REFLECTIONS OF A FORMER MILITARY REGISTRAR.

By Major-General R. J. BLACKHAM, *C.B., C.M.G., C.I.E., D.S.O.*

The following "talk" was given at the R.A.M.C. Record Office at a Course arranged for Military Registrars by Colonel Knott, the Officer in Charge of Records.

It followed an address by Lieutenant-Colonel J. T. Robinson, at that time A.D.G., A.M.D.1, at the War Office, entitled "A Survey of the Responsibilities of E.M.S. Non-medical Registrars and changes effected by them since their appointment was authorized."

In this address the organization of the E.M.S. was sketched and it was pointed out that, in 1940, soldiers were being retained at these hospitals with minor disabilities for long periods as civilian doctors did not realize that their primary duty in connexion with Service personnel was to get men fit quickly and return them to their units at the earliest possible moment. There were also innumerable complaints from Service patients about pay, allowances, clothing and equipment which obviously could not be overcome and dealt with by the civilian staff of these hospitals. Many soldiers admitted to E.M.S. hospitals were lost to the Army for months and Record Offices had great difficulty in tracing men owing to the inexperience and misunderstanding of civilian staffs in some of these hospitals in being unable to appreciate the value and the necessity of Army Forms and records being maintained. Many of these civilian officials were in fact ignorant of what records were required. A further difficulty which confronted these hospitals and was of paramount importance to the morale of the Army was the difficulty and delay experienced in "boarding" Service personnel and disposing of them on completion of their hospital treatment.

The E.M.S. quickly realized that military medical officers were required. They were required for three purposes, first to deal with the question of Medical Boarding of all casualties and to assist the civilian doctors in the necessary procedure and care which was required in the completion of the various invaliding documents; secondly, to arrange for the disposal of military patients after hospital treatment and, thirdly, to relieve the administrative staff of hospitals of innumerable problems in connexion with pay, equipment and discipline. The E.M.S. requested the War Office to post medical officers to all hospitals which were taking convoys and medical officers of special experience were selected for these appointments and were sent to each hospital.

I had the good fortune to be one of these officers and was soon to find that, although the E.M.S. authorities certainly realized that military M.O.s were required in the E.M.S. hospitals and had come to an agreement with the War Office as to what accommodation was required for these officers and their staffs, the individual hospitals at the outset did nothing whatever to prepare for the military M.O.s who were being attached to the hospitals under their control.

The hospitals receiving military patients were organized on the basis of having a military wing of 300 beds. The figure of 300 was arrived at as this represented the number which would be carried in an ordinary convoy. It was before the fall of France when the convoys were beginning to arrive and the War Office was anxious to get as many military wings as possible functioning. The result was that I was appointed on a Wednesday, reported for instruction at a certain hospital on Thursday, was asked on Friday if I was ready for posting and was actually posted on Saturday.

I went down to an important county town and was attached to a former county voluntary hospital of about one hundred beds. It had been up-graded by the Ministry of Health building five of its standard huts in the hospital garden. Each of these huts was prepared for forty-two patients; so these new huts added 210 to the hundred or so beds which were available in the hospital itself. It could have taken in a convoy at a pinch by sending all the civil patients in the main building, who could be evacuated, to their homes in taxis.

I have heard grumbles from some military registrars with regard to staff so the reader

may be interested to know that when I arrived I found a N.C.O. in the uniform of a staff serjeant of the R.A.M.C. and two orderlies. I may mention that the " staff serjeant " was a mental nursing orderly who had managed to reach the rank of corporal but, although he was a regular, he had never been employed outside a mental ward ! Military regulations—other than those in connexion with the insane—were to him an uncharted sea and he had a most abysmal ignorance of all Army books and forms. He had not the faintest idea how to write the simplest memorandum.

I was received very courteously by the secretary of the hospital—a gentleman who had quite recently taken office—and as it was a voluntary institution I had no medical superintendent to appeal to.

The first few days I camped out on a table in the secretary's office. I then persuaded the resident medical staff to give up one of the two rooms they were utilizing and that was converted into something resembling an office.

Meantime, I had found a large bicycle shed in the hospital grounds which was not weatherproof but there was nowhere else where any sort of suitable accommodation was available. I got in touch with the chairman of the Board of Governors and he managed to get the shed made waterproof and reconstructed so that after about a month I had quite a fair office and a good-sized room for the clerks. The chairman bought furniture at various second-hand shops and the resident medical staff gave me some of theirs so the building was quite well furnished.

With reference to a pack store and linen (or clothing) store the secretary assured me he had nothing to offer ; but I found a potato shed in the garden which, by means of handymen, was converted into quite a reasonable pack store and I discovered an old splint store full of rubbish of various kinds which I persuaded the senior surgeon to hand over and, with the aid of shelves, it made quite a handy clothing store. Compared with some places I was not too badly off as a large E.M.S. Hospital near London had no pack store and no blue clothing in May, 1940.

There was of course no imprest account and the paymaster was somewhat reluctant to open one ; and, for the first fortnight or three weeks, I paid the patients and furnished the necessary money for stamps, etc., out of my personal pocket.

Some six months later I was transferred to a hospital in another district where I found the conditions which had been accepted by my predecessor for office and stores deplorable. I succeeded in getting these improved and my successors are now enjoying the fruits of my labours.

I mention these personal experiences as they may be of some historical interest with reference to the difficulties in getting new medical organizations started.

Soon I had officers posted to me for training and, having suffered from a sad lack of training myself, I put together the little book—" Notes for the Guidance of Military Registrars at E.M.S. Hospitals." I did this to give my pupils something to work on as they were middle-aged men from general practice who had no recent military experience.

This book is now three years old and, in the change and stress of war, its contents have been subjected to heavy amendments. Modified and corrected up to date, as all official books must be, I hope it is still of some use.

When I was appointed in 1940 the complaints from Service patients in civilian hospitals with regard to pay, allowances, clothing and equipment were at their highest and it was with some trepidation that some of us undertook the duties, practically all of which still appertain to the important office of military registrar, viz. :—

(1) O.C. of a mixed detachment consisting of R.A.M.C. and men from other regiments and corps for police duties ;

(2) O.C. of military patients in the hospital to which the registrar was attached. This was soon expanded by a War Office telegram which instructed military registrars to assist medical superintendents in neighbouring hospitals ;

(3) Paymaster to military patients in hospitals ;

(4) Quartermaster in charge of clothing and equipment ;
(5) Welfare Officer for patients in hospital ;
(6) Member, and often president, of medical boards ;
(7) Liaison Officer between the military authorities and the medical superintendent.

I have placed the most important of these duties last on the list, viz. Liaison Officer, but I will refer to it first.

I do not propose to refer to the duties of O.C. detachment, paymaster or quartermaster ; but I submit that, however efficient the registrar may be with regard to these " merely military matters," he will entirely fail in his responsible office if he does not maintain close liaison with his medical superintendent, his Sector hospital officer, if in London, his hospital officer elsewhere and last, but not least, the various medical officers with whom he comes in contact. These gentlemen are willing to meet him half-way. They are all full of medical and surgical lore but they lack the military knowledge which the military registrar " enjoys." They appreciate their limitations and most medical superintendents are anxious that the discipline of the military patients in their hospitals should be kept up to the mark ; indeed, since I have ceased to be a registrar myself, I have actually been approached by medical superintendents who desired to improve the discipline of their hospitals.

This matter is closely connected with one of the chief criticisms of the E.M.S., viz. that soldiers are retained at these hospitals with minor disabilities for long periods as civilian doctors often fail to realize that their primary duty in connexion with Service personnel is to get men fit quickly and return them to their units at the earliest possible moment.

This is a matter in which the military registrars can render yeoman service. The medical superintendents have no desire to have their beds occupied by trivial cases and military registrars can help by suggesting to civilian medical officers that their relation to Service sick and injured is quite different from their relation with civilian patients.

E.M.S. medical officers are very fond of talking of Service men as " their patients." The registrar can point out to them that Service sick are *not* their patients but patients of the State and their first duty is, therefore, to their country who pays them to look after its soldiers, sailors and airmen and trusts them to return them to duty at the earliest possible moment.

But there is another class of case, dealt with in A.C.I. 2612/42, which is far from trivial.

These are serious cases which are often retained in hospital far beyond the period laid down in the A.C.I.

The reader will say at once that E.M.S. hospitals are not bound by Army Council Instructions and he will be right ; but the War Office and the Ministry of Health get together over important matters of this kind with the result that the A.C.I. is backed up by an E.M.S. Instruction. In this case the E.M.S. Instruction is No. 272 and was signed by the Director-General of the E.M.S. on June 12, 1941.

This brings me to refer to these E.M.S. Instructions which are issued from the Ministry of Health and bear the same relation to the E.M.S. as our A.C.I.s do to the Army. These Instructions are not sent to military registrars but medical superintendents usually pass on to their registrars those which they think will be of interest to them. I submit that this is not satisfactory and when I was a military registrar I arranged that I should see all E.M.S. Instructions and I made copies of those which were of interest to me as a military registrar.

Registrars, of course, realize that administrative officers of the Fighting Services have no right of entry into E.M.S. hospitals and must give medical superintendents notice when they desire to visit them but registrars are the eyes and ears of the A.D.M.S. and D.D.M.S. in any particular group of hospitals.

Here again registrars are aided by an E.M.S. Instruction, E.M.S.I. 305 dated July 15, 1941, paras. 4 and 5, which lays down that " In order to reduce the possibility of military patients being overlooked whose prospects of becoming fit for military service are remote, the Inspectors of Medical Services, Military Consultants and Presidents of Medical Boards

will be given full facilities for investigating such cases and for advising on the action to be taken."

D.Ds.M.S. are kept in touch with all patients who have been in hospital more than four weeks by a nominal roll which is sent them monthly, known as E.M.S. 149.

The procedure, adopted in the Commands in which I am now serving and previously served, has been to send me these E.M.S. 149 monthly and leave me to visit the medical superintendents of hospitals with reference to cases which have been in hospital beyond the limits of A.C.I. 2612/42.

Without exception I have found medical superintendents anxious and willing to help as they quite see that a soldier who is not likely to be fit for service in nine months should make way for another man. They realize that men in hospital are still on the strength of the Army and it is not fair to the Adjutant-General to keep men on his strength who are not likely to be any use to him within nine months.

Our hands in this matter have been greatly strengthened by A.C.I. No. 2022 of September 23, 1942, which creates Emergency Service Hospitals to which it is intended that all Service cases should be transferred.

Nothing is more pernicious than the system by which Service cases are dotted about in small—or even large—civilian hospitals in small numbers. Nothing could be worse for discipline or morale as the patients are apt to become spoiled " Boys in Blue " with no desire to return to their units. The medical superintendents do not want these laddies but the nurses *do* and will hold on to them like grim death.

Tact and diplomacy on the registrar's part will overcome difficulties in this particular. It is greatly in their own interests to get these small groups of cases transferred to the Service Hospitals so that the registrar can effectively function in the next role to which I shall refer, namely, his position as Welfare Officer to Service men in civil hospitals.

In Appendix I, para. 1, of my booklet (page 25) it states that the "military registrar will be responsible for the general military supervision of all soldiers in the civil hospitals of his group."

This paragraph was culled from the annexure to War Office Letter No. 79/Mob/3287 (A.G.1A), dated 15.11.39, which might be called the Charter of the military registrars as it was pretty well all we had to guide us in those early days of 1940. This annexure is of such interest that I append a copy of it.

Notes for Registrars (pages 14 and 15) emphasize their responsibilities for the general supervision of military patients in their hospitals. These paragraphs, it is suggested, constitute the registrars' military welfare officers' duties as they are instructed to see all patients at least once a week, apart from pay days, and do everything possible for their comfort.

This indeed is one of their most important functions. They are each the one bright—or should I say brown—spot of khaki in their group of hospitals and they can do a great deal to keep up the morale of the men by talking to them and taking an interest in them and their families individually.

There can be no sort of doubt that the early successes of the German Army were due to the close relationship between the officers and their men.

The Kaiser relied on his Prussian officer caste. Hitler has relied on his army as a whole. The German officers eat, sleep and work in the closest contact with their men and are, I am credibly informed, even the confidants of their men in their domestic affairs.

In fact the German officer of to-day—far from being the bully we used to hear about in the last war—is the Big Brother of his men.

I should like to see the military registrar more in the role of Big Brother to the officers and other ranks in the E.M.S. hospitals of their groups.

I suggest that they should organize military lectures and talks on the War. There is far too much " sob stuff " in some of the Home Hospitals. The men in the Home Hospitals are not always war worn soldiers but often youngsters who have never heard a shot fired and are suffering from an interruption in their military training.

Communications.

Facility for rapid communication with the world outside his hospital is vital to the work of the military registrar and, on page 3 of "Notes for the Guidance of Military Registrars at E.M.S. Hospitals," it states that the military registrar should be provided with a telephone.

I am afraid this is a bit vague and not quite what was intended by the writer who insisted that a separate telephone, direct to the local exchange and independent of the hospital system, should be provided. This was agreed to and provided but, in some cases recently, this telephone has been withdrawn as an economy with the result that in one large hospital it is difficult to get through to the registrar and would be impossible if the "Blitz" started again. The registrar should have his own direct line and it should be possible to convince medical superintendents of this. I suggest the final decision on a point of this kind should not rest with individual hospital authorities as it is a matter of policy affecting Service patients in civil hospitals.

At the end of 1940 the Government decided that, owing to the heavy calls on the medical profession for the Fighting Services, there was a danger that the civil population might be deprived of adequate medical services and the morale of the country might suffer. A Government Committee called the Robinson Committee was set up and, amongst its recommendations, advised that the duties of military registrars could be carried out by non-medical officers of low medical categories. The Medical Department accepted this recommendation, and A.G. 12 (f) supplied suitable officers to replace the R.A.M.C. registrars. The writer submitted a syllabus for training of the new non-medical registrars and all military registrar appointments have been in lay hands since 1941. To all intents and purposes, the non-medical military registrars carry out all the duties of their R.A.M.C. predecessors with the exception of sitting on Medical Boards.

Medical Boards.

But, though they no longer sit as members, military medical boards loom very largely in the registrar's daily life as they are responsible for the preparation of certain parts of invaliding documents and for all non-medical matters in connexion with them.

In the first place, on the replacement of R.A.M.C. officers by non-medical military registrars, (1), the general supervision of the preparation of A.F.B. 179c and of Part III of A.F.B. 179, (2) the medical abstract of cases of officers for medical boards and (3) the signature of O.C. Hospital of Part III of A.F.B. 179, has devolved on medical superintendents, who detail an E.M.S. officer, usually their deputy, to supervise the work of individual medical officers. An experienced E.M.S. officer detailed by the medical superintendent has replaced the second R.A.M.C. officer hitherto essential for military medical boards.

He is often one of the deputy medical superintendents and he is usually the officer detailed by the medical superintendent to supervise the preparation of board documents.

Military registrars continue to be responsible for Parts I, II, and VI of A.F.B. 179.

Officers and nursing sisters must be boarded in accordance with A.C.I. 1002/41 if they are likely to be absent from duty for more than six weeks, otherwise they are boarded by order of the D.D.M.S. at the request of the War Office, when copies of previous medical boards are usually forwarded.

A.C.I. 1002/41 is more honoured in the breach than the observance as officers are constantly being brought before Medical Boards who have been three months and more in hospital without being boarded. Recently I came across a case of an officer who was in a civil hospital used as a hospital for officers from October to June without a board.

Here is a way in which the registrar can help.

As military Welfare Officer he should know when an officer is likely to be six weeks absent from duty and should call the attention of the medical superintendent to A.C.I. 1002/41 in the officer's own interest.

The registrar must insist that, when it is decided to bring an officer or other rank before a medical board, he should be informed at the earliest possible moment so that he can apply to the Officer i/c Records for any documents which may be necessary.

E.M.S. Instruction 305 dated 15.7.42—to which I have already referred—draws attention to the importance of completing A.F.A. 45 and A.F.B. 179 fully and accurately as otherwise the claim of an officer or man to a disability pension or gratuity may be prejudiced.

Accidents and Injuries.—In all cases of accident and injury to officers and other ranks the military registrar will apply for A.F.B. 117 and A.F.A. 2 (Court of Enquiry proceedings).

Military registrars, in the interest of the officer or soldier, will apply for these documents when from the gravity of the officer's or soldier's injury there is any likelihood of the officer or soldier being brought before a board. They should not wait till it has been decided to board them as this may cause delay and keep the officer or other rank in hospital longer than necessary.

Officers' boards give registrars a good deal of work as all instructions from the War Office with reference to these boards pass through them. Medical Officers in E.M.S. Hospitals who fully understand that Part III of A.F.B. 179 has to be completed by them will send up officers and nursing sisters without any similar special notes for the guidance of the medical board, in complete disregard of E.M.S. Instruction 305, which states clearly that they will attach a concise abstract of the same preliminary reports which have to be submitted with regard to other ranks.

Paras. 1–6 of A.F.A. 45 should be completed in the registrar's office and the abstract of the case (referred to in E.M.S.I. 305) should be submitted in a form which can be forwarded with A.F.A. 45. If this abstract is not signed by a specialist a separate specialist's report will usually be required.

The original completed copy of A.F.A. 45 is sent by the registrar with a letter signed by the President in accordance with the *pro forma* detailed in W.O.L. No. P/22190/6 (A.M.D. 10) dated 22.9.42 to the Under-Secretary of State, The War Office, as stated in W.O.L. No. A.M.D. 2/Stats/464 of 30.7.42.

All other ranks must be brought before a board after five months in hospital, *vide* A.C.I. 2612/42 and E.M.S. Instructions.

This is another A.C.I. which is more honoured in the breach than the observance and here, too, the registrar can help by reminding the medical superintendent of patients over five months in hospital.

I find it satisfactory to have the military registrar's board clerk present at boards. By this plan A.F.B. 179 is under the registrar's control and his clerk can see that all necessary signatures are completed and the instructions of War Office Letter B.M. 47 (A.M.D. 10) dated 22.1.42—that all signatures should be printed in block letters as well as the ordinary signature—complied with. This American practice is very necessary as so many doctors' signatures are as illegible as their prescriptions.

Registrars should always notify presidents of boards of the number of cases they propose to bring before them so that the Presidents can allot sufficient time for completion of the boards.

An old Form has recently been reprinted and has been adapted to a new purpose.

Part I of A.F.B. 3978 has to be completed for all cases placed in Category " E " and forwarded together with discharge documents to the Officer i/c Records concerned who will check the statements thereon and then dispatch it to the Under-Secretary of State, the War Office (A.M.D. 2/Stats). If, however, the medical board consider that a serious error in grading was made by the civilian medical board who examined the soldier before enlistment, Part II will be completed and a further two copies forwarded to the Under-Secretary of State, the War Office (A.M.D. 5).

Ministry of Pensions Form M.P.M.S.D. 299 must also be completed for all cases when they require further treatment and should be signed by the medical officer in charge of the case or by the president of the board and—when countersigned by the military registrar—forwarded to the Ministry of Pensions.

May I summarize these notes of the military registrar's duties with regard to medical boards :—

Officers and Nursing Sisters.—(1) Complete A.F.A. 45, paras. 1–6; or A.F.A. 45C for officers to be upgraded or retained in their present category, provided they have been previously boarded on account of their present disability.

(2) Obtain abstract of case from specialist for guidance of the board.

(3) See that all officers placed in Category "C" receive A.F.B. 196.

(4) Check original A.F.A. 45 and forward it to the War Office.

Other Ranks.—(1) Prepare A.F.B. 179, Parts I and II. Part II should be witnessed by the registrar's board clerk or someone who, in the soldier's interest, can explain to him the importance of the opportunity given him to make his own statement with regard to his illness or injury. The Ministry of Pensions scrutinize these parts of A.F.B. 179 very closely yet military registrars send these documents up with Part II prepared anyhow and often witnessed by a nurse!

(2) Call the attention of young E.M.S. officers to E.M.S.I. 305 which clearly states the reports they must obtain before completing Part III.

(3) After the board, if the president has completed Part V, carry out the man's discharge except in the case of men with amputations. A.C.I. 991 dated 9.5.42—since cancelled by A.C.I. 750/43—introduced a new invaliding procedure with regard to amputation cases, other ranks.

The soldier is brought before a medical board as soon as the stump is quite healed and ready for fitting with an artificial limb. Part IV of A.F.B. 179 will include a statement in red ink that the soldier requires an artificial limb and that his discharge will *not* be carried out till the provisions of this A.C.I. are complied with. The soldier remains on indefinite leave until the Ministry of Pensions certify to the Officer i/c Records that an artificial limb has been satisfactorily fitted.

This A.C.I. contains a provision that, if his O.C. wishes to retain a limbless soldier, he will submit an application through O. i/c Records to the War Office (A.M.D. 10) certifying his willingness to retain the limbless soldier and stating what duties he will be required to perform and his qualifications for those duties. If it is decided by the War Office to retain the soldier, the O. i/c Records notifies the Ministry of Pensions and his discharge is not carried out. A.C.I. 1823 amends A.C.I. 991 for soldiers who have been invalided from overseas or lost touch with their units. In such cases the board appends a certificate that the limbless soldier is capable of doing a full day's work in the Army if found suitable employment.

Regulations, Army Medical Services, lay down that proceedings of medical boards on both officers and soldiers are confidential. No information should be given to soldiers with regard to medical boards and officers should only be told the category in which they are placed and the period for which the board recommend that they should remain in that category.

Registrars must take steps that A.F.s A. 45, A. 45C and A.F.s B. 179 are *always* under the custody of a reliable N.C.O. or official. They should be kept under lock and key and never accessible to unauthorized persons.

Medical officers in E.M.S. Hospitals should have this matter especially brought to their notice and registrars should point out to them that the action of a medical board will be greatly prejudiced if they disclose to Service patients the recommendation they have made.

Here is a case in point. A medical officer told an A.T.S. private that he was recommending her discharge. Neither his medical superintendent, who is a physician of high standing, nor the medical board agreed with his opinion and the auxiliary was placed in Category "C."

The result of this medical officer's indiscretion was a letter from the War Office reporting a complaint from the girl's parents which placed additional correspondence on the military registrar of the group in which the hospital was included.

The work that military registrars are doing is of first-class importance to the country, the hospital authorities, the Services and, above all, to the individual fighting men who are casualties in civil hospitals.

In the writer's experience a large number of the regimental officers who have been posted as military registrars have adapted themselves admirably to their novel duties and are rendering yeoman services to officers and other ranks of all the Fighting Services in civil hospitals in all parts of the Kingdom.

Annexure to War Office Letter
No. 79/Mob/3287 (*A.G.1A*)
dated 15*th November*, 1939.

DUTIES OF THE REGISTRAR AND OFFICER COMMANDING DETACHMENT, ROYAL ARMY MEDICAL CORPS, IN A MILITARY WING OF A CIVIL HOSPITAL.

(1) This officer will work in close liaison with the Medical Superintendent of the Civil Hospital and will be responsible for the general supervision of all military cases in the hospital.

(2) He will arrange for the regular payment of all military cases and for this purpose will become an imprest holder.

Separate instructions regarding this will be issued at any early date.

(3) He will ensure that no patient leaves the hospital unless in possession of a pass on which will be stated full particulars for which such permission is given. Leave to be absent from the hospital after 8 p.m. will only be given in exceptional circumstances.

(4) He will ensure that as soon as possible after admission all military patients are issued with hospital clothing on the scale laid down for patients in military hospitals for which purpose a stock of hospital clothing will be maintained on ledger charge.

(5) As soon as patients are issued with hospital clothing he will arrange for their Service clothing to be handed in to the pack store and for necessary articles to be sent to the laundry.

(6) He will ensure that equipment and clothing ledgers are correctly maintained and will inspect the ledgers and check the stuff at the end of each month.

(7) He will be responsible for the safe custody of patients' valuables and for this purpose will be issued with a safe. Patients will be instructed that valuables which they retain in their possession will be at their own risk.

(8) He will be responsible for the preparation and maintenance of hospital and other records of all military cases and will render such returns as may be considered necessary by the D.D.M.S. of the command in which the hospital is situated.

(9) He will arrange, in conjunction with the Medical Superintendent of the hospital, for the preparation of Army Form B 179 for all cases whom it is proposed to bring before a medical board with a view to determining their fitness or otherwise for continuance in the Service. All applications for medical boards to be held will be submitted to D.D.M.S. of the command in which the hospital is situated.

(10) He will issue Railway Warrants for authorized journeys to men on their discharge from hospital and, for this purpose, will be issued with the necessary books of Railway Warrants which will be kept under lock and key.

(11) He will be responsible for the investigation of disciplinary charges which may be brought against any of the patients, which will be dealt with in accordance with paragraph 1388, King's Regulations, 1935.

(12) He will issue standing orders for the Military Wing of the Civil Hospital.

(13) He will perform the duties of Officer Commanding Detachment, Royal Army Medical Corps, etc., *vide* Standing Orders, Royal Army Medical Corps, etc., 1937, Section V.