THE REGIMENTAL MEDICAL OFFICER AT ANNUAL TRAINING.

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These notes have been compiled in the hope that they may prove of some assistance to Territorial Regimental Medical Officers.

The following books are required in camp:—

- Territorial Army Regulations, 1936.
- Field Service Pocket Book, 1932.
- Royal Army Medical Corps Training, 1935.
- Army Manual of Hygiene and Sanitation, 1934.
- Regulations for Medical Services of the Army, 1932.

A.—BEFORE ANNUAL TRAINING.

Check your equipment. Medical equipment of units is shown in Regulations for the Equipment of the Army, Part 3, 1935, Table 46.

Indent through your O.C. for any further medical or ordnance stores you will require. Articles often requiring to be supplemented are: Liq. iod. mitis., gauze, cotton wool, 3-inch bandages.

A copy of the arrangements for the evacuation of sick will be sent to you by the A.D.M.S. Read any Standing Orders and Training and Administrative Instructions issued by your Division.

Arrange the time of sick parade with the adjutant of your unit. One hour after reveille is often found most convenient.

Offer to give one or two lectures during annual training. Suitable subjects are: “The Maintenance of Health,” “The Prevention of Disease,” “Venereal Disease,” “The Hygiene of the March,” “Demonstration of First Field Dressing.”

B.—DURING ANNUAL TRAINING.

All ranks will be medically inspected as soon as possible after arrival in camp. Look out particularly for dirty skins, skin diseases, evidence of infectious disease or other illness. Do not forget those arriving for the second week.

On arrival the O.C. will give you a list of those (if any) who were reported temporarily unfit for training in the previous year. You will then decide whether they are fit for the present training.
If there is no Camp Reception Hospital you will be allotted a tent for minor cases detained. No patient will be detained for more than forty-eight hours. If not fit to be discharged he will then be admitted to hospital.

Instruct your orderly that neither he nor anyone else is permitted to issue or administer any drugs or treatment (aperients not excepted) without the orders of the medical officer, with the exception that he may carry out preliminary cleansing or dressing of a wound or injury in the absence of the medical officer. In any case the orderly will direct the patient to attend before the medical officer at the next sick parade or earlier if necessary.

As soon as possible after arrival in camp inspect the medical history sheets of personnel employed in cook-houses. It is essential that no one who has suffered from typhoid, paratyphoid or dysentery, or is suffering from or under treatment for venereal disease, should be employed in the preparation, cooking or handling of food. The nominal roll which will be hung up in the cook-house (see Army Manual of Hygiene and Sanitation, 1934, Appendix 8, para. 2) will be initialled by you.

Do not tolerate slackness on sick parade. It is as much a parade as any other.

It is the duty of the orderly corporal to parade the sick and to complete Parts 1 and 2 of A.F.E. 550 (Sick Report) in duplicate.

As each patient is seen complete Parts 3 and 4 of A.F.E. 550. Return one copy to the Company or Battery, etc., Commander. Retain the duplicate for record purposes.

The Medical Inspection Book will be ruled with the following columns: Date, Army Number, Rank and Name, Coy., Nature of Disability, Treatment, Disposal.

The following classification will be used:—

DUTY (in red ink). Reported sick unnecessarily and disciplinary action should be taken.
M. & D. Treated to return to duty and need not report again.
ATTEND "A." Treated, to carry out all duties and report again.
ATTEND "B." Treated, to carry out light duty and report again.
ATTEND "C." Treated, excused all duties, and report again.
DETAINED. Detained in Camp Reception Hospital or tent for minor cases (not more than forty-eight hours).
HOSPITAL. Admitted to hospital.

All ranks reporting sick, whether actually attending the M.I. tent or not, will be shown in this book. Officers and warrant officers cannot be permitted to be "unofficially sick." The C.O. should be asked to order that all officers missing duty on account of sickness must report sick. Failure to insist on this may lead to the spread of disease.
The names of all personnel classified ATTEND “A,” “B” or “C” will be rewritten on the list for each subsequent day until classified M. & D. or HOSPITAL. They should be seen daily. After each daily sick parade a line should be drawn below the last name, a summary made out and entered in the Medical and Sanitary Diary. Any special or urgent cases seen subsequently will be entered below the line and included in the following day’s summary.

A return of sick will be submitted daily to the S.M.O. or, if there is no S.M.O., direct to the A.D.M.S.

On leaving camp at any time you will notify orderly room and your own orderly how long you expect to be absent, where you can be found, or how medical assistance can be obtained.

When any soldier reports sick his disposal is entirely in the hands of the M.O. It is desirable that the M.O., when ordering ATTEND “B” should satisfy himself that the man will be employed on duty suitable to his condition. Experience indicates that in most cases a man is fit to return to full duty earlier if he is taken off all duty at once and kept under close medical supervision than if he is ordered ATTEND “B.”

Where there is a Camp Reception Hospital all cases for admission to hospital will be sent there. If any patient, in case of emergency, is sent direct to a military hospital, all particulars will be sent to the camp reception hospital so that the case may pass through the admission and discharge book. When there is no Camp Reception Hospital or medical unit the location of the nearest military hospital will be ascertained, and all cases for admission, other than emergencies, will be sent there daily immediately after sick parade. If there is no military hospital in the vicinity the location of the nearest civil hospital will be ascertained. But no patient will be sent there, except in emergency, without previous inquiry at the hospital as to whether he can be admitted. No patient will be sent to a civil hospital where payment is required unless the nearest military hospital is so far away that the journey is likely to be detrimental to the patient or suitable transport is not available. All cases sent to a camp reception, military or civil hospital will invariably be accompanied by a sick report carefully filled in. As a rule the name and location of the military or civil hospital to which patients will be sent will have been notified to you by the A.D.M.S. before Annual Training.

When a case is sent to a civil hospital the address of the next of kin should be given to the hospital authorities by the officer arranging admission with the request that, in the event of the patient becoming seriously or dangerously ill, a telegram be sent to the next-of-kin and the cost of the telegram recovered from the Command Paymaster.

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

In the case of any patient whose condition is such that, for his own welfare or that of his comrades, it is advisable that he should not remain in camp, he must be sent to hospital as quickly as possible. Any case suspected to be influenza or any other infectious disease, or requiring surgical treatment other than that of the most trivial kind, will be included in the above-mentioned category.

All ranks returning from hospital to duty should report to the M.O. at the next sick parade, and the O.C. unit should be requested to issue a standing order to that effect.

In the following cases a court of enquiry will be assembled as soon as possible, and, where practicable, on the day on which the disability is reported:

(a) If the disability is fatal (unless an inquest is held) or is certified by the M.O. to be of a serious nature.
(b) In any case where a claim for compensation or pension is likely to arise.
(c) In other cases where the C.O. considers it desirable.

The court will investigate and report the circumstances as affecting the question whether the disability was contracted in and by the performance of military duty. The court should record such opinion as they are able to form on this point. At camp the court will consist of a field officer, an officer of the rank of captain and an officer of the R.A.M.C. or R.A.M.C.(T.A.). If not required to give evidence at the inquiry the medical officer of the unit may serve. The report of the findings of the court will be in addition to the report on A.F.E. 550.

If the court considers the disability to have been caused in and by the performance of military duty, the M.O., on sending an officer or man home disabled, will give him a certificate stating: (1) Whether he is in need of further medical treatment, (2) whether he is incapacitated from following his trade or calling, and (3) the minimum probable further duration of the disability. If the case is in a civil hospital, the certificate of the hospital doctor will be accepted.

The M.O., on sending home an officer or man who requires further treatment and is not entitled to medical attendance under the National Health Insurance Act, will endeavour to ascertain whether treatment by a regular R.A.M.C. officer is possible, and, if it is available, will direct the officer or man to apply for such treatment.

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

The O.C. unit is responsible for the health of his unit and for the sanitation of his lines. You are his technical adviser without executive powers. You must advise as you think fit, but the O.C. decides on the action to be taken and accepts responsibility for his action. If the action taken differs from your advice you should make a written report to the S.M.O. or A.D.M.S. (if there is no S.M.O.), forwarding a copy to the O.C. unit.

Any hygienic defects found and the recommendations made to the O.C. will be recorded in a Sanitary Diary, which will be passed to the O.C. concerned, who, after recording in it the action taken, will return it to you. Should the defects not be remedied within reasonable time, or should you consider further action necessary, you will, without delay, report the matter to the A.D.M.S., sending a copy of your report to the O.C. unit. The pages of the Sanitary Diary should be ruled in three columns to show: (1) Medical Officer's remarks; (2) Commanding Officer's remarks; (3) Action taken. It is essential that action taken should be recorded. It is essential for the efficient working of the medical services that all matters other than those of a trivial nature, which can be put right at once, should be reported in the Diary. Reports and recommendations given verbally must be repeated in writing in the next report.

The Diary should also contain a note of any skin or other inspection carried out, stating the company or unit inspected. It should also contain a note of any lecture or other instruction given by the M.O.

The cleanliness of cookhouses and their grease traps is the responsibility of the cooks and not of the pioneers or sanitary personnel.

If necessary, recommend that containers for latrine paper be provided. Disinfectants are distributed in five-gallon drums. Indents should be countersigned by the M.O. and should be sent in twenty-four hours before the articles are required.

The Appendix to these notes will help you in suggesting what to look for in your daily inspection.

In case of doubt or difficulty as regards sanitary measures, the advice of the Divisional Hygiene Section should be obtained.

You are responsible for the training of stretcher-bearers, first-aid and sanitary and water duty personnel of the unit to which you are attached. Make yourself aware of what training the unit is carrying out. Whenever the unit takes part in a tactical exercise, apply to have the stretcher-bearers attached to you and establish a Regimental Aid Post with the means at your disposal.

Inspect the menu each week in consultation with the messing officer.

You will ascertain that articles of food and drink supplied to the troops
are of good quality and that the amount, cooking, variety, preparation and storage of food are satisfactory. You will see that overcooking is not practised so as to destroy vitamins.

You should frequently inspect the method of sterilization of drinking vessels and eating utensils in all canteens, etc.

You should satisfy yourself that the amount, quality, and arrangements for distribution of drinking water are satisfactory.

Report forthwith to the A.D.M.S. any occurrence of an unusual outbreak of sickness or infectious disease.

If necessary, recommend the improvisation of a drying tent.

See that the water carts are working properly.

Keep an eye on the clothing of the unit, paying particular attention to the boots and socks.

Presence at bathing parades will help you to judge as to the personal cleanliness of the personnel.

All ranks should be warned of the danger of applying a greasy dressing to parts affected by sunburn. A soothing lotion, e.g. Lotio Calamine, should be indented for prior to camp and all ranks encouraged to use it.

Urgent medical supplies can be obtained from the Camp Reception Hospital or the nearest military hospital. In extreme emergency purchases may be made from a local pharmacist. M.O.s so purchasing will at once apply for covering authority to the A.D.M.S. stating fully the grounds for urgency. The bills will be sent to the A.D.M.S. for approval of the D.D.M.S. and settlement by the Command Paymaster.

The time and date of the A.D.M.S.'s camp inspection will be notified to units in advance of annual training. At this inspection the M.O. of the unit will always be present accompanied by a commissioned representative of the unit, usually the Quartermaster, and the senior sanitary orderly. The Sanitary Diary and the Medical Inspection Book will be produced for the A.D.M.S. to see.

C.—AFTER ANNUAL TRAINING.

Prepare your Sanitary Report in duplicate and forward to the S.M.O. or (if there is no S.M.O.), the A.D.M.S. (Regulations for the Medical Services of the Army, 1932, Appendix I, will help you).

APPENDIX.

POINTS TO BE NOTED ON DAILY INSPECTION.

LATRINES.—Type, number of seats (5 per cent with addition for serjeants), cover, disposal of excreta, fly-proof, self-closing, cresol, supply of paper, containers for paper, lighting after dark, general cleanliness, fouling of ground.

URINALS.—Type, number, disinfectant, lighting after dark, general
cleanliness, fouling of ground, prevention of refuse entering pipe, condition of soak pit, night urinals.

Cookhouses.—Type, general cleanliness, preparation table, chopping bench, cleanliness and adequacy of utensils, washing-up bench, grease trap, soak pit, covered refuse and swill tubs, disposal of refuse and swill, personal cleanliness of employed personnel, clothing, washing arrangements, nail brushes, soap and towels.

Ablution Places.—Type, extent of accommodation, general cleanliness, fouling of ground, grease trap, soak pit.

Shower Baths.—Type, general cleanliness, grease traps, soak pits, fouling of ground.

Dining Tents.—System of messing, adequacy of accommodation, arrangements for service, arrangements for washing-up, general cleanliness, cleanliness of table tops (and under surfaces), cleanliness of forms, no food to be kept in tents, personal cleanliness of orderlies and their clothes.

Lines.—General cleanliness, refuse receptacles (covered, regular emptying), looping up of tent flies, floors of tents.

Canteens and Messes.—General cleanliness, washing-up arrangements, sterilizing of glasses, crockery and cutlery, storage of food.

Food Stores.—Type, adequacy, general cleanliness, ventilation, fly-proof, temperature, dampness, provision of muslin.

Incinerators.—Type, adequacy, position, efficiency, cleanliness of surrounding ground.

Layout of Camp.—General consideration, slope of ground, prevailing wind, sanitary area, messing area.

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