



REGULATIONS
FOR THE
CANADIAN MEDICAL SERVICE
1914

7151

CANADIAN MILITARY INSTITUTE

(With General Orders, 1st March, 1920.)

G.O. 17 REGULATIONS FOR THE CANADIAN MEDICAL
1920 SERVICES, 1914—AMENDMENTS.

Paragraphs 30 and 270 are hereby cancelled and the following substituted as Paragraph 30:
"Paragraph 30.

(a) At stations when the services of a Consultant or Specialist are required by the officer in medical charge of troops, in the case of Officers and Other Ranks under his care, the same may be authorized by the G.O.C., on the recommendation of the A.D.M.S., from the duly approved Roll of Consultants and Specialists for the District.

(b) These Consultants and Specialists will be selected from medical specialists resident in the vicinity of military stations in the Districts, and must be Medical Officers of the Active Militia, or on the Reserve List of the Active Militia, or of the C.E.F. Their names will be submitted to the D.G. M.S. for his approval before being placed on the Roll. These appointments will expire annually on the 31st December, when the names of Consultants and Specialists will again be submitted for the ensuing year.

(c) These Officers will be paid the pay of their rank and field allowance for the number of days employed, whether one or more patients are attended to.

(d) On the first of each month, the G.O.C. will forward to Militia Headquarters the names of the Medical Officers so employed during the past month, the number of days so employed, and the reasons therefor in each case.

(e) In all other cases, save in the case of Officers and Other Ranks, special authority must be obtained from Militia Headquarters before employing these Officers, unless, in case of extreme urgency, when they may be employed on the authority of the G.O.C. and covering authority immediately applied for."

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P.C. 442 of 26-2-20.

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**AMENDMENTS TO "REGULATIONS FOR THE
CANADIAN MEDICAL SERVICE, 1914."**

Para. 39, line 4, "Necessary" to read "Unneces- G.O. 68
sary." 1918.

(H.Q. 393-9-2: Vol. 2).

(End)

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FOR THE
CANADIAN MEDICAL SERVICE
1914

(Approved by the Militia Council.)



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A.D.M.S. = Assistant Director Medical Service.

A.M.C. = Army Medical Corps.

C.O. = Commanding Officer.

D.A.D.M.S. = Deputy Assistant Director Medical Service.

i/c = in charge.

K.R. and O. = King's Regulations and Orders for the Canadian Militia, 1910.

M.B. = Militia Book.

M.F. = Militia Form.

M.O. = Medical Officer.

N.C.O. = Non-commissioned Officer.

P.A.M.C. = Permanent Army Medical Corps.

R.C.E. = Royal Canadian Engineers.

S.O. = Sanitary Officer.

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SECTION 1.

1. The Director General of the Medical Service is vested with D.G.M.S. the Administration and Direction of the Medical Service.
2. An Assistant Director Medical Service may be appointed A.D.M.S. to each Division and Military District, and two Deputy Assistant Directors Medical Service may be appointed to each Division for Staff and Sanitary duties.

3.

4.

5. The officers of the Medical Service are charged with the care of the sick, the administration of military hospitals, both in peace and war; and with the duty of recommending to officers commanding, verbally or in writing, any precautionary or remedial measures relating to barracks, encampments, garrisons, stations, hospitals, detention barracks and prisons, transports, diet, dress, drills, duties and all matters which may, in their opinion, conduce to the preservation of the health or comfort of the troops, and to the mitigation or prevention of disease in the army.

SECTION 11—ASSISTANT DIRECTOR MEDICAL SERVICE.

General Duties.

6. Assistant Directors Medical Service are responsible to the O.C. Divisional Area or Military District for all medical arrangements and sanitary recommendations.
- 7.
8. The A.D.M.S. will control and administer all medical establishments and their personnel connected with the within the command, and will issue such orders as may be necessary in connection therewith.
9. He will deal with all matters within the range of his duties and only in case of positive difficulty or doubt will questions be referred to higher authority.
10. In forwarding reports, or in submitting the proceedings of boards, or any question or recommendation for the decision of higher authority, the A.D.M.S. will state his own opinion thereon.

Duties of
Officers of
the Medical
Service.

Hospital
Establishments.

Reference of
local matters
to higher
authority.

Submission of
questions for
decision.

Confidential reports.

Procedure.

Quitting command.

Inspection of recruits.

Health of troops

Detail of orderly medical officer.

Detail of orderly medical officer for more than one day.

Supervision of nature of diets and extras.

Inspection of technical equipment and returns.

First field dressings.

11. The A.D.M.S. will render confidential reports on all officers and warrant officers of the P.A.M.C. and A.M.C. who have served in the district or command during the year.

12. The ordinary procedure will be that he will, after his annual inspection of each medical establishment, submit confidential reports on all officers serving therein to the O.C. Divisional Area or Military District, who will in accordance with the King's Regulations complete these reports.

13. When an officer or a warrant officer quits the command during the year, a confidential report will be submitted by the A.D.M.S. to the O.C. Divisional Area or Military District for his remarks and immediate transmission to Headquarters.

14. He will frequently inspect, or cause to be inspected, the recruits of all corps stationed in the command.

15. 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; that gymnasium courses are carried out without the men being subjected to undue physical strain; and that preventive measures are taken to counteract any excessive amount of disease or mortality among the troops.

16. An orderly medical Officer's roster will be kept at stations where the A.D.M.S. considers it necessary.

17. At stations where it is unnecessary to detail an orderly officer daily, but advisable that one should be nominated for a longer period at a time, the A.D.M.S. will make such modifications as will meet the altered circumstances of the case.

18. He will call for an explanation of any seemingly excessive, deficient or inappropriate issue of diets and extras; check irregularities, or any apparent waste or extravagance, and if necessary report the same, with his opinion thereon, for the information of the O.C. Divisional Area or Military District.

19. The A.D.M.S. will arrange as soon after training as possible, for an inspection, each year, by the officer i/c Divisional or District Medical Stores, of any medical equipment that may be held by units in the command. Reports of these inspections will be forwarded to headquarters.

20. He will arrange for the inspection once a year by a medical officer, of First Field Dressings in charge of units or in Medical Stores, 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 these dressings in bulk, will take away samples for further examination. 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.

Administration and inspection of Hospitals, and Arrangements for Medical Attendance.

Inspection of and visits to hospitals.

Hospitals diets and extras

21. The A.D.M.S. will thoroughly inspect every hospital establishment in the command, frequently, in order to ascertain that the patients are properly cared for, that everything necessary for the treatment of the sick is supplied in conformity with the regulations.

22. At these inspections he will satisfy himself that articles of diet and extras are of good quality, that the supplies are

procured without difficulty or delay, and that the necessary returns and vouchers connected with their expenditures are accurately kept; that the kitchen arrangements are good and sufficient; that the cooks are properly trained and skilful in the preparation of diets and extras; that such are distributed and administered according to the wants of the sick; and that there is no undue accumulation of stores.

23. He will ascertain that the hospital furniture, utensils and Hospital equipment are supplied according to regulations and kept in a serviceable condition: that the medical stores and surgical instruments are in accordance with the authorized list and in good condition; that the supplies of medicines and appliances are sufficient, but not in excess; that they are properly cared for, and used with economy; and that drugs of a poisonous character are in safe keeping, under lock and key. He will satisfy himself that the outdoor prescriptions as copied into the book, agree with the prescriptions filed by the compounder.

24. He will ascertain that the books, etc., on charge are in good order, and have been duly amended and corrected to date. charge.

25. He will examine the medical, statistical, sanitary, and all other records, to see that they are correctly kept; and will ascertain that all cases of professional interest, of serious illness, and such others as are likely to be required for future reference have been fully recorded, and have been properly filed. Inspection of hospital records

26. He will inspect the medicines, instruments, and appliances in charge of medical officers doing duty with corps. Medical equipment with corps.

27. He will report the results of his inspection to the O.C. Divisional Area or Military District for his remarks and transmission to headquarters. Report of inspection.

28. If there be no officer of the P.A.M.C. at a station where there are troops entitled to medical attendance and medicine at the public expense, the A.D.M.S. will make arrangements for the detailing of a medical officer of the Active Militia and will submit the same for the approval of Headquarters. Employment of medical officers Active Militia.

29. The terms on which civilian medical practitioners are employed, when no medical officers of the Active Militia are available, will, under all circumstances, have to be authorized at Headquarters. Terms of employment.

30. At stations when a consultation is required, if urgent, the O.C., Divisional Area or Military District will authorize it, reporting his action to Headquarters for confirmation. Vide, paragraph 270. Consultations.

31. When application is made to the A.D.M.S. for additional attendants, and there are no men of the P.A.M.C. in the Divisional Area or Military District available for the duty, the A.D.M.S. will, if he concurs in the necessity for their employment, direct the officer i/c of the hospital to apply for temporary attendants to the O.C. the station. In cases where, on emergency, the officer i/c of the hospital has previously obtained the services of temporary attendants from the O.C., the A.D.M.S. will fully satisfy himself of the necessity which existed for such services before recommending the issue of extra duty pay. Vide K.R. & O. para. 861. Temporary hospital attendants.

Camps of Instruction.

A.D.M.S.
duties at camp.

32. The A.D.M.S. will be guided by the foregoing paragraphs, in so far as they are adapted to the circumstances. For further details see Memorandum for Camps of Instruction for the current year.

SECTION III—THE MANAGEMENT AND CONTROL OF HOSPITAL ESTABLISHMENTS AND FIELD AMBULANCES.

Objects.

33. Military Hospitals are established for the reception and treatment of the sick of the Militia

Command.

34. These hospitals are under the command of the officer i/c; and for the purposes of discipline and interior economy, are subject to the control of the O.C. of the Divisional Area or Military District.

Establishment,
P.A.M.C.

35. An establishment of officers, warrant officers, N.C.O.'s and men of the P.A.M.C. is provided for each Divisional Area or Military District, and will be distributed by the A.D.M.S. according to requirements.

Additional
attendants.

36. When, from an increase of sick or other cause, the officer in charge considers that the numbers of the P.A.M.C. doing duty in the hospital are insufficient to carry on the duties, and that the employment of additional attendants is absolutely necessary, he will apply for authority to the A.D.M.S.

Regimental
attendants

37. On the employment of a temporary attendant, the officer i/c will at once make application to the A.D.M.S. for authority for the issue of extra duty pay, which will under no circumstances be issued before the receipt of the authority. The officer i/c will only in cases of emergency apply in the first instance for such attendants to the O.C. the station, and it will be understood that men will not be entitled to extra-duty pay unless their employment is subsequently sanctioned by the A.D.M.S. The officer i/c of the hospital is responsible that in every case such men are at once sent back to their units as soon as the necessity for their employment ceases.

Duties for
which
available.

38. Such temporary attendants will not be detailed for duty with patients who are seriously ill, their services being utilized in assisting in the more routine duties of the hospital.

Employment
of patients.

39. As officers i/c of hospitals are authorized by the King's Regulations and Orders to employ without pay, on light hospital duties, such patients as they consider able to assist the fixed hospital establishment, it is necessary to employ additional attendants, if, from the nature of the cases under treatment, the duties can be efficiently carried out without them.

Equipment

40. Hospitals are equipped, as far as may be necessary in accordance with the schedules of hospital equipment applicable. The equipment is held on inventory, and taken over for the officer i/c by the quartermaster in hospitals where such officers are employed, and by the officer i/c in all other cases. Any articles of equipment beyond the regulated scale can only be provided on special sanction being obtained.

Abstract of
inventories

41. The abstract of inventories in duplicate, will be signed by the officer i/c of barracks and the quartermaster. One copy will

be retained by each. In addition, room inventories will be made out and signed by the officer i/c of barracks, 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 number of articles in a ward or room, due notice thereof will be given to the officer i/c of barracks, in order that he may make the necessary alterations in the inventory. The inventory is the property of the officer i/c of barracks, and no other person is authorized to make any alteration thereon.

42. Whenever the charge of hospital equipment is to be transferred from one officer to another, the officer in charge of barracks will witness the transfer.

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

44. Particulars regarding diets and extras are detailed in Art. 236 et seq. Pay and Allowance Regulations, copies of which are to be posted in every kitchen and dining-room.

(a) In hospitals where dining-rooms exist, or can be made available, the meals of all patients able to leave the wards will be served in the dining-rooms and not in the wards.

(b) Diets and extras for patients taking their meals in the wards will be ordered on each patient's diet sheet; for those patients ordered to partake of their meals in the dining-hall, extras will be ordered by the officer in charge of the hospital on the dining-hall extra sheet, M.F.B. 226, ordinary diet being ordered on the patient's diet sheet by the officer in charge of the wards.

45. The number of beds which each ward is capable of accommodating is kept on record in the A.D.M.S. office and this number will not be exceeded without sanction.

The superficial area and cubic space allowed per bed is:—

	Floor space Sq. ft.	Cubic space Cu. ft.
For permanent hospitals, light case wards.....	65	900
For permanent hospitals, ordinary wards.....	85	1,200
For permanent hospitals, infectious wards.....	144	2,000
For detached wooden huts, all wards..	70	800

When hospitals are not fully occupied, the sick will be distributed so as to allow, as nearly as may be, the amount of space above specified to each occupant.

46. Where necessary one man of the hospital establishment may act as gardener, and all requisitions for the proper maintenance and repairs of inclosures will be made on the R.C.E.

Officer in Charge.

General duties.

47. The officer i/c of a military hospital will be responsible for all the duties connected therewith, and their proper distribution. He will exercise a general supervision over all the sick in the hospital.

Organization and Equipment

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

Local orders.

49. He will issue such orders, as may be necessary for the carrying out of all hospital duties, and for the maintenance of regularity and discipline within the hospital.

Hospital supplies.

50. He will exercise the closest supervision over hospital supplies, and satisfy himself that they are of good quality and in accordance with the contracts.

Medicines, medical and surgical equipment.

51. He will satisfy himself that medicines and medical and surgical appliances are supplied in sufficient quantity, are properly accounted for, that all duties in connection therewith are correctly performed, and that there is no undue accumulation.

Inspection of equipment and stores.

52. He, or an officer detailed by him, will monthly or oftener when necessary, inspect all equipment and stores belonging to the hospital, to satisfy himself as to their condition and to verify the inventories, he will likewise at the end of each month inspect the steward's books and stores, and check the balance of consumable articles remaining. He will satisfy himself that there is no undue accumulation of equipment or stores.

Special utensils in enteric fever.

53. He will see that all utensils (such as feeding cups, bed-pans, urinals, etc.) intended to be used by enteric patients shall be marked with the letter "E".

Venereal and infectious patients.

54. He will see that a supply of sheets, pillow slips, shirts, drawers, handkerchiefs and towels, distinctly marked with letter "V," will be set apart in hospitals for the use of patients suffering from venereal diseases, and a supply of bedding and clothing, distinctly marked with an "I," for the use of patients suffering from infectious diseases.

Correspondence

55. References on authorized stores or equipment will be addressed direct to the officer i/c of barracks.

Books and records.

56. He will inspect all hospital books and records to see that they are properly kept, and will satisfy himself that all returns and vouchers are duly rendered.

Inspection of buildings, etc.

57. He will see that inspection of buildings, quarters, and inclosures connected with the hospital are systematically carried out, and will approve and countersign all indents for alterations and repairs, stating whether such are of an urgent nature. He will see that all sanitary regulations are carried out; that, in the summer time, wire screens for windows and doors are provided, and in the winter, that a proper system of ventilation is maintained. At all inspections of the hospital by the R.C.E. or the officer i/c of barracks, he will either be present himself, or will detail an officer to represent him.

Immediate repairs.

58. Where there is no local representative of the R.C.E. at the station, or where reference would cause delay which would be detrimental to the patients, the officer i/c of the hospital is empowered to order urgent and necessary repairs (such as the repair of broken glass, damage to roofs, and injuries

to gas and water pipes and closets) to be executed at once by the contractor or his agent, or, in the contractor's default or absence, by some other tradesman. In all such cases, however, the officer i/c of the hospital will send a copy of his order simultaneously to the R.C.E. officer.

59. He will, when there is no quartermaster, take over and place the equipment, stores, inclosures, etc., in the care of the steward, who will be responsible to him.

60. When about to be relieved, the officer i/c will make arrangements to transfer his duties in connection with the buildings, tents, equipment, supplies, and stores to his successor, and at such transfers, a representative of the officer i/c of barracks, and the steward will invariably be present.

61. The following transfer documents will also be made out in duplicate and signed by the officers giving over and receiving charge; one copy of each will be retained by the officer giving over, and the duplicate kept in the hospital by the officer receiving charge:—

(a) Transfer of medicine, instruments, and appliances showing expenditure up to date, on M.F.C. 615, and on M.F.C. 508.

(b) Transfer return of hospital records, books and documents on M.F.C. 508.

(c) Transfer of blank Militia forms, books and stationery.

(d) Letter to A.D.M.S., reporting handing and taking over.

62. When the quartermaster attached to the hospital is relieved by another, the officer i/c will attend, or will depute an officer to be present at the transfer. In the event of there being no quartermaster available for the relief, the officer i/c will himself take over from him.

63. When, in hospitals, where no quartermaster is attached the steward is about to be relieved, the officer i/c of 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 held by the officer in charge.

64. He will, when necessary, detail an orderly medical officer.

65. The hour of the morning visit will be 9.30 a.m., and the time of the evening visit will be between 5 and 8 o'clock.

66. The officer i/c will examine, as soon as possible, all men sent to hospital and allot them to wards. He will complete both M.F.B. 292, in ink, as far as possible; one of these will be sent back by the N.C.O. to the O.C. the unit, the other will be retained as an office record.

67. In the event of a sick soldier sent to hospital not being likely to require treatment beyond the day on which he has reported himself sick, he will be detained in the hospital for that day only, and will return, if considered fit for duty. But if at the evening visit he should still be found unfit for duty, he will be admitted to hospital.

68. When a patient under treatment in hospital becomes seriously or dangerously ill, the officer in charge will at once inform the O.C., the unit, to which the man belongs, in order that if practicable, his friends may be communicated with.

He will also at once inform the chaplain of the denomination to which the patient belongs

Reports of death in hospital.

69. When a patient dies in hospital, a report of the death will at once be sent to the O.C., the unit to which the man belonged, as well as to the O.C., the station, on M.F.B. 240. The date and hour after which the interment may take place will be stated thereon.

Daily state of sick.

70. The officer i/c of the hospital will furnish daily a state of the sick in hospital to the O.C. the station, on M.F.B. 240. At the headquarters of a Divisional Area or Military District this state will be sent to the A.D.M.S.

Entries in medical history sheets.

71. The following entries in medical history sheets will be made by the medical authorities:—

All admissions to hospital, and to the sick list in the case of warrant officers treated in quarters; particulars regarding vaccination and re-vaccination, prophylactic inoculations, special dental treatment, medical boards, issues of and repairs to, surgical appliances, etc. (K.R. and O., para. 1503).

Disposal of diet and extra sheets

72. The officer i/c of the hospital will, at the end of each month, file the diet sheets and the extra sheets for sick women and children, in his office for the inspection when called for, of the A.D.M.S., or the officer i/c of supplies.

Account of hospital stoppages.

73. The officer i/c of the hospital will be responsible that the accounts of hospital stoppages (M.F.D. 869) which in the case of cavalry and infantry will be made out by squadrons or companies, are prepared from the admission and discharge book by the quartermaster, of one is attached to the hospital—otherwise by the wardmaster, and will himself sign and transmit them to the O.C. the cavalry regiment or infantry battalion, or, in the case of other units, to the O.C. the battery, company, or detachment, etc. Art. 247, P. & A. Regns.

Claims for treatment of patients from Naval Service of Canada.

73a. In the case of patients admitted to military hospitals for treatment from the ships and establishments of the Naval Service of Canada, the above procedure will be followed, except that separate forms will be prepared for each ship or establishment to which the officers or men belong, and Form D. 869 will be amended to read "Claim for hospital treatment" instead of "hospital stoppages."

The amount to be charged will be \$1.00 per diem for officers and warrant officers, and 35c. per diem for petty officers and men.

The claims will be made out in triplicate at the end of the month, the amounts recoverable being inserted in columns 6 and 7 of Form D 869 by the Officer in charge of Hospital.

All three copies of the claim will then be forwarded to the Paymaster of the Command or District and the latter will take steps to recover the amount from the ship or establishment concerned, by forwarding original copy of the claim to the Commanding Officer with request for settlement. On receipt of the amount, the Command or District Paymaster will return triplicate copy of claim to the Officer in charge of hospital, with notation thereon as to payment having been made, and retain the duplicate copy for transmission to Headquarters with his monthly financial statement."

Hospital stoppages for Active Militia.

74. The names of men of the active militia detained in hospital under authority after the expiration of training, not being liable to hospital stoppages, will be omitted from M.F.D. 869.

75. On the discharge of a patient belonging to the Royal Navy or the Imperial Army, from a Military Hospital, the officer in charge will make out claims, in triplicate, on Militia Form D. 869, amended as detailed in para. 73 (a), for the amount recoverable for hospital treatment. The charges will be the same as for officers and men of the Naval Service of Canada, and, in the case of officers and men of the Royal Navy the same procedure will be followed as to recovery of charges, provided the ship has not left the station when patient is discharged. In the latter event the following procedure will be carried out, which will also apply to patients from Imperial Army.

Return of Officers and men of Imperial Army and Navy treated in hospital.

Two copies of claim on Form D. 869 will be sent to the command or District Paymaster for transmission to Militia Headquarters and one copy attached to the patient's papers with a notation thereon in red ink that the original and duplicate copies have been forwarded to Militia Headquarters for the amount to be recovered from the Imperial authorities.

76. The officer in charge will be responsible that all medicines and surgical appliances required for soldiers, and others entitled by regulation to medical attendance at the station, are supplied from the dispensary of the hospital. He will arrange for the making up of prescriptions and the issue of medicines at fixed hours, so as not to interfere with the working of the hospital. In cases of urgency, medicines will be supplied at any time, and in all such cases the prescription must be noted as "urgent" by the prescribing medical officer.

Medicines for officers, their wives, soldiers, and others.

77. When a unit or detachment leaves the station, the officer i/c of the hospital 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 for duty.

Sick to be retained until recovered.

78. The officer i/c will at once report to the O.C. the unit concerned when a N.C.O. or man is admitted to hospital in consequence of having become maimed, mutilated or injured (except by wounds received in action), whether on or off duty, in order that a court of inquiry may, if necessary, be assembled.

Court of Inquiry on soldier admitted for injuries.

79. He will see that a medical certificate is used when patients are transferred from one hospital to another, this also applies to medical units in the field and at camp.

Transfer of sick.

80. Upon the written application of any established benefit society, he will furnish the society with a certificate as to the nature of the illness from which any soldier who is a member thereof, may be suffering.

Certificates of Benefit Societies.

81. Officers, N.C.O.'s and men of the Active Militia under treatment in hospital, will be reported upon weekly. (Para. 577 P. & A. Regns.)

Active Militia treated in military hospitals.

82. The officer i/c may grant passes to visitors to see patients at convenient hours.

Passes for visitors.

83. He will cause a book to be kept in which the names, etc., of all officers and others (excepting persons provided with passes) visiting the hospital will be recorded.

Visitors' book.

84. The officer i/c of the hospital will be responsible that the following books, etc., are kept in good condition, and that the Regulations and General Orders are amended and corrected to date, and will produce them at inspections:—

Books on charge.

King's Regulations and Orders for Canada.
Regulations for Pay and Allowances.

Regulations for Supply, Transport and Barrack Services, Canada.
 Regulations for Canadian Medical Service.
 Regulations for Clothing, Pts. I and II.
 Regulations for Equipment, Pts. I and II.
 Regulations for Equipment of Militia Buildings.
 Standing Orders for the Permanent Army Medical Corps.
 Manual of Military Law.
 Royal Army Medical Corps Training, Pts. I, II and III.
 Medical Manual, (War).
 Field Service Regulations, Pts. I. and II.
 Manual of Establishments and Equipment, Canadian Medical Service.
 Price List of Stores, Clothing and Necessaries, 1912.
 Anatomical Diagrams.
 Nomenclature of Diseases.
 British Pharmacopoeia.
 Manual of Physical Training, 1908.
 Manuscript List of Returns to be rendered.
 Instructions to Cooks.

Adjutant.

Appointment of adjutant and registrar.

85. At certain hospitals an adjutant who may not be below the rank of captain, will be appointed. He will also act as registrar, and as such will prepare all hospital records and returns other than those compiled by the quartermaster.

Officers Doing Duty.

Duties.

86. Officers doing duty will be responsible to the officer i/c that the several duties assigned to them are duly carried out, and will report to him any breach of discipline, irregularity, or neglect on the part of any of the hospital staff or patients.

Personal responsibility

87. They will at once draw the attention of the officer i/c to serious and important cases, and will in all matters of professional difficulty seek his advice. This will not however, relieve them from personal responsibility for the proper treatment of patients under their care.

Case sheets.

88. They will carefully record all cases of professional interest, serious illness, and such others as are likely to be required for future reference.

Proposed discharge of men from hospital.

89. When they consider patients under their treatment fit for discharge, they will bring them before the officer in charge, who, if he concurs, will initial the diet sheets.

Change of nomenclature

90. They will without delay, suggest to the officer i/c any change in the diagnosis that may be required. Should an error of diagnosis be made, the letters D.C. (disease changed) will be entered in red ink in the column of remarks, and the correct disease entered in red ink above the old one. But should a new disease supervene, then the case should be "discharged," and a fresh entry made of the new disease, and a note of reference made in red ink in column of remarks.

Maintenance of order, etc.

91. They will see that order, cleanliness, and regularity are maintained in their wards, and will, by personal example incul-

cate punctuality and exactness in carrying out every detail connected with the care of the sick.

92. They will see that the clothing and bedding issued to patients are sufficient and suitable. Clothing and bedding.

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

94. They will take part in and supervise the instruction of N.C.O.'s and men doing duty under their charge. Training of P.A.M.C.

95. They will give particular attention to the selection of diets and extras suitable both in kind and quantity for the treatment of individual cases. Dietetic management.

96. Medical officers must bear in mind that, although no specific instructions can be laid down in regulations as to the character of cases needing extras, all necessary economy, compatible with the well-being of the patient, should be practised, in order that undue or injudicious issue of extras may be avoided. Economy in extras.

97. They will frequently examine and taste articles of diet and extras supplied to ascertain that they are of good quality, and properly cooked and served to the patients and they will, in all important cases, give precise instructions as to the hours at which food and stimulants are to be administered. They will at once report to the officer i/c any defects in the cooking, quantity, or quality of the diets or extras. Examination of diets.

98. They will order the rations of patients admitted to hospital to be prepared in the manner they consider most suitable, but should the sick require additional nourishment before they are placed on hospital diet, extras in accordance with the Pay and Allowance Regulations will be ordered. Extras for patients not on diets.

99. The entries on the diet sheets will be in the handwriting of the prescribing medical officer. Diets and certain extras will be ordered a day in advance. Instructions relative to filling up the sheet are printed thereon. The diet sheet will be hung up at the head of the patient's bed. Diet sheets.

100. Officers will be held responsible for all extras in their diet sheets and may be called upon to record, on the back of diet sheets, the reasons which seem to them to justify the necessity for the issue of articles ordered by them in any particular case. Extras.

101. Medical officers will write all prescriptions in the ward book in a clear and legible manner, and will append specific instruction in English as to the administration of the medicines ordered. Prescriptions.

Orderly Officer.

102. The orderly officer will, as a rule, be detailed for a twenty-four hour's tour of duty at a time. Period on duty.

103. He will remain during his tour of duty within the precincts of the hospital or encampment, except when called away on duty, or when absent during authorized hours for meals; he will at all times leave behind written directions as to where he is to be found. Not to leave the hospital or encampment.

104. He will attend the provision store with the quartermaster when all supplies are received, and inspect them and satisfy himself that they are of good quality. He will see that rations, diets and extras of the sick are properly cooked and Inspection of provisions and issue of diets.

served. He will visit the kitchen after the time of the evening meal, and see that the cooking utensils have been properly cleaned and put away.

Visiting wards, complaints, etc. **105.** He will visit the wards or tents at intervals, to ascertain that order and regularity are maintained, and will investigate reports or complaints made to him.

Duties to sick and men discharged.

106. He will perform all necessary and urgent duty towards the sick in hospital during the absence of the medical officers in charge of the cases, and will deal with fresh cases of sickness as they arise. He will also inspect the men discharged before they leave the hospital, to see that they are fit to go out and are in possession of such articles of their kits as they have had in hospital, and that all soiled articles brought to hospital by them have been washed. He will also examine men detained for the day, and decide whether they shall return to barracks or be admitted.

Sanitary duties.

107. He will visit all parts of the hospital or encampment, and will report any unsanitary condition observed.

Local duties.

108. He will perform all such local duties as may be delegated to him, including the casual inspection of recruits and soldiers in arrest or under sentence, and shall act as Company Orderly Officer.

Report.

109. He will, when relieved, furnish a report to the officer i/c that he has performed the duties above detailed.

Quartermaster.

Returns, etc

110. The quartermaster will prepare and submit all returns and indents connected with his duties for the approval and countersignature of the officer i/c, except indents for current supplies.

Charge of buildings, equipment, etc.

111. He will take over the hospital, buildings, tents, quarters, out-offices and inclosures and the hospital furniture, equipment and stores, as well as officers' quarters, barrack-rooms, or other accommodation provided for the medical personnel employed in the hospital.

Custody of equipment and stores.

112. He will be responsible for all stores and equipment held on hospital charge, for the custody and care of all hospital equipment, furniture, and utensils, for the custody and proper disposal of articles of diet and extras and of medical comforts in the steward's stores, and for medicines, instruments and appliances in the dispensary and medical stores.

Inspections.

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

Certified statement to be presented.

114. He will furnish the officer i/c of barracks at his inspections, and at transfers, with a certified statement showing how all the articles of bedding, clothing and patient's personal equipment in his charge are distributed; this statement should be drawn up in a similar form to that used as a guide in carrying out inspections of the steward's store.

Assessment of damages by R.C.E. and officer i/c of barracks.

115. He will prepare for the approval, and counter-signature of the officer in charge, all information which may be necessary to enable the R.C.E. officer and officer i/c of barracks at their inspections to assess damages and deficiencies against units

whose sick have been treated in hospital, or against those connected with the hospital, as the case may be.

116. He will prepare assessments for all personal or general charges against patients and others or against units for losses and damages to equipment and stores, by means of the Price List of Stores, etc., 1912, and the Personal Charge Book, to enable the officer i/c, when he has satisfied himself of their correctness, to forward the charges to the officers commanding the unit concerned, as soon as possible after the losses or damages have occurred. The date of transmission will always be noted on the counterfoil and any damages which cannot be readily assessed will be at once referred to the officer i/c of barracks, to whom application will also be made for replacement of stores lost or damaged.

117. He will at once report to the officer i/c, breakages of, or damages to, crockery and table glass so that an inquiry may be made to decide whether they were or were not accidental.

118. In a similar manner, he will prepare personal charges for damages to buildings and fixtures, application being first made to the R.C.E. for assessment of the amount to be charged.

119. He will be responsible for the receipt, custody and issue of all articles in the provision and equipment stores and that no unnecessary quantity of supplies is allowed to accumulate in them. He will invariably be present when supplies are received, and will be responsible that the quantities are correct.

120. He will perform such other duties as are allotted to him in the Standing Orders P.A.M.C., and will prepare the returns connected therewith, signing all indents and receipts for current hospital supplies.

121. He will have custody of the books, games, etc. in the hospital library or reading-room, and will cause a register of the same to be kept by the N.C.O. acting as librarian. He will see that no books, etc., are admitted into the library except such as have been previously approved by the proper authority.

122. He will cause to be issued to the patients such books as may be selected by them. Each book will be carefully inspected when returned to the library and, if damaged, the unit, number and name of the patient will be written on a charge slip which will be signed by the latter, and placed inside the cover. The damaged book will not be re-issued until repaired.

123. He will inspect the books quarterly, or oftener, if necessary, for the purpose of recovering losses sustained or damages done, either designedly or through neglect, and check the charges already assessed against the units for the same. The report of the inspection will be signed by him, and forwarded (in triplicate) through the officer i/c to the O.C. the unit concerned, who will sign and return two copies, and cause payment to be made.

124. Personal or general charges for damages to books will be assessed as they occur, and the charge slips forwarded at once to the O.C. the unit concerned. One of the intermediate counterfoils of the Personal Charge book will be used for the slip referred to in paragraph 122 and these charges will afterwards be consolidated as directed in paragraph 123.

Indents for books.

125. Half-yearly indents for books to replace those charged to the troops and unserviceably by fair wear will be prepared in duplicate and submitted to the officer i/c for transmission to the A.D.M.S.

SECTION IV.—OFFICER IN MEDICAL CHARGE OF TROOPS, IN QUARTERS, CAMPS, ETC.

General Duties.

Duties.

126. Orders in connection with the duties of medical officers doing duty with troops, are laid down in the King's Regulations and Orders for Canada. Officers detailed as Regimental Medical Officers are subordinate to the officers commanding their units, but are under the direction of the A.D.M.S. for professional duties.

Details to be furnished to officers in charge of hospital.

127. The officer in medical charge of troops and barracks, or in attendance on officers, women, and children, will furnish to the officer i/c of the military hospital, not later than the last day of the month, all details appertaining to those duties required to complete the Monthly Return of Sick.

Duty in hospital, etc

128. In addition to his other duties, he may be available for duty in hospital, or for any duty for which the A.D.M.S. may detail him.

Attendance on officers, etc.

129. When no medical officer is specially appointed, the medical officer doing duty with troops will be in charge of all officers and others entitled to medical attendance at the public expense.

Sending men to hospital.

130. The medical officer, after examining the sick of the troops under his charge, will send those he considers unfit for duty to the hospital, marking opposite their names in pencil on the sick reports (M.F.B. 292) the word "hospital" and the disease if diagnosed, or other useful details; both copies of the sick report will then be sent to the officer i/c of the hospital.

Disposal of trivial cases.

131. Such of the sick as only require trivial dressings or medicines, will be dealt with at the inspection room, the words "medicine and duty" will be marked opposite the name of each man, and they will return to duty.

Soldiers reporting sick unnecessarily. Men detained.

132. When a soldier reports himself sick unnecessarily, the word "duty" only will be marked opposite his name.

133. When it is considered necessary to detain for the day men reporting sick, the word "detained" will be marked on the sick report opposite their names.

Continued treatment of syphilis.

134. Instructions to be observed in carrying out the continued treatment of cases of syphilis will be found in Appendix No. 4.

Admission to Civil Hospital.

135. When necessary, soldiers may be admitted to a civil hospital for treatment subject to payment of hospital stoppages under the Pay and Allowances Regulations, but authority must be obtained from Headquarters before admission. When under exceptional circumstances, the urgency of the case will not permit of this being done, covering authority will be applied for. In all cases the officer in medical charge will give full particulars and terms on which the patients has been admitted.

Physical training and gymnastics

136. 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, noting

in his diary the names of men whose training is modified, as well as their subsequent progress. (Refer to Manual of Physical Training, 1908).

137. In examining soldiers for re-engagement, he will not reject any for minor defects and trivial ailments which do not interfere with the efficient performance of their duties but will note such facts on the soldier's Medical History Sheet. In cases of fitness this certificate will be considered final, but the cases of men unfit will be decided by a Medical Board.

Inspection of men for re-engagement.

138. The Medical officer will at once, on receiving information, report all cases of sudden death out of hospital, or of severe accident, or the outbreak of infectious disease in quarters, direct to the O.C. the station or corps, and to the A.D.M.S. or officer i/c of the hospital.

Reports of sudden death accidents and infectious disease.

139. Medical and surgical equipment will be issued to medical inspection rooms. The medical officer i/c of the inspection room will be held responsible for this equipment. He will obtain from the military hospital, on indent such further supplies of medicines and surgical materials as may be considered necessary as well as such articles as may be required from time to time to keep the equipment complete. All these articles will be kept under lock and key in the inspection room. He will apply for whatever militia forms, books and stationery he may require to the O. i/c Military Hospital.

Medical and surgical equipment of inspection rooms Indent for medicines, etc.

140.

Officers, the Wives and Families of Soldiers, and Others.

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

Medicines for officers and others.

142. When an officer is placed on the sick list, or removed from it, the medical officer will, with as little delay as possible, report the circumstances on M.F.B. 240, direct to the O.C., the regiment or unit to which the officer belongs, as well as to the officer i/c of the military hospital.

Officers on sick list.

143. At stations where there are hospitals or rooms set apart for their treatment, cases of infectious disease will invariably be admitted with a view of preventing, or limiting, the spread of such disease.

Their admission to hospital for infectious disease.

144. When medical comforts are prescribed for women and children treated out of hospital, the signature of the O.C. will be obtained, certifying that they are on the married establishment.

Issue of medical comforts.

SECTION V.—SANITATION.

Assistant Director Medical Service.

145. The A.D.M.S. will exercise a general supervision over the sanitary condition of all parts of each garrison, station or camp, in the Divisional Area or Military District. He is responsible adviser of the O.C. Divisional Area or Military

Duties.

District on all sanitary questions and all other matters affecting the health of the troops, and he will make such verbal or written recommendations as circumstances may demand for the mitigation or prevention of disease.

Inspection.

146. He will annually make, or cause to be made, a thorough inspection of all camps, hospitals, 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 O.C. Divisional Area or Military District for approval and insertion in orders.

A.D.M.S.'s to report the result of their inspection of barracks.

147. He will report the results of the inspection of barracks camps etc., to the O.C. Divisional Area or Military District. He will include sanitary defects of importance coming under his observation or brought to his notice by the sanitary or other officers. He will indicate the steps taken to remedy defects, classifying his recommendations under the following heads:

- (a) Services which be, or have been, met during the year from local funds.
- (b) Services to be brought forward in the next annual estimates (vide para. 347 Regulations Engineer Services).
- (c) Services which either from consideration of magnitude or urgency require to be dealt with as special questions.

The reports will be forwarded to the O.C. Divisional Area or Military District for his remarks and for transmission to Headquarters.

Sanitary schemes or improvements.

148. He will, through the O.C., keep the Department informed regarding the progress of important sanitary schemes or improvements.

Epidemic disease.

149. Should epidemic disease appear in any garrison or camp, he will at once ascertain that proper precautionary measures are taken.

Report of.

150. He will immediately report the occurrence of epidemic disease, whether among the troops or the civil population of any garrison, camp, or the neighborhood thereof, to the O.C. Divisional Area or Military District, for the information of the Militia Council.

Examination of pathological specimens.

151. Samples of water, food, &c., or pathological specimens for examination purposes may be sent to the Central Military Laboratory, Ottawa, for examination, when the analysis or examination cannot be carried out in the command, or when a second opinion is specially required.

151a. A A.D.M.S. may delegate part or all of these duties to D.A.D.M.S. (Sanitary duties of Divisional Areas within their command.

Officers Holding Sanitary Appointments.

Sanitary officers' position. Duties.

152. An officer holding a sanitary appointment is the sanitary adviser of the A.D.M.S.

153. He will take steps to inform himself of all matters relating to the sanitary condition of the barracks, camps,

&c., in the command, and of all influences affecting, or likely to affect, injuriously the health of the troops. He will report upon all sanitary defects coming under his observation or brought to his notice. (In camps of instruction he will submit a daily report to the A.D.M.S. of the camp.)

154. He will arrange and make systematic and special inspections of all stations, barracks and camps to keep himself informed of their sanitary condition, and also make such inspection of the troops as may be required.

155. He will inquire into the cause, origin and distribution of diseases in the command, and how far these are dependent on preventable causes.

156. He will advise on the sanitary details connected with all schemes, originating in the command, relating to buildings, water supply, drainage, sewage disposal, &c., including both new works and alterations and he will keep himself informed regarding the progress of the work (in its sanitary bearing), whether the scheme originated in the command or not.

157. He will be present, or be represented, at the tests applied to the various pipes and connections on the completion of the construction or reconstruction of any drainage system, and will certify as to whether the drains have satisfactorily passed the tests.

158. He will make such chemical and bacteriological examinations as may be required.

159. He will make periodical inspections of the drinking water, supplies, and of sewage effluents, and from time to time test and examine the above.

160. He will conduct such courses of sanitary instruction in the Divisional Area or Military District as may be required, and will encourage in every way the diffusion of knowledge of practical sanitation amongst officers and men: as for example, on such points as the training of men belonging to each company, troop, or battery, in methods of water sterilization, sanitation of barracks and camps, i.e. disposal of refuse, care of latrines, &c., &c.,

161. He will give N.C.O.'s and men of the P.A.M.C. practical instruction in methods of disinfection, and, where opportunity offers, selected N.C.O.'s of the corps will be trained in the duties of sanitary inspectors. He will deliver lectures to the officers, N.C.O.'s and men of the Sanitary Sections of the Field Ambulances, and such other lectures on sanitation as may be required.

162. He will prepare such returns and reports as may be required, also an annual report, giving a full resume of the work done during the year. Copies of special reports will be attached.

Officers in Medical Charge of Effective Troops.

163. The medical officer is the responsible adviser to the officer commanding the unit on all sanitary questions.

164. The medical officer will visit every portion of the barracks, at least once a month, in accordance with the K. R. & O., and in camps all portions of the regimental camp once a day, to examine

their sanitary condition. He will keep notes in his sanitary diary of all inspections and make such representations, verbally or in writing, as may be necessary. The result of these representations will be noted. The sanitary diary will be initialed by the O.C. once a month.

Monthly inspection of men.

165. He will, also, inspect the men under his medical charge monthly to satisfy himself as to their health and the maintenance of their personal hygiene has been attended to.

Food and cooking.

166. He will examine from time to time the quality of articles of food and drink used by the troops, and he will ascertain whether the cooking is satisfactory and sufficiently varied.

Water supply.

167. He will also satisfy himself that the quality of drinking water is good and the quantity sufficient, and that the arrangements for its distribution are satisfactory.

Cubic space, ventilation, lighting and limewashing.

168. He will satisfy himself that every barracks, married quarters, guard and detention rooms, have sufficient "cubic space and" means of ventilation, and that the walls and ceilings of barracks and quarters are sufficiently limewashed where necessary.

Disinfection.

169. The measures required for efficient disinfection in connection with any infectious disease, the O.C. of the unit being duly informed, will be carried out under the direction of the medical authorities.

Disinfection of rooms, furniture, bedding, etc.

170. Disinfection of bedding, clothing and other articles which may have been exposed to infection, will be carried out in connection with every case of infectious disease in a manner deemed fit and efficacious; and the officer in medical charge of effective troops, or on duty at the place where the processes of disinfection are being effected, will be responsible that they are properly and efficiently carried out.

The O.C. the unit concerned, on representation in writing from the medical officer reporting the case, will provide for such scrubbing of furniture, floors, woodwork and painted surfaces generally as may be recommended with antiseptic solutions.

R.C.E. Sanitary duties in connection with disinfection.

171. On a certificate in writing from the medical officer to the effect that they are necessary, as a sanitary precaution, the ceiling should be whitewashed and the walls treated as under by the R.C.E.:—

If distempered, re-distemper.

If papered, re-paper after stripping off the old paper.

"Cleaning rooms prior to re-occupation."

172. If any expense in cleaning quarters or rooms prior to re-occupation, is incurred, it will be provided for by the Officer in charge of Barracks.

"Material; how obtained"

173. All material for processes of fumigation or disinfection, including quicklime, will be obtained on indent, from the officer in charge of Barracks

SECTION VI.—MEDICAL AND SURGICAL SUPPLIES.

General Instructions.

MILITARY HOSPITALS.

Supplies, how obtained.

174. All Medical and Surgical supplies will be obtained by indent on the Divisional or District Medical Stores.

175. Under especially urgent circumstances, not permitting of reference to the A.D.M.S. medicines, surgical material, etc., may be purchased locally, but the medical officer so purchasing will at once apply for covering authority, stating fully the grounds for urgency. Local purchase.

176. Such local purchases will be accounted for in the Stores Ledger and periodical return of medicines. The bills, in triplicate, will be dealt with as follows:— Payment for local purchases.

(a) The articles received will be checked over to see that they agree with those charged on the bill, in numbers, quantity, pattern and quality, and the certificate voucher number by which the articles are brought on charge in the Stores Ledger will be quoted on the bills, by the accounting officer, the contractor's or tradesmen's name, date of receipt, and total amount of the bill are to be quoted, as a cross reference, on the C. 615 receipt voucher bringing the articles on charge.

(b) All three copies of the bills will be certified for payment, and forwarded to the A.D.M.S. who will, after examining them, pass them to the Militia Headquarters for approval;

(c) When paid, the original and duplicate will be retained by the Paymaster, and the triplicate will be forwarded by him to the O. i/c Stores Audit, Militia Headquarters, at the end of the month in which the bill was paid.

177. Medicines supplied from different firms will not be mixed together in the same jar or bottle, so that, should any objection be made to their quantity or quality, no difficulty may be experienced in ascertaining the name of the contractor who supplied them. Medicines from different firms to be kept separate.

178. Medical and surgical stores, etc., broken, deficient, lost or damaged, except by fair wear and tear, will be dealt with in accordance with the K.R. & O. and the authority for writing any article off charge will be quoted in and will accompany the returns. Losses and deficiencies.

179. When an instrument becomes unserviceable or deficient, a certificate that the damage was the result of fair wear and tear or a statement to the effect that the instructions contained in King's Regulations and Orders have been complied with, will be prepared. Should it be necessary to immediately replace the instrument an indent will be prepared on M.F.C. 615, in triplicate, and submitted to the D.G.M.S. through the A.D.M.S. with an explanation as to the necessity for the demand. The damaged article will be dealt with as laid down in paragraph 203. Unserviceable instruments, deficiencies.

180. A soldier who has, while serving, lost a limb or an eye in consequence of disease or injury, may be supplied with an artificial limb or eye at the public expense. A service requisition, M.B. 24, will be submitted to Headquarters or the necessary authority. Artificial limb.

181. A soldier who incurs such a loss of teeth as would otherwise cause his discharge as medically unfit may be provided with artificial teeth at the public expense, if so recommended by his commanding officer. A service requisition, on M.B. 24, will be forwarded to Headquarters for the necessary authority. Artificial teeth.

182. Soldiers who require trusses, crutches, elastic stockings, or other surgical appliances, may be provided with them at the public expense on the recommendation of the A.D.M.S., a service requisition being forwarded to Headquarters for the necessary authority. Trusses and surgical appliances.

Repair of
surgical
appliances.

Purchase of
surgical
appliances.

Composite
articles.

Transfer
returns.

Transport of
medical and
surgical
supplies.

183. The surgical appliances mentioned above will be replaced or repaired whilst the soldier continues to serve, provided that they have become unserviceable by fair wear and tear.

184. Officers, N.C.O.'s and men subject to the approval of the A.D.M.S., will be allowed to purchase, at the regulated price, such surgical appliances as may be available and are required for their own use, or that of their families.

185. Each composite article of equipment such as a surgeon's case of instruments and each article of field medical or surgical equipment, when returned to store, will be accompanied by a list of contents, in which deficiencies, damages and expenditure will be recorded, showing the extent and amount against each item. This document will be signed and dated by the medical officer in charge of the equipment and placed inside the package.

186. In transfer returns expenditure to date will be shown and the condition of each article will be assumed to be good unless the contrary is indicated.

187. The transport of medical and surgical stores will be carried out in accordance with the Regulations for Supply Transport and Barrack Services and the Pay and Allowance Regulations.

Central Divisional and District Medical Stores.

CENTRAL MEDICAL STORES.

Responsibility. 188. The officer in charge of the Central Medical Stores, at Ottawa, will be responsible for the management, maintenance and account to the Director General, with whom he will communicate direct on all matters concerning them.

DIVISIONAL AND DISTRICT MEDICAL STORES.

Responsibility D.M. Stores. 189. Officers in charge of Divisional or District Medical Stores will act under the orders of the A.D.M.S. to whom they will be responsible for their custody, expenditure and account.

Supplies; date of demand for. 190. Supplies will be demanded on 1st April by the officer in charge of each Medical Store on M.F.C. 615 in triplicate, separately for each section.

The A.D.M.S. will arrange that these demands will reach the D.G.M.S. not later than the 10th of the above month.

The A.D.M.S. before transmitting will carefully examine the requisitions to satisfy himself that the articles asked for are absolutely necessary for the service for which the demand is made.

Supplies of medicines. 191. Supplies for medicines, in accordance with local contract, will be obtained by the office in charge by the indents (M.F.C. 615 in duplicate) on the A.D.M.S., who will transmit the same to the D.G.M.S. for approval.

Unpacking supplies. 192. When supplies are received they will be unpacked, in the presence of an officer, who will report any deficiencies or losses from breakage or leakage.

In all cases of breakage, it must be noted whether there is any deficiency of packing material, or other circumstances to lead to the belief that the loss resulted from insufficient or careless

packing, or whether any external marks exist on the cases showing that they have been subjected to rough usage in transit. Such observations will be noted and will accompany the receipt voucher.

193. Objections as to age, adulteration, or chemical defects of medicines, and inferior quality, or defective workmanship of surgical instruments and materials will be referred to the D.G.M.S. whenever necessary, giving reasons for the objections raised, in order that the matter may be fully investigated.

194. On transfer of medical stores, a board of survey will be convened and will follow the procedure laid down in paragraph 202. The proceedings and ledger will be signed by the officers handing over and taking over charge, the proceeding being forwarded to the D.G.M.S.

195. When issues are made to ships, receipts in duplicate will be obtained from the officer receiving the supply. An abstract will be made in duplicate, showing the articles issued and to whom they were supplied.

196. When articles are recommended to be destroyed by Boards of Survey, the destruction will be carried out in the presence of an officer after the findings have been approved by the D.G.M.S. and the following certificates will accompany the return in which the articles are written off:—"Certified that the above mentioned articles have been destroyed beyond the possibility of further use, in my presence."

197. Packages containing articles, not empties, ordered to be forwarded to Central Medical Stores, Ottawa, will be distinctly marked on the outside, "From Medical Stores at As soon as the goods have been despatched, an invoice in triplicate" will be forwarded to the officer in charge of Central Medical Stores, one copy of which signed by the consignor will be retained, and the duplicate returned completed.

198. Medical units on proceeding to camp, to perform their annual training, will draw their technical equipment according to the scale laid down by requisition on M.F.C. 615 from the officer i/c District Medical Stores, and will return the same on the close of camp.

(a) At other times articles of technical equipment may be requisitioned for, and issued on the approval of the A.D.M.S. for instructional purposes; or to medical units with headquarters at a distance from medical stores, to be held on charge for use in cases of emergency as in aid of civil power, &c.

ACCOUNTING.

1. MILITARY HOSPITALS.

199. A detailed account of all receipts and issue of medicines, instruments, material and appliances, received from Divisional Medical Stores, will be rendered on M.F.C. 615 yearly, on the 1st April, to the A.D.M.S. for transmission to the D.G.M.S.

200. A duplicate copy of the above account will be retained and will be available for examination by the Audit branch. Copies of observations and correspondence

received from Headquarters or from the A.D.M.S. regarding these accounts will be placed with the duplicate copy.

2. CENTRAL AND DIVISIONAL MEDICAL STORES.

- Transactions; how recorded.** 201. All transactions must be recorded in the Medical Stores Ledger, under the various sections, and be supported by Issue and Receipt vouchers. These vouchers will be filed in their order and produced at all boards of survey, and will accompany the account when forwarded for audit.
- Board of Survey.** 202. The ledger will be balanced and the stock verified yearly on the 1st April by a board of survey. The proceedings on M.F. C. 508, will then be forwarded to headquarters with the requisitions (M.F. C. 615).
- Unserviceable articles.** 203. Any article becoming unserviceable will be brought before the next annual board of survey, and if condemned, struck off ledger charge by a certificate voucher. Vide para. 196.
- Repairs.** 204. Articles that could be repaired will be sent to the Central Medical Stores, accompanied by an invoice in triplicate. (Lists of contents must be enclosed with all composite articles).
- Requisitions; preparation of.** 205. On the conclusion of the Board of Survey, requisitions on M.F. C. 615, will be prepared, in triplicate, separately for each section, for the pending yearly supply and forwarded to the A.D.M.S. of the Division or District; who will transmit them to Headquarters for approval.
- Intermediate demands.** 206. When special articles, instruments, etc., are urgently required, the requisition must be accompanied by a covering letter setting forth the reasons for the demand.
- Local supplies.** 207. Local purchases will be accounted for as above, and the ledger entry supported by vouchers. See para. 176.
- Closing of accounts.** 208. The Stores Ledger accounts will be closed up to 31st March in each year, and new accounts opened up in accordance with instructions contained in preface of M.F. C. 672A.
- The old accounts will be forwarded to Militia Headquarters for Audit on or before 15th April.

SECTION VII.—NURSING SERVICE.

Discipline and Duties.

MATRONS.

- Responsibilities.** 209. The matron will be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters, and for the maintenance of good conduct, efficiency and discipline amongst all members of the nursing and domestic staff, as well as for the cleanliness and good order of the wards under their charge.
- She will not be responsible for nursing in wards which are set apart by the officer i/c of the hospital for cases which he may consider unsuitable for female nursing.
- Training in nursing duties.** 210. She will supervise the training of of all N.C.O.'s and orderlies of the P.A.M.C. and A.M.C. undergoing courses of instruction in nursing duties.

211. A register of training of orderlies will be prepared by the matron, and after the officer i/c has recorded his concurrence or otherwise, an extract will be placed with the man's personal documents on completion of his training.

212. She will take over from the Quartermaster, or steward Bedding. the regulated quantity of bedding for each ward and will keep a bedding book in which all bedding drawn from, or returned to stores, 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.

212A. She will take over from the Quartermaster or steward Ward the equipment shown on the ward inventories in wards under the charge of sisters and will be responsible for the same to the Quartermaster or to the officer i/c hospital if there be no Quartermaster.

213. She will make arrangements for the annual leave of Leave. sisters, reporting thereon through the officer i/c hospital to the A.D.M.S.

214. In all instances of difficulty she will apply to the officer i/c hospital, who will render her every assistance in the performance of her responsible duties. Reference to officer in charge.

215. When she is informed of any neglect of duty or impropriety of conduct, whether on the part of sisters, N.C.O.'s or men of the P.A.M.C., or attached N.C.O.'s and men, patients or visitors, she will at once report to the officer in charge. Report to officers in charge.

216. When a sister is transferred from one hospital to another, the matron will prepare a confidential report for transmission, through the officer i/c to the A.D.M.S. As soon as possible after the first of January a similar confidential report will be forwarded on all sisters through the officer i/c to the A.D.M.S. Confidential report.

SISTERS.

217. Every sister in a military hospital will be under the immediate supervision of the matron, and directly responsible to her in all matters relating to conduct and discipline. She will receive and carry out such orders and instructions relative to the treatment of the sick as she may receive from the officer i/c of her wards, whom she will accompany on his visits. She will be responsible for the proper nursing of the patients in her wards, and for the cleanliness, ventilation, lighting, warming, as well as good order of her wards and annexes. Responsibility and duties.

218. Before going off duty each sister is required to put in writing in the night memorandum book any notes on special cases, or other important matters which may be necessary for the guidance of the night nurses and orderlies, or which it may be desirable to bring to the notice of the night sister. The night sister will see that these instructions are carried out, and will record the hours of her visits to each ward, noting in the night memorandum book any information she may wish to bring to notice. Night memorandum book.

219. In cases of fresh admission into her wards she will ascertain when the patients last had food, and see that they are not kept waiting for suitable nourishment. Admission of patients.

Death of a patient.

220. When a death takes place the sister in charge of the ward will see that the body is reverently prepared for the mortuary and will then inform the senior N.C.O. who will proceed in accordance with Standing Orders, P.A.M.C.

Equipment for patients.

221. 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 stores on the patient's discharge or death. A list of these articles is given in Standing Orders for the P.A.M.C.

Receipt for equipment.

222. When a patient is able, she will obtain his signature for the receipt of these articles, but when he is so ill as to be unable to look after his equipment, she will cause the ward orderly to sign the receipt.

Kits of patients.

223. When a patient is too ill to look after his regimental clothing, the sister will cause the articles to be handed into the pack store with the clothing, and will countersign the cheque from the pack store book.

Emergencies.

224. When any case of illness or accident is brought to hospital, or in the event of any accident, emergent illness, or attempted suicide resulting in personal injury, occurring in the hospital, she will cause a medical officer to be at once informed, and, pending his arrival, will take such steps within the limits of her training as may appear to her to be necessary to meet the requirements of the case.

Discharged patients.

225. She will see that the discharged men leave the wards in sufficient time to be present at their parade.

Bed time.

226. She will be responsible that patients who have been allowed up, are in bed at 8 p.m.

Visits at meal time

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

Wines, etc.

228. The sister will daily receive from the steward the wines, spirits or malt liquors ordered for the patients in her wards, and be responsible for their correct distribution in accordance with the orders of the medical officer.

Diets and extras.

229. When the daily diets and extras have been entered on the diet sheets by the medical officer she will complete and sign the Diet and Extra Sheet Summary. She will then check and countersign these forms and transmit them to the steward.

Damages and deficiencies.

230. She will immediately report to the officer i/c, or to the quartermaster in a hospital in which one is doing duty, all damages or deficiencies as well as breakages of crockery or table glass.

Library books.

231. She will at once notify any damages to the library books to the Q.M. or to the officer i/c of a hospital in which no quartermaster is doing duty.

Writing materials and tobacco.

232. She will submit all applications from patients for writing materials, tobacco, &c., to the officer i/c of the ward for approval, and will arrange for such indents, and for letters to be sent to the officer i/c of the hospital for disposal.

Unauthorized articles.

233. She will be careful that money, for 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.

234. If a sister deems a special nurse or orderly necessary for any particular case, she must immediately report the fact to the matron. At night, the night sister, will act for the matron mentioning full particulars in the report.

235. She will be held responsible for carrying out the pre-Instruction of scribed course of nurse-training, and will, by every means orderlies. in her power, afford, the orderlies ample opportunity of learning their duties, and endeavour to awaken interest in all that pertains to nursing.

NURSING SISTERS, ACTIVE MILITIA.

236. Course of instruction in military nursing will be given Courses of each year at approved military hospitals, to enable nursing instruction. sisters of the active militia to qualify for their rank.

SECTION VIII.—INVALIDING.

237. The granting of sick leave and furlough, and the How carried discharging as medically unfit, will be carried out in accord-out. ance with the King's Regulations and Orders for the Militia, and the Pay and Allowance Regulations.

238. The proceedings of medical boards on sick and wounded Proceedings officers are to be considered confidential and will be forwarded of medical boards on officers. in the original to the A.D.M.S., together with a detailed state-ment of the officer's case. M.F.B. 380, will be used in recording these proceedings.

239. Medical boards in forming their opinion on the claims Compensation of officers and soldiers to compensation for wounds received for wounds, in action, and injuries on duty, will closely follow the rules Pay and Allowance Regulations. laid down in the Pay and Allowance Regulations.

240. An application for a medical board on an officer alleged Insane officers. to be insane, will be accompanied by certificates from two medical officers, or civil practitioners, who have each separately examined the patient, one of whom should be the officer in medical charge of the case. The medical board will attach these certificates to its proceedings.

241. When a soldier is proposed for discharge as medic-Procedure. ally unfit, the officer i/c of the military hospital will inform the man's C.O. and will submit to the A.D.M.S. the Detailed Medical History, M.F.B. 227, which will be in the handwriting of the medical officer i/c of the case, together with the man's Medical History Sheet, M.F.B. 313. In order to complete the Detailed Medical History, M.F.B. 227, the medical officer will obtain from the C.O., for inspection, the man's Company Conduct Sheet. The A.D.M.S. having satisfied himself that the case is one for discharging, will arrange for the soldier to be examined by a medical board. Soldiers serving at out stations may be moved to other stations where medical boards can be more conveniently assembled.

242. The Medical Board will record its opinion on the De-Medical board. tailed Medical History, M.F.B. 227, and submit the proceedings, for the approval of the A.D.M.S. who will forward them through the O.C. Divisional Area or Military District to Headquarters for final approval.

Disposal of
detailed
Medical
History.

Soldiers
permanently
unfit and
detained.

Patients
referred.

Importance of
the information
required for
detailed
Medical
History.

Procedure in
cases of
insanity.

Insane
soldiers
discharged.

Precautions
on removal
of insane
soldiers.

243. When the discharge has been approved, the A.D.M.S. will return the documents with the Medical History Sheet M.F.B. 313 to the officer i/c of the hospital for transmission to the O.C. the unit to which the soldier belongs.

244. When the disability for which the soldier is discharged is of such a nature as to prevent his immediate removal from hospital, he may be retained as a free patient for further treatment at the discretion of the medical officer i/c, provided that the approval of the A.D.M.S. is obtained. A report will be furnished weekly in each case to the O.C. Divisional Area or Military District stating the reason for continued detention.

245. A patient who had been referred by a medical board for further treatment will be re-examined at the end of three months.

246. The information required in the Detailed Medical History being essential, for the proper treatment and disposal of the patient, and also for correctly adjusting any claim on the public, medical officers will be careful in the preparation of this document, and will enter all such particulars as may aid in the attainment of the ends desired. They will distinguish between the unsupported testimony of the patient or other persons; and the result of their own observations, or of reference to authentic documents. The officer i/c of the hospital will satisfy himself as to the general accuracy of these reports.

247. All soldiers who are insane will be discharged.

The proceedings will be as follows:—

(a) When a diagnosis of insanity has been clearly established, or, in exceptional circumstances, when it is desirable to at once remove a case from the hospital in which it has been under observation, a statement will be prepared and forwarded to the A.D.M.S. accompanied by the soldier's Medical History Sheet. The medical officer transmitting the application will state thereon whether he recommends the discharge as a dangerous or as a harmless lunatic.

The A.D.M.S., if he approves, will arrange for the assembly of a medical board to report on the case.

(b) When a soldier has recovered before his discharge has been affected, he will be dealt with as an ordinary patient for discharge.

248. When the discharge of a soldier as a lunatic has been approved the medical officer will inform the man's C.O. in order that steps may be taken to hand the patient over to his friends or to the municipal or provincial authorities.

249. When an insane soldier is discharged from hospital, he will invariably 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 will instruct the conducting party which will be detailed in accordance with the King's Regulations and Orders, as to the peculiarities of the patient, particularly as to whether he has displayed suicidal or homicidal tendencies.

SECTION IX.—PHYSICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE PERMANENT FORCE, FOR ADMISSION TO THE R.M.C., AND OF RECRUITS.

250. The physical examination of candidates for commissions Procedure. in the Permanent Force and of recruits will be conducted in accordance with the instructions laid down in Appendix No. 6.

251. The A.D.M.S. in whose command boards for the examination of candidates for commissions take place is responsible that the necessary books of regulations are placed before the board. A case of trial lenses and a set of Holmgren's coloured wools will be provided for the use of these boards.

252. All permanent medical officers and also medical officers Definition of of the Active Militia when embodied or out for training or when approving medical they are detailed for that purpose may carry out the medical officers. examination of recruits.

"253. When a recruit is rejected by the attesting officer, he shall be examined by a board of medical officers in accordance with Article 449, Pay and Allowance Regulations, 1912."

254. Recruit Registers (M.B. 14), will be carefully kept. Recruits These registers will on no account be removed from the office or register. hospital where the recruits are medically inspected unless under order of superior authority. Registers for the Active Militia will be kept at regimental headquarters.

255. The medical officer will state in his own handwriting in Remarks in the register the recruit's fitness or unfitness, and will enter any Recruit Registers. remarks relative to vaccination or inoculation and to cause of rejection, as well as any distinctive marks; when there are no distinctive marks it must be so stated. He will then append his signature to the entry.

256. When a recruit is found "fit" the medical officer will Attestation Paper. make the necessary entries in the original and duplicate Attestation Papers (M.F.B. 235), and return them to the recruiting officer.

257. The medical officer will be careful to see that all par- Declaration by ticulars are correctly entered on both Attestation Papers and examining medical on the Medical History Sheet. His signature to the attestation officer. will be considered as equivalent to a declaration that he has personally examined the recruit in question and that the man has no blemish or defect, except those noted on the attestation papers.

258. The Medical History Sheet M.F.B. 313), will be pre-Medical pared at the time of the examination of the recruit, and will be History Sheets. forwarded, with the Attestation Papers.

259. In the case of re-engagement, the word "re-engagement" will be entered, with the man's name, in the Recruits Register, and the original Recruit Sheet will be endorsed as follows:—"Examined for re-engagement and found fit (or unfit), date and signature. The necessary entry will also be made in the Medical History Sheet and re-engagement paper (M.F.B. 340). If found unfit the instructions contained in paragraph 137 will be carried out."

260. In passing recruits for the P.A.M.C., the medical officer Recruits for will satisfy himself that the recruit can read (not only printed the P.A.M.C. matter, but plain handwriting), understands what he reads and

can write. He will not approve of any man who judging by his want of education or intelligence, unsatisfactory character, or appearance does not seem likely to prove a suitable man for the P.A.M.C.

SECTION X.—MEDICAL ATTENDANCE.

General Instructions.

- Definition, etc. 261. The term "medical attendance," throughout these regulations means the professional advice and care, during sickness or injury afforded in or out of hospital by a medical officer or by a civilian medical practitioner specially authorized. Enlisted soldiers are entitled to medical attendance at the public expense, and as a privilege, it is also granted to other persons detailed in the following regulations, subject to their fulfilling the conditions defined. It will include the supply of medicines and surgical materials prescribed by the officer in medical charge of the case, and ordered by him from the public stock.
- Issues of diets or extras. 262. No issue of diets, or extras, will be made to any person not entitled to them under the Pay and Allowance Regulations, and articles of this nature ordered on the authority of commanding or medical officers for women, children, or other persons not entitled thereto will not be sanctioned as a charge against the public. The value of all articles so issued may be recovered from the officers on whose certificate the issues were made.
- Attendance during confinement. 263. Attendance cannot be claimed for the wives of officers or soldiers during their confinement, unless the assistance of a midwife or civilian practitioner cannot be procured, or unless the midwife or civilian practitioner privately employed should require the assistance of a medical officer in any case of danger.
264. When an officer of the P.A.M.C. is permitted by the Honourable the Minister to carry on a private practice in addition to his public duties, such officer shall not, under any circumstances, accept a fee for private attendance on any woman or child, whether on or off the married strength.
- List of persons claiming medical attendance to be furnished. 265. When medical attendance is claimed from a medical officer for persons, including civilian servants, who are not enlisted soldiers, or members of their families, a nominal roll giving the rank or occupation and address of each person, will be furnished by the O.C. the unit, on the first of each month, to the medical officer, and no person other than enlisted soldiers, will be considered entitled to medical attendance whose name is not included in this monthly roll.
- Radius for attendance. 266. The residence of persons other than soldiers must be within an area to be fixed by the local authorities.

Officers and Civilian Servants.

- Condition of grant of attendance. 267. An officer on full pay who does not draw allowance in lieu of medical attendance, will be allowed medical attendance and medicines at the public expense 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, provided that such officer resides within the prescribed radius.

267A. An officer on leave will not, under any circumstances, be entitled to medical attendance at the public expense.

268. An officer who does not draw allowance in lieu of medical attendance and medicine, suffering from any disability may be admitted into a military hospital at any station where the necessary special accommodation is available, at the discretion of the A.D.M.S. Admission to hospitals.

269. An officer suffering from a disability entitling him to admission to a military hospital will be allowed such reasonable expenses of medical attendance as may be approved by the Minister in Militia Council including the cost of a nurse or nurses, where necessary, under the following circumstances:— Recovery of expenses.

If either hospital accommodation is not available, or when available the condition of the patient renders it impossible for him to be moved to a hospital.

The nurse or nurses must be engaged by and on the responsibility of the medical officer, if one is available.

270. When under extraordinary circumstances the services of a specialist or consultant is required, authority must first be obtained from Headquarters. If owing to the urgency of the case it is found to be impossible to obtain this previous authority, the case will be immediately reported to Headquarters for covering authority. Vide paragraph 30. Employment of specialists and consultants.

271. The family of an officer will be understood to include his wife, unmarried daughters and sons living at home under the age of 21, and servants. Families of officers.

271A. Officers wives and families do not come under the provisions of paragraphs 268, 269 and 270.

272. Civilian servants of officers requiring medical attendance will attend at the hospital or medical inspection room, or residence of the civilian medical practitioner (as the case may be) at fixed hours, unless their illness be of such a nature as to prevent their doing so, in which case they will be visitee at their master's quarters or residence, provided it is within the prescribed radius. Where to attend.

Warrant Officers.

273. Warrant officers will, under ordinary circumstances, receive medical attendance in their own quarters, but will, when it is considered necessary by the medical officer in attendance, be admitted to a military hospital, separate accommodation being afforded them when practicable. When under treatment in quarters they may, when it is considered desirable, receive diets and extras subject to the hospital stoppages laid down in the Pay and Allowance Regulation. Attendance in quarters.

Wives and Children.

274. The wives, and children (up to 18 years of age) of warrant officers will receive medical attendance in their quarters, and medical comforts, under the same conditions as laid down in the case of the families of N.C.O.'s and men. Warrant officers' wives and children.

275. The wives of N.C.O.'s and men who are borne on the married roll, with their children and step-children (under 18 years of age), will, when present with their corps or in receipt of men. Wives and children of N.C.O.'s and men.

of separation allowance, be allowed medical attendance and medical comforts at the public expense only at stations where there is a medical officer, or where a civilian medical practitioner is engaged for attendance on the troops, and provided in each case that they reside within the prescribed radius. If unable to attend at the inspection room or hospital, they will be visited in their own quarters.

Non-Commissioned Officers and Men.

Admission to hospital or attendance.

276. All N.C.O.'s and men, whether present with their corps or on furlough, will, when necessary, be admitted to military hospitals. Where there is no military hospital, they will equally be entitled to medical treatment at the public expense.

SECTION XI.—INSTRUCTIONS FOR THE PREPARATION OF STATISTICS.

General Directions.

All cases of sickness to be shown.

277. All cases of sickness will be shown in the Admission and Discharge Book and in statistical returns, whether treated in military hospitals, in quarters, or, owing to local circumstances, in barracks or in civil hospitals.

Transfers.

278. Sick transferred from other hospitals or from camps are not to be entered in returns as fresh admissions, but as transfers.

Nomenclature of disease.

279. In designating diseases, the official "Nomenclature of Diseases" will be adhered to, and to insure accuracy the nomenclature numbers will always be given in returns of sick.

Admission and Discharge Books.

Entries A. & D. books.

280. The greatest care must be exercised to ensure correct entries in the Admission and Discharge Books both in military hospitals and at camps.

Inspection room.

281. An Admission and Discharge Book will be kept at all inspection rooms, and an accurate record kept of each case treated. This applies to officers in medical charge of units at Camps of Instruction, etc.

Monthly Returns.

Mode of rendering.

282. A monthly return on (M.F.C. 230) of admissions and deaths of all officers, warrant officers, N.C.O.'s, men, women and children, will be rendered in duplicate to the A.D.M.S. by the officer i/c of every hospital. Each return will contain the details for the calendar month.

Sick in barracks.

283. A monthly return of the cases treated in barracks will also be rendered on M.F.C. 230.

Return from camps.

284. A return of all cases treated by the field medical units will be submitted by the O.C. of each to the A.D.M.S. of the

camp who will forward a consolidated report to the Camp Commandant and to the A.D.M.S. of the Divisional area or Military District.

Annual Returns.

285. At the end of the year, every officer i/c of a hospital will furnish an annual return of sick for the period from 1st April to 31st March. The annual return will be forwarded to the A.D.M.S. not later than the 30th April. A manuscript report on the diseases which have been prevalent, or are otherwise of special interest will be included in the sanitary report prepared in accordance with para. 162, and Appendix I. and submitted with this Annual Return.

286. An annual return in accordance with para. 291 will be submitted by the A.D.M.S. on the 1st April.

SECTION XII.—VACCINATION.

287. All recruits will be vaccinated. The officer in medical charge will be responsible that this is done, and that the necessary information regarding vaccination or re-vaccination is recorded in the Soldiers' Medical History Sheet and in the Vaccination Register. Officers in medical charge will, at regular intervals, take steps to inform themselves that all recruits have been vaccinated as required by this paragraph.

288. In cases where the re-vaccination of recruits fails, three successive operations should be carried out at intervals of two weeks, in order to be certain that failure is due to acquired immunity, and when this is done, an entry to this effect will be made in the vaccination table in the Medical History Sheet.

289. The vaccination and re-vaccination of officers and their families, and of women and children in the garrisons or stations will be carried out as may be directed by the A.D.M.S. of a Divisional Area or Military District. One vaccination register will be kept for all, but in separate sections.

290. The wives and children of all soldiers will be re-vaccinated when they do not bear distinct marks of previous vaccination or small-pox.

291. Medical officers doing duty with troops will satisfy themselves once a year, in March, that every man, woman and child under their care is sufficiently protected by vaccination. In the case of the men, this will be done by examination of the results recorded in the Medical History Sheets. Re-vaccination will be performed where considered necessary, and any particulars will be recorded in the Vaccination Register and in the medical History Sheet. A certificate will be furnished to the A.D.M.S. by the 1st April, showing the state of vaccination and giving the results of re-vaccination. The A.D.M.S. will forward a summary of the certificate to the O.C. Divisional Area or Military District for transmission to Headquarters with the least possible delay.

292. All cases of small-pox whether among officers, men, women or children, will be reported to the officer commanding, specifying the name and age of each individual, with the dates and results of vaccination and re-vaccination in each

case, and whether the individual bears satisfactory marks, and the number thereof. All cases of small-pox will also be noticed in the remarks appended to the monthly return of sick. If the case of small-pox occur in a soldier and no marks of vaccination exist, the fact will be mentioned with a statement showing the date of his joining his corps, and the depot or station from which he joined.

APPENDICES

APPENDIX NO. 1.

Report on Camps.

General consideration.—Area occupied; strength; health of occupants; if any undue sickness, state nature of inquiry and result of precautionary measures adopted; sanitary state of lines and ground surface; measures for prevention of soil pollution; prevention of flies; state of surface drainage; collection and disposal of surface refuse; conservancy arrangements generally.

Tents.—Description of, and numbers allotted to each tent; cleanliness of interior; airing of tents and of the belongings of the men; length of time tents have been pitched on the site under report.

Water supply.—Source; quality; to include reports of special examinations; quantity measures for protecting the supply; means of sterilization; plan followed for distributing safe water both in camp and to moving bodies of troops.

Ablution and washing.—Arrangements for personal ablution and washing of clothing; situation of washing-places; disposal of water used.

Field kitchens.—Position; cleanliness of cooking-places and of their neighbourhood; supervision of cooking and of the distribution of food; disposal of refuse and slop water.

Bakeries, aerated water factories, field canteens, &c.—Sanitary state of all such places and of their neighbourhood; care observed as to the employment of sanitary methods; results of examination of supplies.

Latrines and urinals.—Situation; description; extent and sufficiency of accommodation; sanitary state; policing; method and arrangements of removal of contents; marking of sites when filled up or when camp is evacuated.

Horse lines.—Position; relation to ground occupied by troops; drainage; surface cleanliness; care of watering places; disposal of manure, litter &c.

Slaughtering places.—Position; general cleanliness; sanitary state of surroundings; supervision of cutting up and of the distribution of the meat; means of disposal of offal and refuse; inspection of animals.

Carcases of animals dying in the camp.—How disposed of.

Disposal of camp refuse.—Incineration, etc.

Evacuation of camp.—Clearing up of refuse; marking the situations of latrines; state in which unit have left the ground which has been occupied by the

Report on Buildings.

General consideration.—Description of building; site; dryness of soil; dryness of basements; foundations; damp-proof courses; exclusion of ground air; access of air and light; materials and condition of walls; construction and soundness of roofs, floors, ceilings, windows, doors and stair cases; sufficiency of fly-proof wire screens; evidence of damp at any part; sanitary state of parade grounds, yards, or other areas; conservancy arrangements; sanitary character of the surrounding neighbourhood. A plan or photograph should, where possible, be furnished.

Permanent barracks, hut barracks, guard and barrack detention rooms, and married quarters.—Description, dimensions of rooms and how situated; accommodation; number sleeping in each room; state of cleanliness; ventilation; lighting; warming.

Water supply.—Source of supply; nature of supply, e.g., stream, lake, well, spring or rain water: means of distribution; constant or intermittent system; sufficiency; purity. If from a well state depth, lining, condition as to covering, sanitary condition or surroundings. If cisterns are in use, note their position, cleanliness and state of covering. If reporting on a new source of supply, full information should be given regarding gathering ground, intake, possible sources of pollution, means of purification proposed, and results of chemical and bacteriological examination of samples.

Cook-houses.—Situation; sanitary conditions; cleanliness of men employed as cooks; protection of food from dust and flies; state of utensils, tables, &c.

Dining-rooms.—State of, sufficiency of accommodation, proximity to kitchen.

Abution and bath-rooms.—Situation; sanitary condition; state of fittings; sufficiency of accommodation.

Latrines.—Situation; cleanliness; ventilation; number of seats. Water closets—kind of apparatus; if trough closet, how often flushed; state of fittings, source of water supply; sufficiency of flush. Pail closets—kind of receptacles; size of receptacles; floor level; means of access; whether dry earth is used; how often and by whom removed; whether the ultimate disposal of the contents is satisfactorily carried out.

Urinals.—Situation, cleanliness; oil treatment; flushing of channel and drain. Night urinals—sanitary condition. Urine tubs—state of urine tub stands and their neighbourhood.

Drainage.—Roof gutters—condition. Rain pipes—condition; disconnection; destination. Waste—pipes from sinks, lavatories and bath houses—efficiency of traps; disconnection. Gullies—situation; sanitary condition; efficiency of traps; soil pipes—construction; dimensions; position; ventilation; condition of w.c. traps. Drains—courses; construction; dimensions; gradients; ventilation; position of inspection chambers; flushing; cleanliness; soundness as shown by water test, by smoke test, or by air test.

Stables.—Position; construction; ventilation; drainage; disposal of collections of used litter and manure.

Sewage disposal.—System in use; description of installation; management and efficiency; character of effluent; analysis of effluent.

Refuse disposal.—Means of disposal of barrack and cook house refuse; position of incinerators, mode and frequency of removal of collections of refuse.

Hospitals.—Situation; description of building, dimensions of wards; floor and cubic space per bed; window area; ventilation; warming; position of annexes, and details as to their construction and fittings. Arrangements for washing and disinfecting hospital bedding and clothing.

Married quarters.—Amount and sufficiency of accommodation for married soldiers; description of buildings; sanitary fittings provided and their condition; state of cleanliness of quarters and their surroundings; state of ashbins; state of laundry.

Report on Supplies.

Rations.—Nature and composition; whether sufficient and whether sufficiently varied; how cooked and served; inspection of bakeries and slaughter-houses.

Milk and butter.—Source of supply; qualitative examination; sanitary condition of dairies or farms; inspection of animals.

Vegetables and fruits.—What kinds are obtainable; average daily amount used; quality; if preserved vegetables are used quality and quantities should be stated.

Aerated waters.—Source of supply; supervision of manufacture; quality of water used; means of purification; method followed in bottle-cleaning; cleanliness of employees; sanitary state of factory.

Beer and other liquors.—Their quality.

Canteens and regimental institutes.—Quality of provisions and of food sold in them; size and sanitary condition of rooms, and the state of ventilation.

Reports on Matters of Personal Hygiene.

Clothing.—Whether sufficient and adapted for the season; washing arrangements.

Bedding.—Description; sufficiency; state of cleanliness; how often changed.

Personal cleanliness.—Attention paid to matters of personal hygiene; use of baths; bathing parade; care of feet; especially regular cleansing and attention to corns and toenails; good socks and properly fitting boots; care of the teeth and regular use of tooth-brush.

Habits.—Means available for out-door and indoor recreation; the amount of intemperance and of disease directly or indirectly traceable to it.

Work of the Soldier.—Nature or amount of duty or labour performed by the troops; influence on health; drills, how often and at what hours; length of marches and at what hours; proportion of nights in bed to those on duty; whether special

attention is given to gradation of work in the case of recruits who show signs of overstrain.

Gymnasium training.—Description of gymnasium; cubic space; ventilation; regular medical inspection of classes; observation of the effects of the exercises on the breathing, heart and pulse; in cases in which overstrain is observed, state in each instance the modification of training recommended and the result of such recommendation.

APPENDIX No. 2.

Disinfection.

Disinfection shall be by one or more of the following means:—
Fire, boiling, steam, formaldehyde, sulphur dioxide, mercuric bichloride solution, carbolic acid solution, formalin, chloride of lime, milk of lime.

Fire.—Thoroughly efficient, but seldom necessary as practically everything can be disinfected by less destructive means.

Boiling.—Articles to be wholly immersed in water actually boiling (100° C., 212° Fahr.) for not less than thirty minutes.

Steam.—Steam can be used under pressure with vacuum in special chambers for the disinfection of all clothing and effects that will not be injured thereby.

The exposure to the steam to be for not less than thirty minutes, the steam to be of the temperature of not less than 100° C., 212° Fahr., nor greater than 115° Co., 239° Fahr.

Articles injured by steam, such as leather, furs, rubber, trunks, valises, hats and caps, boots and shoes, bound books, and glued articles should not be disinfected by steam. For such articles washing with a disinfecting solution of mercuric bichloride, carbolic acid or formalin should be used. And for those which would be injured by wetting, disinfection by a gaseous agent, formaldehyde or sulphur dioxide.

Formaldehyde.—This may be evolved by:—

(a) The free sprinkling or spraying of formalin (40 per cent solution of formaldehyde) on sheets suspended in small closed compartments, 10 ounces per 1,000 cubic feet. One sheet will hold about 5 ounces without dripping.

(b) The formalin-permanganate, method. Seven and a half ounces of potassium permanganate, powdered or in fine needles, and one pint of formalin for each 1,000 cubic feet of room space to be disinfected. The permanganate must be put in before the formaldehyde solution. The vessel in which the mixture is made should be of considerable size, else the vigorous foaming will overflow. A flaring ten quart tin pail may be used, or if a wide bottomed vessel be used, it need not be high. If the bottom of the dish be so wide that the requisite amount of permanganate just conceals it and the sides be eight inches high there will be no overflow from foaming or spattering.

The room in either of these methods should be closed up tightly for four hours.

With dry heat from the jacket and partial vacuum where formaldehyde appliances are attached to the chambers for steam disinfection, one hour's exposure. This method has great

penetrating power, and is specially applicable to clothing, luggage, &c., that cannot be steamed.

Formaldehyde gas does not injure fabrics nor most colours. It cannot be depended upon to kill vermin or mosquitoes.

Where desired the smell of the formaldehyde may be subsequently neutralized by the use of ammonia in liquid or gaseous form.

Sulphur dioxide gas.—(a) By burning not less than three pounds of finely broken rolled sulphur per 1,000 cubic feet of space. The sulphur may be burned in iron pots standing in vessels of water. Ignition is best accomplished by alcohol.

(b) Or liquid sulphur dioxide may be used, six pounds of the liquified gas for each 1,000 cubic feet of space.

Fumigation by sulphur dioxide bleaches fabrics or materials dyed with vegetables and aniline dyes. It destroys linen or cotton goods by rotting the fibre through the acids formed. It injures most metals. It is promptly destructive to all forms of animal life. It is therefore specially valuable for the destruction of vermin.

In sulphur fumigation the time of exposure should be not less than twelve hours. Walls and articles should be dampened. previous to fumigation.

Mercury bichloride.—This disinfectant is used in solution not weaker than 1 to 1,000 of water. Its solubility is increased by using salt water, or by adding 2 parts per 1,000 of sodium (or ammonium) chloride. It is of use for the spraying, washing and drenching of free surfaces, alleyways, walls, floors, where gaseous disinfection cannot be used. It injuriously affects polished metals. It cannot be depended upon to penetrate substances in the presence of albuminous matters, dejecta, sputa, &c. These are best disinfected by burning or by chloride of lime, milk of lime, or carbolic acid solution.

Carbolic acid.—In solution of 5 per cent this may be used instead of the mercuric bichloride solution for polished metals, bright works, &c.

Formalin.—(a 40 per cent aqueous solution of formaldehyde gas). This in 5 per cent solution may also be used as a substitute for the mercuric bichloride solution or carbolic acid. It is non-injurious to metals.

APPENDIX NO. 3.

Investigation of Outbreaks of Infectious Diseases.

Medical officers should keep themselves in touch with the Municipal Officer of Health with the object of obtaining early information of the occurrence of infectious disease amongst the civil population, and in return should give information regarding outbreaks amongst the troops.

The following are some of the chief points which should receive consideration in investigating and reporting on outbreaks of infectious disease:—

General considerations.—The history of the outbreak; the facts connected with its origin and spread; sequence of cases with chronological data; order in which barrack-rooms, quarters

or tents became infected; spot map of infected area showing barrack-rooms, quarters or tents in which cases occurred; the relation of each case to pre-existing cases of disease; grouping of cases; factors which cases present in common; results of investigation of the known pathways of infection for the particular disease.

Sanitary details.—Condition of barracks or camps and their surroundings; water supply; food; latrines and urinals; drainage system; disposal of excreta and refuse; flies or other insects; animals, &c.

Other details.—Isolation of cases; observation of contacts; disinfection; other preventive measures.

Enteric Fever.—General considerations in so far as they are applicable. Water; other foods; dust; flies; personal infection; segregation of cases; observation of contacts; observation of cases of diarrhoea; mild and ambulant cases; suspected carriers; measures for early detection of disease; agglutination test; condition of latrines and urinals; soil pollution; precautions adopted in connection with the disposal of excreta and urine; investigation of the ordinary sources of food and drink supplies to barracks or camps; measures for the protection of water and food supplies; hawkers and their supplies; disease amongst civil population; possibility of spread of disease from soldiers visiting neighbouring houses or from civilians bringing disease from infected areas into barracks or camp; placing infected areas out of bounds; the removal of troops from infected locality.

APPENDIX NO. 4.

Instructions Regarding Procedure in Cases of Syphilis.

The following rules will be observed in diagnosing and returning venereal sores:—

1. Cases admitted with venereal sores will be entered in the Admission and Discharge Book and the disease column will be filled in "venereal sore" in pencil, until such time as the medical officer has made a definite diagnosis, when this will be entered in ink.

2. Primary venereal sores will only be returned as syphilis when no doubt exists as to the nature of the disease. In doubtful cases, time should be given for the appearances of constitutional symptoms.

3. Cases which have to be transferred from one station to another, before the diagnosis of the sore has been established, will be notified to, and kept under observation at the new station, and the diagnosis, when made, will be communicated to the original station.

Syphilis Register.

The purpose of this register is to secure continued treatment for every case of syphilis, and to ensure that the courses of treatment are carried out in a definite and systematic manner.

The following rules will be observed in keeping the register:—
1. Every case diagnosed "syphilis" will be entered in the register.

2. No name is to be removed until the patient has undergone a full course of treatment. Should any special reason arise to prevent this procedure being systematically carried out, the Assistant Director, Medical Service, will be informed and a full explanation given.

3. Transfers from other stations will be entered in red ink with a "T" in place of the serial number. The date of primary registration will be entered in the column of remarks; the information being obtained from the syphilis case sheet.

4. When a case, discharged to attend for treatment outside, requires re-admission on account of the occurrence of symptoms necessitating hospital care, a red ink "R" will be placed in the column of remarks, below which will be shown the date of re-admission, and later on the date of discharge. Should other re-admissions be required, a similar procedure will be followed in each instance.

5. Treatment should be continued for at least twelve months after the disappearance of active signs of the disease, and, if possible, that case should be kept under observation for a year after that.

The Syphilis Case Sheet.

Headings, dates and such entries as do not require special professional knowledge may be filled in by one of the hospital subordinates from the medical officer's dictation at the time when the case is seen.

The following rules will be observed:—

1. A syphilis case sheet will be kept for every case of syphilis, and it will bear the serial number given to the case in the register.

2. As long as the case remains on the register, the case sheet will be in the keeping of the medical officer who is treating the patient.

3. When treatment has been completed, it will be retained in the hospital in which the man would be treated if sick for a further period of one year, then filed.

4. When a man is transferred, the special case sheet will be sent to the medical officer in charge at the new station.

Entry in Medical History Sheet.

An entry, "Syphilis," will be made in the Medical History Sheet, giving dates of placing on and striking off the register; the former will be entered by the officer placing the case on the syphilis register, the latter by the officer striking the name off on completion of treatment.

Medical officers will communicate with each other regarding the diagnosis of cases, and will intimate transfers, and will arrange with officers commanding units for the attendance of such men for continued treatment.

The officer who places the man under surveillance will prepare this form in duplicate. One copy will be sent to the man's commanding officer, for the purpose of making arrangements

for the attendance of the man, and the other to the medical officer who will have the surveillance or treatment of the case.

Medical officers should request officers commanding units to keep them informed of any circumstances likely to interfere with the regular attendance of men on the continued treatment list, such as, transfer to another station, musketry courses, detention, and especially furlough.

When cases are transferred, medical officers will be careful to insert the date on which the case was first placed on the syphilis register, irrespective of the number of registers the case may have passed through.

Returns.

ADMISSION AND DISCHARGE BOOK.

Admission to hospital will be entered in the Admission and Discharge Book as formerly.

APPENDIX NO. 5.

Physical Examination of Recruits.

1. The greatest care must be taken in the examination of a recruit. Every man who is presented for examination must be stripped, and the examination conducted in a thorough and systematic manner.

2. The examining officer will see that he has free use of his limbs and has no deformities; that his chest is ample; that his hearing, vision and speech are normal; that his teeth are good and that he is not fitted with dental plates; that he has no evidences of cutaneous diseases past or present; that he is not ruptured; that there is no marked varicocele or no varicose veins; that he has the appearance of being an intelligent and sober man and likely to make an efficient soldier suitable for a unit of the Permanent Force, bearing in mind, always, that the latter is an instructional corps.

In examining a recruit's vision he will be placed with his back to the light, and his visual acuteness will be tested by means of test types placed in ordinary daylight, at a distance of six metres (20 English feet) from the recruit.

Each eye will be tested separately:—

(a) If a recruit can read D=20 at 20 feet, or better with each eye without glasses, he will be considered "Fit."

(b) If he can read D=15 at the same distance with one eye, without glasses, and not less than D=30 with the other eye, without glasses, he will be considered "Fit."

The foregoing is the standard test of vision for all arms of the service.

The visual acuity of each eye in the case of approved recruits will be entered on the Medical History Sheet.

3. There should be no qualified opinion given, the man must be declared either unfit or fit for general service.

4. For standard of height and chest measurements refer to para. 243, King's Regulations and Orders for Canada.

APPENDIX NO. 6.

1.—Instructions for the Physical Examination of Candidates for Commissions in the Militia and Cadets, Royal Military College.

The physical examination of candidates for commissions in the Militia and of Cadets, R.M.C., will be conducted by a board of medical officers.

The 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 (vide Appendix No. 5).

The attention of the board will be directed to the following points:—

(a) That the correlation of age, height and chest girth is not less than that which is given in the following tables:—

Physical Equivalents.

Age last birthday.	Height without shoes.	CHEST.	
		Girth when fully expanded.	Range of expansion.
	Inches..	Inches.	Inches.
16	60 and under 62.....	33	2
	62 " 65.....	34	2
	65 " 68.....	34	2
	68 " 72.....	34½	2½
	72 and upwards.....	34	2½
17	62 and under 65.....	34	2
	65 " 68.....	34½	2
	68 " 72.....	35	2
	72 and upwards.....	35½	2½
18	62 and under 65.....	34½	2
	65 " 68.....	35	2
	68 " 72.....	35½	2
	72 and upwards.....	36	2½
19	62½ and under 65.....	35	2
	65 " 68.....	35	2
	68 " 70.....	35½	2
	70 " 72.....	36	2
	72 and upwards.....	36½	2½
21	62½ and under 65.....	35	2
	65 " 68.....	35½	2
	68 " 70.....	36	2
	70 " 72.....	36½	2½
	72 and upwards.....	37	2½
22 and over	62½ and under 65.....	35	2
	65 " 68.....	35½	2
	68 " 70.....	36	2
	70 " 72.....	36½	2½
	72 and upwards.....	37	2½

Eyesight.—The regulations regarding the examination of eyesight are as in Appendix 5, but with glasses, if necessary.

The official Test Type Sheets and Books will be used for the determination of the visual acuteness.

APPENDIX NO. 7.

List of Forms, Books and Stationery used in Military Hospitals.

No. of Form.	Description.	Use
B. 201	Envelopes, white, 5½ in. and 3½ in.	
B. 207	Memorandum form, 6½ x 9 in.	For local correspondence.
B. 211	Envelopes, blue, 11½ x 5 in.	
B. 226	Hospital diet sheet.....	To record diets and extras (file). See med. regulations.
B. 227	Detailed medical history sheet of an invalid.	To show particulars of disability and extent of earning power.
B. 230	Sick return, monthly.....	To Headquarters end of month.
B. 234	Envelopes, blue, 9 x 4 in.	
B. 239	Correspondence form, 8 x 13 in.	For general correspondence.
B. 240	Sick, morning state and report of death.	To show state of sick.
B. 260	Envelopes, addressed to O.A. P.A.M.C.	To O.C. station daily.
B. 265	Note paper, 5 x 8 in. M. & D. Canada.	For official use only.
B. 270	Envelopes, white, 15 x 9 in.	
B. 288	Clinical chart.....	To record clinical observations. (File).
B. 299	Envelopes, manilla, 5½ x 3½ in.	
B. 300	" blue, 9 x 4 in.	
B. 303	muslin lined.	
B. 303	Boards of survey or court of inquiry, proceeding of.	For general purposes.
B. 308	Telegrams, confirmation of	To arrive at a decision.
B. 311	Envelopes, blue, 10½ x 4½ in., muslin lined.	
B. 313	Medical history sheet.....	To record medical history. To be kept whilst man is in hospital. See K. R. and O.C.M.
B. 333	Envelopes, blue, 10½ x 4½ in., addressed to headquarters, M.D. No.	
B. 380	Board of medical officers....	To record particulars of disability, earning power, &c. See M.R.
B. 365	Envelopes, white, 10½ x 4½ in., add: Headquarters commands.	
C. 501	Forms and books, classified index and requisition for.	To be used as a requisition when necessary.
C. 502	Forms and books, short form demand for.	For special intermediate demands.

No. of Form.	Description.	Use.
C. 508	Equipment, inspection reports on and transfer certificate.	To be used by boards of survey on medical stores. See M.R.
C. 550	Stationery demand form and list of.	To Headquarters, Jan. 1, July 1.
C. 574	Stores issue and receipt vouchers.	With A.B. 167.
C. 594	Tender for medical supplies.	(File). Medical stores.
C. 615	Stores, medical requisition for.	Direct to Headquarters, April 1, Oct. 1.
C. 615	Return of apparatus in laboratories.	April 1 annually.
M.F.G. 672	Medical store ledger.....	To Headquarters, April 15, with vouchers.
D. 808	Claims, abstract of.....	To accompany bills for local purchase.
M. S.	Sanitary report and recommendations for barracks and military hospitals.	With annual return of sick.
M. S.	Report on Vaccination of Troops.	To Headquarters, April 1. Vide para. 291.
M. S.	Annual return of sick.....	To Headquarters, April 30. Vide para. 285.
M. B. No. 9	Hospital admissions and discharges.	(File).
" " 10	Hospital register of visitors	(File).
" " 12	Supplies, medical requisitions for.	For demands on contractors.
" " 14	Recruits, medical register of	(File).
" " 24	Requisitions for service.....	Authority for local purchases of special articles.
" " 26	Daily treatment and prescription book.	To record treatment.

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(With General Orders dated 1st May, 1920.)

**AMENDMENTS TO "REGULATIONS FOR
THE CANADIAN MEDICAL
SERVICE, 1914."**

The Regulations for Medical Services, 1914, are
amended as follows:—

G.O. 61
1920.

after para. 256, add:—

"Para. 256-A.

When a recruit states that he is a discharged member of the C.E.F., the examining Medical Officer, if he thinks necessary, may postpone final decision on the case and request District Authority to wire Militia Headquarters for a report upon the man's C.E.F. Medical Documents, stating whether these documents contain any information that would justify the rejection of the recruit. Militia Headquarters will wire the reply to the District."

H.Q. 393-9-2.

P.C. 787 of 19-4-20.

P.S. & C. Entry 487.
3,000-6-20.