the O.C. the unit.

258. Civilian servants of officers.—If the civilian servants of an officer reside in barracks or in public quarters, they may elect either to be attended by a panel doctor under the National Insurance Acts or to receive such treatment from the War Department under their " own arrangements " (National Health Insurance Acts), in return for a capitation fee to be credited to Army funds. Those who have elected to be treated by the medical officer or civilian medical practitioner in charge of troops will attend at the military hospital, reception station, medical inspection room, or residence of the civilian medical practitioner (as the case may be), at fixed hours, unless their illness is of such a nature as to prevent their doing so, in which case they will be visited in their quarters. Civilian servants of officers, if not residing in barracks or in public quarters, will not be eligible for medical attendance or medicines from the War Department.

ADMISSION TO HOSPITAL

General

259. Admission of unauthorized persons.—No person unless authorized by regulations will be admitted to a military hospital or military families' hospital without the special sanction of the G.O.C.-in-C.

OFFICERS

260. Cases eligible for admission.—An officer on full or half-pay, suffering from a disability attributable to military service will, if necessary, be admitted into a military hospital at any station where the requisite special accommodation is available. Application for admission will be made to the O.C. the hospital by the officer in medical charge of the case.

261. Special admissions and urgent cases.—An officer on full or half-pay suffering from a disability not attributable to military service may be admitted to a military hospital if accommodation is available and is not required for officers with a better title to admission, on the recommendation of the D.D.M.S., if authorized by the G.O.C.-in-C., in whose command the hospital is located. He will be afforded whatever necessary treatment can be provided from army sources without additional expense to army funds. Should the employment of a civilian specialist or local practitioner be found necessary, any expense incurred will be borne by the officer concerned.

In circumstances of great urgency an officer (including those on the Indian Establishment) may be at once admitted for treatment pending sanction by the G.O.C.-in-C.

262. Infectious diseases.—When a G.O.C.-in-C. considers it essential that an officer who is suffering from an infectious malady should, in order to obviate danger to other officers or soldiers, be admitted to a civil hospital (military hospital accommodation not being available), the cost of his treatment and maintenance may be defrayed by the public, subject to the recovery from the officer of the usual hospital charges.

263. Reports of admission or discharge of officers from hospitals.—The instructions regarding the rendering of such reports are laid down in para. **88.**

264. Admission to King Edward VII Convalescent Home, Osborne, Isle of Wight, and King Edward VII Hospital for Officers, London.—Officers who are desirous of admission (*a*) to the King Edward VII Convalescent Home should apply, on a special form supplied for the purpose, direct to the Director-General Army Medical Services (A.M.D. 2), The War Office; (*b*) to the King Edward VII Hospital, should apply in writing to Sister Agnes, 17, Grosvenor Crescent, London, S.W.1, or at the hospital between the hours of 11 a.m. and 1 p.m.

Officers sick in quarters or in hospital desirous of admission to (*a*) or (*b*) above will be granted sick leave of absence for the estimated period of their unfitness as laid down in King's Regulations, and subject to the conditions of the Pay Warrant.

Queen Alexandra's Imperial Military Nursing Service

265. Queen Alexandra's Imperial Military Nursing Service.—Members of this service and, when temporarily employed in military or military families' hospitals, the Q.A.I.M.N.S. Reserve and members of the T.A.N.S. will be admitted to hospital under the same conditions as officers at stations where the necessary special accommodation is available. They will also be admitted to civil infectious hospitals under the same conditions as officers.

Soldiers

266. Soldiers.—All soldiers, whether on duty or on furlough, will, when necessary, be admitted to a military hospital. Where it is considered necessary to admit a warrant officer to a military hospital he will, when practicable, be afforded separate accommodation.

267. Admission to civil hospital.—When necessary, soldiers may be admitted to a civil hospital for treatment, subject to payment of hospital charges under the Allowance Regulations. When such cases have been admitted, a report will be forwarded to the D.D.M.S. for submission to the G.O.C.-in-C.

If the proposed charges for maintenance and treatment have already been approved by the War Office, payment may be authorized by the G.O.C.-in-C.; but if they have not been previously authorized, the G.O.C.-in-C. may, if he considers them reasonable, authorize payment for the particular case admitted, but should at once report the circumstances to the War Office with a view to approval being given for the admission of subsequent cases to that hospital on agreed terms.

All such charges should be reviewed periodically by the G.O.C.-in-C.

In cases where separate fees are charged for operations, the proposed charges should be referred to the War Office for approval before payment is made.

Soldiers' Families

268. Definition of family.—The term "family" will be understood to include the wife of a soldier and his legitimate or legitimated children, step-children, and children adopted by him (or by his wife before her marriage to him) under the Adoption of Children Act, 1926, or the Adoption of Children

(Scotland) Act, 1930, or the Adoption of Children (Northern Ireland) Act, 1929,* under 14 years of age.

269. Families on married quarters roll.—The families of soldiers borne on the married quarters roll will :—

(*a*) when present with their unit ; or

(*b*) (i) separated from the soldier by the exigencies of the service, or

(ii) certified to be medically unfit to live at his duty station,

and in receipt of marriage allowance, be admitted into a military or military families' hospital when treatment in hospital is necessary and accommodation is available.

270. Admission for infectious diseases.—The families of soldiers on the married quarters roll, including children over 14 years of age, may be admitted to a military infectious hospital, or, in the event of such accommodation not being available, a civil infectious hospital, provided that it is considered necessary for the safety of the troops. Cases of cerebro-spinal fever, scarlet fever, diphtheria, and small-pox will invariably be admitted to a military or civil infectious hospital with a view to preventing or limiting the spread of such disease. Other infectious maladies will, as a general rule, be treated in quarters, but may be admitted to the military or civil infectious hospital under circumstances which justify a departure from the general rule. This also applies to families of soldiers who may be absent on duty.

271. Admission for confinements.—The wives of warrant officers, N.C.Os., and men on the married quarters roll may be admitted to military families' hospitals for their confinements, provided there is sufficient accommodation.

272. Families of warrant officers.—If in exceptional circumstances the wives or children of warrant officers are admitted into a military or military families' hospital, they will receive diets and extras under the conditions laid down in the Allowance Regulations for wives and families borne on the married quarters roll.

273. Families not on married quarters roll.—Wives and children (including children over age) of soldiers who are not on the married quarters roll may be admitted to military, military families', military infectious, or civil infectious hospital, when it is considered by the D.D.M.S. to be necessary

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* With the exception of children adopted by an unmarried soldier or by a widower who has no children of his own (or step-children) under 14 years of age at the time of the adoption.

for the safety of the troops. In cases other than those which fulfil the foregoing condition, the G.O.C. may, at his discretion, on the recommendation of the D.D.M.S., authorize admission to a military, military families', or military infectious hospital of the families of soldiers who are not on the married quarters roll (but not children over age), provided that accommodation is available and that it is not required for families on the married quarters roll or for other cases with a better title to admission.

Hospital charges as laid down in the Allowance Regulations will be recovered in respect of families admitted to hospital.

274. Procedure for admission.—When a medical officer considers that a woman or child requires hospital treatment, he will obtain from the O.C. the patient's unit A.F. B 247, and send it to the O.C. the military or military families' hospital, having first ascertained that accommodation is available. In urgent cases he will, if possible, arrange for immediate admission.

275. Persons not eligible for admission.—The following will not be admitted to a military families' hospital without the sanction of the G.O.C.-in-C. on the recommendation of the D.D.M.S. : (*a*) cases of chronic disease except for purposes of operation or relief of acute condition ; (*b*) boys above the age of 10 years.

276. Admission to civil hospital.—In cases in which hospital treatment is essential, and admission to a military or military families' hospital is not practicable, arrangements will be made for families borne on the married quarters roll to be admitted to a civil hospital, provided that they are :—

(*a*) present with their unit ; or

(*b*) (i) separated from the soldier by the exigencies of the service, or

(ii) certified to be medically unfit to live at his duty station,

and in receipt of marriage allowance.

Applications for admission, including a statement of the terms under which the hospital authorities will receive the patient, will be forwarded to the D.D.M.S., together with such information as may enable him to form an opinion as to the necessity or otherwise for the case being admitted to a civil hospital. The G.O.C.-in-C. will, if he approves the admission, authorize payment of the charges for maintenance and treatment as laid down for soldiers in para. **267**. In urgent cases in which there is not sufficient time to obtain the prior approval of the G.O.C.-in-C., the officer in medical charge of

the case may authorize admission pending sanction. Confinement cases occurring among families on the married quarters roll should not be admitted to civil hospital in the event of accommodation in a military families' hospital not being available unless hospital treatment is necessary on urgent medical grounds. At stations abroad, however, where there is no military families' hospital, and where European midwives are not obtainable privately at reasonable charges, G.Os.C.-in-C. may, at their discretion, arrange for all women on the married quarters roll to be treated in a civil hospital at the public expense during their confinements. Cases of chronic disease, except for purposes of operation or relief of acute condition, and cases requiring prolonged treatment are not eligible for admission to civil hospital at the public expense. In the event of a patient remaining in a civil hospital for a period exceeding three months, a full report of the case, showing the necessity for further treatment as an in-patient, should be furnished to the War Office.

MEDICAL ATTENDANCE AND HOSPITAL TREATMENT FOR SPECIAL CATEGORIES

277. Queen's Army Schoolmistresses and female pupil teachers.—Queen's Army Schoolmistresses and their children (under 14 years of age), and female pupil teachers, will be admitted to military, military families', or civil hospitals under similar conditions to the wives and families of soldiers on the married quarters roll.

278. Officers and soldiers of the Regular Army Reserve, the Supplementary Reserve, and Territorial Army.—Officers of the Regular Army Reserve of Officers and soldiers of the Regular Army Reserve, when called out for training or duty, will be treated, as regards medical attendance and hospital treatment, in all respects as regular officers and soldiers.

Officers and soldiers of the Supplementary Reserve and Territorial Army, including members of the T.A.N.S., when called out for training or duty, will be dealt with, as regards medical attendance and hospital treatment, under the Regulations for the Supplementary Reserve and Territorial Army respectively, but on embodiment will be treated in all respects as regular officers and soldiers.

279. Army Audit Staff.—Members of the Army Audit Staff serving at stations abroad may be admitted to military hospitals whenever necessary, provided accommodation is

available. In the event of a member of the Army Audit Staff being invalided home from abroad with a disability for which continuance of in-patient treatment is necessary, he may, if accommodation is available, be admitted to a military hospital at home, provided he is sent there immediately on arrival home.

Admission to a military hospital is subject to the payment of such charges for maintenance and treatment as may be determined from time to time by the Army Council.

In no other cases may members of the Army Audit Staff be admitted to military hospitals.

280. Officers, warrant officers and N.C.Os. of the Indian Services and their wives and children.—Officers of the Indian Services (except officers in civil employ) on leave or duty, and the wives and children in Great Britain and Northern Ireland of serving officers of the Indian Services (except officers in civil employ) will be granted medical attendance under the conditions of para. **251.** In cases where special forms of out-patient treatment are provided for members of officers' families, the appropriate charges should be recovered from the India Office (*see* para. **463**).

Warrant officers and N.C.Os. of the Indian Services while at home on sick leave or on leave on private affairs will be granted medical attendance at stations where an army medical officer or civilian medical practitioner engaged for service with the troops is present, provided they reside within the prescribed radius, and those who have been certified by the medical board at the India Office to be fit cases for admission to hospital will be admitted into military hospitals where suitable accommodation exists. When the wives and children of the warrant officers and N.C.Os. referred to above accompany them home, they will, when necessary, and if accommodation exists, be admitted into a military families' hospital or be otherwise provided with medical attendance and medicines on the same conditions as those laid down for warrant officers and N.C.Os. The cost of hospital treatment in all cases admitted to military or military families' hospitals under the provisions of this paragraph will be recovered from the India Office.

281. Medical attendance and hospital treatment for retired officers.—Retired officers in receipt of disability retired pay in respect of disabilities attributable to military service incurred on or after 1st October, 1921, may be afforded medical attendance from Army sources or treatment in a military hospital where the requisite accommodation is available, provided always that in the case of wounds and injuries

there is, in the opinion of the O.C. hospital, a reasonable prospect of the physical condition on account of which the disability pension is granted being materially improved by treatment, and that, in the case of disabilities other than wounds or injuries, it is certified that (*a*) the disability is likely to be cured by such treatment or so materially improved as to lead to a reduction of the disability element of retired pay, or (*b*) the disability element of retired pay will have to be increased unless treatment is provided.

All cases in which it is proposed to give treatment to retired officers suffering from disabilities other than wounds or injuries should be submitted to the War Office by the G.O.C.-in-C. for prior approval, and should be accompanied by the recommendations of the D.D.M.S. Treatment in the case of disabilities other than wounds or injuries will normally not be given beyond a period of five years from the date of retirement, but in special cases in which the D.D.M.S. recommends a departure from this rule, the reasons supporting the recommendation should be submitted to the War Office.

When in-patient hospital treatment is provided, an officer will be required to pay the hospital charge, if any, which an officer on full pay would be required to pay.

Where accommodation in a military hospital cannot be arranged, treatment in a civil hospital or at the officer's home may, under the authority of the G.O.C.-in-C., be provided at the public expense, subject to the recovery of hospital charges as above. Retired pay will not be increased during the period of treatment.

282. Medical attendance and hospital treatment for discharged soldiers.—A discharged soldier in receipt of a disability pension in respect of a disability attributable to military service incurred on or after 1st October, 1921, may, at the request of the Secretary, The Royal Hospital, Chelsea, be provided with medical attendance or admitted to a military hospital where the requisite accommodation is available, provided always that in the opinion of the D.G.A.M.S., who will be consulted by the Secretary, Royal Hospital, Chelsea—

(*a*) the disability is likely to be cured by such treatment or so materially improved as to lead to a reduction of the disability pension, or

(*b*) the disability pension would have to be increased unless treatment is provided.

Where accommodation in a military hospital is not available or the necessary treatment cannot be provided from Army sources, treatment in a civil hospital may be arranged at the public expense under the same conditions.

Such hospital charges as may be recommended by the Commissioners of the Royal Hospital, Chelsea, and approved by the Army Council, will be recovered from the pensioners who are given hospital treatment at the public expense.

283. Treatment of Ministry of Pensions patients in military hospitals.—Where a pensioner is under treatment in a military hospital at the request of an accredited representative of the Ministry of Pensions, and is found to require treatment for a disability other than that indicated on the form of request for admission, the O.C. hospital will at once report the circumstances to the Ministry of Pensions officer who arranged for the man's admission to hospital.

Should the Ministry of Pensions officer decide that treatment for the new disability cannot be provided at the expense of the Ministry, he will so inform the O.C. hospital, who will arrange for the man's discharge from hospital as soon as his condition will admit of his removal.

In such cases the liability for the cost of maintenance and treatment in the military hospital up to the date of the patient's discharge therefrom will be accepted by the Ministry of Pensions as laid down in para. **463.**

SPECIAL MEDICAL PROVISIONS AND INSTRUCTIONS

284. Disabilities attributable to military service.—The War Office will decide in all cases whether a disability is, or is not to be, regarded as attributable to military service, and no person whose eligibility for any medical or dental benefits under these regulations depends on the disability being regarded as attributable to military service, will be given such benefits at the expense of army funds until a decision as regards attributability has been given by the War Office.

285. Recovery of medical expenses.—An officer on full or half pay and a member of the military nursing service suffering from a disability attributable to military service will be allowed such reasonable expenses of medical attendance and hospital treatment as may be approved by the G.O.C.-in-C. (on the advice of the D.D.M.S.), including the cost of a specialist and nurse or nurses when necessary, under the following conditions :—

(*a*) If attendance by an army medical officer or civilian medical practitioner engaged for attendance on the troops is impracticable, in which case the D.D.M.S. will certify accordingly.

(*b*) If accommodation in a military hospital is not available, or when available the condition of the patient is such that removal to hospital would entail serious risk; provided that in either case adequate treatment cannot be given by an army medical officer or civilian medical practitioner engaged for attendance on the troops. The D.D.M.S. will be required to certify to this effect.

(*c*) Where a nurse is employed the necessity for employment must be certified by the D.D.M.S.

(*d*) If treatment by a civilian specialist is necessary and the services of an army specialist cannot be utilized, the D.D.M.S. will certify accordingly. Claims for refund of specialists' fees will be referred to the War Office for approval.

286. Claims for medical expenses privately incurred.—Claims for re-imbursement of expenses of medical treatment privately incurred will not be entertained except where specifically provided for in these regulations.

287. Employment of specialists and local practitioners.—Where an army medical officer or civilian medical practitioner engaged for attendance on the troops requires, in the course of medical attendance, the assistance or the opinion of another practitioner, not in the capacity of a specialist, in the case of any person who is eligible for medical attendance under these regulations, the G.O.C.-in-C., on the advice of the D.D.M.S., may authorize the employment of a local practitioner and the payment at the public expense of reasonable charges, provided that the necessary assistance cannot be given by another medical officer or civilian medical practitioner officially employed.

When an army specialist is not available, and it is considered necessary to employ a civilian specialist for consultation or operation in the case of an officer suffering from a disability attributable to military service, a soldier or a member of a soldier's family on the married quarters roll who is a patient in a military or military families' hospital, the specialist may be engaged at the public expense on the recommendation of the D.D.M.S., but his claim will be referred to the War Office for approval.

When an army specialist is not available, a civilian specialist may also be engaged for a consultation at the public expense, when considered necessary by the D.D.M.S. in the case of an officer suffering from a disability attributable to military service or a soldier when not in receipt of in-patient treatment,

but the claim of the specialist will be referred to the War Office for approval.

In no other cases may civilian specialists or local practitioners be employed at the public expense without special War Office authority.

288. Treatment advised by specialists.—When an officer or soldier has consulted a specialist or civilian practitioner on his own initiative and has been recommended special treatment, medical officers are not required to carry out or to continue such treatment unless they are provided with full information by the specialist or practitioner as to the nature of the case and the treatment advised, and they themselves are satisfied that such treatment is suitable and can be provided from army sources under these regulations.

289. Treatment for officers and nurses suffering from tuberculosis.—Officers and nurses on full or half pay who are suffering from tuberculosis attributable to military service may be afforded treatment as follows :—

At home.—(*a*) G.Os.C.-in-C. will maintain a list of suitable sanatoria which have agreed to receive officers and nurses on approved terms, and when such patients suffering from tuberculosis attributable to military service are recommended sanatorium treatment by a Medical Board, the G.O.C.-in-C. the command in which the patient's last board was held will arrange for admission to one of the sanatoria on the list. Officers will be required to pay the usual hospital charges. Nurses will be granted board and washing allowance at the reduced rate of 7*d.* a day under Allowance Regulations, whilst undergoing sanatorium treatment at the public expense.

(*b*) Officers and nurses who desire treatment in a particular sanatorium or district should communicate their wishes to the Medical Board, who will record the fact on A.F. A 45, and the G.O.C.-in-C. will arrange for the patient's wishes to be met where possible. Should the sanatorium or district selected or recommended be situated in a command other than that in which the last Medical Board was held, the G.O.C.-in-C. will forward a copy of the Medical Board report to the G.O.C.-in-C. the command in which the sanatorium or district is situated, who will arrange admission, if not to the sanatorium selected, to one in the vicinity which has agreed to accept such patients on approved terms.

(*c*) In certain circumstances, officers or nurses who prefer to make their own private arrangements for sanatorium treatment may be granted a limited refund of sanatorium

expenses, provided the approval of the G.O.C.-in-C. has first been obtained.

Should domiciliary treatment be proposed, the prior approval of the War Office, to which the application should be submitted by the G.O.C.-in-C., is required before any assistance can be given from army funds.

Abroad. — G.Os.C.-in-C. should refer to the War Office for prior approval any case in which treatment in Switzerland or elsewhere abroad is recommended by a medical board or private medical adviser. In approved cases officers and nurses will be required to make their own arrangements for treatment. They will be eligible for a limited refund of reasonable and necessary expenses in connection with treatment. Officers or nurses proceeding abroad will be required to pay their own travelling expenses.

290.—Treatment for retired officers suffering from tuberculosis.—Limited financial assistance will be given towards the cost of sanatorium and domiciliary treatment at home and abroad in the case of retired officers in receipt of disability retired pay suffering from tuberculosis attributable to military service contracted on or after 1st October, 1921, if it is certified that (*a*) the disability is likely to be cured by such treatment or so materially improved as to lead to a reduction of disability retired pay, or (*b*) the rate of disability retired pay will have to be increased unless treatment is provided.

All cases in which the G.O.C.-in-C., on the advice of the D.D.M.S., recommends treatment, should be submitted to the War Office for prior approval. Treatment in approved cases will normally not be given beyond a period of five years from the date of retirement, but in special cases in which the D.D.M.S. recommends a departure from this rule, the reasons supporting the recommendations should be submitted to the War Office.

291. Treatment of officers and soldiers by unqualified practitioners.—An officer or soldier who consults or obtains treatment from an unqualified practitioner must understand that he does so at his own risk and expense, and any accident or untoward sequela which may result from such treatment will not be regarded as giving him any claim to gratuity or pension.

292. Claims for treatment.—The procedure for rendering special claims for medical attendance or treatment in hospital is laid down in Section VII.

CIVILIAN EMPLOYEES

293. Scope of this section.—With the exception stated below, this section applies to civilian employees whose conditions of service are governed by Regulations for Civilian Employees and Rules and Regulations of the Ordnance Factories. It does not apply to the salaried, directing, scientific, professional, and technical staffs, to members of the general Treasury classes, to persons employed at the War Office, or to clerks in local audit offices.

294. General.—Civilian employees of the War Department are not entitled to medical attendance, hospital or dental treatment at the public expense except as provided for below.

(A) *Medical Attendance*

295. Ordinary sickness.—Medical attendance, but not admission to hospital or the grant of medical comforts, may be allowed in cases of ordinary sickness to the following persons at stations where there is a medical officer or C.M.P. in attendance on the troops.

(*a*) *Home stations.*

(i) To any employee who resides within the precincts of a barrack (including a school, college, hospital, magazine, government quarter, etc.) or of Woolwich Arsenal or Dockyard, provided that in the case of an employee compulsorily insured for health he has made his own arrangements for medical attendance and has chosen as his panel doctor an army medical officer or civilian medical practitioner in attendance on the troops.

(ii) To the family of an employee referred to in (*a*) (i). (For definition of "family," *see* para. **268**.)

(iii) To an insured employee at Woolwich Arsenal or Woolwich Dockyard not covered by (i), provided that he lives within a radius of one mile from a point midway between the Main and Plumstead Gates and that he has chosen the S.M.O., Royal Arsenal, as his panel doctor.

(*b*) *Channel Islands and stations abroad.*

(i) To established and regularly employed civilians, provided that they live within a radius of one mile from a military hospital or point fixed by the local military authorities.

(ii) To the families (as defined in para. **268**) of employees referred to in (*b*) (i).

296. Attendance in emergency.—In case of accident or sudden illness whilst on duty, an employee, not otherwise

eligible for medical attendance, may be attended by the medical officer or C.M.P. in attendance on the troops until the case can be taken over by the panel or private doctor.

297. Injury or disease due to employment.

(*a*) *Home stations.*—An employee who has accepted the Government scheme of compensation for injury and who is suffering from an injury by accident or disease in respect of which injury pay is issuable (or would be issuable if the injury necessitated absence from work) will be afforded free medical attendance by an army medical officer or civilian medical practitioner in attendance on the troops. If attendance by an army medical officer or C.M.P. is not practicable and admission to hospital is not necessary, the requisite attendance by a private medical practitioner will be arranged for at the public expense.

(*b*) *Channel Islands and stations abroad.*—An employee suffering from an injury by accident arising out of and in the course of his employment, or incapacitated by a disease specifically attributable to the nature of his work, may be afforded free medical attendance as at (*a*) of this paragraph, provided that his incapacity is not due to his own serious and wilful misconduct.

(B) *Hospital Treatment*

298. Admission to military hospital.

(*a*) *Home stations.*—An employee referred to in para. **297** (*a*) may be admitted to a military hospital if necessary and if accommodation is available, subject, in the case of an employee whose incapacity is due to a disease which, though specifically attributable to his employment, is not scheduled under the Workmen's Compensation Acts, and also in certain other cases (*see* para. 2 (iii) of the Government Scheme of Compensation), to the payment of hospital charges as prescribed in Allowance Regulations.

(*b*) *Channel Islands and stations abroad.*—An employee referred to in para. **297** (*b*) may be admitted to a military hospital if necessary, and if accommodation is available, subject, in the case of an employee eligible for full pay, during the first period of incapacity, to the payment of a hospital charge of 2*s*. a day.

299. Emergency cases—home and abroad.—In cases of emergency, employees other than those referred to in para. **298** may be admitted to a military hospital subject to the payment of hospital charges as prescribed in Allowance Regulations.

300. Civilian hospitals—home and abroad.—Civilian employees of the War Department are not in any circumstances entitled to treatment in civilian hospitals at War Department expense. In cases of emergency, employees injured at work and needing immediate hospital treatment in consequence should be sent to civilian hospitals if no military hospital is available; if any claim for payment is made by the hospital authorities in such a case, the claim should be referred to the War Office, with a report of the circumstances in which admission to hospital was approved.

301. Infectious disease.—An employee and his family (including children over age) occupying a public quarter may be admitted to a military or civilian infectious hospital when suffering from an infectious disease if the senior medical officer considers that such admission is necessary for the safety of the troops.

(C) *Dental Treatment*

302. Dental treatment.—For the regulations governing dental treatment, *see* para. **554**.

SECTION IV

MILITARY HOSPITALS, ETC.

General Organization

303. Administration.—The following hospitals, etc., are under the administration of the D.D.M.S. of the command, and for purposes of discipline and interior economy are subject to the control of the G.Os.C. :—

Military hospitals.
Reception stations.
Military families' hospitals.
Infectious disease hospitals.

304. General hospitals.—A general hospital in peace is a military hospital of not less than 300 beds organized in divisions, each division being under the administration of a specially selected officer.

305. Royal Victoria Hospital, Netley, and Royal Herbert Hospital, Woolwich.—These hospitals are specially organized for the reception of invalids from overseas, and are to a certain extent differently administered and equipped from other military hospitals. The duties and responsibilities of the Os.C. are similar to those in military hospitals generally, and they are assisted by officers i/c of divisions and an officer to perform the duties of registrar. (*See* Section II.)

306. Eligibility for admission to military hospitals.—Military hospitals are established for the reception and treatment of the sick and injured of the Army. Personnel of the Royal Navy, of the Royal Marines, and of the Royal Air Force, and other persons may be admitted under special sanction (*see also* Section III).

307. Men detained in hospital.—In the event of a soldier sent to hospital not being likely to require treatment beyond the day on which he has reported himself sick, he will be detained in the hospital for that day, and will be subsisted by the hospital; but if at the morning visit he should still be found unfit for duty, he will be admitted to hospital.

308. Equipment.—Hospitals are equipped (as far as may be necessary) in accordance with the schedules of hospital furniture applicable and scales of medical equipment referred to in para. **375**. The equipment is held on inventory, and taken over for the O.C. by the quarter-master in hospitals where such officers are employed, and by the O.C. in all other cases. Articles of equipment beyond the regulated scale can only be provided on special sanction being obtained (*see also* Section V).

309. Abstract of inventories.—The abstract of inventories (A.B. 126A) in duplicate will be signed by the officer i/c barracks and the O.C. the hospital, and endorsed by the quarter-master. One copy will be retained by each. In addition, room inventories will be made out and signed by these officers, and hung up in each ward or room, showing the equipment contained therein. Should it at any time be necessary to make any alterations in the articles in a ward or room, due notice thereof will be given to the officer i/c barracks, in order that he may make the necessary alterations in the inventory. The inventory is the property of the officer i/c barracks, and no other person is authorized to make any alterations thereon.

310. Inventories of buildings and fixtures.—The buildings and enclosures will be similarly taken over from the

G.E., and the fixtures in every ward, room, and store will be detailed on an inventory board; these inventories will be made out and signed by the G.E., and no entries, erasures, or defacements of any kind are to be made in them, except by the G.E.

311. Gardens.—Requisitions for the proper maintenance and repairs of enclosures will be made on the G.E. Where necessary, one man of the hospital establishment may be detailed as gardener.

312. Floor and cubic space for each bed in hospital.—The following table shows the authorized superficial area and cubic space for each bed :—

Stations	Hospitals		
	Height to Wall Plate or Ceiling	Floor Space	Cubic Space
	ft. in.	sq. ft.	cubic ft.
Home Stations	12 0	100	1,200
Gibraltar, Malta	12 6	90	1,125
Cyprus, Ceylon (hill stations), Hong Kong Peak, Bermuda	13 0	110	1,430
North China (special case) ...	12 0	110	1,320
Lower Egypt, Ceylon (coast), Palestine, South China (excepting Hong Kong Peak), Mauritius, West Indies ...	14 0	120	1,680
Upper Egypt, Straits Settlements	18 0	120	2,160

313. Number of beds in a ward, how recorded.—The number of beds which each ward is capable of accommodating is recorded on A.F. K 1251, and this number will not be exceeded without sanction.

314. Diets.—Particulars regarding diets and extras are detailed in the Allowance Regulations. (*Also see* Section VI.)

315. Orders for patients.—Orders for patients in military hospitals, A.F. C 345, will be hung up in every ward and in the pack-store and linen-store.

316. Passes for visitors.—The O.C. may grant passes to visitors to see patients at convenient hours, and for this purpose A.B. 235 will be used.

317. Special passes for patients in hospital.—The O.C. the hospital may, at his discretion, grant permission to a

soldier to be absent from hospital from 2 p.m. to 5 p.m. between 15th October and 15th February, and 2 p.m. to 6 p.m. during the remainder of the year :—

(*a*) In special cases on account of urgent business.

(*b*) In exceptional cases where he is of opinion that it will benefit the patient's health.

A patient who is permitted to leave hospital under the foregoing conditions will not be allowed to enter barracks or places of entertainment, unless permission to do so is specially stated on the pass. In no case may he visit any premises licensed for the sale of intoxicating liquor.

318. Patients' money and valuables.—A soldier who is a patient in hospital is forbidden to have money or valuables in his possession except with the permission of the O.C. the hospital. Any money or valuables which may be in his possession on admission to hospital will be handed over to the quarter-master and a receipt given him on A.B. 191.

319. Cash payments to soldiers in hospital.—Whilst in hospital soldiers may receive cash payments at the discretion of the O.C. the hospital, who will bring their requirements to the notice of their C.Os. Where the hospital is located in the vicinity of the patient's unit or detachment, an officer should visit the hospital weekly and make necessary payments. In other cases Detachment Pay Sheets (A.F. N 1510), together with a remittance by crossed cheque, will be sent weekly to the O.C. the hospital, who will arrange for payment and return the pay sheets duly receipted by the patients. From the money received the men will meet minor expenses for stamps, hair cutting, etc.

320. Medical libraries.—Medical libraries are established at certain military hospitals at home and abroad (detailed in Appendix No. 22B), with a view to providing officers of the army medical services with means of reference to standard works and current medical literature. The intention is that each library will form a medical intelligence bureau for the district which it serves, and be available for the use of all medical officers serving in that district.

Each library will be supplied at the public expense with books, periodicals, etc., in accordance with the scales and regulations for issue laid down in Appendix No. 22A, and will be placed under the care of an officer appointed by the D.D.M.S. of the command from the staff of the hospital in which the library is situated. (*See also* paras. **139–146.**)

Reception Stations

321. Organization.—Reception stations are established at certain stations where there is no military hospital, or where the military hospital is situated at a distance from the barracks.

322. Cases accommodated.—The following classes of cases will be accommodated in reception stations :—

(*a*) Minor cases which only require a few days' treatment and for whom hospital diets are unnecessary.

(*b*) Serious or emergency cases pending admission to a hospital.

323. Equipment.—They will be provided with a small number of hospital beds and equipped in accordance with the Schedules of Hospital Furniture and the scale of medical equipment laid down in Appendices Nos. 25 and 26, according to local requirements.

324. Personnel for serious cases.—Any additional R.A.M.C. personnel considered necessary for such cases will be detailed from the military hospital. If lady nurses are required, application will be made as directed in para. **207**.

325. Diets.—Hospital diets will not be issued ; the ordinary ration will be utilized, and, when necessary, will be supplemented as authorized by the Allowance Regulations.

326. Hospital charges.—When hospital charges are due under the provisions of the Allowance Regulations, the necessary forms will be rendered in accordance with para. **461**.

327. Accounting.—The stores, equipment, supplies, and extras will be accounted for as in a military hospital.

328. Returns.—The statistical returns will be rendered as laid down in para. **538**.

329. Procedure when an O.C. hands over to a civilian medical practitioner.—The procedure in para. **100** will be followed.

Where there is no Military Hospital or Reception Station

330. Accommodation.—At stations where there is no military hospital or reception station, accommodation will be set apart for the treatment of cases not requiring admission to hospital and will be administered as detailed below.

331. Barrack equipment.—The above accommodation will not, as a rule, be supplied with hospital equipment, and men who are admitted will use barrack bedsteads, bedding,

and utensils, supplemented in special cases by such hospital equipment as may be considered necessary by the D.D.M.S.

332. Equipment, charge of, when civilian medical practitioner is employed.—When the above accommodation is placed in charge of a civilian medical practitioner, the D.D.M.S. will, if hospital equipment is considered necessary, direct a quarter-master to draw such equipment from the officer in charge of barracks, and place it in the care of the N.C.O. of the R.A.M.C. performing the duties of wardmaster and steward, who will endorse the abstract of inventories.

333. Barrack equipment—how held.—Where barrack equipment only is used, a N.C.O. of the R.A.M.C. will not, as a rule, be attached, and application will be made to the O.C. the unit to which the sick belong—

(*a*) for a N.C.O. to take charge of the equipment which will be held and accounted for by the O.C. the unit, and

(*b*) for such other soldiers as may be required.

334. Rations.—The ordinary ration will, when necessary, be supplemented as authorized by Allowance Regulations.

335. Hospital charges.—Hospital charges for extras only, and for the days only on which such have been issued, will be prepared on A.F. O 1643, and will be charged as laid down in the Allowance Regulations.

336. Medicines and surgical materials.—Medicines and surgical materials will be supplied on indent by the O.C. the military hospital, except where civil medical practitioners in charge supply their own medicines and surgical materials at capitation or other rates.

337. Camp hospital equipment.—The scales of camp hospital equipment for units of the Regular Army, Supplementary Reserve and Territorial Army training at stations where no military hospital is available are laid down in Equipment Regulations.

338. Statistics.—In all cases the statistics will be rendered as laid down in para. **538.**

Military Families' Hospitals

339. Organization.—These hospitals are established for the reception of cases of parturition and general disease among the families of soldiers on the married quarters roll, and, except as directed below, are organized, administered, and equipped as military hospitals generally, the stores, equipment, supplies, and diets being similarly accounted for.

340. Personnel.—(*a*) The personnel will consist of an O.C., an establishment of Q.A.I.M.N.S., pupils undergoing training in midwifery (where authorized), R.A.M.C. personnel and servants, according to the requirements of the hospital.

(*b*) If the temporary employment of civilian nurses is considered necessary by the D.D.M.S., application will be made to the War Office, through the usual channels. In cases of emergency, where danger to life or health might result from delay, civilian nurses may be temporarily engaged on the authority of the D.D.M.S., but any such engagement will be reported at once to the War Office for covering approval.

341. Duties of the O.C.—The O.C. will be guided in the performance of his duties by the instructions laid down for Os.C. military hospitals in so far as they are applicable.

342. Eligibility for admission.—The categories of persons eligible for admission are defined in paras. **269–273, 277, 280.**

343. Medicines, instruments, and appliances.—Except in cases in which authority has been given to demand from the War Office, medicines will be obtained from the dispensary of the military hospital as may be arranged by the D.D.M.S. Special surgical instruments and appliances will be obtained through the usual channels (*see* Appendices Nos. 33 and 38).

344. Clothing, equipment, etc., not to be introduced.—Garrison committees or other associations are forbidden to introduce into the hospital articles of clothing, equipment, or decoration without the concurrence of the O.C.

345. Damages to equipment.—All damages to equipment or stores will be charged against the persons responsible.

346. Mothers of children admitted.—Mothers whose children have been admitted will not be allowed to remain in hospital without the sanction of the O.C. Those permitted to remain will not leave the hospital without his permission. They will be required to assist the nurses by attending to their children and keeping the wards clean.

347. Rules as to visitors.—Visitors will be permitted to visit patients at such hours as may be authorized by the O.C., and will, on arrival, interview the matron or sister in charge, or her representative, before entering the wards. They are strictly forbidden to bring into the hospital intoxicating liquors, food, delicacies, or medicines without the express permission of the O.C.

348. Outbreak of infectious disease in hospital.—Should cases of infectious disease arise among the patients in hospital, the O.C. will at once make arrangements for the

isolation of such cases, and will inform the D.D.M.S. of their occurrence.

349. Disinfection, cleaning, and closing of the hospital.—After the occurrence of any infectious case, the O.C. will see that the hospital, or portion of the hospital affected, is thoroughly disinfected and cleansed in accordance with the instructions contained in paras. **588–600**. Should it be considered necessary, steps will be taken to close the hospital, or any part of it, for such period as may be thought advisable.

350. Allotment of a barrack room for sick of families.—At stations where hospitals for women and children have not been established, a room in barracks may be allotted by the G.O.C. for the reception of sick women and children whom it may be expedient to remove from their quarters. Equipment and fuel and light will be provided for this room ; but only under special authority will any expense for nursing be admitted as a charge against the public. Medical comforts may be supplied in the same manner as to patients treated in quarters. These issues are governed by the Allowance Regulations.

351. Training of pupil midwives.—Instructions regarding the training of midwives in military families' hospitals recognized as training schools by the Central Midwives' Board are given in Appendix No. 7.

Hospitals for Infectious Diseases

352. Persons eligible for admission.—These hospitals are established for the reception of cases of infectious disease occurring amongst officers, members of the nursing service, soldiers and their families, and others eligible for admission.

They are organized and administered in the same manner as military hospitals generally.

353. Personnel.—The personnel will consist of an O.C. and such establishment of nurses and R.A.M.C. as may be necessary.

354. Visitors.—Visitors will not be allowed in these hospitals unless in exceptional circumstances, and then only with the special sanction of the O.C.

355. Rules applicable to families' sections.—Where families' sections of these hospitals exist, the rules with regard to the nursing staff, equipment, cleanliness, and good order applicable to military families' hospitals will be observed.

356. Mothers of children admitted.—Mothers whose children are admitted, and who have been allowed to remain in

hospital under para. **346**, are in no circumstances to leave the hospital while wearing the same clothes as are worn while in attendance on their children.

357. Clothing while in hospital.—A change of clothing will be brought to hospital with every patient, and this clothing will, in the case of a child, be washed by the mother if she has been permitted to remain in the hospital. Immediately before leaving the hospital each patient, and also the mother if she has remained in hospital, will have a disinfectant bath and a clean set of clothing, and the clothing which has been in wear up to the period of leaving will be disinfected before being handed over to those to whom it belongs.

358. Treatment in rooms in barracks.—When cases of an infectious nature are treated in a specially allotted room in barracks, diets and extras may be issued on the authority of the D.D.M.S.

359. Engagement of civilian nurses for infectious diseases.—In the event of an outbreak of infectious disease involving danger to troops occurring among the families of soldiers at stations where no military or civil hospital accommodation exists, and temporary arrangements for coping with the outbreak are necessary, a civilian nurse or nurses may be temporarily employed at the public expense if it is not practicable to utilize the military nursing service. All such employments will be reported immediately to the War Office.

SECTION V

HOSPITAL EQUIPMENT, STORES, SUPPLIES, SURGICAL APPLIANCES

360. General instructions.—Hospital equipment, stores and supplies include :—

Medical equipment (*see* para. **366**).
Ordnance equipment and clothing.
R.A.S.C. supplies.
R.E. equipment.

361. Authority for equipment, excluding medical equipment.—Hospitals are equipped in accordance with the scales laid down in Barrack and Hospital Schedules. The rules relating to requisitions and general procedure and responsibility connected with stores and equipment will be found in King's Regulations, Regulations for the Equipment of the Army, Regulations for Supply, Transport and Barrack Services.

362. Custody of equipment and stores.—The quartermaster will be responsible, under the direction of the O.C. hospital, for the safe custody of such stores and equipment as the O.C. may direct (*see* para. **148**).

363. Maintenance of accounts and equipment and stores.—The O.C. hospital is responsible that regular accounts of all equipment and stores in his charge are maintained.

364. Camp hospital equipment.—The scales of camp hospital equipment for units of the Regular Army, Supplementary Reserve, and Territorial Army training at stations where no military hospital is available, are laid down in the Equipment Regulations.

365. Handing over command.—The procedure to be followed by an officer handing over command is laid down in paras. **98–100.**

Medical Equipment

366. Definition of medical equipment.—The term medical equipment includes surgical instruments, appliances, and materials, medicines and medical materials, dental and X-ray equipment and the other items specified in the Priced List of Medical Equipment.

General Instructions

367. Responsibility for equipment.—The O.C. a hospital will be responsible for the medical equipment in the hospital, which will be accounted for as directed in paras. **432–448.**

368. Verification of stock.—When an officer is appointed to the command of a military hospital or other unit in possession of medical equipment, he will at once take steps to test the accuracy of the stock of such stores, and will furnish a certificate that he has done so and has no reason to doubt the general agreement of the stock with the ledger balance. This certificate will be forwarded to the local auditor, or to the Under-Secretary of State (F. 7), The War Office, in commands where no local auditor is appointed.

369. Custody and issue.—Surgical instruments will be kept in the operating room or dispensary, under lock and key. Supplies of medicines will be kept locked up in the medicine store in hospitals where such a store exists. The expense bottles in the dispensary will be replenished as required from this store, and all issues made to the dispenser will be recorded and checked.

370. Poisons.—Poisons will be kept under lock and key in a room or cupboard set apart for the purpose. They will not be stored in excess of actual requirements. The issue and dispensing of poisons, hypnotic and dangerous drugs will be carefully supervised, special attention being given to the drugs referred to in paragraph **128** and drugs of the veronal (barbitone) group.

371. Sera and vaccines.—Sera and vaccines should not be stocked in quantity, but should be demanded as far as possible as and when required for use (*see* para. **376**).

372. Field medical equipment for instruction.—Field medical equipment, in accordance with Appendix No. 36, will be held on charge at certain selected military hospitals for instructional purposes.

373. Surgical instruments for loan.—Officers requiring instruments for temporary use will apply direct to the O.C. the nearest hospital, who will arrange for the articles to be issued with the least possible delay.

374. Economy.—The strictest economy will be exercised in the use of medical equipment and in demanding the same. Executive and administrative medical officers will thoroughly satisfy themselves that only such articles and quantities as are actually required are demanded, and in the case of expensive articles that the expense is fully justified and that no less expensive articles will suffice. All indents will be carefully scrutinized by administrative medical officers before transmission to the War Office.

Supply of Medical Equipment

375. Authorized scale.—The authorized scale of medical equipment for military hospitals is given in Appendices Nos. 25 and 26. Demands for unauthorized articles will be accompanied by an explanation of the circumstances which render them necessary.

376. Indents for.—Supplies of medical equipment will be indented for by Os.C. hospitals on A.F. I 1209 in duplicate, and will be submitted to the D.D.M.S. for scrutiny and

transmission to the War Office. Indents will be arranged in sections, separate forms being used for each section in the Priced List of Medical Equipment. Indents for sera and vaccines will be sent by the requisitioning unit direct to the Under Secretary of State (A.M.D. 3), The War Office. In cases of urgency indents for therapeutic vaccines and sera may be submitted direct to the Officer in Charge, Vaccine Dept., R.A.M. College, London, S.W.1, and at the same time covering indents should be forwarded to the War Office.

377. Indents, stamping of.—Indents for medical equipment, A.F. I 1209, and indents for trusses, A.F. I 1222, should not bear impressions of rubber stamps on the face of the forms.

378. Dates of demand.—In the Aldershot, Northern, Southern, and Scottish Commands, medical equipment will be demanded on the 1st January and 1st July; in other home commands and commands overseas on the 1st April and 1st October. D.Ds.M.S. will arrange that all demands from hospitals at home reach the War Office not later than the 10th of the above-mentioned months. Medical equipment required for the Army Medical Store, Southampton Docks, will be demanded annually on the 1st July, and the indents will be submitted to the Embarkation Medical Officer, Southampton Docks, for scrutiny and transmission to the War Office.

379. Quarterly indents.—Demands for X-ray films and organic preparations of arsenic, used in the treatment of venereal disease, should be submitted every three months, owing to the liability to rapid deterioration.

380. Intermediate demands.—Intermediate demands should be avoided as far as possible. When absolutely necessary they may be submitted on A.F. I 1209 in duplicate, and will be accompanied by an explanation of the circumstances which render them necessary.

381. Unpacking medical equipment.—All articles received at home stations will be unpacked in the presence of an officer, and those received at stations abroad will be unpacked in the presence of a board of officers. The officer or board, as the case may be, will note (*a*) deficiencies; (*b*) breakages or damages, and whether such are due to careless packing or rough usage in transit; and (*c*) whether all articles supplied are dated. Observations regarding deficiencies, etc., will be noted on the receipt vouchers, or, if necessary, in a letter to accompany them (*vide* also paras. **382** and **383**). When packages received at home stations are not opened immediately on receipt, the person receiving them will endorse the carman's way-bill, "Contents not examined."

382. Medicines from different firms.—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 ascertaining the name of the contractor who supplied them.

383. Complaints.—Objections as to age, adulteration, or chemical defects of medicines, and inferior quality or defective workmanship of surgical instruments, will be referred to the War Office whenever necessary, reasons being given for the objections raised, in order that the matter may be fully investigated.

384. Local purchases.—In specially urgent circumstances not admitting of reference to the D.D.M.S., medical equipment may be purchased locally, but medical officers so purchasing will at once apply for covering authority, stating fully the grounds for urgency.

385. Payment for local purchases.—Local purchases, which should be accounted for in the ledgers, will be certified by the O.C. the hospital as having been absolutely necessary and obtained on the best and cheapest terms. The bills will be sent to the D.D.M.S., who will, after examining them, obtain approval for the expenditure and pass them to the command paymaster for settlement.

Disposal of Empties

386. Disposal of empty packages.—All empty bottles, jars, packages, etc., in which medical equipment has been received, are the property of the War Department. They will be carefully preserved from wet and damage, and will be disposed of as follows in home commands :—

(*a*) Empty containers, wrappers, cases, and packages received from army medical stores will be returned thereto, in the absence of special instructions regarding their disposal.

(*b*) Empty containers, etc., received from, and charged for by, the contractor for the supply of medicines will be returned to him within the period of his contract if possible; otherwise they will be returned to the existing contractor for the supply of medicines, in order that credit may be secured.

(*c*) Empty containers, etc., received from, and charged for by, other firms will be returned to the firm which supplied them, in order that credit may be secured.

387. Packages returned to contractors.—Packages containing empties returned to contractors will be distinctly marked on the inside and on the outside of the lids, " Returned empty from the Hospital at ." A detailed voucher on A.F. G 1033 will be prepared in quadruplicate, on which will be inserted the prices charged and shown on the containers and packages. The four copies will be forwarded by post to the contractor, one for retention and three for signature and return to the consignor. Two copies duly receipted will be transmitted to the Under-Secretary of State (A.M.D. 3), The War Office, in order that credit may be secured. One will be returned to the unit with a certificate of credit to be forwarded in support of the medical equipment account in which the packages, etc., have been struck off charge; the other copy will be attached to the bill on which credit is given.

388. Packages returned to army medical stores.—When empty cases are returned to an army medical store, they will be marked as directed in the preceding paragraph, and a voucher on A.F. G 1033, in duplicate, will be transmitted to the O.C. This officer will retain the original voucher in support of his accounts and return the duplicate receipted to the consignor.

389. Sale of empties in commands abroad.—Sales of empty bottles, packages, and other articles will be made under the orders of the G.O.C. at each station abroad annually, or more frequently if deemed expedient.

Despatch of Medical Equipment

390. Conveyance of medical equipment.—The conveyance of medical equipment will be carried out in accordance with the Regulations for Supply, Transport, and Barrack Services, and the Allowance Regulations.

391. Articles scheduled as dangerous.—When it is necessary to despatch articles scheduled as dangerous, they will not be packed with other goods, but will form a separate consignment, application for their transport being made on A.F. G 980, marked in red ink " dangerous " or " inflammable," as the case may be.

392. Authority for consignment of medical equipment.—Articles, other than empties and those requiring minor repair (*see* para. **401**), will not be forwarded to the Army Medical Store, Woolwich, without War Office authority. Medical equipment will not be transferred to another unit without the authority of the administrative medical officer concerned.

393. Procedure on transfer of medical equipment.—Articles, other than empties, ordered to be forwarded to the Army Medical Store, Woolwich, will be carefully checked and securely packed, the packages being distinctly marked on the outside, "From Hospital at ." Packing notes (A.F. G 1028) will be made out, one for each package, and enclosed therein, special care being taken to comply with the instructions contained in para. **395.** Vouchers for articles thus returned will be made out in triplicate by carbon process on A.F. G 1033, the authority for the issue being quoted on the form, and forwarded by post to the O.C. Army Medical Store, Woolwich. When medical equipment belonging to more than one section (as shown in the Priced List of Medical Equipment) has to be returned, a separate sheet will be used for each section. Each complete voucher need only be headed on the first page and signed on the last page, but the portion relating to each separate section will bear the office stamp of the issuing unit.

Upon receipt and verification of the medical equipment, the O.C. Army Medical Store, Woolwich, will complete the vouchers by inserting the letter "S," "R," or "U," to indicate whether the medical equipment is "serviceable," "repairable," or "unserviceable." He will add any other information necessary. He will retain the original voucher in support of his accounts and return the receipted duplicate and triplicate to the consignor. He will report in writing to the railway company concerned and to the consignor all damages and losses in consignments within three days of receipt, or, in the case of non-delivery of any package or consignment, within fourteen days after despatch; otherwise no claim against the railway company can be substantiated. He will also report, when necessary, to the War Office cases of insufficient or insecure packing.

A similar procedure will be adopted when medical equipment is ordered to be transferred to another unit.

394. Trifling discrepancies—how dealt with.—When trifling discrepancies occur between the numbers and quantities of articles of medical equipment received in a medical store from a military hospital or other unit and those recorded in the vouchers, no discrepancy report need be made, but the delivery copy of the voucher will be amended and an explanation attached and only the actual numbers and quantities received will be brought on charge. The consignor's receipt will be signed without alteration, a carbon copy of the explanation being attached thereto. The same procedure will be followed by the O.C. hospital on receipt of equipment from an army medical store.

395. Composite articles.—Each composite article of equipment when returned to store will be accompanied by a list of contents in triplicate, in which deficiencies, damages, and expenditure will be recorded, showing the extent and amount against each item. The three copies will be signed and dated by the officer returning the equipment, one copy being placed inside each composite article and two copies being attached to the invoices forwarded to the consignee. The consignee will return one copy and retain the other two, keeping one with the invoice and one inside the item of medical equipment until conversion or completion is effected in store.

Damages, Losses, and Deficiencies

396. Lossesand deficiencies.—Medical equipment, broken, deficient, lost, or damaged, except from fair wear and tear, or in the circumstances detailed in para. **399**, will be dealt with in accordance with King's Regulations when it is necessary to determine (owing to responsibility not being clear, or if the charge is questioned by the person held responsible, or for other reasons) on whom the expense of replacing or repairing it should fall. Reports to the prescribed officers in such cases should be made on A.F. I 1230, and his authority, on that form, for writing any article off charge at the public expense will support the entry in the ledger. The write-off of articles lost, etc., which are paid for by officers and nurses will also be dealt with on A.F. I1230, and will be supported by a duplicate copy of A.F. O1680, endorsed by the command paymaster with cash credit reference. In the case of soldiers, the write-off will be vouched by A.B. 51 or A.F. P 1925 (*see* para. **150**).

397. Assessment of charges.—Charges for articles lost or damaged (culpably or through contributory neglect) will be assessed as follows :—

(*a*) *Repairable damage.*—Actual cost of repair, including both wages and materials or components. At home, materials and components will be charged at the rates laid down in the Priced List of Medical Equipment; abroad, at the combined price list rates and an extra percentage to cover cost of freight, which will be communicated from time to time direct to commands concerned. This extra percentage will not be charged on labour employed in repairs or on other labour. If the cost of repair exceeds the amount which would have been chargeable had the article been damaged beyond repair, the G.O.C. may, at his discretion, authorize the less amount to be charged.

(*b*) *Loss or damage beyond repair.*—At home, 75 per cent. of the rate laid down for the article in the Priced List of Medical Equipment; abroad, 75 per cent. of the combined priced list rate and the extra percentage to cover cost of freight, which will be communicated from time to time direct to the commands concerned, unless, in either case, it is established by evidence that the actual value * is greater or less. In that event, the nature of the evidence will be indicated on the voucher and the actual value will be charged.

398. Disposal of losses.—Subject to the soldier's right to elect to be tried by court martial, and provided that the amount charged against the soldier is in accordance with the rules of assessment laid down in para. **397**, Os.C. hospitals may dispose of all losses, etc., by soldiers in accordance with para. **150**, except that if the amount proposed to be recovered from any soldier exceeds £4, the approval of the G.O.C. must be obtained (on A.F. I 1230); or if it is proposed to allow any portion of the loss, etc., to fall on the public, the matter must be dealt with in accordance with King's Regulations.

399. Damages to articles of glass and earthenware.—Accidental breakages of, or damages to, articles made of glass or earthenware (except clinical thermometers, which will be dealt with on A.F. I 1230, as provided for in para. **396**) will be dealt with on A.F. I 1229, in accordance with the Regulations for Supply, Transport, and Barrack Services, except that the O.C. military hospital will be the authority for the retention, and the O.C. medical store will be the authority for the reissue, of chipped or cracked articles.

400. Instruments, etc., unserviceable or deficient.—Indents for repairs, completions, and replacements will be included, as far as practicable, in the periodical demands, but when any instrument or surgical appliance becomes unfit for use or deficient, and it is deemed inexpedient to await the periodical demand, an indent, in duplicate, on A.F. I 1209, together with a certificate that the damage was the result of fair wear and tear or was due to circumstances detailed in para. **399**, or a statement to the effect that the instructions contained in King's Regulations relating to losses, damages, and deficiencies have been complied with, will be transmitted

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* "Actual value" means the value to the department, and not the disposal value. It will be determined by assessing the article at some definite proportion of the price shown in the Priced List of Medical Equipment, with the addition abroad of the same proportion of the full extra charge for freight.

to the War Office direct. At stations abroad, the D.D.M.S. will arrange for repairing damages and replacing deficiencies. An opinion will be given as to whether the articles are repairable or unserviceable; articles requiring repair will be shown on separate indents, and will not be included with those requiring exchange or with new supplies.

401. Articles repairable at the Army Medical Store.—At home stations, if the repair is a minor one, the D.D.M.S. will arrange for the instrument to be sent by post to the O.C. Army Medical Store, Woolwich. Minor repairs comprise grinding, polishing, and setting of knives, saws, and scissors, and fitting of new screws; repairing and cleaning aneurism needles, catheters (metal), curettes, chisels, directors, elevators, forceps, guillotines, probes, probangs, sounds, shears, trocars, wire nippers, and various dental instruments, and fitting of new screws; fitting and repairing plungers to metal syringes (excluding "Record" syringes); hard and soft soldering of silver, brass, and tin articles; repairs to splints, and small sterilizers.

402. Articles not repairable at the Army Medical Store.—Replating and renewal of parts, repairs to articles made of rubber, vulcanite, or glass, repairs to scales and balances, microscopes and such surgical instruments as cystoscopes, ophthalmoscopes, laryngoscopes, and urethroscopes, cannot be undertaken at the army medical store. Indents for the above class of repairs will be forwarded through the usual channels to the War Office.

403. Receipts from contractors.—In all cases where instruments, etc., are sent to contractors for repair, receipts for the articles will invariably be obtained.

404. Articles repairable in ordnance workshops or locally.—When repairs to medical panniers and similar articles of medical equipment are necessary, a requisition on A.F. G 1045 will be sent to the D.A.D.O.S., who may authorize the work to be carried out locally in army ordnance workshops, the cost incurred falling upon Vote 8. If, however, the work cannot be done in the manner indicated above, arrangements may be made by the D.D.M.S. to have slight and inexpensive repairs carried out by a local tradesman, the cost in such cases being charged against Vote 3F.

405. Repairs in commands to electro-therapeutic equipment.—When it is considered necessary to carry out locally minor repairs to electro-therapeutic equipment, a requisition will be sent to the C.R.E., who may authorize the repair, the cost being charged to Vote 10. If the work

cannot be carried out by the R.E., an indent for the repair will be submitted to the War Office through the D.D.M.S. of the command.

406. Boards of survey.—When boards of survey report on medical equipment, they will classify the articles examined as "serviceable," "repairable," or "unserviceable." In the last instance it will be noted if the article, or any part of it, is recommended to be destroyed.

407. Destruction of unserviceable articles.—Articles recommended to be destroyed will not be written off charge until authority has been obtained and the destruction has been carried out in the presence of an officer. The following certificate will accompany the account in which the articles are written off: "I certify that the above-mentioned articles have been destroyed this day, in my presence, beyond the possibility of further use."

408. Disposal of unserviceable medical equipment in commands.—The following procedure will be adopted in disposing of unserviceable medical equipment: Os.C. medical units, and officers in medical charge of regimental units will submit to the D.D.M.S. of the command, on 1st October in each year, a list of items which are considered to be (*a*) repairable and (*b*) unserviceable. The D.D.M.S. of the command will then order the assembly of a Board of Survey, which will decide which items should be repaired and which reduced to produce and handed over to the R.A.O.C. for disposal. In the case of unserviceable equipment, the D.D.M.S. will satisfy himself, before he issues authority for its reduction to produce, that the items are no longer of use for their purpose. Great care should be taken to save all material of value, such as fluorescent screens, metal parts of X-ray tubes, platinum, gold, silver and copper amalgam. The produce will be brought to account by conversion voucher A.F. G 1049, prepared from the proceedings of the Board of Survey on the equipment; instructions as to the disposal of the produce will then be obtained from the D.A.D.O.S. The D.D.M.S. will forward to the Under-Secretary of State (A.M.D. 3), The War Office, a list of repairable items (other than those requiring minor repairs), and request instructions as to their disposal. He may authorize the destruction, in the presence of an officer, of unserviceable medical equipment which has no value as produce.

409. Disposal of surplus medical equipment.—Os.C. military hospitals, reception stations, and other medical units will submit to the D.D.M.S. of the command, as soon as practicable after 31st March in each year, a list of all articles

held on charge, whether in a serviceable or repairable condition, which are considered surplus to requirements. The D.D.M.S. will submit to the Under-Secretary of State (A.M.D. 3), The War Office, for instructions as to disposal, a return of any of the articles shown on the list which cannot be utilized by any other unit in the command.

SURGICAL APPLIANCES

410. General Instructions.—The surgical appliances referred to in the following paragraphs do not include spectacles or artificial dentures, which are governed by paras. **420** and **549** (**552**—for soldiers) respectively.

Officers

411. Officers with post-war disabilities.—A full-pay, half-pay or retired officer who has been wounded in action, or has been injured through the performance of military duty otherwise than in action, on or after 1st October, 1921, and is thereby in need of a surgical appliance, will be supplied with such free of charge, or, in special cases, in which authority has been obtained beforehand, will be granted such sum as shall be considered sufficient to defray the necessary expense of providing the appliance. Duplicate surgical appliances will be supplied where necessary. Adjustments, repairs, and replacements will be effected or the cost thereof defrayed under the same conditions.

A full-pay, half-pay or retired officer who is suffering from a disability, other than a wound or injury, attributable to military service and incurred on or after 1st October, 1921, and needs a surgical appliance, may similarly be supplied, provided that the supply is incidental to medical treatment authorized in these Regulations. Adjustments, repairs and replacements will be provided under the same conditions.

412. Serving officers with Great War * disabilities.—A full-pay or half-pay officer who was wounded in action or injured through the performance of military duty or who is suffering from a disability attributable to military service during the Great War,* and is thereby in need of a surgical appliance, will be supplied with such free of charge, or, in special cases, in which authority has been obtained beforehand, will be granted such sums as shall be considered sufficient to defray the necessary expense of providing the appliance. Artificial limbs and surgical boots may be supplied in duplicate. The cost of adjustments, repairs and replacements of surgical

* The term " Great War " covers the period from 4th August, 1914, to 30th September, 1921 (both dates inclusive).

applicances will be borne by the officer except as provided in para. **413.**

413. Adjustments, repairs and replacements.—Adjustments, repairs and replacements of artificial limbs supplied under para. **412** will be dealt with as follows :—

(*a*) In the case of an officer on full-pay the cost will be borne by the officer, but arrangements have been made with the Ministry of Pensions by which, if an officer so desires, he may obtain adjustments, repairs and replacements and stump socks through that department at the rates payable to its contractors by the Ministry plus an addition of 10 per cent. to cover incidental expenses. Should it be necessary for an officer to attend a Ministry limb-fitting centre in connection with such repair or replacement, the officer will himself defray any travelling expenses incurred. Officers who desire to avail themselves of this arrangement should, as occasion arises, communicate with the Secretary (M.S. 4), Ministry of Pensions, Sanctuary Buildings, Great Smith Street, London, S.W.1, giving full particulars of their requirements. If known, the Ministry reference number should be quoted in all communications. Charges for all repairs, replacement, and supplies will be made by the Ministry of Pensions against the officer concerned, who will settle direct with the Ministry.

(*b*) Adjustments, repairs and replacements will be carried out at the public expense, in the case of officers on half-pay, under arrangements made by the Ministry of Pensions. Instructions as to the arrangements for the renewal and repair of limbs will be supplied on application to the Director-General of Medical Services, Ministry of Pensions, Sanctuary Buildings, Great Smith Street, London, S.W.1.

414. Retired officers with Great War * disabilities.—Rules for the supply, repair and replacement of surgical appliances to retired officers who have been wounded in action or injured through the performance of military duty or who are suffering from disabilities attributable to military service during the Great War,* may be obtained on application to the Director-General of Medical Services, Ministry of Pensions, Sanctuary Buildings, Great Smith Street, London, S.W.1.

* The term "Great War" covers the period from 4th August, 1914, to 30th September, 1921 (both dates inclusive).

OFFICERS' FAMILIES

415. Officers' families.—Officers' families will not be provided with surgical appliances at the public expense.

SOLDIERS

416. Serving soldiers.—Serving soldiers other than those about to be discharged (*vide* para. **417**) who have sustained disabilities while serving in the Regular Army during or subsequent to the Great War,* and who, in consequence, require surgical appliances, will be supplied with them at the public expense. Particulars of all appliances so issued will be entered in the soldier's Medical History Sheet (A.F. B 178) and Service and Pay Book (A.B. 64, Part I). These appliances will be adjusted, repaired, or replaced whilst a soldier continues to serve with the colours, application being made on A.F. I 1209 (for trusses A.F. I 1222) through the usual channels. At stations abroad local purchase may be made if the appliances can be procured at a reasonable cost and issue cannot be made from store.

417. Discharged soldiers or soldiers about to be discharged.—(*a*) A discharged soldier or soldier about to be discharged, *who is suffering from a disability contracted during peace-time service prior to the Great War,** and who has already been provided at the public expense with an appliance in respect of such disability, may have, at public expense, any necessary adjustments, repairs, or replacements of such appliances under the conditions laid down in sub-para. (*c*) below (for discharged soldiers or soldiers about to be discharged who are suffering from disabilities contracted subsequent to the Great War *).

(*b*) In the case of a discharged soldier or soldier about to be discharged—

(i) *in consequence of a disability due to, or aggravated by, military service during the Great War,** or (ii) *who is in receipt of a pension or grant awarded in repect of a wound or disablement incurred in any war prior to the Great War,** and who is certified to require any surgical appliance on account thereof, application will be made to the Secretary, Ministry of Pensions, Sanctuary Buildings, Great Smith Street, S.W.1.

(*c*) A discharged soldier or soldier about to be discharged *in consequence of a disability contracted during military service subsequent to the Great War.** On application being made to

* The term "Great War" covers the period from 4th August, 1914, to 30th September, 1921 (both dates inclusive).

the Secretary, Royal Hospital, Chelsea, the latter will arrange, where necessary and at the discretion of the Commissioners of that hospital, for the supply of any appliance so required. Any necessary adjustment, repair or replacement of a surgical appliance will be arranged for through the same channels, provided that it can be shown, to the satisfaction of the Commissioners, that any loss or damage arose from circumstances beyond the applicant's control. The supply, adjustment, repair or replacement of surgical appliances under this paragraph will, as a rule, be restricted to soldiers who have been, or are about to be, discharged as invalids.

418. Attendance at Ministry of Pensions limb-fitting centres.—Discharged soldiers whose disabilities were contracted as indicated in paras. **417** (*a*) and (*c*) who require the fitting, repair or renewal of artificial limbs, will be instructed by the Secretary, Royal Hospital, Chelsea, to attend at a convenient Ministry of Pensions limb-fitting centre, where the necessary fittings, etc., will be carried out and where they will be instructed in the use of the limb.

Where a military hospital or reception station is within a convenient distance of the Ministry of Pensions limb-fitting centre, the pensioner will be subsisted at the military hospital or reception station; otherwise he will be subsisted at the limb-fitting centre, but he will not be detained beyond the day of arrival except:—

(*a*) When his attendance has necessitated travelling a long distance, in which case he may be detained one night.

(*b*) In exceptional cases in which the medical authorities consider longer detention necessary, when he may be detained for two nights.

(*c*) In cases where further surgical treatment of the stump is necessary, when he will be transferred to a suitable military hospital for such treatment.

(*d*) In cases of first issues of artificial limbs, when he may be detained, at the discretion of the Ministry of Pensions authorities, for a period not exceeding seven days. In such cases the pensioner will be substituted at a military hospital, and will attend the Ministry of Pensions limb-fitting centre as an out-patient.

No cash payments of any kind will be made to pensioners during the period of detention at military hospitals or Ministry of Pensions limb-fitting centres.

419. Appliances for soldiers' families.—The wives and children of soldiers on the married quarters roll who are eligible for medical attendance and who require surgical appliances will (except as provided below) be furnished with them at the public expense. These appliances will be repaired or replaced whilst the soldier's wife or children continue to be eligible for medical attendance. Applications will be made on A.F. I 1209 (for trusses, A.F. I 1222) through the usual channel. At stations abroad local purchase may be made if the appliances can be procured at a reasonable cost and issue cannot be made from store. Artificial limbs and artificial eyes will not be provided for soldiers' wives and children.

Spectacles

420. Supply of spectacles.—(*a*) A serving soldier who whilst serving in the Regular Army has sight so defective as materially to interfere with his efficiency as a soldier may be provided with suitable spectacles at the public expense, provided that his vision can be so improved thereby as to render him an efficient soldier. Only one pair of spectacles will be issued at public expense, but where spectacles are accidentally broken or damaged on military duty, in circumstances beyond the soldier's control, they may be replaced or repaired at the public expense. New lenses may also be issued at the public expense when such are necessary owing to the unsuitability of those originally issued (*see* Appendix No. 16).

(*b*) Spectacles will not be supplied, repaired, or replaced at the public expense or on repayment for officers, their families, soldiers about to be discharged, discharged soldiers, or soldiers' families.

421. Issue on repayment.—In any cases not covered by para. **420**, spectacles may be supplied to a soldier, repaired or replaced *on repayment*, provided that the soldier is willing to bear the cost by a deduction from his pay.

A second pair of spectacles for reading purposes may be issued, on the same conditions, when the ophthalmic surgeon considers them necessary (*see* Appendix No. 16).

Purchase of Appliances and Instruments

422. Surgical appliances.—Subject to the approval of the D.D.M.S., officers of the Army and persons employed

under Government in commands abroad will be allowed to purchase at the regulated price such surgical appliances as may be available and are required for their own use and that of their families.

423. Instruments in pocket-case—abroad.—In commands abroad, medical officers may purchase instruments from the public store at the regulated price to replace those of their regulation pocket-cases, provided the articles are on charge in the command.

Medical Mobilization Equipment

424. Definition.—Mobilization or field medical equipment includes the medical equipment of field medical units and of headquarters, regimental and other units.

425. Scales of.—The scales of medical mobilization equipment for all units are laid down in the Field Service Manual, Medical Services.

426. Storage.—Medical mobilization equipment of field medical units is stored in medical mobilization stores, that of other units in military hospitals at stations where there is no medical mobilization store. The equipment will be stored in a dry and well-aired room, and preserved as much as possible from exposure to the sun, extremes of temperature, vermin, and insects.

427. Issues of.—Medical mobilization equipment will be at all times kept ready for issue, and will be reserved exclusively for the unit to which it is allotted. No portion of it will be taken into use during peace without special War Office authority obtained through the G.O.C.

428. Examination of.—The contents of the equipment will be frequently examined by the officer charged with its custody, who will look carefully for any signs of deterioration in the volatile, deliquescent, and perishable preparations, tablets, pills and rubber goods.

429. Care of articles liable to deteriorate.—Steel and plated articles liable to rust are best preserved by occasionally wiping them over with a perfectly dry piece of soft, but not fluffy, rag made slightly greasy with soft paraffin, care being taken not to dull the edges of knives. Aspirators will be specially examined, and the plungers cleaned and oiled when necessary.

All rubber goods should be very carefully stored and preserved by frequent manipulation. They keep better in a

moist atmosphere than in a dry one, and should be stored if possible over water.

430. Turnover.—Articles of equipment liable to deterioration will be turned over, as far as possible, by issue to military hospitals every two years, or oftener if necessary, and will be replaced by articles demanded on A.F. I 1209. Articles will not be removed from mobilization equipment until a new supply has been obtained to replace them.

431. Half-yearly inspection.—On the 1st January and 1st July the D.D.M.S. will arrange for the assembly of a board of medical officers, composed, as far as possible, of those who are detailed for duty with the unit on mobilization, to examine thoroughly the mobilization equipment held on charge. The board will report on A.F. A 2, for the information of the Director-General, Army Medical Services, the number of composite articles of medical equipment examined, their condition and the steps recommended to be taken for the replacement or exchange of any item. The board will also state what items can be utilized in military hospitals with a view to facilitating an adequate turnover.

Accounting for Medical Equipment

432. Ledgers.—Loose-leaf ledgers, A.F. I 1211 for drugs, and A.F. I 1212 for medical equipment other than drugs, together with covers (A.F. I 1213), will be used in all military hospitals of forty-one beds and over, and in army medical stores, unless in the latter case they are inadequate for the transactions involved, when A.Fs. I 3930 and I 3931, together with binders, A.B. 404, will be used. A small bound ledger, A.B. 40, will be used in military hospitals of forty beds and under, in command and district laboratories, in medical mobilization stores, on transports, cot carrying ships, and by small medical and other units (excluding T.A. units) in possession of medical equipment.

433. Territorial Army.—Medical equipment held on charge by units of the T.A. will be accounted for in manuscript at the end of the public equipment ledger.

434. Reserve stock.

(*a*) *Larger hospitals.*—In military hospitals of forty-one beds and over the reserve stock in the medical store and all non-consumable stores will be held on ledger charge, but the drugs in the expense bottles and other consumable stores kept in the dispensary will not be so held on charge. The

drugs and other consumable stores in the dispensary will be replenished as required by indents on A.B. 30, prepared by the dispenser and signed by the O.C. hospital. The quantities so issued from the medicine store will be recorded in the ledger as they occur, and the indents will form the supporting vouchers to accompany the accounts when submitted for audit.

(*b*) *Smaller hospitals.*—In military hospitals of forty beds and under, and all other small medical units, the whole of the medical equipment, including that in the dispensary, will be held on ledger charge.

435. Closure and audit of ledgers.—The ledgers will contain a record of all medical equipment received and issued, the headings being inserted in manuscript, and will be balanced annually on 31st March or, in the case of the Army Medical Store, Southampton Docks, on the 1st June, or, in the case of freightships, at the end of the voyage, or, in the case of transports, at the end of the last voyage of the season. They will be sent, together with all supporting vouchers, to the local auditor, or, in commands where no local auditor is appointed, to the Under-Secretary of State (F.7), The War Office, within thirty days of balancing the account. A certificate of account, A.F. I 1210, for military hospitals of forty-one beds and over and for army medical stores, will accompany the loose-leaf ledgers, A.Fs. I 1211, I 1212, I 3930, and I 3931, when they are sent for audit. A certificate of account for military hospitals of forty beds and under, is printed in the bound ledger, A.B. 40. The loose-leaf ledgers will be kept in original. A.B. 40 will be compiled in duplicate, one copy being retained by the unit as a record.

436. Balance sheet of medical equipment.—A balance sheet of medical equipment, A.F. I 1200, will be compiled in triplicate, one copy to accompany the loose-leaf ledgers, A.Fs. I 1211, I 1212, I 3930, and I 3931, when they are sent for audit, one copy to be sent to the Under-Secretary of State (A.M.D. 3), The War Office, and the other to be retained by the accounting officer.

437. Alternate accounts.—A system of alternate accounts in the case of A.Fs. I 1211, I 1212, I 3930, and I 3931 will be adopted, and the audited accounts will be returned to the accounting officer for this purpose.

438. Nomenclature of equipment.—The equipment will be described in the ledgers and vouchers in strict accordance

with the nomenclature and in the sectional arrangement given in the Priced List of Medical Equipment. Special stores not included in the Priced List of Medical Equipment will be inserted in alphabetical order in the section containing stores of a similar nature or description. Loose-leaf ledgers will not be given folio numbers.

439. Accounting to be in detail.—Medicines, dressings, surgical appliances, surgical instruments, and all other items of medical and dental equipment, except those contained in composite articles of equipment, will be accounted for in detail.

440. Transactions to be entered as they occur.—All transactions of receipts and issues will be entered up as they occur, the entries being supported by the necessary vouchers. In A.B. 40 detailed issues of each item will not be recorded.

441. Alterations.—Erasures will not be permitted. When any alteration is necessary, the figures will be ruled through in ink and the correct figure inserted above, each alteration being initialled by the O.C. the hospital or other unit.

442. Local examination of accounts.—Whenever a R.A.M.C. officer, other than the accounting officer, is available, the account should be locally examined by him and certified to that effect.

443. Observations by auditor.—Observations arising out of the audit of the account will be answered and returned as soon as possible to the local auditor or to the Under-Secretary of State (F.7), The War Office, as the case may be, and the O.C. will see that the replies are full and explicit. A copy of the observations with any decisions thereon will be retained by the accounting officer.

444. Adjustment of account.—Alterations to the quantities and descriptions of medical equipment certified by a Board of Survey or the accounting officer as remaining on ledger charge at the close of an accounting period are not permissible. Where adjustment of the account is necessary to comply with observations raised by the War Office, local auditor, or examining officer, the adjustment will be effected in the current account by means of a certificate voucher supported by a reference to the observation or authority for the adjustment.

445. Empties—how accounted for.—Cases, crates, boxes, hampers, baskets, casks, drums, tins, wrappers, will be brought to account on receipt, and commercial bottles, jars,

tins, and other containers charged for by contractors will, as they become empty, be brought to account under general headings, grouped according to their sizes and values.

446. Issues to the Royal Navy abroad.—When issues are made at stations abroad to the Royal Navy, receipts, in duplicate, will be obtained from the officer receiving the supply, and the claim will be adjusted at headquarters unless special instructions are issued to the contrary (*see* Financial Instructions). A copy of the receipt for the medical equipment, together with a duplicate copy of A.F. O 1680, receipted by the War Office or command paymaster, as the case may be, will accompany the ledger when forwarded for audit.

447. Issues on loan.—Medical equipment issued on loan will not be struck off ledger charge; temporary receipt and issue vouchers on the ordinary voucher forms, marked "Loan" will, however, be passed both on their issue and return. A record of all loans will be kept in S.O. Book 129, and this, together with supporting vouchers and the authorities for the issue, will be produced for audit when required.

448. Money recovered.—In all cases in which money is recovered in respect of losses, damages, deficiencies, or sales of medical equipment, a duplicate copy of A.F. O 1680, receipted by the command paymaster, will be attached as a voucher to the account.

449. Transports, etc.—The system of accounting for medical equipment on a transport or freightship is laid down in Section XIII.

SECTION VI

HOSPITAL DIETARY

450. Articles of diet and scales of dietary.—The articles of hospital dietary and extras and their authorized scales of issue are detailed in the Regulations for the Allowances of the Army (*see also* Manual of Military Cooking and Dietary).

451. Hospital dietary to whom allowed.

(i) All persons admitted into a military hospital or military families' hospital, for in-patient treatment, will be provided with hospital diets and extras subject to the payment of such hospital charges as are prescribed in the Allowance Regulations.

(ii) Hospital diets will not be issued to patients on the first day of admission to hospital or to patients detained in hospital. Such patients will be subsisted on extras.

(iii) When cases of an infectious nature are treated in a specially allotted room in barracks, diets and extras may be issued on the authority of the D.D.M.S.

452. Variation in diets.—The O.C. hospital will arrange that ordinary diets are varied as much as possible, and that food is served in an appetising and attractive manner.

453. Hours of meals.—It is left to the discretion of the O.C. hospital to arrange the hours of meals so as to suit local requirements.

454. Ordering of diets and extras.—The officer in medical charge of the case will order on A.F. I 1202 such diets and extras as he may consider suitable for each patient and will exercise all necessary economy compatible with the well-being of the patient, in order that any undue issue of extras may be avoided.

455. Daily ward requisition.—The daily requirements of diets and extras for the ward will be compiled on A.F. F 734 by the sister or ward orderly (*see* Standing Orders, R.A.M.C.).

456. Dining-halls.—The meals of all patients able to leave the wards will be served in dining-halls in hospitals where these exist, or can be made available, and not in the wards.

457. Medical comforts.—All issues of medical comforts to sick women and children will be entered by the medical officer on the extra sheet, A.F. I 1205, the certificate on which will be signed by the O.C. the unit.

458. Disposal of diet and extra sheets.—At the end of each month the diet sheets (A.F. I 1202) and the extra sheets for sick women and children (A.F. I 1205) will be filed for inspection when called for by the D.D.M.S.

459. Unauthorized issues of diets, extras, or medical comforts.—No issue of diets, medical comforts, or extras will be made to any person not entitled to them under

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.

460. Proceeds of sale of hospital kitchen by-products and swill.—The hospital by-product and swill fund will be administered by the O.C. the hospital concerned, and will be audited in the same way as other regimental accounts referred to in King's Regulations. The O.C. may expend such sums from this fund as he may think fit for the comfort and welfare of the patients; also on extra pay and clothing for cooks, etc.

SECTION VII

HOSPITAL CHARGES AND CLAIMS FOR MEDICAL ATTENDANCE, HOSPITAL AND DENTAL TREATMENT

461. Hospital charges.—The schedule of hospital charges is laid down in the Allowance Regulations. When a patient is subject to hospital charges, officers commanding hospitals or reception stations will be responsible for the completion of the following forms, viz. :—

(*a*) A.F. O 1643, A.F. O 1680 and/or A.F. O 5135; to be rendered monthly or quarterly, as laid down in para. **463** of these regulations and Allowance Regulations.

(*b*) A.F. P 1941, supported by the completed counterfoils of A.F. O 1643, and/or copies of A.F. O 1680 and A.F. O 5135, duly signed by the command paymaster; to be rendered at the end of each month with A.F. F 731 to the officer i/c supplies (*see* S. T. and B. Regs.).

(*c*) A.F. O 1644; to be rendered at the end of each month to the officer commanding unit concerned, for all soldiers treated in hospital on account of sickness caused by an offence under the Army Act.

462. Claims for medical attendance.

(*a*) In ordinary circumstances claims for medical attendance by civilian medical practitioners will be made in conformity with the capitation rates laid down in the Pay Warrant, and will be forwarded by the officer commanding the station to the D.D.M.S. at the end of each quarter, or at the termination of the service if for less than a quarter. These claims will be made on A.F. O 1666, to which A.F. A 23 will be attached.

(*b*) Where, however, exceptional circumstances have necessitated the employment of a civilian medical practitioner at other than capitation rates, an explanation of the circumstances will be given in each case, and the claim will be submitted on A.F. O 1667 duly amended, if necessary, in accordance with the last authorized scale of fees. If the charges do not exceed the rates shown on the form and the employment of the practitioner is in accordance with regulations, the claim will be approved by the D.D.M.S.; if otherwise, it must be certified by the D.D.M.S. as fair and reasonable, and may then be approved by the G.O.C.-in-C.

(*c*) If in very exceptional circumstances the D.D.M.S. considers that unusually high charges should be allowed, the claim will be referred to the War Office.

463. Claims for treatment of departments or forces.—When personnel of the undermentioned departments or forces are afforded medical attendance, out-patient, dental, and hospital treatment from army sources, claims will be rendered by the O.C. military hospital on A.F. O 5135, or by the officer in charge of the dental centre, in accordance with the procedure set forth in the following table. The charges to be recovered in respect of hospital and out-patient treatment are laid down in Allowance Regulations, and for dental treatment in Army Council Instructions from time to time.*

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* *See* A.C.I. 360 of 1930.

Department or Force	Personnel	Treatment	Remarks
Ministry of Pensions ...	Retired officers and pensioners.	Hospital treatment (in-patient).	Claims to be rendered as follows :— *Retired Officers* (Monthly claims) To The Secretary, Ministry of Pensions, Accounts II, Sanctuary Bldgs., 18, Gt. Smith St., S.W.1. *Pensioners* (Quarterly claims) To The Controller, Ministry of Pensions, Issue Office, Treatment Accounts Division, Bromyard Avenue, Acton.
		Special out-patient treatment.	Claims to be rendered monthly to The Secretary (Accounts II), Ministry of Pensions, Sanctuary Buildings, Great Smith Street, S.W.1, accompanied by following particulars : (*a*) name of pensioner, (*b*) nature of treatment, (*c*) number of visits and dates thereof, (*d*) rate for each visit, and (*e*) reference number of Ministry of Pensions authority under which treatment is given. Duplicate copies of all claims to be forwarded to the command paymaster. Settlement will be effected direct between Ministry of Pensions and command paymaster.

Permanent Forces of Overseas Dominions. (Personnel attached for duty in the United Kingdom.)	Officers, other ranks, and wives and families.	Medical attendance.	May be afforded free medical attendance under the provisions of para. **251.**
	Officers, other ranks, and families of other ranks.	Hospital treatment (in-patient).	Claims to be rendered monthly to the High Commissioner concerned. Duplicate copies of claims to be sent to the command paymaster, who will effect settlement direct with High Commissioner.
Sudan Defence Force ...	British officers.	Hospital treatment (in-patient).	Claims to be rendered monthly to the Controller, Sudan Government, London Office, Wellington House, Buckingham Gate, London, S.W.1, in the case of British officers whose pay is borne by Sudan funds, unless the officer has already been passed fit and taken back into British Army employment as a supernumerary officer, in which event no charge will be made against the Sudan Government, but the appropriate hospital charge laid down in Allowance Regulations will be recovered from the officer.
	British warrant and non-commissioned officers.	Ditto.	Claims to be rendered monthly to the Controller, Sudan Government, London Office. Duplicate copies of all claims to be sent to command paymaster, who will effect settlement direct with the Controller.
	Ditto.	Civil hospital treatment.	Should a British warrant or non-commissioned officer on leave in the United Kingdom be admitted, in emergency, to a civil hospital, he will report the fact as soon as possible to the officer i/c records of his corps, who will at once notify the deputy director or

Department or Force	Personnel	Treatment	Remarks
			assistant director of medical services concerned. Any charges made by the civil hospital authorities will be paid in the first instance from Army funds by the command paymaster of the command in which the civil hospital is situated. The command paymaster will forward a claim for refund of the amount so paid, accompanied by full details of the case, to the Controller, Sudan Government, London Office.
Iraq Levies and Aden Levies.	British officers and other ranks.	Hospital treatment (in-patient).	Claims to be rendered monthly to the Under-Secretary of State, Air Ministry, except in the case of Egypt, when the claim will be sent to the Command Accountant, Headquarters, R.A.F., Middle East, Cairo. The claims should in all cases show the nature of the disability, and, where hospital charges are due, the reason for such charges. Duplicate copies of claims to be sent to command paymaster concerned, who will effect settlement with the Air Ministry or Command Accountant, Cairo, as the case may be.
	Ditto.	Dental treatment.	Dental treatment may be afforded from army sources under the conditions laid down in paras. **549** and **552**, provided that such treatment does not interfere with the normal

			duties of The Army Dental Corps. The cost of treatment and any necessary travelling expenses will be chargeable to Air Force funds. Claims, supported by the necessary vouchers and full particulars of the treatment given, will be submitted by the officer in charge of the dental centre concerned to the command paymaster, who will recover the charge from the Air Ministry, or the Command Accountant, Cairo, where treatment is given in Egypt.
Admiralty	Officers and other ranks.	Hospital treatment (in-patient).	Claims to be rendered monthly to the Accountant-General's Department, Admiralty, Whitehall. Where an officer is concerned, a separate medical report giving nature of illness, and specifying whether there is a reasonable probability of his ultimate return to duty, should also be furnished to the Secretary to the Admiralty (C.W. Branch). In the case of naval ratings, notification should at once be sent to the accountant officer of the man's ship, informing him as to the man's name, rating, and official number, the date of his admission to hospital, the nature of his disease, and whether such disease is due to his own fault.
	Ditto.	Special out-patient treatment.	Claims to be rendered monthly as for in-patient treatment. The claims will give full details of name, rank or rating, official number, and nature of treatment.

Department or Force	Personnel	Treatment	Remarks
			Duplicate copies of all claims to be sent to command paymaster, who will effect settlement direct with the Admiralty.
	Officers and other ranks.	Dental treatment.	Naval personnel may be given dental treatment at army dental centres, provided that military requirements are not interfered with and additional staff is not thereby entailed. Treatment may be given on production of a requisition on Naval Form S. 31, signed by the C.O. of the ship or establishment to which the patient belongs. This form, showing details of the treatment and indicating the centre at which it was given, will be returned to the patient's C.O. on completion of treatment. In cases where denture work is required, Naval Form M 234 will be sent with the patient. This form will be completed by the army dental officer and returned to the patient's C.O. for approval before the work is begun. No financial adjustment will be made in respect of dental treatment afforded to naval personnel at army dental centres.
Air Ministry	Officers, other ranks, families, and civilians.	Hospital treatment (in-patient).	Claims to be rendered monthly in duplicate. Separate claims will be prepared for each R.A.F. unit concerned. One copy of the claim will be sent to the command paymaster, who will effect recovery from the Air Ministry, except in the case of Egypt and Palestine and Iraq, where he will

		recover from the local R.A.F. pay or accountant officer. Separate notification on A.F. O.1643 of hospital charges due is not required, but for this purpose the duplicate copy of the claim should be forwarded as follows, a receipt being obtained :— Home— In the case of officers and their families, to— The Secretary, Air Ministry (F.Q.C.), Kingsway, W.C.2. In other cases to the accountant officer of the unit to which the airman, etc., belongs. Abroad— In all cases to the local R.A.F. pay or accountant officer. The claims should in all cases show the nature of the disability.
Officers, other ranks, families, and civilians.	Special out-patient treatment.	Claims to be rendered monthly. They will be prepared separately for each R.A.F. unit concerned. One copy of the claim will be sent to the command paymaster, who will effect recovery from the Air Ministry except in the case of stations abroad, where he will recover from the local R.A.F. accountant officer. The second copy of the claim will be forwarded as follows :— Home—to— The Secretary, Air Ministry. Kingsway, W.C.2. Abroad— To the local Air Ministry auditor.

Department or Force	Personnel	Treatment	Remarks
	Officers and airmen.	Dental treatment.	Treatment will be given for the relief of pain or in cases of urgency, on production of the necessary authority signed by a competent officer of the R.A.F. In the case of an officer or airman who is absent from his unit on leave, etc., such treatment may be given on production of sufficient evidence of identity. In cases where more extensive treatment is necessary, the dental officer will enter particulars of the treatment required on Air Force Form 632 (which will be sent with the patient) and despatch it to the O.C. R.A.F. unit concerned for approval before treatment is undertaken. On completion of treatment, particulars will be sent by the dental officer on Form 632 to the O.C. R.A.F. unit. No financial adjustment will be made in respect of dental treatment afforded to R.A.F. personnel at army dental centres.
India Office	(i) Indian Army officers and British other ranks of the Unattached List, Indian Army, chargeable to Indian Funds (in payment of India Office).	(*a*) Refunds of medical expenses.	Claims to be sent to India Office, accompanied by a certificate from the G.O.C. that treatment from a military source was not available or could not be arranged.
		(*b*) Hospital treatment (in-patient).	Claims to be rendered monthly in duplicate to the Accountant - General, India Office, S.W.1. Os.C. hospitals will also render to the India Office A.F. O 1643 for each individual officer.

	(*c*) Special out-patient treatment.	Claims to be rendered monthly to the Under-Secretary of State, Military Department, India Office, S.W.1. The claims should show name, rank, number, regiment or corps, and nature of treatment. Copies of all claims in respect of hospital treatment and special out-patient treatment to be sent to command paymaster, who will effect settlement direct with India Office.
(ii) The above when chargeable to Imperial funds (in payment of British command paymaster or Indian authorities through the command pay-master).	(*a*) Refunds of medical expenses.	Claims to be dealt with by G.O.C. and refunds to be charged to Imperial funds.
	(*b*) Hospital treatment (in-patient).	Cost of maintenance to be borne by Imperial funds, hospital charges being credited to Imperial funds.
	(*c*) Special out-patient treatment.	Cost of treatment to be borne by Imperial funds.
(iii) The above when chargeable to Imperial funds (in payment of India Office, pay being recovered from Imperial funds).	(*a*) Refunds of medical expenses.	Claims to be dealt with as in (i) (*a*). Refunds will finally be recovered from Imperial funds.
	(*b*) Hospital treatment (in-patient).	Cost of maintenance to be borne by Imperial funds. A.F. O 1643 to be rendered to the India Office for each individual officer. (Hospital charges will be recovered by India Office and credited to Imperial funds.)
	(*c*) Special out-patient treatment.	Cost of treatment to be borne by Imperial funds.
(iv) Officers of the British forces in India (in payment of India Office).	(*a*) Refunds of medical expenses.	Claims will be dealt with by the G.O.C. as regards entitlement, but will be forwarded to the India Office, who will settle with the officer direct.

Department or Force	Personnel	Treatment	Remarks
		(*b*) Hospital treatment.	Claims will be rendered to the India Office through the command paymaster, who will be responsible for checking them and recovering the amount involved from Indian funds. A.F. O 1643 will also be sent to the command paymaster. Command paymasters will notify the army agents in each case of admission to hospital, in order that they may cease the issue of ration allowance. If hospital charges are recoverable, the amount due will also be notified, in order that the agents may effect recovery on behalf of the India Office. Command paymasters will, at the same time, forward the latter information to the India Office (Military Department)
		(*c*) Special out-patient treatment.	Claims to be dealt with as in (i) (*c*).
	(v) Other ranks of the British Forces in India (in payment of India Office (men on leave)).	(*a*) Refunds of medical expenses.	As in (i) (*a*).
		(*b*) Hospital treatment.	Cost of maintenance not to be charged directly to the India Office. (It is recovered by means of the Indian Home Effective charges.) Hospital charges, if any, are recovered by India Office and credited to Indian funds. Os.C. hospitals will render to the India Office A.F. O 1643 for each other rank admitted to hospital.

	(*c*) Special out-patient treatment.	Cost of treatment is not to be charged directly to the India Office. (It is recovered by means of the Indian Home Effective charges.)
(vi) The above (in payment of British regimental paymasters (men invalided from India)).	(*a*) Refunds of medical expenses.	As in (ii) (*a*).
	(*b*) Hospital treatment.	Cost of maintenance not to be charged directly to the India Office. (It is recovered by means of the Indian Home Effective charges.) Hospital charges, if any, are recovered by regimental paymasters and credited to Imperial funds.
	(*c*) Special out-patient treatment.	As in (v) (*c*).
British service officers (half-pay).	Sanatorium.	Charges for the continuance of sanatorium treatment of an officer of the British service who has been placed on half-pay after completing the period of sick leave admissible with full pay will be borne by Indian funds, provided that such charges were so borne while the officer was on full pay, and subject to the unit from which the officer was invalided remaining on the Indian Establishment, or, in the case of R.E., R.A.M.C. staff officers, etc., who were serving in India otherwise than with British units, to the disability having been contracted in India. Otherwise the cost will be chargeable to army funds. Arrangements for treatment will continue to be made through commands (or the War Office, as the case may be), and the charges will be recovered from the India Office.

Department or Force	Personnel	Treatment	Remarks
	Officers, warrant officers, N.C.Os., and men of the Indian Army and the British Forces in India, and officers and warrant officers of the Royal Indian Marine on leave or duty in Great Britain or Northern Ireland.	Dental treatment.	Dental treatment at army dental centres, including the provision of dentures, will be afforded only at the request of the India Office or under War Office instructions at the instance of the India Office, and provided always that it does not interfere with the normal duties of The Army Dental Corps. The cost of treatment and any necessary travelling expenses will be chargeable to Indian revenues. Claims, supported by necessary vouchers, will be submitted by the officer i/c dental centre concerned to the command paymaster, who will recover the charge from the India Office (Military Department).
	Wives and children in Great Britain and Northern Ireland of serving officers of the Indian Services (except officers in civil employ).	Special out-patient treatment.	Claims will be rendered to the India Office through the command paymaster, who will be responsible for checking them and recovering the amount involved from the India Office.
Colonial Office	Officers and other ranks of the Colonial Forces, and British officers and other ranks of	Hospital treatment.	Claims to be rendered monthly to the Crown Agents for the Colonies, 4, Millbank, S.W.1. The claims should show the Colonial Government under which the patient is

the Iraq Army and Trans-Jordan Frontier Force.		serving, and, in the case of officers and other ranks of the West African Frontier Force and the King's African Rifles, the unit of the force to which the patient is attached. Duplicate copies of all claims to be forwarded to the command paymaster, who will effect settlement with the Crown Agents for the Colonies. The Crown Agents for the Colonies will notify the command paymaster in all cases in which pay is being issued in the first instance by the War Office, of the hospital charges which should be recovered, and the command paymaster will then effect recovery of these charges and transmit the amount to the Crown Agents for the Colonies for credit to colonial funds. Triplicate copies of all claims to be forwarded to the Under-Secretary of State, Colonial Office, for information.
British officers seconded for service under the Colonial Office with the Iraq Army and Palestine.	Dental treatment.	Dental treatment may be afforded from army sources under the conditions laid down in para. 549, provided that such treatment does not interfere with the normal duties of The Army Dental Corps. The cost of treatment and any necessary travelling expenses will be chargeable to colonial funds.

Department or Force	Personnel	Treatment	Remarks
			Claims, supported by the necessary vouchers and full particulars of the treatment given, will be submitted by the officer in charge of the dental centre concerned to the command paymaster, who will recover the charge from the Colonial Office.
Ordnance Survey ...	Warrant officers, N.C.Os., and men of the R.E. employed on Ordnance Survey.	Dental treatment.	Dental treatment, including the provision of dentures, may be provided from army sources, under the conditions laid down in para. **552.** The cost of treatment and any necessary travelling expenses, supported by the necessary vouchers, will be charged in the accounts of the command paymaster concerned under the heading Director-General of Ordnance Survey, Southampton.

464. Claims for treatment at R.N. and R.A.F. hospitals.—Claims in respect of army officers and men who are afforded hospital and out-patient treatment in naval or Air Force hospitals at the request of the military authorities will be dealt with as follows :—

(*a*) *In-patient hospital treatment.*—Claims will be prepared and forwarded by the Admiralty and Air Ministry monthly to the command paymaster of the command in which the hospital is situated, who will effect settlement direct with the department concerned. In the case of military personnel on leave from abroad who are admitted to naval hospitals, claims will be submitted by the Admiralty to the Under-Secretary of State (F.2D), The War Office, for settlement.

(*b*) *Out-patient treatment.*—Claims will be prepared and forwarded by the Admiralty and Air Ministry monthly to the command paymaster of the command in which the hospital is situated, who will effect settlement direct with the department concerned. Financial adjustment will be arranged direct between the Air Ministry and the War Office in the case of out-patient treatment afforded to military personnel in Aden, Palestine, and Iraq.

465. Claims for treatment at M. of P. hospitals.—Claims in respect of officers and men who are afforded hospital and out-patient treatment in Ministry of Pensions hospitals at the request of the military authorities will be submitted by the Ministry of Pensions to the Under-Secretary of State (F.2D), The War Office, for settlement.

466. Dental treatment by R.N. or R.A.F. dental officers.—Military personnel who are eligible for dental treatment under paras. **549** and **552** may, similarly, be afforded treatment by naval or R.A.F. dental officers. When applying for treatment by naval or R.A.F. dental officers, military personnel will be required to produce a written request in the case of officers, or, in the case of warrant officers, N.C.Os., and men, A.F. B 256 signed by the patient's C.O.

Treatment of an urgent nature may also be given to personnel absent from a unit on leave, etc., on production of sufficient evidence of identity.

In cases where denture work is required to be undertaken at a naval dental centre, Naval Form M.234 will be completed by the naval dental officer and forwarded to the patient's

C.O. for approval before the work is begun. If denture work is to be carried out at a R.A.F. dental centre, Air Force Form 632 will be completed in duplicate by the R.A.F. dental officer and forwarded to the O.C. the military unit for approval in section 3 of the form.

On completion of the treatment, particulars will be sent by the dental officer to the patient's C.O. on Naval Form M.228, or Air Force Form 632, as the case may be, for attachment to the soldier's medical history sheet, or, in the case of an officer, for transmission to the War Office for filing.

No claims for treatment afforded to military personnel at naval or R.A.F. dental centres will arise.

467. Return of payments for treatment in or from civil hospital.—All cases afforded in-patient or out-patient treatment at civil hospitals at the public expense should be recorded on A.F. N 1529, which will be forwarded quarterly to the War Office for review. Every payment made to a civil hospital, whether for normal maintenance and/or treatment or for any other purpose, *e.g.* specialist fees, should be included in the return.

" Nil " returns should be rendered where no cases of treatment in or from civil hospitals have occurred during the quarter.

SECTION VIII

MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS, Q.A.I.M.N.S., RECRUITS AND ARMY RESERVISTS

Officers and Q.A.I.M.N.S.

468. Medical examination.—The medical examination of candidates will be conducted by a medical board in accordance with the instructions laid down in Appendix No. 11A and 11C.

Recruits

469. Medical examination.—The medical examination of recruits will be conducted in accordance with the instructions and physical standards laid down in Appendix No. 11B (Part I).

470. Examining medical officers.—The following are empowered to carry out the medical examination of recruits :—

(*a*) Medical officers of the Regular Army on the active list or when re-employed.

(*b*) Medical officers of the Supplementary Reserve and Territorial Army when embodied, out for training, employed with troops, or specially appointed for the purpose.

(*c*) Civilian medical practitioners when specially appointed for the purpose.

471. The senior medical officer of recruiting.—The S.M.O. Recruiting will perform the following duties :—

(*a*) He will be in charge of the medical department of the Central London Recruiting Depot, Whitehall, London, and will be held responsible that the physical and medical examination of recruits thereat is conducted with the greatest care, and that the necessary documentation is in accordance with current regulations and instructions.

(*b*) He normally will be president of the medical boards for the examination of candidates for commissions in the Army.

(*c*) He will, when instructed by the Director of Hygiene, The War Office, visit depots and recruiting centres in home commands for the purpose of co-ordinating medical problems on recruiting.

(*d*) He will prepare a summary of all returns dealing with the medical aspect of recruiting received from the War Office, and will submit any recommendations he may wish to make for the information of the Director of Hygiene.

(i) He will carefully scrutinize therein the causes of rejections of recruits under King's Regulations, para. 370 (vi) (*a*), and will draw attention to those cases which show want of care in the primary medical examination.

(ii) He will prepare the annual report on recruiting for inclusion in the Annual War Office Report on the Health of the Army.

472. Medical register of recruits (A.B. 46).—Separate recruit registers will be kept for the Regular Forces, Supplementary Reserve, and Territorial Army. These registers will on no account be removed from the office or hospital where the recruits are medically examined, unless by order of superior authority.

473. Remarks in register.—The examining medical officer will record the information required under the various headings of the medical register of recruits.

Minor defects must be recorded as well as distinctive marks. Where there are no distinctive marks it must be so stated.

In the case of men who have been previously discharged on medical grounds from any of His Majesty's Services, the present state of the disability which was the cause of discharge should be recorded.

When cases are rejected, the cause of rejection will be shown in accordance with the classification on A.F. B 215. The examining medical officer will append his signature to the entries in the recruit register.

474. Attestation paper (A.F. B 271) and medical history sheet (A.F. B 178).

(*a*) When a recruit is found "fit" the medical examiner will make the necessary entries and sign the certificate on the attestation paper and medical history sheet. The services for which he is considered "fit" must be stated, *e.g.* if fit for ordinary enlistment, the certificate should read "fit for service in any part of the world."

The medical officer's signature on the attestation paper and medical history sheet will be considered as equivalent to a declaration that he has personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the medical history sheet.

(*b*) When a recruit who has *not* been previously attested is pronounced "unfit," the medical examiner will not fill in either the attestation paper or medical history sheet, nor will he sign the certificates thereon, but the word "unfit" will be written in red ink on the Notice Paper A.F. B 271A, and the medical examiner, after initialling the entry, will return the paper to the recruit. The cause of unfitness will not be entered on the Notice Paper.

(*c*) When a recruit *has* been previously attested and found "unfit", the medical examiner will complete the description and sign only one copy of the attestation paper. The medical history sheet will neither be filled in nor signed.

475. Special enlistments.—Applications for special enlistments are put forward on A.F. B 203. In the case of such enlistments the words "special enlistment" will be entered against the name of the recruit in the register, and will also be written in red ink at the top right-hand corner of the medical history sheet (*see* Recruiting Regulations).

476. Re-examination of recruits.—All recruits will be medically re-examined by the officer in medical charge of troops:—(*a*) Within twenty-four hours of their arrival at their depots, and no recruit will be clothed or equipped or permitted to perform any duties until this examination has taken place, and the medical officer is satisfied that he is fit for service in the Army. Particular attention will be directed to the condition of the ears at such re-examination. Vaccination where necessary will not be carried out at this examination unless the recruit has been finally approved. (*b*) Immediately prior to the completion of training.

477. Special examination of weight.—With a view to the reduction of the incidence of tuberculosis in the Army, all recruits will be weighed (in shorts and socks only) three times during their period of recruit's training, namely:—

(*a*) On arrival at the depot or training unit.
(*b*) Midway through their training.
(*c*) One month before the termination of their training.

The weights of each recruit will be carefully recorded in a book kept for that purpose, and any recruit that does not show a progressive increase in weight will be carefully examined by the medical officer for evidence of tuberculosis.

478. Record of re-examination.—The record of re-examinations will be entered by the medical officer in Table VI of the recruit's medical history sheet (A.F. B 178), and also in a register kept specially for the purpose, and kept distinct from the register in which the primary examination of recruits is recorded. This register will be inspected from time to time by assistant and deputy assistant directors of hygiene.

479. Discharge of recruits.—The authority for the discharge of recruits on medical grounds is laid down in para. **520**.

480. Returns of recruits.—Medical examiners of recruits will render the returns laid down in para. **542**.

Medical Examination of Army Reservists

481. Classification.—When carrying out the medical examination of army reservists on mobilization, medical

officers will place each reservist in one of the following categories :—

(1) Fit for general service.

(2) Temporarily unfit for general service, but fit for garrison or base service.

(3) Permanently unfit for general service, but fit for garrison or base service.

(4) Temporarily unfit for any form of military service.

(5) Permanently unfit for any form of military service.

482. Cases of rupture.—Reservists suffering from rupture which can be controlled by a truss will, if recalled to the colours, be available for base or garrison service only.

483. Medical report on unfit reservists.—A medical report on A.F. D 411 will be prepared for each reservist who is found medically unfit for general service on joining (categories (2) to (5) inclusive). The signature of one medical officer only is required. The medical report will be passed without delay to the officer i/c records.

484. Disposal of reservists unfit for military service.—Reservists placed in categories (4) and (5) will be relegated to the reserve for the time being, and will be dealt with subsequently as follows :—

(*a*) Those in category (4) will be re-examined after one month, under instructions from the officer i/c records, and subsequently at such dates as the D.D.M.S. concerned may direct.

(*b*) Those in category (5) will be discharged under King's Regulations as soon as possible by the officer i/c records concerned.

SECTION IX

MEDICAL BOARDS, SICK LEAVE, AND INVALIDING

General

485. President of medical boards.—When the D.D.M.S. or A.D.M.S. cannot preside, the senior available medical officer will be appointed president of the medical board.

486. Necessity for care and accuracy.—When answering the questions on A.F. A 45, A.F. A 45A, and A.F. B 179, members of medical boards must bear in mind that the disposal of the officer or soldier, and the determination of his eligibility for a disability pension or gratuity, are mainly decided on the facts recorded and opinions expressed by the board. Hence it is of paramount importance that the proceedings should record the facts on which the board have based their opinions, or the reasons for the conclusions arrived at.

In no case will the board express an opinion as to whether a disability is or is not attributable to military service (*see* para. **284**).

487. Proceedings confidential.—The proceedings of medical boards on officers and soldiers are confidential except as noted below :—

(*a*) In the case of an officer on the strength of a unit at home who is found fit to return to duty, the president of the medical board will so inform the officer and instruct him to report himself for duty forthwith. An officer not borne on the strength of a unit at home will be ordered to his home and will await instructions from the War Office.

(*b*) In the case of an officer who is found temporarily unfit, the president will inform the officer of the board's opinion as to the period of unfitness, and instruct him to remain on leave or in hospital pending further orders.

(*c*) In the case of an officer who is found permanently unfit, the president will inform the officer of the opinion of the board on this point, making it clear to him that the information should not be acted upon until it is confirmed by the War Office.

488. Carriers.—Officers and soldiers who are found to be chronic carriers of the organisms of typhoid and paratyphoid fevers, amœbic or bacillary dysentery, or of any other disease likely to prove a menace to the health of the troops, will be brought before a medical board with a view to deciding as to their disposal.

489. Medical boards on R.A.F. personnel.—The details of the procedure for the holding of medical boards is laid down in Section XIV.

Officers

490. Authority for medical boards.—G.Os.C.-in-C. may authorize D.Ds.M.S. to convene medical boards on officers

serving in his command; in very urgent cases A.Ds. M.S. may convene such boards, pending the receipt of covering authority.

491. Recording proceedings.—A.F. A 45 will be used in recording the proceedings of medical boards on officers, and will be forwarded in original to the D.D.M.S., who will carefully scrutinize and countersign the documents before transmitting them to the War Office.

492. Proceedings of previous boards.—When an officer is ordered to appear before a medical board, the D.D.M.S. will arrange that copies of the proceedings of any previous medical boards on the officer are available for the information of the board.

493. Opinion of medical board.—Medical boards, when recording their opinions as to causation, degree of disablement, and fitness for general service, will be careful not to allow their decisions to be influenced unduly by the proceedings of previous medical boards. In the event of their disagreeing with the opinions expressed by previous boards, they will state the grounds on which they base their disagreement.

494. Statement of case.—On the occasion of an officer's first appearance before a medical board, the circumstances under which the disability was contracted will be fully detailed, and, wherever possible, a statement of the case by his medical attendant will also be attached.

495. Claims to compensation for wounds and injuries.—The proceedings of the first medical board on an officer suffering from a wound or injury will be accompanied by a special report on A.F. A 45A, and the board will carefully consider the rules laid down in the Pay Warrant in connection therewith.

496. Disposal of officers who have lost an arm, leg, or eye.

(*a*) An officer who has lost a leg will not be returned by a medical board as fit for general service. The retention in the service of each case of this nature will be specially considered by the War Office.

(*b*) The loss of an arm or an eye will not be considered as constituting a bar to fitness for general service.

497. Officers temporarily unfit for general service.—Officers found by a medical board to be unfit for general service will not be returned to duty without War Office sanction.

498. Sick leave.—Sick leave will be granted to officers in accordance with King's Regulations and the Pay Warrant.

It will only be recommended when there is a reasonable prospect that the officer will ultimately be fit for general service; consequently officers who are permanently unfit are not eligible for the grant of sick leave.

499. Delayed recovery through inadequate treatment.—Medical boards on sick officers will inquire into the treatment of the case, and will report if they consider that an officer's recovery is being delayed through inadequate treatment or neglect of proper precautions. When considered advisable, they will recommend admission to a military hospital.

500. Annual confidential reports — Officers found unfit.—Officers who are reported to be unfit for general service (in the case of the R.A.P.C. unfit for the duties of their corps at home and abroad) when examined in connection with their annual confidential reports will be brought before a medical board, unless the disability is of a temporary nature.

If the medical board is held prior to the despatch of the confidential report to the War Office, the proceedings of the medical board as well as the M.O.'s certificate will be attached to the confidential report. Under no circumstances will the board proceedings be communicated to the officer concerned, except as in para. **487**.

501. Epilepsy.—Officers found to be suffering from true epilepsy will be regarded as permanently unfit for general service.

Officers who show evidence of an epileptic disposition after the age of thirty and have no previous history of epileptic attacks, will not be considered permanently unfit for general service on that account alone.

502. General instructions regarding mental cases.—The general instructions laid down for dealing with soldiers suffering from mental disease will, where applicable, be followed in the case of officers (*see* para. **527**).

503. Disposal of mental cases.—An officer serving at home who appears to be suffering from mental disease, or an officer invalided from abroad for mental disease, will be sent to the Royal Victoria Hospital, Netley, for observation and treatment, unless his relations or friends prefer to make suitable arrangements for his care.

After the necessary period of observation a medical board will be assembled at "D" Block, Netley, to examine the officer. In cases where private arrangements have been made for treatment and the officer is unfit to proceed to Netley for a medical board, a medical certificate as to the officer's

condition will be obtained from the officer's medical attendant by the O.C. the hospital to which he would have been admitted in the first instance, and forwarded to the War Office.

504. Responsibility of relations or friends.—Whenever an officer suffering from, or under observation for, mental disease is handed over to his relations or friends, they will be required to sign a certificate accepting full responsibility for his care (*see* Appendix No. 20).

505. Documents.—Whenever an officer is transferred to Netley for observation for mental disease, full particulars of the case will be furnished on A.F. B 183.

506. Medical board on mental case.—An application for a medical board on an officer alleged to be suffering from mental disease will be accompanied by certificates from two medical officers or civilian practitioners, who have each separately examined the patient, one of whom should be the medical attendant of the case. The medical board will attach these certificates to its proceedings. The certificates will be made out in accordance with the form given in Appendix No. 19.

Nursing Service

507. Nursing service.—The instructions contained in paras. **485** to **506** also apply to members of the nursing service.

Soldiers

508. Procedure for invaliding.—The discharge of a soldier who is physically unfit for further service will be carried out in accordance with King's Regulations.

When it is proposed to invalid a soldier, the O.C. the hospital will submit to the D.D.M.S. A.F. B 179 with Parts 1, 2, and 3 completed, together with the soldier's medical history sheet (A.F. B 178). Part 2 of A.F. B 179 will be completed by the soldier before the answers to the questions in Part 3 are filled in. Part 3 will be completed in the handwriting of the officer in medical charge of the case, who will, when answering the questions, pay particular attention to the instructions printed on the form. If considered necessary for reference, the soldier's regimental conduct sheet will be obtained from his O.C. Specialists' reports and photographs or radiographs bearing on the case will, if available, be attached to A.F. B 179. The O.C. the hospital will be responsible that Parts 1, 2, and 3 of the report are completed and correctly compiled before submitting it to the D.D.M.S.

509. Procedure where a soldier refuses an operation or other medical treatment.

(i) If it becomes necessary to recommend a soldier for discharge on account of a disability which, in the opinion of the O.C. hospital, would be improved or cured by operation or other treatment and the soldier has refused to undergo such operation or treatment, his discharge will not be carried out until he has had an opportunity of considering the effect his refusal may have upon any claim which he may make for a disability element of pension.

(ii) The position as to disability pension is as follows :—

A soldier may be granted a disability element of pension if he is discharged in consequence of a disability attributable to military service and if the disablement is classified as 20 per cent. or more. But if a discharged soldier who is qualified for a pension which includes a disability element unreasonably refuses to undergo an operation or other medical treatment which, in the opinion of the military medical authorities, would reduce the degree of his disablement, the Commissioners of the Royal Hospital, Chelsea, may refuse, cancel or reduce his disability element at their discretion.

(iii) In all cases where a soldier refuses an operation or other treatment in the circumstances mentioned in sub-para. (i), the O.C. hospital will supply him with a copy of this regulation (para. **509** in full) and give him the opportunity of reconsidering his decision. If the soldier maintains his refusal after having been supplied with a copy of this paragraph, the O.C. hospital will record the fact on A.F. B 179, and the procedure laid down in para. **508** will then be carried out.

510. Approval for medical board.—If the D.D.M.S. considers that the soldier should be brought before a medical board, he will return the documents to the O.C. the hospital where the board is to be held and arrange for the assembly of the board. If the soldier is not a patient in hospital he will be admitted thereto.

511. Notification to O.C. unit.—The O.C. the hospital at which the board is to be assembled will send a notification on A.F. B 3977 to the O.C. unit to the effect that the soldier is about to be brought before a medical board, together with a request for the soldier's duplicate attestation and enclosures A.Fs. B 178 (if not already in his possession), B 268, B 2066, B 108, D 400, and N 1510, together with a sum not exceeding £1, subject to the state of the man's account, and Ministry of Labour Form U.I. 3/XS. If the soldier claims on A.F. B 179 that his disability is due to any specific form of military

service, *e.g.* exposure to inclement weather while on duty, the O.C. the hospital will, when submitting A.F. B 3977, ask the O.C. unit for confirmation of the man's statement to enable the board to express their opinion as to the causation of the disability (*see* para. **284**).

512. Documents for the Medical Board.—The O.C. the hospital will be responsible that A.F. B 179, as well as A.F. B 179A if the patient is suffering from pulmonary tuberculosis, and the documents mentioned in the preceding paragraph, are placed before the board.

513. Medical board.—The medical board will thoroughly examine the man and record on Part 4 of A.F. B 179, and A.F. B 179A if applicable, their opinion as to his disability, and give full particulars of his condition as ascertained at their examination. On completion they will return all the documents to the O.C. hospital for transmission to the D.D.M.S.

514. Action by D.D.M.S.—If the D.D.M.S. concurs in the opinion of the Board, he will complete the appropriate section of Part 5 of A.F. B 179. If he does not concur, he will endorse A.F. B 179 to that effect, and with instructions to the O.C. hospital for the soldier to be retained in hospital for further treatment or to be returned to his unit, according to the circumstances of the case. He will then return the documents to the O.C. hospital.

515. Authorization of discharge.—If the medical board recommends discharge as physically unfit for military service under existing standards, and the D.D.M.S. concurs, the O.C. the hospital will forward the documents to the O.C. the man's unit for authorization of discharge.

If the D.D.M.S. has authorized the soldier's discharge as physically unfit for any form of military service, the O.C. the hospital will proceed with the soldier's discharge in accordance with King's Regulations.

516. Date of approval of discharge.—The date of approval of discharge will be the date on which the soldier leaves the hospital for his home, except in the case of a soldier whose engagement terminates while he is a patient in hospital, in which case the date of discharge will be with effect from the termination of his engagement, and in the case of a soldier who has been invalided but is unfit to be moved, the date of his discharge will be as soon as possible after the date on which his discharge is authorized by the D.D.M.S.

517. Despatch of documents.—On the date approved for the soldier's discharge from the Army, the O.C. hospital

will despatch to the officer i/c records concerned, in a special envelope marked "Discharge Documents," A.F. B 179, and A.F. B 179A if applicable, and the documents specified in para. **511** except A.F. N 1510, which he will return to the O.C. the soldier's unit.

If the discharge of the soldier is not approved by the D.D.M.S., the documents mentioned in para. **511**, except A.F. B 178 if the soldier is being retained in hospital, will be returned to the O.C. unit.

518. Documents to be given to the soldier.—Before the soldier leaves the hospital, the O.C. the hospital will give him :—

(*a*) A soldier's pass (A.F. B 295). This pass will be given to the soldier as a protection certificate pending the receipt of his Certificate of Service from the officer i/c records.

A note to the effect that the soldier is entitled to wear civilian clothes will be inserted at the head of the pass.

In the case of a soldier discharged without being granted furlough prior to discharge, the following words will be inserted in the last line of the pass : "his home on discharge from the Service pending the receipt of his Certificate of Service," and the reference to general mobilization at the head of the A.F. will be deleted.

(*b*) A postcard (A.F. D 424) on which to report any change of address to the officer i/c records. The address of the officer i/c records will be inserted by the O.C. the hospital before the postcard is given to the soldier.

The instructions on the postcard will be explained to the soldier before it is given to him.

(*c*) A railway warrant to his home in accordance with Allowance Regulations.

(*d*) A copy of the "Guide to Civil Employment" if assessment of military conduct is not less than "good."

(*e*) If the soldier is suffering from tuberculosis, a copy of General Instructions to Consumptive Persons (A.F. I 1235).

(*f*) A copy of A.F. D 401.

In addition, the soldier will be given the money forwarded by the O.C. unit in accordance with para. **511**.

When a soldier is discharged while a patient in hospital and retained in hospital after discharge, the soldier's Certificate

of Service (A.F. B 108) will be forwarded by the officer i/c records to the O.C. hospital to be handed to the soldier.

519. Discharged soldier unfit to be moved.—(*a*) When the condition of a soldier whose discharge as an invalid has been approved is such as to prevent his immediate removal from a military hospital, he may be retained as a free patient for further treatment at the discretion of the O.C. the hospital, subject to the approval of the D.D.M.S. In each case so retained a report will be furnished monthly to the G.O.C.-in-C., stating the reason for the continued retention of the patient.

(*b*) When a soldier who is about to be discharged from the Army, for any reason, and is a patient in a civil hospital, the civil hospital authorities should be informed as early as practicable that no responsibility for the cost of his maintenance or treatment can be accepted by the military authorities for any period subsequent to date of his discharge from the Army. Should the civil hospital authorities make a claim for maintenance and for treatment in respect of any period after the date of the soldier's discharge from the Army, the claim will be referred to the War Office with a detailed report of the circumstances of the case.

520. Discharge on medical grounds of a soldier who has less than six months' service.—Such a soldier will be discharged under King's Regulations, 1928, para. 370 (vi) (*a*), or Recruiting Regulations, 1928, para. 151, whichever is applicable to his case, unless suffering from a mental disease or from a disability which clearly originated after enlistment, when the discharge will be carried out under King's Regulations, 1928, para. 370 (xvi) or (xvi) (*a*).

The details of the authority and procedure for discharge under above regulations are laid down in Appendix No. 11B, Part 2.

521. Epilepsy.—When the O.C. the hospital is satisfied, after a sufficient period of observation in hospital, that a soldier is suffering from true epilepsy, he will arrange for him to be brought before a medical board with a view to his discharge from the Army. A certificate from a medical officer stating that he is satisfied that the soldier is suffering from true epilepsy will be attached to A.F. B 179 before submission to the D.D.M.S.

522. Pulmonary tuberculosis.—In order that soldiers suffering from tubercle of lung may be afforded the earliest possible opportunity of obtaining suitable treatment, they will be discharged from the Army as soon as the diagnosis has been definitely made.

A.F. B 179A will be prepared and attached to A.F. B 179 in the case of every soldier invalided home from abroad or discharged from the Army on account of tuberculosis. Every endeavour will be made to ensure the accuracy of the answers given on this form, and the man's statements with regard to contact and exposure should be confirmed by reference to the O.C. unit.

523. Amputation cases.—A soldier who has lost a limb will not be brought forward for invaliding until the stump is quite healed and ready for the fitting of an artificial limb (*see also* para. **418**).

The following instructions will be observed when measuring the stump for the purpose of completing A.F. B 179 :—

(*a*) The site of the amputation, *i.e.* whether at the joint or the upper, middle or lower third of the bone, will be indicated as well as the exact length of the stump.

(*b*) Stump measurements may be taken between parallels by using the simple shoemaker's instrument known as a size-stick.

(*c*) The points of measurement are :—

Upper arm.—Upper surface of head of humerus, which is easily felt when stump is pressed backwards.

Forearm.—Upper surface of olecranon (point of elbow).

Thigh.—Highest point palpable on great trochanter.

Leg.—Joint surface of the tibia, always palpable when the knee is flexed.

In all the above regions the second point of measurement is the end of the bone, which is palpable beneath the skin or scar.

524. Notification to National Health Insurance Department.—When a soldier is discharged from the Army on account of a disability, the degree of which is assessed at 70 per cent. or over, or on account of tuberculosis, valvular disease of the heart, kidney disease, epilepsy, insanity, cancer, or diabetes, irrespective of the degree of disability, the O.C. the hospital will complete A.F. D 487 and forward it to the Controller, Ministry of Health, Insurance Department, Ruskin Avenue, Kew, Surrey. A similar notification will be despatched in the case of an airman of the R.A.F. discharged from a military hospital.

525. Notification to civil authorities.

(1) *Tuberculosis.*—In the case of a soldier discharged from the Army on account of tuberculosis, A.F. A 2021 will be prepared in duplicate and will be despatched as follows, for transmission to the Medical Officer of Health concerned :—

(*a*) England (including the Isle of Man and the Channel Islands)—to the Principal Medical Officer, Ministry of Health, Whitehall, London, S.W.1.

(*b*) Scotland—to the Scottish Board of Health, Edinburgh.

(*c*) Wales or Monmouthshire—to the Welsh Board of Health, City Hall, Cardiff.

(*d*) Irish Free State—to the Local Government Board, Dublin.

Northern Ireland—to the Ministry of Home Affairs, Local Government Department, Ocean Buildings, Belfast.

(2) In the case of chronic carriers of disease, the following particulars will be furnished by the O.C. the hospital to the Public Health authorities mentioned above : name, age, full address where soldier will reside on discharge. Date and place of the original attack of typhoid, paratyphoid, dysentery, or other diseases. Summary of bacteriological or protozoological findings, with dates. Notes as to specific treatment received. Notes as to the present state of health. Date of discharge.

526. Admissions to military hospitals for the purpose of observation.—In cases where it is considered by a medical board that a retired officer or nurse or discharged soldier, whose claim to disability retired pay or disability pension is being investigated, should be admitted to a military hospital in order that his or her condition may be accurately diagnosed, admission to hospital for the purpose of observation may be authorized (*a*) by the War Office in the case of a retired officer or nurse and (*b*) by the D.D.M.S., for a period not exceeding seven days, in the case of a discharged soldier.

MENTAL CASES

527. *Disposal of mental cases.—In addition to the preceding instructions for the discharge of invalids, the

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* These instructions will not necessarily apply to cases of delirium tremens.

following special procedure will be complied with in dealing with mental cases :—

(1) All soldiers who are suffering from mental disease will be invalided for such. A soldier who has suffered from mental disease and has recovered will be discharged from the Army in accordance with the procedure laid down for non-mental cases ; the word (Recovered) will be inserted after the diagnosis.

(2) A soldier who appears to be suffering from mental disease will be retained in the local military hospital for such period as may be necessary to determine whether he should be sent to the Royal Victoria Hospital, Netley, or other selected hospital for further observation.

(3) In England, Wales, and the Channel Islands, soldiers suffering from, or requiring further observation for, mental disease will be sent to the Royal Victoria Hospital, Netley. Cases occurring in Scotland or Ireland will be sent to a selected military hospital, or placed temporarily in a civil mental hospital pending disposal.

(4) When a case of mental disease is transferred to Netley or other selected hospital for further observation or treatment, the undermentioned documents will be forwarded direct to the O.C. the hospital prior to the departure of the patient.

(*a*) Report on a case of mental disability by the officer in medical charge of the case (A.F. B 183).

(*b*) Medical history sheet (A.F. B 178).

(*c*) Medical transfer certificate (A.B. 172).

(5) When a soldier suffering from mental disease is transferred to, or discharged from, hospital, he will be removed in the presence of a medical officer, who will be responsible that he is dressed with due regard to health and comfort, and who will instruct the escort, which will be detailed in accordance with King's Regulations, as to the peculiarities of the patient, particularly as to whether he has displayed suicidal or homicidal tendencies. Wherever possible, a mental nursing orderly will be detailed as one of the conducting party.

(6) Before transferring a mental case to Netley or other selected hospital it will be ascertained that accommodation is available.

(7) When a diagnosis of mental disease has been clearly established, the O.C. the hospital will forward A.Fs. B 183, B 178, and B 179 to the D.D.M.S., and apply for permission to bring the soldier before a medical board. If the D.D.M.S. concurs, he will return the documents, which will be placed before the Board. The Board will state in the proceedings whether they recommend the patient's discharge as a dangerous or harmless person of unsound mind,* and whether he should be placed in a civil mental hospital* or handed over to his relatives or friends. In the latter case, a certificate accepting full responsibility for the care of the patient will be obtained from his relatives or friends before he is handed over to them (*see* Appendix No. 20). The proceedings of the Board will then be forwarded to the D.D.M.S. for approval. A soldier who is to be discharged from the Army on account of mental disease will be discharged under King's Regulations, 1928, para. 370 (xvi), irrespective of his length of service.

(8) A soldier discharged as a dangerous person of unsound mind,* except when being sent to an institution in Northern Ireland, must be medically examined and the certificate of insanity on A.F. B 261 or B 263, as the case may be, completed not more than seven clear days before the date of signing the "reception order," and the patient must be received into a mental hospital * within seven days from the date of the order.

In the case of a soldier discharged as a person of unsound mind * being sent to a mental hospital * in Northern Ireland, the certificate of insanity on A.F. B 262 must be completed, the reception order signed and the man received into the mental hospital * within seven days of the date on which he was medically examined.

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* In the case of Scotland and Northern Ireland the expressions "person of unsound mind" and "mental hospital" mean "lunatic" and "asylum" respectively.

Invalids from Abroad

528. Invalids from abroad.

(*a*) When completing A.F. B 179 in the case of a soldier about to be invalided from abroad the Medical Board will not recommend discharge from the service unless it is obvious that the patient is absolutely unfit for any form of military service and will remain so.

(*b*) In the case of invalids sent home from abroad, a nominal roll briefly recording the disability of each invalid embarked will be prepared on A.F. B 254, and will accompany the invalids' documents.

(*c*) If sent home by Government transport, a duplicate copy of A.F. B 254, together with the proceedings of medical boards (A.F. B 179) and the medical history sheets (A.F. B 178) will be handed over to the officer in medical charge of the invalids, in order that he may be acquainted with the nature of each case.

(*d*) When passage is provided otherwise than by Government transport, whether for an officer granted sick leave on the recommendation of a medical board, an invalid soldier, or a member of an officer's or soldier's family, the proceedings of medical boards and medical history sheets, or other medical documents, will be sent direct to the E.M.O., Southampton, if the invalids are to disembark at that port, or, if disembarking elsewhere, to the D.D.M.S. of the command in which the port of disembarkation is situated. If the invalid is likely to require treatment during the voyage the ship's surgeon will be provided with such medical notes of each case as may be considered necessary for his confidential information during the voyage.

(*e*) An invalid arriving from a station abroad will be brought forward for disposal as early as possible. A man found fit for service will be sent to the appropriate unit at home.

Women and Children

529. Invaliding.

(*a*) When it is considered necessary to invalid the wife or child of an officer or soldier from any station abroad, the procedure for the invaliding of soldiers will be followed so far as it is applicable, except that the proceedings of the medical board will be prepared in triplicate on A.F. A 2. The original copy of the proceedings will be forwarded direct to the War Office, one copy will be handed to the officer in medical charge of troops on the transport in which passage

is provided, and, in the case of a soldier's family on disembarkation, or discharge from hospital if the patient is admitted to hospital on disembarkation, will be forwarded to the officer i/c records concerned. The third copy will be retained for reference. When a passage is provided otherwise than by Government transport, a copy of the proceedings of the medical board will not be given to the ship's surgeon, but if the invalid is likely to require treatment during the voyage the ship's surgeon will be provided with such notes of the case as may be considered necessary for his confidential information during the voyage, and a copy of the proceedings of the medical board will be sent direct to the officer i/c records concerned.

(*b*) On arrival in the United Kingdom the invalid will be disposed of in accordance with King's Regulations. Invalid women and children will, if not in need of immediate admission to hospital, proceed direct to their homes, and must make their own arrangements for further treatment, unless the conditions prescribed in paras. **251** and **269** are complied with. Medical boards will not recommend admission to a military families' hospital for operative or other treatment on arrival in the United Kingdom.

(*c*) In the case of women and children suffering from mental disease, the husband of the woman or, in the case of a child, one of the parents should, if practicable, accompany the child to the United Kingdom in order to arrange for the patient's disposal on arrival. If for any reason this is impracticable, the G.O.C. will cable the following information to one of the officers mentioned in King's Regulations, 1928, para. 1175 (*c*), according to the port at which the patient will disembark :—

(i) The name of the ship on which the patient is being sent home.

(ii) The name and address of any relative who may be willing to accept the patient on arrival.

(iii) The parish to which the patient belongs.

The officer receiving this information will dispose of the case in accordance with King's Regulations.

(*d*) For the purpose of paras. **528** and **529** a freightship to which a Government medical officer is appointed in medical charge will be regarded as a Government transport.

Pensioners

530. Medical boards on Royal Naval, Royal Air Force, and Ministry of Pensions (Great War disability) pensioners.—Where the Admiralty, Air Ministry, or Ministry

of Pensions requires a pensioner to be examined by a medical board, and the department concerned has no facilities for holding a board, the pensioner may be examined by a military medical board at the military station nearest his place of residence at which facilities for holding such a board exist.

A pensioner will be examined by a military medical board only at the request of the department concerned, which will be responsible for arranging for the board with the D.D.M.S. of the command in which the pensioner resides.

In cases where examination by one medical officer only is required arrangements for the examination may be made by the department concerned direct with the O.C. hospital or reception station nearest the pensioner's place of residence.

SECTION X

CORRESPONDENCE, REPORTS, MEDICAL RECORDS, AND STATISTICS

531. Correspondence.—The Instructions laid down in King's Regulations, regarding correspondence, reports, and returns, and the reference of questions to higher authority, will be strictly complied with.

532. Stationery, etc.—Stationery, army forms, books, etc., will be demanded in accordance with the instructions contained in Regulations for the Allowances of the Army.

533. Dental returns.—Instructions regarding dental returns are contained in Section XI.

534. R.A.F. returns.—Instructions regarding the preparation of statistical returns for R.A.F. personnel treated in military hospitals and on board ship are laid down in Section XIV.

Medical Records and Statistics

535. Diagnosis.—This will be made strictly in accordance with the instructions contained in the latest edition of the Nomenclature of Diseases, except as stated in these regulations and subject to any special instructions that may be issued from time to time by the War Office.

536. Uniformity in records and returns.—To ensure uniformity in statistical returns, the following procedure will be adopted :—

(*a*) Diseases due to a known infective agent will invariably be recorded under the heading " Diseases due to infection," the local condition being specified, *e.g.* jaundice (bacterial and spirochætal) will be recorded under this heading and not under diseases of the digestive system.

(*b*) Cases of fracture (stating whether subcutaneous (simple), open (compound), impacted, or comminuted), contusion, and sprain will be recorded under the heading " Local Injuries," the region being named.

(*c*) Diseases due to animal parasites which are not included in the group of diseases due to infection will be shown under " Animal Parasites." The system or organ principally affected will be stated.

(*d*) An additional group, " Morbid conditions due to flying," will be added ; this will include the following :—

Sickness at high altitudes.
Fainting in the air.
Exhaustion.
Vomiting.
Vertigo.

(*e*) When pneumonia occurs as a complication of existing influenza, the original diagnosis should be adhered to, even though, when death occurs, pneumonia may be the immediate cause of death. If a patient is not seen by a medical officer until pneumonia has developed, the diagnosis should be recorded as influenza, unless the history and clinical condition make it clear that the case is one of pneumonia, and not a sequela of influenza.

(*f*) Gunshot wounds should be recorded under " Local Injuries," a note being made as to whether the wound was " in action," " accidental," or " effects of old gunshot wound."

(*g*) Diseases due to " Effects of Heat " will be recorded as follows :—

(i) Effects of Heat (Burn).
(ii) Effects of Heat (Scald).
(iii) Effects of Heat (Heatstroke).
(iv) Effects of Heat (Sunstroke).
(v) Effects of Heat (Heat Exhaustion).

Nos. (iii) and (iv) will be reserved for the well-known variety in which the onset is sudden, usually accompanied by hyperpyrexia, with or without cerebral symptoms and unconsciousness.

No. (v) will be reserved for the type of case which is really a form of fainting due to the direct, or less often indirect, rays of the sun, from which men are apt to suffer when marching in a hot climate, and in which the usual symptoms are sickness, dizziness, and headache, accompanied by varying degrees of collapse and sometimes slight pyrexia.

(*h*) In cases of venereal disease a note will be made as to whether the disease is a "fresh infection" or a "relapse."

(*i*) In all cases of fibrosis of lung in which the condition is of tubercular origin, the disease will be classified as "pulmonary tuberculosis, chronic, fibroid."

537. Records of in-patients.

1. **Admission and discharge books.**—(*a*) Great care must be taken to ensure that entries are accurate in every particular. All cases of sickness will be recorded, whether treated in military or military families' hospitals, naval, Ministry of Pensions, or civil hospitals, or in quarters.

In the case of patients treated in other than military hospitals, the officer responsible for recording the admission will be the O.C. the hospital which normally receives the sick from the area or district in which the hospital is situated.

(*b*) *Books to be kept.*—Separate admission and discharge books will be kept for the following classes, except when the numbers are small, when one book will be used and divided as necessary, each section being kept distinct and allotted a separate series of numbers commencing with 1.

(i) Officers of the Regular Army (including officers of the Supplementary Reserve and Territorial Army when embodied).

(ii) Members of Q.A.I.M.N.S.

(iii) Soldiers of the Regular Army (including soldiers of the Supplementary Reserve and Territorial Army when embodied).

(iv) Invalids from abroad.

(v) Officers and soldiers transferred from a body of troops brought together as a separate command in a camp of exercise for manœuvres or other service in time of peace. A separate book or section of a book will be kept for each body of troops.

(vi) Women and children.

(vii) Sick and wounded transferred from active service in the field, the records of each campaign being kept distinct.

(viii) All other patients.

(*c*) *Serial numbers.*—Each admission will be given a serial number in *black* ink in the admission and discharge book, and each transfer a separate serial number in *red* ink. Fresh series will be commenced on the first day of each year; cases remaining in hospital on 31st December will be re-entered in the fresh series commencing the new serial numbers in *black* ink on 1st January. Sick transferred from other hospitals or from on board ship, and cases transferred from hospitals at out-stations to headquarters to be invalided, will not be entered as fresh admissions, but as transfers.

(*d*) *Deaths out of hospital.*—Particulars of deaths out of hospital will be recorded in red ink, but the entry will not be given a serial number.

(*e*) *Patients admitted from out-patient treatment.*—These will be entered as ordinary admissions in the admission and discharge book, but a note will be made that the cases were admitted from out-patient treatment.

(*f*) *Patients discharged to attend for out-patient treatment.*—When a patient is discharged from hospital to attend for out-patient treatment, his discharge will be completed in the hospital admission and discharge book, and the fact that he is to attend for treatment will be entered in the column of remarks.

(*g*) *N.Y.D. venereal.*—In the case of venereal sore, the words " Venereal sore " will be entered in the disease column in pencil until the diagnosis is definitely established, when the correct disease will be entered in ink.

(*h*) *Errors in diagnosis.*—When a disease has been wrongly diagnosed, the original entry will be crossed out in such a way as to remain legible, and the new diagnosis inserted above in red ink.

(*i*) *Patients suffering from two diseases.*—When a patient is suffering from two diseases, he will be admitted for the more serious one. Should the second disease persist after his recovery from the one for which he was admitted, he will be shown as discharged on the date he recovered from the first disease, and as re-admitted the following day for the other disease. The re-admission will require a fresh entry in the admission and discharge book, and in the monthly return it will be counted as a separate admission, a note being made

in the "remarks" to the effect that "one case of ..... was discharged and re-admitted for ..... the second disease."

(*j*) *New diseases supervening.*—Should another disease supervene upon that for which the patient was admitted, the fact will be noted in the "remarks" column of the admission and discharge books and on A.F. I 1220. Should the new disease persist after the patient has recovered from the first disease, he will be shown as discharged on the date he recovered from the first disease and as re-admitted the following day for the new disease. The re-admission will be dealt with statistically as in (*i*) above and remarks will be made to the effect that "one case of ..... was discharged and re-admitted for ..... supervening."

2. **Clinical records.**—(*a*) A Hospital or Sick List Record Card (A.F. I 1220) will be made out for each case admitted or transferred to hospital. A card will also be made out for each officer or soldier dying out of hospital.

(*b*) In the case of admissions of the following—

Invalids from abroad,
Q.A.I.M.N.S.,
Women and children,
Territorial Army (except when embodied),
Officers and other ranks of the Royal Navy and Marines,
Pensioners and other civilians,

the cards will have the respective heading written across the top in red ink.

(*c*) Immediately after the disposal of the patient to whom the A.F. I 1220 refers, either by :—

(i) Discharge to duty,
(ii) Discharge as an invalid,
(iii) Death,
(iv) Transfer to another hospital for further treatment,
(v) Transfer to United Kingdom as an invalid,

the card, which should not be folded, will be forwarded by post to :—

The Under-Secretary of State (A.M.D. 2),
The War Office,
Whitehall, S.W.1.

Before despatch, the O.C. the hospital will satisfy himself that the card has been duly completed and that the number of days under treatment has been accurately computed.

(*d*) *Military patients treated in Naval, Air Force, Ministry of Pensions, or civil hospitals.*—(i) *Naval hospitals* (except the

Royal Naval Hospitals at Chatham and Plymouth, where special arrangements are in force).—The officer responsible for recording the admission (*see* para. 1 (*a*) above) will forward a copy of A.F. I 1220 to the O.C. naval hospital concerned with a request that it be completed and returned as soon as the patient has been discharged from the naval hospital.

(ii) *Air Force hospitals.*—A.F. I 1220 or R.A.F. Form 39 will be prepared by the O.C. R.A.F. hospital, who will transmit the card direct to the War office.

(iii) *Ministry of Pensions and civil hospitals.*—In the case of patients sent either to a civil hospital or Ministry of Pensions hospital for treatment, the card will be retained at the hospital responsible for recording the patient's admission (*see* para. 1 (*a*) above) until he has been discharged from hospital or from the Army, when the card will be completed and forwarded to the Under-Secretary of State, The War Office.

The patient will not be shown on A.F. I 1220 as a " transfer," but will be accounted for as though he remained under treatment in the military hospital, a note being made in the space headed " Progress of case " that the patient was sent to the civil or Ministry of Pensions hospital at ..... for treatment on ....., and returned to the military hospital (or was otherwise disposed of) on .....

(*e*) *Cards to be confidential.*—The cards are confidential documents and will not be given, nor will their contents be divulged, to patients, nor will they be kept where patients may have access to them.

(*f*) *Errors in diagnosis.*—When a diagnosis is found to be erroneous, the original entry will be crossed out in such a way as to remain legible, and the new diagnosis will be entered above it.

(*g*) *Sequence in serial numbers.*—If, owing to an error of entry, the series of entries in the admission and discharge book is broken, a blank card bearing the appropriate serial number, with the word " cancelled " written across it, will be forwarded to the War Office. The serial numbers entered on A.F. I 1220 must not be qualified by the addition of letters or words.

(*h*) *Patients remaining in hospital on* 31*st December.*—On 1st January each year a new card with a fresh serial number will be made out for each patient who remained in hospital on the previous day, the word " remained " being written on the top of the new card. The word " remaining " will be written on the top of the old cards of these patients, and the cards will be forwarded to the War Office not later than 15th

January, accompanied by a certificate in the following terms signed by the O.C. hospital :—

(i) The last serial numbers entered in the admission and discharge book for the year ..... were .....

(ii) All A.Fs. I 1220 and I 1220A for the year ..... have been forwarded to the War Office.

(iii) A manuscript return of all cases not yet diagnosed has been rendered in accordance with para. 2 (*i*) below.

(*i*) *Cases not yet diagnosed.*—At stations in the United Kingdom a manuscript return of all patients whose disabilities are " not yet diagnosed " on 31st December, showing the serial number of the record card and the ultimate diagnosis made, will be forwarded so as to reach the Under-Secretary of State (A.M.D. 2), The War Office, not later than 15th January of the succeeding year. At stations abroad, this return will be made up not later than 7th January and despatched by the first homeward mail.

(*j*) *Suicides.*—In a case of suicide the word " Suicide " will be written against the cause of death, and the supposed motive will be given. The coroner's verdict will also be given when possible, but no expense should be incurred in obtaining this information. When no coroner's inquest is held, the fact should be stated.

(*k*) *Pulmonary tuberculosis.*—Every case of pulmonary tuberculosis admitted to hospital will be the subject of a special report on A.F. I 1220A. These reports will be completed with the utmost care, and will contain the fullest available information, reference being made to the man's unit as necessary. They will be attached to the man's A.F. I 1220 when the latter is forwarded to the War Office.

When a patient is transferred from one hospital to another, a copy of A.F. I 1220A will be prepared and despatched to the O.C. hospital to which the patient is being transferred, where the medical specialist or other officer in charge of the case will add any further relevant details and attach the card to A.F. I 1220 when the latter is sent to the War Office.

(*l*) *Discharges from the Army.*—(i) When a recruit with less than six months' service is discharged from the Army on medical grounds while a patient in a military hospital, the paragraph and sub-paragraph of King's Regulations under which he is discharged will be entered on A.F. I 1220, the heading " Date of discharge to duty " being amended to read, " Date of discharge under King's Regulations, para. ..... "

(ii) Soldiers admitted to hospital for invaliding under the provisions of para. **508** will be entered in the admission

and discharge book, and A.F. I 1220 will be rendered as in the case of soldiers admitted to hospital for treatment.

(iii) When a patient who is to be discharged from the service as being physically unfit for military service under existing standards, under King's Regulations, 1928, paragraph 370 (xvi) (*a*), leaves the hospital for any reason before his discharge from the service actually takes place, A.F. I 1220 will be retained at the hospital until it has been ascertained that the discharge has been carried out, when the card will be completed and forwarded to the War Office.

(*m*) *Invalids from stations abroad.*—At stations abroad, when a patient is discharged from hospital pending embarkation to the United Kingdom as an invalid, a note will be made on A.F. I 1220 to that effect. The patient will be re-admitted to hospital the day prior to embarkation, and a new A.F. I 1220 prepared, showing that the man was transferred to the S.S. ..... on ..... as an invalid to the United Kingdom and a reference made to the former A.F. I 1220.

(*n*) *Free patients.*—If it is necessary to retain a soldier in hospital after he has been discharged from the Army or transferred to the Army Reserve, a note will be made on the card that he is "retained in hospital as a free patient," and A.F. I 1220 will be completed up to the date of discharge from the Army or transfer to the Reserve and forwarded to the War Office. The heading "to duty" under "Date of discharge" on A.F. I 1220 will be amended to read "time expired" or "to Army Reserve", as the case may be. The man's particulars will then be transferred to the admission and discharge book for "Free Patients", and a new A.F. I 1220 prepared under that heading.

(*o*) *Medical case sheets.*—Medical officers will carefully record on A.F. I 1237 all cases of professional interest, serious illness, and such others as are likely to be required for future reference, a note being made on A.F. I 1220 whenever A.F. I 1237 has been made out. These medical case sheets will be filed and retained in the hospital.

(*p*) *Venereal disease case cards.*—A.Fs. I 1247 will be dealt with in accordance with the instructions laid down in Appendix No. 12.

Cards for patients of the Royal Navy and the Royal Air Force will, however, be forwarded to The Secretary, Admiralty, and The Secretary, The Air Ministry, Medical Department (M.A. 3), Kingsway, W.C.2, respectively.

(*q*) *Surgical operation book.*—Os.C. hospitals will satisfy themselves from time to time that clear and concise records of all operations are entered in A.B. 485.

3. **Monthly returns.**—(*a*) A monthly return on A.F. A 31 of all persons under treatment during the month will be rendered direct to the War Office by the O.C. each hospital at home and abroad. Each return will contain the details for the calendar month, and it will be posted not later than the second day of the following month from stations at home and by the next mail which leaves after the return falls due from stations abroad. A duplicate copy will be forwarded to the headquarters of the command. Errors will be notified at once to the Under-Secretary of State (A.M.D. 2), The War Office, through headquarters of the command.

(*b*) *Returns to be rendered.*—A separate return on A.F. A 31 will be rendered for each of the following groups :—

(i) Troops on the strength of the command.

(ii) Troops stationed at home but not on the strength of the command in which the hospital rendering the return is situated.

(iii) Troops on the strength of commands overseas (including invalids transferred to the United Kingdom from abroad).

(iv) Territorial Army units undergoing training.

(v) Military families.

Separate returns will be furnished for European and non-European troops.

(*c*) *Compilation of A.F. A* 31.—No additions or alterations will be made to the printed list of diseases without special instructions from the War Office. Columns headed "Admitted" will include direct admissions only, and not cases transferred from other hospitals.

Table III will be completed only in those returns dealing with troops on the strength of the command, or for troops undergoing training, etc., within the command and temporarily on the strength. Every effort should be made to give the strength of the different units. Each hospital will show the units whose sick would ordinarily be admitted to it. When two or more hospitals in the same area admit sick from the same units, the D.D.M.S. will arrange for strength returns to be sent to a selected hospital and the remaining hospitals will leave the strength column blank, with a note to the effect that the strength will be given in the return of ..... Hospital. The total of the strengths shown on all the A.Fs. A 31 should agree with the total strengths of troops in the command. The average daily sick will be obtained by adding together the numbers in hospital each day and dividing the total by the number of days covered by the return.

Tables IV and V will only be completed in the A.Fs. A 31 dealing with troops on the strength of the command.

(*d*) *Sick of troops detached.*—Should the sick of troops detached at out-stations, or of detachments at musketry practice or gun drill be admitted, they will be included in the monthly return of sick, care also being taken to include the monthly effective strength of such troops in the return.

(*e*) *Patients in Naval, Ministry of Pensions, or civil hospitals.*—Patients under treatment in a naval, Ministry of Pensions, or civil hospitals will be accounted for in A.F. A 31 (except in Table IV) as though they were being treated in the hospital rendering the return.

(*f*) *Barrack-rooms used as temporary hospitals.*—When it is necessary, owing to an outbreak of disease of an epidemic nature or for other reasons, to utilize barrack-rooms or other buildings as temporary wards for the accommodation of sick, the patients treated for periods beyond forty-eight hours will be deemed to have been admitted to hospital. Their particulars will be entered in the admission and discharge books of the hospital to which they would have been admitted had accommodation been available, and A.F. I 1220 will be rendered for them.

538. Records of out-patients.

(*a*) *Admission and discharge books.*—A record of all persons attending a military or military families' hospital, a reception station, or medical inspection room for treatment as out-patients for more than one day, and persons detained in a reception station for treatment, will be entered in an admission and discharge book (A.B. 27). The various columns of the book will be completed as for admissions to hospitals, the "admission" and "discharge" columns being used for "placed on" and "taken off" the sick list respectively, and the number of days each case was under treatment will be recorded.

Separate books or sections of a book will be maintained for :—

(i) Officers of the Regular Army (including Supplementary Reserve and Territorial Army when embodied) and members of Q.A.I.M.N.S.

(ii) Warrant officers, N.C.Os., and men of the Regular Army (including Supplementary Reserve and Territorial Army when embodied).

(iii) Women and children.

(*b*) *Patients transferred to or from "in-patient" treatment.*—When a person under treatment as an out-patient requires admission to hospital, the words "transferred to hospital"

with the date, will be entered in the column of remarks in the admission and discharge book for out-patients.

When a person is discharged from hospital to attend as an out-patient, the case will be entered in the out-patient admission and discharge book as a " transfer."

(*c*) *Diagnosis and uniformity in records and returns.*—The instructions contained in para. **536**, regarding diagnosis and uniformity in records and returns, will be followed.

(*d*) *Monthly returns.*—A monthly return on A.F. A 31A of all persons placed on the sick list for out-patient treatment during the month will be compiled by all Os.C. hospitals and reception stations. In the case of out-patients treated at medical inspection rooms away from the hospital or reception station the information necessary to enable the return to be compiled will be furnished to the O.C. hospital or reception station by the officer in medical charge of effective troops.

The return will be posted direct to the Under-Secretary of State (A.M.D. 2), The War Office, not later than the second day of the month following that to which it refers in the case of stations at home, and by the first mail leaving after the return falls due from stations abroad. A duplicate copy will, at the same time, be forwarded to the headquarters of the command. Errors will be notified to the War Office through the headquarters of the command immediately they are discovered.

Diseases will be shown under the same headings and in the same order as those printed on A.F. A 31. Those not printed on A.F. A 31A will be entered in manuscript.

539. Weekly returns of infectious disease.—All commands at home will render a weekly return up to Friday midnight, showing the number of officers, members of Q.A.I.M.N.S., soldiers, women and children, admitted to hospital or treated in barracks or quarters, and the number of deaths by stations for each of the diseases shown on A.F. A 30, and of any other disease of an infectious or contagious nature which shows an abnormal prevalence.

These returns will be despatched by post to reach the Under-Secretary of State (A.M.D. 2), The War Office, not later than the first post on the Tuesday following the week to which they refer.

All fresh cases, except Royal Air Force and pensioners, occurring in the command will be included in these returns, whether the patient was on the strength of the command or not.

540. Annual inoculation state.—At stations abroad, in the month of January of each year, the officer in medical

charge of troops will carry out an investigation to ascertain the state of inoculation of the unit under his charge. He will complete A.F. I 3956 and forward it to reach the D.D.M.S. by 31st January, for transmission to the Under-Secretary of State (A.M.D.6), The War Office.

541. Annual return of vaccination.—A return on A.F. I 1219, showing the state of protection of officers, other ranks, women and children, will be furnished to the D.D.M.S. or A.D.M.S. of an area not within a command or senior medical officer of a command abroad by the 31st January, who will forward a consolidated return for the command together with his remarks, through the G.O.C.-in-C., to reach the Under-Secretary of State (A.M.D. 6), The War Office, as soon after 31st January as possible, and in no case later than 15th February for commands at home, and 28th February for commands abroad.

542. Monthly and annual returns of recruits.—The returns of recruits will be furnished as under :—

(*a*) *Monthly returns.*

(i) Medical examiners of recruits will furnish, each month, to the recruiting officer, an extract from the Medical Register of Recruits giving the number of recruits inspected, rejected, and found fit during the month.

(ii) A monthly return on A.F. B 215A of all recruits who have been discharged from the service on medical grounds within six months of their enlistment under King's Regulations, 1928, para. 370 (vi) (*a*), will be compiled from A.Fs. B 204 by the officer in medical charge of the unit, and will be forwarded through the A.D.M.S. of the area to the D.D.M.S. of the command by the 7th of the month following that to which it refers. From these returns the D.D.M.S. will prepare a consolidated return for the whole command. The duplicate copy of A.F. B 204 will accompany the monthly return on A.F. B 215A.

(*b*) *Annual returns.*—Medical examiners of recruits will furnish returns of recruits on A.F. B 215 to the deputy director of medical services of the command not later than 18th October for the twelve months ended 30th September. From these returns the deputy director of medical services will prepare a general summary, which he will forward to the War Office on or before 31st October, together with the returns from which it is compiled.

543. Annual reports by Os.C. hospitals.—Os.C. military and military families' hospitals will forward through the A.D.M.S. to the D.D.M.S., not later than 12th January of the succeeding year, or on the closing of a hospital, a concise manuscript report on the lines indicated in Appendix No. 9.

Only such statistics as are necessary to illustrate the matter reported upon will be included in the reports.

In dealing with diseases, the classification adopted in the Nomenclature of Diseases will be followed, and consideration should be given to any factors which appear to be of ætiological importance, *e.g.* length of service, effects of climate, sports, etc. Reference should be made to special clinical features, lines of treatment adopted and the results obtained.

544. Annual reports by A.Ds.M.S.—The A.D.M.S. of an area will render to the D.D.M.S. not later than 20th January a consolidated report for the area under his administration compiled in a manner similar to that laid down for Os.C. hospitals.

The reports of Os.C. hospitals will accompany the reports of the A.Ds.M.S.

545. Annual reports by D.Ds.M.S.—The D.D.M.S. will render to the War Office a consolidated report, including details of accommodation and special departments in each hospital, and embracing all other essential facts brought to notice in the reports submitted by the Os.C. hospitals. The report should be concise, and presented in such a way as to facilitate the preparation of the Annual Report on the Health of the Army. The reports submitted by the A.Ds.M.S. and Os.C. hospitals, except those of the specialists, should not be forwarded to the War Office.

He will comment on, and attach to his general report, those of the assistant director or deputy assistant director of hygiene and pathology (*see* paras. **49** and **55**), the specialists attached to the various hospitals, and the inspecting dental officer (*see* para. **57**), and will forward the whole through the G.O.C.-in-C. to the Under-Secretary of State (A.M.D. 2), The War Office, not later than 31st January of the year following that to which the reports refer.

Similar action will be taken by the A.D.M.S. or S.M.O. of a command or district where there is no D.D.M.S.

546. Reports of casualties in times of war, at home, and commands abroad, other than theatres of war.—The method of reporting such casualties is laid down in Appendix No. 14.

SECTION XI

DENTAL TREATMENT

547. Oral hygiene.—The attention of all ranks should be drawn to the necessity for taking the greatest care of their teeth, in order to avoid needless suffering and inefficiency. Dental officers will instruct soldiers in oral hygiene, both by lectures and by demonstrations to individuals when they come up for inspection or treatment. Where a dental officer is of opinion that a soldier is not taking sufficient care of his teeth, he will bring the matter to the notice of the soldier's C.O.

Conditions of Dental Treatment

548. Persons eligible for.—Officers and other ranks, their wives and families, members of the military nursing service, and others, will be afforded dental treatment in accordance with the provisions specified below.

549. Officers.

(*a*) An officer on full pay, or an officer on half pay whose dental disability is attributable to military service, will be allowed dental treatment at the public expense wherever there is an army dental officer nominated for the duty, or where a civilian dental surgeon is engaged at an inclusive rate of pay for attendance on the troops.

(*b*) In the event of an army dental officer or employed civilian dental surgeon not being available, an officer on full pay or half pay suffering from dental disability attributable to military service will be allowed such reasonable expenses for dental treatment as may be approved by the G.O.C.-in-C. on the advice of the D.D.M.S., provided that :—

(i) authority has been obtained from the G.O.C.-in-C. for the treatment to be carried out;

(ii) the treatment is urgently required ; and

(iii) the condition of the officer renders it inadvisable for him to be moved to the nearest station where an army dental officer or employed civilian dental surgeon is available, and economical arrangements cannot be made for him to be visited at his residence by the army dental officer or employed civilian dental surgeon.

(*c*) A retired officer may be afforded dental treatment at the public expense as laid down in sub-paras. (*a*) and (*b*), provided that such treatment is required in the course of medical or surgical treatment afforded under the conditions of para. **281**.

(*d*) Officers on full pay, half pay, or retired pay may be supplied with dentures or dental appliances where the loss of teeth is due to wounds received in action or to injury incurred through the performance of military duty on or after 1st October, 1921.

Dentures or dental appliances may also be supplied to officers on full pay, half pay, or retired pay where the loss of teeth is attributable to military service, and has been incurred on or after 1st October, 1921, provided that the supply is incidental to the provision of medical treatment afforded under these Regulations.

Adjustments, repairs, and replacements will similarly be provided.

(*e*) An officer on full pay or half pay may be supplied with dentures or dental appliances where the loss of teeth is due to wounds received in action or an injury incurred through the performance of military duty or a disability attributable to military service during the Great War, but the cost of repairs and replacements will be borne by the officer.

Information regarding the supply, repair, and replacement of dentures or dental appliances to retired officers who have been wounded in action or injured through the performance of military duty, or who are suffering from disabilities attributable to military service during the Great War, may be obtained on application to the Director-General of Medical Services, Ministry of Pensions, Sanctuary Buildings, Great Smith Street, London, S.W.1.

550. Members of Queen Alexandra's Imperial Military Nursing Service.—Members of Q.A.I.M.N.S. on full pay will be allowed dental treatment on the same conditions as officers.

551. Wives and children of officers.—At stations abroad, where a registered British civilian dental surgeon is not available, wives and families of officers may be given emergency dental treatment by an army dental officer at the public expense, provided that this work does not interfere with the efficient treatment of the troops.

552. Soldiers.

(*a*) Treatment necessary to maintain the dental efficiency of soldiers will be allowed at public expense. The treatment

will be of a conservative nature, and will be mainly directed towards the prevention of the necessity for artificial dentures.

(*b*) Artificial dentures will be supplied at public expense to a soldier on the following conditions:—

(i) that, in the absence of dentures, he would be discharged or invalided from the Army ;

(ii) that, in the opinion of the D.D.M.S. or senior administrative medical officer of the command and the inspecting dental officer, where there is one, there is a reasonable probability that he would be rendered efficient by the supply of artificial dentures ;

(iii) that his dental condition is not due to his own fault ;

(iv) that his C.O. desires to retain his services ;

(v) where soldiers have lost teeth owing to injury or disease directly attributable to military service (*see* para. **284**), and dentures are not admissible under sub-paras. (i) to (iv) above, dentures may be provided at the public expense to replace the teeth so lost.

Necessary repairs and renewals of artificial dentures will also be allowed at public expense on the same conditions, and in the case of all dentures provided under sub-para. (v) above.

(*c*) Except in cases where the loss of teeth necessitates the provision of artificial dentures, porcelain crowns may, subject to the approval of the inspecting dental officer, be fitted in suitable cases of fracture or extensive decay of incisor or canine teeth.

(*d*) All necessary dental treatment, including the provision of dentures, when authorized, should be completed before a soldier leaves his station to proceed overseas, but a soldier who has refused dental treatment will not be considered unfit for service overseas on that account alone. If he is otherwise fit, he should proceed with his unit or draft.

(*e*) *Discharged soldiers.*—(i) A discharged soldier may be allowed dental treatment at the public expense provided that such treatment is required in the course of medical or surgical treatment in hospital, under para. **282**.

(ii) When necessary, a pensioner may be provided with an initial supply of artificial dentures at the public expense when his teeth have been extracted in the course of medical or surgical treatment in hospital, under para. **282**. Where the supply of artificial dentures is authorized by the Secretary, Royal Hospital, Chelsea, they will be obtained from an army dental centre through the D.D.M.S. of the command in

which the pensioner resides, unless in the opinion of the D.D.M.S. this course would be more expensive than obtaining artificial dentures from civil sources, in which case the matter should be reported to the War Office by the Secretary, Royal Hospital, Chelsea. The prior authority of the War Office is required in any case in which purchase of artificial dentures from civil sources is recommended.

The cost of renewals and repairs must be borne by the pensioner.

553. Queen's Army Schoolmistresses and the wives and children of soldiers.—Army schoolmistresses, the wives of soldiers on the married quarters roll (and their children under 14 years of age), may be given dental treatment provided that they are able to attend at the dental surgery of an army dental officer or civilian dental surgeon engaged for attendance on troops. No charge will be made for the necessary materials supplied for treatment. Dentures may only be supplied, however, on repayment at the rates laid down from time to time. If it becomes necessary in the course of treatment to employ an anæsthetist other than a M.O. or C.M.P. officially employed, the anæsthetist's fee must be paid by the schoolmistress or soldier concerned.

554. Civilian employees.—Civilian employees are not normally entitled to dental treatment at public expense, but at home stations those employees who have accepted the Government Scheme of Compensation for injury may, while they remain in the employment of the Crown, be afforded, at the public expense, any dental treatment which may be necessary in consequence of a personal injury by accident or a scheduled disease in respect of which compensation would be payable under the scheme for any impairment of earning capacity.

555. Claims for dental treatment of personnel of other Government Departments or Forces.—Claims for dental treatment will be rendered in accordance with the procedure defined in para. **463**.

Dental Records

556. Dental records.—These will be maintained and returns will be rendered by officers i/c of dental centres as follows:—

(*a*) The dental condition of each recruit on joining his depot will be accurately recorded in Table II of his Medical History Sheet (A.F. B 178), and particulars of treatment or denture work subsequently carried out will be briefly recorded in Table VIII as soon as the soldier's treatment is completed.

(*b*) A *Dental Treatment Card* (A.F. I 5033) will be prepared for every soldier examined, whether he requires treatment or not. Particulars of any treatment required will be noted on the soldier's Dental Treatment Card at the time of his first inspection, and particulars of treatment or denture work subsequently carried out will be entered after each visit. A soldier's Dental Treatment Card will be kept at the dental centre where he attends for inspection and treatment.

(*c*) Where dental treatment is carried out by a civilian dental surgeon, the particulars should be recorded on the Dental Treatment Card by the civilian dental surgeon and on the Medical History Sheet by the medical officer.

(*d*) A *weekly dental state* on A.F. I 5028 will be despatched every Saturday by officers i/c dental centres to the inspecting dental officer of the command.

(*e*) A *monthly dental summary* on A.F. I 5034 will be sent by officers i/c dental centres through the inspecting dental officer to the D.D.M.S. of the command, and a copy will be sent to the A.D.M.S. of the area where one exists. The D.D.M.S. will compile a consolidated return for all the centres in the command and despatch it to the Under-Secretary of State (A.M.D. 1 (*d*)), The War Office, by the 7th of the month following that to which it refers. This return should also include a summary of all treatment carried out by civilian dental surgeons engaged for attendance on the troops.

A summary of treatment carried out for officers, families of soldiers, and for others will be furnished under appropriate headings on a separate form.

(*f*) A.B. 469—*Dental Treatment Book*—will be maintained at each dental centre. The name and particulars of each patient will be entered in the index on his first attendance, and details of treatment subsequently given will be entered under the reference number allotted to him.

(*g*) A.B. 468—*Dental Appliance Book*—will be maintained at each dental centre. The name, etc., of the patient will be entered in this book immediately approval is given for provision of dentures, remodels, or repairs.

(*h*) In the event of a dental centre being closed, A.Bs. 468 and 469 will be sent to the I.D.O. of the command for reference. If the centre is subsequently re-opened these books will be returned.

When a soldier who is temporarily employed under the Governments of any of the colonies or protectorates applies for dental treatment, a report on the condition of the soldier's teeth, indicating what treatment is required and the approximate date by which it could be completed, will be forwarded by the officer i/c dental centre to the Under-Secretary of State, Colonial Office, S.W.1, for his information.

When the treatment is completed, full particulars will be entered on the Dental Treatment Card, which will be forwarded by the officer i/c dental centre to the Under-Secretary of State, Colonial Office, S.W.1, with a request that it be filed with the soldier's documents.

SECTION XII

HYGIENE AND PATHOLOGY

General

557. Duties.—The duties of the assistant directors and deputy assistant directors of hygiene and pathology are detailed in Section II.

Vaccination and Small-pox

558. Recruits.—With the exception of those bearing distinct marks of small-pox, all recruits who have been finally approved by recruiting officers will be vaccinated on the second day after joining the depot or unit to which they are posted on enlistment. In the case of men enlisted for a corps or unit where final approval rests with the O.C. depot or unit concerned, vaccination will not be carried out until the recruit has been finally approved.

The officer in medical charge will be responsible that this is carried out, and that the necessary information regarding vaccination or re-vaccination is recorded on the soldier's medical history sheet, in the vaccination register (A.B. 28), and in A.B. 64.

The record will state the date of vaccination or re-vaccination, the number of linear incisions made, and in how many the result was " successful " or " failed."

559. Instructions to vaccinators.—The detail of instructions to vaccinators is contained in Appendix No. 18.

560. Immunity.—In cases where the vaccination or re-vaccination of recruits fails, three successive operations should be carried out at intervals of one month, in order to ensure that failure is due to acquired immunity. An entry stating that this has been carried out will be made in the documents referred to in para. **558**.

561. State of vaccination of units and detachments.—Officers in medical charge of troops will, once a year, in January, satisfy themselves that every officer and other rank under their care is sufficiently protected by vaccination. In the case of other ranks, this will be done by examination of the results recorded in the medical history sheets (*see* para. **541**).

562. Re-vaccination.—Re-vaccination will, unless refused, be performed when considered necessary. At home stations the period of protection afforded by successful vaccination should be regarded as approximately seven years.

Owing to the increased risk of contact with cases of small-pox of a severe type, the period of protection for personnel proceeding abroad or serving in foreign stations will be regarded as five years.

563. Special re-vaccination.—On the occurrence of an epidemic of small-pox, vaccination will be recommended in all cases in which there is not satisfactory evidence of vaccination or re-vaccination within two years.

564. Officers.—The vaccination or re-vaccination of officers should be carried out, as may be necessary, at the same time as that of troops (*see* para. **561**). Officers' families should also be given the opportunity of similar protection.

565. Families of other ranks.—Every effort should be made to ensure that the wives and children of all other ranks are sufficiently protected by vaccination. The form of vaccination certificate given to 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 vaccination of an infant has been performed by a military medical officer. Officers in medical charge of families will, once a year, in January, ascertain the state of the vaccination and re-vaccination of women and children under their care.

Details of vaccination and re-vaccination of officers, their families, and of the families of other ranks will be kept in one register (A.B. 28A), but in separate sections.

566. Source of lymph.—Glycerinated calf lymph will be supplied on requisition by the Government Lymph Establishment, Colindale Avenue, The Hyde, London, N.W. If the whole supply is not used within seven days after its receipt, the remaining lymph is to be returned to the Government Lymph Establishment, and a fresh supply should be indented for when required. For stations abroad, supplies of lymph will be sent out in cold storage at regular intervals by mail steamer. The old supply should be destroyed as soon as the fresh supply is received.

The form which accompanies each batch of lymph will be completed and returned to the Government Lymph Establishment immediately after the results of the vaccinations have been decided.

567. Report of cases of small-pox.—All cases of small-pox, whether among officers, other ranks, women or children, will be reported to the D.D.M.S., for the information of the G.O.C., and to the War Office. The name, age, and other particulars of each individual will be given, with dates and results of vaccination and re-vaccination in each case. If the individual bears satisfactory evidence of vaccination, the number of marks should be stated. If no marks of vaccination can be detected in the case of an officer, soldier, woman, or child suffering from small-pox, a statement showing the date on which the individual joined the unit, and the depot or station from which he, or she, came will be attached. Cases of small-pox occurring in Great Britain and Northern Ireland will be reported by telegram both to the headquarters of the command and to the War Office. Cases of small-pox will also be noted in the remarks appended to the monthly return of sick.

Inoculation

568. Typhoid and paratyphoid fevers.—Officers commanding units, educational and training establishments, and officers in medical charge of troops, will make every endeavour to ensure that every officer and soldier is inoculated before embarking for foreign service, special attention being paid to cases of individuals proceeding overseas for the first time (*see* King's Regulations, 1928, para. 1153).

Protection against these diseases is not usually considered necessary at home.

569. Inoculation and re-inoculation.—Inoculation and re-inoculation, whether before embarkation for service overseas or while serving in a foreign station, will be governed by the following principles :—

(*a*) It is considered that the protection given by two doses of T.A.B. vaccine lasts for a period of two years, and that by a single dose (of 1 c.cm.) for one year only.

(*b*) Men who have never been inoculated, and also men whose immunity has been exhausted (or is approaching exhaustion), as defined above, should be inoculated with two doses of vaccine.

(*c*) It is recommended that all persons stationed overseas should be re-inoculated every year with a single dose of 1 c.cm. of T.A.B. vaccine for at least the first three years of their stay in the country.

The detail of instructions regarding inoculation is contained in Appendix No. 10.

570. Rest after inoculation.—Medical officers should endeavour to ensure that all men who have been inoculated will, except in cases of urgent emergency, be struck off all duties for forty-eight hours immediately after inoculation. Arrangements should be made for accommodation to be set aside to enable men to lie down and rest during this period.

571. Women and children.—The foregoing recommendations apply equally to wives and families proceeding abroad. In the case of children, the dose should be less than that for an adult. The appropriate doses for different age periods will be found in Appendix No. 10.

572. Influenza.—If an outbreak of influenza is anticipated, every endeavour should be made to persuade all ranks and women and children to be inoculated with mixed influenzal-catarrhal vaccine. Each issue of this vaccine is accompanied by full instructions.

573. Cholera and plague.—Inoculation against cholera and plague has been proved to give a large measure of protection ; therefore, whenever troops are stationed in countries where these diseases are met with, inoculation with the appropriate vaccine should be carried out when the situation calls for it (*see* Appendix No. 10).

574. Supply of vaccine.—These vaccines are obtained from the Royal Army Medical College on requisition direct to the Under-Secretary of State (A.M.D. 3), The War Office (*see* para. **376**).

575. Records.—A record of each inoculation and re-inoculation will be made in Table IV of the medical history sheet, and in A.B. 64; a nominal roll of all persons inoculated will also be kept in an inoculation register, and a note made of the serial number of the vaccine used.

These records will be made by the medical officer at the time at which he carries out the inoculation.

The method of record is as follows:—

Two-dose system

T.A.B. / 2 — The dates on which the first and second inoculations were given, and the initials of the medical officer who carries out the operation, will be entered thus:—

T.A.B. / 2 } 1.11.17 A.B.
10.11.17 A.B.

One-dose system

T.A.B. / 1 — The date on which the single inoculation of 1 c.cm. was given, and the initials of the medical officer will be entered thus:—

T.A.B. / 1 } 1.11.17 A.B.

Corresponding entries will also invariably be made when officers or men are inoculated for cholera, influenza, plague, etc.

576. Returns of inoculation against typhoid and paratyphoid fevers.—An inoculation state of a unit, draft, or individual (including women and children) proceeding overseas will be prepared in triplicate on A.F. I 3956 by the O.C. the unit, and will be disposed of in accordance with the instructions printed on the form.

When the inoculation state of a unit or draft proceeding overseas fails to show at least 90 per cent. fully protected, the officer in medical charge of the unit at home will furnish an explanation for the information of the D.D.M.S.

Infectious Disease

577. Immediate report.—When a case of one of the diseases mentioned in para. **581** is diagnosed among troops or military families, the medical officer who makes the diagnosis will prepare A.F. A 35 in quadruplicate. The original will be retained as an office record; one copy will be forwarded through the usual channels to the D.D.M.S. of the command or A.D.M.S. area or district when not within a command, and

one copy will be sent to the officer in medical charge of effective troops or military families concerned. Should the diagnosis be made by either of these officers he will send a copy to the military hospital which receives the sick of the unit or family. The remaining copy will be sent to the civil health authorities in the case of those diseases of which notification is required by them.

578. Special report on typhoid or paratyphoid fever.—A.F. I 3056 will be rendered for every case, including women and children, of typhoid or paratyphoid fever occurring at home and abroad in accordance with the instructions printed on the form.

579. Report on a case of disease of the central nervous system.—A.F. I 1238 will be rendered for the following cases of disease of the central nervous system : meningitis (tubercular, etc., but excluding cerebro-spinal meningitis), meningismus, polio-encephalomyelitis (poliomyelitis, polioencephalitis), transverse myelitis, encephalitis lethargica (diagnosed or suspected), and other forms of encephalitis occurring at home and abroad.

580. Error in diagnosis.—In the event of an error of diagnosis being detected, a new notification will be made, the form being headed in red ink, " Change of diagnosis."

581. Diseases to be notified.—The diseases to be notified under para. **577** are as follows :—

Anthrax (*b*).
Beri-beri.
Bilharziasis (schistosmiasis).
Blackwater fever.
Cerebro-spinal fever (*a*).
Chicken-pox (*b*).
Cholera (*a*).
Continued fever (*a*).
Diphtheria or Membranous Croup (*a*).
Dysentery (protozoal and bacterial) (*a*).
*Encephalitis lethargica.
†Enteric fever.
(i) Typhoid fever.
(ii) Paratyphoid fever.
‡ (iii) Enteric group (clinical).

(*a*) Notifiable by law to the civil authority.
(*b*) Notifiable, only in certain districts, by law to the civil authority.
* A.F. I 1238 will also be rendered.
† A.F. I 3056 will also be rendered.
‡ Diagnosed on clinical evidence only.

Enteritis (infective).
Erysipelas (*a*).
Food Poisoning (due to any cause).
Glanders (*b*).
Hydrophobia (*b*).
Jaundice.
Leishmaniasis.
(i) Kala-azar.
(ii) Oriental Sore.
Malaria (state type and whether primary case or relapse) (*a*).
Measles (*b*).
Mediterranean (Undulant fever) fever.
Mumps.
Ophthalmia neonatorum (*a*).
Pemphigus Neonatorum (*b*).
Plague (*a*).
Pneumonia (*a*).
(i) Acute Influenzal.
(ii) Acute Primary.
*Polio-encephalitis (*a*).
*Polio-myelitis (*a*).
Puerperal pyrexia (*a*).
Puerperal septicæmia and pyæmia (*a*).
Relapsing fever (*a*).
Rubella (*b*).
Scarlet fever (*a*).
Small-pox (*a*).
Tetanus.
Trench fever.
Tuberculosis (all forms) (*a*).
Typhus (*a*).
Whooping cough (*b*).
Yellow fever (*b*).

Additional diseases may be added to those noted at (*a*) and (*b*) by the civil sanitary authority with the approval of the Minister of Health.

Under the Factory and Workshops Act, every medical practitioner attending on, or called in to visit, a patient whom he believes to be suffering from anthrax, ankylostomiasis, lead, phosphorus, arsenical, or mercurial poisoning, poisoning

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(*a*) Notifiable by law to the civil authority.
(*b*) Notifiable, only in certain districts, by law to the civil authority.
* A.F. I 1238 will also be rendered.

by carbon bisulphide, poisoning by anilin and its compounds, chronic benzene poisoning, is required under penalty to notify the case forthwith (unless it has already been notified) to the Chief Inspector of Factories, Home Office, London, S.W.1. No postage need be paid.

582. Precautions to be taken.—The responsibility for representing the precautions which should be taken, as regards isolation and disinfection, rests with the officer in medical charge of the unit or family, or in the event of a case occurring in hospital, with the O.C. the hospital.

583. Transport for cases of infectious disease.—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 car, stating the nature and urgency of the case for which it is required. The vehicle will be disinfected by spraying with formalin solution or by swabbing the whole interior with 2½ per cent. cresol solution before being used again. All articles accompanying the patient will also be suitably disinfected. This will be carried out by the medical authorities.

584. Isolation.—Wherever proper accommodation exists, isolation will be effected in hospital; but where this is impracticable, as frequently happens in the case of officers and their families and amongst the families of soldiers, isolation will be carried out in quarters as far as possible. When considered necessary, the isolation of other occupants of the quarters will also be effected, until, in the opinion of the medical officer, all risk of their spreading the disease has ceased.

585. Infectious disease and attendance at schools.—In cases of infectious or contagious diseases, special care will be taken to prevent children of the affected family attending school until the medical officer certifies that they can do so without risk of spreading infection. Schools will not, as a rule, be closed in consequence of the occurrence of cases of infectious disease, but, should the outbreak assume an epidemic form, or should the medical officer, for any special reason, deem it necessary that the schools should be closed, the G.O.C.-in-C. will order their closure. (*See also* Educational Training.)

586. Prevention, control, and reports.—The chief points which should receive consideration in investigating, reporting on, and dealing with outbreaks of infectious disease will be found in Appendix No. 2.

587. Examination of water, food, pathological material, etc.—Samples of water, food, etc., may be sent

to the Royal Army Medical College for examination, when the analysis or examination cannot be carried out in a military laboratory in the command, or when a second opinion is specially required. Pathological material for examination and diagnosis should, when necessary, be sent to the nearest bacteriological laboratory. Special instructions are given in Appendix No. 15.

Disinfection

588. General instructions.—In all cases of communicable disease the question of disinfection must be considered in regard to (1) the quarters occupied by the patient before removal to hospital and their contents; (2) the patient's discharges, and the bedding, clothing, feeding utensils, etc., used by the patient while under treatment; and (3) on the recovery of the patient, the ward or room in which the patient was treated and its contents. The appropriate measures of disinfection are indicated in the succeeding paragraphs and in R.A.M.C. Training.

In regard to (1) and (3) above, the disinfection will be " local " or " complete " as indicated for diseases or groups of diseases in para. 3, *et seq.*, of Appendix No. 2 of these regulations.

In the case of carriers or contacts, disinfection will be carried out at the discretion of the officer responsible, who, in case of doubt, will refer the matter to the A.D.H. or D.A.D.H. of the command or district concerned.

All measures of disinfection, except as mentioned in para. **604** (*c*), will be carried out by the medical authorities, assisted by working parties from the troops concerned as may be necessary (*see* Regulations for Engineer Services).

589. Supervision.—It cannot be too strongly emphasized that the efficacy of any method of disinfection depends entirely on the intelligence with which it is performed. All such processes will therefore be carried out under the directions of the officer responsible, unless, in the opinion of the D.D.M.S. or A.D.M.S., the presence of the A.D.H. or D.A.D.H. is necessary.

590. Materials.—All materials required for processes of disinfection will be obtained on indent from the officer in charge of barracks. The employment of disinfectants for any special purpose, other than those indicated in paras. **588** to **608,** will be sanctioned only after reference to the D.D.M.S. of the command. The standard strengths of disinfectant solutions are detailed in Appendix No. 4.

591. Disinfection of quarters.—The disinfection of a quarter will be either (*a*) "local" or (*b*) "complete" as indicated in para. **3** *et seq.* of Appendix No. 2.

(*a*) *Local disinfection* will consist in the disinfection of the bedding and bedstead recently occupied by the patient; the walls, floor, and other surfaces for a distance of six feet all around the bed; also of all articles within this area, including the equipment, shelf or locker and its contents. In certain diseases, disinfection of the adjoining beds and bedding which come within the area indicated above will not be necessary; such diseases are noted in Appendix No. 2.

(*b*) *Complete disinfection* will consist in the disinfection of the whole room and its contents.

A room of less than 200 square feet will always require complete disinfection.

592. Disinfection of a room.—In the disinfection of a room the surfaces of the room and the contents of the room must be considered separately, and the procedure will depend on whether the disinfection is to be local or complete.

(*a*) As regards the room in local disinfection, the area of floor space defined in para. **591** and the skirting bordering on it will be scrubbed with 2½ per cent. cresol solution, and the bedstead, equipment shelf, or locker, and any other metal or wooden articles or articles of crockery located within that area, will be similarly treated.

(*b*) In complete disinfection all surfaces of the room and all articles in the room other than those which are to be removed for steam disinfection, or which may be injured by formaldehyde solution, and will consequently require removal for special disinfection, will be disinfected *in situ* by formaldehyde solution of the strength indicated in Appendix No. 4, and applied as a fine spray.

593. Procedure in complete disinfection of rooms.—The operator, before commencing the disinfection, should put on a suit of overalls, which will be removed after use and placed inside the last room to be disinfected.

With the exception of those articles removed for special disinfection as indicated in para. **592** (*b*), all articles, including the contents of boxes, drawers, and cupboards, will be arranged in such a manner as to expose all surfaces to the action of the disinfectant. The room should be sealed up by gummed paper

strips, or ordinary glazier's putty rendered plastic by the addition of a little linseed oil. The putty should be applied to all crevices and placed around the jambs of the door in readiness for closing. The fire-place should be sealed with a piece of paper cut to the necessary size and fixed by putty pressed around the edges.

594. Application of the formaldehyde solution to a room.—The formaldehyde solution used in the form of a spray acts by direct contact of the dissolved formaldehyde and by volatilization of the gas from wetted surfaces. The solution must be applied as a fine spray (the finer the better) to every object in the room and to the whole of the floor, walls, and ceiling. The walls must be sprayed from below upwards, the process being carried out twice in the most complete manner, inch by inch, over the entire surfaces it is intended to disinfect. When the spraying is completed, the door should be sealed as described above, and the room kept closed for six hours.

595. Subsequent procedure.—On opening the room at the end of six hours after the above process of disinfection, the room will be spring cleaned by damp dusting. The floor, window-sills, and all other horizontal surfaces, other than the ceiling, also tables, chairs, bedsteads, and other articles of furniture which will not be injured thereby, will be cleansed with soap and hot water containing soda. The windows will be opened wide top and bottom to flood the room with fresh air and sunlight, and fires will be lighted to dry the room before it is re-occupied.

In cases where complete disinfection is called for it may be necessary, subsequent to the disinfection, to have the walls scraped, whitewashed, distempered, or re-papered. Where such procedure is considered necessary, arrangements will be made by the D.D.M.S., A.D.M.S., or S.M.O. concerned, the R.E. being requested to carry out such work as falls within their province.

596. Disinfection of clothing, bedding, etc.

(*a*) All articles not likely to be damaged in the process will be disinfected in a steam disinfector. Before removal for disinfection they will be packed in sacks or sheets soaked in 2½ per cent. cresol solution.

(*b*) As the process of steam disinfection varies in detail according to the type of machine in use, it is necessary, in order to ensure thorough disinfection, that the man operating the disinfector should be trained in the duties, and the medical officer responsible should satisfy himself that the instructions issued with the type of machine in use are strictly observed.

(*c*) Articles likely to be damaged by steam disinfection (*e.g.* leather goods, books, furs, rubber material, clothing with leather strappings, etc.) will be thoroughly sprayed with formaldehyde solution and exposed to the air to dry. If they are in a room which is to undergo complete disinfection, the spraying will be carried out within the room.

(*d*) As toys and pencils are particularly liable to become infected, great care should be taken to ensure their efficient disinfection by one or other of the processes described. Toys, books, papers, and other articles of little value, which cannot be effectively rendered free from infection, may be burnt, subject to the provision of para. **607**.

(*e*) In stations or other localities where steam disinfection is not available for articles normally dealt with under para. (*a*) above, sheets and other articles of cotton or linen, also blankets and woollen articles, will be soaked in 2½ per cent. cresol solution for half an hour, then washed or sent to the laundry. Other articles of clothing or textiles which might be spoilt by cresol will be thoroughly sprayed with formaldehyde solution and exposed to the air and sun to dry.

In the case of the diseases mentioned in Group I of Appendix No. 2, mattresses will be soaked for one hour in 2½ per cent. cresol solution.

597. Clothing, equipment, and bedding returned to store.—If the clothing, equipment, or bedding of a man suffering from a communicable disease, or who after admission to hospital develops such disease, should have been returned to a unit or other store without the necessary disinfection having been carried out, care will be taken that all such articles are recovered from store and suitably disinfected, and that any other articles or any portion of the store which may have been in contact with such infected articles are also suitably disinfected.

598. Special disinfections.—In certain diseases it may be necessary to disinfect latrine seats and pans, or articles of crockery or cutlery in the mess-room or institutes. In such cases the latrine seats and pans will be scrubbed with 2½ per cent. cresol solution, followed by soap and water. Cutlery and crockery will be steeped for half an hour in 2½ per cent. cresol solution, and subsequently washed in hot water containing washing soda.

599. Disinfestation.—To ensure efficient disinfestation, the entire room or quarters and their contents and the occupants and their clothing must be dealt with simultaneously. In dealing with bugs it may be necessary to deal with the whole building.

(*a*) *The room.*—Bugs may be got rid of in a room by formaldehyde gas generated by the action of formalin on bleaching powder.

The room is sealed up and the fires lighted to obtain a temperature of at least 70° F., water is sprayed upon the floor and other surfaces to raise the relative humidity to about 70 per cent. Efficient diffusion of the gas is ensured by placing the bucket in which it is generated at a distance of not more than six feet from the ceiling. Formalin (40 per cent. formaldehyde) is placed in an ordinary galvanized iron pail and chloride of lime wrapped in thin paper is added. When all is ready the paper is rapidly pierced. Two pints of formalin and two pounds of chloride of lime are required for every 1,000 cubic feet. Not more than these amounts should be used in any one bucket. The operator, on piercing the paper, withdraws and seals the door of the room, which is left sealed for twenty-four hours. At the end of this period the operator, wearing a mask, opens the doors and windows and lights the fires, and the room is ready for occupation in a few hours.

Lice seldom leave their host and his clothing, but in order to ensure destruction of any that may fall off on to the floor, skirting board, bedstead, equipment shelf, or locker, such places will be washed with an emulsion of cresol and soft soap (*see* Appendix No. 4).

Fleas will be got rid of by washing the entire floor, skirting boards, bedsteads, and equipment shelves or boxes with the cresol and soft-soap emulsion described above, or with a paraffin and soft-soap emulsion (*see* Appendix No. 4). The disinfestation for fleas will seldom be required except in cases of plague, when the rat problem must never be overlooked.

(*b*) *Bedding, clothing, and textiles, etc.*—These will be dealt with as described in para. **596,** the procedure being particularly necessary in the case of lice- or flea-borne infection, where it is essential in addition to disinfestation to ensure destruction of the virus.

When disinfestation only is required (*e.g.* in the absence of disease), disinfestation by hot air may be employed (*see* Army Manual of Sanitation).

(*c*) *The occupants.*—The occupants will receive hot baths, when necessary hairy parts will be shaved, and before putting on clean clothing all individuals will be inspected.

600. Hospital bedding, etc.—The measures of disinfection laid down in para. **596** will also be adopted in connection with the bedding, clothing, etc., used by patients in hospital suffering from infectious diseases; and all soiled bedding and clothing, etc., which have been in intimate contact with

infectious patients will be immediately steeped in 2½ per cent. cresol solution for at least half an hour before being removed from the ward. Articles which cannot be steeped should be sprayed with formalin.

In all cases where hospital bedding and clothing, or textile stores of any description, which have been used by patients suffering from infectious diseases, are returned direct to an R.A.O.C. depot, W.D. laundry, or to officers i/c barracks, a certificate from the O.C. the hospital concerned will accompany the bedding, clothing, and textile stores so returned, stating that they have been efficiently disinfected.

601. Venereal and infectious patients.—A supply of sheets, pillow-slips, shirts, drawers, handkerchiefs, and towels, distinctively marked with the letter "V," will, when necessary, be set apart in hospitals for the use of patients suffering from venereal diseases, and a supply of bedding and clothing distinctively marked with an "I" for the use of patients suffering from infectious diseases. When no steam disinfector is available, the articles marked "V" will invariably be steeped in 2½ per cent. cresol solution for at least half an hour, and subsequently rinsed thoroughly in clean water before being sent to the laundry or contractor for washing. The articles marked "I" will be dealt with as laid down in para. **596**. All feeding utensils intended for use by syphilitic patients and cases of infectious disease should be marked with a "V" and "I" respectively and kept solely for their use.

602. Utensils in typhoid and paratyphoid fevers.—All utensils (*e.g.* feeding cups, bedpans, urinals, etc.) intended to be used by enteric patients, must be marked "E." The contents of the bedpans and urinals will be mixed intimately with an equal quantity of 2½ per cent. cresol solution and allowed to stand for half an hour before being thrown down the bedpan sluice or W.C. The bedpans and urinals must invariably be disinfected by washing with 2½ per cent. cresol solution.

603. Tuberculosis.—Where possible, a tuberculosis centre will be established in one hospital in each command. If this is not practicable, separate wards will be set apart for the treatment of patients suffering from tubercle of the lungs, and special care will be taken to prevent fouling of floors or walls with expectoration or other discharges from the patient. Two and a half per cent. cresol solution will be kept in all vessels used for receiving expectoration or other discharges, and the handkerchiefs and other soiled articles will invariably be steeped in 2½ per cent. cresol solution for half an hour before removal from the ward.

604. Disinfection and disinfestation on board ship.—Disinfection will be carried out on the same lines as on shore.

(*a*) Cabins, small compartments, and troop-decks as indicafed in paras. **591** to **595**.

(*b*) Bedding, clothing, etc., as indicated in para. **596**. Apparatus for steam disinfection is available on all transports and troop-ships.

(*c*) Holds and bilges. Disinfection is carried out by the Admiralty.

(*d*) Drinking-water tanks. If considered necessary, the contents should be chlorinated, 1 part of free chlorine per 1,000,000 (verified by use of a water-test case) being allowed to act for at least half an hour.

(*e*) Disinfestation will be carried out as indicated in para. **599**. For the complete disinfestation of a ship SO_2 or HCN gas are most effective.

605. Disinfection of vehicles.—Any ambulance car or wagon or other vehicle which has been used for the carriage of a case of infectious disease or of an infected person or of infectious or infested articles will be disinfected as described in para. **583**.

606. Disinfection of drains, gullies, etc.—Complete disinfection of drains, gullies, traps, latrines, urinals, refuse receptacles, etc., in barracks or in camp is practically impossible. While disinfectants used in such places may act as deodorants, the mere fact that such places need deodorization indicates faulty conditions. This should be enquired into and corrected, but disinfectants will not be used.

607. Destruction of infected articles.—The destruction of any article instead of its disinfection is rarely justified. When, on grounds of health, the destruction of any article of public or private property is deemed absolutely necessary, the medical officer concerned will report accordingly in order to obtain authority for carrying out the destruction ; but in cases where delay would involve risk or danger to the troops he must act on his own responsibility, and be prepared to justify his action when making application for covering authority.

608. Disinfection and cleansing of army schools.—Army schools will be cleaned and disinfected during the Christmas and Summer vacations in the following manner :—

(*a*) All dados, desks, seats, floors, and other woodwork will be cleansed thoroughly with 2½ per cent. cresol solution.

(*b*) The windows will be left open, if practicable, throughout the whole vacation.

(*c*) Annually, under the direction of the R.E., the walls of W.Cs., urinals, and other walls previously lime-whited will be thoroughly scraped, brushed, and re-lime-whited.

(*d*) Every five years the walls of the schoolrooms will be re-distempered, ceilings re-whitened, and painted work re-painted, as may be deemed necessary by the R.E.

See also Educational Training.

SECTION XIII

MOVEMENT OF TROOPS AND INVALIDS BY ROAD, RAIL, OR SEA

Home

609. Administration.—The D.D.M.S. or A.D.M.S. of the district or area concerned will issue such orders or take such steps as may be necessary to ensure adequate medical arrangements being made for troops or invalids moving by road or rail from or within his administrative area.

610. Medical equipment.—The officer detailed in medical charge of troops is responsible for the medical equipment issued for the march or journey.

He will check the equipment on taking it over and again on handing it over.

Overseas

General Administration and Organization

611. Responsibility for medical administration.—The medical administration and the general medical arrangements in transports will be superintended by the Embarkation Medical Officer, Southampton, acting directly under the War Office. Special attention is directed to the King's Regulations and Voyage Regulations.

In the case of packet steamers carrying invalids and of freight vessels arriving at, or departing from, ports other than

Southampton, the medical arrangements will be the responsibility of the D.D.M.S. of the command concerned, unless instructions are issued from the War Office for the embarkation or disembarkation to be supervised by the Embarkation Staff Officer, Southampton, in which case the medical arrangements will be supervised by the Embarkation Medical Officer, Southampton.

612. Embarkation medical staff.—Personnel of the R.A.M.C. are attached to the office of the Embarkation Medical Officer, Southampton, to assist him in his duties.

613. Medical personnel for trooping duties.—R.A.M.C. officers and members of Q.A.I.M.N.S. on permanent duty on ships will be borne on the strength of the Royal Victoria Hospital, Netley. R.A.M.C. soldiers on the embarkation staff, Southampton, and on permanent duty on ships will be borne on the strength of No. 4 Coy., R.A.M.C., Royal Victoria Hospital, Netley.

614. Provision and disposal of medical personnel.—The embarkation medical officer will communicate direct with the War Office regarding the provision or disposal of the officers and nurses referred to in the preceding paragraph, and with the officer commanding No. 4 Coy., R.A.M.C., Netley, regarding the soldiers of the R.A.M.C. In the event of there being no officers or soldiers of the R.A.M.C. available for trooping duty among the troops embarking, special instructions will be issued by the War Office.

615. Report to E.M.O.—All medical officers and nursing sisters doing duty will report to the E.M.O. on embarkation or disembarkation respectively, in addition to reporting to the embarkation staff officer.

616. Establishment R.A.M.C.—The following establishment of N.C.Os. and men of the R.A.M.C. is authorized for duty on board transports on permanent service :—

One serjeant (to act as wardmaster, steward, and dispenser), one corporal, and three privates.

These establishments will always include an orderly of the nursing section, R.A.M.C., and one clerk. On board transports carrying invalid cot cases the establishment will be augmented as necessary from home-coming R.A.M.C. details.

617. Duties of N.C.O., R.A.M.C., in charge.—He will be guided in his duties by the provisions of Section VIII of the Standing Orders for the R.A.M.C., and instructions contained in Appendix No. 51D of these regulations.

618. Soldiers employed as hospital attendants.—Where there are no soldiers of the R.A.M.C. on board ships conveying troops, or not a sufficient number of them for attendance on the sick, soldiers of other corps on board may be employed as hospital attendants.

619. Guards over mental cases.—Soldiers employed as guards over mental cases are not to be regarded as hospital attendants.

620. Regulations for H.M. Sea Transport Service.—The regulations for His Majesty's Sea Transport Service contain information relating to the provision of medical accommodation, diets, etc., and a copy of these regulations is in possession of the O.C. troops on board.

621. Hygiene of ships.—Questions relating to the hygiene of ships will, when necessary, be referred to the War Office.

622. Hospital equipment.—Hospital equipment is supplied from four sources.

(*a*) *Medical equipment.*—In accordance with Appendix No. 50 of these regulations. The A.F. I 1209 issued by the E.M.O. at the commencement of each season or independent voyage is a copy of that scale. These stores are held by the S.M.O. on ledger charge (*see* para. **679**).

(*b*) *Ordnance stores.*—In accordance with Equipment Regulations, Part I, Appendix III. These stores are taken over by the senior N.C.O., R.A.M.C., who will keep an account of them in "The Account of Hospital Clothing and Utensils," and who is responsible to the O.C. troops for them.

(*c*) *Bedding and miscellaneous articles.*—Are supplied by the Admiralty and placed in charge of the ship's master. A list is given in Regulations for H.M. Sea Transport Service. They are drawn by the S.M.O. from the master as required by Voyage Regulations, and are returned at the end of each voyage.

(*d*) *Owner's stores* are as laid down in Regulations for H.M. Sea Transport Service. These stores are drawn by the S.M.O. from the ship's master as required, and returned at the end of each voyage.

623. Vaccines and sera.—All vaccines and sera should be kept in the vegetable and wine chamber, except glycerinated calf lymph, which should be kept in the refrigerator.

The certificate, placed on board with each consignment, that all sera and vaccines have been kept in cold store during the period of his medical charge will be signed by the S.M.O. This certificate will be produced each time the ship returns to Southampton, for inspection by the E.M.O.

624. Messing and invalid diets.—Attention is directed to Regulations for H.M. Sea Transport, 1927, Articles 77–79, 82–83, and 85. Supplies of medical comforts are provided by the owners for 3rd class passengers in addition to the commodities comprising the ordinary ration, and the cost of any article issued which is not included in the authorized scale or is in excess thereof is claimed by the owners on form T.462, on which should be indicated the rank, name, and unit of the persons to whom such articles were issued.

625. Milk.—Milk for 3rd class passengers is supplied in accordance with the "Scale of rations" displayed on all troop-decks.

626. Books and forms.—The books of regulations, army books, forms, and stationery required will be provided by the E.M.O. For the scale of books and forms, *see* Appendix No. 51c.

627. Stewardess, 3rd class.—On transports one or more stewardesses are carried. The duties of a stewardess are to assist the 3rd class women and children in settling themselves in their quarters, and generally to look after their comfort, especially in the case of those who are seasick. She is a member of the crew, and therefore not under the orders of the medical officers (Regulations for H.M. Sea Transport Service).

628. Families' nursing.—The S.M.O. may authorize, when necessary, the employment of women other than a member of the ship's complement on board ship to act as sick nurse or midwife for wives or families of soldiers. Payment will be made direct to the women concerned before they disembark, by the O.C. troops, from his Imprest Account, supported by a certificate from the S.M.O. that the women have been so employed (*see* Pay Warrant).

629. Venereal cases.—Hammocks and bedding used by venereal cases will be disinfected on disembarkation or discharge. A.Fs. I 1239 and I 1247 must accompany all venereal cases embarked.

630. Tuberculosis.—On certain transports special accommodation is provided for cases of tuberculosis of the respiratory tract. This accommodation should not be utilized for

other cases of tubercular disease unless it is considered necessary for the patient to be isolated.

631. Padded room—disinfection of.—The padded room for mental patients will be disinfected after use and at the end of each voyage.

632. Soiled hospital clothing.—In the case of transports proceeding to or from India, soiled hospital clothing should be washed at Bombay or Karachi by requisition on the local authorities. At other ports abroad arrangements should be made with the local R.A.O.C. authorities for the soiled articles to be exchanged.

Soiled articles of bedding will be returned to the master for washing.

The personal clothing and bedding of all men admitted to hospital during the voyage will be disinfected.

The bedding, clothing, and utensils used by the sick in hospital will be disinfected directly there is no further use for them.

A nominal roll will be prepared in duplicate, giving full particulars of all invalid or sick soldiers who are supplied with hospital clothing during the voyage. One copy will be rendered to the O.C. troops on board for insertion in Part II Orders, and the other handed over to the E.M.O. at Southampton.

633. Canvas sling cots and screens.—In the event of the hospital being full, canvas sling cots can be obtained from the troop officer and utilized for any additional sick.

Canvas screens can also be obtained from the same source.

634. Effects of deceased soldiers.—The method of disposal of effects of deceased soldiers is laid down in Voyage Regulations.

635. Patients' valuables.—Valuables of the sick will be tied up and labelled and deposited by the S.M.O. in the O.C.'s safe (*see* Voyage Regulations and King's Regulations regarding the property of mental cases).

636. Mental cases—exercise of.—Transports fitted with accommodation for mental cases are supplied with sufficient netting to enclose entirely the space on the upper deck set apart for the exercise of mental cases, and this netting must invariably be spread before such patients are exercised (*see* Voyage Regulations).

637. Invalids and persons of unsound mind under care of ship's surgeon.—When invalids, officers, or soldiers of unsound mind are to proceed, in any vessel, under the care of the ship's surgeon, the D.D.M.S. will detail a medical

officer to accompany them on board, hand them over to the surgeon, and explain the nature of the cases.

638. Statistics.—The procedure for the compilation of statistical returns as laid down in paras. **536** and **537** will be followed with the under-mentioned modifications :—

(*a*) *Admission and discharge book.*—A fresh series of serial numbers will be commenced on the first day of each voyage. Sick transferred from hospitals on shore will not be entered as fresh admissions, but as transfers.

(*b*) *Hospital record card* (A.F. I 1220).—A note will be made on the card as to the disposal of each patient remaining in hospital on arrival at the port of disembarkation.

(*c*) *Disposal of patient's clinical records.*—They will accompany the patient to hospital, with the exception of A.F. I 1220, which will be handed to the E.M.O. on disembarkation (*see* Appendix No. **51**, A and B).

639. A.F. B 182.—Returns of sick on board ship will be furnished on A.F. B 182 for the period from the day of embarkation to the day preceding disembarkation. The statistics for the following classes of troops will 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 embarked as such.

(*e*) Sick and wounded transferred from active service in the field.

640. Venereal cases.—All men embarked who are under treatment for venereal disease will be shown on A.F. B 182 as " cases of sickness embarked."

641. R.A.F. returns.—For statistics and returns for R.A.F. admitted to hospital on board ship, see para. **688**.

Duties of the Embarkation Medical Officer

642. General duties.—The E.M.O., Southampton, is directly responsible to the Embarkation Staff Officer for all medical arrangements connected with the embarkation and disembarkation of troops and invalids carried out under the latter's supervision. He will deal with all correspondence on matters relating to the embarkation and disembarkation

of such invalids.. At other ports, the acting embarkation medical officer will be similarly responsible to the officer supervising the embarkation or disembarkation.

643. Inspections.—The E.M.O. or officer acting as such will be present at the inspection of transports, freightships, and crews in accordance with King's Regulations.

644. Equipment.—He will be responsible that the equipment, hospital clothing, medical comforts, books, and army forms have been provided according to the scales laid down, and in particular regard to their sufficiency for the duration of the voyage, and nature of the diseases of the sick and invalids embarking.

645. Medical comforts on board hired ships.—If, in the case of hired ships, he should 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 is insufficient or requires to be supplemented by 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 i/c supplies, and will be placed in charge of the master for issue on the requisition of the officer in medical charge (*see* para. **654**).

646. Documents of overseas invalids.—(*a*) He will see that the officer in medical charge on board is provided with the medical reports (A.F. B 179) and medical history sheets, in order that he may be acquainted with the nature of the cases. (*b*) He will also furnish, in duplicate, a nominal roll of invalids, briefly recording their disabilities, one copy for the O.C. ship, and one to accompany the invalids.

647. Instructions to naval or civilian surgeons in charge of troops.—When troops are embarked on board a ship in charge of a naval or R.A.F. medical officer, or of a civilian surgeon, the E.M.O. will cause him to be furnished with the necessary books and forms and an explanation of their use.

648. Returns of sick from naval medical officers.—The E.M.O. will obtain from naval or R.A.F. medical officers who may have charge of troops embarked on board His Majesty's ships the return of sick (A.F. B 182) on their arrival at the port of destination.

649. Disposal of medical documents of ships arriving at ports other than Southampton.—Office copies of medical documents of ships arriving at home ports other than Southampton will be forwarded to the E.M.O., Southampton, for custody.

Duties of Officers in Medical Charge of Troops on Board Ship

(Senior medical officer)

650. General duties.—The S.M.O. on board ship will be guided by the instructions contained in paras. **163** to **190** so far as these are applicable, and by the instructions contained in King's Regulations and Voyage Regulations.

651. Medical charge of crew.—It is customary, when a ship's surgeon is carried, for the S.M.O. not to interfere with the crew's quarters or the medical treatment of the crew. Nevertheless the S.M.O. should bear in mind that he is responsible, in conjunction with the E.M.O., for carrying out the medical inspection of the crew before the transport sails. He is responsible for the sanitary and medical charge of the ship and crew.

652. Medical officers on passage available for duty.—Should the S.M.O. proceeding in any transport or freightship require the services of other R.A.M.C. officers who are on board, the latter will be held to be available for duty during the voyage, subject to the rules contained in King's Regulations, provided that they are junior in rank to the officer in medical charge, and that they have not been embarked on the recommendation of a medical board and pronounced unfit for duty during the voyage.

653. Equipment.—The S.M.O. will be responsible for the care of equipment referred to in para. **622**. Should any additional equipment be required when proceeding on a voyage abroad, he will at once apply to the E.M.O.

654. Medical comforts and equipment.—Should the S.M.O., on arrival in any port, estimate that the medical comforts or equipment remaining on board will be insufficient for the rest of the voyage, he will represent the situation to the O.C. troops on board, in order that the necessary steps may be taken for obtaining a further supply.

655. Receipt for issue.—The S.M.O. will sign a receipt for everything he draws from the master.

656. Medical history sheets.—The S.M.O. will take over from the ship's adjutant the medical history sheet of each soldier embarked, and will return them to him before the troops are disembarked.

657. Report of infectious disease on disembarkation.—When infectious disease makes its appearance during a voyage, the S.M.O. will make a special report of the circumstance at the port of disembarkation.

658. International sanitary convention.—The measures adopted at ports against plague, cholera, and yellow fever, under the International Sanitary Convention of Paris, 1926, are given in Appendix No. 3.

659. Disinfection of clothing and bedding.—The S.M.O. will take steps to ensure the disinfection of the clothes, bedding, and utensils of all cases admitted to hospital for infectious disease or exposed to contagion on board (*see also* para. **604**).

660. Naval or Air Force invalids.—Should naval or Air Force invalids be embarked, the S.M.O. will, in the absence of a naval or Air Force medical officer, assume medical charge of such invalids.

661. Reports and returns.—The S.M.O. will render the reports and returns in accordance with the lists given in Appendix No. **51A** or **51B**, whichever may be applicable to the voyage made.

662. Voyage report.—When S.M.Os. have any points they desire to bring to notice, these should not be reported separately to the War Office, but should be submitted with recommendations to the O.C. troops for attachment to his voyage report as an Appendix. It is important, however, that copies of all recommendations submitted to the O.C. troops to accompany the voyage report should be forwarded to the E.M.O., Southampton, direct.

663. Disposal of equipment.—Before leaving the ship, the S.M.O. will be responsible for seeing that all equipment is ready to be removed, if necessary, and will obtain instructions as to its disposal from the E.M.O. The medical equipment will not, however, as a rule, 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. On the termination of the last voyage the officer in medical charge will be responsible for seeing that the medical equipment is disposed of as laid down in paras. **679** to **681**.

664. Transfer of charge.—On a change of S.M.Os. during the voyage, the officer taking over charge will satisfy himself, by a stocktaking board if necessary, that the articles in possession agree with the ledger balance. The remains shown in the account will then be signed by both the outgoing and incoming officers, and the latter will be held responsible for all later entries and transactions.

665. Inspection of troops and invalids.—The S.M.O. will make a careful inspection of the troops (including sick

and invalids) about to be disembarked at any port at home or abroad, and will have separate lists of sick and invalids prepared showing those who require special transport, specifying the kind of transport required to remove them to their destination. This information must be ready to be handed to the E.M.O. on arrival.

666. Inspection on disembarkation.—The S.M.O. will take steps to ensure that the hospital, dispensary, and R.A.M.C. quarters are left clean and tidy after disembarkation has taken place.

ADDITIONAL DUTIES AND INSTRUCTIONS FOR :—

(*a*) *Outward Voyage only*

667. Pamphlets.—The S.M.O. will arrange for the explanation of the under-mentioned pamphlets, which are placed on board for distribution :—

(*a*) *To soldiers proceeding to India.*—Health memoranda for British soldiers in India.

(*b*) *To all families proceeding abroad.*—Health notes for women and children proceeding to India and other tropical countries (A.F. B 51A)

by detailing medical officers on duty to give " informal talks " thereon to all ranks, and also to officers' and soldiers' wives proceeding to India and other tropical countries for the first time.

668. Anti-typhoid inoculation.—The S.M.O. will, as early as possible in the outward voyage, make himself acquainted with the inoculation state of units and drafts under his care (*see* King's Regulations, and para. **576** of these regulations). All those not protected against typhoid and paratyphoid fever should be urged to avail themselves of the opportunity for inoculation. Both doses of T.A.B. vaccine can be given on board, provided the first dose be given at least fourteen days and the second dose at least four days before disembarkation. In the case of those individuals who have already had the first dose of T.A.B. vaccine before embarking, the second dose should be given when the period of ten days from the date of the first dose has expired. A period of " excused duty " should be recommended for other ranks after inoculation (*see* para. **570**).

A record of the inoculation will invariably be entered on the medical history sheet (A.F. B 178), and in A.B. 64 of each warrant officer or man, and will be initialled in each case by the medical officer carrying out the inoculations (*see* para. **575**).

On arrival at the port of disembarkation, a return will be furnished as under showing the inoculation state of all troops disembarked.

INOCULATION STATE

Name of ship———————————

Port of embarkation———————————

Port of disembarkation———————————and date———————————

	Officers	Warrant Officers, N.C.Os., and Men	Women and Children
Total strength			
Number previously inoculated within two years of embarkation ...			
Number inoculated during the voyage with—			
Two inoculations			
One inoculation only			

Signature of Senior Medical Officer.

This return will be rendered to the Embarkation Medical Officer at the port of disembarkation. A copy will be sent to the Under-Secretary of State (A.M.D. 6), The War Office, Whitehall, S.W.1, and a copy filed for reference.

669. Disembarkation in India of cases of minor disability.—On arrival in India soldiers suffering from minor disabilities who are fit to continue their journey by troop-train will not be sent to hospital at the port of disembarkation, but will be marked " fit to travel by troop-train." On these trains they can travel in comfort and receive medical attention if required, and can be admitted to hospital, if necessary, on arrival at their station.

670. Documents of N.C.Os. and men, R.A.M.C.—On arrival in India the S.M.O. will hand the documents of the trooping party, R.A.M.C., in a sealed packet to the E.M.O., and obtain his receipt. The E.M.O. will hand over the documents to the S.M.O. on the homeward voyage as soon as the latter arrives on board.

671. Medical certificates, inoculation states, etc.—Inoculation and vaccination states, and certificates of medical fitness, and A.F. B 155 accompanying troops and families on board will be handed to the E.M.O. at the port where passengers to whom they refer disembark.

(b) Homeward Voyage only

672. Telegrams from last port of call.

(*a*) The superintending sea transport officer (or in the absence of such officer the master) sends by wireless to Southampton from the last port of call a message which includes the number of invalids on board. This is usually sent from Port Said for transports from India and the Far East.

(*b*) More detailed information of invalids is telegraphed to Southampton by the O.C. troops when the transport passes Gibraltar (*see* Voyage Regulations).

(*c*) The S.M.O. will take care that the S.S.T.O. or O.C. troops, as the case may be, is furnished with accurate figures of both cot and non-cot cases for the above telegrams.

673. Returns to be sent by post from Egypt.—On homeward voyages on departure from Egypt the S.M.O. will send by post to the E.M.O., Southampton Docks, a copy of A.F. A 36, completed as far as possible in accordance with "List of returns to be rendered by S.M.O. on disembarkation at Southampton, Appendix No. 51A," together with his anticipated requirements and any other information that will facilitate disembarkation.

674. Disembarkation of invalids, sick, etc., at Southampton.

(*a*) The S.M.O. will see that the sick are ready for disembarkation with all their kit, but without arms, by the time the ship is berthed.

He will arrange that the hatchway over the lift is open, so that the lift can be used on the ship's arrival at Southampton, and that there is a clear passage way for stretchers thence to the nearest gangway.

The order of disembarkation will be as follows :—

(1) Invalids able to carry their kit, who will be paraded in the shed with their kit-bags and baggage.
(2) Women and children.
(3) Lying cases.
(4) Mental cases.

Each invalid soldier should take on his person or in his haversack (not kit-bag) the following : one service cap, one pair boots, devotional books, hairbrush, blacking brushes, clothes brush, comb, razor, tooth and shaving brushes. Great coats should be worn, and particular care should be paid to the dress of mental cases.

(*b*) *Venereal cases.*—In conjunction with the O.C. troops, the S.M.O. will arrange for all venereal cases who are fit to

travel, other than those " invalided " for Netley, to proceed with their units or drafts to their normal destination for necessary action by the medical authorities there. Their medical documents will accompany them (King's Regulations, 1928, para. 1181 (vii)).

(*c*) *Baggage.*—On board ship the kits and baggage of invalids should be stored separately from those of other troops, and should, as far as possible, accompany them to hospital. The baggage not unshipped before the sick depart for hospital will be collected by the E.M.O.'s staff and sent to hospital subsequently. A nominal roll of the owners of such baggage, with a description of the packages left behind (together with labelled keys if any), will be prepared beforehand, and handed to the E.M.O. for collection.

Each bag, package, etc., of invalids' kit will be labelled with a special red " S " label, supplies of which are placed on board at Southampton for the purpose. If special labels are not available, plain labels marked with a red-ink " S " will be used.

This special label will also be affixed to the property of families accompanying invalids to hospital.

(*d*) *Customs declaration.*—This form must be signed by owners of baggage, whether they are in possession of dutiable articles or not.

(*e*) *On arrival at Southampton.*—The S.M.O. will meet the E.M.O. at the gangway and render a disembarkation state on Form L, together with information regarding the incidence of infectious disease, and with documents as detailed in sub-para. (*h*) below.

He will hand to the E.M.O. nominal rolls of medical officers and nursing sisters, showing intended addresses in the United Kingdom, and a nominal roll on A.F. A 36 in accordance with " List of returns to be rendered by S.M.O. on disembarkation at Southampton, Appendix No. 51A."

The S.M.O. will request the O.C. troops to arrange for all invalid officers, invalid families of all ranks, and invalid soldiers accompanied by their families, provided they are fit, together with their relevant medical documents, to be collected together in a suitable part of the ship (*e.g.* a smoking-room or lounge) for immediate interview by the E.M.O. and decision as to their disposal.

(*f*) *Medical officer to accompany invalids to Netley.*—The S.M.O. is responsible for the invalids who go to Netley, their documents and valuables, and the effects of mental cases until handed over at Netley. The S.M.O. or his representative will

therefore accompany the invalids to Netley. He will take with him :—

(i) Regimental and medical documents arranged in alphabetical order.
(ii) Patients' valuables, with a list of them in duplicate.
(iii) Nominal roll in duplicate, as detailed in Appendix No. 51A.
(iv) A.F. B 253 (or manuscript), inventory of effects of mental cases, in duplicate.

The documents, etc., of R.N., R.M., and R.A.F. patients will be kept separate.

He will remain at Netley until the documents, etc., have been checked and receipts for valuables and effects of mental cases obtained. Receipts should be forwarded to E.M.O., The Docks, Southampton, for custody.

Qualified mental nursing orderlies will be sent from Netley with the ambulance train or W.D. motor ambulances to conduct the mental patients to the mental division of the Royal Victoria Hospital.

(*g*) *Certificates to be furnished to E.M.O.*—On arrival at Southampton the S.M.O. will furnish the E.M.O. with a certificate that the troop hospital and all clothing, bedding, etc., on his charge have been thoroughly disinfected.

(*h*) *Infectious cases* (*see* Voyage Regulations).—The E.M.O. will arrange to send all infectious cases, including officers or their families, to the Civil Isolation Hospital, Southampton. A nominal roll in triplicate, giving full particulars and addresses of patients, and of all direct contacts, will be prepared—two for the E.M.O. and one for the Port Sanitary Authority.

The Port Sanitary Authority also requires a certificate that all bedding and personal effects have been disinfected by steam, and that the wards and cabins have been sprayed with formaldehyde solution.

Contacts will be disinfected on board, segregated as far as possible, and handed over to the E.M.O. on disembarkation.

675. Families—disposal of.—Invalid members of soldiers' families who are unfit to travel will be sent to a military or military families' hospital. Others will be despatched to their stations if quarters are available, otherwise to their selected place of residence (*see* King's Regulations). The families of officers are not entitled to treatment in military hospitals. In the event of an officer's wife or child arriving at Southampton being unfit to travel, communication may be obtained with a nursing home in Southampton through the E.M.O.

Soldiers' wives suffering from mental disease are dealt with by the E.M.O. in accordance with King's Regulations.

676. Orders for officers R.A.M.C. and A.D. Corps and members Q.A.I.M.N.S. disembarking.—Officers of the R.A.M.C. and A.D. Corps and members of Q.A.I.M.N.S. will ascertain from the E.M.O. whether they are required for any duty, or whether there are any instructions for them from the War Office.

Officers will report their arrival on the official forms supplied to every transport for the purpose. Members of Q.A.I.M.N.S. will report their arrival in writing to the Under-Secretary of State (A.M.D.4), The War Office, stating their address, date of arrival, name of vessel, and port of disembarkation, and will forward a copy of the authority under which they proceeded home.

677. Sick officers and members of the nursing service.—All officers and members of Q.A.I.M.N.S. invalided or proceeding on sick leave should be instructed to report to the E.M.O. before finally leaving the ship.

Medical Equipment

678. Provision of medical equipment.—The provision of the medical equipment for use on a transport or freightship will be undertaken by the O.C. Army Medical Store, Southampton, in accordance with the scales laid down in Appendix No. 50.

679. Accounting for medical equipment.

I. *On the voyage.*—(*a*) An account of all receipts and issues of medical equipment will be kept in A.B. 40.

(*b*) In the event of medical equipment being issued other than for the treatment of troops on board transports or freightships, a receipt will be obtained as a voucher to support the ledger.

(*c*) Transports carrying a permanent R.A.M.C. trooping party will maintain a running account, which will not be closed until the end of the season. Other ships will close the account at the end of the voyage.

(*d*) Breakages and deficiencies will be dealt with at the time of occurrence, as follows :—

(i) Articles rendered unserviceable by fair wear and tear, by a certificate to that effect.

(ii) Articles of glass and earthenware, on A.F. I 1229 when such is applicable (except clinical thermometers, which will be dealt with on A.F. I 1230).

(iii) Other damages and non-expendable articles and deficiencies will be dealt with on A.F. I 1230, the reverse of that form being left blank.

The above documents will be retained as vouchers to support the ledgers.

II. *On termination of voyage.*—On completion of the voyage, whether at home or abroad, the medical equipment on board will be dealt with as follows :—

(*a*) Where troops are about to be embarked in the transport at the same port within a few days, if the S.M.O. is to remain on board for another voyage, the medical equipment will be left in his charge, satisfactory arrangements being made by him for its safe custody. Otherwise, the E.M.O. will take over charge of the medical equipment and hand it over to the new S.M.O. detailed for the voyage.

(*b*) Where the transport is proceeding without a medical officer to another port to embark troops, the E.M.O. will see that the medical equipment is properly vouchered, checked, and packed, and will hand it over to the master of the ship, who will be responsible for its safe custody until delivered by him to the officer assuming medical charge where the troops are to embark.

(*c*) Where the transport is not being further utilized for the transport of troops, the E.M.O. will take over the medical equipment from the officer in medical charge and return it to the nearest army medical store.

680. Vouchers and their disposal.—In the cases referred to in sub-paras. (*a*), (*b*), and (*c*) of the foregoing paragraph, vouchers will be prepared and disposed of as follows :—

(*a*) A.F. I 1209 will be prepared in duplicate by the S.M.O. and handed to the E.M.O. The latter will sign both copies and retain them until the arrival of the new S.M.O., who, on taking over the medical equipment, will receipt them, return one to support his ledger, and return the other to the E.M.O., who will attach it to the ledger for the last voyage.

(*b*) A.F. I 1209 will be prepared in triplicate and handed to the master of the ship for signature, one copy of which will support the ledger of the last voyage. The two remaining copies will be retained by the master until he transfers the medical equipment

to the officer detailed for the next voyage, when he will obtain the receipt of the latter on both copies of the voucher, retain one, and hand the other to the officer.

(*c*) A.F. G 1033 will be prepared in triplicate and handed to the E.M.O. for signature. The latter will pass the three copies with the equipment to the nearest army medical store, the O.C. of which will retain two copies and return the other to the S.M.O. through the E.M.O.

681. Closure and disposal of ledgers.—On each occasion referred to in para. **679** (II), except where the S.M.O. is to remain on board for another voyage, the ledger (A.B. 40) will be closed and handed to the E.M.O., together with all supporting vouchers, and until this is done, the S.M.O. will not be relieved of his responsibility for the medical equipment. The E.M.O., after satisfying himself as to the correctness of the ledger, will forward it, together with all supporting vouchers, to the local auditor, or to the Under-Secretary of State (F. 7), The War Office, in commands where no local auditor is appointed.

SECTION XIV

ROYAL AIR FORCE *

Personnel in Military Hospitals

682. Admission of R.A.F. personnel to military hospitals.—When R.A.F. personnel are admitted to a military hospital in the United Kingdom in which the necessary facilities for their treatment are not available, they should be transferred, if fit to travel, in the case of officers, to the R.A.F. Officers' Hospital, Uxbridge, and, in the case of airmen, to Princess Mary's R.A.F. Hospital, Halton.

The cost of their conveyance is recoverable from Air Force funds.

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* In this section will be found all regulations appertaining to the Royal Air Force in relation to the army medical services referred to under various paragraphs in this book of regulations.

683. Hospital reports on R.A.F. personnel.

(*a*) The admission to a military hospital of R.A.F. personnel will be reported immediately by the O.C. hospital to the O.C. R.A.F. unit concerned.

(*b*) Should a R.A.F. patient in a military hospital become seriously or dangerously ill, or should death occur, the fact will be reported at once to the O.C. R.A.F. unit concerned.

(*c*) When a R.A.F. patient is about to be discharged from a military hospital, the O.C. R.A.F. unit concerned will be notified forty-eight hours before the proposed time of discharge.

(*d*) In the case of R.A.F. personnel admitted to a military hospital in the United Kingdom from units overseas, the above notifications will be sent to the O.C. R.A.F. Depot, Uxbridge, Middlesex, instead of to the O.C. R.A.F. unit.

684. Consultations.—When it is desired to obtain the opinion of an Air Ministry specialist in connection with the treatment of a patient of the R.A.F. in a military hospital, the O.C. hospital will make application by telegram to the Director of Medical Services, Air Ministry, giving brief details of the case.

685. Disposal of R.A.F. personnel on discharge from a military hospital at home or abroad.

1. *On discharge from hospital.*

(*a*) *Officers and airmen pilots.*—*See* sub-paras. 2 and 6.

(*b*) *Airmen.*—An airman will be ordered to report to the O.C. R.A.F. unit concerned, except—

(i) At home, when brought before a medical board and discharged from the R.A.F.

(ii) Abroad, when brought before a medical board as an invalid for transfer to the United Kingdom.

(iii) Amputation cases at home when fit to be moved will be transferred to Princess Mary's Royal Air Force Hospital, Halton. Arrangements for the transfer will be made with the R.A.F. competent medical authority concerned.

(*c*) *Disposal of forms.*—*See* paras. **687** and **688**.

2. *Medical boards—home commands.*

(*a*) *Officers and airmen pilots.*—An officer or airman pilot will be brought before a medical board on discharge from hospital except where invaliding from the service is contemplated. When invaliding is contemplated, an officer will, where possible, be

transferred to the Royal Air Force Officers' Hospital, Uxbridge; an airman pilot to Princess Mary's Royal Air Force Hospital, Halton.

(*b*) *Airmen.*—An airman will be brought before a medical board on discharge from hospital when—

(i) invaliding from the service is contemplated;

(ii) due for transfer to the Reserve, where disability is discovered which in the opinion of the medical officer renders him unfit for service at home or abroad, or where a disability is claimed.

3. *Medical boards—commands abroad.*

(*a*) *Officers and airmen pilots.*—An officer or airman pilot will be brought before a medical board on discharge from hospital, to consider fitness for duty, leave in or out of the command, or transfer to United Kingdom as an invalid.

(*b*) *Airmen.*—An airman will be brought before a medical board when, in the opinion of the medical officer, transfer to the United Kingdom as an invalid is considered advisable.

4. *Constitution of boards.*

Medical boards will normally consist of three officers, the president being of field rank. A R.A.F. medical officer, if available, will act as a member of the board, mainly in an advisory capacity in the completion of board forms in accordance with R.A.F. regulations, and in order that the board may be in a position to appreciate the physical standards which are observed in the R.A.F. with particular reference to special Air Force trades and conditions.

5. *Forms.*

(*a*) R.A.F. Forms 46 and 47 will be used for officers and airman pilots under sub-paras. 2 (*a*) and 3 (*a*).

(*b*) R.A.F. Form 496 will be used for airmen under sub-paras. 2 (*b*) and 3 (*b*).

6. *Procedure for medical boards, instructions for completion and disposal of forms.*

A. *Officers and airmen pilots—home and abroad.*

(1) The O.C. hospital will notify the P.M.O., R.A.F., concerned, giving the date, time, and place of sitting of the proposed medical board, and requesting that a R.A.F. medical officer, if available, may be detailed to act as a member.

(2) R.A.F. Form 47 will be completed in triplicate and forwarded to the P.M.O., R.A.F., for approval and disposal. One copy will be returned for the board office record.

(3) R.A.F. Form 46 (card and flimsy) will be completed from R.A.F. Form 47 and signed by the president and members of the Board. The flimsy will be placed in Form 48, which, together with the card, will be forwarded to the P.M.O., R.A.F.

(4) The orders given to the officer or airman pilot may be—

(*a*) to report to his unit for duty,

(*b*) to proceed on leave in anticipation of sanction, except that when abroad and leave other than local leave is recommended, he should await further orders either at his unit or in hospital, or

(*c*) to remain in hospital pending further orders.

(5) Where sick leave is recommended by a medical board, a further board will be ordered at the expiry of the leave, the further board to take place :—

(*a*) *At home.*—At R.A.F. Central Medical Board, 3 and 4, Clement's Inn, W.C.2.

(*b*) *Abroad.*—As arranged by P.M.O., R.A.F. (or Air Ministry when invalided to United Kingdom).

(6) When abroad and transfer to the United Kingdom as an invalid is recommended, the Board proceedings should give the additional information :—

(*a*) Urgency of passage and fitness or otherwise to travel by ordinary transport.

(*b*) Whether wife and family, or other attendant should accompany the invalid.

B. *Airmen—commands at home.*

(1) The O.C. hospital will notify the C.O. of the airman's unit that the airman will be brought before a medical board and ask for the airman's service documents, R.A.F. Form 48, if not already in his possession, and for the address of the area headquarters to which his unit belongs. The O.C. hospital will also apply to the Officer i/c R.A.F. Records, Ruislip, for any R.A.F. Forms 496 and 497 relating to the medical survey of the airman on the termination of the Great War, and for any other relevant documents.

(2) R.A.F. Form 496, Part 2, will then be completed by the airman, and Parts 1 and 3 by the medical officer in charge of the case.

(3) All documents will then be submitted to the P.M.O., R.A.F., area or command concerned, by the O.C. hospital, for decision whether the airman is to be brought before a board or not. The O.C. hospital will at the same time inform the P.M.O., R.A.F., of the date and place of sitting of the proposed medical board, and request that an R.A.F. medical officer, if available, may be detailed to act as a member during the consideration of the airman's case.

(4) If the proposal to bring the airman before a board is approved, the O.C. hospital will arrange for the assembling of the board, which will record its conclusions on the last two pages of R.A.F. Form 496. This form provides for the recording of the board's opinion regarding attributability which is required in the R.A.F.

(5) The board proceedings (with R.A.F. Form 496A in cases of tuberculosis and R.A.F. Form 833 in cases of mental disease) will then be submitted to the P.M.O., R.A.F., for his approval and authority for action in accordance with the recommendations of the board.

(6) If discharge from the R.A.F. is approved, it will be effected on the date the airman leaves the hospital, or if the airman is unfit to be moved, on the date of the receipt by the O.C. hospital of the authority for his discharge.

(7) On the airman's discharge being effected, the O.C. hospital will despatch all documents to the Officer i/c R.A.F. Records, Ruislip.

(8) An airman, whose discharge has been effected, but who is unfit to move, may be retained in hospital as a free patient, but at the expense of Air Force funds, subject to the approval of the P.M.O., R.A.F., concerned. On discharge, R.A.F. Form 686—modified where necessary—should be completed and forwarded to the P.M.O., R.A.F.

(9) The procedure as in para. **524** will be carried out, except that R.A.F. Form 152 in duplicate will be rendered, the original to The Controller, Ministry of Health, and the duplicate to the Officer i/c R.A.F. Records, Ruislip.

(10) The procedure as in para. **525** will be carried out, except that R.A.F. Form 460 in triplicate will be rendered, two copies to the Medical Officer of Health concerned, and the third to the Officer i/c R.A.F. Records, Ruislip.

(11) The procedure as in para. **527** will be carried out, except that R.A.F. Form 833 will be rendered in place of A.F. B 183.

C. *Airman—commands abroad.*

(1) The procedure indicated for commands at home will be followed where applicable, except that when special reference to airmen's service documents is necessary, the documents will be returned direct to the O.C. unit as soon as possible.

(2) The medical board proceedings should give the additional information :—

(*a*) Urgency of passage and fitness or otherwise to travel by ordinary transport.

(*b*) Whether wife and family or other attendant should accompany the invalid.

(3) When the airman is evacuated to the United Kingdom, R.A.F. Form 48, together with the Board proceedings, will be despatched :—

(*a*) To the O.C. troops of the ship by which the airman is proceeding—if by service transport.

(*b*) To the Officer i/c Records, R.A.F., Ruislip —if by packet or overland passage.

(4) The O.C. hospital will notify the C.O. of the airman's unit of the date of the evacuation of the airman.

686. Claims for treatment.—Claims for medical attendance or hospital treatment of personnel of the R.A.F. should be rendered in accordance with the instructions contained in para. **463**.

687. Instructions for the preparation of Royal Air Force medical statistical returns.

(*a*) All military hospitals are supplied, on requisition to the Air Ministry Publications Depot or the nearest Principal Medical Officer, R.A.F., with R.A.F. record Forms 38, 39, and 41, which will be kept for all R.A.F. personnel admitted for treatment, in accordance with the following instructions :—

(*b*) *R.A.F. Form* 48 (medical history envelope) should be received for each patient, officer or airman, on arrival at the hospital. If it is not received within forty-eight hours after admission, application will be made to the unit whence the

patient was admitted. The envelope contains flimsies of previous R.A.F. Forms 39 and other medical records, and should be forwarded to the unit of the patient on discharge.

(*c*) *R.A.F. Form* 38 is the weekly list of cases admitted to hospital, and is completed up to midnight, Friday–Saturday, when the flimsy copy is detached and forwarded forthwith, together with the relevant R.A.F. Forms 39 (referred to below), to—

At home.—The Principal Medical Officer,
Air Defences of Great Britain,
Hillingdon House,
Uxbridge,
Middlesex.

Abroad.—The Principal Medical Officer or
Senior Medical Officer,
Royal Air Force Command in which the
Hospital is situated.

Sections I and IV will be completed in full detail; and "Nil" returns are to be rendered when R.A.F. units are located in the district of the hospital concerned.

Only fresh admissions will be entered in Section I; and each case will show a serial number, which will be entered on to the relevant R.A.F. Form 39.

Cases remaining from the previous week will not be entered in Section I, but will appear under Section IV.

The "How disposed of" column of the flimsy will be filled up at the end of the week as follows:—

Cases returned to duty—"Light duty" or "Duty."

Cases admitted during the week and still remaining—"Remaining."

Cases admitted during the week and transferred to another medical establishment—"Transferred," the name of establishment, and the date of transfer.

Cases of death—the word "Died" and date of death will be entered.

At the end of the year, all cases remaining are regarded as nominally discharged on 31st December and re-admitted on 1st January.

When 31st December does not fall on a Friday, the R.A.F. Form 38 due to be completed on the last Friday of the year will be extended to include all cases up to midnight on 31st December. Only actual discharges will be shown in Section IV of R.A.F. Form 38. Similarly, the first R.A.F. Form 38 rendered in the New Year will include the period (if any) subsequent to 31st December and additional to the first complete week of the New Year.

Section I of the latter form will be divided into two distinct parts :—

Cases remaining from 31st December and re-admitted in accordance with the procedure detailed above. The original serial number will be retained, prefaced by the letter R., but the date of admission will be shown as 1st January.

Entirely new admissions since 1st January, of which the first will bear the serial number 1.

Section IV of R.A.F. Form 38 will show only actual admissions.

(*d*) *R.A.F. Form* 41 is the case sheet comparable with A.F. I 1237, and will be completed for each patient in the same manner as this form, only one form will be completed for the total duration of the " end of the year " cases.

(*e*) *R.A.F. Form* 39 consists of a card and flimsy which is made out for each case from the relevant R.A.F. Form 41 on discharge from hospital. The flimsy copy is inserted in R.A.F. Form 48 (medical history envelope) and the card copy forwarded with R.A.F. Form 38, as detailed in (*c*) above. The number of R.A.F. Forms 39 forwarded each week must always agree with the number entered on line 4, Section IV, of the R.A.F. Form 38 for the week concerned. These record cards will be carefully completed in every detail, and the clinical notes will be as full as possible.

At the end of the year a R.A.F. Form 39 will be made out up to 31st December for all cases remaining on that date, and will show in the " Date of discharge to duty " line the words " Remaining 31.12.19... " and the " Number of days under treatment " line will show the number of days up to 31st December only. In addition, the card will be prominently marked at the top " Remaining 31.12.19...." A second form for each of these cases will be completed for the period of disability in the new year. The serial number prefixed by the letter R. will be retained, but the date of admission will be completed as " Re-admitted 1.1.19...." This card will be marked at the top " Remaining from 31.12.19...."

R.A.F. Form 39A—detailed questionnaire—will be completed for each patient admitted to hospital and definitely diagnosed as pulmonary tuberculosis. This form will be attached to the relevant R.A.F. Form 39 (flimsy) and inserted in R.A.F. Form 48.

(*f*) The number of days' sickness is calculated as follows :—

(i) If the patient is discharged to duty, the days of admission and discharge will be counted.

(ii) If the patient is transferred to another medical establishment, the day of admission is counted but not the day of transfer.

For the purpose of calculating hospital charges, a charge will be made for the day of discharge but not the day of admission.

688. R.A.F. records and returns on board ship.

(*a*) *R.A.F. Form* 39 will be made out for all personnel of the R.A.F. admitted or transferred to hospital or dying on board ship.

A note will be made on each card as to the disposal of those remaining in hospital on arrival at the port of disembarkation. The flimsy of Form 39 will be placed in R.A.F. Form 48 (medical history envelope).

(*b*) *A separate R.A.F. Form* 38, complete in all details for the whole period of the voyage, will be rendered in respect of each of the classes referred to in para. **639**.

(*c*) At the end of each voyage the cards and R.A.F. Forms 38 will be forwarded to the principal medical officer, Royal Air Force area at home, or principal medical officer, or senior medical officer, Royal Air Force Command abroad, in which the port of disembarkation is situated, or to the Royal Air Force embarkation officer (for transmission to the P.M.O. or S.M.O.) if there is one at the port of disembarkation.

(*d*) *R.A.F. Form* 48 of patients who are not discharged to duty before disembarkation will be forwarded to the same destination as the patients. Application for Form 48 in the event of sickness on the voyage will be made to the officer commanding, Royal Air Force unit or draft concerned, and on discharge to duty during the voyage, will be returned to him.

(*e*) *R.A.F. Form* 41 will be made out for cases of professional interest and serious cases, and should be forwarded on completion of the voyage to the Director of Medical Services, Air Ministry, London.

(*f*) *R.A.F. Forms* 38, 39, *and* 41 should be available in all stationery boxes on transports. If not, they may be obtained on requisition from the Royal Air Force embarkation officer at the port of embarkation.

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APPENDIX No. 1

SANITARY REPORTS

The following paragraphs are intended for the guidance of officers preparing special sanitary reports.

Initial reports on freshly occupied areas, new stations, or proposed camp sites for long occupation should be rendered as complete as possible, and be accompanied by maps, plans, sketches, or photographs, so that full information may be filed for future reference.

Subsequent reports need not repeat details which remain constant, but should deal with all matters deemed to bear upon prevalent diseases, or to conduce to increased physiological efficiency. Reports covering matters referred to in B (2) (*e*) (Schools) should be forwarded with the remarks, if any, of the general staff concerned.

Subject-matters are grouped hereunder :—

(A) Initial Reports

(1) Newly occupied districts.
(2) New sites proposed for occupation.

(B) Subsequent Reports

(1) Matters generally applicable to occupied areas.
(2) Matters specially applicable to areas occupied by buildings :—
- (*a*) General.
- (*b*) Barracks.
- (*c*) Married quarters.
- (*d*) Hospitals.
- (*e*) Schools.

(3) Matters specially applicable to camps.

(A) Initial Reports

(1) Reports on newly occupied districts

(*a*) *Physical and political geography.*

Physical features ; climate ; flora and fauna, including entomology ; racial distribution ; social institutions and conditions, etc.

(*b*) *Geology.*

Data readily available regarding nature and trend of principal strata.

(*c*) *Food.*

Staple and accessory foodstuffs.

(*d*) *Water.*

Distribution; annual fluctuations; and (if possible) subsoil levels.

(*e*) *Sanitation.*

Administration and organization (if any); methods in use.

(*f*) *Public health service (if any).*

Administrators' names and addresses; water purification and supply; epidemic and endemic diseases; means available for dealing with infectious diseases; hospital accommodation; disinfecting plant. In the case of ports—quarantine arrangements.

(2) Reports on new sites proposed for occupation

(*a*) *Topography.*

Physical configuration; slope; aspect; vegetation; watercourses; soil; drainage; adjacent houses and villages.

(*b*) *Climate.*

Altitude; temperatures; rainfall; humidity; prevailing winds.

(*c*) *Water.*

Existing supplies—sources; quality, quantity, and possible augmentation of yield; possible sources of contamination.

Facilities for protection, purification, gravitation, and storage.

(*d*) *Sanitation.*

Defects existent; methods recommended and facilities for carrying them out.

(*e*) *Epidemiology.*

Local diseases; conditions inimical to health and physiological resistance of a garrison.

(B) Subsequent Reports

(1) Matters of general applicability to occupied areas

Attention to the following points should form part of a complete sanitary inspection, but reports need not deal with matters which are unchanged or do not require further consideration.

(*a*) *Site.*

Dampness—surface and subsoil drainage; dust—means of allaying.

(*b*) *Climatic conditions.*

Temperatures, rainfall, humidity, and winds, during period under report.

(*c*) *Accommodation.*

Buildings or other shelters—description; location; condition; dampness; cleanliness (interior and surroundings); adequacy of protection against extremes of temperature; ventilation; lighting; adequacy in relation to actual occupants and authorized scales (space, allotment, convenience, and general comfort).

(*d*) *Water supply.*

Source; quality; quantity; single or dual supply; purification (methods and results); distribution (continuous or intermittent, etc.); storage (position, protection, and cleaning of receptacles). Where necessary—cooling; prevention of mosquito-breeding.

(*e*) *Food.*

Storage; distribution; cooking (quality, variety, and facilities); service; system of messing; kitchens, preparation rooms and sculleries—cleanliness; methods of waste disposal; prevalence of flies and dust; protection from flies and dust; measures against flies; facilities for washing-up; cleaning implements and materials (soap, soda, burnt scouring-sand, towels, cloths, scrubbing brushes); disinfectants. Cooks—health; medical history; personal cleanliness; provision of basins, soap, nailbrush, and towel; white clothing; proficiency in cooking.

Bakeries, abattoirs, meat-stores, ration-stores, canteens, messes, dining-rooms, supper-bars, institutes, mineral water factories—health and supervision of employees, etc.; cleanliness; fly exclusion; adequacy of utensils (cooking and service); water supply.

(*f*) *Supplies.*

(i) Rations :—

Nature and composition; quantity; quality; variety; protection against contamination; routine inspection.

(ii) Accessory supplies :—

Milk and butter—source; condition of dairies and animals; cleanliness of methods; health and supervision of employees; quality (chemical and bacteriological).

Fruit and vegetables—source ; quality ; quantity ; variety ; fresh or preserved.

Aerated water—source ; purity of water used ; conditions of manufacture ; cleansing of bottles, stoppers, and hands of attendants.

Supply of tea.

Other foods and beverages—quality ; variety.

Canteen stores—quality ; variety.

Disinfectants—quantity ; quality.

Fly preventatives.

(*g*) *Personal hygiene.*

Clothing and bedding—suitability ; sufficiency ; fitting ; condition ; changing interval ; stuffing of mattresses and bolsters, if adequate, and properly teased ; pillow slips, if in use ; marking of blankets with regimental numbers, or, if at depots, in sets ; night clothing ; cleanliness ; freedom from vermin ; washing arrangements ; drying arrangements.

Supply and care of mosquito nets.

Personal cleanliness—ablution and bathing (frequency and regimental control) ; freedom from vermin ; use of tooth-brush.

Barber's shop—cleanliness ; disinfection of utensils.

Care of feet—fitting and condition of boots and socks ; fitness for marching ; chiropody.

Moral and mental welfare—recreation facilities (indoor and outdoor) ; education facilities ; intemperance (prevalence, counter-attractions) ; venereal disease (prevalence, opportunities for acquirement, facilities for prophylaxis, and anti-venereal propaganda).

Physical training—condition of recruits ; routine medical inspections ; graduation of exercises to development of individual recruits ; use of development charts in gymnasia, showing age, progress in weight, chest-girth, and height.

Work of troops—nature ; amount ; ratio of nights in bed to nights on duty ; hours of work (in hot climates especially).

(*h*) *Conservancy.*

Human excreta—methods of disposal.

Latrines and urinals—description ; location (especially in relation to kitchens and water sources) ; condition ; night lighting ; posting of sanitary orders and orderlies ; latrine paper ; methods of fly destruction.

Manure—position and condition of horse lines ; prevalence, breeding and destruction of flies ; methods of disposal.

Other solid refuse (including carcases)—methods of collection and disposal.

Incinerators—type; working methods; condition of incinerators and surroundings; completeness of combustion; freedom of ashpits from unburnt organic matter; absence of fly larvæ from neighbourhood of the incinerator.

Sullage—methods of collection and disposal; suitability and covering of the receptacles used.

Flies—exclusion from matter which is infective or which affords them breeding facilities.

(*i*) *Sickness.*

Numbers sick (including those treated as out-patients) to the total strength shown as rates per 1,000.

Infectious diseases—methods of control; isolation of cases and contacts; disinfection facilities and routine.

In the event of there being a relative excess of any special diseases, their nature and prevalence should be stated, and detailed results of investigation and remedial action should be given.

(*j*) *Sanitary and water duty personnel.*

Establishment; strength; duties; training; efficiency; arrangements for maintaining trained reserves.

(2) Matters especially applicable to areas occupied by buildings

(*a*) *General.*

Buildings—access of light and air; exclusion of ground air; dryness; mosquito proofing.

Living rooms—space (cubic, floor, and linear) for each occupant by day and by night; ratio of glass area to floor area.

Kitchens, preparation rooms and sculleries—facilities for preparation of vegetables and other foods and for cooking and washing-up; provision of sinks, racks, and hot water.

Drainage—system (separate or combined); connections and outfalls.

Rain and surface waters—condition of roofs and conduits; disconnection; condition of gullies; efficiency of traps.

Sullage water—disconnection; efficiency of traps.

Soil pipes—construction; dimensions; position; ventila tion; efficiency of W.C. traps; provision of anti-siphonage; inspection eyes at junction with drains.

Drains—course; construction; dimensions; gradients; position of inspection chambers; ventilation; cleanliness; flushing; disconnection from sewer; results of tests (water, smoke, or chemical).

Sewage disposal—system in use; description of installation; management; efficiency, as indicated by characters and analyses of final effluent.

Refuse disposal—receptacles; collection (interval and disposal); storage; exclusion of flies.

(*b*) *Barracks.*

Guard and barrack detention rooms—space; ventilation; lighting; heating; bedding; sanitary conveniences.

Dining-rooms—seating accommodation; floor space for each man; organization for food service.

Messing—system; variety; conditions of food service.

Swimming bath—provision and use of preliminary shower baths; provision of urinals; condition of water (frequency of changing and means adopted for purification); towels.

Gymnasium—condition and training of recruits; ablution facilities; development charts.

(*c*) *Married quarters.*

Accommodation—sufficiency in regard to total strength and to size of individual families; spaces provided (day and night); facilities for separation of girls from boys at night; cupboard accommodation in bedrooms and living rooms; W.C. accommodation.

Cooking facilities; provision of larder and coal store.

Bathing facilities.

Laundry and drying facilities—provision and purity of rain-water.

Fuel—adequacy of issues.

Food, clothing, and essential expenses.

Children—physical and physiological condition, with special reference to diet, both in total calorie value, proximate principles and accessory food factors (vitamins); provision of playgrounds and sheds.

(*d*) *Hospitals.*

Accommodation—ratio of beds to strength (general, special departments, infectious, families); situation; description; condition; space for each occupant of wards (cubic, floor, and linear wall space); ventilation; heating; ratio of glass area to floor area.

Annexes—position; adequacy; fittings; condition.

Infectious cases—isolation; disinfection (facilities and arrangements).

(*e*) *Schools.*

Accommodation—sufficiency in relation to strength; situation; description; condition; space for each scholar (cubic and floor); ventilation; warming; lighting (ratio of glass area to floor area, direction of fall of light upon desks); latrines and urinals (type, sufficiency, percentages for each

sex, supply of latrine paper); playground adequacy; provision of hat and clothes pegs (sufficiency and individual allotment); ablution facilities (basins, soap, and towels); drinking water (supply by jet with a ring to prevent application of mouth to nozzle, exclusion of cups for common use).

Fittings—provision of suitable desks (adjustable as regards height of desks and foot rests, suitable slope of desk, backrests, adjustment of direction so that light comes from the scholars' left side and glare in their eyes is avoided).

Lessons—nature of type in which school books are printed; frequent change of subject; avoidance of long hours; frequent intervals for play.

Games and physical training—provision; organization; covered sheds for wet days; playground surface.

Scholars—physical condition; physiological condition; teeth; sight; cleanliness; infective dermatitis; standard of intelligence for age.

(*f*) *Mother and Child Welfare Centres.*

Centres. Civilian or military centres—number of military centres authorized, etc.

(3) Matters especially applicable to camps

(*a*) *Topography*—features; size of area in relation to strength in occupation.

(*b*) *Accommodation*—type of tents; drying tents; overcrowding; location of cookhouses; dining and recreation tents; flooring; excess of dust; damp and surface drainage; airing by day; ventilation at night; periodical change of tent sites; protection of occupants against temperature extremes; cleanliness; freedom from disease-vectors.

(*c*) *Conservancy.*

(*d*) *Human excreta*—location of latrines, urinals and excreta disposal areas, in relation to water courses, kitchens, etc., type of latrines and urinals in use; method of disposal of excreta.

(*e*) *Sullage*—condition and covering of receptacles; efficiency of grease-traps; condition of soak pits.

(*f*) *Evacuation of camp sites*—condition in which left; marking of foul areas.

APPENDIX No. 2

CHIEF POINTS WHICH SHOULD RECEIVE CONSIDERATION IN INVESTIGATING, REPORTING ON, AND DEALING WITH OUTBREAKS OF INFECTIOUS DISEASE

(Ref. para. **586.**)

TABLE OF INCUBATION, SEGREGATION, AND QUARANTINE PERIODS, ETC.

Disease	Incubation Period	Isolation or Segregation of Patient	Quarantine of Contacts	Carriers
Anthrax	1–10 days ...	Until wound is healthy and healing.	—	—
Chicken-pox	11–19 days ...	Until all crusts and scales have disappeared. Antiseptic bath 6 days before discharge.	20 days.	—
Cholera	A few hours to 10 days. Usually 3–6 days.	To remain in isolation for 42 days, or where bacteriological examinations can be made, until three successive daily examinations of stools after administration of cholagogue have been negative.	7 days	Quarantine until stools found negative, as in patients. Usually 3–4 weeks
Cerebro-spinal Fever ...	Indefinite. 24 hours–10 days.	3 weeks from beginning of convalescence and until two negative bacteriological examinations have been made.	Until two negative examinations of swab have been made.	Quarantine until two negative examinations have been made at an interval of 4 or 5 days.

Diphtheria	2–10 days ...	6 weeks or until three successive daily swabs have been negative, each made not less than 12 hours after discontinuance of local antiseptic. (*See* also para. 10.)	—	Until three negative swabs obtained, as for patients. (*See* para. 11.)
Dysentery—				
Amœbic	3–12 weeks ...	Until, after course of emetine, negative examinations of stools have been obtained as follows:—one in the 1st week, one in 2nd week, and four in 3rd week.	—	Quarantine after emetine treatment, as for patients.
Bacillary	2–7 days ...	Until examinations of stools have been negative.	—	Quarantine until examinations of stools and urine have been negative.
Enterica:—Typhoid, Paratyphoid A. B. and C.	10–14 days, occasionally 3 weeks.	Until at least twelve successive negative examinations of excreta have been made after the temperature has settled down.	—	Quarantine until examinations of stools and urine have been negative.
Hydrophobia, in man ...	6 days to 2 years, usually about 6 weeks.	—	—	—
Influenza	1–5 days ...	As far as possible during illness.	—	—

APPENDIX No. 2—*continued*

Disease	Incubation Period	Isolation or Segregation of Patient	Quarantine of Contacts	Carriers
Measles	10–14 days, usually 12.	2 weeks after appearance of rash.	16 days.	—
Mumps	12–26 days ...	1 week after subsidence of swelling.	26 days (usually not practicable).	—
Plague, Bubonic ...	2–8 days, rarely up to 15 days.	Until convalescent and at least for 1 month.	10 days.	—
Relapsing Fever ...	5–10 days ...	Until three negative blood examinations at 8, 7, and 6 days' interval have been obtained.	—	—
Rubella	9–18 days ...	10 days after appearance of rash.	23 days.	—
Scarlet Fever	2–8 days ...	6 weeks after disappearance of rash and until any discharges, *e.g.* nasal or otorrhœal, have ceased. Two antiseptic baths before discharge.	10 days.	—
Small-pox	10–14 days ...	Until all crusts and scales have disappeared. Six daily antiseptic baths before discharge.	18 days.	—

Typhus Fever	5–14 days, usually 12.	4 weeks	16 days.	—
Trench Fever	Not definitely known. 6–25 days.	—	—	—
Whooping Cough ...	6–18 days ...	6 weeks	16 days.	—
Yellow Fever	2–5 days ...	Patient to be kept under a mosquito net during first 3 days.	—	—

GENERAL

1. Interchange of information.—Medical officers should work in the closest possible collaboration with the A.Ds. and D.A.Ds. of hygiene and pathology of the areas, and should also maintain touch with the civilian public health authorities of their stations or districts. They should arrange with the latter for the mutual exchange of information as to the occurrence of infectious disease in their respective spheres.

2. Lines of investigation.—In investigating outbreaks of infectious disease the main inquiry should be directed to the known routes of infection for the particular disease concerned. The possibility of cases having been missed, either through errors in diagnosis, or through failure of the patient to report sick, should be borne in mind. Early information should be obtained as to the movements of the first patients during the three weeks immediately preceding the onset of their illness. The subsequent series of cases and its connection with the first cases or with a common cause should be carefully traced, recorded in detail, and plotted out on a spot map. Unless there is distinct evidence of another source of infection, attention should be directed to any sanitary defects in the camp, barracks, or their surroundings. Investigations should be made regarding food, water, milk, and other supplies, both official and private; the method of disposal of refuse and excreta; overcrowding and ventilation; the existence of breeding places of flies and other disease vectors, and their presence in excessive numbers.

In reporting on the outbreak, reference should be made to methods adopted for the isolation of the sick, segregation and observation of contacts, disinfection, and other general sanitary measures which have been taken.

The early and accurate diagnosis of all cases of infectious disease, and the isolation of patients, is of the utmost importance.

3. Disinfection and disinfestation.—As soon as possible after the removal of any case of communicable disease, disinfection or disinfestation or both as described in paras. **583** and **588** to **607** will be carried out when applicable and as indicated hereunder.

GROUP I

A. Cholera ... ... Puerperal Septicæmia ...	Complete disinfection.
B. Dysentery (including clinical dysentery) ... Enteric group ... ... Infective enteritis ... Paratyphoid fevers ... Typhoid fever ... ... Mediterranean or undulant fever	Local disinfection but excluding the adjacent beds and bedding, and including latrine pans and seats.
C. Venereal diseases ...	Disinfection of bedding, underclothing, towel, and handkerchiefs only, except in cases of syphilis, when eating and drinking utensils should be dealt with.

GROUP II

A. Plague (pneumonic) ... Tubercle of the lung ...	Complete disinfection.
B. Cerebro-spinal fever ... Diphtheria ... ... Encephalitis lethargica Influenza ... ... Measles ... ... Mumps ... ... Pneumonia (lobar and lobular) ... ... Polio-myelitis ... ... Rubella ... ... Scarlet fever ... ... Whooping cough ...	Local disinfection, and in addition eating and drinking utensils, if accessible, and toys and pencils in the case of children will be dealt with.

GROUP III

A. Small-pox	Complete disinfection.
B. Anthrax (cutaneous) ... *Chicken-pox ... ... Erysipelas ... ... Ophthalmia neonatorum Pink eye	Local disinfection.

* During an epidemic of small-pox complete disinfection.

GROUP IV

Plague (bubonic) ...	Disinfection as defined in para. **599.**
Relapsing fever ...	
Trench fever	
Typhus fever	

GROUP V

Communicable skin diseases	Local disinfection, but excluding the adjacent beds and their bedding.

ANTHRAX

4. Spread.—Anthrax is spread by close association with infected cases, human or animal, by carcases, hides, hair or bristles, by shaving or tooth brushes containing spores. The route of invasion is commonly through abrasions.

5. Preventive measures.—The patient should be isolated, and disinfection carried out as indicated in para. 3 of this Appendix.

By co-operation with veterinary officers, early information should be obtained of diagnosed and suspected cases of anthrax among animals. Infected animals should be destroyed, and their carcases burnt or deeply buried after being freely coated with quick-lime; special care must be taken to prevent the ground being fouled by blood and discharges. Infected ground should not be camped on (*see* King's Regulations).

Abrasions of all personnel engaged in attending animals of infected units must be protected.

Bacteriological examinations should be made of suspected shaving brushes or tooth brushes. If proved to contain anthrax spores, they must be destroyed, and the Under-Secretary of State, The War Office, immediately notified by telegram.

CEREBRO-SPINAL FEVER

6. Spread.—The disease is closely associated with overcrowding and is conveyed directly or through the air by "droplets" emitted by a "carrier" in coughing, sneezing, and breathing.

The causal agent is a diplococcus which lives in the naso-pharyngeal mucosa, and is present in a definite small percentage of the general population, without necessarily implying any individual pathogenic significance. Recruits and young soldiers are peculiarly liable to attack. In susceptible persons,

the organism quickly reaches the cerebro-spinal system and manifests its pathogenicity. There is a definite seasonal incidence. In temperate latitudes the maximum incidence occurs during the humid months of spring, when the temperature ranges within wide limits, indoor heat is raised by fires, ventilation is apt to be neglected, and catarrhal affections are common. In the tropics the "cold" season intensifies overcrowding, and consequently the incidence is greatest at this season.

7. Preventive measures.—The value of fresh air and suitable housing cannot be over-estimated. All overcrowding and defects in ventilation should be rectified at once, and disinfection carried out as indicated in para. 3 of this Appendix.

The disease will but rarely occur in armies if the established peace scale of accommodation is adhered to, if judicious spacing is maintained in sleeping rooms, if men are prevented from overcrowding recreation rooms, dining-rooms, lecture halls, and canteens, and if ventilation is established and maintained in all rooms, more especially in sleeping rooms, which should not be overheated, and in which the maintenance of ventilation should be automatically secured. In cold weather, in the presence of an outbreak, a generous supply of blankets should be issued if asked for; and men should be encouraged to wrap up thoroughly while at the same time accustoming themselves to breathing cool moving air whilst sleeping. The temperature of the air affects the viability of the diplococcus, which has but a short life unless quickly transferred from pharynx to pharynx. Troops should receive continuous instruction in general hygiene, and be constantly drilled into the habit of placing the hand or handkerchief before the nose and mouth when coughing and sneezing, in order to protect their comrades from the risk of infection. (The cleansing of cups and utensils in canteens and all huts in which food or drink is served should be effected by dipping the utensils in boiling water after the ordinary washing.) The patient should be isolated in a military hospital or transferred to a civil isolation hospital.

Other measures of prevention include the segregation of attendants; bacteriological examination of contacts; segregation of immediate contacts in freely ventilated quarters.

Attention is directed to the "Memorandum on Cerebro-spinal Fever among Troops," and "Memoranda on Medical Diseases in Tropical and Sub-Tropical Areas, 1930," issued by the War Office.

Cholera

8. Spread.—This disease is usually caused by water or milk infected with discharges from a carrier or case of the disease. The infection is also conveyed by means of cream and butter, uncooked vegetables, salads, fruits, or mineral waters from unofficial sources.

9. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. During outbreaks, special attention should be paid to cases of diarrhœa. Bazaars and other places where cholera is present should be placed out of bounds, and all hawking of food and drink in barracks or camps should be prohibited. All personnel employed on duties connected with food or water should be medically examined daily, and be instructed to report sick immediately on the occurrence of diarrhœa. The sources of all supplies, including water, will be investigated, and the strictest measures employed to ensure freedom from contamination. Water should be boiled or chlorinated, milk sterilized, and the use of fresh butter prohibited until the source has been proved satisfactory. Bathing in pools and streams should be prohibited, especially in the tropics. Until arrangements for sterilizing milk have been completed, all dairy supplies should be prohibited, and tinned articles used instead. The use of uncooked vegetables and fruits should be forbidden. When tracing the source of an outbreak, valuable information can sometimes be obtained at the commencement of an epidemic by determining those articles of food or drink, the consumption of which has been common to all persons attacked. As apparently healthy men are occasionally found to harbour the germ during cholera epidemics, the arrangements for the disposal of fæces must be based on the assumption that all troops are potentially infectious. Inoculation with cholera vaccine has been shown to give definite protection for some months, and should be carried out when troops are exposed to infection.

It is important that troops should be kept occupied by work, amusements, and games, and every effort should be made to counteract panic.

Diphtheria

10. Spread.—Diphtheria is spread, so far as is known, by personal infection.

Convalescents from this disease should not be discharged from hospital until they have clinically recovered, are free from nasal discharge, have normal throats, and are no longer

carriers of virulent bacilli. The question of virulence or non-virulence must be determined by the pathologist by means of animal inoculation.

11. Preventive measures.—After removal of the case or cases to hospital, contacts should be isolated until swabs from their posterior nares and pharynx have been examined by the pathologist.

All persons reported to be free from diphtheria bacilli may be discharged to duty but must be kept under special observation for at least seven days.

Contacts found to be harbouring bacilli resembling the diphtheria bacillus will be segregated, in hospital if possible, until it is ascertained whether the bacilli are virulent or not.

Carriers of non-virulent bacilli may be discharged to duty but must also be observed for as long as may be considered necessary.

Carriers of virulent bacilli must be isolated in hospital until such time as their condition is cured.

Should convalescents or contacts become confirmed carriers of diphtheria bacilli the question of their disposal must be referred to the D.D.M.S.

In consultation with the D.A.D.P. of the district, the Schick test may be employed in suitable instances, and cases showing themselves susceptible should be immunised by means of Toxoid-Antitoxin mixture. Where it is not possible to carry out the Schick test, antitoxin, as a prophylactic, need only be used in the case of children of the same family or in similar cases of close contact.

Attendants on diphtheria patients and on carriers should be selected from those who have been shown to be immune to diphtheria by means of the Schick reaction.

Disinfection will be carried out as indicated in para. 3 of this Appendix.

Dysentery

12. Spread.—Epidemic dysentery is usually bacillary in form and is spread by the handling of food by an infected case or by flies from latrine to food and very rarely by water. Convalescents are infectious so long as stools contain blood and mucus or muco-purulent exudate as diagnosed microscopically. Freedom from infection should be established by bacteriological examination of the fæces. Amœbic dysentery may be water or food-borne, and outbreaks call for special attention to food and water supplies. No definite limit can at present be placed to the infectivity of cases of amœbic dysentery, in view of the fact, recently established, that a small percentage

of the civil population of Great Britain has been shown to be " carriers " without previous residence in the tropics or a past history of this disease.

13. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. All cases of irregular diarrhœa in the tropics should be regarded as dysenteric in nature whether blood and mucus have been seen in the stools or not until proved otherwise. Particular attention should be paid to protection of food and water supplies, and to all conservancy arrangements. Anti-fly measures are of special importance. Patients suffering from diarrhœa and dysentery should, as far as circumstances permit, be isolated from others. Stools of patients must not be left exposed; if required for inspection by the medical officer, they will be kept in fly-proof receptacles. Attendants on the sick should pay strict attention to personal cleanliness, and should be inspected frequently to ensure that they are not suffering from irregular diarrhœa. No one who has suffered from dysentery will be employed in a cookhouse or dairy, or in the preparation or handling of food, unless freedom from infection has been established by bacteriological examination.

Encephalitis Lethargica

14. Spread.—This disease is probably spread from mucosa to mucosa in the buccal secretions in a similar manner to cerebro-spinal fever. Infectivity is of a low order, instances of multiple associated cases being rare in comparison with individual sporadic cases. It may be inferred therefore that carriers of the infection, who either do not develop the disease or who suffer from a mild unrecognized attack, are in far greater numbers than the cases discovered.

15. Preventive measures.—As there is some reason to suspect that the virus is present in the buccal secretions, certain of the precautions prescribed for cerebro-spinal fever should be adopted. Of first importance is the prevention of overcrowding, and the continuous maintenance of free ventilation in all rooms. The patient should be isolated; immediate contacts should be kept under surveillance for at least ten days and disinfection carried out as indicated in para. 3 of this Appendix.

Cases of sore throat should be sought out and appropriately treated.

Attention is directed to A.F. I 1238 on which cases of encephalitis lethargica (suspected or diagnosed) are to be reported.

16. Spread.—The causal agent is so far unknown.

It is a filter-passing virus and remains infective for long periods in glycerine.

The disease is spread by the bite of rabid animals. The dog, cat, jackal, wolf, horse, cattle or sheep, may be affected.

The saliva of a rabid animal may be infective for as long as five days, or even longer, before it shows symptoms of the disease; but observation of the animal for a period of ten days will always decide whether it was rabid at the time of biting or not.

In man the length of incubation period varies in accordance with the severity and site of wound. In lacerated wounds of the face the incubation period may sometimes be as short as three weeks, while in the case of small bites on the extremities or where abrasions in the skin have been licked by a rabid dog, the incubation period may be as long as five, six, or even twelve months.

It is by reason of this prolonged incubation period that the specific or preventive treatment of hydrophobia is made possible.

17. Preventive measures.—These include the treatment of the individual patient, and measures of general control.

1. *The individual patient.*—In all cases of animal bite, the wound should receive local treatment with the least possible delay, as time is an important factor in hydrophobia infection. Local treatment means cauterization at the earliest possible moment, and undiluted carbolic acid is the most efficient and least painful application. It should be well swabbed into the wound and washed out with water immediately afterwards; should carbolic acid not be available, iodine, lysol, izal, or other antiseptic may be used.

The animal should not be destroyed unless showing definite symptoms of rabies, but should be kept under veterinary observation for at least ten days. If the animal shows definite symptoms of rabies at the time of biting, or if it develops such symptoms while under observation, it should be killed (or if an animal has already been destroyed or if it has died) the head should be severed, wrapped in a cloth soaked in 1–1,000 perchloride and sent to the laboratory for diagnosis —or the skull may be opened and a portion of the cerebellum or the hippocampus major removed, and placed in a jar containing 50 per cent. glycerine and water. The jar should be tightly corked, and despatched without delay. In carrying this out the operator should take the greatest care to avoid punctures or scratches with spicules of bone.

The following points should be borne in mind when forming a decision as to the necessity for specific (Pasteur) anti-rabic treatment :—

(*a*) When the bite has penetrated or abraded the skin the person bitten should be sent for treatment without delay.

(*b*) Where the animal has been kept under observation for ten days and no clinical signs of rabies have appeared, specific treatment is unnecessary.

(*c*) Where the animal cannot be traced, distinction must be made between cases occurring in areas or in countries where rabies is known to exist—the treatment is necessary for cases in this category—and cases occurring in other areas. In the latter cases specific treatment need not be advised unless the history of the bite suggests that it was inflicted by a rabid animal.

(*d*) Specific treatment is essential where the animal is considered or proved to have been rabid ; and it is most important that treatment should be commenced as soon as possible after the infliction of the bites. Early treatment is imperative in cases where the wounds are on the head, face, and neck, or where they are severe and multiple on other exposed parts of the body, as hands, wrists, etc.

(*e*) At home stations particulars of the case should be communicated immediately to the Ministry of Health, Whitehall, London, S.W.1, through which arrangements will be made for treatment where necessary.

2. *General measures.*—These should include the licensing of all dogs, the labelling of each dog with the name and address of its owner, the rounding-up and destruction of all stray and ownerless dogs, and the notification of all cases of rabies occurring in animals, with muzzling regulations and restriction of movement of dogs in affected areas.

Influenza

18. Spread.—Influenza is mainly spread by "droplet" infection, during speaking and coughing, etc. The most important factors in the dissemination of the disease are overcrowding and lack of efficient ventilation.

19. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. Cases of the

disease should be isolated from one another and from the healthy. Overcrowding should be prevented in barrack-rooms, at least 6 feet of wall space being provided for each bed. Crowded places of public resort should be avoided. Insufflation of the naso-pharynx with a weak solution of permanganate of potash (1 part in 5,000 parts of 0·8 solution of sodium chloride) appears to be very useful in preventing attacks. Cups and other utensils in huts, messes, etc., will be sterilized by immersion in boiling water after ordinary washing has been completed. Promiscuous spitting must be prevented. Where possible, during the prevalence of influenza, the personnel of every unit should be medically inspected daily. There is evidence that influenza vaccine provides protection and reduces the liability to severe complications.

Malaria

20. Spread.—The incidence of malaria is a correlation of four factors, all of which must be present in sufficiency, namely :—

(*a*) The gametocyte carrier.
(*b*) The anopheline mosquito.
(*c*) A susceptible population.
(*d*) A suitable temperature.

21. Preventive measures.—Preventive measures should be directed against any or all of these factors :—

(*a*) Gametocyte carriers should be segregated under active treatment.
(*b*) By elimination of breeding grounds, and destruction of embryonic and adult mosquitoes.
(*c*) By personal protection.
(*d*) By change of latitude and altitude.

Malarial localities should be divided into districts, to each of which personnel trained in anti-malarial measures should be allotted to co-operate with regimental personnel. The whole should be under the direction of an expert anti-malaria officer.

Measles and Rubella

22. Spread.—Measles is spread only by direct personal infection ; the virus dies as soon as it is completely dry. Infectivity is greatest in the early prodromal stage of the disease and continues until the catarrhal stage is over.

23. Preventive measures.—In the presence of an epidemic, troops should be kept under daily observation with

a view to the prompt detection and segregation of cases of coryza. When a case of measles occurs, contacts should be examined daily from the seventh to the sixteenth day, and in the case of rubella from the seventh to the twenty-third day, but their segregation is not considered necessary. Disinfection will be carried out as indicated in para. 3 of this Appendix.

Mediterranean or Undulant Fever

24. Spread.—Mediterranean fever is spread almost entirely by the ingestion of milk and milk products from infected goats. Certain cheeses manufactured from the milk of sheep have also been found to be infected.

25. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. In case of outbreaks not only milk itself but butter, cheese and other milk products in which bacteria have not been killed by heat require investigation. The use of any fresh milk, or butter and cheese made from it, should be entirely prohibited in infected areas.

The urine of patients at times contains the causative organism and should be disinfected as a routine measure.

Mumps

26. Spread.—Mumps is spread by direct "droplet" infection or by infected utensils.

27. Preventive measures.—The patient should be rigidly isolated. This should be carried out with special promptitude in susceptible Indian and native units, in which mumps assumes epidemic proportions with extreme rapidity. Disinfection will be carried out as indicated in para. 3 of this Appendix.

Contacts should be segregated for twenty-two days, and personnel of the infected unit should be medically examined daily for twenty-six days.

Children of infected families should be kept from attending school for twenty-two days.

Phlebotomus or Sandfly Fever

28. Spread.—The disease is conveyed by one or more species of the genus Phlebotomus, but the infective agent is unknown. As these insects pass the winter in their larval stage, phlebotomus fever is a disease of the summer months.

29. Preventive measures.—Destruction of the adult sand-

flies by flame or by fumigation (a sheet of tanglefoot hung behind a lamp at night has been found useful); the use of kerosene and other repellents; sleeping under sand-fly nets or mosquito nets sprayed with kerosene.

Plague

30. Spread.—*Bubonic plague.*—Bubonic plague is a disease of rodents, and is transmitted to man by means of infected fleas. Epidemics in human beings are preceded by high mortality in rodents. The spread of the disease follows trade routes, infected fleas and rats being conveyed in personal belongings and foodstuffs. Fleas have been shown to be infective for a period of six weeks.

Pneumonic plague, though caused by the same organism, is intensely and directly infectious from man to man by means of " droplet " infection.

Septicæmic plague.—A third form, septicæmic, occurs. Diagnosis is sometimes difficult owing to its rapid fatality.

31. Preventive measures.—*Bubonic plague.*—When a case occurs, the patient must be isolated immediately, and disinfestation as indicated in para. 3 of this Appendix carried out at the earliest opportunity.

Contacts should be similarly treated, disinfested, isolated, and medically examined daily for ten days.

Attendants on the sick should wear overalls fitting tightly at the wrists and ankles, gum-boots, gauntlet-gloves, and caps; these should be disinfected daily.

Effective measures for the treatment of quarters are as follows:—

(*a*) By burning mealie straw (" Patai "); the straw is spread on the earth floor to a depth not exceeding 4 inches and is then ignited; the resulting sheet of flame, which does not exceed 2 feet in height, effectively destroys all fleas.

(*b*) Floors may be coated with the following emulsion:—

(i) Hard soap, 1 lb. (or soft soap, 1½ lb.), crude kerosene or paraffin oil 4 gallons, hot water 1 gallon. Dissolve the soap in hot water; add very gradually the paraffin or crude kerosene with continuous stirring.

(ii) Cresol, 5 parts, and soft soap, 20 parts, added gradually to 75 parts of continuously shaken hot water.

(*c*) Textiles may be freed from fleas by spreading flat in a tropical sun at midday for an hour.

Pneumonic plague.—For a case of the pneumonic type, in addition to the foregoing measures, both patients and attendants should wear masks impregnated with disinfectant. It should be remembered that the chief danger lies in the " droplets " ejected by the patients while coughing. Sputum should be received in an antiseptic solution and destroyed.

All attendants should be given 20 cc. of anti-plague serum immediately, and should be simultaneously injected with plague vaccine, a second dose of the latter being given ten days later. Attendants should not shave, and all cuts and wounds should be carefully protected.

General preventive measures on an outbreak of plague.—A vigorous campaign against rats should be instituted. Dead or dying rats should not be handled except with a pair of tongs or similar appliance, and the bodies should be dropped at once into a strong solution of cresol before removal.

The necessity for general inoculation must be considered in relation to the extent and severity of the outbreak. It should be invariably carried out for persons actively engaged in anti-plague work, who also need the same protective measures as attendants. Medical examination of units should be carried out with a view to the discovery of ambulant cases. The question of placing infected areas out of bounds should be considered.

The distribution of plague should be ascertained from the civil health authorities, and persons arriving from infected areas should be inspected and kept under medical surveillance.

Relapsing Fever

32. Spread.—The infection of this disease is carried by lice or ticks. In the case of ticks, the minute immature forms are as dangerous as the adults.

33. Preventive measures.—The measures described in relation to lice, under typhus fever, are applicable to this disease. As regards infection by ticks, former camp sites and native houses should be avoided. Blankets, since they are liable to infestation from native porters, should be carefully inspected before the bed is made. Mosquito nets, if carefully tucked in under the bedding, are a protection against ticks. The blankets and kits of natives should be examined at least once a week for the presence of ticks. As the tick lives in loose earth floors, the provision of hard floors for native huts is necessary. The periodical disinfestation of vehicles is necessary.

Scarlet Fever

34. Spread.—Scarlet fever is spread chiefly by " droplet " infection, and by bedding, clothing, and personal belongings, etc., and occasionally by milk. The danger of slight cases with transitory symptoms must not be overlooked.

35. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. Isolation of convalescents should be maintained for a minimum period of six weeks, and as long as any nasal or aural discharge continues. In the presence of an epidemic, all cases of sore throat should be isolated for three days. Contacts should be inspected daily for ten days after exposure to infection. Cups and other drinking utensils in huts, messes, etc., will be sterilized by immersion in boiling water after ordinary washing.

Small-pox

36. Spread.—Small-pox is intensely infectious to non-immunes. Infection is spread by personal contact or by clothing, bedding, and personal belongings, etc. Infection is also probably spread by flies, and is said to be carried to a considerable distance by currents of air. Convalescents are infectious as long as any scabs or scales remain on their skins.

37. Preventive measures.—When a case occurs, the patient must be isolated immediately. This should be effected :—

(*a*) In a civil small-pox hospital, if one is available.

(*b*) In tents, when no small-pox hospital is available.

(*c*) In huts, or in some isolated building temporarily adapted for the purpose, if tents are undesirable for climatic reasons.

Tents or huts for the accommodation of cases of small-pox should, if possible, be placed to the leeward of habitations at a distance of at least 400 yards. Cases should not be isolated in infectious hospitals containing patients suffering from other diseases. Attendants and nurses should be immediately vaccinated, provided with overalls, and segregated. Contacts should be immediately segregated and re-vaccinated, and examined daily. They should be segregated for eighteen days unless successful vaccination meanwhile proves that they are protected from the disease. On the occurrence of a case in barracks or its vicinity, troops and their families should be examined, and re-vaccinated where this has not been done within two years. In the presence of an outbreak all persons suffering from fever should be isolated for four days,

and special search made for any eruptions on them of a papular or vesicular character ; the occurrence of such eruptions should call for the most careful investigation at all times. Close touch should be maintained with the local civil health authorities in an endeavour to locate the source of infection. It may be necessary to exclude from barracks all unauthorized persons and itinerant vendors. Special attention should be paid to the health of personnel employed, and the conditions obtaining, in all places where military clothing is washed, made or repaired. Immediate disinfection in connection with small-pox is of great importance, and will be carried out as indicated in para. 3 of this Appendix. The clothing, bedding, and personal belongings of contacts and attendants and all tents or other quarters used for their accommodation, as well as any vehicles which might have become infected, should also be disinfected. All troops and families arriving from infected areas should be treated in all respects as contacts, and infected areas should be placed out of bounds. The complete procedure must be carried out with equal force in regard to suspects as to proved cases.

Tetanus

38. Spread.—Tetanus is caused by the infection of wounds of the tissues by fæcally contaminated soil.

Tetanus may also occur where there is no apparent lesion of the skin as in trench foot ; some of the most rapidly fatal cases of tetanus during the Great War occurred in such cases, the dead epithelium offering no bar to the entrance of spores or bacilli, and the dead tissues affording an excellent pabulum for the growth of the organism.

Both men and animals, particularly the horse, may be intestinal carriers of the spores of this bacillus. Thus tetanus is most prevalent where the soil is heavily manured. In human carriers, tetanus has occurred after abdominal and other operations.

39. Prevention.—In all cases of wounds, especially those which are contaminated with earth, a prophylactic dose of at least 500 units of anti-tetanus serum should be given at the earliest opportunity ; this dose of serum should be repeated weekly as long as it is considered necessary. The wound should also be thoroughly cleansed and any dead tissues removed. Before operation on old gunshot wounds it is advisable to give a prophylactic dose of anti-tetanus serum.

Trench Fever

40. Spread.—The disease is carried from man to man by lice; infection is introduced either by bites or by inoculation of louse excrement through scratching, or by the infection of wounds with dried louse fæces.

41. Preventive measures.—The measures for the prevention of this disease are similar to those described under typhus fever. As it has been shown that louse excreta may remain infective on blankets or clothing for a period of three months or more, steps should be taken, under conditions of active service, to disinfect such articles before they are again taken into use or returned to store. Abrasions on the hands of personnel employed in stores, where such articles are dealt with, should be protected.

Tuberculosis

42. Spread.—Among adults pulmonary tuberculosis is spread chiefly by the spray ejected when phthisical subjects cough, and by their desiccated sputum floating about in the form of dust. Its spread is greatly favoured by malnutrition, overcrowding, poor ventilation, damp and lack of sunlight, and by such practices as dry-scrubbing of barrack-rooms. A phthisical patient may be infectious, although he does not feel sufficiently ill to report sick; a single negative finding on microscopic examination of the sputum provides no guarantee of non-infectivity, nor does it exclude the diagnosis of phthisis.

The forms of tuberculosis affecting children are frequently conveyed by infected milk.

43. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. Prevention must be based principally on the early diagnosis and segregation of cases of consumption. Any of the following symptoms should give rise to a suspicion of phthisis: fever of uncertain origin, especially if prolonged or repeated, pleurisy, chronic cough, anæmia, loss of weight, ill-health without definite cause, night sweats, pains in the chest. Company officers and N.C.Os. should be instructed to draw the attention of medical officers to all men who are out of health or show any of the above signs. This is especially necessary in the case of clerks and others employed on sedentary duties. Men presenting such symptoms should be kept under observation until suspicion of tubercle is definitely confirmed or disproved.

General preventive measures should include the cleansing of barrack-rooms in such a manner as to obviate the raising of

dust, and the prohibition of dry-scrubbing. Immediate attention should be drawn to all cases of overcrowding or defective ventilation, especially in tents, the curtains of which should be kept raised at all times except in extremely inclement weather.

Typhoid and Paratyphoid Fevers

44. Spread.—Infection may be carried in a number of ways, either in food or water infected with the specific micro-organism, or by direct contact.

Sudden and explosive epidemics may be due to water which has been fouled by sewage containing the specific bacilli; smaller outbreaks and those developing slowly are more commonly due to contamination of food.

About 1·5 per cent. of cases of these fevers continue to excrete the germ for years after recovering from the disease and while in apparently perfect health. Many outbreaks have been traced to such chronic carriers. Cases of these diseases also occur of so mild a nature that the persons attacked do not report sick. Such cases are potent factors for evil, as they may distribute the specific germs broadcast.

45. Preventive measures.—Disinfection will be carried out as indicated in para. 3 of this Appendix. The chief preventive measures consist in protective inoculation and in the discovery and isolation of the carrier and the undetected case. With this object in view all persons engaged in the handling, preparation, and service of food should be carefully examined and their medical history ascertained, and the scrutiny might well extend to their families. No one who has had typhoid or paratyphoid fever should be employed in the above duties until he has been examined bacteriologically and reported not to be a carrier. Food which is stored before issue should be adequately protected from flies and dust; milk and butter must be especially safeguarded, the former being a favourable medium for the growth of germs. The safe disposal, or destruction, of excreta is of particular importance. The experience of recent years has shown that inoculation is the best protection of the soldier against attacks of typhoid fever and paratyphoid fever; especially is this true of the young soldier proceeding overseas for the first time.

Typhus Fever

46. Spread.—Typhus fever is especially liable to break out among troops under active service conditions. Infection is carried by lice.

47. Preventive measures.—Disinfestation will be carried out as indicated in para. 3 of this Appendix. Patients should be isolated immediately, and be completely freed from lice and their ova before admission to the wards, all clothing and bedding being disinfected by hot air or steam, and the quarters that have been occupied by the patient thoroughly washed with an insecticide solution. Re-infestation must be prevented. Medical officers and attendants on the sick should undergo disinfestation every day. They should wear overalls fitting tightly at the neck, wrists, and ankles; long gloves, and close-fitting caps. Contacts should be freed from lice and have their clothing disinfested. They should be kept under daily medical observation for a period of fourteen days. Effective disinfestation renders segregation unnecessary. When troops are exposed to the risk of contracting typhus, special attention should be directed to the destruction of lice and their ova in the hair, and clothing, bedding and textile equipment should be disinfested at intervals not exceeding fourteen days. On the occurrence of a case, the above measures should also be applied to quarter-masters' stores, and the entire unit after disinfestation should proceed, whenever possible, to a new, clean camp. Special attention should be paid to refugees, and no unauthorized persons should enter military areas. The periodical disinfestation of vehicles is necessary. Infective areas should be placed out of bounds, and contact with natives should be avoided as much as possible.

Whooping Cough

48. Spread.—Whooping cough is spread by direct "droplet" infection or by infected utensils.

49. Preventive measures.—The patient should be isolated for a minimum of six weeks from the onset. Disinfection will be carried out as indicated in para. 3 of this Appendix.

Contacts should be kept under daily medical inspection for sixteen days, and children of infected families should be excluded from school for a similar period.

Yellow Fever

50. Spread.—Yellow fever is spread by "*Aëdes* (*Stegomyia*) *ægypti*," a domestic species of mosquito which breeds in any small collections of water, *e.g.* in old cans, bottles, water cisterns, cesspits, puddles, gutters, holes in trees, etc. The adults tend to remain in and about the house near where they have been hatched.

Patients are infective to mosquitoes for the first three or four days of their illness. The period of incubation in the mosquito is twelve days or more ; the mosquito may remain infective for the rest of its life after it has fed on a yellow fever patient. The newly hatched mosquitoes bite both by day and night.

The incubation period in man is two to five days.

51. Preventive measures.—Systematic destruction of *Stegomyiæ* and their breeding places is of vital necessity in all countries where yellow fever is, or has been, present.

Patients must be nursed under nets or in mosquito-proof rooms ; their quarters and neighbouring rooms as well as the place where the disease was contracted (if that can be traced) must be fumigated.

In the presence of an outbreak, all cases of fever should be dealt with as yellow fever until proved to be otherwise.

APPENDIX No. 3

MEASURES ADOPTED AT PORTS AGAINST PLAGUE (HUMAN OR RODENT), CHOLERA, YELLOW FEVER, TYPHUS FEVER, AND SMALL-POX.

(Ref. para. **658.**)

I. Officers in medical charge of troops on board ship as well as embarkation and disembarkation medical officers, will give every assistance to the Sanitary Authorities and their officials, and to the masters of the ships concerned to enable them to carry out their duties and obligations under the Port Sanitary Regulations, 1931.

II. Among the definitions affecting medical officers in charge of troops and embarkation and disembarkation medical officers these regulations define " infected " ships and " suspected " ships :—

An "*infected*" ship arriving in a district means a ship :—

(*a*) which has on board a case of plague, cholera, or yellow fever ; or

(*b*) on which a person developed plague more than six days after embarkation and which has not since been subjected to the prescribed measures ; or

(*c*) on which plague-infected rats are found ; or

(*d*) which has on board a case of cholera within a period of five days prior to arrival and has not since been subjected to the prescribed measures ; or

(*e*) which has on board a case of yellow fever at the time of departure from a port, or which has had such a case on board during the voyage, and which has not since the last case occurred been subjected to the prescribed measures.

A "*suspected*" ship in relation to a ship arriving in a district means a ship :—

(*a*) on which a person developed plague within six days after embarkation and which has not since been subjected to the prescribed measures ; or

(*b*) on which there has been an unusual mortality among rats, the cause whereof is undetermined ; or

(*c*) which has on board a case of cholera at the time of departure from a port or during the voyage but on which no fresh case has occurred within five days prior to arrival and which has not since the last case occurred been subjected to the prescribed measures ; or

(*d*) arriving from a port or seaboard included by reason of the existence of yellow fever in the list of infected ports and seaboards prepared by the medical officer pursuant of Article 13 of these regulations or from a port or seaboard in close relation with an endemic centre of yellow fever after a voyage of less than six days or after a longer voyage if there is reason to believe that the ship may be carrying adult mosquitoes emanating from the said port or seaboard.

III. The regulations also in Article 14 (2) lay down the prescribed measures to be carried out before pratique is granted in respect of infected and suspected ships, or of ships arriving in a district with one or more cases of small-pox or typhus on board.

Where a ship arrives in a district from a foreign port no

person other than a customs officer, port sanitary official, or pilot will be allowed to board or leave the ship until pratique has been granted without first obtaining the permission of the port medical officer of health.

Before such permission is granted the port medical officer may require the person's name, his intended destination and address, and such other particulars as he may reasonably think necessary for transmission to the local authority of the district within which the intended place of destination of the person is situated. Every such individual who arrives within a period to be specified to him by the medical officer, not exceeding fourteen days after landing, at a place other than that which he has stated to be his intended destination, shall immediately after his arrival forward particulars of his actual place of arrival and communicate his address to the medical officer of health for the district comprising the place.

The following extract contains the measures to be carried out before pratique is granted in respect of infected and suspected ships or of ships arriving in a district with one or more cases of small-pox or typhus on board. These measures are referred to as the prescribed measures both in the Port Sanitary Regulations and the International Sanitary Convention of Paris, 1926 :—

FOURTH SCHEDULE

Article 14 (2)

Measures to be carried out before pratique is granted in respect of infected and suspected ships or of ships arriving in a district with one or more cases of small-pox or typhus on board.

Part A—*Ships Infected with Plague*

1. The ship shall be inspected and all persons on board shall be medically examined.

2. The sick shall immediately be disembarked and isolated.

3. All persons who have been in contact with the sick and those whom the medical officer has reason to consider suspect shall be disembarked, if possible.

4. The medical officer, after taking into consideration the date of the last case, the condition of the ship, and all the circumstances may either—

(*a*) isolate every such person ; or

(*b*) first isolate him and then keep him under observation, or arrange with the local authority of the district within which the intended place of destination of the person is situated, to keep him under observation :

Provided that no person shall be isolated or isolated and kept under observation for a period extending beyond six days after the date of arrival of the ship in the district.

5. During any period of isolation or isolation and observation the members of the crew may be prevented from leaving the ship, except for the purposes of their duty, and after notification to the sanitary authority.

6. Bedding which has been used, soiled linen, wearing apparel, and other articles which, in the opinion of the sanitary authority, are infected, shall be cleansed of vermin and, if necessary, disinfected.

7. Any parts of the ship which have been occupied by persons suffering from plague or which, in the opinion of the medical officer, are infected, shall be cleansed of vermin and, if necessary, disinfected.

8. The medical officer may require the ship to be deratized before any cargo is discharged if he considers it possible, having regard to the nature of the cargo and the way in which it is loaded, to effect the deratization of the ship before the discharge of cargo. If the ship has been thus deratized, it shall not be further deratized after the discharge of cargo, save by agreement with or at the request of the master. If the ship has not been deratized before the discharge of cargo, it shall be deratized as soon as the holds are empty. If the ship is in ballast, it shall be deratized before any cargo is taken on board.

If the ship is to discharge part only of its cargo, and the medical officer considers it impossible to carry out a complete deratization, the ship may remain in the district for the time required to discharge such part of its cargo, provided that all precautions, including isolation, are taken, to the satisfaction of the medical officer, to prevent rats from passing from the ship to the shore, either during unloading or at any other time.

The discharge of cargo shall be carried out under the control of the medical officer, who shall take all measures necessary to prevent the spread of infection.

PART AA—*Ships Suspected of Plague*

1. The provisions contained in paragraphs 1, 6, 7, and 8 of Part 8 of this Schedule (relating to plague-infected ships) shall also apply to ships suspected of plague.

2. The members of the crew and the passengers may be kept under observation for a period not exceeding six days after the date of arrival of the ship.

3. The members of the crew may, for the like period, be prevented from leaving the ship except for the purposes of their duty, and after notification to the sanitary authority.

PART B—*Cholera Infected Ships*

1. The ship shall be inspected and all persons on board shall be medically examined.

2. The sick shall be immediately disembarked and isolated.

3. The members of the crew and the passengers may be disembarked and either be isolated or be kept under observation for a period not exceeding five clear days after the date of arrival of the ship.

Persons satisfying the medical officer that they have been vaccinated against cholera within the preceding six months, excluding the last six days thereof, may be kept under observation, but they shall not be isolated.

4. Bedding which has been used, soiled linen, wearing apparel, and other articles, including foodstuffs, which, in the opinion of the medical officer, have been recently contaminated, shall be disinfected.

5. The parts of the ship which have been occupied by persons infected with cholera or which the medical officer regards as infected, shall be disinfected.

6. Unloading shall be carried out under the supervision of the sanitary authority who shall take all measures necessary to prevent the spread of infection.

7. If the drinking water stored on board is suspected by the medical officer, he shall cause it to be emptied after it has been disinfected, and to be replaced, after disinfection of the tanks, by a supply of wholesome drinking water.

8. The sanitary authority may prohibit the emptying of water ballast unless it is first disinfected, if it was taken on board at an infected port.

9. Human dejecta and the waste water of the ship must be previously disinfected before the sanitary authority permits them to be discharged from the ship.

10. If a ship is declared infected by reason only of there being a case on board presenting the clinical features of cholera, and if two bacteriological examinations, made with an interval of not less than twenty-four hours between them, have not revealed the presence of cholera or other suspicious vibrios, the ship shall be considered healthy.

PART BB—*Cholera Suspected Ships*

1. The provisions contained in paragraphs 1, 4, 5, 7, 8, and 9 of Part B of this Schedule (relating to cholera infected ships) shall also apply to ships suspected of cholera.

2. The members of the crew and the passengers may be kept under observation for a period not exceeding five days after the date of arrival of the ship.

3. If a ship is suspected by reason only of there being a case on board presenting the clinical features of cholera, and if two bacteriological examinations, made with an interval of not less than twenty-four hours between them, have not revealed the presence of cholera or other suspicious vibrios, the ship shall be considered healthy.

PART C—*Typhus Fever*

1. This part of this Schedule applies to ships which during the voyage have had, or at the time of their arrival have, a case of typhus fever on board.

2. The ship shall be inspected and all persons on board shall be medically examined.

3. The sick shall immediately be disembarked, isolated, and deloused.

4. Any other person reasonably suspected to be harbouring lice, or to have been exposed to infection, shall also be deloused, and may be kept under observation for a period not exceeding twelve days from the date on which he was deloused.

5. Bedding which has been used, linen, wearing apparel, and any other article which the medical officer considers to be infected shall be disinfected.

6. Such parts of the ship which have been occupied by persons ill with typhus as the medical officer regards as infected shall be disinfected.

7. Subject to compliance with the foregoing requirements, the ship shall immediately on arrival be given free pratique.

PART D—*Small-pox*

1. This part of this Schedule applies to ships which have a case of small-pox on board or have had a case of small-pox on board during the three weeks preceding the time of arrival of the ship.

2. All persons on board shall be medically examined.

3. The sick shall immediately be disembarked and isolated.

4. Any other person reasonably suspected by the medical officer to have been exposed to infection on board shall be offered vaccination, unless, in the opinion of the medical officer, the person is sufficiently protected by recent vaccination, or by a previous attack of small-pox. Every such person shall be kept under observation for a period not exceeding fourteen days after the date of arrival of the ship.

5. Bedding which has been used, soiled linen, wearing apparel, and any other article which the medical officer considers to have been recently infected shall be disinfected.

6. Every part of the ship which has been occupied by a person suffering from small-pox and which the medical officer considers to be infected shall be disinfected.

7. Subject to compliance with the foregoing requirements the ship shall immediately on arrival be given free pratique.

* * * * *

IV. The disembarkation medical officer will notify the War Office of the names, etc., of any officers, warrant officers, N.C.Os. or men, or members of their families isolated under these regulations and the diseases for which they were invalided, if they should be invalids from abroad, and eventually the date of discharge from the isolation hospital. He will arrange for obtaining the necessary information from the Port Medical Officer of Health.

V. As regards the diseases specified in these Regulations the officer in medical charge of troops on board, in conference with the disembarkation officer, shall prepare nominal rolls of those whom he considers direct contacts, *i.e.* men in the same cabin or in adjacent hammocks or seated next the cases at the mess tables, in order that such persons may be isolated for a period of six days after landing. In the event of a large number being declared " contacts " a special contact camp for the troops on board may have to be formed, under arrangements which will be made by the G.O.C.

VI. Invalids from abroad if so isolated as " contacts " will be accounted for by the military hospital as laid down in paragraph **537**.

VII. In the event of a contact subsequently developing the disease for which he was isolated he will be either removed to the port sanitary authority's hospital or treated in a portion of the contact camp set apart for isolation and treatment of cases of these diseases, under instructions issued by G.O.Cs. But if isolation can be more readily effected in the

isolation wards of any civil or military hospital in the neighbourhood, steps will be taken accordingly.

Persons disembarking from an infected ship and not detained by the port medical officer of health—after bathing and thorough disinfection of clothing—will proceed to their destinations, but the disembarkation staff officer will immediately send information to the effect that they have disembarked from an infected vessel, as follows :—

(i) In the case of invalids proceeding to hospital, to the G.O.C.-in-C. of the command, and the O.C. the hospital.

(ii) In the case of officers or men proceeding on furlough or sick furlough, to the War Office for transmission to the Ministry of Health.

(iii) In the case of officers and men proceeding to a military station, to the general officer commanding-in-chief of the command, and the officer commanding the station.

VIII. With a view to the early detection of disease medical officers concerned will keep under careful observation, for at least six days, all persons included under (i) and (iii) of the preceding paragraph ; but should any invalid in hospital be sufficiently recovered to be discharged from hospital before that period elapses, he need not be detained in hospital, provided that the notification detailed under (ii) and (iii) of the preceding paragraph is carried out.

IX. Should any case or suspected case of cholera or plague occur, either amongst persons under observation or amongst any others in barracks or under military control, the officer in medical charge (in addition to complying with paras. 9 and 31 of Appendix No. 2 as far as applicable) will at once communicate with the assistant director of pathology of the command regarding prompt establishment of the diagnosis by bacteriological examination.

X. The chief points which should receive consideration when dealing with relapsing fever, small-pox, and typhus are dealt with in paras. 33, 37, and 47 of Appendix No. 2.

Extracts from the International Sanitary Convention of Paris, 1926

XI. The following extracts from the International Sanitary Convention of Paris, 1926, contain the measures adopted at ports and marine frontiers against plague, cholera, yellow fever, typhus, and small-pox, by countries signatory to the Convention.

THE INTERNATIONAL SANITARY CONVENTION OF PARIS, 1926

PART I, CHAPTER I.—Provisions to be observed by the Governments of countries parties to this Convention on the appearance in their territory of plague, cholera, yellow fever, or certain other communicable diseases.

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SECTION IV.—MEASURES AT PORTS AND MARINE FRONTIERS

A.—Plague

* * * * *

Healthy ship.—A ship shall be regarded as *healthy*, notwithstanding its having come from an infected port, if there has been no human or rat plague on board either at the time of departure, or during the voyage, or on arrival, and the investigations regarding rats have not shown the existence of an unusual mortality.

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ARTICLE 27

Healthy ships.—Ships free from plague shall be given free pratique immediately, with the reservation that the sanitary authority of the port of arrival may prescribe the following measures with regard to them :—

(1) Medical inspection to determine whether the ship comes within the definition of a healthy ship ;

(2) Destruction of rats on board, under the conditions specified in (6) of Article 25, in exceptional cases and for well-founded reasons, which shall be communicated in writing to the captain of the ship ;

(3) The crew and passengers may be subjected to surveillance during a period which shall not exceed six days reckoned from the date on which the ship left the infected port. The crew may be prevented during the same period from leaving the ship except on duty notified to the sanitary authority.

ARTICLE 28

All ships, except those employed in national coastal service, shall be periodically deratized, or be permanently so maintained that any rat population is kept down to the minimum. In the first case they shall receive *Deratization Certificates*, and in the second, *Deratization Exemption Certificates*.

Governments shall do all in their power to ensure that all requisite and practicable measures are taken by the competent authorities to secure the destruction of rats in ports and their surroundings as well as on lighters and coastal vessels.

B.—Cholera

* * * * *

Article 29

Healthy ship.—A ship shall be considered healthy if, although arriving from an infected port or having on board persons proceeding from an infected local area, there has been no case of cholera either at the time of departure, during the voyage, or on arrival.

Cases presenting the clinical symptoms of cholera, in which no cholera vibrios have been found or in which vibrios not strictly conforming to the character of cholera vibrios have been found, shall be subject to all measures required in the case of cholera.

Germ carriers discovered on the arrival of a ship shall be submitted after disembarkation to all the obligations which may be imposed in such a case by the laws of the country of arrival on its own nationals.

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Article 33

Healthy ships.—In the case of cholera, *healthy* ships shall be given free pratique immediately.

The sanitary authority of the port of arrival may prescribe as regards these ships the measures specified in (1), (7), (8), and (9) of Article 30.

The crew and passengers may be subjected to surveillance during a period which shall not exceed five days reckoned from the date of arrival of the ship. The crew may be prevented during the same period from leaving the ship except on duty notified to the sanitary authority.

Article 34

Since anti-cholera vaccination is a method of proved efficacy in staying cholera epidemics, and consequently in lessening the likelihood of the spread of the disease, sanitary administrations are recommended to employ, in the largest measure possible and as often as practicable, specific vaccination in

cholera foyers,* and to grant certain advantages as regards restrictive measures to persons who have elected to be vaccinated.

* * * * *

C.—Yellow Fever

* * * * *

Healthy ship.—A ship shall be regarded as *healthy*, notwithstanding its having come from an infected port, if on arriving after a voyage of more than six days it has had no case of yellow fever on board and either there is no reason to believe that it transports adult *stegomyia* or it is proved to the satisfaction of the authority of the port of arrival—

(*a*) that the ship, during its stay in the port of departure, was moored at a distance of at least 200 metres from the inhabited shore and at such a distance from harbour vessels (pontons) as to make the access of *stegomyia* improbable ; or

(*b*) that the ship, at the time of departure, was effectively fumigated in order to destroy mosquitoes.

Article 36

Yellow fever infected ships.—Ships infected with yellow fever shall undergo the following measures :—

(1) Medical inspection ;

(2) The sick shall be disembarked, and those of them whose illness has not lasted more than five days shall be isolated in such a manner as to prevent infection of mosquitoes ;

(3) The other persons who disembark shall be kept under observation or surveillance during a period which shall not exceed six days reckoned from the time of disembarkation ;

(4) The ship shall be moored at least 200 metres from the inhabited shore and at such a distance from the harbour boats (pontons) as will render the access of *stegomyia* improbable ;

(5) The destruction of mosquitoes in all phases of growth shall be carried out on board, as far as possible before discharge of cargo. If discharge is carried

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* A "foyer" exists when the occurrence of new cases outside the immediate surroundings of the first cases proves that the spread of the disease has not been limited to the place where it began.

out before the destruction of mosquitoes, the personnel employed shall be subjected to observation or to surveillance for a period not exceeding six days from the time when they ceased unloading.

ARTICLE 37

Yellow fever suspected ships.—Ships *suspected* of yellow fever may be subjected to the measures specified in (1), (3), (4), and (5) of Article 36.

Nevertheless, if the voyage has lasted less than six days and if the ship fulfils the conditions specified in paragraphs (*a*) or (*b*) of Article 35 relating to healthy ships, the ship shall be subjected only to the measures prescribed by Article 36 (1) and (3) and to fumigation.

When thirty days have been completed after the departure of the ship from the infected port, and no case has occurred during the voyage, the ship may be granted free pratique subject to preliminary fumigation should the sanitary authority consider this to be necessary.

ARTICLE 38

Healthy ships.—Healthy ships shall be granted free pratique after medical inspection.

ARTICLE 39

The measures prescribed in Articles 36 and 37 concern only those regions in which *stegomyia* exist, and they shall be applied with due regard to the climatic conditions prevailing in such regions and to the *stegomyia* index.

In other regions they shall be applied to the extent considered necessary by the sanitary authority.

ARTICLE 40

The masters of ships which have touched at ports infected with yellow fever are specially advised to cause a search to be made for mosquitoes and their larvæ during the voyage and to secure their systematic destruction in all accessible parts of the ship, particularly in the store rooms, galleys, boiler rooms, water tanks and other places specially likely to harbour *stegomyia*.

D.—Typhus

* * * * *

ARTICLE 41

The ship shall immediately be given free pratique.

It rests with each Government to take, after disembarkation, the measures which they consider appropriate to ensure the surveillance of persons who arrive on a ship which has had no case of typhus on board, but who have left a local area where typhus is epidemic within the previous twelve days.

E.—Small-pox

* * * * *

ARTICLE 42

It rests with each Government to take, after disembarkation, the measures which they consider appropriate to ensure the surveillance of persons who are not protected by vaccination, and who arrive on a ship which has had no case of small-pox on board, but who have left a local area, where small-pox is epidemic, within the previous fourteen days.

ARTICLE 43

It is recommended that when ships call in countries where small-pox is epidemic, all precautions possible should be taken to secure the vaccination or re-vaccination of the crew.

It is also recommended that Governments should make vaccination and re-vaccination as general as possible, especially in ports and in areas near frontiers.

APPENDIX No. 4

DISINFECTANT SOLUTIONS

(Ref. para. **590**.)

The following standard strengths are prescribed :—

(1) *Cresol emulsion* (1 per cent.)—

Take of saponified cresol (*liq. cresoli saponatus fortis*)		1½ oz.
,, water to		1 gall.

Mix.

When disinfection of textiles must be effected in thirty minutes, the above amount of cresol must be increased to 4 ozs. (2½ per cent.).

When *liq. cresoli saponatus* is required to be used with sea or brackish water, it should first be emulsified with five to ten times its bulk of fresh water, and then added to the required amount of sea water.

(2) *Corrosive sublimate solution* (0·1 per cent.)—

Take of	corrosive sublimate (mercuric chloride)	70 grs.
,,	hydrochloric acid	3 drs.
,,	water to	1 gall.

Mix.

The solution should be tinted with *a sufficiency of* commercial aniline blue (about one grain to the gallon) to make it of a distinctive colour.

(3) *Formaldehyde solution*—

Take of	40 per cent. formaldehyde solution (formalin) *	8 oz.
,,	water to	1 gall.

Mix.

One gallon should be used for every 400 square feet of surface to be disinfected.

(4) Cresol and soft soap emulsion for fleas :—

Cresol	5 parts.
Soft soap	20 ,,
Water	75 ,,

The cresol and soft soap are added to the *hot* water with continuous stirring. For use make a 5-per cent. solution with water.

(5) Paraffin and soft soap emulsion for fleas :—

Hard soap	1 lb. (or soft soap 1½ lb.)
Crude kerosene or paraffin oil	4 galls.
Hot water	1 gall.

Dissolve the soap in the hot water ; add very gradually the kerosene or paraffin oil, with continuous stirring. For use make a 5-per cent. solution with water.

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* The addition of 5 per cent. glycerine confers viscosity and delays drying when the solution is used for spraying walls, etc.

APPENDIX No. 5

SYNOPSIS OF LECTURES ON THE FIRST FIELD DRESSING AND HYGIENE, FOR THE GUIDANCE OF OFFICERS IN MEDICAL CHARGE OF EFFECTIVE TROOPS

(Ref. para. **176**.)

Lecture I

1. First field dressing.—Object of carrying first field dressing, and uses; it assists in stopping bleeding; where carried.

Mode of packing to prevent the entrance of air, dust, and dirt, and therefore the dressing when opened should not be allowed to touch the ground or be put in a soiled place.

Mode of application of dressing to one or two wounds. Practical illustrations of application.

Dressing not to be applied until after arterial hæmorrhage has been stopped.

Bandage to be firmly but not too tightly applied, as evidenced by the finger when inserted under edge.

Wound if possible not to be touched, as thereby the risk of infecting it is incurred.

General remarks on the universal presence of disease germs in the air, dust, hands, clothes, etc., and the advantage of surgical cleanliness.

2. Drowning.—Commence treatment at once. Empty mouth of weeds, straw, etc., pull out tongue with cloth to open windpipe. Artificial respirations eighteen times a minute, and continue, in spite of its apparent uselessness, for half an hour; apply warmth and friction.

Lecture II

I.—The Maintenance of Health

1. Introductory.—Fighting efficiency of an army dependent on health; vital importance therefore of widespread knowledge of principles of disease prevention, and their practice, *i.e.* sanitation. Influence of disease in campaigns in the past.

2. The human material of the Army.—Only perfectly fit men recruited, otherwise stress of war would lead to breakdown. Men of certain standards necessary to carry out marches with full equipment. Importance of physical training of the recruit.

3. The environment of the soldier in peace.—Best conditions to maintain good health required. Barracks sited and built to give good light, sufficient space, free ventilation, and a good system of drains to carry away waste matters. Institutes and married quarters to provide for comfort and home life.

4. Environment on service.—Absence of amenities and exposure to climatic changes. Risk of heat stroke; importance of texture, quantity, and disposal of clothing and equipment. The march—proper regulation of speed, halts, and spacing in the ranks; water supply and food on the march; care of the feet. Conditions arising from cold—trench foot and frost bite. The ration on service—adequacy, to provide for energy expended, and care as to quality of supplies; vitamins essential; variety in cooking; service—hot-boxes, etc.

5. The dangers of parasites.—What parasites are—organisms living at expense of man's body, and to his hurt. Variety—germs, worms, insects, etc. Importance of *individual* effort in preventing infection by any of these parasites, and consequent disability—" It is the duty of all officers to ensure that the measures laid down . . . for the preservation of the health and fighting efficiency of the troops. . . ." (*See* Field Service Regulations, Vol. I.) How this is achieved —(*a*) The use of vaccines (inoculation) to increase man's resisting power to invasion by germs: (*b*) Cleanliness of the teeth, body, clothing, and surroundings of every individual; (*c*) Immediate isolation of infected individuals in hospital, and disinfection of their quarters.

Lecture III

II.—The Prevention of Disease

1. Introductory.—Explanation of importance of knowing how and by what routes parasites get into man's body; this suggests most suitable means of prevention. Most diseases fall into one of four main groups. Need to consider risk of outbreaks at any time owing to possible presence of " carriers."

2. Diseases spread by contact or overcrowding in dug-outs, etc.—Scabies, infestation by lice, venereal disease;

great wastage from these in war. Prevention largely dependent on spacing out and personal cleanliness. Bathing parades, changes and laundering of clothes and blankets. Mass disinfestation in war, by steam, hot air, etc.

3. Diseases spread by droplets in coughing, etc.—The catarrhal and respiratory infections—outbreaks of influenza, of C.S.F., etc. Vital importance of spacing out and increasing head to head distance (difficulties on shipboard) ; and essential importance of free ventilation to carry off contaminated air. Washing of cups, etc., in messes and canteens.

4. The excremental group of infections : cholera, typhoid, dysentery, worm infections, etc.—Success of sanitary measures in controlling for the first time these "killers" in the Great War. (Contrast typhoid in S.A.) Routes of spread either (*a*) via faulty latrines to water sources, or (*b*) via flies from badly proofed latrines to foodstuffs, or (*c*) carriers handling foodstuffs.

Prevention therefore dependent on attention to (*a*) Latrines —siting and proofing from flies ; (*b*) Sterilization of water by filtration and use of bleaching powder ; (*c*) Protection of foodstuffs ; (*d*) Anti-fly measures—disposal of refuse and manure so as to minimize further breeding, and use of traps, poisons, etc., to destroy adults ; (*e*) Care in selecting personnel for food and water duties.

5. Blood infections, transmitted only by biting insects—relation of insects and empire. Mosquitoes—malaria, yellow fever, dengue (Greece, Panama). Lice—typhus, relapsing and trench fevers (Serbia, Poland, the War in France, etc.). Biting flies—sleeping sickness, etc. Fleas—plague (India). Sand-flies, ticks, bugs, etc. Prevention dependent on eliminating the insect intermediary, *e.g.* mosquitoes—nets to protect individuals at night ; special clothes, head nets, gauntlets, etc., for men on duty ; campaigns against breeding waters—oiling, etc. ; destruction of adult mosquitoes in houses by fumigation, etc. Other insects in comparable fashion.

6. Conclusion.—Every individual to realize he can help by intelligent co-operation and following out instructions laid down for his own ultimate benefit. Sickness still high in war even though fatal diseases now controlled. More attention to minor conditions to maintain maximum number of fit men to achieve victory.

Lecture IV

Venereal disease.—Dangers which follow acquirements of disease (syphilis and gonorrhœa), danger to self and to future

offspring ; fact that a man who runs the risk of making himself unfit to take his place in the firing line is committing an unsoldierly act ; define and carefully explain the methods of personal disinfection, immediate use, etc. ; not for cure, only for prevention ; importance of reporting sick when symptoms first appear ; insist on necessity for healthy amusements, games, etc. ; plenty of work, no time to slack.

APPENDIX No. 6

RULES FOR THE EMPLOYMENT OF THE SPECIAL NURSING ESTABLISHMENT, Q.A.I.M.N.S.

(Ref. para. **207**.)

1. The special sisters or staff nurses should be met at their destination and taken to the rooms that have been provided for them. They will then proceed at once to the hospital, where they will receive their instructions from the medical officer.

2. Should only one sister or staff nurse be required for the case, and should she be placed on night duty, she will receive daily written instructions from the medical officer, who will inform her of the earliest hour it will be possible for him to see her in the morning, so that she can give a verbal as well as a written account of the night's work.

3. The N.C.O. on duty will see that the special sister or staff nurse has everything provided for her convenience as far as possible, and an orderly will be up and in attendance on night duty to assist with the nursing.

4. When practicable, a separate room should be placed at her disposal.

5. If possible, the patient should be nursed in a special ward until he is convalescent, and able to be moved to a general ward.

6. The special sister or staff nurse will keep a diary, which she will render weekly to the matron of the Queen Alexandra Military Hospital, London.

7. In cases of any difficulty arising, the special sister or staff nurse will refer the matter to the medical officer in charge of the case.

8. When quarters are not available, suitable accommodation for the special sister or staff nurse should be provided. If the ordinary lodging allowance is not sufficient to provide accommodation, application should be made to the G.O.C., London District, for a special rate of detention allowance under Allowance Regulations.

9. The special sister or staff nurse will be granted travelling allowance for days of travelling, under the conditions of Allowance Regulations.

10. If the lodgings are necessarily hired at some distance from the hospital, cab fares may be granted during inclement weather, subject to the provisions of Allowance Regulations.

11. All travelling claims and claims for lodging, fuel, and light allowances should be sent for settlement to the command paymaster.

12. Railway warrants must be issued for both the forward and the return journey.

13. At the termination of a case, the O.C. the hospital will report to the O.C. the Queen Alexandra Military Hospital as to the manner in which the special sister or staff nurse has performed her duties.

14. As the special establishment is limited, the services of the sister or staff nurse should on no account be retained after convalescence of the patient is established, and when practicable, two days' notice of the date of her return should be sent to the O.C. the Queen Alexandra Military Hospital.

15. In no case are the special sisters or staff nurses to be retained on temporary duty for a longer period than eight weeks. One week before the expiration of this period, due notice must be given if a relief will be required, in order that the return of the sister or staff nurse originally sent may be arranged for on the proper date.

16. In the event of additional cases of serious illness occurring in a hospital where members of the special nursing establishment are employed, their services, subject to para. 15 above, may be utilized, pending sanction, for which application must at once be made.

APPENDIX No. 7

REGULATIONS FOR THE TRAINING OF NURSES AS MIDWIVES IN MILITARY FAMILIES' HOSPITALS RECOGNIZED AS TRAINING SCHOOLS BY THE CENTRAL MIDWIVES BOARD

(Ref. para. **351**.)

General Regulations

1. Only nurses who possess a certificate of not less than three years' general training should be selected for training as midwives. They must have had a good elementary education.

2. Reference as to character and training must be obtained before admission.

3. Assistant nurses who are received for twelve months' training are paid at the rate of £20 a year and receive free board, lodging, and washing.

4. Pupils are admitted for a nine months' course, and will receive free board, lodging, and laundry at public expense. Any extra expense for tuition not available from army sources, and for lodging during the period of extern training will, however, be defrayed by the pupils themselves.

5. No certificate of proficiency is to be given until the candidate has been registered as a midwife under the Central Midwives Board.

6. The course of training must be carried out in strict accordance with the rules framed by the Central Midwives Board.

7. The length of the theoretical course of instruction must be at least three months, and will consist of lectures given by the medical officer and by the matron.

These lectures will be given in strict accordance with the requirements and regulations of the Central Midwives Board, and will adhere closely to the syllabus of that Board.

8. Practical instruction under the personal superintendence of the medical officer and matron should be given as frequently

as practicable, illustrating the principles and directions laid down in the lectures.

9. Any pupil who during her course of training shows a want of acquaintance with the ordinary subjects of elementary education may be rejected on that ground alone.

10. The nursing establishment must carefully follow out the instructions contained in the directions to midwives, under the rules framed by the Central Midwives Board.

APPENDIX No. 8

INSTRUCTIONS FOR GUIDANCE OF ASSISTANT AND DEPUTY ASSISTANT DIRECTORS OF HYGIENE IN PREPARATION OF ANNUAL REPORT

(Ref. para. **49.**)

This report will embrace all matters relating to the health of the troops, and will be divided into :—

(A) HEALTH AND STATISTICS.

(B) SANITATION.

These subjects should be dealt with as follows :—

(A) HEALTH AND STATISTICS

I. *Specimen form.*—The Form 1 (*see* below) will be completed as accurately as possible.

II. *A general commentary* on the various figures and ratios brought out by the tables in specimen form 1 will be prepared, explaining and analysing rises and falls in ratios compared with previous years, and stating the action taken to deal with any rises that are shown. This commentary will include special remarks as under :—

(*a*) "*Deaths.*"—Numbers and causes and ratios per 1,000 of cases of diseases causing the death, and comparisons with previous years.

(*b*) "*Invalids discharged.*"—The numbers and disabilities of and comparisons with previous years.

(*c*) "*Prevailing and infectious diseases.*"—A list of diseases which prevailed and accounted for any high or increased incidence of sickness. The admission ratios of each of these diseases should be given, and a comparison made with previous ratios. The probable cause of any prevalence, the action taken to deal with it, and the results obtained from such action. Under this heading should be included a commentary on any disease showing a high incidence in the previous year, but a reduction in the year under review. The groups of disabilities and diseases dealt with above should be set out in the same sequence as in the Annual Report on the Health of the Army.

(*d*) "*Alcoholism.*"—Number of cases and any comment necessary.

(*e*) "*Officers, women, and children.*"—A commentary on their state of health on general lines as for "men."

(*f*) "*Matter of particular interest.*"—Any such matter which has not already been dealt with above.

III. *Mother and child welfare.*—Report on work done in all mother and child welfare centres. Matters of special interest will be brought to notice, and accurate information given in tabular form as to the numbers of (*a*) centres authorized and drawing both the £6 grant mentioned in Allowance Regulations, and furniture mentioned in Barrack Schedule No. 80; (*b*) centres authorized and drawing the £6 grant only; and (*c*) unauthorized functioning centres, together with the numbers of women and children attending each centre.

This information is essential, in order that expenditure on this Service may be kept within the authorized limits.

IV. A commentary on the training of regimental chiropodists within the command and a statement showing units deficient of such authorized personnel.

V. *Histograms.*—Copies of the histograms which have been kept during the year should accompany the report. The histograms should show by months the equivalent annual ratio per 1,000 of—

(*a*) total admissions to hospital,
(*b*) the numbers receiving out-patient treatment,
(*c*) each prevailing disease,
(*d*) average constantly sick in hospital and as out-patients.

These histograms should also show in the first column the annual ratio per 1,000 for the previous year for the United Kingdom, and in the second column for the area being dealt with.

.....Command

Form No. 1

	Period.—Previous year and current year	Average strength	Hospital Treatment								Out-patient Treatment			
			Admissions	Deaths	Invalids Discharged	Average constantly Sick	Ratio per 1,000				Admissions	Average constantly Sick	Ratio per 1,000	
							Admissions	Deaths	Invalids Discharged	Average constantly Sick			Admissions	Average constantly Sick
Officers														
Other ranks ...														
Women														
Cadets and boys of military schools ...														
Children														

(B) SANITATION

The report on this subject should embody the detail given below :—

I. General commentary on important sanitary matters dealt with during the year.

II. A report on (*a*) water supplies, (*b*) rations, (*c*) clothing, (*d*) accommodation, (*e*) any other matters of interest.

III. A statement giving the number of sanitary assistants employed on sanitary duties in the command, where stationed, and the nature of their employment.

APPENDIX No. 9

INSTRUCTIONS FOR GUIDANCE OF Os.C. MILITARY AND MILITARY FAMILIES' HOSPITALS, IN PREPARATION OF ANNUAL REPORTS

(Ref. para. **543**.)

Subjects to be surveyed by Os.C. military and military families' hospitals in their annual reports to the D.D.M.S.

PART I.—ORGANIZATION AND ADMINISTRATION

1. Hospital accommodation.

(*a*) Normal establishment, showing the various departments of the hospital and the number of beds in each.

(*b*) Changes which have taken place during the year, including any temporary increase in the number of authorized beds.

2. Special departments.

Ophthalmic
X-ray
Ear, nose, and throat
Electro-therapeutic
Massage

} Including the number of patients treated and total number of attendances in each department. In the case of X-ray departments, the total numbers of each size of films used during the year should be given.

3. Alterations and improvements to hospital buildings considered necessary.

4. Personnel.—(Demands for increase or decrease of establishments will not be made under this heading.)

Part II.—Health of the Troops

1. Officers, warrant officers, N.C.Os., and men.

(*a*) General health.

(*b*) Prevalent diseases.

(*c*) Infectious and contagious diseases.

(*d*) Cases of special clinical interest other than those included in the reports of the various specialists (*see* 3).

(*e*) Any other items considered to be of special interest.

2. Women and children.

A brief report under each of the headings under 1 above, together with a report on the work done in mother and child welfare centres.

3. Reports of specialists.—These should be attached to the report of the O.C. hospital.

Note.—Where there is no specialist attached to the hospital, the reports will be compiled by the officers in charge of the medical and surgical wards or by the O.C. hospital.

(*a*) *Medical specialist.*—The report should contain such detailed information as may be available on the following subjects :—

(i) Digestive disorders, *e.g.* gastritis, gastric and duodenal ulcers; the methods of diagnosis employed and the findings; the treatment employed, whether dietetic or operative and the results.

(ii) Cardiac diseases, with special reference to disordered action of the heart.

(iii) Rheumatic fever; the proportion of cardiac complications and sequelæ.

(iv) Dysentery; types of the disease; differential diagnosis of bacillary and amœbic types; treatment.

(v) Malaria; including particulars of the species of infecting parasites. Relapses occurring after treatment with special drugs, *e.g.* plasmoquin, especially in men from India, should also be noted.

(vi) Jaundice. When a number of cases occur it should be stated whether there is any ascertainable evidence of any source of infection in common.

(vii) Pyrexia of uncertain origin. Information on the lines indicated in recent Annual Reports on the Health of the Army.

(viii) Pulmonary tuberculosis; the relationship of pleurisy, bronchitis, and fibrosis of the lung to "hidden" tuberculosis.

(ix) Nervous system; the prevalence of functional nervous disorders; the relationship of hysteria to neuritis, neurasthenia, and disordered action of the heart.

(x) Special drugs employed.

(xi) Other cases of special interest.

(*b*) *Surgical specialist.*—The report should contain :—

(1) List of operations, arranged in accordance with the appendix to the Nomenclature of Diseases, showing the numbers operated upon, recovered, invalided from the service, and died under each heading. A footnote should indicate the cause of all deaths following operation.

(2) Such detailed information as may be available on the following subjects :—

(i) Gastric and duodenal ulcer.

(ii) The recurrence of hernia following operation.

(iii) Operative measures for the treatment of fractures.

(iv) Malignant disease.

(v) Other cases of special interest.

(vi) Special alterations and improvements in accommodation, material, or technique that have taken place during the year.

and where no specialists in these subjects are employed :—

(vii) Anæsthetics, local and general, with methods of administration.

(viii) Radiological department—including barium meals, cholecystograms, and chest examinations.

(ix) Massage and electro-therapeutic department.

(x) Diseases of the eye, including cases

treated as out-patients, number of attendances, etc.

(xi) Diseases of the ear, nose, and throat, including cases treated as out-patients, number of attendances, etc.

(xii) Surgical diseases of women and children.

(*c*) *Other specialists.*—Will furnish reports on similar lines regarding the work of their respective departments.

APPENDIX No. 10

INSTRUCTIONS FOR INOCULATIONS

(Ref. para. **569**.)

ANTI-TYPHOID INOCULATIONS

Nature of T.A.B. Vaccine

1. The vaccine consists of sterilized cultures of typhoid and para-typhoid bacilli to which a small amount of antiseptic has been added to guard against possible contamination. All the vaccine has been thoroughly tested for sterility before issue and the dose determined by the various methods of standardization.

Each bottle is labelled with the following particulars :—

1. Nature of vaccine.
2. Serial number.
3. Dose.
4. Directions.

And on the reverse a second label giving a date before which the vaccine should be used.

Full printed instructions as to the methods of carrying out inoculations accompany each consignment of vaccine.

Form in which the Vaccine is Issued

2. In order to minimize waste the vaccine is sent out in rubber-capped bottles holding 10 c.c., 25 c.c., or 50 c.c. and in ampoules holding 1 c.c. and 0·5 c.c.

In view of the labour involved in the preparation and standardization of the vaccine, every endeavour should be made to economize it as far as possible.

Only one bottle of T.A.B. vaccine should be in actual use at any one time; when not in use the bottle should be kept covered up and protected from dust. If the rubber cap on the bottle of vaccine gets into bad condition through repeated punctures or any other cause, the bottle should be rejected. The serial number of the vaccine employed should be entered in the inoculation register.

Method of Sterilizing Syringe and Drawing off the Vaccine into the Hypodermic Syringe

3. The syringes to be used for inoculation are all-glass syringes graduated in tenths of a cubic centimetre and of 1 c.c. capacity. Such syringes are most easily and quickly sterilized by filling with sweet oil which has been brought to a temperature of 140° C.

It is well to fill and empty the syringe with the oil two or three times whilst the temperature of the oil is being raised, otherwise the sudden exposure to a temperature of 140° C. may crack the glass. "Record" syringes must be sterilized by prolonged boiling in carbolic solution, as they will not stand a temperature over 120° C.

The needles should be placed separately in the hot oil and subsequently adjusted with a pair of forceps.

The syringe must be cooled before it is filled with the vaccine.

To fill the syringe from (*a*) *the rubber-capped bottles, or* (*b*) *small ampoules :—*

(*a*) Shake the bottle. Sterilize the rubber cap by placing on it a drop of pure lysol or carbolic, or by searing it with a hot glass rod. Invert the bottle and puncture the rubber cap with the needle through the sterilized area. Then slowly fill the syringe, taking care to keep the point of the needle immersed in the vaccine.

(*b*) Shake the ampoule. A file mark should be made on the neck of the ampoule, which should then be sterilized in the flame and broken off with sterile forceps; the ampoule is then inverted, the sterile needle inserted and the syringe filled.

Between each inoculation a fresh sterile needle should be taken from the hot oil and the other replaced therein. It is not necessary to re-sterilize the syringe between each injection.

Instructions as to the Method of Injecting the Vaccine

4. (*a*) *Choice of a site for the injection.*—With a view to diminishing the pain caused by serous effusion, and in order to

facilitate the absorption of the effusion, it is advisable to make the inoculation into the outer side of the arm at the level of the insertion of the deltoid muscle. Inoculations with T.A.B. vaccine should invariably be made as above. These considerations are of especial importance in dealing with lymphatic persons, in whom a not inconsiderable amount of effusion is prone to occur.

(*b*) *Method of making the injection.*—The most convenient method of making the injection is to pick up a thick fold of skin between the finger and thumb, and then to pass the needle well down into the subcutaneous tissue in the centre of the fold.

The skin should previously be *sterilized* with antiseptic lotion, alcohol and ether, or by painting the site of inoculation with tincture of iodine, which should be allowed to dry before the inoculation is given. If a series of men are being inoculated at the same time, this sterilization may be entrusted to an assistant, while the operator confines his attention to the injection.

Dosage

5. As the result of experience, it has been found that the best results, as regards development of protective substances in the blood, are obtained by dividing the dose of vaccine in two parts, one-third (or 0·5 c.c.) being given as a *first inoculation*, and the remaining two-thirds (or 1 c.c.) as a *second inoculation* ten days after the first.

The maximum degree of protection against enteric fevers will not be attained unless *both* inoculations are carried out; this should be pointed out to persons about to be inoculated. The dose stated on the label is in all cases that for an adult. In dealing with women and children, or with those of feeble physique, the dose should be proportionately reduced, as follows :—

For children from 4 to 12 years, $\frac{1}{4}$ dose.
12 to 15 years, $\frac{1}{2}$ dose.
15 to 18 years, $\frac{3}{4}$ dose.

No inoculation should be given to children under four years of age.

In the case of women of light weight or poor physique, the dose may be reduced to two-thirds of that stated on the bottle.

Precautions after Anti-Typhoid Inoculation

6. In order to lessen the tendency to "reaction" after anti-typhoid inoculation, the following points should be remembered :—

(*a*) The patient should remain as quiet as possible. Long train journeys are inadvisable after the inoculation, and no appointments involving exertion or fatigue should be made for the remainder of the day.

(*b*) Alcohol in any form should be avoided absolutely for at least twenty-four hours after the inoculation.

(*c*) If discomfort or malaise supervene, the wisest course is to go to bed at once. Such symptoms will usually have disappeared or be greatly diminished by the next morning.

In a large proportion of cases there is little or no reaction, while in a few there is a certain amount of transitory illness and discomfort. Redness and swelling at the point of inoculation as well as slight fever often occur, but need give rise to no anxiety as they entirely disappear in the course of a day or so. It is impossible to foresee in any given case whether the reaction will be marked or inappreciable. It should, however, be remembered that the majority of patients suffer little or no discomfort, while, on the other hand, the degree of protection against typhoid fevers conferred by the inoculation is very great.

Plague and Cholera

7. Inoculations against plague and cholera are normally given in two doses as under :—

(*a*) *Plague*—1½ and 2 c.c. with an interval of ten days between the doses.

(*b*) *Cholera*—½ c.c. and 1 c.c. with an interval of ten days between the doses.

It should be noted, however, that this dosage may have to be adjusted in accordance with the strengths of the vaccines which are liable to variation according to their source of origin. Anti-plague inoculations should, as a rule, be given into the infra-clavicular region and anti-cholera into the flank.

The dosage age ratio will be as given for anti-typhoid inoculations.

The duration of protection afforded by the two doses of (*a*) or (*b*) vaccine above is six months.

APPENDIX No. 11A

INSTRUCTIONS FOR THE PHYSICAL AND MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE REGULAR ARMY, SUPPLEMENTARY RESERVE, AND TERRITORIAL ARMY

(Ref. para. **468.**)

A. Regular Army

1. Each candidate will be examined by a medical board, and will not be accepted unless he is pronounced physically fit for His Majesty's service.

2. The general conditions as to height, chest-girth, eyesight, etc., are given in paras. 11 to 22.

The board has power—

(*a*) to pass the candidate as physically fit;

(*b*) to report the candidate as unfit, but—

(1) In a case in which the defect can be cured by operation or treatment, to recommend that, if successful in the competition, he be re-examined by a medical board after such operation or treatment.

(2) In a case in which the candidate is slightly below one or other of the conditions as to height, chest-girth, etc., enumerated in para. 11, to recommend that—

(i) A candidate for the Royal Military Academy or Royal Military College who is likely to attain the required standard before the time comes for him to be appointed to a commission, be allowed to join the Royal Military Academy or Royal Military College (if successful in the competition or nominated), subject to the condition that unless at the end of the course he is found to reach the standard which his increased age and height demand he will not receive his commission.

(ii) A university or other candidate for the Regular Army, who is considered likely to attain the required standard, be

re-examined at the end of such period (not exceeding six months) as the board may decide. A candidate so recommended will be re-examined at the end of that period, and will not be granted a commission unless he has then attained the standard required according to his age.

(*c*) to reject a candidate as physically unfit.

3. Candidates for the Royal Military Academy, Royal Military College, or Regular Army, who are pronounced unfit under (*c*) will be allowed to present themselves for re-examination by an appeal board.

4. A candidate who has been passed by a medical board as physically fit in connection with the previous Army Entrance Examination will not be exempt from being re-examined by a medical board as in para. 1.

5. A candidate may, before commencing his course of study, undergo a preliminary medical examination by a military medical board not more than two years before he competes or presents himself for nomination. Applications (accompanied by a fee of two guineas) should be sent to the Under-Secretary of State, The War Office, London, S.W.1. The examination will take place at the military station nearest the candidate's residence where a medical board can be held. The result will be notified to the candidate by the board.

B. Supplementary Reserve and Territorial Army

6. Candidates for appointment to the Supplementary Reserve, Territorial Army, and Territorial Army Reserve will be examined in accordance with the instructions contained in A.Fs. B 201, E 536, and E 613 respectively.

7. A candidate for appointment to the Supplementary Reserve or Territorial Army who is slightly below one or other of the conditions as to height, chest-girth, etc., and who is considered likely to attain the required standard, may be accepted. All such cases will be referred to the War Office for decision.

8. A candidate for appointment to the Supplementary Reserve or Territorial Army who is rejected as unfit may on application be re-examined by the War Office Medical Board, the decision of which will be final.

9. A candidate for a commission in the Territorial Army, who, though not fully conforming to the standard of physical fitness laid down, is considered likely to prove fit for ordinary

duty at home, including training, and whose admission is considered desirable for special reasons, may be recommended for special consideration by the War Office. In such cases A.F. E 536 will be completed, the candidate being marked "unfit," the cause of unfitness stated, and the recommendation being added beneath.

C. Physical Conditions

10. To be passed as fit for a commission a candidate must be in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of military duty.

11. The correlation of age, height, and chest-girth will not be less than that given in the following table :—

Physical Equivalents

Age last Birthday	Height without Shoes	Chest	
		Girth when fully expanded	Range of expansion not less than
	inches	inches	inches
16	60 and under 62	32½	2
	62 ,, 65	33½	2
	65 ,, 68	33½	2
	68 ,, 72	34	2
	72 and upwards	34½	2
17	62 and under 65	33½	2
	65 ,, 68	34	2
	68 ,, 72	34½	2
	72 and upwards	35	2
18	62 and under 65	34	2
	65 ,, 68	34½	2
	68 ,, 72	35	2
	72 and upwards	35½	2
19	62½ and under 65	34½	2
	65 ,, 68	34½	2
	68 ,, 70	35	2
	70 ,, 72	35½	2
	72 and upwards	36	2
20	62½ and under 65	34½	2
	65 ,, 68	34½	2
	68 ,, 70	35	2
	70 ,, 72	35½	2
	72 and upwards	36	2
21 and upwards	62½ and under 65	34½	2
	65 ,, 68	35	2
	68 ,, 70	35½	2
	70 ,, 72	36	2
	72 and upwards	36½	2

12. The candidate's height will be measured as follows: He will be placed against the standard with his feet together, and the weight thrown on the heels and not on the toes or outer sides 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 recorded in inches and parts of an inch to quarters.

13. The candidate's chest will be measured as follows: He will be made to stand erect with his feet together, and to raise his arms over his head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder blades behind, and its lower edge the upper part of the nipples in front. 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 candidate will then be directed to take a deep inspiration several times, and the maximum expansion of the chest will be carefully noted.

The minimum and maximum will then be recorded thus in inches, $\frac{33}{35}$, $\frac{34}{36\frac{1}{2}}$, etc.

In recording the measurements, fractions of less than half an inch should not be noted.

14. The candidate will also be weighed, and his weight recorded in pounds. Fractions of a pound should not be noted.

15. The examination for determining the acuteness of vision includes two tests: one for distant, the other for near vision. The Army Test Types will be used for the test for distant vision, without glasses at a distance of 20 feet, and for the test for near vision without glasses, at any distance selected by the candidate. The standards of the minimum acuteness of vision with which a candidate will be considered fit are as follows:—

STANDARD I

Right eye.	*Left eye.*
Distant vision.—V=6/6.	V=6/6.
Near vision.—Reads 0, 6.	Reads 0, 6.

STANDARD II

Better eye.	*Worse eye.*
Distant vision.—V=6/6.	V, without glasses=not below 6/60; and after correction with glasses = not below 6/24.
Near vision.—Reads 0, 6.	Reads 1.

STANDARD III

Better eye.	*Worse eye.*
Distant vision.—V, without glasses=not below 6/60, and after correction with glasses =not below 6/6.	V, without glasses=not below 6/60, and after correction with glasses = not below 6/12.
Near vision.—Reads 0, 8.	Reads 1.

16. Each eye must have a full field of vision as tested by hand movements.

17. Any morbid condition of the eyes or of the lids of either eye liable to the risk of aggravation or recurrence will cause the rejection of the candidate. Squint will also be regarded as a cause for the rejection of a candidate.

18. Each eye will be examined separately, and the lids must be kept wide open during the test.

19. Inability to distinguish the principal colours will not be regarded as a cause for rejection, but the fact will be noted in the proceedings, and the candidate will be informed.

20. The degree of acuteness of vision of all candidates for commissions will be entered in the proceedings in the following manner :—

V.R.=..... ; with glasses=..... ; Reads.....
V.L.=..... ; with glasses=..... ; Reads.....

21. No relaxation of the standard of vision will be allowed.

22. The following additional points will then be observed :—

(*a*) That his hearing is good and there is no sign of ear disease.

(*b*) That his speech is without impediment.

(*c*) That his teeth are in good order. He must have ten sound teeth in the upper jaw functionally opposed to ten sound teeth in the lower jaw. Two of these teeth in each jaw must be molars. Well-filled teeth will be considered as sound.

(*d*) That his chest is well formed and that his lungs and heart are sound.

(*e*) That he is not ruptured.

(*f*) That he does not suffer from a severe degree of

varicocele * or varicose veins. A candidate who has been successfully operated on will be accepted.

(*g*) That his limbs are well formed and developed.

(*h*) That there is free and perfect motion of all the joints.

(*i*) That his feet and toes are well formed.

(*k*) That he does not suffer from any inveterate skin disease.

(*l*) That he has no congenital malformation or defect.

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

23. If the candidate, in the opinion of the Board or medical officer, does not appear to be of pure European descent, a statement to this effect will be entered in the proceedings of the Board or in the relevant A.F., as the case may be.

APPENDIX No. 11B

INSTRUCTIONS FOR THE PHYSICAL EXAMINATION OF RECRUITS

(Ref. para. **469**.)

(To be read in conjunction with Recruiting Regulations)

Part I

1. Selection of recruits.—Too great care cannot be expended on the original selection of recruits.

Every recruit for a normal engagement must be medically fit to carry out in any part of the world the duties of the corps or unit to which he is posted.

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* Severe varicocele is defined as follows :—

(1) Where the mass of veins is so great that it hangs down in front of the testicle when the candidate stands up.

(2) If the cord is elongated to such an extent that the testicle hangs at a level obviously lower than normal, of course allowing for the fact that the left testicle is usually at a lower level than the right.

(3) If there is atrophy to such an extent that the affected testicle is estimated at less than half the bulk of the gland on the sound side.

(4) Undescended testicle should only be considered a disqualification when situated within the inguinal canal, or at the external abdominal ring.

2. Boys.—A boy who does not give fair promise of becoming an efficient soldier will not be enlisted.

3. Previous discharge and re-enlistment.—A man who has been discharged on medical grounds from any of His Majesty's Services will not be accepted for re-enlistment without reference to the War Office.

Application for re-enlistment may be submitted to the War Office on A.F. B 203 in respect of a man who has been previously discharged on medical grounds, provided that the examining medical officer certifies, after perusal of the documents relating to the cause of his discharge, that he is "Physically fit in every respect for service in any part of the world."

In the case of a man who has been accepted for re-enlistment, great care must be taken to ascertain from his past history whether he has ever been wounded, suffered from neurasthenia or nervous breakdown, or any other disease which might be a possible cause of unfitness in the future. Particulars of any such wound or disease should be entered on A.Fs. B.178 and B.203 at the time of enlistment, and the man informed that this has been done.

In all cases of this character the examining medical officer must invariably record the present extent of the disability, or state whether the man has recovered.

4. Principal points in medical examination of recruits.—Privacy to each individual must be ensured during medical examination, and the susceptibilities of recruits otherwise safeguarded. The principal points to be attended to are:—

That the recruit is not mentally defective.

That his vision, with either eye, is up to the required standard.

That his hearing is good and that there is no disqualifying ear disease.

That his speech is without marked impediment.

That he has no serious glandular swellings.

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

That he is not ruptured in any degree or form.

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 defect.

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

That he possesses a sufficient number of sound teeth.

5. Operation scars.—A recruit, otherwise fit, should not be rejected because he has an operation scar, provided that the scar is a healthy one and does not produce a weakening of the area likely to interfere with his duties as a soldier.

6. General grounds for rejection.—Men presenting any of the following conditions will be rejected :—

Indication of tuberculous disease ; constitutional syphilis ; bronchial or laryngeal disease ; valvular or other diseases of the heart ; generally impaired constitution ; under standard of vision (*see* para. 20) ; defects of hearing and diseases of the ear (*see* para. 14) ; pronounced stammering ; loss or decay of teeth to such an extent as to interfere materially with efficient mastication (*see* para. 15) ; serious contraction or deformity of joints ; serious deformity of chest ; serious abnormal curvature of spine ; flat feet (*see* para. 13) ; mental or nervous instability, mental deficiency (*see* paras. 7 and 8) ; hernia ; hæmorrhoids ; varicose veins or varicocele, if severe ; inveterate cutaneous disease ; chronic ulcers ; fistula.

Nocturnal enuresis.—The recruit should be very carefully questioned on this point, as it is a frequent cause for discharge from the service.

7. Mental capacity.—Great care should be taken in ascertaining the mental capacity of a recruit in view of the fact that large numbers of recruits are discharged from the service on account of mental deficiency whilst undergoing their training. Mental deficiency is often associated with mouth breathing, adenoids, nasal obstruction, highly arched palate, or evidence of rickets in childhood. In doubtful cases guidance may be obtained by inquiring into the recruit's history as to education, length of employment, and earnings.

8. Evidence of nervous instability.—Attention should be paid to manifestations of nervous instability. Such signs as tremors of the tongue or hands, sweating, tachycardia, Rombergism, prominence of the eyes, or enlargement of the thyroid call for special examination with a view to the rejection of recruits who are liable to break down under the stress of military conditions (*see* para. 3 above).

9. General examination.—It is essential in all cases to have the recruit stripped. It is not sufficient that the trousers be pushed down to the ankles and the shirt pulled up.

When a medical officer is available, the man will be examined by him before attestation, and if found medically unfit he will be at once rejected. Should the medical officer consider that a recruit who denies former service has served before,

the case should be submitted to the officer i/c the recruiting zone, who will decide whether the enlistment is to be proceeded with. Also in cases where the medical officer considers the man is under the age stated, he should take similar action. Whenever definite proof of age is not produced, the medical examiner 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 attestation under " apparent age."

If a man is rejected before attestation, the medical officer will inform the recruiting officer. If rejected after attestation, the medical officer will complete the description and certificate on one of the attestation papers.

10. Directions for general examination.—When the recruit has had a bath, and is wholly undressed, the examination should be carried out in the following manner :—

When not required to approach the recruit for special objects, the medical examiner should always take his place at a distance of about 6 feet from him.

He is measured under the standard.

He is weighed.

His chest measurement is taken.

His vision is tested.

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, to hop across the room on the right foot, and back again on the left. (The hops should be short and upon the toes.)

He is halted, standing upright, with feet apart and arms extended above his head while the medical examiner 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 ; any special marks from congenital or accidental causes, and tattoo marks. If no disabling effects are found, the second part of the examination will be proceeded with.

If there is any reason to suspect renal disease, or if the recruit is over thirty years of age, his urine should be examined for albumen (this is especially desirable where there is a history of trench fever, rheumatic fever, or scarlatina).

11. Examination of the trunk.—The trunk will be examined from below upwards. The recruit stands with his arms extended above his head, the hands being in contact. The following will be the order of inspection :—

The medical examiner 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. Undescended testicle should only be considered a disqualification when situated within the inguinal canal, or at the external abdominal ring.

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.

He desires the recruit to take in a full breath several times while he watches the action, and notes the expansion of the chest. Careful stethoscopic examination of the lungs is made.

He examines the action of the heart and notes its sounds, and at the same time should note the pulse rate, which will be entered on the medical history sheet.

A recruit otherwise fit, who is found to have a sitting pulse rate persistently over 100, but responding well to the exercise tolerance test, should be attested, detained by the recruiting authorities, well fed and prevented from smoking.

The following morning he should be re-examined, and if the sitting pulse rate is under 100 he should be accepted ; if still over 100, discharged.

When accepted a note of the condition will be made in the medical register of recruits, in Table 1 of A.F. B 178 under " slight defects, etc.," and on page 4 of attestation form. The above procedure will be adopted only where facilities exist at the recruiting centre and when the recruit is agreeable.

12. The upper extremities.—The examination of the upper extremities will be made from below upwards. Time is saved by the medical examiner himself doing, as well as telling the recruit, the movements he desires to be made.

The following are the directions :—

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.

This comprehends the inspection for loss of the fingers or thumbs or defects of the fingers, thumbs, wrist, elbow, and shoulder-joints ; power of rotating the forearm ; and vaccination, the medical examiner examining the recruit for marks of vaccination. If not vaccinated, it should be so stated on the medical history sheet.

13. The lower extremities and back.—The inspection of the lower extremities and back will be made from below upwards. The recruit first faces the medical examiner, afterwards turns his back to him. The following are the directions to be given, facing the recruit :—

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.
With body erect, hands on hips, and with the two feet in apposition along their inner margins, rise on tiptoe and then slowly kneel down on both knees ; from that position rise to the erect position with a simultaneous spring of both legs.
Turn round. Separate the legs.
Touch the ground with the hands.

Knock-knee, combined with a tendency to flat feet and muscular weakness, is a disqualification ; where knock-knee alone exists, a separation of the internal malleoli of over 2 inches will disqualify. The measurement will be taken with the body sitting upright on a chair, the legs fully extended in front and the knees just touching.

This includes the inspection for defects of the toes, ankle- and knee-joints ; for hæmorrhoids, prolapsus ani, fistula in perinæo, and spinal deformity.

Deformities of feet and toes.—The degree of disability caused by these conditions varies much in different cases, and careful inquiry should be made on this point in each case.

Hammer toes are not necessarily a disqualification, but if there are painful corns or bursæ on the dorsum of the toes, or if the man walks on the tip of the affected toe, he should be rejected.

Men with hallux valgus, the great toe overlapping or covered by the others, and men with hallux rigidus should be rejected.

In all such conditions the presence of painful corns, of which no permanent cure can be expected, is an indication that the man is not " fit."

Flat feet.—If the joints of the tarsus are flexible, and the arch reappears when the man stands on tip-toe, flat foot is no bar to acceptance. If the foot is everted and the tarsal joints are stiff, or if tender parts are detected over the ligaments of the sole, he should be rejected.

Pes cavus.—In well-marked cases the man should be rejected.

14. The head and neck.—The examination of the head and neck will be made from above downwards. The medical examiner 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 :—

(*a*) He will ask the recruit if he has had any blows or cuts on the head, and if he is subject to fits of any kind.
(*b*) He examines the scalp.
(*c*) He examines the ears.

A recruit should not be enlisted who suffers from any of the following defects :—

(i) Deafness as defined below.
(ii) Perforation with or without discharge from the middle ear.
(iii) The presence of polypus or granulations.
(iv) Post aural scar with absence of the drum indicative of a radical mastoid operation.
(v) Dermatitis of the meatus (eczematous or desquamative).

The following will be taken to constitute deafness :—

Inability to hear with either ear, at a distance of 20 feet, a series of numbers, including at random intervals the figures 66 (high note), 25 (medium note), and 44 (low note), uttered in a strong whisper.

The examination will consist of two parts :—

(1) A hearing test.
(2) Auriscopic scrutiny.

(1) *Hearing test*

This will be carried out as follows :—

The examining medical officer will stand beside the recruit and occlude the ear not being tested. The whispering will be done by an assistant. To avoid lip reading the recruit will stand with his back to the whispering person.

Should the recruit fail to pass the test, and cerumen be discovered to be blocking the meatus, the cerumen will be removed as described below and the test repeated at an interval of not less than half an hour after the ear has been cleared.

(2) *Auriscopic scrutiny*

This will be carried out in every case, cerumen having been previously removed.

The removal of cerumen

Note.—To facilitate the removal of cerumen, instil hydrogen peroxide (10 vols.) into the meatus by means of a pipette with rubber teat, and by alternately compressing and releasing the antitragus over the external auditory meatus, thoroughly massage the solution into the mass of wax.

Douching with warm water is then most safely and satisfactorily performed by using an " adaptable " rubber syringe with Eustachian catheter, size 9, attached. Traction upwards and backwards of the auricle so as to straighten the aural canal facilitates removal. This may be done by an assistant, or by the patient putting his hand over his head and pulling the ear as suggested above.

If this fails to remove the wax, with the aid of an electric auriscope, carefully insert a flat probe between the surface of the wax and the meatal wall and gently detach the wax.

This manœuvre will make a channel to allow the douching stream to get beyond the mass of wax and force it out of the meatus.

(*d*) He examines the eyes and eyelids.

(*e*) He examines the nostrils.

(*f*) He examines the mouth, teeth, palate, and fauces, and then tells the recruit to say loudly, " Who comes there ? "

(*g*) He examines the neck.

This comprehends the inspection for injuries to the head ; deafness ; disease of the ears ; defect of voice ; polypus of nose ; tubercular ulceration ; glandular enlargements ; and defects of the eyes and teeth.

15. Teeth.—The rejection of a recruit on account of loss or decay of teeth will depend upon the consideration of the functional apposition of the sound or repairable teeth and the physical condition of the recruit. Recruits who obviously require artificial dentures for efficient mastication, *e.g.* men with no opposing molars, will not be enlisted except in very exceptional cases, which should be put forward on A.F. B 203 for special enlistment. No man will be accepted, however, with a dental standard under eleven points, unless his weight is at least 6 lb. above that shown in the comparative tables attached to these instructions, and above the minimum laid down in any subsequent recruiting instructions. Nevertheless, where a medical officer has accepted a recruit whose weight conforms to that in the comparative tables and as having eleven dental points, but who, on further examination by a dental officer, is found to have fewer points, such a recruit will not *ipso facto* be discharged on the grounds of insufficient weight, but will be referred to the A.D.H. or D.A.D.H., who will use his discretion as to acceptance or discharge, being guided by the recruit's general physical condition. When the hygiene specialist is in doubt, the case will be referred to the War Office.

Boys with a dental standard under eleven points will not be accepted, and those enlisting as trumpeters or buglers must have their incisors complete in number and in sound or reparable condition.

The following will be used as a guide in determining dental points :—

(*a*) The teeth should be sound or only decayed to such an extent that they can be soundly restored.

(*b*) For convenience, the teeth in the upper jaw which are in good functional opposition to corresponding teeth in the lower jaw will be considered according to their functional values—

(i) Each incisor, canine, premolar (bicuspid), and under-developed 3rd molar (wisdom tooth) will have the value of one point.

(ii) Each 1st and 2nd molar and well-developed 3rd molar will have the value of two points, *e.g.* if the whole of the sixteen teeth are present in the upper jaw and in good functional opposition to corresponding teeth in the lower jaw, the total value will be twenty or twenty-two points, according to whether the 3rd molars are well developed or not.

Any man offering himself for enlistment or re-enlistment who is in possession of suitable well-fitting dentures may be accepted if otherwise fit.

A denture will not be considered as " well-fitting " unless six months have elapsed from the completion of the extraction of the replaced teeth. No further extractions must be required which will affect the stability of the denture, or necessitate alterations. The denture must fit firmly, be without movement on mastication and complete all spaces where natural teeth are missing. The artificial teeth must correctly meet the corresponding teeth in the opposite jaw, and afford good masticating surface. The denture must be free from breaks or cracks.

When an officer of The Army Dental Corps is available in the station, all men presenting themselves for enlistment with artificial dentures will be examined and reported upon by him before acceptance.

Whenever a recruit is passed medically fit, subject to conservative dental treatment, a note to that effect will be made on A.F. B 178.

16. Responsibility for measurement.—The examining medical officer will personally measure recruits as regards height, chest, and weight, and should compare these measurements with those in the tests given in the tables following these instructions.

17. Correlation of height, weight, chest measurement, and age.—The height, weight, and chest measurement of a recruit should accord with each other, and with his age (except in the case of boys), agreeably to the table of standards laid down in the tests.

As regards weight, except in the case of skilled tradesmen, the minimum below which a recruit should not be accepted is 112 lb.

The other weights in these tables will be regarded as a guide only, and the medical examiner will use his own judgment as to the general fitness of the man under examination.

Recruits for units or corps other than infantry, who in every other respect are up to required standards, and who appear to be desirable but are under the minimum weight of 112 lb., will be dealt with under para. 22.

18. Measurements.—The following are the instructions for the measurement of recruits :—

Height.—The recruit's height will be measured as follows :—

He will be placed against the standard with the feet together, and the weight thrown on the heels, and not on the toes or outer sides 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 to the fourth part of an inch.

Chest.—The recruit's chest will be measured as follows :—

He 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 upper edge touching the inferior angles of the scapulæ behind, and its lower edge touching the upper part of the nipples in front. 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.

Chest measurements will be recorded on A.F. B 178 thus :—

Girth when fully expanded ... ... inches.
Range of expansion ... ... inches.

In recording the measurements, fractions of less than a quarter of an inch should not be noted. The maximum is the standard measurement, and a recruit must also have not less than a 2-inch range of chest expansion.

The measurement will be taken by the medical examiner, who will ensure that the range of expansion is accurately recorded, the minimum chest being taken when the lungs are emptied.

A recruit who, on examination, fails to reach the chest measurement or chest expansion laid down in the test tables will not be passed as fit by the medical examiner.

19. Weight.—The recruit will be weighed, and his weight recorded in pounds.

Note.—The accuracy of the weighing machine should be tested from time to time by loading it with a known weight such as 14 lb.

20. Vision.—For examination of vision the recruit will be placed with his back to the light, and his visual acuteness will be tested by means of army test types, placed under standard illumination, at a distance of 6 metres (20 English feet).

Each eye will be tested separately, and the lids must be kept wide open. The recruit must look straight to his front, and must not be permitted to turn his head to either side during the test.

A recruit for the Army will be considered fit :—

(*a*) If his vision, without the aid of glasses, is not less than 6/18ths with each eye.

(*b*) If his vision in the left eye, without the aid of glasses, is not less than 6/36ths, provided that his vision in the right eye, without the aid of glasses, is not less than 6/6ths.

In the case of a recruit enlisting into the Royal Artillery, Royal Engineers, Royal Corps of Signals (except operators, visual), Royal Tank Corps, and Royal Army Service Corps, with a view to appointment as a tradesman (except drivers), and in the case of a recruit enlisting into the Royal Army Medical Corps, The Army Dental Corps, Royal Army Ordnance Corps, Royal Army Veterinary Corps, and Royal Army Pay Corps, he will be considered fit—

(*a*) If his vision in one eye (R. or L.), without the aid of glasses, is not less than 6/60ths, provided that his vision in the other eye, without the aid of glasses, is not less than 6/12ths.

(*b*) If his vision, without the aid of glasses, is not less than 6/24ths in each eye.

The vision of a recruit, without the aid of glasses, enlisting with a view to employment as a driver (H.T. or M.T.) in any corps must not be less than 6/18ths with each eye, provided that, with the aid of glasses, if necessary, his vision is not less than 6/6ths in one eye (R. or L.) and 6/12ths in the other.

A candidate for the Army Educational Corps will be accepted if the medical examiner is satisfied that his vision, with or without glasses, is sufficiently good for the satisfactory performance of his duties.

Each eye must have a full field of vision as tested by hand movements.

Any morbid condition of the eyes or of the lid of either eye liable to the risk of aggravation or recurrence will cause the rejection of the recruit. Squint will also be regarded as a cause for rejection.

The visual acuity of each eye will be entered on the medical history sheet of recruits found fit.

21. Defective vision.—Defective vision is a common cause of rejection after enlistment. This is due in many cases to careless examination—as, for instance, the recruit not being placed at the proper distance (20 feet) from the test types, each eye not being separately examined, one eye not being effectively covered when the other is examined, improperly illuminated test types, and also sufficient care not being taken to prevent the recruit becoming acquainted with the letters of the test type before the examination. As regards the covering of the eye of the recruit, this should be done by the medical examiner himself, and on no account should the

recruit be told to cover his own eye, as is frequently done, nor must the duty be delegated to a N.C.O. In doubtful cases he should be asked to read the lines backwards and from above downwards and *vice versa*. If the medical examination room is not long enough to obtain the required distance of 20 feet, this examination should be held in some other portion of the building, or even out of doors when weather permits, or by use of mirrors at 10 feet. Army test types will be used for testing the vision. These test types consist of three cards, each containing two different sets of type, and can be procured on requisition from recruiting officers of areas.

22. Special enlistments.—Any eligible recruit who does not fulfil every requirement set forth in the foregoing instructions, or in the subjoined test tables as modified from time to time by recruiting memoranda, or whose enlistment is desired when recruiting for the corps he wishes to join is closed, may be recommended on A.F. B 203 to the officers specified in regulations for recruiting for approval of special enlistment. In the case of a man so recommended the medical examiner will state on A.F. B 203 the period in which he considers the recruit is likely to reach the recognized standard. In the case of special enlistments (on A.F. B 203) the words " special enlistment " will be entered against the name of the recruit in the register, and also will be written in red ink at the top right-hand corner of the medical history sheet.

Bandsmen for the Brigade of Guards may be accepted, provided thay are medically fit for the duties of musicians.

Bandsmen and clerks authorized in Peace Establishments, Part II, T.A., may be enlisted up to the age of fifty years, but they must be medically fit for garrison duty abroad.

23. Entries in medical history sheets.—The medical history sheet is a document of great importance in connection with claims for disability pension on a soldier's discharge from the service. Any failure of officers concerned to give attention to the preparation and maintenance of these documents, and any inaccuracy in or insufficiency of the entries therein, may cause considerable delay, much expense, and grave injustice to the soldier. Medical examiners of recruits will therefore take every care to ensure that all necessary entries are made carefully and accurately at the time of the examination.

Marks and slight defects are to be noted concisely and clearly in the space allotted for the purpose, in order to facilitate the man's future identification. Special attention should be drawn to any defects which may influence decisions on possible claims for pension in the future.

24. Alterations to instructions.—Any alterations or additions to the instructions and tests contained herein will be notified from time to time in Army Orders, Recruiting Instructions, or Recruiting Memoranda, and must always be in the possession of a medical officer when examining a recruit.

REGULAR ARMY, SUPPLEMENTARY RESERVE, TERRITORIAL ARMY

The comparative tables laid down in Tests A and C for the Regular Army will be applicable to the Supplementary Reserve and Territorial Army, according to arms.

TEST A

Cavalry of the Line, Royal Corps of Signals, Infantry of the Line, Royal Army Service Corps, Royal Army Medical Corps, Royal Army Ordnance Corps, Royal Army Veterinary Corps, and The Army Dental Corps.

Age	Height	Weight	Chest-girth when fully expanded
	Inches	Lb.	Inches
18	62 and under 65	112	33
	65 ,, 68	115	33½
	68 ,, 72	118	34
	72 and upwards	122	34½
19	62½ and under 65	114	33½
	65 ,, 68	117	34
	68 ,, 70	120	34½
	70 ,, 72	124	35
	72 and upwards	128	35½
20	62½ and under 65	115	33½
	65 ,, 68	120	34
	68 ,, 70	123	34½
	70 ,, 72	126	35
	72 and upwards	130	35½
21	62½ and under 65	118	33½
	65 ,, 68	121	34½
	68 ,, 70	124	35
	70 ,, 72	127	35½
	72 and upwards	132	36
22 and over	62½ and under 65	120	34
	65 ,, 68	123	34½
	68 ,, 70	126	35
	70 ,, 72	130	35½
	72 and upwards	133	36

The range of chest expansion in all cases will not be less than 2 inches.

TEST B

Household Cavalry

Age	Height	Weight	Chest-girth when fully expanded
	Inches	Lb.	Inches
18	Under 72	118	36½
	72 and over	122	36½
19	Under 72	124	36½
	72 and over	128	37
20	Under 72	126	37
	72 and over	130	37
21	Under 72	127	37½
	72 and over	132	37½
22 and over	Under 72	130	37½
	72 and over	133	37½

The range of chest expansion in all cases will not be less than 2 inches.

TEST C

Royal Artillery,* Sappers and Drivers Royal Engineers, Royal Tank Corps

Age	Height	Weight	Chest-girth when fully expanded
	Inches	Lb.	Inches
18	62 and under 65	115	34
	65 ,, 68	115	34½
	68 ,, 72	118	35
	72 and upwards	122	35½
19	62 and under 65	115	34½
	65 ,, 68	117	34½
	68 ,, 70	120	35
	70 ,, 72	124	35½
	72 and upwards	128	36
20	62 and under 65	115	34½
	65 ,, 68	120	34½
	68 ,, 70	123	35
	70 ,, 72	126	35½
	72 and upwards	130	36
21	62 and under 65	118	34½
	65 ,, 68	121	35
	68 ,, 70	124	35½
	70 ,, 72	127	36
	72 and upwards	132	36½
22 and over	62 and under 65	120	34½
	65 ,, 68	123	35
	68 ,, 70	126	35½
	70 ,, 72	130	36
	72 and upwards	133	36½

The range of chest expansion in all cases will not be less than 2 inches.

* The chest-girth, fully expanded, for Royal Artillery artificers will be 1 inch less than in Test C.

TEST D

Foot Guards

Age	Height	Weight	Chest-girth when fully expanded
	Inches	Lb.	Inches
18	67 and under 68	115	35
	68 ,, 72	118	35½
	72 and upwards	122	36
19	67 and under 68	117	35½
	68 ,, 70	120	36
	70 ,, 72	124	36½
	72 and upwards	128	37
20	68 and under 70	123	36
	70 ,, 72	126	36½
	72 and upwards	130	37
21	68 and under 70	124	36½
	70 ,, 72	127	37
	72 and upwards	132	37½
22 and over	68 and under 70	126	36½
	70 ,, 72	130	37
	72 and upwards	133	37½

The range of chest expansion in all cases will not be less than 2 inches.

TEST E

Boys (all arms)

(*The minimum height at which boys will be enlisted is* 55 *inches*)

Height	Weight (minimum)	Chest
Inches	Lb.	
55	72	There is no minimum standard of chest-girth for boys under 18 years of age.
56	75	
57	78	
58	82	
59	86	
60	90	
61	93	
62	98	
63	102	

Part II

INSTRUCTIONS FOR DISCHARGE OF RECRUITS WITH LESS THAN SIX MONTHS' SERVICE CONSIDERED UNFIT ON MEDICAL GROUNDS

(Ref. para. **520**.)

1. The assistant director of hygiene in a command, under the direction of the deputy director of medical services, is responsible for all discharges of recruits considered unfit on medical grounds and proposed for discharge under the provisions of King's Regulations, 1928, para. 370 (vi) (*a*), or Recruiting Regulations, 1928, para. 151.

Although in certain commands, owing to their extent and the distances between depots, it is impracticable for the assistant director of hygiene to see all such recruits, nevertheless, when it will not cause undue delay, he should inspect as many as possible and carefully scrutinize the A.Fs. B 204 and B 178 of those proposed for discharge before he recommends their discharge. The remainder will be seen by the deputy assistant director of hygiene.

2. Recruits with less than six months' service for discharge on medical grounds are divided into two categories :—

(*a*) Recruits whose enlistment has been finally approved.

(*b*) Recruits whose enlistment has not yet been finally approved.

3.—(*a*) Should a recruit, whose enlistment has been finally approved, be considered unfit on medical grounds, he will, except as indicated in para. 3 (*c*), be dealt with under the provisions of King's Regulations, 1928, para. 370 (vi) (*a*), and A.F. B 204 will be prepared at once, and the reasons for proposing the discharge entered on the form and signed by the medical officer. The place of enlistment of the recruit and the name of the medical officer who originally examined him will also invariably be entered on the form.

(*b*) In the case of recruits considered unfit on medical grounds, whose enlistment has not been finally approved, A.F. B 204 will not be prepared, but the reasons for proposing the discharge will be entered in Table VI of the recruit's A.F. B 178, and will be signed by the medical officer.

(*c*) A recruit suffering from mental disease or from a disability which clearly originated after enlistment will be admitted to hospital and discharged under King's Regulations, 1928, para. 370 (xvi) or (xvi) (*a*).

(*d*) In the case of recruits whose enlistment has been finally approved, should the assistant director of hygiene, or, in cases where the assistant director of hygiene is not in a position to adjudicate (*see* para. 1), the deputy assistant director of hygiene, recommend the discharge, it should be carried out with all expedition in accordance with the instructions contained in King's Regulations, 1928, para. 370 (vi) (*a*), In cases where the enlistment has not been finally approved the recruits will be returned to the recruiting officer who attested them, for discharge under Recruiting Regulations, 1928, para. 151.

4. Where it is found necessary to discharge a recruit for a disability which, in the opinion of the deputy director of medical services, should have been detected by the medical officer who examined the recruit on enlistment, the attention of this officer will be drawn to the case through the proper channels. A note of all such cases and the action taken should be sent to The Under-Secretary of State (A.M.D. 5), The War Office, London.

5. Care should be taken that recruits who have been specially enlisted under War Office authority on A.F. B 203 are not recommended for discharge on account of the disability which is noted on the A.F. B 203, unless this disability has become so aggravated since enlistment as to necessitate this course. Such cases will be referred to The Under-Secretary of State (A.M.D. 5), The War Office, for covering authority before the discharge is approved.

6. Only cases which have a definite medical disability should be brought forward for discharge by a medical officer under King's Regulations, 1928, para. 370 (vi) (*a*), or under Recruiting Regulations, 1928, para. 151.

7. When considered necessary by the local administrative medical officer, before a recruit is proposed for discharge on medical grounds, the opinion in writing of an army specialist or of a civilian specialist employed by the Army, will be obtained on the case, provided always that such specialist is available and readily accessible. Where such certificate is provided it will invariably accompany the A.F. B 204 or A.F. B 178, and will state clearly the extent and nature of the disability for which it is proposed to discharge the man. The specialist will invariably state whether or not, in his opinion, the man should be retained in the service. This certificate is intended as an aid to the assistant or deputy assistant director of hygiene in deciding whether or not the recruit should be discharged, but the onus of making this decision rests with the assistant or deputy assistant director

of hygiene, acting on behalf of the deputy director or assistant director of medical services respectively.

When no specialist's certificate is available, the assistant or deputy assistant directors of hygiene must form their own opinion without the aid of such certificate. If a recruit after examination by an officer of the Hygiene Directorate is considered fit to be retained in the service, this officer will insert a remark to that effect in Table VI of the medical history sheet. If the opinion of a specialist has been obtained on the case, it will also be entered on the medical history sheet.

8. Diseases of the ear.—The disabilities enumerated in para. 14 of Part I of this appendix, as disqualifying a man from enlistment, will also be regarded as grounds for discharge after certification by an aural specialist, or, if no aural specialist is available, by an officer of the Hygiene Directorate, that treatment will not render him efficient.

9. Defective teeth.—Before a recruit is discharged for dental caries or a low dental standard, a certificate should be obtained from a dental officer to the effect that treatment of the caries or the provision of dentures is not likely to render him dentally efficient. Should the dental officer give such certificate, a conference will then take place between the recruit's C.O., the deputy director of medical services or his representative, the assistant director of hygiene, and the dental officer, in order to decide whether or not the discharge should be proceeded with, but *see* para. **552.**

In order to reduce travelling expenses as much as possible, a written opinion from the C.O. and from the dental officer will be regarded as equivalent to a conference of these officers and the representative of the deputy director of medical services.

When this procedure is adopted, the certificates should be forwarded to the deputy director of medical services, who will arrange for the attendance of the recruit for examination by the assistant director of hygiene instead of the latter visiting the depot to see the recruit.

If it is decided to retain the recruit in the Army for military reasons, despite his low dental count, he should receive the necessary treatment or be provided with suitable well-fitting dentures at the public expense.

Refusal to undergo necessary dental treatment should not be regarded as sufficient cause for discharge, although as the result of such refusal the recruit may not be up to the required dental standard, unless a medical board is of opinion that, without such treatment, the recruit is physically unfit to carry out his duties.

10. Flat feet.—Complaints of pain and of inability to march do not in themselves constitute sufficient grounds for discharge.

No recruit should be discharged for flat feet unless the condition, notwithstanding suitable treatment, is such that efficiency is impossible.

11. Defective vision.—When it is proposed to bring forward a recruit for discharge on account of defective vision, a complete ophthalmic examination will be carried out, and this will include an examination of the media and fundi, and an estimation of the refraction under a mydriatic, unless there is a special indication against so doing.

12. Operation scars.—A recruit undergoing training should not be discharged on medical grounds because of an alleged disability resulting from an operation scar, unless a surgical specialist gives a certificate to the effect that there is sufficient medical disability to warrant the discharge.

13. Incontinence of urine.—When a recruit reports sick for persistent incontinence of urine, he should be admitted to hospital at once. A thorough medical examination should be carried out, including cystoscopy, if thought necessary, and the following action taken :—

(*a*) If no medical disability is present, he should be returned to his unit for training or disciplinary action. Discharge under King's Regulations, 1928, para. 370 (vi), should be resorted to only as a final resource.

(*b*) If a medical disability likely to be cured by operation is present, operation should be advised.

(*c*) If a medical disability permanent in character is present, discharge should take place on A.F. B 204 under King's Regulations, 1928, para. 370 (vi) (*a*).

(*d*) If the recruit refuses examination or operation, he should be returned to his unit and particulars of the case reported to his C.O.

(*e*) On no account will any cases be discharged on A.F. B 204 except those under heading (*c*) above.

14. Epilepsy.—When a recruit is proposed for discharge on account of epilepsy, the medical officer will certify on A.F. B 204 that he has seen the recruit in a true epileptic fit, or, if he is unable to give such certificate, but is satisfied that the recruit is suffering from true epilepsy, he will record on the A.F. B 204 the grounds on which he bases his diagnosis.

In the case of a recruit who has not been finally approved, a similar certificate or statement will accompany the proposal for discharge.

APPENDIX No. 11C

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION TO QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

(Ref. para. **468.**)

Instructions for Medical Boards

1. The Boards must bear in mind that these ladies are called on to serve not only at home but in many foreign stations with trying climates, and the medical examination must therefore be thoroughly carried out.

2. The vision should be sufficient for ordinary purposes, but *squint* or any other *morbid* condition will cause the rejection of the candidate.

3. Particular attention will be paid to the following points :

(*a*) that her hearing is good ;

(*b*) that she has no impediment in her speech ;

(*c*) that her teeth are in good order ; decayed teeth if well filled will be considered as sound. Loss of teeth up to a reasonable extent will not cause rejection provided in the opinion of the Board the candidate is fitted with efficient dentures which enable her to masticate her food properly ;

(*d*) that her heart and lungs are healthy ;

(*e*) that she does not suffer from *varicose veins* to an extent that would interfere with the efficient performance of her duties ;

(*f*) that she has no congenital malformation or defect ;

(*g*) that she has no chronic skin disease.

4. Candidates will be required to furnish particulars of any serious injury or illness from which they have previously suffered.

5. The candidate will also be asked if she is ruptured or has ever had fits.

6. Her general appearance, specially with reference to anæmia, is to be noted.

7. In the event of rejection the cause should be clearly stated in the proceedings of the Board.

APPENDIX No. 12

INSTRUCTIONS FOR RECORDING CASES OF VENEREAL DISEASE

(Ref. paras. **117** and **179**.)

I. Admission and Discharge Books—A.B. 27.

(i) An entry " Venereal sore " will be made in pencil in the column for recording diagnosis in all cases admitted to hospital with venereal sores. When a definite diagnosis has been made it will be recorded in ink.

(ii) Before a case of venereal sore is returned as syphilis, the following tests will be carried out :—

(*a*) Serum taken from the sore will be examined for *Spirochæta pallida* on three or four successive days ; only normal saline will be used as a local dressing during this time. If *Spirochæta pallida* are not found in the serum from the sore, fluid obtained from an enlarged gland—if such are present—should be carefully examined as follows :—

Inject 5 minims of sterile normal saline into the substance of the gland, then by movements of the needle break down the gland tissues and withdraw a little of the fluid and examine it for the parasite.

(*b*) If these examinations are negative, and suspicious clinical signs are present, a provocative dose of one of the arsenical preparations should be given and a Wassermann test performed one week later. If this examination is negative, four additional tests should be carried out at intervals of one week ; unless the case has been definitely diagnosed in the meantime.

(*c*) In cases of soft sore a Wassermann test should be carried out once a month for three months in view of the possibility of a double infection.

(iii) When a case is transferred from one station to another before the diagnosis of the sore is established, this fact will be notified to the hospital to which the patient is transferred, and when the diagnosis is established it will be communicated to the station from which the patient was transferred.

II. **Venereal Disease Case Cards—A.F. I 1247.**

(i) In addition to the hospital case cards made out for all admissions to hospital, a venereal disease case card (A.F. I 1247) will be kept for every case under treatment or observation for venereal disease. The necessary entries thereon will be made in accordance with the instructions printed on the form.

(ii) In the event of a patient being transferred from the hospital or station in which he is under treatment or observation for venereal disease, his card (A.F. I 1247) will be forwarded under confidential cover to the O.C. the hospital under whose care he will come. When such hospital is unknown, his card will be sent under confidential cover to the O.C. his unit, with a request that it be handed over to the medical authorities on the arrival of the patient at his new station.

When patients are transferred from one hospital to another, a nominal roll should accompany their cards.

In the case of men embarking for overseas and still under treatment for venereal disease, their cards will be sent, under confidential cover, to the S.M.O. of the ship, who, at the end of the voyage, will transmit them to the O.C. the men's units.

(iii) When treatment has been completed, A.F. I 1247 will be retained in the hospital in which the patient would be treated, if sick, until he is no longer required to attend for observation; it will then be sent to the Under-Secretary of State (A.M.D. 6), The War Office, for filing. A.F. I 1247 will also be sent to the War Office when a patient is transferred to the Reserve, discharged from the Army, or dies.

The date and cause of a patient being no longer required to attend for treatment or observation should be entered on A.F. I 1247 (*i.e.* recovered, transferred to Reserve, etc.).

(iv) In addition to the original A.F. I 1247, which accompanies the soldier wherever he goes so long as he remains under treatment or observation for venereal disease, a duplicate copy will be made out in each hospital in which he is treated, and on it sufficient particulars, including a summary of the treatment received, will be entered to serve as a permanent hospital record of the case. These duplicate cards will be filed in the hospital.

(v) When a case discharged from hospital for treatment as an out-patient is re-admitted on account of the recurrence of syphilitic symptoms, the word "Relapsed" (with the date of re-admission) will be entered in red ink on A.F. I 1247.

(vi) If, after a soldier has been discharged from treatment or observation for venereal disease, a relapse occurs, application should be made to the Under-Secretary of State (A.M.D. 6), The War Office, for his venereal disease case card—A.F. I 1247. Full regimental particulars and date of discharge from treatment or observation should be given. This card when received from the War Office will be used for recording further particulars of the case, and when the case is finally disposed of the card, together with any other cards which may have been used in continuation of it, will be returned to the War Office. A similar procedure will be adopted when a reservist or discharged soldier presents himself for further treatment, under the conditions laid down in para. **179** of these Regulations, but the fact that the patient is a reservist or discharged soldier will be noted on his card.

III. Medical History Sheets—A.F. B 178.

The following entries will be made in red ink by the medical officers concerned :—

(*a*) Placed under treatment for syphilis at .... on .....

(*b*) Struck off attendance for treatment and observation for syphilis at ..... on .....

IV. Notification of Venereal Diseases—A.F. I 1239.

This form will be used in arranging with officers commanding units for the attendance of patients for treatment or observation.

V. **Continued treatment of venereal disease after transfer to Army Reserve or Discharge.**—The procedure is laid down in para. **179** of these Regulations.

VI. **Instructions relating to the examination of specimens of blood by the Wassermann test.**

(A) Where hospitals cannot carry out dark-ground examinations and the laboratory is not near, medical officers will take serum from a venereal sore in a capillary tube, carefully sealing both ends without heating the serum, and send it to the nearest laboratory for diagnosis, with as little delay as possible. Particulars of the case will be entered in A.F. I 3212, which will accompany the serum.

(B) **Taking specimens of blood serum for the Wassermann test :—**

(i) Fasten a rubber band round the upper arm so as to congest it, and make the patient clench his fist.

(ii) Paint the skin over a prominent vein at the bend of the elbow with Tr. Iodi. or a 1 in 15 solution of iodine in chloroform.

(iii) Withdraw the needle from the small tube and the wire running through it and (holding it pointing in the direction of, and almost parallel with, the vein, with its eye looking upwards) push it into the vein.

(iv) Having drawn about 10 c.c. of blood into the large test tube—

(*a*) Remove the rubber band from the upper arm.

(*b*) Make the patient unclench his fist.

(*c*) Withdraw the needle from the vein.

(*d*) Apply a gauze pad to the puncture.

(*e*) Remove the glass tube with rubber connection and needle attached from the cork of the large test tube and wash them thoroughly with water, completing the cleansing by pouring a little alcohol through the needle.

(*f*) Set the *corked* test tube containing the blood on one side until the clear serum separates.

(v) Pipette off the serum into a small tube or a Wright's capsule, avoiding the inclusion of red blood cells. Seal the capsule or tube and forward it without delay to the laboratory.

(C) **Particulars to be furnished on A.F. I 3212.**

(*a*) All specimens of serum or of cerebro-spinal fluid sent to a laboratory for examination for the Wassermann reaction should be accompanied by A.F. I 3212 duly completed, clinical features and anti-syphilitic treatment (if any) up to date being filled in.

(*b*) In a case which has had several previous blood tests at the same laboratory the serial number used by the laboratory should be quoted when sending serum for examination.

(*c*) Where the clinical signs do not suggest syphilis, but the test is required to confirm, or otherwise, the exclusion of syphilis, the name of the suspected disease should be entered in full, thus—" Psoriasis."

In the event of subsequent investigation proving the diagnosis to be other than that shown in the first instance on A.F. I 3212, a correction slip should be sent to the laboratory which performed the test, indicating the change.

(*d*) The total weight of each remedy administered in each course with dates of administration, should be entered.

(*e*) The following *abbreviations* will be used :—

" Hg "=Mercury. " KI "=potassium iodide. Any other iodine preparation being filled in without abbreviation.

" IV "=Intravenous.

" IM "=Intramuscular.

" Subc."=Subcutaneous.

" IN "=Inunctions.

Other methods to be entered in full.

Pathologists who conduct Wassermann tests should, in rendering reports to the senders of specimens, consider the clinical reports accompanying them, and amplify their reports where applicable with such information as may be likely to assist the clinician in determining his line of action. This applies more particularly to negative results, which are often explicable on other grounds than absence of syphilis, *e.g.* primary syphilis of a few days' duration. In such and other cases where it appears to be applicable, the pathologist should add to the report a remark such as the following :—

> " In view of the clinical evidence in this case, the negative reaction is of little value in excluding syphilis. It is suggested that another specimen be sent in two weeks "—or " a provocative injection be given and another specimen sent a week later."

The above instructions must be carefully observed to enable the clinician and pathologist mutually to assist each

other. The clinician should recognize the fact that, though the pathologist does not require the clinical data *for the mere reading of his tests*, these data are of great value to him in adjusting and correcting his standards from time to time.

Similarly the pathologist should recognize that, in certain cases, a hint as to the interpretation of his negative report may help the clinician very considerably, and may often prevent undue delay in the diagnosis of syphilis.

It is only by this co-operation between clinician and pathologist that the fullest advantage will be secured from the application of this valuable test.

APPENDIX No. 13

INSTRUCTIONS FOR RECORDING DENTAL TREATMENT

(Ref. para. **200**.)

1. The surname on the Dental Treatment Card will be written in block letters, and the particulars of the soldier's unit will be given in full.

2. The following signs will be used to denote existing dental condition. If a soldier is found to require no treatment on first inspection, the words " dentally fit " will be entered on the first lines of the dental treatment columns of his medical history sheet and dental treatment card.

(*a*) Missing teeth will be indicated by a line drawn mesio-distally through the diagram of the teeth lost.

(*b*) Unerupted teeth will be indicated by a letter " U " placed against the diagram of the teeth on the side nearest the centre of the chart.

(*c*) Deciduous teeth will be indicated by a letter " D " placed against the diagram of the teeth on the side nearest the centre of the chart. (The letters " D.U." will be used to indicate that a deciduous tooth persists, and the corresponding permanent tooth has not erupted.)

(*d*) Supernumerary teeth will be indicated by a diagram of the teeth being drawn on the chart showing position.

(*e*) Unrepairable teeth will be indicated by a letter " X " through the diagram of the teeth. No tooth will be considered unrepairable if it can be usefully conserved.

(*f*) Caries will be indicated by showing in outline on the diagram of the affected tooth the approximate extent of necessary restoration. (Unsound restorations requiring renewal will be similarly indicated.)

(*g*) Existing sound restorations will be indicated by " filled in " diagrams showing the extent and sites of such restorations.

(*h*) Crowns.—Serviceable crowns will be indicated by four parallel lines drawn *bucco-lingually* (or *labio-lingually*) across the diagram of the teeth.

(*j*) Bridges will be indicated by four continuous parallel lines extending *mesio-distally* through the teeth bridged.

(*k*) Under " Remarks " the following information will be briefly given :—

(i) The state of the mouth as regards cleanliness. This will be indicated by the words " good," " fair," or " neglected," immediately following the printed words " Oral hygiene."

(ii) Particulars of existing artificial dentures. These will be shown as in the following example :—

$$\frac{\text{5421/1567 vulcanite}}{\text{765/3467 vulcanite}}$$ private (or public) expense.

This indicates that upper and lower vulcanite dentures are being worn to the extent noted, and whether they are provided at the soldier's own (or at public) expense.

(iii) Particulars of any abnormality in the position or structure of the teeth.

(iv) Particulars of any pathological condition in the mouth.

(v) If it is known that the soldier is suffering from venereal disease, the fact will be recorded.

3. The following abbreviations will be used in describing subsequent treatment in the dental treatment columns of the medical history sheet and dental treatment card. Entries in the medical history sheet will be limited to work actually completed, and details of preparatory work should not be entered :—

(*a*) The notation for the permanent teeth will be :—

$$\frac{87654321/12345678}{87654321/12345678}$$

m = mesial, d = distal,
cr = occlusal, l = lingual,
buc = buccal, lab = labial surfaces.

(*b*) The notation for retained deciduous teeth will be :—

$$\frac{edcba/abcde}{edcba/abcde}$$

(*c*) Conservative treatment :—

Amalgam restoration	= A.R.
Osteo cement restoration ...	= O.R.
Amalgam / Cement lined } restoration ...	= A.C.R.
Synthetic cement restoration ...	= S.R.
Cu Oxyphos restoration ...	= Cu.R.

The extent of the restoration of a tooth will be " filled in " on the diagram on the dental treatment card as soon as the restoration is completed.

Dressing	= Dr.
Gutta-percha	= G.P.
Scaling and cleaning	= Sc.

(*d*) Pulp and root treatment :—

As_2O_3 dressing	= P.Ar.
Pulp removal, local anæsthetic...	= P.L.
Root filling	= Rt.F.
Root dressing	= Rt.Dr.

(*e*) Extractions ... ... = X.
Extractions with local anæsthetic = X.L.
,, ,, general ,, = X. followed by description of anæsthetic, *e.g.*, $X.N_2O$, X. Ether, $X.CHCl_3$.

(*f*) Artificial dentures :—

The supply of these appliances will be indicated by giving the notation figures, showing extent of dentures, followed by description of appliance, *e.g.* :—

$$\frac{6543/1567 \text{ Vulc.}}{76/4567 \text{ Vulc.}}$$

Impressions	= Imp.
Try in	= Try.
Fitted	= Fd.
Remodel	= Rem.
Repair	= Rep.

(*g*) Particulars of any other treatment will be entered as briefly as possible.

4. Denture work sent to a central dental laboratory will be accompanied by A.F. I 5026 in duplicate. Special letters will be used to denote each command, and each dental centre in a command will be indicated by a letter (commencing with A) to be decided by the D.D.M.S.

The commands will be indicated as follows :—

Aldershot	A.
Eastern	E.
London	L.
Northern	N.
Northern Ireland District ...	I.
Scottish	Sc.
Southern	S.
Western	W.
Gibraltar	G.

The D.D.M.S. will notify the officer i/c central laboratory to which work is sent of the letters allotted to the centres in his command.

The command letter, centre letter, and appliance number will be marked on each impression or model sent to the central laboratory, *e.g.*, S.A.5, L.D.27, E.B.36.

APPENDIX No. 14

INSTRUCTIONS FOR THE REPORTING OF CASUALTIES ON ACTIVE SERVICE

(Ref. para. **546**.)

1. Theatre of war.—Instructions as to the reporting of casualties by Os.C. medical units in a theatre of war are contained in Field Service Regulations, Vol. 1.

2. At home and stations abroad other than a theatre of war.

(i) *Serious or dangerous illness.*—Reports of patients placed on the seriously or dangerously ill list will be rendered in accordance with the instructions contained in King's Regulations.

(ii) *Deaths.*—In addition to the reports to be furnished in accordance with para. **92** of these Regulations, all deaths in hospital will be notified to the O.C. unit concerned by telegram immediately they occur.

3. Patients transferred to home hospitals from theatres of war and from other stations abroad.

(i) The admission of every patient transferred from a theatre of war or station abroad other than a theatre of war direct to an auxiliary hospital without having passed through the central hospital to which the auxiliary hospital is affiliated, will be immediately notified to the O.C. the central hospital.

(ii) Os.C. central hospitals will render an admission report on A.F. W 3017 daily or as often as there are admissions to report :—

For officers and members of the military nursing services. { To the Under-Secretary of State, The War Office.

For other ranks. { To the Officer i/c Records concerned,

showing particulars of every patient received from a theatre of war or station abroad other than a theatre of war into the central hospital or its affiliated auxiliaries during the previous twenty-four hours.

(iii) On receipt of A.F. W 3017 referred to in (ii), officers i/c records will immediately forward the soldiers medical history sheets to the hospital without waiting for an application from the O.C. hospital.

(iv) Os.C. central hospitals will render to the Under-Secretary of State (A.M.D. 2), The War Office, on the Friday of each week a Weekly Hospital State, A.F. W 3018, showing the number of beds equipped and vacant, the numbers of officers and other ranks admitted or transferred from overseas during the week, the total numbers who have been discharged to duty or who have died during the week, and the numbers remaining in hospital at 8 a.m. on the day the return is rendered.

(v) An official postcard notifying their arrival at the hospital will be posted to the next of kin of each patient as soon as possible after his arrival, and in no case later than the day following admission.

Each patient will complete his own card, if able to do so, and return it to a responsible hospital official for despatch. If the patient is unable to complete his card, it will be completed for him by the sister or orderly.

If the patient is too ill to furnish the address of his next of kin, the postcard should be addressed to the record office to be re-addressed.

APPENDIX No. 15

INSTRUCTIONS FOR SENDING SAMPLES OR SPECIMENS FOR CHEMICAL AND BACTERIOLOGICAL EXAMINATION

(Ref. para. 587.)

Only in special circumstances should samples be sent to the Royal Army Medical College for examination; routine examinations—analytical, chemical, or bacteriological—will as a rule be carried out in the laboratories in the command.

All samples or specimens forwarded to the Royal Army Medical College for examination, and correspondence relating

thereto, should be addressed to: The Commandant, Royal Army Medical College, Grosvenor Road, London, S.W.1.

The results of the examination will be communicated by the Commandant, and in urgent circumstances will be telegraphed direct.

(A) WATER

1. Receptacles and carriers for this purpose are held on charge at selected hospitals in each command.

(*a*) *Samples for chemical examination* should measure at least half a gallon, and should be forwarded in "Winchester quart" bottles, which contain that amount when full.

Should these not be available, other glass-stoppered bottles may be used. Corks should only be used in emergencies, when they should be quite new, and well secured by string and sealing-wax. No luting of any kind should be employed.

In all cases when its absolute cleanliness is in doubt, the bottle must be rinsed out with strong sulphuric acid, the last traces of which must subsequently be removed by repeated rinsings with the water to be examined. A final rinsing must always be made immediately before the sample is taken.

(*b*) *Samples for bacteriological examination* must be forwarded in the sterile bottles and carrier specially provided for this purpose.

The officer in charge of the laboratory carrying out a bacteriological examination of water is responsible for seeing that the special bottle which contained the sample is sterilized before being replaced in its carrier, and that a certificate of this having been done is inserted in the carrier before it is returned to the hospital where it is held on charge.

If no sterile bottle is available, other glass-stoppered bottles, to contain not less than 6 ounces, may be used after they and their stoppers have been boiled for ninety minutes.

Failing this, the bottle must be sterilized by strong sulphuric acid, the utmost care being taken to remove the last trace of acid.

2. The taking of samples will be carried out under the direct personal supervision of a medical officer detailed for the purpose, who will be responsible for the observance of the following directions.

Great care must be taken that a fair average sample of the supply is collected and submitted. In the case of piped supplies, samples should be taken direct from the mains as well as from delivery taps in houses. Samples for chemical and bacteriological examination from any individual source must be taken at the same point and at the same time.

(*a*) *Chemical samples.*—If possible, without disturbing any sediment that may be present, bottles should be filled while fully submerged—thus avoiding scum. Piped water should be allowed to run to waste freely, so that impurities in the pipe lumen may be washed out before a sample is taken.

(*b*) *Bacteriological samples.*—The following additional precautions are necessary :—

(i) If sampling from a tap, flame the tap for a minute and then let the water run to waste for three minutes before taking the sample.

(ii) Before opening the sterilized bottle, flame its neck and stopper for half a minute by means of a spirit lamp. With a similarly sterilized pair of forceps, remove the stopper and hold it thus until, after a final passage through the flame, it is replaced in the bottle, which should meanwhile have been completely filled so that no bubble of air is finally retained.

(iii) Replace the cap on the bottle before inserting the latter in the inner cylinder of the carrier, which should then be closed by its rubber cover.

(iv) Fill the outer cylinder of the carrier with ice and sawdust, or with *dry* sawdust if no ice is obtainable.

3. Transmission of samples and particulars.—To enable it to be identified, each sample should be securely labelled, the label giving full particulars regarding its source.

Samples will always be forwarded by the most expeditious route. Those for bacteriological examination should reach the laboratory within forty-eight hours of collection. Except in cases of emergency, they should not arrive on a Saturday or a Sunday.

Full particulars embodying information on the following

points must be despatched at the same time as, but separately from, the samples :—

(*a*) The reasons for, and the exact nature of, the examination required.

(*b*) Date and hour of sampling.

(*c*) Nature and location of source of water; and site of sampling.

(*d*) Nature and distance of any source whence an inflow of pollution appears probable.

(*e*) Geological strata (as far as readily ascertainable) likely to affect the water constituents.

(*f*) If the source be a well—depth to water, depth of water, steining, coping, covering, strata penetrated, method of raising water.

(*g*) If a stored surface-water—nature of collecting surface and conditions of storage.

(*h*) Meteorological conditions, with reference to recent drought or heavy rainfall.

(*i*) Any treatment the water has received which may alter its constituents, *e.g.* clarification, chlorination, softening, or boiling.

(B) Food and Beverages

1. Special bottles and jars for samples are held on charge at selected hospitals in each command, and the officer in charge of the laboratory where the examination is carried out will be responsible for ensuring that the bottle or jar is thoroughly cleaned and returned to the hospital where it is held on charge.

2. Minimum quantities for examination are as follows :—

Milk	6 oz.
Condensed milk	1 tin
Dried milk	2 oz.
Butter	4 ,,
Margarine	4 ,,
Cheese	4 ,,
Bread	½ lb.
Biscuits	½ ,,
Flour	4 oz.
Oatmeal	2 ,,
Arrowroot	2 ,,
Tea	2 ,,
Coffee	4 ,,
Cocoa	2 ,,

Tinned meat or fish	1 tin
Sausage	½ lb.
Dried or smoked meat or fish	½ ,,
Lard	4 oz.
Tinned or bottled fruit or vegetable ...	1 tin or bottle
Sugar	4 oz.
Jam	4 ,,
Golden syrup	4 ,,
Confectionery	4 ,,
Pepper or mustard	1 oz.
Vinegar	5 oz.
Lime juice	5 ,,
Beer or stout	10 ,,
Spirits	10 ,,
Aerated water, bottle or syphon ...	1

3. The original container should be forwarded unopened, if possible. Otherwise it should be forwarded with the sample.

4. Articles not packed in original containers should be packed as follows :—

(*a*) *Liquids.*—In clean, glass-stoppered bottles of such size that the sample completely fills the bottle.

(*b*) *Solids.*—In clean biscuit or other suitable tins to be obtained locally from the R.A.S.C.

Semi-solids.—In earthenware jars fitted with clean bungs, specially provided (*see* para. 1 above). The use of paper or other packing inside the jar (except when the sample is contained in its original wrapper) is prohibited.

(*c*) Samples for bacteriological examination should be packed in glass bottles, which (with their stoppers) should be previously sterilized by boiling for ninety minutes.

5. In collection of samples special care is necessary in every case to ensure that a fair average of the substance is obtained, *e.g.* both the crust and crumb of bread, and the rind and interior of cheese, should be included. In the case of milk, the supply must be thoroughly mixed, by stirring or pouring from one receptacle to another, before the sample is taken.

All samples will be taken under the direct personal supervision of a medical officer detailed for the purpose, and he will be responsible for seeing that the directions here given are carried out.

6. A report, embodying at least the following information, must be despatched at the same time as, but separately from, each sample :—

(*a*) The exact nature of the examination required, and the reasons rendering it necessary.

(*b*) The date on which the article was purchased or issued, and the source from which it was obtained.

(*c*) In any case of suspected poisoning, a clinical summary is required. This should state particularly the length of time which elapsed between consumption of the suspected article and the onset of symptoms ; the symptoms observed, and the present condition of the patient or patients.

Information should be added regarding the condition of other persons who have partaken of the article or of similar articles from the same consignment.

(C) Pathological Material for Laboratory Examination

1. Collection of blood serum.—Two methods can be employed for obtaining serum for agglutination tests, Wassermann reactions, etc. :—

(*a*) Collection in a Wright's blood capsule.

(*b*) Collection by means of vein puncture.

(*a*) *Technique of collection in a Wright's blood capsule.*—These capsules are obtainable on demand at the nearest military laboratory.

Their method of use is as follows : The dorsal aspect of the terminal phalanx of one of the fingers is cleaned thoroughly with alcohol, and is pricked sufficiently deeply, either with a bayonet-pointed needle or glass pricker, to ensure a free flow of blood. Before pricking the finger, or immediately afterwards, a narrow bandage is wound tightly round it in such a manner as to confine the blood in the distal phalanx.

Both ends of the capsule are now broken off. Holding the capsule almost horizontally and below the level of the finger, the tip of the re-curved limb is applied to the drop of blood.

This now runs in by capillary attraction and by siphonage, the air escaping through the straight limb of the capsule.

Enough blood will have been obtained when the capsule is two-thirds full.

If, during the filling of the capsule, the blood ceases to flow freely, the bandage is to be removed from the finger and re-applied.

The capsule is sealed in the following manner: A small steady flame is employed, either the by-pass of a Bunsen burner or, if this is not available, the flame of a spirit lamp or candle, or a match held upright. The capsule is first slightly warmed at the junction of the body with the straight limb, and the distal end of this tube is sealed off by holding it in the flame. It is now allowed to cool, and in so doing the imprisoned rarefied air contracts and sucks the blood into the body of the capsule, leaving the orifice of the re-curved limb free. The orifice of this re-curved limb is *now* sealed up in the flame.

The greatest care must be taken in all these operations to prevent charring or heating the blood.

The capsule is labelled with the patient's name, date of collection of blood, and is packed carefully for forwarding.

(*b*) *Technique of collection by means of vein puncture.*—The blood is obtained from the forearm by means of aseptic puncture of one of the veins which have been rendered prominent by applying a bandage around the upper arm. A fairly large-bore hypodermic needle should be employed, and at least 5 c.c. of blood withdrawn into the syringe. This blood is now transferred to a small test tube to allow clotting and separation of the serum. The latter is pipetted off from the clot, sealed in a small tube, and labelled with the patient's name and date of sample.

2. Tissues for histological examination.—Portions of tissue, new growths, etc., forwarded for histological examination should be dealt with as follows :—

The tissue should be obtained as fresh as possible, and, if for sending by post, cut into cubes of from 2 to 4 millimetres in thickness, and placed, without previous washing with water, in a glass-stoppered bottle containing 10 per cent. formalin in normal saline solution.

Particulars as to the site of new growth and brief clinical details should be forwarded with the specimen.

If a properly equipped laboratory is available, the whole growth or tissue should be handed without delay to the pathologist.

3. Sputum for bacteriological examination.—It is advisable to obtain the sputum that is brought up in the early morning.

Particular care should be taken when collecting bronchial secretion, that the sputum is *coughed up* and is not simply obtained from the upper air passages or mouth.

It is convenient, in forwarding the specimen, to use a stoppered sputum bottle.

These bottles can readily be sterilized before use by rinsing with a few drops of absolute alcohol or methylated spirit which is then set alight.

Antiseptics must not be added to the sputum when it is forwarded for animal inoculation.

4. Fæces for bacteriological examination and for determination of the presence of ova or worms, cysts of entamœba histolytica, etc.—A saline purge should be administered to the patient overnight. The fæces specimen jar is conveniently employed in forwarding the specimen.

A small portion of the fæces is picked up in the spoon which is attached to the stopper of the jar.

N.B.—Sputum bottles and fæces specimen jars are obtainable through army medical stores, or from the nearest bacteriological laboratory.

5. Preparation of autogenous vaccines.—Autogenous vaccines, for cases of furunculosis, acne, etc., can be prepared, provided that a specimen of pus, collected with aseptic precautions, be forwarded.

An unbroken pustule should be selected and the surface sterilized by rubbing with cotton wool moistened in absolute alcohol.

The pus is obtained by plunging the point of a sterile capillary pipette into the centre of the pustule and by gently aspirating a portion of the contents into the capillary stem by means of the teat fitted to the end of the pipette. The end is then sealed off in the flame.

6. Blood films for examination for malarial parasites, blood diseases, etc.—The blood should be spread on a clean microscope slide in as thin and as even a film as possible.

This is best attained in the following manner : A small drop of blood, obtained by pricking the dorsal aspect of the terminal phalanx of the finger, is touched lightly with the end of the slide. The slide, with the drop of blood thus transferred, is placed on a horizontal surface, and with the edge of a second slide, which is held at an angle of 45 degrees, the drop distributed in an even film over the surface.

7. Pus films for microscopical examination.—These films should be prepared in the same manner as blood films (*see* para. 6).

In preparing films for examination for the gonococcus, the sample of pus should be collected on the patient's rising in the morning and before he has urinated.

POST OFFICE REGULATIONS REGARDING SUBSTANCES SENT BY POST FOR MEDICAL EXAMINATION OR ANALYSIS

The post office regulations to be observed in connection with sending articles for medical examination or analysis are as follows :—

(Extract from Post Office Guide.)

"Deleterious liquids or substances, though otherwise prohibited from transmission by post, may be sent for medical examination or analysis to a recognized medical laboratory or institute, whether or not belonging to a public health authority or to a qualified medical practitioner or veterinary surgeon within the United Kingdom, by *letter post, and on no account by parcel post,* under the following conditions :—

"Any such liquid or substance must be enclosed in a receptacle hermetically sealed or otherwise securely closed, which receptacle must itself be placed in a strong wooden, leather, or metal case in such a way that it cannot shift about, and with a sufficient quantity of some absorbent material (such as sawdust or cotton-wool) so packed about the receptacle as absolutely to prevent any possible leakage from the package in the event of damage to the receptacle. The packet so made up must be conspicuously marked 'Fragile with Care,' and bear the words 'Pathological Specimen.'"

APPENDIX No. 16

INSTRUCTIONS AS TO THE SUPPLY OF SPECTACLES

(Ref. paras. **420** and **421**.)

1. The following instructions regarding the strength of spectacles authorized for issue to soldiers will be strictly adhered to, and no spectacles outside these limits will be supplied :—

(*a*) No simple spherical lens will be supplied of a less strength than 0·50 dioptre, or of a greater strength than 10·00 dioptres.

(*b*) No simple cylindrical lens will be supplied of a less strength than 0·50 dioptre, or of a greater strength than 6·00 dioptres.

(*c*) No sphero-cylindrical lens will be supplied having before or after transposition :—

(i) one of its component parts less than 0·50 dioptre and the other component part less than 1·00 dioptre ;

(ii) a combined strength greater than 12·00 dioptres ; or

(iii) a cylindrical strength greater than 6·00 dioptres.

(*d*) No sphero-cylindrical lens will be supplied having a concave-spherical surface combined with a convex-cylindrical surface. All such combinations are capable of being transposed into a lens having a convex-spherical surface combined with a concave-cylindrical surface.

(*e*) No quarter-dioptre lens will be supplied above 3·00 dioptres and no half-dioptre lens above 6·00 dioptres. No lens with intervals of less than quarter-dioptre will be supplied.

2.—(*a*) Prescriptions (A.F. I 1240) for spectacles are invariably to be completed in every detail and with due regard to legibility and neatness.

(*b*) The O.C. the hospital will arrange for the details of the frame measurement and the particulars of date, name, etc., to be inserted. The visual acuity without and with glasses and the record of testing will be completed and signed by the ophthalmic surgeon.

(*c*) Standard notation only will be used for recording the axis.

(*d*) Two figures after the decimal point, and not less than one before it will be used for recording foci, thus : 5·00, 0·50.

(*e*) The metric system will be used in all frame measurements, lens foci, and V.A. records.

A copy of the prescription for glasses, and the measurement of the frame will be entered in the man's Medical History Sheet, and in his Soldier's Field Service book (A.B. 64, Part 1).

The O.C. the hospital will see that the prescription (A.F. I 1240) has been completed in every detail, and will then despatch it in duplicate to :—

THE DIRECTOR-GENERAL,
ARMY MEDICAL SERVICES (A.M.D. 3),
THE WAR OFFICE S.W.1,

who will authorize the issue.

3. When the prescription (A.F. I 1240) is for spectacles accidentally broken or damaged on duty in circumstances beyond the soldier's control, a certificate to that effect, signed by the man's C.O., will accompany it.

A copy of the prescription (A.F. I 1240) will be retained at the hospital for reference purposes.

4. On receipt at the hospital, the spectacles will be approved by the ophthalmic surgeon and checked before they are handed over to the soldier. The ophthalmic surgeon will record his approval on the prescription (A.F. I 1240).

When a soldier is not serving at or in the immediate neighbourhood of an ophthalmic centre, the spectacles will be sent direct from the Optical Appliances Depot to his C.O. The officer in medical charge of the soldier's unit will ascertain whether the spectacles are satisfactory. If not satisfactory, the man will be sent to the nearest ophthalmic centre with his spectacles and a copy of the prescription, in order that the necessary steps may be taken to have the defects remedied.

5. The soldier's receipt for the spectacles will be entered on the prescription (A.F. I 1240), which will then be returned to the Optical Appliances Depot without delay.

In cases where the soldier's receipt cannot be at once obtained, the O.C. the hospital at which the ophthalmic centre is established or the C.O. of the unit, as the case may be, will sign the receipt and return the prescription (A.F. I 1240) to the Optical Appliances Depot without delay.

6. If a soldier requires spectacles under the conditions of para. **421** of these regulations and is willing to pay for them, supply should be arranged in accordance with paras. 1 and 2 above. All copies of the prescription (A.F. I 1240) will be marked in red ink, "subject to payment by the soldier concerned." When the prescription (A.F. I 1240) is received back from the Optical Appliances Depot, the O.C. the hospital, or the O.C. the unit, as the case may be, will send A.F. O 1680 in duplicate to the regimental paymaster in order that recovery may be made from the man's pay. The paymaster will complete both copies of A.F. O 1680 with a reference to cash credit : one copy will be retained by the paymaster to support his account and the other copy will be returned to the O.C. the hospital (or O.C. the unit), who will attach it to the prescription and send both the receipted prescription and the A.F. O 1680 to the Optical Appliances Depot without delay (*see* para. 5).

APPENDIX No. 17

INSTRUCTIONS FOR USE OF CASE, WATER TESTING, STERILIZATION

The object of the test is to find out how much water sterilizing powder is required to sterilize 100 gallons of water.

Description of Contents

The contents of the case are as follows :—

Six white enamelled cups, holding one-third pint of water when filled nearly to the brim.

One black enamelled cup, with mark on the inside.

Two metal scoops, each holding 2 grammes when filled with water sterilizing powder level with the brim. They are similar to the measure contained in the quarter-pound tin of water sterilizing powder.

One stock bottle of cadmium iodide and starch indicator solution, and one dropping bottle. Three drops of the indicator solution give a definite blue colour with water containing one part in a million of free chlorine.

Six glass tubes, or pipettes, each of such dimensions that a drop of standard water sterilizing powder solution delivered by it, when held in a vertical position, into a white cup filled with water, gives a dilution of chlorine of one part in a million.

Four glass stirring rods.

Tablets, sodium thiosulphate gr. 1½, No. 25.

Tablets, acid sodium bisulphate gr. 15, No. 50.

Twelve pipe cleaners.

Two copies of instructions.

Method of Using

Clarified water from the cart is used. The test is best carried out while the cart is being filled, an operation which takes about half an hour.

1. Prepare a standard solution of water sterilizing powder in the black cup as follows :—

Put into the black cup one level scoopful of the solid water sterilizing powder, and make it into a smooth paste

with a little clarified water by stirring it with a glass stirrer and carefully breaking up all lumps. Add more water to the paste and fill the black cup with water to the mark on the inside. Stir vigorously and leave the glass rod in the black cup. This solution is never clear, as it contains lime in suspension, which, however, gradually settles. Put into this solution one of the glass pipettes.

2. Fill the six white cups with clarified water to within a quarter of an inch of the top.

3. Add drops of the standard water sterilizing powder solution from the pipette to the water in the white cups, so that they contain 1, 2, 3, 4, 5, 6 drops respectively. Stir the contents of each thoroughly with a clean stirring rod and leave this stirring rod in the black cup. Allow the cups to stand for half an hour.

Note.—In order to add even drops of the standard water sterilizing powder solution to the cups, it is necessary that the top of the pipette and also the finger should be quite dry. Pressure of the finger on the pipette keeps the liquid from running out. By gradually releasing the pressure a continuous series of drops can be made to fall from the pipette. A novice can soon learn the method of dropping by practising a few times with the solution out of the black cup.

4. After half an hour add three drops of the indicator solution from the dropping bottle to each of the white cups, and stir each with a clean stirring rod.

5. Some of the six white cups will show no colour, some will show a blue colour. The first of the cups showing a blue colour, that is the one containing the smallest number of drops, is noted. Say cups 1, 2, 3 show no colour, but cups 4, 5, 6 show a blue colour, then cup No. 4 is the one to be noted. If none of the cups show a blue colour, the cups are washed out and the test is performed again with 7, 8, 9, 10, 11, 12 drops of the water sterilizing powder solution in the cups.

6. Each drop of water sterilizing powder solution in a white cup corresponds to a scoopful of water sterilizing powder to a full water-cart of 100 gallons. Four scoopfuls of water sterilizing powder corresponding to the four drops are thus required for the tank of the cart in the instance given in the previous paragraph.

7. The water sterilizing powder must not be added in the solid form to the water in the tank. It must be made into a paste with water in the black cup and diluted in the same way as in the preparation of the standard solution.

It is better to add a solution of one scoopful of water sterilizing powder at a time rather than a solution of several scoopfuls.

As the body of the water cart is divided into compartments by means of baffle plates, the solution is divided equally between the compartments.

8. The solution of water sterilizing powder must be thoroughly mixed with the water in the tank—

(*a*) By filling the tank half-full, adding the solution of water sterilizing powder and then rapidly filling completely.

(*b*) By rapidly raising and lowering the cart by means of the draught pole.

9. The water in the tank should always be tested at the end of half an hour, when it should show a faint blue colour on adding three drops of the indicator solution to a white cupful.

10. *Water for drinking must not be drawn from the cart until half an hour at least has passed.* It should be left in the cart as long as possible, preferably until the following morning.

11. If the water be used immediately after the lapse of half an hour it may have a slight taste of chlorine. The taste disappears in time. The water then contains nothing but lime salts, which are present in every hard water. It is, therefore, advantageous to prepare water well in advance of the time when it is required.

12. To sterilize small quantities of water—petrol tins, pakhals, etc., carry out preceding test and find out how many scoopfuls of powder are required for 100 gallons. Multiply the number of scoopfuls required by the number of gallons the smaller receptacle holds. The figure obtained will be the number of scoopfuls of the black cup solution it is necessary to add to the water in the receptacle.

Estimation of Available Chlorine in Water Sterilizing Powder

Method

(*a*) **To make the standard hypo solution.**—Dissolve one tablet of hypo, 1·5 grains, in the cleanest water available, in one of the white cups in the case. Dilute until the cup is full to the brim and mix thoroughly by stirring gently. (Strength, 0·05 per cent.)

(*b*) **To make the standard water sterilizing solution.**—Measure out a level scoopful of water sterilizing powder into the black cup of the test box. Mix into a thin paste with water and dilute to the white line in the usual way. After it has been standing a few minutes, during which time the two scoops should be cleaned and rubbed over with a greasy rag, stir the solution of water sterilizing powder thoroughly and transfer a level scoopful to a clean white cup about a quarter full of clean water.

(*c*) **Titration.**—Pour into the white cup containing the diluted water sterilizing powder solution about a scoopful of the cadmium iodide and starch indicator solution and add one acid sodium-bisulphate tablet. Stir till the tablet is completely dissolved. The contents of the cup turn blue-black. Add now level scoopfuls of standard hypo-solution, stirring between each addition and counting carefully the number added. When the colour just disappears the number of scoopfuls of hypo added represents the percentage of available chlorine.

Example.—The experiment required twenty-six scoopfuls of hypo to discharge the blue-black colour; the powder contains therefore about 26 per cent. available chlorine.

N.B.—Sterilized water must not be used in carrying out this test.

APPENDIX No. 18

INSTRUCTIONS FOR VACCINATIONS

(Ref. para. **559.**)

1. Before performing any vaccination the medical officer must satisfy himself that the individual is in good health and that there is no history of recent exposure to such diseases as measles, scarlatina, diphtheria, or erysipelas. In the event of contact with a case of small-pox, however, it may be necessary to carry out the vaccination of individuals who have been exposed to the infection of diseases such as those mentioned above.

2. The lymph must be used within a week of its receipt; in the interval it will be kept in a cool place. Any lymph which cannot be used within the period specified will be destroyed.

3. The medical officer must keep a record of the lymph he uses for vaccination which will enable him to identify the lymph used for any individual.

4. Vaccination will at every stage be carried out with aseptic precautions. These will include (*a*) the cleansing of the surface of the skin before vaccination; (*b*) the use of sterilized instruments, and (*c*) the protection of the vaccinated surface against extraneous infection when vaccinating and subsequently.

5. The site for vaccination should be on the upper arm, not lower than the insertion of the deltoid muscle.

6. The cleansing of the skin will be carried out as follows:—

(*a*) Wash the arm thoroughly with soap and water and then dry.

(*b*) Rub the site of vaccination thoroughly with a pledget of cotton wool soaked in methylated spirit.

(*c*) Allow the area to become thoroughly dry before vaccinating.

7. Vaccination will be by linear incision; cross hatching will not be employed. The incision should be performed *so as not to draw blood*. The instrument used may be a needle, lancet, or sharp-pointed scalpel which should not be used for any other purpose and must be kept in good condition; it should be sterilized between each operation by being dipped in methylated spirit and then passed through the flame of a spirit lamp. The handle of the instrument will not be used for rubbing in the lymph.

8. When the vaccinator has unsealed a tube of lymph he must never attempt to keep any part of its contents for the purposes of vaccination on a future occasion. The tube should be broken with sterilized forceps. Under no circumstances should the mouth be applied directly to the tube in which the lymph is contained for the purpose of expelling the lymph; an artificial expeller must be used for this purpose.

9. Vaccination by two single line incisions, each three-quarters of an inch in length and at least one inch apart, reduces the local reaction to a minimum, facilitates the interpretation of results of re-vaccinations and produces satisfactory immunity. In the case of recruits who have not been

previously vaccinated only one incision, ¾-inch in length, should be made. Care, however, must be taken to inoculate the whole length of each incision with the lymph, and the best way to ensure this is to apply the lymph to the arm first and then make the incision through it. There is no advantage to be gained by energetically rubbing the lymph into the incision; such action may produce an unnecessarily severe local reaction.

10. When vaccinating women and children, only one incision of a quarter of an inch should be made. If, however, the women or children are proceeding overseas in the near future, and it is therefore advisable to obtain the maximum protection, the number and length of incisions in the case of women may be that described in para. 9 above; in the case of children the total length of the incision vaccinated should not exceed three-quarters of an inch.

11. After vaccination the lymph *must be allowed to dry before application of the dressing* which should be sterile gauze secured in position by a bandage or by zinc oxide strapping applied above and below the vaccination area. The strapping must not be applied directly over the site of vaccination. If unsuitable strapping is used to secure the dressing, urticarial or scarlatiniform rashes may be produced.

12. The vaccinated person must be instructed to report himself or herself immediately if the protective dressing has slipped, that is, if any of the vaccinated surface has become exposed.

13. Vaccinated cases should be dealt with as out-patients and there is, as a rule, no necessity for them to be seen daily before the sixth day. A moderate amount of exercise is beneficial, at least for the first few days, and this is not exceeded in the ordinary training of a recruit. Subsequently, the after treatment will be determined in accordance with the necessity of each case.

14. Constitutional disturbance, as evidenced by a rise of temperature, enlargement of the spleen and lymphatic glands, headache, and malaise reach their maximum, on an average, on the sixth day. It is important, therefore, to take the temperature and inspect the arm, etc., from the sixth day onwards. The amount of constitutional disturbance should not be judged by the appearance of the arm alone as this may lead to a patient who is really ill being sent to duty.

APPENDIX No. 19

FORM OF MEDICAL CERTIFICATE OF MENTAL DISEASE

(Ref. para. **506.**)

I, the undersigned.....
do hereby certify as follows :

1. I am a person registered under the Medical Act, 1858, and I am in the actual practice of the medical profession.

2. On the.....day of.....19.....
at (*a*).....
in the (*b*).....of.....
.....separately from any other practitioner I personally examined the said.....
and came to the conclusion that he is a person of unsound mind.

(*a*) *Insert the place of examination, i.e. military hospital or private address where examined.*

(*b*) County, city, *or* borough, *as the case may be.*

3. I formed this conclusion on the following grounds, viz. :—

(*a*) Facts indicating Mental disease observed by myself at the time of examination (*c*), viz. :

.....

.....

.....

.....

(*c*) *If the same or other facts were observed previous to the time of the examination, the certifier is at liberty to subjoin them in a separate paragraph.*

(*b*) Facts communicated by others (*d*), viz. :

.....

.....

.....

(*d*) *The names and Christian names of informants to be given, with their descriptions and addresses.*

DATED.....day of.....19

(SIGNATURE).....

of (*e*).....

(*e*) *Insert full postal address.*

APPENDIX No. 20

FORM OF CERTIFICATE TO BE SIGNED BY THE RELATIONS OR FRIENDS ON TAKING CHARGE OF A MENTAL CASE

(Ref. paras. **504** and **527.**)

I CERTIFY that I am desirous and willing to receive my (relation) No. Rank Name Unit.

The nature of his disease and the fact that he may possibly be dangerous has been explained to me, but I am willing to accept full responsibility for him in every way.

Place..... Signature .....

Date.....

APPENDIX No. 21

HOSPITAL LIBRARIES

(Ref. paras. **157** and **158.**)

FORM "A"

REPORT of an Inspection of the Hospital Library at made on 19 , and the amount chargeable against the on account of books lost, damaged and destroyed.

Title	Chargeable against				Charges for books lost or destroyed			Charge for books damaged		
	Unit	Coy.	No.	Name	£	s.	d.	£	s.	d.

FORM "B"

QUARTERLY RETURN of Books requiring repairs in the Hospital Library at 19 .

No. of volume	Title of book	Estimated cost of repair		Accounts in which sums charged to troops will be found credited
		Fair wear and tear	Charged to troops	

I certify that the above-mentioned books require to be repaired, and that the estimated cost does not exceed the amount assessed against the troops, as shown in accompanying Inspection Reports.

Station
Date
Forwarded

Quarter-master,
R.A.M.C.

O.C. military hospital.

Forwarded to The Under-Secretary of State, The War Office.
Station
Date

Deputy Director of Medical Services.

War Office,
19 .

The Accountant at is hereby authorized to charge in his account the sum of being for repair of books belonging to the Library at for the quarter ending 19 . This authority and the tradesman's receipt being annexed as vouchers for the charge.

APPENDIX No. 22A

SUPPLY OF BOOKS AND PERIODICALS TO MEDICAL LIBRARIES

(Ref. para. **139**.)

1. Each library is supplied at the public expense with books, periodicals, etc., as indicated below :—

(*a*) Libraries at stations at home :—

(i) Standard works (initial issue) :—

Manual of Surgery, by Rose and Carless.
Principles and Practice of Medicine, by Osler and Macrae.
Hygiene and Public Health, by Parkes and Kenwood.
Tropical Diseases, by Manson.

(ii) Periodicals :—

Tropical Diseases Bulletin—published monthly.
British Journal of Surgery—published monthly.
Journal of Hygiene—published quarterly.

(iii) Standard works on medical and allied sciences to the total value of £6 15*s*. annually (except Belfast Military Hospital—£5).

(iv) Subscription to Lewis's Medical and Scientific Circulating Library of the amounts shown in Appendix No. 22B.

(*b*) Libraries at stations abroad :—

(i) Standard works (initial issue) :—

Manual of Surgery, by Rose and Carless.
Operations of Surgery (Jacobson), by Rowland and Turner.
Principles and Practice of Medicine, by Osler and Macrae.
Hygiene and Public Health, by Parkes and Kenwood.
Tropical Diseases, by Manson.
Practical Bacteriology, Bloodwork, and Parasitology, by Stitt.
Entomology,* Vol. I, by Patton and Evans.
Diseases of Children, by Hutchison.

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* Not to be supplied to libraries which have received an initial issue of Alcock's Entomology until the latter is worn out.

(ii) Periodicals :—

As for libraries at stations at home.

(iii) Standard works on medical and allied sciences to the total value of £9 annually.

2. An initial issue of the standard works specified in para. 1 (*a*) (i) and (*b*) (i) is arranged for by the War Office, but new editions must be provided out of the annual expenditure authorized by para. 1 (*a*) (iii) and (*b*) (iii).

The regular supply of the periodicals specified in para. 1 (*a*) (ii) and (*b*) (ii) is arranged by the War Office.

The books to be provided out of the annual expenditure authorized by para. 1 (*a*) (iii) and (*b*) (iii) will be selected by the officer i/c library who will indent on the War Office on A.F. L 1385 for the books required.

3. Arrangements should be made locally for copies of sanitary and other reports on particular stations in the command, statistical information regarding prevalent diseases, and any other available matter likely to be of general interest to be placed in the libraries.

4. As the expenditure authorized under para. 1 (*a*) (iii) and (*b*) (iii) is intended solely for the purchase of books for the libraries, it will be necessary for officers to contribute a small sum monthly to defray the cost of postage to and from the circulating library, stationery, catalogues, etc. The amount of this contribution must be decided locally, but in no case should it exceed 2*s*. 6*d*. monthly.

APPENDIX No. 22B

LIST OF HOSPITALS AT WHICH MEDICAL LIBRARIES ARE ESTABLISHED, SHOWING THOSE ON BEHALF OF WHICH AN ANNUAL SUBSCRIPTION IS PAID TO LEWIS'S CIRCULATING LIBRARY

(Ref. para. **320**.)

STATIONS AT HOME

	£	s.	d.
Aldershot Command—			
Cambridge Hospital	5	10	0
Eastern Command—			
Military Hospital, Colchester	2	12	6
Military Hospital, Shorncliffe	2	12	6
Royal Herbert Hospital, Woolwich	5	10	0
Southern Command—			
Royal Victoria Hospital, Netley	5	10	0
Military Hospital, Tidworth		—	
Western Command—			
D.D.M.S., Headquarters, Chester		—	
Northern Command—			
Military Hospital, Catterick	3	3	0
Military Hospital, York	3	3	0
Scottish Command—			
Military Hospital, Edinburgh	2	12	6
Northern Ireland District—			
Military Hospital, Belfast		—	

STATIONS ABROAD

Bermuda—			
Military Hospital, Prospect		—	
Ceylon—			
Military Hospital, Colombo		—	
Egypt—			
Military Hospital, Cairo		—	
Military Hospital, Alexandria		—	
British Military Hospital, Khartoum		—	
Military Hospital, Moascar		—	
China—			
Military Hospital, Hong Kong		—	
No. 7 General Hospital, Shanghai		—	
Gibraltar—			
Military Hospital		—	
Jamaica—			
Military Hospital, Up Park Camp		—	
Malta—			
Military Hospital, Imtarfa		—	
Malaya—			
Military Hospital, Tanglin		—	

APPENDIX No. 22C

INDENTS FOR BOOKS OR PAMPHLETS

(Ref. para. **144**.)

The Officer in Charge Medical Library

.....Military Hospital.

Please supply on loan the under-mentioned book(s), pamphlet(s). I undertake to be responsible for the safe custody of these, and to return them to the library in good condition, carriage paid, within fourteen days.

Titles (1) .....

(2) .....

(3) .....

Station ..... Date ..... Signature .....

Rank .....

RECEIPT FOR BOOKS OR PAMPHLETS RETURNED

The Officer in Charge Library

.....Military Hospital.

Please receive the under-mentioned book(s), pamphlet(s), loaned to me on ..... Kindly acknowledge receipt hereon.

Titles (1) .....

(2) .....

(3) .....

Station ..... Date ..... Signature .....

Rank .....

Received the above.

Signature .....

Rank .....

Date ..... Officer in Charge Medical Library,

..... Military Hospital.

APPENDIX No. 23

LIST OF BOOKS AND REGULATIONS TO BE MAINTAINED IN MILITARY HOSPITALS

(Ref. para. **69.**)

Army Council Instructions.
Army Orders from January 1918.
Anatomical Diagrams and First Aid Charts (where authorized).
British Pharmacopœia.
Hospital Ready Reckoner (A.B. 9).
Manuscript List of Returns to be rendered.
Mobilization Instructions, Medical Services of the Army.
Reports on the Health of the Army from 1909.
Schedules of Barrack and Hospital Furniture, Parts I and II.

APPENDIX No. 24

PRECAUTIONS TO BE OBSERVED IN X-RAY DEPARTMENTS

(Ref. para. **72**.)

I. The dangers of over exposure to X-rays and radium can be avoided by the provision of adequate protection and suitable working conditions. It is the duty of those in charge of X-ray and radium departments to ensure such conditions for their personnel. The known effects to be guarded against are—

(*a*) Injuries to the superficial tissues ;
(*b*) Derangements of internal organs and changes in the blood.

II. **General X-ray recommendations.**

1. X-ray departments should not be situated below ground-floor level.

2. All rooms, including dark rooms, should be provided with windows affording good natural lighting and ready facilities for admitting sunshine and fresh air whenever possible.

3. All rooms should be provided with adequate exhaust ventilation capable of renewing the air of the room not less than ten times an hour. Air inlets and outlets should be arranged to afford cross-wise ventilation of the room.

4. All rooms should preferably be decorated in light colours.

5. X-ray rooms should be large enough to permit a convenient lay-out of the equipment. A minimum floor area of 250 sq. feet (25 sq. metres) is recommended for X-ray rooms, and 100 sq. feet (10 sq. metres) for dark rooms. Ceilings should be not less than 11 feet (3·5 metres) high.

6. A working temperature of about 18° C. (65° F.) is desirable in X-ray rooms.

7. Wherever practicable the X-ray generating apparatus should be placed in a separate room from the X-ray tube.

III. **X-ray protective recommendations.**

8. An X-ray operator should on no account expose himself unnecessarily to a direct beam of X-rays.

9. An operator should place himself as remote as practicable from the X-ray tube.

10. The X-ray tube should be surrounded as completely as possible with protective material of adequate lead equivalent.

11. The following lead equivalents are recommended under average conditions :—

	X-rays generated by peak voltages	Minimum equivalent thickness of lead
Not exceeding	75 K.V	1 mm.
	100	1·5
	125	2
	150	2·5
	175	3
	200	4
	250	6
	300	9
	350	12
	400	15

12. In the case of diagnostic work, the operator should be afforded protection from scattered rays by a screen of a minimum lead equivalent of 1 mm.

13. In the case of X-ray treatment the operator is best stationed completely outside the X-ray room behind a protective wall of a minimum lead equivalent of 2 mm. This figure should be correspondingly increased if the protective value of the X-ray tube enclosure falls short of the values given in para. 11. In such event the remaining walls, floor, and ceiling may also be required to provide supplementary protection for adjacent occupants to an extent depending on the circumstances.

14. Screening examinations should be conducted as rapidly as possible with minimum intensities and apertures. Palpation with the hand should be reduced to the minimum.

15. The lead glass of fluorescent screens should have the protective values recommended in para. 11.

16. In the case of screening stands the fluorescent screen should, if necessary, be provided with a protective " surround " so that adequate protection against direct radiation is afforded for all positions of the screen and diaphragm.

17. Screening stands and couches should provide adequate arrangements for protecting the operator against scattered radiation from the patient.

18. Inspection windows in screens and walls should have protective lead values equivalent to that of the surrounding screen or wall.

19. Efficient safeguards should be adopted to avoid the omission of a metal filter in X-ray treatment.

20. Protective gloves, which should be suitably lined with fabric or other material, should have a protective value not less than $\frac{1}{3}$ mm. lead throughout both back and front (including fingers and wrist). Protective aprons should have a minimum lead value of $\frac{1}{2}$ mm.

IV. **Electrical precautions in X-ray rooms.**

21. The floor-covering of the X-ray room should be of insulating material, such as wood, rubber or linoleum.

22. Overhead conductorss hould not be less than 9 feet (3 metres) from the floor. They should consist of stout metal tubing or other coronaless type of conductor. The associated connecting leads should be of coronaless wire kept taut by suitable rheophores.

23. Wherever possible earthed guards or earthed sheaths should be provided to shield the more adjacent parts of the high-tension system. The use of X-ray equipment having the high tension circuit completely enclosed in earthed conductors is specially recommended. Unless there are reasons to the contrary, metal parts of the apparatus and room should be efficiently earthed.

24. The use of quick-acting double-pole circuit breakers is recommended. Over-powered fuses should not be used. If more than one apparatus is operated from a common generator, suitable overhead multi-way switches should be provided.

25. Some suitable form of kilo-voltmeter should be provided to afford a measure of the voltage operating the X-ray tube.

26. Special electrical precautions should be taken in rooms where anæsthetics are used in conjunction with X-rays.

V. **Film storage precautions.**

27. X-ray films should be used and stored with due precautions as to safety against fire. Large stocks should be kept in isolated stores, preferably in a separate building or on the roof.

VI. Radium protective recommendations.

(A) Radium Salts

28. Protection for radium workers is required from the effects of—

(*a*) Beta rays upon the hands.
(*b*) Gamma rays upon the internal organs, vascular and reproductive systems.

29. In order to protect the hands from beta rays, reliance should be placed primarily on distance. The radium should be manipulated with long-handled forceps, and should be carried from place to place in long-handled boxes, lined on all sides with at least 1 cm. of lead. All manipulations should be carried out as rapidly as possible.

30. Radium, when not in use, should be stored in a safe as distant as possible from the personnel. It is recommended that radium tubes or applicators be inserted into separate lead blocks in the safe, giving a thickness of protective wall amounting to the values given in the following table :—

Maximum quantity of Radium Element	Thickness of Lead
0·2 gm.	8·5 cm.
0·5 ,,	10·0 ,,
1·0 ,,	11·5 ,,
2·0 ,,	13·0 ,,
5·0 ,,	15·0 ,,
10·0 ,,	17·0 ,,

31. A separate room should be provided for the " make-up " of screened tubes and applicators, and this room should only be occupied during such work.

32. In order to protect the body from the penetrating gamma rays during handling of the radium, a screen of not less than 2·5 cms. of lead should be used, and proximity to the radium should only occur during actual work and for as short a time as possible.

33. The measurement room should be a separate room and it should preferably contain the radium only during its actual measurement.

34. Nurses and attendants should not remain in the same room as patients undergoing radium treatment with quantities exceeding $\frac{1}{2}$ gm.

35. All unskilled work, or work which can be learned in a short period of time, should preferably be carried out by temporary workers, who should be engaged on such work for periods not exceeding six months. This applies especially to nurses and those engaged in " making-up " applicators.

36. Discretion should be exercised in transmitting radium salts by post. In the case of small quantities it is recommended that the container should be lined throughout with lead not less than 3 mms. thick. It is more satisfactory to transport large quantities by hand in a suitably designed carrying case.

(B) Emanation

37. In the manipulation of emanation, protection against the beta and gamma rays has likewise to be provided.

38. The handling of emanation should be carried out, as far as possible, during its relatively inactive state.

39. The escape of emanation should be very carefully guarded against, and the room in which it is prepared should be provided with an exhaust fan.

40. Where emanation is likely to come in direct contact with the fingers, thin rubber gloves should be worn to avoid contamination of the hands with active deposit. Otherwise, the protective measures recommended for radium salts should be carried out.

41. The pumping room should preferably be contained in a separate building. The room should be provided with a connecting tube from the special room in which the radium is stored in solution. The radium in solution should be heavily screened to protect people working in adjacent rooms. This is preferably done by placing the radium in solution in a lead-lined box, the thickness of lead recommended being according to the table in para. 30.

VII. Working hours and conditions.

42. The following working hours, etc., recommended for whole-time X-ray and radium workers in civilian institutions, are added for guidance, but it is recognized that the exigencies of the Service will not permit of their complete adoption in military hospitals :—

(*a*) Not more than seven working hours a day.

(*b*) Not more than five working days a week. The off-days to be spent as much as possible out of doors.

(*c*) Not less than four weeks' holiday a year (preferably consecutively).

(*d*) Whole-time workers in hospital X-ray and radium departments should not be called upon for other hospital service.

(*e*) X-ray and particularly radium workers should be systematically submitted, both on entry and subsequently at least twice a year, to expert medical, general, and blood examinations. These examinations will determine the acceptance, refusal, limitation, or termination of such occupation.

NOTE.—The above are extracts from the International Recommendations for X-ray and radium protection.

APPENDIX No. 25

MEDICAL EQUIPMENT AUTHORIZED FOR MILITARY HOSPITALS AND RECEPTION STATIONS * (NON-CONSUMABLE)

(Ref. para. **375.**)

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION I (A)					
Basins, evaporating, porcelain ...	2	2	4	4	—
Bottles and jars, surgery ... set	1	1	1	1	—
Brushes, bottle-cleaning	2	3	3	3	—
,, size or varnish	2	2	2	2	—
Funnels, composition	1	2	2	2	—
,, glass	1	1	2	2	—
,, tin	1	1	2	2	—
Loosener, stopper	1	1	1	1	—
Measures, glass, graduated	4	4	6	6	—
,, ,, minim	2	2	3	3	—
Mortars and pestles, composition ...	2	2	2	2	—
,, ,, ,, glass	1	1	2	2	—
Pannikins, tin	2	2	2	2	—
Pots, decoction	1	2	2	2	—
,, infusion...	1	2	2	2	—
,, ointment, covered, 4 oz. ...	12	18	24	24	—
Sieve, hair	—	1	1	1	—
Tiles, pill	2	2	3	3	—

* Only such items as are considered necessary within the limits of the lowest scale will be issued to reception stations.

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION IV					
Bags, ice, head	2	2	3	4%	—
Beds, air	—	1	2	2%	—
,, ,, bellows for	—	1	2	2%	—
Pillows, air	—	2	4	4%	—
,, ,, bellows for	—	1	2	2%	—
,, water	—	—	2	2%	—
SECTION V (A)					
Apparatus, nitrous oxide	—	1	1	1	—
,, ,, ,, foot-stand for ...	—	1	1	1	—
,, oxygen, Haldane's, field pattern	—	1	1	1	—
,, saline infusion	1	1	1	1	—
Basins, dressing, kidney - shape, enamelled iron	3	6	8	8%	—
,, dressing, round, enamelled iron	2	4	6	6%	—
Baths, eye	2	2	4	4%	—
Bottles, drop, chloroform	1	2	2	2%	—
Bougies, gum elastic, olivary (set of 12) ... ... set	—	1	1	1	—
Bowls, enamelled iron	2	4	8	8%	—
Brushes, nail, operating room ...	—	—	—	—	4
,, ,, ward	†	†	†	†	—
Catheters, elastic gum, olivary (set of 12) ... ... set	1	1	1	1	—
,, indiarubber	3	8	8	8	—
,, metal, sizes 1–14 set	—	—	—	—	1
Corkscrews	1	1	2	2	—
Cradles, fracture, Lawrence's ...	1	1	2	2	—
Crutches ... ... prs.	2	2	2	2%	—
,, shoes, indiarubber, for ...	4	4	4	4%	—
Cylinders, nitrous oxide	—	4	8	8	—
,, oxygen	2	4	8	8	—
,, ,, keys for	1	1	2	2	—
,, ,, nipples and unions for	1	1	2	2	—
Depressors, tongue	2	2	4	6	—
Enemas, indiarubber, with vulcanite nozzle	2	2	3	4%	—
,, nutrient, complete ...	—	1	1	2%	—
Finisher, pill	—	1	1	1	—
Glasses, test, conical	as required				

† One for each ward attendant, one for each officers' ward, also issued to mortuaries as necessary. Allowed in addition 5 per cent. of accommodation.

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION V (A)—*continued*					
Holder, caustic	1	1	1	1	—
Hone	1	1	1	1	—
Irrigators, with tubing, pinchcock, and glass nozzle	1	2	3	3%	—
Jars, dressings, glass, with cover ...	1	2	3	4%	—
,, solution, glass, 2-gallon, with tube and pinchcock ...	—	2	3	4%	—
Knives, pill and palette	2	4	4	4	—
Lens, convex	1	—	—	—	—
Machines, pill...	1	1	1	2	—
Mould, suppository	—	1	1	1	—
Mouthpieces, glass, for oxygen ...	1	1	2	2	—
Nozzles, double-channel, Maiocchi's, glass	2	4	10%	10%	—
Reliever, breast	1	1	1	1	—
Scales and weights, ounce ... set	1	1	1	1	—
,, ,, ,, pillar, grain set	1	1	1	1	—
Scissors, counter	1	2	2	2	—
Screwdriver	1	1	1	1	—
Spatula, bone...	1	1	1	1	—
Splints, arm, elbow, jointed, lateral, wire	1	2	2	3	—
,, arm, extension, Jones's modified, Thomas's knee	1	1	2	2	—
,, common, scored wood set	1	1	2	2	—
,, knee, Thomas's, without footpiece	2‡	3	4	6	—
,, ,, Thomas's metal sliding frame foot-pieces for	2	2	2	2	—
,, leg, wood, Cline's R. and L. prs.	2	2	4	4	—
,, thigh, wood, Liston's ...	1	1	2	2%	—
,, wrist, dorsiflexed, Jones's ...	1	1	1	2	—
Sprays, solution	1	1	2	2%	2
,, throat	1	2	4	4%	—
Stands, urine test, complete ...	1	1	2	3	—
Stethoscopes	1	1	2	2	—
Stone, Arkansas, 8-in.	—	—	—	—	1**
,, ,, slip	1	1	1	1	—
Syringes, indiarubber, " adaptable," with eustachian catheter, size 9	1	1	2	4	—
,, glycerine	1	1	2	2%	—

‡ One only to reception stations.

** Supplied only to military hospitals where an operating room assistant is authorized.

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION V (A)—*continued*					
Tapes, measuring	1	1	2	2	—
Thermometers, bath	1	1	2	3	—
,, clinical	4	4	10%	10%	—
Tourniquets, Samway's	1	1	1	1	2
Tray, catheter, with cover	1	1	1	1	—
Trays, dressing, enamelled iron ...	2	2	4	4	2
Tube, stomach, indiarubber, with funnel and gag	1	1	1	1	—
Tubes, drainage, Paul's, glass ...	—	—	—	—	6
,, ,, ,, tubing, indiarubber, for	as required				
Tubes, dropping	4	6	8	12	—
Winders, bandage	—	—	1	1	—
SECTION V (B)					
Beads, test, coloured...	—	—	1	1	—
Lamp, ophthalmic	—	—	1	1	—
Lenses, trial, case of	—	—	1	1	—
Types, test, mounted (set of 4) set	1	1	1	1	—
,, ,, reading, in frame ...	1	1	1	1	—
SECTION VI					
Accumulator, with rheostat, 4 volt	—	—	—	—	1
Apparatus for administration of warm anæsthetic vapour, Shipway's	—	—	—	—	1
Aspirator, Potain's	1	1	1	1	1
Bag, Politzer's, with tubing, 2 connecting mounts, indiarubber nozzle and 2 eustachian catheters ...	—	—	—	—	1
Bistoury, curved, blunt pointed ...	—	—	—	—	1
,, ,, sharp-pointed ...	—	—	—	—	1
,, straight, blunt-pointed ...	—	—	—	—	1
,, ,, sharp-pointed ...	—	—	—	—	1
Boiler, water, copper†	—	—	—	—	1
Bougies, dilating, Lister's (set of 13) set	—	—	—	—	1
Cases, dressing, ward	1	1	2	2%	—
Cautery, Paquelin's	—	—	—	—	1
Chisels, bone (set of 3) ... set	—	—	—	—	1
Clamps, hæmorrhoidal	—	—	—	—	2
,, intestinal, curved and straight	—	—	—	—	4
,, stomach, 11 in., light ...	—	—	—	—	2
Curette, adenoid	—	—	—	—	1
Cystoscope	—	—	—	—	1
Director, fistula	—	—	—	—	1
,, steel, 8 in.	—	—	—	—	1

† When steam-actuated boilers and sterilizers are not provided.

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION VI—*continued*					
Dissector and probe, Watson Cheyne's	—	—	—	—	1
Elevator, dura mater	—	—	—	—	1
,, periosteal	—	—	—	—	1
Forceps, artery, Mayo-Ochsner's ...	—	—	—	—	6
,, ,, skull, Sargent's ...	—	—	—	—	6
,, ,, Spencer Wells', 5 in.	—	—	—	—	36
,, ,, ,, ,, 7 in.	—	—	—	—	6
,, aural, dressing	1	1	1	1	—
,, bone-cutting	—	—	—	—	1
,, dissecting	—	2	4	6	6
,, ,, toothed	—	—	—	—	1
,, gouge, Hoffman's	—	—	—	—	1
,, hæmorrhoidal	—	—	—	—	3
,, lion	—	—	—	—	1
,, necrosis, curved and straight	—	—	—	—	2
,, polypus	1	1	1	1	—
,, sinus	—	—	—	—	2
,, skull, cutting	—	—	—	—	1
,, skull-flap, Sargent's ...	—	—	—	—	2
,, sponge-holding	—	—	—	—	3
,, sterilizer	—	—	—	—	2
,, tissue, Lane's, 8 in. ...	—	—	—	—	4
,, tongue	1	1	1	1	—
,, vulsellum	—	—	—	—	1
Gags, mouth	1	1	2	2	1
Gorget, lithotomy	—	—	—	—	1
Gouges, bone	—	—	—	—	3
Guide, mastoid, Staecke's	—	—	—	—	1
Guillotines, tonsil, small and medium	—	—	—	—	2
Holders, needle	—	—	—	—	2
Hooks, blunt	—	—	—	—	2
,, sharp	—	—	—	—	2
Inhaler, chloroform, Junker's, Routh's modification ...	—	—	—	—	1
,, chloroform, Schimmelbusch's	1	1	1	1	1
,, ether (Hewitt's), with gas apparatus	—	—	—	—	1
Instruments, bone plating ... set of	—	—	—	—	1
Consisting of—					
Benders, plate 2					
Drill, bone, and 3 drills ... 1					
Forceps, bone-holding, 15 in. 2					
,, ,, 12½ in. 2					
,, ,, patella 1					
,, ,, for small bones 1					
,, plate-holding ... 1					

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION VI—*continued*					
Instruments, bone plating—*continued*					
Forceps, screw-holding ... 1					
Levers, bone, 15-in. ... 2					
Levers, bone, detacher and dissector ... 2					
,, ,, retractor and guard ... 1					
Plates, fracture, set ... 1					
Screws ... ... gross 2					
Screwdriver 1					
Roll, khaki, to hold above 1					
Instruments, eye, 1931 pattern, case of	—	—	—	—	1
,, operation, case of ...	*	*	*	*	—
,, post-mortem, case of...	1	1	1	1	—
,, tracheotomy ... set	1	1	1	1	—
Knife, ankle-joint, Syme's	—	—	—	—	1
Knives, amputating, 6 in.	—	—	—	—	2
Laryngoscope, Mackenzie's	—	1	1	1	—
Mallet, metal	—	—	—	—	1
Mouth-opener...	1	1	1	1	—
Needles, aneurism	—	—	—	—	2
,, hernia, Macewen's... ...	—	—	—	—	2
Ophthalmoscope	—	1	1	1	—
Pliers, wire-cutting	—	—	—	—	1
Probang, double-ended	—	—	—	—	1
Probes, 5, 6, 8, and 10 in.	—	—	—	—	8
Raspatory, rib, Doyen's	—	—	—	—	1
Retractors, abdominal	—	—	—	—	1
,, wound ... ... prs.	—	—	—	—	2
Saws, amputating	—	—	—	—	1
,, Gigli's (set of 12 with 3 handles) set	—	—	—	—	1
,, movable back	—	—	—	—	1
Scalpels	—	—	—	—	12
,, large, 3 and 4 in.	—	—	—	—	2
,, tang	—	—	—	—	1
Scissors, dressing, straight	—	—	—	—	3
,, ,, curved on flat ...	—	—	—	—	3
Scoops, bone, double (set of 3) set	—	—	—	—	1
Sigmoidoscope	—	—	—	—	1
Snare, polypus	—	—	—	—	1
Specula, ear (set of 3) ... set	1	1	1	1	—
,, nasal, Thudichum's ...	1	1	1	1	—
,, rectal	1	1	1	1	—
Sphygmomanometer	—	—	1	1	—

* One for each hospital without an operating theatre.

Article	20 Beds and Under	21 to 40 Beds	41 to 100 Beds	Over 100 Beds	Additional Articles for each Operating Room
SECTION VI—*continued*					
Staff, Wheelhouse's	—	—	—	—	1
†Sterilizers, fish kettle, for instruments...	1	1	2	3	1
† ,, for bowls	—	—	—	—	1
† ,, for instruments and dressings	1	1	1	—	—
† ,, high pressure, for dressings	—	—	—	2	—
† ,, high pressure, drums for deep	—	—	—	4	—
† ,, high pressure, drums for shallow	—	—	—	8	—
Syringe, anæsthesia, Labat's ...	—	1	1	1	1
,, exploring, 20 c.c.	—	—	—	—	1
,, hæmorrhoidal	—	—	—	1	—
,, hypodermic...	1	1	2	2%	—
,, serum	1	1	2	4	—
,, varix	—	—	—	1	—
Trephines (set of 3, with handle) ...	—	—	—	—	1
Trocar and canula, hydrocele ...	—	—	—	—	1
,, ,, tubes, for anasarca and ascites, Southey's ...	—	1	1	1	—
Tubes, tracheotomy, infants (set of 3) set	1	1	1	1	—
Urethroscope	—	—	—	—	1‡
Vaccinators	1	1	2	2	—
SECTION VII					
Cabinet, instrument, with plate-glass shelves	—	—	—	—	1
,, instrument, hooks for ...	—	—	—	—	12
Irrigator, glass, on stand	—	—	—	—	1
Stools, operation and anæsthetist ...	—	—	—	—	2
Tables, instrument, with plate-glass shelves ...	—	—	—	—	2
,, ,, anæsthetist's ...	—	—	—	—	1
,, operation	—	—	—	—	1
Trolley, theatre	—	—	—	—	1
Washstand, with two basins ...	—	—	—	—	1
,, soap dish for	—	—	—	—	1
SECTION XI (A)					
Lamp, microscope, for dark-ground work	as required				
Microscope					

† When steam-actuated boilers and sterilizers are not provided.
‡ Where specially sanctioned.

APPENDIX No. 26

MEDICAL EQUIPMENT AUTHORIZED FOR MILITARY HOSPITALS AND RECEPTION STATIONS (CONSUMABLE)

(Ref. para. **375**.)

SECTION I (A).—MEDICINES AND MEDICAL MATERIALS

Acaciæ Gummi
,, Pulvis
Acetanilidum
Acidum Aceticum
,, ,, Glaciale
,, Acetylsalicylicum
,, Boricum
,, Carbolicum
,, Citricum
,, Hydrochloricum
,, Hydrocyanicum Dil.
,, Lacticum
,, Nitricum
,, Phosphoricum
,, Picricum
,, Salicylicum
,, Sulphuricum
,, Sulphurosum
,, Tannicum
,, Tartaricum
Acriflavine
Adeps Benzoatus
,, Lanæ
,, ,, Hydrosus
Æther Methylatus, ·730–·735
,, Ozonic
,, Purificatus, ·720
Alcohol Absolutum
Aloinum
Alumen
Ammonii Benzoas
,, Bromidum
,, Carbonas
,, Chloridum
Amyl Nitris (capsules)
Amylum
Aqua Anethi
,, Destillata
Aqua Rosæ
Argenti Nitras
Argyrol
Atropinæ Sulphas
Barii Sulphas (for X-ray diagnosis)
Benzaldehydum
Benzaminæ Lactas
Beta Naphthol
Bismostab
Bismuthi Carbonas
,, Salicylas
,, Subnitras
Boracis Pulvis
Bromine (in 2 c.c. tubes)
Buchu Folia
Caffeinæ Citras
Calamina Præparata
Calcii Carbonas Præcipitatus
,, Lactas
Calumbæ Radix
Calx Chlorinata
Camphora
Camphor, in oil, ampoules of
Capsici Pulvis
Capsules, Preventive
Carbo Ligni Pulvis
Cataplasma Kaolini B.P.C.
Chloral Hydras
Chloroformum
Cinchon. Rubr. Cort.
Cocainæ Hydrochloridum
Codeina
Codeinæ Phosphas
Collodium Flexile (Methylatum)
Confectio Sennæ
Copaiba

SECTION I (A).—MEDICINES AND MEDICAL MATERIALS—*contd.*

Creosotum
Creta Præparata
Cubebæ Pulvis
Cupri Sulphas
Decoctum Aloes Co.
Developing Powder, X-Ray
Diamorphinæ Hydrochloridum (Heroin)
Emplastrum Belladonnæ
,, Cantharidini
,, Hydrargyri
,, Resinæ
,, Saponis
Emulsio Olei Morrhuæ B.P.C.
,, Olei Morrhuæ cum Hypophosphitibus B.P.C.
,, Petrolei cum Hypophosphitibus B.P.C.
Ethyl Chloridum
Extractum Aloes
,, Belladonnæ Siccum
,, Belladonnæ Liquidum
,, Cannabis Indicæ
,, Cascaræ Sagradæ Liquidum
,, Colocynthidis Co.
,, Ergotæ Liquidum
,, Filicis Liquidum
,, Gentianæ
,, Glycyrrhizæ Liquidum
,, Hamamelidis Liquidum
,, Hyoscyami
,, Malti B.P.C.
,, Malti cum Oleo Morrhuæ B.P.C.
,, Nucis Vomicæ
,, Opii
,, Taraxaci
Fehling's Solution
Ferri et Ammonii Citras
,, et Quininæ Citras
Fixing Salt, X-Ray
Gentianæ Radix
Glucosum
,, (Medicinal)
Glycerinum
,, Belladonnæ
,, Boracis
,, Pepsini
,, Thymolis Co. B.P.C.
Guaiacol Carbonas
Hexamina
Hydrargyrum
,, Ammoniatum
,, cum Creta
Hydrargyri Oxidum Flavum
,, ,, Rubrum
,, Oxycyanidum
,, Perchloridum
,, Subchloridum
Ichthyol
Infusum Buchu Conc.
,, Calumbæ Conc.
,, Gentianæ Co. Conc.
,, Rhei Conc.
,, Senegæ Conc.
,, Sennæ Conc.
Injectio Morphinæ Hypodermica
Insulin
Iodoformum
Iodum
Ipecacuanhæ Pulvis
Jalapæ Pulvis
Linimentum Aconiti (methylatum)
,, Belladonnæ (methylatum)
,, Camphoræ
,, Camphoræ Ammon. (methylatum)
,, Methyl. Salicyl. B.P.C.
,, Potassii Iodid. cum Sapone
,, Saponis (methylatum)

SECTION I (A).—MEDICINES AND MEDICAL MATERIALS—*contd.*

Linimentum Terebinthinæ
Linum Contusum
Liquor Adrenalini Hydrochloridcus
,, Ammoniæ
,, ,, Fortis
,, Ammonii Acetatis Conc.
,, Arsenicalis
,, Arsenici Hydrochloricus
,, Arsenii et Hydrarygri Iodidi
,, Bismuthi et Ammonii Citratis
,, Cresolis Saponatus
,, Epispasticus
,, Ferri Perchloridi Fort
,, Formaldehydi
,, Hamamelidis
,, Hydrogenii Peroxidi*
,, Opii Sedativus
,, Picis Carbonis (methylatum)
,, Plumbi Subacetatis Fort.
,, Potassæ
,, Saponis Æthereus B.P.C.
,, Strychninæ Hydrochloridi
Lithii Citras
Lycopodium
Lysol
Magnesii Carbonas Ponderosa
,, Sulphas
Mel Depuratum
Menthol
Methyl Salicylas
Mist. Senn. Co. Conc.
,, Magnesii Hydroxidi B.P.C.
Morphinæ Hydrochloridum
,, Tartras
Novarsenobillon
Oleum Amygdalæ
,, Anisi
,, Arachis
,, Cajuputi
,, Caryophylli
,, Cinnamomi
,, Eucalypti
,, Lini
,, Menthæ Piperitæ
,, Morrhuæ
,, Olivæ
,, Ricini
,, Santali
,, Terebinthinæ
,, Theobromatis
Opii Pulvis
Oxymel Scillæ
Paraffinum Durum
,, Liquidum
,, Molle
Pepsinum
Phenacetinum
Phenazonum
Pil. Aloes et Myrrhæ
,, Ferri (Blaud)
,, Colocynthidis Co.
,, Hydrargyri
,, Rhei Co.
,, Scillæ Co.
Pituitary extract, ampoules of
Planocaine
Potassa Caustica
Potassii Acetas
,, Bicarbonas
,, Bromidum
,, Chloras
,, Citras
,, Iodidum
,, Nitras
,, Permanganas
,, Tartras
,, ,, Acidus
Protargol
Pulvis Cretæ Aromaticus
,, ,, ,, cum Opio

* Home Stations only.

SECTION I (A).—MEDICINES AND MEDICAL MATERIALS—*contd.*

Pulvis Glycyrrhizæ Co.
,, Ipecacuanhæ Co.
,, Rhei Co.
,, Tragacanthæ Co.
Quassiæ Lignum
Quininæ Hydrobrom.
,, Hydrochlor.
,, Sulphas
Resorcinum
Rhei Pulvis
Saccharum Lactis
Salol
Santoninum
Sapo Durus
,, Mollis
Sinapis Charta
Sodii et Potassii Tartras
,, Benzoas
,, Bicarb.
,, Bromidum
,, Carbonas
,, Chloridum
,, Hydroxidi
,, Iodidum
,, Phosphas
,, ,, Acidus
,, Salicylas
,, Sulphas
Spiritus Ætheris
,, ,, Nitrosi
,, Ammoniæ Aromaticus
,, Chloroformi
Stabilarsan
Sulphonal
Sulphostab
Sulphur Sublimatum
Syrupus Ferri Iodidi
,, ,, Phosph.
,, ,, ,, Co.
,, ,, ,, cum Quin. et Strych.
,, Glycerophosph. Co. B.P.C.
,, Hypophosph. Co.
Syrupus Scillæ
,, Tolutanus
Talcum (Creta Gallica)
Terebenum
Thiostab
Thymol
Tinctura Aconiti
,, Asafœtidæ
,, Aurantii
,, Belladonnæ
,, Benzoini Co.
,, Calumbæ
,, Camphoræ Co.
,, Cannabis Indicæ
,, Cantharidini
,, Capsici
,, Cardam. Co.
,, Catechu
,, Chlorof. et Morph. Co.
,, Cinchon. Co.
,, Colchici
,, Digitalis
,, Ferri Perchloridi
,, Gentian. Co.
,, Guaiaci
,, ,, Ammon.
,, Hamamelidis
,, Hyoscyami
,, Iodi Fortis
,, ,, Mitis
,, Kino
,, Lavand. Co.
,, Lobeliæ Æther.
,, Myrrhæ
,, Nucis Vomicæ
,, Opii
,, Quinin. Ammon.
,, Rhei Co.
,, Scillæ
,, Senegæ
,, Sennæ Co.
,, Strophanthi
,, Tolutana
,, Valer. Ammon.
,, Zingiberis

SECTION I (A).—MEDICINES AND MEDICAL MATERIALS—*contd.*

Tragacanthæ Pulv.
Unguentum Cetacei
,, Chrysarobini
,, Gallæ cum Opio
,, Hydrargyri
,, Hydrarg. Ammon.
,, Hydrarg. Co.
,, ,, Nitrat.
,, ,, Oxid. Flav.
,, Paraffini
,, Picis Liquidæ
,, Resinæ
,, Sulphuris
,, Zinci
Uræ Ursi Folia
Vinum Antimoniale
,, Colchici
,, Ipecacuanhæ
Zinci Chloridum
,, Oxidum
,, Sulphas
Zingiber Pulvis

Bottles, vial, ½-oz., 1-oz., and 2-oz.
Bottles, dispensing, plain or graduated, 4-oz., 6-oz., 8-oz., 12-oz., and 16-oz.
,, fluted, poison, 1 oz., 2-oz., 4-oz., 6-oz., 8-oz., 12-oz., and 20-oz.
Boxes, ointment, chippette
,, pill, paper
Cloth, straining
Corks, vial
,, 6-oz. and 8-oz.
,, ½-pint.
,, pint
,, quart
Gallipots
Labels, blank
,, "External use"
,, "Poison"
,, "Shake the bottle"
,, "The Ointment"
,, "The Pills"
,, ward
Packthread
Paper, filtering
Size for labels
Varnish for labels

SECTION I (B).—SERA AND VACCINES

Serum, Antianthrax (Sclavo's)
,, Antidiphtheria
,, Antidysentery
,, Antimeningococcus
,, Antiplague
,, Antipneumococcus
,, Antistreptococcus (polyvalent)
,, Antistreptococcus (influenza)
,, Antitetanus
,, Normal Horse
Tuberculin, undiluted
Vaccine, Acne
,, ,, and Staphylococus
,, Cholera
Vaccine Gonococcus (polyvalent)
,, Mixed, Influenzal and Catarrhal
,, Mixed Typhoid and Paratyphoid (T.A.B.)
,, Plague
,, Pneumococcus
,, Sepsis
,, Staphylococcus albus
,, ,, aureus
,, ,, mixed
,, Streptococcus
,, ,, paradontal
,, ,, rheumaticus
,, ,, sensitized

Section II.—Tablets

As far as stocks will admit, demands for tablets for use in military hospitals will be met. Under ordinary conditions tablets are not sanctioned for supply to military hospitals.

Section III.—Surgical Dressings

Bandages, calico
,, crepe
,, flannel
,, flannelette
,, loose-woven
,, muslin, for plaster of Paris
,, suspensory
,, triangular
Calico
Cloth, poultice
Flannel, fomentation
Gauze, bleached
,, plugging, absorbent
Jaconet, waterproof
Lint, cotton, absorbent
Muslin, butter cloth
,, for plaster of Paris
Sheeting, calico, bleached
,, linen, bleached
Tissue, wool, cotton and gauze
Tow, carbolized
,, surgeon's
Wadding, cellulose
Wool, capsicum
,, cotton, absorbent
,, ,, unbleached

Section IV.—Rubber and Waterproof Goods

Cloth, waterproof

Section V (A).—Surgical Appliances and Sundries

Books, litmus
Brushes, glass
Catgut
Gas, nitrous oxide
,, oxygen
Gloves, indiarubber, operating
,, ,, post-mortem
,, ,, outfits for mending
Horsehair
Needles, common
,, suture
Pencils, camelhair
Pessaries
Pins, common
,, safety
Plaster of Paris
,, adhesive, zinc oxide
Rods, stirring, glass
Shades, eye
Silk, ligature, plaited or twisted
Silkworm gut
Skins, chamois
Stalls, finger, thin rubber
Syringes, urethral, glass
Tape
Thread, ligature
,, linen, Barbour's
Tissue, waterproof
Tubes, test
Tubing, drainage
Wick, for spirit lamp
Wire, ligature, plated
,, ,, silver

SECTION IX (A)

Pastilles, Sabouraud's

SECTION IX (B).—X-RAY PHOTOGRAPHIC MATERIALS

Films, X-Ray
,, ,, dental
Ink, white
Paper, bromide
,, gaslight

APPENDIX No. 27

MEDICAL EQUIPMENT AUTHORIZED FOR EAR, NOSE, AND THROAT DEPARTMENT IN A MILITARY HOSPITAL

SECTION VI

Accumulator, 4-volt, with rheostat	No.	1
Adenotomes, La Force, with spare blade, 2 sizes	,,	2
Apparatus, noise, Barany's	,,	1
Bags, Politzer's, with tubing, 2 connecting mounts, indiarubber nozzle, and 2 eustachian catheters	,,	2
Canula, frontal sinus, cylindrical, malleable	,,	1
Carriers, wool, laryngeal	,,	3
Cautery, Schech's with 2 handles and 12 burners	set	1
Clamps, tonsil, Courtney Yorke's	No.	2
Conchotomes, Hartmann's, 3 sizes	,,	1
Curettes, adenoid, Gottstein's (or St. Clair Thomson's), 3 sizes	,,	3
,, aural, Barker's, curved, sharp	,,	1
,, ,, ring, 3 sizes	,,	3
Depressor, tongue, Lack's	,,	2
Forceps, artery, Spencer Wells', 5-in.	,,	24
,, aural, Hartmann's for polypus and dressing	,,	1
,, ,, Wilde's, with serrated points	,,	1
,, ,, ,, ,, tenaculum points	,,	1
,, laryngeal, Mackenzie's, with serrated blades	,,	1
,, nasal, Tilley's, dressing	,,	1
,, punch, antrum, Carwardine's, cutting downwards vertically, one right, one left	,,	2
,, punch, antrum, Wagener's, 2 blades fitting one handle	,,	1
,, .. epiglottis, Lake's	,,	1
,, ,, nasal septum, Jansen Struyken's	,,	1
Forks, tuning, Gardiner Browne's C.1 and C.4	,,	2
Gag, mouth, Doyen's	,,	1
Guillotines, tonsil, Mackenzie's, 3 sizes	,,	3
Instruments, aural, Hartmann's, for paracentesis (12 fitting one handle)	set	1
,, Bruning's for bronchoscopy, laryngoscopy, and œsophagoscopy, in case, consisting of :—		
Bottles, stoppered	No.	4
Bougies, elastic gum (as pilots)	,,	3
Carriers, wool	,,	12
Electroscope, with cable and spare lamp	,,	1
Forceps, bronchoscopy, with 5 different ends	,,	1
,, œsophagoscopy, with 2 different ends	,,	1

SECTION VI—*continued*

Instruments, Bruning's for bronchoscopy, laryngoscopy, and œsophagoscopy, in case, consisting of:—(*cont.*)		
Hooks for foreign bodies	No.	2
Pump, saliva, with 3 tubes	,,	1
Tubes, bronchoscopy, double	,,	4
,, œsophagoscopy, double	,,	1
,, ,, single	,,	1
Case, mahogany, to hold above	,,	1
Instruments, Mastoid :—		
Burs, Tilley's, 3 sizes	,,	3
Chisel, Kerr's	,,	1
,, McEwen's $\frac{3}{16}$-in., $\frac{1}{4}$-in., $\frac{5}{16}$-in., $\frac{7}{16}$-in.	,,	4
,, Politzer's, $\frac{3}{16}$-in., $\frac{5}{16}$-in., $\frac{7}{16}$-in.	,,	3
Gouges	,,	3
Mallet, all metal, lead-faced	,,	1
Probe, aural, Grant's	,,	1
Retractor, Wagener's	,,	1
Instruments for submucous resection of the septum—		
Forceps, nasal, Luc's, 3 sizes	,,	3
,, punch, Grunwald's flat	,,	1
Gouge, bayonet-shape, Killian's	,,	1
Knife, swivel, Ballinger's	,,	1
Speculum, Killian's, long pattern	,,	1
Instruments, tracheotomy, set of, in case—		
Dilator, Bowlby's	,,	1
Hooks, blunt, double	,,	2
,, sharp	,,	1
Scalpel	,,	1
Tubes, Parker's, with introducers, medium	,,	2
,, ,, ,, ,, large	,,	2
,, laryngotomy	,,	1
Case, mahogany, to hold above	,,	1
Knife, ring, Meyer's	,,	1
Lamp, examination, with bull's-eye	,,	1
,, spirit, glass	,,	1
,, trans-illumination, Heryng's	,,	1
Mirrors, laryngeal, various sizes	,,	6
,, rhinoscopic, Michel's	,,	1
Probe, aural, Hartmann's, tympanic	,,	1
,, ,, Heath's, wool carrier	,,	1
,, nasal, Heath's, screw, wool-carrier	,,	1
,, ,, Jobson Horn's, malleable	,,	1
Raspatories, double-ended, Hill's, 2 sizes	,,	2
Scalpels, assorted	,,	6
,, ,, case for	,,	1
Scissors, nasal, middle turbinate, Beckmann's	,,	1
Set, auscultation, Watson Williams'	,,	1
Snares, Badgerow's	,,	2
Specula, aural, Gruber's (set of 3), with forehead mirror and band, in case	sets	2
,, ,, pneumatic, Peter's, with set of 4 specula ...	No.	1
,, ,, Toynbee's, 3 sizes	,,	3
,, nasal, Thudichum's, 3 sizes	,,	6
Spray, throat, De Vilbis'	,,	1
Syringes, india-rubber, adaptable...	,,	3
,, aural, attic, Grant's, with rubber ball	,,	1
Trocar and canula, Lichwitz's	,,	1
,, exploring, Myles'	,,	1

APPENDIX No. 28

MEDICAL EQUIPMENT AUTHORIZED FOR ELECTRO-THERAPEUTIC DEPARTMENT IN A MILITARY HOSPITAL

Article	Current Available from Main		
	Alternating	Direct	Nil
SECTION XII			
Apparatus, earth free, therapeutic model, with electrodes	1	1	—
,, ,, steel trolley for	1	1	—
Bath, radiant heat, for trunk or limb, 9 lamps ...	1	1	—
,, ,, ,, ,, shoulder or joint, 6 lamps	1	1	—
,, Schnee's, cables for ... ... set	1	1	1
,, ,, cells, arm, for, with electrodes No.	3	3	2
,, ,, ,, ,, pedestals for ... ,,	2	2	2
,, ,, ,, leg, for, with electrodes ,,	3	3	2
,, ,, commutator for ... ... ,,	1	1	1
Battery, faradic, Bristow's, with electrodes, in case No.	1	1	1
Electrodes, disc ½ in., 1 in., 2 in., of each ... ,,	3	3	2
,, cables, flexible, for ... ... yds.	12	12	6
,, ,, ,, in 1½ yd. lengths No.	12	12	6
,, ,, ,, in 5-ft. lengths ,,	3	3	2
,, handles for ... ... ,,	3	3	2
,, sheet metal ... ... lb.	2	2	1
,, terminals, dome, for ... ... No.	12	12	6
Metronome, two-way, four-pin type ... ,,	1	1	1
Switchboard, galvanic, portable ... ... ,,	—	1	—
,, ,, ,, 32 cells ... ,,	1	—	1
Table, galvanic and faradic (if earth-free apparatus is not held on charge) ... ... No.	—	1	—

APPENDIX No. 29

MEDICAL EQUIPMENT AUTHORIZED FOR A GONORRHŒA ROOM IN A MILITARY HOSPITAL

Section I

Measure, glass, graduated, 4-oz.	No.	1

Section V (A)

Basins, dressing, enamelled iron, kidney-shape, 8-in.	No.	3
Baths, eye	,,	2
Bougies, elastic gum, olivary (set of 12)	set	1
Bridges, metal, for irrigation	No.	3
Catheters, elastic gum, olivary (set of 12)	set	1
Glasses, test, conical	No.	6
Holder, caustic	,,	1
Irrigator, tubing, indiarubber, for	yds.	12
Jars, glass, oil, for catheters	No.	2
Nozzles, urethral, Janet's, glass	,,	12
,, ,, Maiocchi's	,,	6
Pinchcocks	,,	3
Scissors, counter	,,	1
Stand, urine test, complete	,,	1
Syringes, urethral, vulcanite and glass, with indiarubber nozzles	,,	2

Section VI

Accumulators, portable, for cystoscope and urethroscope ...	No.	2
Bougies, Lister's (set of 12)	set	1
,, Wyndham Powell's, 16 sizes	,,	1
Catheter, installation, Canny-Ryall's, with syringe	No.	1
Cystoscope	,,	1
Dilator, Kollmann's, anterior, straight, with irrigating attachment	,,	1
,, ,, posterior, curved, with irrigating attachment	,,	1
Forceps, sinus	,,	1
,, sponge-holding	,,	1
,, sterilizer	,,	1
,, tissue, Lane's	,,	2
,, tongue	,,	1
,, urethral, crocodile jaw, Kelly's...	,,	1
Gag, mouth	,,	1
Gorget, Teale's	,,	1
Knife, tenotomy, Parker's...	,,	1
Probes, silver, assorted, sizes	,,	3
,, and director, winged, flexible	,,	1
Staff, Syme's	,,	1
,, Wheelhouse's...	,,	1
Sterilizer, fish kettle	,,	1
Syringe, prostate, Ultzmann's	,,	1
,, urethral, anæsthetic, Canny-Ryall's	,,	1
Urethroscope, anterior	,,	1
,, posterior	,,	1

Section VII

Cabinet, instrument, with plate-glass shelves	No.	1
,, ,, hooks for	,,	6
Irrigator, glass, on stand	,,	1

APPENDIX No. 30

MEDICAL EQUIPMENT AUTHORIZED FOR OPHTHALMIC DEPARTMENT IN A MILITARY HOSPITAL

Section V (A)

Basins, dressing, enamelled iron, round, 10-in.	No.	2
,, ,, ,, ,, kidney-shaped, 6-in.	,,	1
,, ,, ,, ,, ,, 10-in.	,,	1
Bottles, drop, Chalk's, ½-oz.	,,	6
,, for ophthalmic solutions	,,	4
,, ,, ,, ,, stand for	,,	1
Bowls, enamelled iron, 4-in.	,,	2
,, ,, ,, 6-in.	,,	2
,, ,, ,, 8-in.	,,	2
Douches, eye, Undine	,,	6
Drum, trial, nickel-plated	,,	1
,, ,, ,, ,, kid for	pieces	1
Globes, artificial, vitreous, glass, Mule's	No.	12
Jars, dressing, glass, 10 in. × 7 in., with cover	,,	3

Section V (B)

Bracket, ophthalmic, with resistance and lamp	No.	1
Clock, astigmatic, mounted	,,	1
Fan, astigmatic, mounted	,,	1
Frame, trial, Lang's	,,	1
Lens, condensing, 2-in., in metal frame	,,	1
Lenses, trial	set	1
Loupe, binocular, prismatic, with 2 pairs lenses	No.	1
Perimeter	,,	1
Retinoscope, mirror, flat	,,	1
Rod, Maddox's	,,	1
Scales, tangent, Maddox's, mounted, with bulb, complete	,,	1
Types, reading, in wooden hand-frame	,,	1
,, test	set	1
,, ,, "Friend," Lang's, for malingerers	No.	1
,, ,, revolving drum	,,	1
Wools, Holmgreen's	set	1

Section VI

Accumulator for cautery, 4-volt, with rheostat	No.	1
Amblyoscope, Worth's, with slides, complete	,,	1
Canula, for washing out anterior chamber, Lang's silver, with 3-ft. I.R. tubing	,,	1

SECTION VI—*continued*

Cautery, with cords and spare point, Lang's in case	No.	1
Controller, for vitreous globes, Lister's	,,	1
Currette, lachrymal, round, with serrated edges, Ziegler's ...	,,	1
Forceps, entropium, right and left, Desmarre's	,,	2
,, fixation, 2 in 3 teeth, Francis'	,,	1
,, strabismus, right and left, Prince's	,,	2
,, tarsal cyst, Greene's	,,	1
Holder, needle, Silcock's, with Bardesley's points	,,	1
Introducer, for vitreous globes, Moorfield's	,,	1
Instruments, eye, case of, complete, 1931 pattern	,,	1
Knives, cataract, narrow, linear, Græfe's	,,	6
,, iridectomy, curved, Jæger's	,,	2
Lamp, ophthalmic, operating, portable	,,	1
Needles, ophthalmic, advancement, triangular, sizes 2 to 4 ...	,,	18
,, ,, scleral, Worth's	,,	6
Ophthalmoscope, Morton's, non-luminous	,,	1
,, electric, Morton-Marple's	,,	1
Retractor, sac, Harman's	,,	1
Scissors, iridectomy, De Wecker's, in metal case	,,	1
Scoop, evisceration, Mule's	,,	1
Silk, ophthalmic, suture, black	reels	1
Speculum, Lister's	No.	1
Sterilizer for instruments, 11½ in. × 5 in. × 2¾ in., with rack and lamp	,,	1
Syringe, hypodermic, "Record," 2 c.c., with 2 needles ...	,,	1
,, lachrymal, with Lang's silver pipe	,,	1

SECTION VII

Cabinet, instrument, 12 in. × 11 in. × 7 in., with two shelves ...	No.	1
Tray, instrument, porcelain, with rack, Folker's	,,	1

APPENDIX No. 31.

MEDICAL EQUIPMENT AUTHORIZED FOR A SYPHILIS ROOM IN A MILITARY HOSPITAL

Section 1 (A)

Basin, evaporating, porcelain, 4-in.	No.	1

Section V (A)

Basins, dressing, enamelled iron, kidney-shape, 8-in.	No.	3
Brush, nail, ward	,,	1
Depressor, tongue, plated	,,	1
Gloves, india-rubber, operating	prs.	6
Jar, solution, glass, 2-gall., with tube and pinchcock	No.	1
Knife, palette	,,	1
Scissors, counter	,,	1
Skin, chamois	,,	1
Stethoscope, binaural	,,	1
Trays, dressing, enamelled iron, various	,,	3

Section VI

Auriscope, Brunton's	No.	1
Curette, Harrison's, for taking throat swabs	,,	1
Forceps, sinus	,,	1
,, sponge-holding	,,	1
,, sterilizer	,,	1
,, tissue, Lane's, 8-in.	,,	2
,, tongue	,,	1
Gag, mouth	,,	1
Hammer, percussion	,,	1
Instruments, operation, case of	,,	1
Laryngoscope, Mackenzie's	,,	1
Needles, blood, steel, No. 10	,,	12
,, lumbar puncture, White-Jeanselme's	,,	2
Ophthalmoscope	,,	1
Scoops, bone, double (set of 3)	set	1
Syringe, all glass, 2 c.c., with 2 platino-iridium needles	No.	1
,, hypodermic, "Record," 2 c.c., with 2 steel needles	,,	2
,, serum, ,, 10 c.c., with 2 steel needles	,,	2

Section VII

Cabinet, instrument, with plate-glass shelves	No.	1
,, ,, hooks for	,,	6

Section XI (A)

Beakers, glass, graduated, 20 c.c.	No.	2
Microscope, with dark-ground illuminator	,,	1

APPENDIX No. 32.

MEDICAL EQUIPMENT AUTHORIZED FOR X-RAY DEPARTMENT IN A MILITARY HOSPITAL

Article	Hospital where Radiographer only is Allowed	Hospital where Specialist in Radiology is Allowed
SECTION IX (A)		
Applicators, lead glass, 40 cms. long (set of 2) set	—	1
,, ,, 23 cms. long (set of 5) set	—	1
,, ,, intermediate fitting for... ... No.	—	1
Aprons, protective ... ... ,,	1	2
Boxes, viewing ... ... ,,	2	2
Brush, camel-hair, for cassettes, 3-in. wide No.	1	1
Changer, film ... ... ,,	1	1
Couch, plain ... ... ,,	1	1*
,, with over and under couch tube-holders ... ... No	—	1
Diaphragm, Potter Bucky ... ... ,,	1	1
Glass, magnifying, 4-in. ... ... ,,	—	1
Gloves, protective ... ... prs.	1	2
Goggles, dark, for screening ... ... ,,	—	1
Letters and figures ... ... set	1	2
Matting, rubber, corrugated, 2½ ft. wide ft.	26	26
Rest, head, for sinus work ... ... No.	—	1
Rheophores, single ... ... ,,	—	4
,, double ... ... ,,	—	4
Rule, measuring, boxwood, 1 metre ,,	1	1
Screen, fluorescent, hand, size 12 in. × 10 in. with lead glass No.	1	1
,, ,, protected handles for prs.	1	1
Set, X-ray, mobile, with bakelite holder, and three lead-glass applicators, 2 in. × 6 in., 4 in. × 6 in., and 6 in. × 6 in. ... No.	1	1
Stand, screening ... ... ,,	—	1
Stereoscope, Wheatstone ... ... ,,	—	1
Transformer, high tension ... ... ,,	—	1
Tube stand ... ... ,,	—	1*
Tubes, X-ray, radiator cooled ... ,,	1†	3
,, ,, water cooled ... ... ,,	—	1
Wiring, high tension, with H.T. change-over switch ... ... set	—	1

* Where couch with over and under couch tube-holders is not held on charge.

† Stations abroad No. 2.

Article	Hospital where Radiographer only is Allowed	Hospital where Specialist in Radiology is Allowed
SECTION IX (B)		
Cassettes, 6½ in. × 4¾ in. ... ... No.	2	4
,, 8½ in. × 6½ in. ... ... ,,	2	4
,, 10 in. × 8 in. ... ... ,,	2	4
,, 12 in. × 10 in. ... ... ,,	2	4
,, 15 in. × 12 in. ... ... ,,	2	4
Clips, developing, small ... ... ,,	24	72
Dishes, developing, enamelled iron, 8½ in. × 6½ in. ... No.	2	2
,, ,, 15 in. × 12 in. ... ,,	2	2
Hangers, developing, 6½ in. × 4¾ in. ,,	3	12
,, ,, 8½ in. × 6½ in. ,,	6	12
,, ,, 10 in. × 8 in. ... ,,	6	12
,, ,, 12 in. × 10 in. ,,	6	12
,, ,, 15 in. × 12 in. ,,	6	18
,, ,, dental film, to hold 10 films... ... No.	3	8
Heater, immersion ... ... ,,	1	1
Lamps, ceiling reflector, Wratten, complete No.	1	2
Rods, stirring, for developing tanks... prs.	1	1
Screens, intensifying, 6½ in. × 4¾ in.... ,,	2	4
,, ,, 8½ in. × 6½ in.... ,,	2	4
,, ,, 10 in. × 8 in. ... ,,	2	4
,, ,, 12 in. × 10 in.... ,,	2	4
,, ,, 15 in. × 12 in.... ,,	2	4
Tanks, developing, 15 in. × 12 in. (set of 4) set	1	1
Thermometer, X-ray ... ... No.	1	1
Timer ... ... ,,	1	1
Trimmer, 15-in. ... ... ,,	1	1

APPENDIX No. 33

MEDICAL EQUIPMENT AUTHORIZED FOR LABOUR WARDS IN MILITARY FAMILIES' HOSPITALS

(Ref. para. **343.**)

Section I (A)

Measure, glass, graduated, 20-oz.	No.	1

Section V (A)

Basins, dressing, enamelled iron, kidney-shape, 12-in.	No.	1
,, ,, ,, ,, ,, 10-in.	,,	1
,, ,, ,, ,, ,, 8-in.	,,	1
,, ,, ,, ,, round, 4-in.	,,	2
Baths, bed, earthenware	,,	2
Bottles, drop, chloroform	,,	2
Bougies, elastic gum, cylindrical, size 12	,,	4
Bowls, enamelled iron, 16-in. (large receiver)	,,	1
,, ,, ,, 10-in.	,,	3
,, ,, ,, 8-in.	,,	2
Brushes, nail, operating room	,,	4
Catheter, indiarubber, size 8	,,	1
Enema, indiarubber, with glass vaginal tube	,,	1
Jars, solution, glass, 2-gall., with tube and pinchcock	,,	3
,, for dressings, glass, with cover	,,	3
,, ,, ligatures, lubricants, etc., glass, with cover	,,	3
Needles, suture, Bonney's, ½-circle, 6 each sizes 1 and 7 ...	,,	12
Thermometer, bath...	,,	1
,, for lotions	,,	1
Tray, catheter, with cover...	,,	1

Section VI

Bag, dilating, Champetier de Ribe's, with stopcock, syringe and long vaginal pipe	No.	1
Case, hypodermic	,,	1
Catheter, female, plated	,,	1
Cephalotribe, Braxton Hick's, metal handle	,,	1
Curette, uterine, flushing, Rheinstadter's, blunt	,,	1
,, ,, Sim's, small, sharp	,,	1
Decapitator, Targett's, metal handle	,,	1
Dilators, Hegar's, metal, double-ended, 20 sizes in khaki roll, 3/4, 6/7, 9/10, 11/12, 13/14, 15/16, 19/20, 21/22, 23/24, 25/26	set	1

SECTION VI—*continued*

Forceps, artery, Spencer Wells', 5-in.	No.	2
,, ,, ,, ,, 8-in.	,,	1
,, craniotomy, Barnes', metal handles	,,	1
,, dissecting, Bonney's	,,	1
,, for introducing dilating bag	,,	1
,, midwifery, Barnes-Neville's, with Simpson's handles	,,	1
,, ovum, Greenhalgh's	,,	1
,, vulsellum, Lewer's, 7¼-in.	,,	2
Holder, needle	,,	1
Hook, blunt and crochet, metal handle	,,	1
Inhaler, chloroform, Schimmelbusch's	,,	1
Pelvimeter, French model, for internal and external measurements	,,	1
Perforator, Oldham's, metal handle	,,	1
Scissors, dressing, straight, 6-in. blunt-pointed	,,	1
Sound, uterine, Simpson's	,,	1
Specula, vaginal, Fergusson's, metal (set of 3)	set	1
Speculum, vaginal, Sim's, double duckbill	No.	1
Tube, uterine flushing, Budin's, metal	,,	1

SECTION VII

Cabinet, instrument, 24 in. × 18 in. × 11 in., with 2 plate-glass shelves	No.	1
,, instrument, hooks for	,,	6
Stools, operation	,,	2
Table, anæsthetist's, 18 in. × 18 in. × 32 in., with 2 plate-glass shelves	,,	1
,, and irrigator combined, with 2-gall. glass reservoir and 2 plate-glass shelves	,,	1
Washstand, with 2 basins	,,	1
,, ,, ,, ,, soap dish for	,,	1

IN ANNEXE OR OTHER ROOM

SECTION VI

Bag, hand, leather, to hold midwifery instruments	No.	1
*Boiler, water, copper	,,	1
Roll, khaki, to contain midwifery instruments	,,	1
*Sterilizer, fish kettle, for instruments	,,	1
,, ,, ,, for midwifery instruments	,,	1
* ,, for bowls	,,	1
* ,, high pressure, for dressings	,,	1
* ,, ,, ,, ,, ,, drums for, deep	,,	2

* Where steam-actuated boilers and sterilizers are not provided.

APPENDIX No. 34

MEDICAL EQUIPMENT AUTHORIZED FOR USE IN DENTAL CENTRES (FOR EACH DENTAL OFFICER)

(Ref. para. **197.**)

(*a*) CONSUMABLE

SECTION I (A)

Acidum Carbolicum	oz.	1
,, Tannicum	,,	1
Alcohol Absolutum	,,	2
Eucalyptol	,,	2
Hydrargyrum (chemically pure)	lb.	1
Liquor Hydrogenii Peroxidi	,,	1
Lysol	,,	2
Oleum Caryophylli	oz.	2
Paraffinum Molle	,,	4
Tinctura Aconiti et Iodi	,,	3

SECTION II

Tablets, Planocaine and Adrenalin "E"	tubes	24

SECTION III

Wool, cotton, absorbent	lb.	1

SECTION X

Alloy, "Invincible," Porro's—		
Quick-setting	oz.	5
Slow-setting	,,	5
Broaches, pulp canal, smooth, Lamb's (pkt. of 12)	pkt.	1
Brushes, bristle, disc-shaped, mounted, straight, standard stiffness	boxes	1
,, ,, large, cup-shaped, mounted, straight, standard stiffness	,,	2
Burs, straight, round, 3, 6, and 10 (of each, 12)	doz.	3
,, ,, inverted cone, 3, 6, and 9 (of each, 12)	,,	3
,, ,, enamel, cross-cut, 3, 5, and 7 (of each, 12)	,,	3
,, No. 2, R.A., round, 3, 6, and 10 (of each, 12)	,,	3
,, ,, ,, inverted cone, 3, 6, and 9 (of each, 12)	,,	3
,, ,, ,, enamel, cross-cut, 3, 5, and 7 (of each, 12)	,,	3
Carborundums, mounted, for straight H.P., Nos. 100, 101, 110, 131, 158, and 169	No.	6
,, ,, ,, No. 2, R.A.H.P., Nos. 130, 141, 145, 153, 210, and 223	,,	6
Cement, mastic, thick	oz.	1
,, copper, Smith's, pale yellow and pale grey (large packets)	pkts.	2
,, oxyphosphate of copper, Ames'	,,	1
,, synthetic, De Trey's, shades 3 and 6	,,	2
Cleansers, pulp canal, "Excelsior," fine	,,	6
Composition, impression	lb.	6
Discs, Moore's, fine cuttlefish, $\frac{7}{8}$-in. diam.	boxes	3
,, ,, coarse cuttlefish ,, ,,	,,	3
,, ,, ,, sandpaper ,, ,,	,,	3
Drills, straight, Beutelrock's, sizes 2, 3, and 4 (of each 4)	No.	12
,, R.A., Beutelrock's, sizes 2, 3, and 4 (of each 4)	,,	12
Fibre, pulp, devitalizing	bottle	1
Files, "Flexo," assorted	No.	6

SECTION X—*continued*

Guttapercha, temporary stopping	pkts.	2
,, points, assorted	box	1
Napkins, dental, 6 in. × 6 in. (boxes of 500)	boxes	2
Oil for engine	oz.	2
Outfits, matrix, Ivory's, bands for	doz.	2
Oxpara	pkts.	2
Paper, articulating, thin	books	3
Plaster of Paris, superfine, in tins	lb.	14
Points, carborundum, unmounted, Butler's	box	1
Polishers, buff, Darby's (box of 100)	,,	1
Pumice powder, superfine	lb.	1
Reamers, root, Girdwood's, for straight handpiece, Nos. 1, 2, and 3	No.	3
Resin, carbolized	oz.	1
Shellac, powdered	,,	1
Silk floss, waxed	reels	2
Sticks, orange wood	bdle.	1
Strips, celluloid, clear (box of 100)	box	1
,, "Lightning" (box of 12)	,,	1
,, polishing, "Perfection," assorted	boxes	2
Syringe, hypodermic, "Washerless," needles for (tubes of 6)	tubes	12
,, water, Hunt's, washers for, spare	No.	6
Wax, modelling, No. 2	lb.	1
Wire, German silver, size 6	oz.	2
,, ligature	reel	1
Wool, cotton rolls, assorted (boxes of 500)	boxes	2

(*b*) NON-CONSUMABLE

SECTION V (A)

Brushes, nail, ward	No.	2
Stone, slip, Arkansas, in box, Fig. 1	,,	1

SECTION VI

Probe, silver, single end, 6¼-in.	No.	1
Scalpel, 1¼-in., with metal handle	,,	1
Sterilizer, fish kettle, 11½ in. × 5 in. × 2¾ in., complete with burner	,,	1

SECTION VII

Cabinet, instrument, aseptic, iron, enamelled white, 24 in. × 18 in. × 11 in., with three plate-glass shelves	No.	1
Table, aseptic, iron, enamelled white, 30 in. × 18 in. × 34 in.	,,	1

SECTION X

Attachment, contra-angle, for No. 2 slip joint	No.	1
Bottle, mercury, boxwood, Fig. 1	,,	1
Bottles, dental medicament, stoppered, Fig. 1	,,	8
Bowl, rubber, plaster mixing, large	,,	1
Brush bur, wire with hub	,,	1
Can, oil, Fig. 2	,,	1
Carrier, amalgam., Hampel's, all metal	,,	1
Chair pump, "Perfected," hospital pattern, Fig. 3, with Fig. 6A chair attachment	,,	1
Chisels, Figs. 44 and 48	,,	2
Clamps, cotton roll, Roger's, for lower molars and bicuspids	,,	2
Cords, engine, driving	,,	2
Elevator, Read's, with metal handles, Fig. 19	,,	1
Elevators, with metal handles, Figs. 21 and 22	,,	2
Engine, cable, side wheel, with No. 2 slip joint and No. 7 handpiece	,,	1

SECTION X—*continued*

Excavators, spoon-shaped, double-ended, Figs. 73–74, 117–118, 125–126, 129–130, 141–142, and 153–154	No.	6
Files, half-round, 5-in. (1 bastard, 1 smooth)	,,	2
Forceps, clamp, rubber-dam, Stoke's	,,	1
,, tooth, Figs. 29, 73, 74, 76, 94, 95, and 101A	,,	7
Glasses, Dappen, assorted colours	,,	3
Guide, tooth shade (A.D. Co.)	,,	1
Holders, pulp, instrument, Fig. 4	,,	3
,, wool, cotton, Fig. 1	,,	1
Instruments, plastic filling, Figs. 3, 5, 6, 11, 20, and 21	,,	6
Knife, plaster, Fig. 1	,,	1
,, wax, Fahnstock's	,,	1
Lamp, spirit, metal, Fig. 3	,,	1
Lancet, Dally's, Fig. 3	,,	1
Mandrels, Huey's, Fig. 228	,,	2
,, screw, Fig. 230	,,	1
,, Moore's, Fig. 334	,,	2
Mirrors, mouth, plane glass, with handles, sizes 4 and 5	,,	2
,, ,, tops for, sizes 4 and 5	,,	4
Mixer, plaster, spoon-shape, Fig. 1	,,	1
Mortar and pestle, glass, Fig. 2	,,	1
Outfits, matrix, Ivory's, retainer for	,,	1
Pins, bench, hard wood	,,	1
,, ,, clamp for	,,	1
Pliers, pin roughening and bending	,,	1
,, engine	,,	1
Plugger, pulp-canal, Fig. 2	,,	1
Point caustic, in holder	,,	1
Porte polisher, screw, for No. 7 H.P.	,,	1
Probes, Figs. 9, 13, 26, and 27	,,	4
Scalers, Figs. 65, 66, and 67	,,	3
Scissors, straight, Fig. 13	,,	1
,, surgical, curved, Fig. 19	,,	1
Screwdriver, small, all metal, with revolving head and 4 points	,,	1
Sculptor, with handle, half-round, hollow, Fig. 2	,,	1
Slab, mixing, glass, Fig. 6	,,	1
Spatulas, bone, Fig. 11	,,	1
,, steel, Figs. 3 and 20	,,	2
Spittoons, enamelled iron	,,	2
Springs, wrist, duplex spring	,,	3
Syringe, chip, Fig. 2	,,	1
,, ,, bulb for, spare	,,	1
,, water, Hunt's, with leather washer	,,	1
Syringes, hypodermic, "Washerless," complete	,,	2
Table, bracket, aseptic, with 2 drawers, to fit chair attachment	,,	1
Trays, impression, nickel silver—		
Upper—		
Anatomical, sizes 1 and 2	,,	2
Form "A," sizes 2 and 3	,,	2
,, "V," size 1	,,	1
,, "Y," size 2	,,	1
Lower—		
Form "C," sizes 0, 2, and 4	,,	3
,, "E," size 1	,,	1
,, "U," sizes 2 and 4	,,	2
Trimmer, Mitchell's, metal handle	,,	1
Tumblers, aluminium, ½-pint	,,	3
Tweezers, College, Fig. 8	prs.	2

Note.—Figures and pattern numbers refer to the catalogue of the Amalgamated Dental Company, Ltd.

APPENDIX No. 35

MEDICAL EQUIPMENT AUTHORIZED FOR MEDICAL INSPECTION ROOMS

(Ref. para. **171**.)

Section I

Basin, evaporating, porcelain, 4-in.	No.	1
Measure, glass, graduated, 4-oz.	,,	1

Section V

Basins, dressing, round, enamelled iron	No.	2
,, ,, kidney-shape, enamelled iron	,,	2
Bath, eye	,,	1
Brush, nail, ward	,,	1
Catheters, indiarubber, sizes 6, 8, and 10	,,	3
Depressor, tongue	,,	1
Irrigator, enamelled iron, with tubing, pinchcock, and glass nozzle	,,	1
Jars, dressing, glass, with cover	,,	2
Knife, palette	,,	1
Splints, arm, wood, plain (set of 8 pairs)	set	1
Stand, urine test	No.	1
Stethoscope	,,	1
Syringe, indiarubber, "adaptable," with eustachian catheter size 9	,,	1
Tape, measuring	,,	1
Thermometers, clinical	,,	2
Trays, dressing, enamelled iron	,,	3
Tube, stomach, indiarubber, with funnel and gag	,,	1
Tubes, dropping	,,	2
Types, test, on card (set of 4)	set	1

Section VI

Bistoury, curved, sharp-pointed	No.	1
Case, dressing, ward	,,	1
Scalpel	,,	1
Specula, ear (set of 3), with forehead mirror	set	1
Spud, eye	No.	1
Sterilizer, fish kettle, for instruments	,,	1
Syringe, serum	,,	1
Vaccinator	,,	1

Section VIII

Companion, medical	No.	1

Section XI

Tripod, iron, round top	No.	1

APPENDIX No. 36

FIELD MEDICAL EQUIPMENT AUTHORIZED FOR INSTRUCTIONAL PURPOSES

(Ref. para. **372**.)

Case, water-testing, poisons	No.	1
,, ,, ,, sterilization	,,	1
Companion, medical, 1923 pattern	,,	1
Haversack, surgical, 1923 pattern	,,	1
Pannier, field fracture	,,	1
,, ,, medical, 1923 pattern	prs.	1
,, ,, surgical, 1923 pattern	,,	1
,, regimental medical	No.	1
Splint, knee, Thomas's, without footpiece	,,	1
,, ,, ,, metal sliding frame footpiece for ...	,,	1

APPENDIX No. 37

MEDICAL EQUIPMENT AUTHORIZED FOR A PATHOLOGICAL LABORATORY

(Ref. para. **50**.)

SECTION I (A)

Acid, Acetic Glaciale	lb.	½
,, Carbolic Crystals	,,	1
,, Hydrochloric, pure	,,	1
,, Nitric, pure	,,	½
,, Osmic	gram.	1
,, Picric, 50 per cent.	oz.	2
,, Pyrogallic	lb.	½
,, Sulphuric, pure	,,	1
Agar Agar Pulv.	,,	1
Alcohol, Absolute	,,	2
,, Methylic, pure, acetone free	,,	1
Aniline Oil, pure	,,	¼
Canada Balsam	oz.	4
Dulcite	,,	½
Formaldehyde solution, 40 per cent.	lb.	2
Gelatine, Coignet's, fine	,,	3
Glucose	oz.	4
Iodine Resublim.	,,	4
Lactose	,,	16
Liquor Trypsin Co.	lb.	2
Litmus Granular	,,	2
Lysol	,,	2
Mannite	oz.	4
Oil, Cedar Wood	gram.	60
Paradimethylamidobenzaldehyde	,,	5
Paraffin, Soft	lb.	1
,, Hard m.p., 125° F.	,,	1
,, ,, 135° F.	,,	1

SECTION I (A)—*continued*

Pea Flour	lb.	1
Peptone Bacteriological	,,	3
Phenolphthaleine	oz.	½
Plasticine, grey	lb.	1
Potassium Iodide	oz.	8
,, Persulphate	,,	2
Silver Nitrate	,,	1
Sodium Chloride, pure	lb.	4
,, Citrate	,,	4
,, Hydrate sticks, pure by Alcohol	,,	1
,, Sulphite	oz.	4
,, Taurocholate	lb.	½
Xylol	,,	1

SECTION I (B)

Agglutinating Sera

B. Typhosus	c.c.	2
,, Paratyphosus A	,,	2
,, ,, B	,,	2
,, ,, C	,,	2
,, Dysenteriæ Shiga	,,	2
,, ,, Flexner types of each	,,	2
,, Gærtner	,,	2
,, Aertrycke—Newport type	,,	2
,, ,, Mutton type	,,	2
V. Choleræ	,,	2
M. Melitensis	,,	2
,, Paramelitensis	,,	2

Agglutinable Cultures

B. Typhosus	c.c.	100
,, Paratyphosus A	,,	100
,, ,, B	,,	100
,, ,, C	,,	100
V. Choleræ	,,	100
B. Dysenteriæ Shiga	,,	100
,, ,, Flexner types of each	,,	100
,, Gærtner	,,	100
M. Melitensis	,,	100
,, Paramelitensis	,,	100

SECTION III

Wool, cotton, non-absorbent	lb.	3

SECTION V (A)

Books, litmus, 6 blue, 6 red	No.	12
Scissors, counter, 6½ in.	,,	1
Urinometer	,,	1
,, trial glasses for	,,	3

SECTION VI

Scalpels, metal handled	No.	3
Scissors, dressing, straight, 4 in.	,,	2
,, ,, curved on flat, 4 in.	,,	2
,, small, fine points, dissecting	,,	2
Syringes, hypodermic, Record, 1 c.c., with 2 needles	,,	2
,, ,, ,, 2 c.c. ,,	,,	2
,, serum, Record, 5 c.c. ,,	,,	3
,, ,, ,, 10 c.c. ,,	,,	2
,, ,, ,, 20 c.c. ,,	,,	1

SECTION XI (A)

Albuminometers, Esbach's	No.	3
Apparatus, Agglutination—		
Pipettes, Dreyer's, dropping	,,	6
Racks, zinc, Dreyer's, copper rivetted	,,	12
Tubes, dilution, 7 c.m. by 1 c.m.	gross	½
,, agglutination, Dreyer's, 6 mm. inside, 6·6 mm. outside, 5·8 c.m. long, pointed ends, tops flanged	,,	1
Autoclave, Chamberland	No.	1
,, ,, spare washers for	,,	1
Balance, Beranger's, 1 kilo	,,	1
,, ,, weights for, brass, 1–500 grammes ...	set	1
,, chemical	No.	1
,, ,, weights for, 1 mg. to 100 grammes ...	set	1
Basins, evaporating, porcelain, size 3	No.	4
,, ,, ,, ,, 6	,,	2
,, glass, with cover, 8½ in. × 2½ in.	,,	2
Baskets, wire, 5¾ in. × 3¾ in. × 3¾ in.	,,	12
Bath, paraffin, small	,,	1
,, water, with thermoregulator, 55° C.	,,	1
,, ,, capsule for spare, 55° C.	,,	1
Beakers, glass, low form with spout	,,	8
Blower, foot, No. 3, with tripod, extra rubber disc, with net, complete	,,	1
Blowpipe, brass, universal joint	,,	1
Borers, cork, set of 6	set	1
Bottles, dropping, 30 c.c.	No.	30
,, sputum, glass, stoppered	,,	12
Boxes, with water jacket for carrying petri dishes	,,	1
,, copper, for sterilizing pipettes	,,	1
Brushes, test tube	,,	6
Burettes, with jet and pinchcock, 50 c.c. in 1/10th ...	,,	2
,, ,, ,, 25 c.c. ,, ...	,,	2
Burners, Bunsen, gas, with peeplight	,,	3
Cabinet, microscopic (36 slides)	,,	1
Caps, I.R., ⅝-in., for test tubes	,,	48
Capsules, porcelain, 1½ in.	,,	6
Centrifuge, electric, small	,,	1
,, tubes, sputum, spare	,,	1
,, ,, sedimentation, spare	,,	4
,, ,, milk, spare	,,	2
Clips, burette, 1¾ in.	,,	6
Corks, I.R., ⅝ in., (6), ¾ in. (6), ⅞ in. (6), 1 in. (6), 1½ in. (6), 1¼ in. (3), and 1⅜ in. (3)	,,	36
Dishes, Petri, 6 in.	,,	10
,, ,, 3½ in.	,,	144
,, porcelain, 5 in. × 4 in.	,,	6
Flasks, glass, Erlenmeyer, 500 c.c.	,,	3
,, ,, flat bottomed, 100 c.c.	,,	6
,, ,, ,, 200 c.c.	,,	6
,, ,, ,, 500 c.c.	,,	12
,, ,, ,, 1,000 c.c.	,,	12
,, ,, ,, 2,000 c.c.	,,	6
Forceps, bent, fine points	,,	3
,, straight ,, ...	,,	3
Funnels, enamelled iron, 5½ in.	,,	2
,, glass, ribbed, 2 in.	,,	2
,, ,, ,, 5½ in.	,,	2
Gauze, iron wire, 28 mesh, 6 in. × 6 in.	,,	2
Glasses, cover, ¾-in. circular, No. 1	oz.	½

SECTION XI (A)—*continued*

Glasses, cover, ¾-in. square, No. 1	oz.	½
,, ,, ¾-in. square, extra thin	,,	½
,, watch, flat bottom, 2 in.	No.	24
Hæmocytometers, complete in case	,,	2
,, extra pipettes, spare, for	,,	2
,, cover slips, special, for	,,	2
Hæmoglobinometer, Gower's	,,	1
Holder, needle, metal	,,	4
Incubator, Hearson's	,,	1
,, capsules, spare, for	,,	4
,, thermometer, spare, for, 0°–50° C.	,,	1
,, ,, ,, ,, 0°–110° C.	,,	2
Inspissator	,,	1
L-moulds, for embedding, brass	pair	2
Labels, microscope	packet	2
,, 3 in. × 1 in.	,,	2
Lamp, microscope, electric or gas	No.	1
Lens, Coddington × 10 diameters	,,	1
Mats, I.R., draining	,,	1
Measures, graduated, cylindrical, glass, with spout, 25 c.c.	,,	2
,, ,, ,, ,, ,, 100 c.c.	,,	4
,, ,, ,, ,, ,, 500 c.c.	,,	4
,, ,, ,, ,, ,, 1,000 c.c.	,,	2
Microscope, complete with mechanical stage	,,	1
,, dark ground condenser for	,,	1
,, eye-piece micrometer for	,,	1
,, dissecting	,,	1
Microtome, Cambridge rocking	,,	1
,, razors for (not hollow ground)	,,	2
Mortar and pestle, glass, 3 in.	,,	1
,, ,, wedgwood, No. 00	,,	1
,, ,, ,, No. 3	,,	1
Outfits, diphtheria	,,	12
,, fæces	,,	12
Paper, filter, Chardin's agar agar, circles 50 c.m.	packet	2
,, ,, French grey, 9½ in.	,,	3
,, ,, ,, 6 in.	,,	3
,, ,, lined	quires	3
Pencils, writing on glass, assorted	No.	12
P.H. sets, 6·6 to 8·2 indicator	set	1
Pipettes, graduated, 1 c.c. in 1/100	No.	6
,, ,, 5 c.c. in 1/10	,,	6
,, ,, 10 c.c. ,,	,,	6
Pliers, pioneer combination, 5 in.	,,	1
Rod, glass, assorted	lb.	1
Slides, microscope, 3 in. × 1 in.	gross	3
,, ,, with one circular depression	No.	48
Stand, burette, double	,,	2
,, retort, iron, with 3 rings	,,	1
,, test tube, teak, 8 holes	,,	3
,, ,, ,, 12 ,,	,,	3
Sterilizer, hot air, iron, asbestos covered, with burner	,,	1
,, steam, Koch, with burner	,,	1
,, ,, thermometers for 0·200° C. spare	,,	1
Still, copper, 2-gallon	,,	1
Swabs, West's, nasopharyngeal	,,	6
Teats, I.R., assorted	,,	36
Thermometers, chemical, 0–360° C.	,,	3
,, ,, 0–200° C.	,,	1

SECTION XI (A)—*continued*

Tripods, iron, triangular	No.	3
Tool, combination	,,	1
Tubes, Buchner's, with I.R. cork	,,	4
,, Durham's	,,	36
,, test, 6 in. × $\frac{5}{8}$-in.	gross	3
,, ,, 2 in. × $\frac{3}{8}$-in.	,,	3
,, centrifuge	No.	24
Tubing, glass, assorted	lb.	10
,, I.R., $\frac{1}{8}$-in.	ft.	18
,, ,, $\frac{3}{16}$-in.	,,	18
,, ,, $\frac{1}{4}$-in.	,,	18
,, ,, $\frac{3}{8}$-in.	,,	12
Ureometer, Doremus	No.	1
Wire, copper, gauge 16	lb.	$\frac{1}{2}$
,, ,, ,, 20	,,	$\frac{1}{2}$
,, platinum, gauge 24	ft.	1
,, ,, ,, 27	,,	1

SECTION XI (B)

Stains

Biebrick Scarlet	gram.	5
Brilliant Green	,,	5
Chrysoidin	,,	5
Crystal Violet	,,	5
Eosin, Alcoholic	,,	5
,, Watery	,,	5
Fuchsin, Acid	,,	5
,, Basic	,,	5
Gentian Violet	,,	5
Hæmatoxylin	,,	5
Leishman, dry	,,	5
Methyl Violet	,,	5
Methylene Blue	,,	5
Neutral Red	,,	5

Stationery Office Supply

*Books, Pathological—		
Practical Bacteriology, Besson's (Longman) or Manual of Bacteriology, Muir & Ritchie (Frowde) ...	No.	1
Pathological Technique, Mallory & Wright (Saunders)	,,	1
An Introduction to Practical Bacteriology, Mackie and McCartney (Livingstone)	,,	1
The Pathology of Tumours, Kettle (Lewis)	,,	1

R.A.S.C. Supply

Spirit, methylated	gall.	5

R.A.O.C. Supply

Section F

Files, second cut, three square, 6 in.	No.	3
Screwdriver, cabinet, 4 in.	,,	1
,, "London," 8-in.	,,	1
Vice, hand, 4 in.	,,	1

Section L

Stoves, oil, Primus, No. 1	,,	2
,, ,, ,, repair outfits	,,	1

Section L (N.I.V.)

Saucepans, enamelled iron, 3 pints	,,	3

* These should be indented for on A.F. L 1385.

APPENDIX No. 38

MIDWIFERY INSTRUMENTS, APPLIANCES, ETC., TO BE HELD IN SELECTED MILITARY HOSPITALS FOR ISSUE ON LOAN

(Ref. para. **343**.)

Sections I and II

Medicines and antiseptics as required.

Section V (A)

Bottle, drop, chloroform	No.	1
Bougies, elastic gum, cylindrical, size 12	,,	4
Brush, nail, operating room	,,	1
Catheter, indiarubber, size 8	,,	1
Enema, indiarubber, with glass vaginal tube	,,	1
Gloves, indiarubber, operating	prs.	2
Ligatures as required.		
Needles, suture, Bonney's, ½-circle, 6 each sizes 1 and 7	No.	12
Thermometer, clinical	,,	1

Section VI

Bag, dilating, Champetier de Ribe's, with stopcock, syringe and long vaginal pipe	No.	1
Bag, hand, leather, to hold midwifery instruments	,,	1
Case, hypodermic	,,	1
Catheter, female, plated	,,	1
Cephalotribe, Braxton Hick's, metal handle	,,	1
Curette, uterine, flushing, Rheinstadter's, blunt	,,	1
,, ,, Sim's, small, sharp	,,	1
Decapitator, Targett's, metal handle	,,	1
Dilators, Hegar's, metal, double-ended, 20 sizes in khaki roll, 3/4, 6/7, 9/10, 11/12, 13/14, 15/16, 19/20, 21/22, 23/24, 25/26	set	1
Forceps, artery, Spencer Wells', 5-in.	No.	2
,, ,, ,, ,, 8-in.	,,	1
,, craniotomy, Barnes', metal handles	,,	1
,, dissecting, Bonney's	,,	1
,, for introducing dilating bag	,,	1
,, midwifery, Williamson's, with axis traction, metal handles	,,	1
,, ovum, Greenhalgh's	,,	1
,, vulsellum, Lewer's, 7¼-in.	,,	2
Holder, needle	,,	1
Hook, blunt and crochet, metal handle	,,	1
Inhaler, chloroform, Schimmelbusch's	,,	1
Pelvimeter, French model, for internal and external measurements	,,	1
Perforator, Oldham's, metal handle	,,	1
Roll, khaki, to contain midwifery instruments	,,	1
Scissors, dressing, straight, 6-in., blunt-pointed	,,	1
Sound, uterine, Simpson's	,,	1
Specula, vaginal, Fergusson's, metal (set of 3)	set	1
Speculum, vaginal, Sim's, double duckbill	No.	1
Sterilizer, fish kettle, for midwifery instruments	,,	1
Tube, uterine, flushing, Budin's, metal	,,	1

APPENDIX No. 39

CONTENTS OF A PAIR OF CAMP MEDICINE BOXES

No. 1 Box

(Weight, 3 qrs. 3 lb.) (Dimensions, 26 in. × 14 in. × 16½ in.)

SECTION I (A)

Acidum Boricum	lb.	1
,, Carbolicum (cryst.)	oz.	8
Argenti Nitras (sticks)	,,	½
Chloroformum (in 2-oz. tubes)	No.	2
Linimentum Camph. Ammon. (methylatum)	lb.	1
,, Terebinthinæ	oz.	8
Liquor Plumbi Subacetatis Fortis	lb.	1
Mistura Expectorans	,,	1
Oleum Olivæ	oz.	4
,, Ricini	,,	8
Paraffinum Molle (in 4-oz. tubes)	tubes	2
Sinapis Charta (tins of 10)	tins	2
Spiritus Ammoniæ Aromaticus	oz.	8
,, Methylatus (mineralized)	,,	18
Tinctura Chloroformi et Morphinæ B.P. 1885	,,	8
,, Iodi Fortis	,,	8
,, Opii	,,	8
Unguentum Hydrargyri Ammon.	lb.	1
,, Zinci	,,	1
Gallipots (nests of 3)	nests	2
Loosener, stopper, wood	No.	1
Measure, glass, graduated, minim, 1 dr., in leather-covered case	,,	1
,, ,, ,, 2-oz.	,,	1

SECTION II

Solvellæ Mercuric Chloride, 8·75 grs.	No.	100
Tablets, Aspirin, 5 grs.	,,	260
,, Bismuth Salicylate, 5 grs.	,,	90
,, Cathartic	,,	288
,, Calomel, 1 gr.	,,	200
,, Chalk and Opium 10 grs.	,,	144
,, Dover's Powder, 5 grs.	,,	100
,, Laxative, Vegetable	,,	50
,, Lead and Opium	,,	100
,, Potassium Chlorate, 5 grs.	,,	270
,, ,, Permanganate, 2 grs.	,,	200
,, Quinine Sulphate, 5 grs.	,,	80
,, Sodium Bicarbonate, 10 grs.	,,	100
,, ,, Salicylate, 5 grs.	,,	272
,, Hypodermic, Morphine Tartrate, ¼ gr.	tube	1

Section III

Bandages, loose-woven, 3-in.	No.	100
,, triangular	,,	6
Flannel, fomentation	yds.	2
Gauze, bleached, 6-yd. packets	pkts.	8
Jaconet, waterproof	yds.	4
Lint, cotton, absorbent, 1-oz. packets	pkts.	32
Wool, cotton, absorbent, 1-oz. packets	,,	24

Section V (A)

Bottle, drop, chloroform, 2-oz., in leather-covered case	No.	1
Bowls, dressing, enamelled iron, 5½-in.	,,	2
Catheters, olivary, elastic gum, sizes 4, 6, and 8, in tin case	,,	3
Corkscrew, folding	,,	1
Depressor, tongue, plated	,,	1
Holder, caustic, reversible, with crayon	,,	1
Knife, palette	,,	1
Lamp, spirit, glass, 4-oz.	,,	1
Lens, in chamois bag	,,	1
Needles, suture, bayonet-point, assorted	,,	12
Pencils, camel-hair	,,	6
Pins, safety, tins of 36	tins	2
Plaster, zinc oxide, 1-in.	spools	2
Scissors, stretcher-bearer, 7-in.	No.	1
Silk, plaited, sterile, 12 tubes, in japanned tin case	case	1
Splints, arm, scored wood (set of 8 pairs)	set	1
,, ,, wire	prs.	1
Stethoscope, binaural	No.	1
Syringe, indiarubber, adaptable, with eustachian catheter, size 9	,,	1
Tape, measuring, mounted ends	,,	1
Thermometers, clinical, ½-minute, in plated case	,,	2
Thread, linen, Barbour's, size 60	reel	1
Tourniquets, St. John's	No.	2
Trays, dressing, tinned copper	,,	2
Tripod, collapsible	,,	1
Tube, stomach, complete	,,	1

Section VI

Bistoury, curved, sharp (in wooden case)	No.	1
Case, hypodermic, 1915 pattern, complete	,,	1
Forceps, artery, Spencer Wells', 5-in.	,,	2
Specula, aural, Gruber's (set of 3), with forehead mirror and band, in case	set	1
Speculum, nasal, Thudichum's	No.	1
Spud, eye, plain	,,	1
Syringe, serum, "Record," 10-c.c., with 2 steel needles, in case	,,	1

Section VIII

Bottles, F.E., square, wide mouth, boxwood tops, 1-oz.	No.	6
,, ,, ,, ,, ,, ,, 2-oz.	,,	5
,, ,, ,, ,, ,, ,, 4-oz.	,,	4
,, ,, ,, narrow mouth, stoppered, 2-oz.	,,	1
,, ,, ,, ,, ,, ,, 4-oz.	,,	1
,, ,, ,, ,, ,, ,, 8-oz.	,,	12
,, ,, ,, wide mouth, stoppered, 8-oz.	,,	1

SECTION VIII—*continued*

Case, vulcanite, for needles	No.	1
Container for methylated spirits, tin, 18-ozs.	,,	1
Tins, F.E., for 1 lb. boric acid	,,	1
,, ,, ,, 1 lb. ointment	,,	2
Padlock, brass	,,	1
Keys, single	,,	2
Box, Camp Medicine, No. 1, empty	,,	1

MISCELLANEOUS

Book, prescription (A.B. 39)	No.	1

No. 2 Box

(Weight, 1 qr. 3 lb.) (Dimensions, 20 in. × 12 in. × 11½ in.)

SECTION I (A)

Linimentum Camph. Ammon. (methylatum)	lb.	1
Mistura Expectorans	,,	2
Oleum Ricini	,,	1½

SECTION I (B)

Serum Antitetanus (1000 International units)	phials	6

SECTION III

Bandages, loose-woven, 3-in.	No.	50
,, triangular	,,	18
Gauze, bleached, 6-yd. packets	pkts.	8
Lint, cotton, absorbent, 1-oz. packets	,,	16
Wool, cotton, absorbent, 1-oz. packets	,,	8

SECTION VIII

Padlock, brass	No.	1
Keys, single	,,	2
Box, Camp Medicine, No. 2, empty	,,	1

APPENDIX No. 40

CONTENTS OF CASE OF CHIROPODY INSTRUMENTS

(Ref. Appendix No. 50.)

File, nail, and pick combined	No.	1
Forceps, dissecting	,,	1
Hone	,,	1
Nippers, nail	,,	1
Scalpels	,,	2
,, fish belly	,,	1
,, sharp-pointed, straight	,,	1
Scissors, cuticle, fine blades	,,	1
,, nail	,,	1
Strop...	,,	1
Case, mahogany, unpolished, to contain above	,,	1

APPENDIX No. 41

CONTENTS OF CASE OF EYE INSTRUMENTS

(Ref. Appendices Nos. 25 and 50.)

(1931 Pattern)

Curette and cystotome, Græfe's	No.	1
Forceps, cilia	,,	1
,, fixation	,,	1
,, iris	,,	1
Hook, iris, Tyrrell's	,,	1
,, strabismus	,,	1
Knife, canaliculus, Weber's	,,	1
,, cataract, Moorfield's	,,	1
,, iridectomy, curved, Jæger's	,,	1
Knives, linear, cataract, Græfe's	,,	2
Needle, broad	,,	1
Needles, stop, Bowman's	,,	2
Probes, lachrymal, Bowman's (set of 4), in case	set	1
Scissors, excision	No.	1
,, iris, Maunoir's	,,	1
,, strabismus	,,	1
Speculum, eye, with stop action, Weiss'...	,,	1
Case, metal, to contain above	,,	1

APPENDIX No. 42

CONTENTS OF CASE OF OPERATION INSTRUMENTS

(Ref. Appendices Nos. 25 and 50.)

Bistoury, curved, blunt-pointed	No.	1
,, ,, sharp-pointed	,,	1
,, straight, blunt-pointed	,,	1
,, ,, sharp-pointed	,,	1
Canula, laryngotomy, silver	,,	1
,, tracheotomy, Fuller's bivalve, silver, large	,,	1
Catheters, elastic gum, olivary, Nos. 1, 3, 4, 7, 9, 12	,,	6
,, metal, Nos. 3, 5, 10	,,	3
Director, hernia	,,	1
,, steel, straight, 8-in.	,,	1
Dissector and probe, Watson Cheyne's	,,	1
Elevator, double	,,	1
Forceps, artery, Spencer Wells'	,,	16
,, bone	,,	1
,, bullet	,,	1
,, dissecting	,,	2
,, ,, toothed	,,	2
,, lion	,,	1
Holder, needle	,,	1
Hook, sharp	,,	1
Knife, amputating, 6-in.	,,	1
Needles, aneurism	,,	1
,, suture, assorted	,,	12
,, ,, Hagedorn's assorted	,,	12
Probang, double-ended	,,	1
Probes, silver, 5-in., 6-in., 8-in., and 10-in.	,,	4
Pliers, wire-cutting	,,	1
Retractors, wound, double	,,	4
Saw, amputating, movable back, large	,,	1
,, ,, ,, ,, small	,,	1
Scalpels	,,	5
,, large, 3- and 4-in.	,,	2
Scalpel, tang	,,	1
Scissors, surgical, curved on flat, blunt-pointed	,,	1
,, ,, straight, blunt-pointed	,,	1
Scoop, bone, double	,,	1
Trephine, 1-in.	,,	1
,, handle for	,,	1
Trocar and canula, hydrocele	,,	1
Case, mahogany, to contain above	,,	1
Trays, tin, enclosing the case	,,	2
Cover, waterproof canvas	,,	1

APPENDIX No. 43

CONTENTS OF REGULATION POCKET CASE OF INSTRUMENTS

(Ref. para. **10**.)

(Dimensions, $4\frac{7}{16}$ in. × $2\frac{5}{16}$ in. × $\frac{3}{4}$ in.) (Weight, 9 ounces.)

Forceps, dissecting	No.	1
,, artery, Spencer Wells'	,,	1
Knife, Syme's abscess, and scalpel, in metal handle	,,	1
Needle, aneurism, and director combined	,,	1
Needles, suture, triangular-pointed, straight, size 9 (4 in packet)	pkt.	1
,, ,, ,, ,, $\frac{1}{2}$-curved, assorted sizes (6 in packet)	,,	1
Probe, silver, corkscrew and plain ends	No.	1
Scissors, blunt-pointed	,,	1
Spud, eye, combined with spool of silk, in case...	,,	1
Syringe, hypodermic, metal, with 2 platino-iridium needles (1 in handle), combined with needle box, containing: Needles, suture, triangular-pointed, straight, sizes 12–14 (12) ...	,,	1
Tablets, hypodermic, morphine hydrochloride, $\frac{1}{6}$ gr.	tube	1
,, ,, strychnine sulphate, gr. $\frac{1}{100}$	,,	1
Thermometer, clinical, in bayonet-catch case	No.	1
Case, metal, plated, to contain above	,,	1

APPENDIX No. 44

CONTENTS OF CASE OF POST-MORTEM INSTRUMENTS (ALL METAL)

(Ref. Appendices Nos. 25 and 50.)

Blowpipe	No.	1
Catlin	,,	1
Chisel	,,	1
,, with cross handle	,,	1
Coronet, skull	,,	1
Forceps, bone	,,	1
,, dissecting	,,	1
Hammer	,,	1
Hooks, chain	set	1
Knife, brain, $8\frac{1}{2}$-in. blade	No.	1
,, cartilage	,,	1
,, single edge	,,	1
Needles	,,	3
Saw	,,	1
Scalpels	,,	3
Scissors, bowel	,,	1
,, dissecting, large	,,	1
,, ,, small	,,	1
Wrench, spine	,,	1
Case, mahogany, to contain the above, with key	,,	1

APPENDIX No. 45

(Ref. Appendix No. 25.)

A.—CONTENTS OF MICROSCOPE CASE (BAKER)

Microscope (Baker D.P.H.) with mechanical stage.
Abbé condenser with iris diaphragm.
Triple nose-piece.
Eye-pieces (2) Nos. 2 and 4.
Objectives (3) $\frac{3}{4}$ inch, $\frac{1}{6}$ inch, and $\frac{1}{12}$ inch oil immersion.
Case, mahogany, to contain above.

B.—CONTENTS OF MICROSCOPE CASE (SPENCER)

Microscope (Spencer No. 44 H.) with detachable mechanical stage.
Abbé condenser with iris diaphragm.
Triple nose-piece.
Eye-pieces (2) 6X and 10X.
Objectives (3) 16 mm., 4 mm., and 1·8 mm. oil immersion.
Case, hardwood, to contain above.

C.—CONTENTS OF MICROSCOPE CASE (SWIFT)

Microscope (Swift "Army") with detachable mechanical stage.
Abbé condenser with iris diaphragm.
Triple nose-piece.
Eye-pieces (2) Nos. 2 and 4.
Objectives (3) $\frac{2}{3}$ inch, $\frac{1}{6}$ inch, and $\frac{1}{12}$ inch oil immersion.
Case, mahogany, to contain above.

It is imperative that the objectives should not be changed. The three nozzles of the nose-piece are marked to correspond with the numbers of the three objectives given above, and it is essential that the objectives so marked should be screwed on to the correspondingly marked nozzles of the nose-piece. They will then be found to be perfectly centred and to focus in the same plane when used with the eye-pieces. The $\frac{1}{12}$-inch can only be used as an immersion objective.

The oil must be wiped off the front of the objective immediately after use. Should this be accidentally allowed to dry on, it should be removed by a cloth slightly moistened with xylol.

The Abbé condenser is used with all the objectives. With the dry powers it will be necessary to reduce the aperture by means of the iris diaphragm as required.

With the $\frac{2}{3}$ inch, lower the condenser slightly by means of the rack adjustment, till the right amount of diffusion is obtained.

With the $\frac{1}{12}$ inch the full aperture of the diaphragm is used, and care must be taken to rack the condenser close up to the object.

The plane mirror must always be used with the condenser.

APPENDIX No. 46

CONTENTS OF MEDICINE CHEST

(1921 Pattern)

(WEIGHT ABOUT 3 CWT.)

(DIMENSIONS, 34 IN. × 24 IN. × 28 IN.)

Article	Quantity Lb.	Quantity Oz.	Compartment or Drawer
SECTION I (A)—*Medicines and Medical Materials*			
Acaciæ Pulvis	—	8	C
Acetum Scillæ	—	8	C
Acidum Boricum Pulvis	—	6	C
,, Carbolicum	—	2	A
,, ,, Liquefactum	—	4	A
,, Hydrochloricum Dil.	—	2	A
,, Hydrocyanicum Dil.	—	1	A
,, Nitricum Dil.	—	2	A
,, Sulphuricum Dil.	—	2	A
,, Tannicum	—	2	A
Alumen Exsiccatum	—	2	B
Ammonii Carbonas	—	4	A
Amyl Nitris (3 minim capsules) ... No.		12	No. 8
Aqua Destillata	—	8	C
Argenti Nitras	—	2	A
Bismuthi Carbonas	—	2	A
Chloral Hydras	—	2	A
Chloroformum (2-oz. tubes)	1	8	No. 11
Cocainæ Hydrochloridum	—	½	A
Cupri Sulphas	—	1	A
Emplastrum Belladonnæ (spread on linen) yds.		2	No. 4
Ethyl Chloridum (Local) ... ... tubes		2	No. 11
Extractum, Belladonnæ Viride	—	2	B
,, Cascardæ Sag. Liq.	—	8	C
,, Cinchon. Liq.	—	3	B
Ferri et Quininæ Citras	—	2	B
Glycerinum	—	8	C
Hexamina	—	2	A
Hydrargyri Subchloridum	—	4	A
Hydrargyrum cum Creta	—	2	A
Iodoformum	—	3	A
Linimentum Belladonnæ (methylatum) ...	—	3	B
,, Camph. Ammon. (methylatum)	—	8	C
,, Saponis (methylatum)	—	8	C
Liquor Ammoniæ Fort.	—	3	B
,, Ammonii Acet. Conc.	—	4	A
,, Arsenicalis	—	2	A
,, Epispasticus	—	2	A
,, Ferri Perchlor. Fort.	—	1	A
,, Plumbi Subacetatis Fort.	—	6	A
,, Potassæ	—	3	B
,, Strychninæ Hydrochloridi	—	1	A

Article	Quantity Lb.	Quantity Oz.	Compartment or Drawer
SECTION I (A)—*continued*			
Magnesii Sulphas	2	—	A
Methyl Salicylas	—	2	A
,, Sulphonal (Trional)	—	2	A
Mist. pro. Diarrhœa	—	2	A
,, Sennæ Co. Conc.	2	—	B
Morphinæ Tartras	—	1	A
Oleum Eucalypti	—	2	A
,, Menthæ Piperitæ	—	1	A
,, Olivæ	—	8	C
,, Ricini (2 bottles)	4	—	C
,, Terebinthinæ	—	8	C
Paraffinum Molle	2	8	C
Phenacetinum	—	2	A
Potassii Bicarbonas	—	8	C
,, Bromidum	—	4	B
,, Chloras	—	4	B
,, Iodidum	—	8	C
,, Nitras	—	4	B
,, Permanganas	—	4	A
Pulvis Seidlitz (Condensed)	2	—	A
Quininæ Sulphas (4 tins)	1	4	A & B
Santoninum	—	½	A
Sinapis Charta (tins of 10) ... ... boxes		5	No. 10
Sodii Bicarbonas	—	8	C
,, Salicylas (2 bottles)	—	8	B & C
Spiritus Ætheris	—	3	B
,, ,, Nitrosi	—	8	C
,, Ammoniæ Aromaticus	—	8	C
,, Rectificatus	—	8	C
Sulphonal	—	2	A
Sulphur Sublimatum	—	8	C
Tinctura Aconiti	—	1	A
,, Belladonnæ	—	2	A
,, Benzoini Co.	—	3	B
,, Camphoræ Co.	2	—	C
,, Cardam. Co....	—	3	B
,, Catechu	—	4	A
,, Chlorof. et Morphinæ Co.	—	3	B
,, Digitalis (2 bottles)	—	3	A
,, Guaiaci	—	1	A
,, Hyoscyami	—	3	B
,, Iodi Fortis	—	3	B
,, Nucis Vomicæ (2 bottles)	—	5	A
,, Opii (2 bottles)	1	—	C
,, Rhei Co.	—	3	B
,, Senegæ	—	4	A
,, Zingiberis, Fort.	—	2	A
Unguentum Acidi Borici	1	4	C
,, Hydrargyri	—	8	C
,, ,, Nitratis	—	4	C
,, Sulphuris	2	4	A
Vinum Colchici	—	3	B
,, Ipecacuanhæ	—	4	A
Zinci Oxidum (2 bottles)	—	4	B
,, Sulphas	—	4	B

Article		Quantity	Compartment or Drawer
SECTION I (A)—*continued*			
Basin, evaporating, porcelain, 4-in. ...	No.	1	No. 12
Bottles, vial, 1-oz.	,,	4	No. 12
,, ,, 2-oz.	,,	4	
,, dispensing, plain, 4-oz. ...	,,	4	
,, ,, ,, 6-oz. ...	,,	4	
,, fluted, poison, 4-oz.	,,	4	
,, ,, ,, 6-oz.	,,	4	
,, chloroform, drop, 2-oz. ...	No.	1	No. 11
Boxes, chipette	papers	½	No. 1
,, pill, paper	,,	½	No. 1
Corks, vial	doz.	3	No. 2
,, pint	,,	6	No. 2
Funnel, tin	No.	1	No. 12
Gallipots, assorted	doz.	1	No. 9
Labels, blank	No.	200	No. 3
,, "Poison"	,,	100	No. 3
Loosener, stopper	,,	1	No. 6
Measures, glass, graduated, minim ...	,,	2	No. 11
,, ,, ,, 2-oz. ...	,,	1	No. 11
Mortar and pestle, composition, small	,,	1	No. 9
Packthread	oz.	2	No. 9
Paper, filtering...	quire	¼	Lid
Tile, pill	No.	1	Lid
SECTION II—*Tablets*			
Aspirin, 5 grs.	No.	200	A
Cascara Sagrada, 3 grs. (3 bottles) ...	,,	600	B
Cathartic, No. 9 (2 bottles)	,,	400	B
Chalk and Opium, 10 grs.	,,	100	B
Cough (No. 4)	,,	300	B
Dover's Powder, 5 grs.	,,	500	A
Ipecacuanha and Squill, 4 grs. ...	,,	100	B
Lead and Opium (No. 8)	,,	192	B
Mercuric Chloride (Solvellæ) 8·75 grs. (2 bottles)	,,	288	A
Opium Powder, 1 gr.	,,	480	B
Quinine Sulphate, 5 grs. (2 bottles) ...	,,	300	A
Rhubarb Pill, 5 grs.	,,	300	A
Hypodermic			
Emetine Hydrochloride, ⅓ gr. ...	tubes	2	No. 6
Planocaine and Adrenaline "A" ...	,,	1	No. 6
Case, Hypodermic and Ophthalmic, complete	No.	1	No. 6
SECTION III—*Surgical Dressings*			
Bandages, flannel, 4-in.	No.	4	No. 7
,, loose-woven, 3-in., compressed	,,	42	No. 7
,, suspensory	,,	8	No. 9
,, triangular, compressed ...	,,	12	No. 11
Calico, thin	yds.	4	No. 12
Flannel, fomentation	,,	½	No. 10
Gauze, bleached, compressed... ...	,,	30	No. 11

Article	Quantity	Compartment or Drawer
Jaconet, waterproof ... ... yds.	2	No. 12
Lint, cotton, absorbent ... ... lb.	2	No. 10
Tow, surgeon's ... ... ,,	1	No 12
Wool, cotton, absorbent ... ... ,,	4	No. 11
SECTION IV—*Rubber and Waterproof Goods*		
Bags, ice, head... ... ... No.	3	No. 10
Cloth, waterproof (Pluviusin) ... yds.	2	No. 12
SECTION V (A)—*Surgical Appliances and Sundries*		
Basins, dressing, enamelled iron, kidney-shape, 8-in. ... ... No.	2	No. 10
Bath, eye ... ... ,,	1	No. 9
Books, litmus ... ... ,,	6	No. 8
Bottle, drop, chloroform ... ... ,,	1	No. 5
Brushes, nail, ward ... ... ,,	4	No. 1
Case, urinometer, complete ... ... ,,	1	No. 10
Catgut, aseptic, boilable, chromicized, 20-day, sizes 00, 0, 2, and 4 (3 of each) ... ... tubes	12	No. 8
Catheters, indiarubber, sizes 6, 8, 10 No.	3	No. 10
Corkscrew ... ... ,,	1	No. 6
Depressor, tongue, plated ... ... ,,	1	No. 10
Dredger, iodoform, vulcanite... ... ,,	1	A
Enema, indiarubber, with vulcanite nozzle ... ... ,,	1	No. 10
,, nutrient, complete ... ... ,,	1	No. 10
Gloves, indiarubbber, operating ... prs.	2	No. 7
Holder, caustic... ... ... No.	1	No. 3
Housewife, canvas ... ... ,,	1	No. 6
Irrigators, enamelled iron, 4-pt., complete ... ... ,,	2	No. 10
Knives, palette, small ... ... ,,	2	No. 5
Measure, earthenware, teaspoon ... ,,	1	No. 6
Needles, intestinal, straight ... ... ,,	3	No. 6
Pencils, camel-hair (⅓ bent) ... ... ,,	18	No. 3
Pins, common, 500 in paper ... ... paper	1	No. 3
,, safety, tins of 36 ... ... tins	3	No. 6
Plaster, adhesive, zinc oxide, 1-in. spools No.	6	No. 7
,, ,, ,, ,, 7 in. × 1 yd. tins	3	No. 10
Rods, stirring, glass ... ... No.	2	No. 5
Scales and weights, grain, pillar ... set	1	No. 2
,, ,, ,, ounce ... ... ,,	1	No. 2
Scissors, counter ... ... No.	1	No. 8
Shades, eye (⅓ double) ... ... ,,	6	No. 6
Stethoscope, binaural ... ... ,,	1	No. 7
Syringe, indiarubber, adaptable with eustachian catheter, size 9 ... ,,	1	No. 9
Syringes, female, glass ... ... ,,	1	No. 8
,, male, glass ... ... ,,	12	No. 9
Tape, measuring ... ... ,,	1	No. 3
Thermometers, clinical ... ... ,,	6	No. 3
Tissue, waterproof ... ... yds.	2	No. 12

Article		Quantity	Compartment or Drawer
SECTION V (A)—*continued*			
Tourniquet, St. John's	No.	1	No. 6
Tray, dressing, enamelled iron, 11 in. × 9 in. × 2 in.	,,	1	No. 9
,, ,, japanned	,,	1	On left wing
Tripod, collapsible	,,	1	No. 12
Tube, stomach, indiarubber, with glass funnel and gag	,,	1	No. 10
Tubes, test	,,	3	No. 8
Tubing, drainage, indiarubber, sizes 14 and 28 (2 yds. of each) ...	yds.	4	No. 10
SECTION VI—*Surgical Instruments*			
Case, hypodermic, 1915 pattern ...	No.	1	No. 6
,, ward, dressing, complete ...	,,	1	No. 10
Forceps, tongue	,,	1	No. 10
Gag, mouth	,,	1	No. 10
Inhaler, chloroform, Schimmelbusch's	,,	1	No. 7
Instruments, operation	case	1	No. 10
,, tooth	pouch	1	No. 10
Specula, aural, Gruber's (set of 3), with mirror (forehead) and band ...	set	1	No. 10
Sterilizer, small, for instruments (Pannier pattern)	No.	1	No. 10
Syringe, all glass, 2 c.c., with 2 platino-iridium needles	,,	1	No. 7
,, serum, "Record," 5 c.c. with 2 needles	,,	1	No. 7
,, ,, ,, 10 c.c. with 2 needles	,,	1	No. 7
,, ,, ,, 5 c.c. and 10 c.c., spare needles for	,,	12	No. 7
Vaccinator		1	No. 10
Ordnance			
Razors, safety	No.	2	No. 5
,, ,, blades for	,,	6	No. 5
Miscellaneous			
Book, prescription (A.B. 39)	No.	1	Lid
Bottle, ink	,,	1	No. 3
Paper, wrapping	quire	1	Lid
Pencils, lead	No.	2	No. 3
,, copying ink	,,	2	No. 3
Penholders	,,	2	No. 3
Pens (3 dozen in box)	box	1	No. 9
Powder, ink	tin	1	No. 3

APPENDIX No. 47

CONTENTS OF URINE TEST STAND

(Ref. Appendices Nos. 25 and 50.)

Bottles, stoppered, 2-oz., for reagents		No.	4
,, ,, containing litmus books (6 red, 6 blue)		,,	1
Dish, porcelain, shallow		,,	1
Funnel, glass		,,	1
Glasses, test, conical		,,	4
,, trial		,,	1
Lamp, spirit, glass, 4-oz.		,,	1
Tubes, test		,,	8
Urinometer, in case		,,	1
Holder, test tube	in drawer	,,	1
Papers, filter	in drawer	,,	50
Pipettes	in drawer	,,	3
Rod, stirring, glass	in drawer	,,	1
Tripod, collapsible	in drawer	,,	1
Stand, wooden, with drawer		,,	1

APPENDIX No. 48

CONTENTS OF URINOMETER CASE

Books, litmus	No.	2
Glass, trial	,,	1
Lamp, spirit, glass	,,	1
Tubes, test, nests of 3	nests	2
Urinometer, in case	No.	1
Case, wooden, to contain the above	,,	1

APPENDIX No. 49

CONTENTS OF WARD DRESSING CASE

(Ref. Appendices Nos. 25 and 50.)

Forceps, dissecting, 5-in.	No.	1
,, sinus, 5-in.	,,	1
Probe, silver, 5-in.	,,	1
Scissors, surgical, straight, blunt-pointed, 5-in.	,,	1
Case, metal, nickel-plated (to contain above)	,,	1

APPENDIX No. 50

MEDICAL EQUIPMENT AUTHORIZED FOR TRANSPORTS AND FREIGHT SHIPS

(Ref. para. **622**.)

(*a*) For Transports

Section I (A)

Acaciæ Pulvis	lb.	1
Acidum Boricum Pulvis	,,	6
,, Carbolicum	,,	3
,, Hydrochloricum	oz.	4
,, Hydrocyan. Dil.	,,	2
,, Nitricum	,,	8
,, Picricum (in water 50 per cent.)	,,	4
,, Salicylicum	,,	4
,, Tannicum	,,	2
Adeps Benzoatus	lb.	2
,, Lanæ Hydrosus	,,	1
Æther Purificatus ·720	,,	1
Alcohol, Absolutum (for decoloration with Gram's stain)	oz.	1
,, Methylicum (pure, acetone free)	,,	4
Alumen	lb.	1
Ammonii Carbonas	,,	1
Amyl Nitris (3 min. capsules)	No.	40
Amylum	lb.	2
Aqua Destillata	pts.	2
Argenti Nitras	oz.	1
Bismostab	tubes	20
Bismuthi Carbonas	oz.	8
,, Salicylas	,,	4
,, Subnitras	,,	8
Calcii Chloridum	,,	4
,, Lactas	,,	2
Calamina Præparata	lb.	1
Camphor in oil, 0·1 gramme to 1 c.c. (boxes of 12 ampoules)	boxes	5
Cataplasma Kaolini B.P.C.	lb.	2
Chloral Hydras	oz.	4
Chloroformum (2-oz. tubes)	lb.	3
Collodium Flexile (methylatum)	oz.	8
Creosotum	,,	8
Creta Præparata	lb.	1
Cupri Sulphas	oz.	1
Emplastrum Belladonnæ (spread)	yds.	2
Ethyl Chloridum (local)	tubes	2
Extractum Belladonnæ Viride	oz.	4
,, Cascar. Sag. Liq.	lb.	1
,, Ergotæ Liquidum	oz.	4
,, Filicis Liquidum	,,	2
,, Malti c. Ol. Morrhuæ B.P.C. in ½-lb. W.M. bottles	lb.	6
Fehling's Solution, No. 1	oz.	2
,, ,, No. 2	,,	2
Ferri et Quininæ Citras	lb.	1
Glycerinum	,,	8
Hexamina	oz.	2

SECTION I (A)—*continued*

Hydrarg. Ammoniatum	oz.	2
,, cum Creta	,,	2
,, Subchloridum	lb.	1
Ipecacuanhæ Pulvis	oz.	4
Linimentum Belladonnæ (methylatum)	lb.	1
,, Camphoræ	,,	8
,, Terebinthinæ	,,	4
Linum Contusum	,,	7
Liquor Adrenalini Hydrochloridi	oz.	1
,, Ammonii Acet. Conc.	lb.	3
,, Arsenicalis	oz.	4
,, Ferri Perchlor. Fort.	,,	4
,, Hydrogenii Peroxidi (10 vols.)	,,	8
,, Plumbi Subacetat. Fort.	lb.	2
,, Potassæ	,,	1
,, Strychninæ Hydrochloridi	oz.	8
Lysol	lb.	6
Magnesii Carbonas Ponderosa	oz.	8
,, Sulphas	lb.	28
Methyl Salicylas	oz.	4
,, Sulphonal (Trional)	,,	4
Mist. pro Diarrhœa	,,	8
,, Senn. Co. Conc.	lb.	2
Oleum Anethi	oz.	1
,, Cedri (in 30-c.c. bottles)	No.	1
,, Cinnamomi	oz.	2
,, Eucalpyti	,,	4
,, Menthæ Piperitæ	,,	2
,, Olivæ	lb.	4
,, Ricini	,,	6
,, Terebinthinæ	,,	4
Paraffinum Liquidum	,,	2
,, Molle	,,	4
Paraldehydum	oz.	2
Pituitary extract (ampoules) 0·5 c.c.	No.	12
Potassii Bicarbonas	lb.	1
,, Bromidum	,,	1
,, Chloras	,,	2
,, Iodidum	,,	1
,, Nitras	,,	1
,, Permanganas	oz.	8
Protargol	,,	4
Pulvis Cretæ Aromaticus	,,	8
,, Glycyrrh. Co.	,,	8
,, Rhei Co.	,,	4
,, Seidlitz (Condensed)	lb.	2
Quininæ Sulphas	,,	2
,, Bihydrochlor. (ampoules) for intravenous injection, 4 grs. in 10 c.c.	No.	10
Salol	oz.	4
Santoninum	,,	¼
Sapo Mollis	lb.	2
Sinapis Charta	boxes	10
Sodii Bicarbonas	lb.	2
,, Citras	oz.	4
,, Salicylas	lb.	3
Spiritus Ætheris	,,	1
,, ,, Nitrosi	,,	4
,, Ammoniæ Aromaticus	,,	2

SECTION I (A)—*continued*

Spiritus Chloroformi	lb.	2
,, Rectificatus	pt.	1
,, Methylatus	,,	6
Sulphostab 0·60-gramme ampoules	No.	20
,, 0·45-gramme ampoules	,,	16
,, 0·10-gramme ampoules	,,	6
Sulphur Sublimatum	lb.	1
Suppos. Morphinæ B.P.	No.	50
Syrupus Ferri Phosph.	lb.	2
,, ,, ,, cum Quin. et Strych.	,,	3
,, Scillæ	,,	4
,, Tolutanus	,,	4
Thiostab 0·90-gramme ampoules	No.	10
Tinctura Aconiti	oz.	1
,, Belladonnæ	,,	4
,, Benzoini Co.	,,	8
,, Camphoræ Co.	lb.	6
,, Cardam. Co.	,,	1
,, Catechu	oz.	4
,, Chlorof. et Morph. Co.	,,	8
,, Digitalis	,,	4
,, Ferri Perchloridi	lb.	1
,, Gentian. Co.	,,	1
,, Hyoscyami	,,	2
,, Iodi Fortis	oz.	8
,, ,, Mitis	lb.	4
,, Nucis Vomicæ	oz.	8
,, Opii	lb.	1
,, Quininæ Ammon.	,,	1
,, Rhei Co.	oz.	8
,, Scillæ	lb.	2
,, Senegæ	,,	1
,, Zingiberis	,,	1
Unguentum Acidi Borici	,,	4
,, Gallæ c. Opio	oz.	8
,, Hydrarg.	lb.	2
,, ,, Ammon.	oz.	8
,, ,, Co.	lb.	2
,, ,, Nitrat.	,,	2
,, ,, Oxid. Flav.	,,	2
,, Sulphuris	,,	3
,, Zinci	,,	2
Vinum Colchici	oz.	4
,, Ipecacuanhæ	lb.	4
Xylol	oz.	4
Zinci Oxidum	lb.	1
,, Sulphas	oz.	8

Basins, evaporating, porcelain, small	No.	2
Bottles, vial, 1-oz.	doz.	1
,, ,, 2-oz.	,,	2
,, dispensing, plain, 4-oz.	,,	5
,, ,, ,, 6-oz.	,,	6
,, ,, ,, 8-oz.	,,	5
,, fluted, poison, 1-oz.	,,	½
,, ,, ,, 2-oz.	,,	1
,, ,, ,, 4-oz.	,,	1
,, ,, ,, 6-oz.	,,	1

SECTION I (A)—*continued*

Bottles, fluted, poison, 8-oz.	doz.	½
,, surgery, 20-oz., stoppered	No.	4
,, Winchester Quart ,,	,,	6
Boxes, ointment, chippette	papers	8
,, pill, paper	,,	6
Corks, vial	gross	½
,, 6- and 8-oz.	,,	1
,, pint	,,	½
,, quart	No.	24
Funnel, tin	,,	1
Gallipots	doz.	2
Labels, blank	No.	500
,, "External use"	,,	200
,, "Poison"	,,	500
,, "Shake the Bottle"	,,	100
,, ward	,,	500
,, surgery	book	1
Loosener, stopper	No.	1
Measures, glass, minim, in case	,,	2
,, ,, graduated, 2-oz.	,,	2
,, ,, ,, 4-oz.	,,	2
,, ,, ,, ½-pint	,,	1
,, ,, ,, 1-pint	,,	1
Mortar and pestle, composition	,,	1
Packthread	oz.	4
Paper, filtering	quires	¼
Tile, pill	No.	1

SECTION I (B)

Sera and Vaccines (per 1000 men)

Glycerinated calf lymph, tubes	No.	200
Serum, Antidiphtheria (5000 units)	phials	20
,, Antidysentery	,,	50
,, Antimeningococcus	,,	10
,, Antitetanus (1000 International units)	,,	10
,, Antistreptococcus (polyvalent)	,,	10
Vaccine, Cholera	c.c.	1500
,, Mixed Influenzal and Catarrhal	,,	1000
,, Mixed Typhoid and Paratyphoid (T.A.B.)	,,	500

SECTION II

Case, hypodermic and ophthalmic, complete	No.	1
Solvellæ—		
Mercuric Chloride, 8·75 grs.	,,	250
Tablets—		
Aspirin, 5 grs.	,,	2000
Blue pill, 3 grs.	,,	500
Calomel, 1 gr.	,,	500
Cascara Sagrada, 3 grs.	,,	1000
Cathartic (No. 9)	,,	2000
Cough (No. 4)	,,	1000
Dover's Powder, 5 grs. (No. 2)	,,	500
Formalin and Mint	lb.	1
Iron and Arsenic Co.	No.	1000
Laxative Vegetable	,,	1000
Lead and Opium (No. 8)	,,	500

SECTION II—*continued*

Phenacetin, 5 grs.	No.	500
Potassium Chlorate, 5 grs.	,,	500
Quinine Sulphate, 5 grs. (No. 10)	,,	500
Rhubarb pill, 5 grs.	,,	500
Stovarsol, 4 grs.	,,	30
Tablets, Hypodermic—		
Emetine Hydrochloride, 1/3 gr.	tubes	12
Hyoscine Hydrobromide, 1/200 gr.	,,	1
Planocaine and Adrenalin "A"	,,	2
,, ,, ,, "E"	,,	2
Quinine Bihydrochloride, 5 grs.	No.	500

SECTION III

Bandages, flannelette, 4-in.	No.	30
,, loose-woven, 3-in.	,,	300
,, ,, 4-in.	,,	12
,, suspensory	,,	24
,, triangular	,,	12
Calico, bleached	yds.	4
Cloth, poultice	,,	2
Dressings, surgical, etc., for major operations, packed in one deep and one shallow sterilizer drum (to be sterilized as and when required in the steam sterilizer provided on board) ...	sets	6

Each set consisting of—

(*a*) Packed in reverse order in deep sterilizer drum, 15 in. × 11 in.—

(1) Towels, operating, No. 4; (2) gowns, operating, No. 4; (3) caps, operating, No. 4; (4) masks, operating, No. 4; (5) jaconet, waterproof, 1-yd. pieces, No. 4; (6) towels, operating, No. 6.

(*b*) Packed in reverse order in shallow sterilizer drum, 15 in. × 5¼ in.—

(1) Swabs, gauze, 2¾ in. square (packed round sides of drum), No. 48; (2) swabs, gauze, 8-in. square (packed at one side of drum), No. 12; (3) gauze, bleached, 6-yd. packets, No. 3; (4) gauze, bleached, 6-in. square, pads of, No. 6; (5) wool, cotton, absorbent, 10-in. square, pads of, No. 6.

Flannel, fomentation	yds.	4
Gauze, bleached	,,	120*
,, plugging, absorbent, ½-in., 1-in., and 2-in. (of each 2 spools)	spools	6
Jaconet, waterproof	yds.	8
Lint, cotton, absorbent	lb.	20*
Tissue, wool, cotton and gauze	,,	20
Tow, surgeon's	,,	12*
Wool, cotton, absorbent	,,	30*

SECTION IV

Bags, ice, head	No.	2
Beds, air	,,	3
,, ,, bellows for	,,	2
Cloth, waterproof	yds.	18
Pillows, air	No.	4
,, ,, bellows for	,,	2

* Twenty-five per cent. increase for "cot-ships."

SECTION V (A)

Apparatus, nitrous oxide	No.	1
,, ,, ,, foot-stand for	,,	1
,, oxygen, Haldane's	,,	1
,, saline infusion	,,	1
Basins, dressing, enamelled iron, kidney-shape, 8-in.	,,	4
Baths, eye	,,	4
Books, litmus	,,	4
Bottles, drop, chloroform	,,	2
Brush, glass	,,	1
Brushes, nail, ward	,,	4
Catgut, aseptic, boilable, chromicized, 20-day, sizes 00, 0, 2, and 4 (3 of each)	tubes	12
Catheters, indiarubber, sizes 6, 8, and 10	No.	3
,, metal, sizes 1–14	set	1
Corkscrews	No.	2
Crutches	prs.	6
,, shoes, indiarubber, for	No.	12
Cylinders, nitrous oxide, full (50-gall.)	,,	2
,, oxygen, full (20 c. ft.)	,,	2
,, ,, key for	,,	1
,, ,, nipple and union for	,,	1
Depressors, tongue, glass	,,	2
Dredgers, iodoform, vulcanite	,,	2
Enemas, indiarubber, with vulcanite nozzle	,,	4
,, nutrient, complete	,,	1
Flasks, spitting	,,	5*
Gloves, indiarubber, operating, size 8	prs.	10
Handkerchiefs, paper	No.	500
Holder, caustic	,,	1
Housewife, canvas	,,	1
Irrigators, enamelled iron, 4-pt., complete	,,	4
Knives, palette	,,	2
Lamp, spirit, glass	,,	1
Mouthpiece, glass, for oxygen	,,	1
Needles, intestinal, straight	,,	6
Nozzles, double channel, Maiocchi's, glass	,,	6
,, Janet's, metal	,,	6
,, push-stopcock, vulcanite	,,	1
Pencils, camel-hair (1/3 bent)	,,	12
Pinchcocks	,,	2
Pins, common, 500 in paper	papers	1
,, safety, tins of 36	tins	4
Plaster, adhesive, zinc oxide, 1-in. spools	No.	12
,, ,, ,, ,, 7 in. × 1 yd.	tins	3
Reliever, breast	No.	1
Rod, stirring, glass	,,	1
Scales and weights, grain, pillar	set	1
,, ,, ,, ounce	,,	1
Scissors, counter	No.	2
Shades, eye (1/3 double)	,,	6
Silkworm gut	hanks	3
Sling, arm, leather	No.	1
,, ,, wire	,,	1
Splints, arm extension, Jones's, Thomas's knee	,,	2
,, ,, wood, plain (set of 8 pairs)	set	1
,, knee, Thomas's, without footpiece	No.	3

* For "cot-ships," 1 extra for each bed equipped for T.B. patients + 20 per cent.

SECTION V (A)—*continued*

Splints, knee, Thomas's, metal sliding frame footpieces for ...	No.	3
,, thigh, wood, Liston's	,,	3
Spray, solution	,,	1
Stand, urine test, complete	,,	1
Stethoscopes, binaural	,,	2
Stone, Arkansas, slip	,,	1
Syringe, indiarubber, "adaptable," with eustachian catheter, size 9	,,	2
,, female, glass	,,	2
,, glycerine, vulcanite, ¼-oz.	,,	1
,, male, glass, ½-oz.	,,	12
Tape, measuring	,,	1
Thermometers, clinical	,,	12
Thread, linen, Barbour's, sizes 60 and 90	reels	2
Tissue, waterproof	yds.	6
Tourniquets, Samway's	No.	2
Trays, dressings, enamelled iron, 11 in. × 9 in. × 2 in.	,,	2*
Trusses, inguinal, single, 32-in. and 34-in. (2 each R. and L.)	,,	8
Tube, stomach, indiarubber, with funnel and gag	,,	1
Tubes, test, 6 in. × ⅝ in.	,,	6
,, vaginal, glass	,,	8
Tubing, indiarubber, drainage, sizes 13, 14, and 28	yds.	6
,, ,, for oxygen, black	,,	2

SECTION VI

Aspirator, Potain's	No.	1
Auriscope, Brunton's, with 3 specula and Wilde's speculum, in case	,,	1
Catheters, female, plated	,,	3
Cases, hypodermic, 1915 pattern	,,	2
,, ward, dressing, complete	,,	3
Clamps, intestinal, Doyen's, straight 8-in.	,,	2
,, ,, ,, ,, 12-in.	,,	2
Curette, uterine, flushing, Rheinstadter's, blunt	,,	1
,, ,, blunt and sharp, combined	,,	1
Dilators, uterine, Hegar's metal, double-ended (set of 8), sizes 3–18	set	1
Forceps, artery, Spencer Wells', 5-in.	No.	8
,, dressing, bow handle, 5-in.	,,	1
,, ovum, Greenhalgh's	,,	1
,, tongue	,,	1
,, uterine, Bozemann's	,,	1
,, vulsellum	,,	1
Gag, mouth	,,	1
Inhaler, chloroform, Schimmelbusch's	,,	1
,, ether, Clover's, in leather-covered case	,,	1
Instruments, chiropody, complete, case of	,,	1
,, eye, 1931 pattern, case of	,,	1
,, operation, case of	,,	1
,, post-mortem, all metal, case of	,,	1
,, tooth	pouch	1
Laryngoscope, Mackenzie's	No.	1
Ophthalmoscope	,,	1
Probes, Playfair's	,,	2
Sound, uterine, Simpson's	,,	1
Speculum, rectal	,,	1
,, vaginal, Sim's, double duckbill	,,	1

* "Cot-ships" 2 extra.

SECTION VI—*continued*

Syringe, all glass, 2 c.c., with 2 platino-iridium needles ...	No.	1
,, anæsthesia, Labat's	,,	1
Syringes, serum, "Record," 5 c.c., with 2 needles	,,	3
,, ,, ,, 10 c.c., with 2 needles	,,	2
,, ,, ,, 5 c.c. and 10 c.c., spare needles for	,,	30
Tubes, tracheotomy, infants (set of 3)	set	1
,, uterine, flushing, Budin's, metal...	No.	1
Vaccinator	,,	1

SECTION VII

Table, operation, portable	No.	1

SECTION VIII

Pannier, field fracture, 1923 pattern, complete	No.	1

SECTION X

Syringe, dental, hypodermic, washerless, all metal in case ...	No.	1
,, ,, ,, ,, needles for	tubes	2

SECTION XI (A)

Glasses, cover, microscope, ¾-in. square (No. 1)	oz.	¼
,, watch, flat bottom	No.	6
Microscope	,,	1
Outfits, diphtheria	,,	3
Pencil, for writing on glass, blue	,,	1
Slides, microscope, 3 in. × 1 in.	doz.	3
Teats, indiarubber, blind	No.	3
Tripod, collapsible	,,	1
Tubing, glass, ⅛-in., 6-in. pieces	,,	6

SECTION XI (B)

Stains—		
Carbol-fuchsin solution	c.c.	50
Chrysoidin	gram.	20
Gentian-violet, alcoholic solution	c.c.	50
Gram's iodine solution	,,	100
Leishman's, dry	gram.	20
Methylene blue	,,	10
,, ,, (Lœffler's solution)	c.c.	100
Neisser's staining solution "A"	,,	100
,, ,, ,, "B"	,,	100
Neutral red	gram.	10
Nigrosine, 5 per cent. solution	c.c.	50

(*b*) FOR FREIGHTSHIPS

SECTION I (A)

Acidum Boricum Pulvis	lb.	2
,, Carbolicum	,,	2
,, Nitricum	oz.	1
,, Picricum (in water 50 per cent.)	,,	2
,, Salicylicum	,,	4
Adeps Lanæ Hydrosus	,,	8
Bismuthi Carbonas	,,	8

SECTION I (A)—*continued*

Calcii Chloridum	oz.	4
Camphor in oil, 0·1 gramme to 1 c.c. (boxes of 12 ampoules)	boxes	12
Cataplasma Kaolini B.P.C.	lb.	2
Ethyl Chloridum (Local)	tube	1
Extractum Ergotæ Liquidum	oz.	2
Fehling's Solution, No. 1	,,	2
,, ,, No. 2	,,	2
Ipecacuanhæ Pulvis	,,	4
Linimentum Camphoræ	lb.	2
,, Terebinthinæ	,,	1
Lysol	,,	2
Magnesii Sulphas	,,	14
Mist. Senn. Co. Conc.	,,	2
Oleum Olivæ	,,	1
Paraffinum liquidum	,,	2
Pituitary extract (ampoules), 0·5 c.c.	No.	12
Protargol	oz.	4
Pulvis Cretæ Aromaticus	,,	4
,, Rhei Co.	,,	8
Sodii Bicarbonas	,,	8
Spiritus Ætheris Nitrosi	lb.	1
,, Ammoniæ Aromaticus	,,	1
,, Methylatus	pints	2
Sulphostab 0·60-gramme ampoules	No.	20
,, 0·45-gramme ampoules	,,	16
,, 0·10-gramme ampoules	,,	6
Syrupus Tolutanus	lb.	1
Tinctura Gentian. Co.	oz.	8
,, Iodi Mitis	lb.	1
Vinum Ipecacuanhæ	,,	2
Bottles, narrow mouth, corked, 40-oz.	No.	4
Measure, glass, graduated, 2-oz.	,,	1

SECTION I (B)

Sera and Vaccines (per 1000 men)

Glycerinated calf lymph	tubes	200
Serum Antidiphtheria (5000 units)	phials	4
,, Antidysentery	,,	50
,, Antimeningococcus	,,	10
,, Antitetanus (1000 International units)	,,	10
,, Antistreptococcus (polyvalent)	,,	10
Vaccine, Cholera	c.c.	200
,, Mixed Influenzal and Catarrhal	,,	400
,, Mixed Typhoid and Paratyphoid (T.A.B.)	,,	200

SECTION II

Tablets, Aspirin, 5 grs.	No.	2000
,, Blue Pill, 3 grs.	,,	200
,, Calomel, 1 gr.	,,	500
,, Cathartic (No. 9)	,,	1000
,, Cough (No. 4)	,,	500
,, Formalin and Mint	lb.	1
,, Iron and Arsenic Co.	No.	500
,, Laxative, Vegetable	,,	500
,, Phenacetin, 5 grs.	,,	500
,, Potassium Chlorate, 5 grs.	,,	200
Tablets Hypodermic—		
Planocaine and Adrenalin "E"	tubes	2
Quinine Bihydrochloride, 5 grs.	No.	100

Section III

Bandages, flannelette, 4-in.	No.	8
,, loose-woven, 3-in.	,,	100
Dressings, surgical, etc., for major operations, packed in one deep and one shallow sterilizer drum (as detailed in Section III of scale for Transports)	sets	6
Jaconet, waterproof	yds.	4
Lint, cotton, absorbent	lb.	12
Tow, surgeon's	,,	2
Wool, cotton, absorbent	,,	6

Section V (A)

Apparatus, oxygen, Haldane's	No.	1
,, saline infusion	,,	1
Bath, eye	,,	1
Cylinders, oxygen, full (20-c. ft.)	,,	2
,, ,, key for	,,	1
,, ,, nipple and union for	,,	1
Gloves, indiarubber, operating, size 8	prs.	8
Irrigator, enamelled iron, 4-pt., complete	No.	1
Mouthpiece, glass, for oxygen	,,	1
Nozzles, Janet's, metal	,,	6
Reliever, breast	,,	1
Silkworm gut	hanks	2
Splints, arm, extension, Jones's modified, Thomas's knee	No.	2
,, knee, Thomas's, without footpiece	,,	3
,, ,, ,, metal sliding frame, footpieces for	,,	3
,, thigh, wood, Liston's	,,	3
Spray, solution	,,	1
Stand, urine test, complete	,,	1
Syringe, glycerine, vulcanite, ¼-oz.	,,	1
Thermometers, clinical	,,	6
Thread, linen, Barbour's, sizes 60 and 90	reels	2
Tourniquet, Samway's	No.	1
Trusses, inguinal, single, 32-in. and 34-in. (1 of each R. and L.)	,,	4
Tubing, indiarubber, for oxygen, black	yds.	2

Section VI

Clamps, intestinal, Doyen's, straight, 8-in.	No.	2
,, ,, ,, ,, 12-in.	,,	2
Forceps, artery, Spencer Wells', 5-in.	,,	8
Syringe, all glass, 2 c.c., with 2 platino-iridium needles	,,	1
,, serum, " Record," 5-c.c., with 2 needles	,,	2
,, ,, ,, 10-c.c., with 2 needles	,,	1
,, ,, ,, 5-c.c. and 10-c.c., spare needles for	,,	18

Section VII

Table, operation, portable	No.	1

Section VIII

Pannier, field fracture, 1923 pattern, complete	No.	1
Chest, medicine, 1921 pattern, complete	,,	1

Section X

Syringe, dental, hypodermic, washerless, all metal, in case	No.	1
,, ,, ,, ,, needles for	tubes	2

Additional medicines and materials will be added as necessary if the above equipment appears to be inadequate for the number of troops or the length of voyage.

(*c*) For Ships conveying Troops between Ports in the United Kingdom

Companion, medical	No.	1
Instruments, operation	case	1

(*d*) Surgical Instruments and Appliances to Supplement Scale (*b*) when Women and Children are Embarked

Section V (A)

Irrigators, enamelled iron, 4-pt., complete	No.	2
Tubes, vaginal, glass	,,	8

Section VI

Curette, uterine, flushing, Rheinstadter's, blunt	No.	1
,, ,, blunt and sharp combined	,,	1
Dilators, uterine, Hegar's, metal, double-ended (set of 8), sizes 3–18	set	1
Forceps, ovum, Greenhalgh's	No	1
,, uterine, Bozemann's	,,	1
,, vulsellum	,,	1
Probes, Playfair's	,,	2
Sound, uterine, Simpson's	,,	1
Speculum, vaginal, Sim's, double duckbill	,,	1
Tube, uterine, flushing, Budin's metal	,,	1

(*e*) Medical and Surgical Stores to be Issued to a Transport fitted with a Spray Room

Section I (A)

Zinci Sulphas	lb.	112

Section V (A)

Jars, dressing, glass, 10 in. × 7 in., without covers	No.	2
Tubing, indiarubber, drainage, size 13	yds.	2

APPENDIX No. 51

(A) LIST OF RETURNS AND DOCUMENTS TO BE HANDED OVER BY S.M.O. TO E.M.O. ON ARRIVAL AT SOUTHAMPTON OF TRANSPORTS

(Ref. para. **661**.)

Description and Form	No. of Copies
Certificate of accidental breakage (A.F. I 1229) when necessary	—
Death certificate, MS. ... ... when necessary	—
Diet sheets for voyage (A.Fs. I 1202 and I 1205)	—
Documents of deceased soldiers	—
Disembarkation state (placed on board at Southampton on embarkation) (Form L)	—
Disinfection certificate	2
Hospital Record Cards (A.F. I 1220 and R.A.F. Form 39) ...	—
Indent for or invoice for medical equipment (A.F. I 1209) when necessary	—
Indent for medical equipment for next voyage (A.F. I 1209)	—
Infectious disease notification form (A.F. A35)	3
Issue and receipt voucher (A.F. G1033) when necessary	—
Medical and equipment ledger and supporting vouchers (on final voyage) (A.B. 40)	2
Nominal roll of patients, etc. (A.F. A 36), including the addresses of all under (*a*), (*b*), (*e*), (*f*), and (*g*) grouped as follows	3
(*a*) Invalid officers and nurses. (*b*) Officers and nurses proceeding on sick leave. (*c*) Invalid soldiers. (*d*) Sick transfers other than invalids. (*e*) Invalid families. (*f*) Husbands accompanying invalid or sick families. (*g*) Families accompanying invalid or sick husbands. (*h*) Mental patients. (*i*) Patients who are prisoners, showing the date the sentence expires.	
Nominal roll of patients wearing hospital clothing, showing period	2
Nominal roll showing addresses of R.A.M.C. officers and sisters on board	2
Nominal roll of R.A.M.C. and A.D. Corps personnel (other than staff) (R.A.M.C. Form 1)	2
Pack store checks for voyage (A.B. 182)	—
Part II, Regimental Orders for R.A.M.C. staff on board (outward and homeward voyage) (A.F. O 1810)	—
Regimental and medical documents, R.A.M.C. staff	—
Reports of deficient or damaged medical equipment (A.F. I 1230) ... ... when necessary	—
Reports, special, on typhoid or paratyphoid fever (A.F. I 3056)	3
Report, voyage, copies of S.M.O.'s outward and homeward ...	—
* Return of sick (A.F. B 182)	2
* Return of sick, R.A.F. (R.A.F. Form 38)	2
Sera and vaccines, certificate of cold storage	—
Stationery, requisition for next voyage	—

* 1 copy of each of those rendered for outward voyage will also be rendered.

(B) LIST OF RETURNS AND DOCUMENTS TO BE RENDERED TO D.A.D.M.S. (DISTRIBUTION AND EMBARKATION), BOMBAY, AND OTHER PORTS

For India, *see* Notes and Instructions for the Guidance of O.C. Transports and Troops travelling from Home Stations to India, a copy of which is placed on board.

For other ports, or intermediate ports, A.F. B 182 and a nominal roll of sick will be rendered for all troops disembarked, together with any other returns or statements which may be called for.

A separate A.F. B 182 will be rendered for troops travelling between stations abroad.

(C) LIST OF FORMS, BOOKS, AND STATIONERY FOR USE OF S.M.Os. ON TRANSPORTS

(Ref. para. **626**.)

Admission and Discharge Book	A.B. 27
Accidental Breakage Certificate	A.F. I 1229
British Pharmacopœia	Copy 1
Diet Sheets	A.F. I 1202 and I 1205
Disembarkation State	Form L
Hospital Diary and Ward Book	A.B. 39
Hospital Record Cards	A.F. I 1220
Indent for Medical Equipment	A.F. I 1209
Issue and Receipt Voucher	A.F. G 1033
Medical Case Sheets and Portfolio with Instructions	A.F. I 1237, I 1237A, and A.B. 26
Medical Equipment Ledger	A.B. 40
Medical History Sheet	A.F. B 178
Medical Transfer Certificate	A.B. 172
Morning State of Sick and Report of Death	A.F. A 27
Nomenclature of Diseases	Copy 1
Nominal Roll of Patients	A.F. A 36
Pack Stores Book	A.B. 182
Part II. Orders	A.F. O 1810
R.A.F. Forms	38, 39, and 41
R.A.M.C. Form	Corps Form, 1
Receipt Book for Soldiers' Documents	A.F. B 189
Receipt Book for Valuables	A.B. 191
Regulations for the Medical Services of the Army	Copy 1
Report of Deficient or Damaged Medical Equipment	A.F. I 1230
Report of Infectious Diseases	A.F. A 35
Report on Case of Typhoid Fever	A.F. I 3056
Requisition Book	A.B. 30
Return of Sick Troops on Board Ship	A.F. B 182
Rubber Stamp.—Name of Hired Transport	No. 1
Senior Medical Officer	No. 1
Temperature Chart	A.F. B 181
Venereal Case Card	A.F. I 1247
Venereal Surveillance Report	A.F. I 1239
Voyage Regulations	No. 1

(D) INSTRUCTIONS FOR THE GUIDANCE OF THE NON-COMMISSIONED OFFICER OF THE ROYAL ARMY MEDICAL CORPS, DETAILED FOR DUTY ON TRANSPORTS

(Ref. para. **617**.)

1. All hospital records must be neatly compiled and kept up to date, and in accordance with the instructions contained in these regulations. These records will be produced for inspection by the E.M.O., Southampton, at the end of each voyage.

(*a*) *Admission and discharge book*, A.B. 27.—Instructions for the compilation of this book will be found on the first page of every A. and D. Book, and must be strictly complied with.

(*b*) *Medical transfer certificate*, A.B. 172.*—A medical transfer certificate will be made out for every case to be transferred to a hospital ashore. The counterfoils will be properly filled in and will not be taken out of the book.

(*c*) *Requisition book*, A.B. 30.—All requisitions will be made out in duplicate, the carbon copy being left in the book as a record.

(*d*) *Pack store book*, A.B. 182.—Will be made out for every patient admitted to hospital, and will be signed by the patient and the N.C.O. in charge of the pack store.

(*e*) *Prescription book*, A.B. 36.—Every prescription will be signed by the medical officer. The carbon copy of each prescription will be left in the book, and the original filed.

(*f*) *Dangerous drugs prescription book*, A.B. 39.—Will be kept in accordance with the instructions contained in paras. **127** and **128** of these Regulations.

(*g*) *Patients' valuables and receipt book*, A.B. 191.—A record of all valuables received, showing disposal, will be kept in this book.

(*h*) *Treatment book*.—One A.B. 39 will be used for the purpose of showing the treatment given to patients.

(*i*) On ships on which a permanent R.A.M.C. trooping party is employed the above records will be kept on board until the end of the trooping season, when they will be handed over to the E.M.O., Southampton.

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* At ports other than Southampton. Transfer certificates are not required for convoys sent to Netley with A.F. A 36.

2. At the commencement of each trooping season, a list of the returns, etc., required by the E.M.O., Southampton, is placed on each vessel. It is of the utmost importance that these returns, etc., should be ready on arrival of the ship at Southampton, and that they should be carefully compiled.

The list of returns required should be posted up in a prominent position in the S.M.O.'s office and dispensary.

3. All special instructions, such as circular letters, which are placed on board troopships at Southampton will be produced at the end of each voyage for inspection by the E.M.O., Southampton, in addition to the records mentioned in para. 1.

4. Medical equipment.

(*a*) The R.A.M.C. dispenser will collect all medical equipment at the Army Medical Store, Southampton Docks, and will be responsible for its safe transport to the vessel.

(*b*) The equipment will be brought on charge in detail in A.B. 40, all entries being supported by the necessary vouchers.

(*c*) Equipment required to replace expenditure or breakage will be demanded on A.F. I 1209 at the next port of call, being accounted for as directed in (*b*) above.

(*d*) The medical equipment issued from the Army Medical Store, Southampton Docks, will not be removed, but will return with the ship to the United Kingdom.

This Instruction is to be specially brought to the notice of the Embarkation Authorities at Bombay.

(*e*) Losses and breakages will be dealt with in accordance with regulations as they occur, *i.e.* on A.F. I 1230, A.F. I 1229, and " Fair wear and tear certificates," as the case may be.

In all cases of loss of equipment due to theft, a statement should be given stating whether the police have been informed, and the police report should be attached to the Report of the Court of Inquiry (A.F. A 2) or to the A.F. I 1230.

(*f*) Attention is directed to paras. **678** to **681** of these Regulations.

5. Ordnance stores are accounted for in " The Account of Hospital Clothing and Utensils," by the R.A.M.C. dispenser under instructions of O.C. troops. All stores should be checked in accordance with Voyage Regulations.

6. Hospital charges are not made on board ship.

7. On disembarkation of patients, the dispenser will obtain receipts for any ordnance stores, bedding, or medical equipment accompanying patients to hospital.

At intermediate ports A.F. G 1033 should be used if it is considered that the ship will have left port before the articles can be returned.

(E) INSTRUCTIONS FOR THE PRESERVATION OF MEDICAL EQUIPMENT PLACED ON BOARD

The following points will be noted and considered as additional to the precautions normally carried out.

(*a*) *Sera, vaccines, and suppositories* must be kept in cold storage during the voyage. This can be arranged in conjunction with the master of the vessel (*see* also para. **623**).

(*b*) *Ointments* should be kept at as low a temperature as possible, consistent with their being in daily use.

(*c*) *Tablets, hypodermic and ophthalmic.*—The contents of the tubes in actual use must be consumed before opening fresh ones. (It is often found that several tubes are partly used, making it difficult for accounting purposes and often leaving doubt as to the actual contents at the end of a voyage.)

(*d*) *Dressings, surgical, for major operations.*—These are packed for their specified purpose, and should not be opened for minor operations for which the ordinary dressings are available.

(*e*) *Rubber.*—All rubber articles should be kept in as dark a place as possible and stored away from metallic substances. They should be frequently inspected, and any deteriorated parts or article removed. Catheters, enema syringes, and similar articles should be carefully dried after use. The following instructions regarding the care of catheters will be carefully followed :—

Soft indiarubber or Jacques' catheters will be sterilized by boiling and placed in carbolic lotion ready for use.

Gum elastic catheters cannot be boiled, and will be cleaned in the following manner :—

(i) The eye of the catheter is placed under a cold water tap, and the water allowed to run freely through.

(ii) Hot water is then run through the catheter in the same way for three minutes.

(iii) Syringe through the catheter with carbolic lotion (1 in 40), using a syringe.

(iv)—(*a*) If put away wet, place the catheter in a glass tube containing carbolic lotion (1 in 40) taking care that the catheter is quite covered.

(*b*) If put away dry, syringe through with clean water, allow to dry, and put away in French chalk.

Before a catheter that has been kept in carbolic lotion or perchloride of mercury is used, it should be rinsed with warm boracic lotion.

The frequent cleaning and boiling of catheters is apt to make them rough ; they should be carefully inspected before use, and if rough or cracked should not be used.

(*f*) *Instruments.*—After use all instruments should be polished and re-wrapped in cutler's paper which is provided for the purpose. Instruments not in use will be frequently inspected and preservative precautions repeated.

(*g*) *Syringes, hypodermic and serum.*—If syringes and needles are washed out with methylated spirit after use their period of efficiency will be increased.

(*h*) *Dispensing bottles.*—The greatest care must be exercised over the issue of dispensing bottles, which should be supplied only when other bottles are not obtainable, and patients should be instructed to return them after use. The O.C. troops may be asked to *publish an order* for the return of all such bottles to the dispensary. In case of excessive expenditure a report will be called for.

(*i*) *Commercial bottles.*—All commercial bottles and jars should be preserved for ultimate return to the contractors. Care must be taken that the manufacturer's labels including "date of issue" and "value stamps" are not removed, so that credit for such containers may be secured for the public.

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