


**MEDICAL DEPARTMENT
MILITARY FORCES
NORTH CAROLINA**

1861

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REGULATIONS
FOR THE
MEDICAL DEPARTMENT
OF THE
MILITARY FORCES
OF
NORTH CAROLINA.

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PUBLISHED BY  
**CHAS. E. JOHNSON, M. D.,**  
SURGEON GENERAL OF N. C.  
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RALEIGH:
TROTHER & MARCOM BOOK AND JOB PRINTERS.

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REGULATIONS
FOR THE
MEDICAL DEPARTMENT

1. The Surgeon General, under the authority of the Governor, and the Military Laws of the State, is charged with the administrative details of the Medical Department, the government of hospitals, the regulation of the duties of Surgeons and Assistant Surgeons, and the assignment of Surgeons or Assistant Surgeons, where needed, for local or detached service. He will issue orders and instructions relating to their professional duties, and all communications from them, which require his action, will be made directly to him.

2. The medical supplies required by Surgeons and Assistant Surgeons will be obtained by a requisition on the Surgeon General, a duplicate of the requisition of the Surgeon or Assistant Surgeon being furnished to be filed.

3. When a medical officer transfers medical supplies to another, or to a different post, he will take a receipt for the same.

4. Medical officers will account for all medical supplies that come into their possession.

5. The senior medical officer of a hospital will distribute the patients, according to convenience and the nature of their complaints, into wards or divisions, under the particular charge of the Assistant Surgeons, and will visit them himself each day, as frequently as the sick or wounded may require, accompanied by the Assistant, Hospital Steward and Nurse.

6. His prescriptions of medicine and diet are daily to be written down in a register, with the name of the patient and number of the bed; and the Assistant or Steward, in his absence, will see that the directions are carried out.

7. He will, if in charge of a hospital or post, with the approval of the commanding officer, appoint a steward, cooks and nurses, who will be under his orders.

8. He will enforce the proper hospital regulations to promote health and prevent contagion, by ventilated and not crowded rooms, scrupulous cleanliness, changes of bed, linen, &c.

9. At the Surgeon's call the sick in each company will be conducted to the hospital by the First Sergeant, who will hand to the Surgeon in his company book a list of all the sick, on which list the Surgeon shall state who are to remain or go into hospital; who are to return to quarters as sick or convalescent; what duties the convalescents in quarters are capable of, or any other information in regard to the sick of the company which he may have to communicate to the commander, and report to him. (Form 1.)

10. Soldiers in hospital, patients or attendants, except stewards, shall be mustered on the rolls of the hospital department.

11. When a patient is transferred from one hospital to another, the medical officer shall send with him an account of his case and the treatment. (Form 4.)

12. The regulations for the service of hospitals apply as far as practicable to the service in the field.

13. The senior medical officer of each hospital, post, regiment or detachment, will keep the following records: a register of patients (Form 2;); a prescription and diet book (Form 3;); a case book; copies of his requisitions; monthly returns of sick and wounded; an order and letter book, in which will be transcribed all orders and letters relating to his duties.

14. Ordinarily, hospital attendants are allowed as follows: to a general hospital, one steward, one nurse to ten patients, and one cook to thirty; to a post or garrison of one company, one steward, one nurse, one cook and for every two companies more, one nurse.

15. Medical officers, in giving certificates of disability, are to take particular care in all cases which have been under their charge, and especially in epilepsy, convulsions, chronic rheumatism, gout, derangement of the urinary organs, ophthalmia, ulcers, or any obscure diseases.

16. As soon as companies are organized and offered for service, the Surgeon or Assistant Surgeon will examine the members and vaccinate them, if necessary.

17. Every medical officer will report to the Surgeon General the date when he arrives at a station, or when he leaves it, and his orders in the case.

18. Surgeons will make to the Surgeon General a monthly return (Form 7) of the medical officers of the Command, and a consolidated monthly report of the sick and wounded from the several reports made to them; giving the disease, name, regiment and company, discharges and deaths. (Form 5.) Also a return of medicines, instruments, hospital stores, furniture, &c. (Form 6.)

19. If it be at any time necessary to employ a private physician, the commanding officer may do it by written contract, reporting a duplicate to the Surgeon General.

20. Assistant Surgeons will obey the orders of their Senior Surgeon; see that subordinate officers do their duty, and aid in enforcing the regulations of the hospital.

21. The Steward will take charge of all hospital stores, instruments, furniture of every description, and supplies for the sick; keep a roster of nurses and attendants; and make out returns for rations, according to the number in hospital; receive and distribute rations, and submit his book to the Surgeon, monthly, for examination, or oftener if required. He will issue the stores to nurses and cooks, and enter the amount delivered in his book. He will be responsible for furniture, bedding, cooking utensils, &c.; and keep the store-room neat and clean (Form 6.)

22. In the management of hospitals and posts, cleanliness, order, regularity in meals, attention to cooking, and special care of the sick and wounded, are particularly enjoined upon the medical officers.

23. In passing a recruit, the medical officer is to examine him stripped; to see that he has free use of all his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; and that he is not suffering from any disorder or infirmity that may unfit him for military service.

Directions to Army Surgeons.

(FROM A PAMPHLET ON THE HOSPITAL BRIGADE.)

BY G. J. GUTHRIE,

Surgeon General to the British forces in the Crimean War.

1. Water being of the utmost importance to wounded men, care should be taken when before the enemy, not only that the barrels attached to the conveyance-carts are properly filled with good water, but that skins for holding water, or such other means as are commonly used in the country for carrying it, should be procured and duly filled.

2. Bandages or rollers, applied on the field of battle are, in general, so many things wasted, as they become dirty and stiff, and are usually cut away and destroyed, without having been really useful; they are therefore not forthcoming when required, and would be of no use.

3. Simple gun-shot wounds require nothing more, for the first two or three days, than the application of a piece of wet or oiled linen, fastened on with a strip of sticking-plaster, or, if possible, kept constantly wet and cold with water. When cold disagrees, warm water should be substituted.

4. Wounds made by swords, sabres, or other sharp-cutting instruments, are to be treated principally by position. Thus, a cut down to the bone, across the thick part of the arm, immediately below the shoulder is to be treated by raising the arm to or above a right angle with the body, in which position it is to be retained, however inconvenient it may be. Ligatures may be inserted, but through the skin only. If the throat be cut across in front, any great vessels should be tied, and the oozing stopped by a sponge. After a few

hours, when the oozing is arrested, the sponge should be removed, and the head brought down towards the chest, and retained in that position without ligatures; if this is done too soon the sufferer may possibly be suffocated by the infiltration of blood into the areolar tissue of the parts adjacent.

5. If the cavity of the chest is opened into by a sword or lance, it is of the utmost importance that the wound in the skin should be effectively closed, and this can only be done by sewing it up as a tailor or a lady would sew up a seam, skin only being included; a compress of lint should be applied over the stitches, fastened on by sticking plaster. The patient is then to be placed on the wounded side, that the lung may fall down, if it can, upon, or apply itself to the wounded part, and adhere to it, by which happy and hoped-for accident life will, in all probability, be preserved. If the lung should be seen protruding in the wound, it should not be returned beyond the level of the ribs, but be covered over by the external parts.

6. It is advisable to encourage previously the discharge of blood from the cavity of the chest, if any have fallen into it; but if the bleeding from within should continue, so as to place the life of the sufferer in danger, the external wound should be closed, and events awaited.

7. When it is doubtful whether the bleeding proceeds from the cavity of the chest, or from the intercostal artery (a surgical bugbear,) an incision through the skin and the external intercostal muscle will expose the artery close to the edge of the rib having the internal intercostal muscle behind it. The vessel thus exposed may be tied, or the end pinched by the forceps, until it ceases to bleed. Tying a string round the ribs is a destructive piece of cruelty, and the plugs, &c., formerly recommended, may be considered as surgical incongruities.

8. A gun-shot wound in the chest cannot close by adhesion, and must remain open. The position of the sufferer should therefore be that which is most comfortable to him. A small hole penetrating the cavity is more dangerous than a large one, and the wound is less dangerous if the ball goes through the body. The wounds should be examined, and enlarged if necessary, in order to remove all extraneous substances, even if they should be seen to stick on

the surface of the lungs; the opening should be covered with soft oiled or wet lint—a bandage when agreeable. The ear of the surgeon and the stethoscope are invaluable aids, and ought always to be in use; indeed, no injury of the chest can be scientifically treated without them.

9. Incised and gun-shot wounds of the abdomen are to be treated in *nearly* a similar manner; the position in both being that which is most agreeable to the patient, the parts being relaxed.

11. In wounds of the bladder, an elastic catheter is generally necessary. If it cannot be passed an opening should be made in the perinæum for the evacuation of the urine, with as little delay as possible.

12. In gun-shot fractures of the skull, the loose broken pieces of bone, and all extraneous substances are to be removed as soon as possible, and depressed fractures of bone are to be raised. A deep cut made by a heavy sword through the bone into the brain, generally causes a considerable depression of the inner table of the bone, whilst the outer may appear to be merely divided.

13. An arm is rarely to be amputated, except from the effects of a cannon-shot. The head of the bone is to be sawn off, if necessary. The elbow-joint is to be cut out, if destroyed, and the sufferer, in either case, may have a very useful arm.

14. In a case of gun-shot fracture of the upper arm, in which the bone is much splintered, incisions are to be made, for the removal of all the broken pieces which it is feasible to take away. The elbow is to be supported. The forearm is to be treated in a similar manner; the splints used should be solid.

15. The hand is never to be amputated, unless all or nearly all its parts are destroyed. Different bones of it and of the wrist are to be removed when irrecoverably injured, with or without the metacarpal bones and fingers or the thumb; but a thumb and one finger should always be preserved when possible.

16. The head of the thigh bone should be sawn off when broken by a musket-ball. Amputation at the hip-joint should only be done when the fracture extends some distance into the shaft, or the limb is destroyed by cannon-shot.

17. The knee-joint should be cut out when irrecoverably injured; but the limb is not to be amputated until it cannot be avoided.

18. A gun-shot fracture of the middle of the thigh, attended by great splintering, is a case for amputation. In less difficult cases, the splinters should be removed by incisions, particularly when they can be made on the upper and outer side of the thigh. The limb should be placed on a straight, firm splint. A broken thigh does not admit of much, and sometimes of no extension, without an unadvisable increase of suffering. An inch or two of shortening in the thigh does not so materially interfere with progression as to make the sufferer regret having escaped amputation.

19. A leg injured below the knee should rarely be amputated in the first instance, unless from the effects of a cannon-shot. The splinters of bone are all to be immediately removed, by saw or forceps, after due incisions. The limb should be placed in splints, and hung on a permanent frame, as affording the greatest comfort, and probable chance of ultimate success.

20. An ankle-joint is to be cut out, unless the tendons around are too much injured, and so are the tarsal and metatarsal bones and toes. Incisions have hitherto been too little employed in the early treatment of these injuries of the foot for the removal of extraneous substances.

21. A wound of the principal artery of the thigh, in addition to a gun-shot fracture, renders immediate amputation necessary. In *no other part* of the body is amputation to be done in the first instance for such injury. Ligatures are to be placed on the wounded artery, one above, the other below the wound, and events awaited.

22. The occurrence of mortification in any of these cases will be known by the change of color in the skin. It will rarely occur in the upper extremity, but will frequently do so in the lower. When about to take place, the color of the skin of the foot changes, from the natural flesh color to a tallowy or mottled white. Amputation should be performed immediately above the fractured part. The mortification is yet local.

23. When this discoloration has not been observed, and the part shrinks, or gangrene has set in with more marked appearances, but yet seems to have *stopped* at the ankle, delay is, perhaps, admissible, but if it should again spread, or its cessation be doubtful, amputation should take place forthwith, although under less favorable circumstances. The mortification is becoming, or has become constitutional.

24. Bleeding, to the loss of life, is not a common occurrence in gun-shot wounds, although many do bleed considerably, seldom, however, requiring the application of a tourniquet as a matter of necessity, although frequently as one of precaution.

25. When the great artery of the thigh is wounded (not torn across), the bone being *uninjured*, the sufferer will probably bleed to death, unless aid be afforded, by making compression above, and on the bleeding part. A long, but not broad stone, tied sharply on with a handkerchief, will often suffice until assistance can be obtained, when both ends of the divided or wounded artery are to be secured by ligatures.

26. The upper end of the great artery of the thigh bleeds scarlet blood, the lower end dark venous-colored blood; and this is not departed from in a case of accidental injury, unless there have been previous diseases in the limb. A knowledge of this fact or circumstance, which continues for several days, will prevent a mistake at the moment of injury, and at a subsequent period, if secondary hæmorrhage should occur. In the *upper* extremity both ends of the principal artery bleed scarlet blood, from the free collateral circulation, and from the anastomoses in the hand.

27. From this cause, mortification rarely takes place after a wound of the principal artery of the arm, or even of the arm-pit. It *frequently* follows a wound of the principal artery in the upper, middle, or even lower parts of the thigh, rendering amputation necessary.

28. It is a great question when the bone is *uninjured*, where, and at what part, the amputation should be performed. Mortification of the foot and leg, from such a wound, is disposed to stop a little below the knee, if it should not destroy the sufferer; and the operation, if done in the first instance, as soon as the tallowy or mottled appearance of the foot is observed, should be done at that part; the wound of the artery, and the operation for securing the vessel above and below the wound, being left unheeded. By this proceeding when successful, the knee-joint is saved, whilst an amputation above the middle of the thigh is always very doubtful in its result.

29. When mortification has taken place from any cause, and has been arrested below the knee, and the dead parts show some sign of separation, it is usual to amputate above the knee. By not doing

it, but by gradually separating and removing the dead parts under the use of disinfecting medicaments and fresh air, a good stump may be ultimately made, the knee-joint and life being preserved, which latter is frequently lost after amputation under such circumstances.

30. Hospital gangrene, when it unfortunately occurs, should be considered to be contagious and infectious, and is to be treated locally by destructive remedies, such as nitric acid, and the bivouacking or encamping of the remainder of the wounded, if it can be effected or their removal to the open air.

31. Poultices have been very often applied in gun-shot wounds, from laziness, or to cover neglect, and should be used as seldom as possible.

32. Chloroform may be administered in all cases of amputation of the upper extremity and below the knee, and in all minor operations; which cases may also be deferred, without disadvantage, until the more serious operations are performed.

33. Amputation of the upper and middle parts of the thigh are to be done as soon as possible after the receipt of the injury. The administration of chloroform in them, when there is much prostration, is doubtful, and must be attended to, and observed with great care. The question whether it should or should not be administered in such cases being undecided.

FORM 3.
PRESCRIPTION BOOK AND DIET BOOK.

NAMES.	Sunday.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.

The spaces in the Prescription Book are to be filled up with the prescriptions at length, the times of administering the medicines, and the quantities to be given at each time. The diet of the patients will be divided into full, half, and low, to be designated in the Diet Book by the letters F., H. and L.; and in order that the Steward may have precise instructions for delivering the Hospital Stores, &c., the Surgeon will, from time to time, insert in the Diet Book written directions of the quantity of each article in his store-room, which he may think necessary to each degree of diet. To each ten patients, for example, on low diet, a certain quantity of tea, sugar, &c. To each ten on half diet, a certain quantity of rice, milk, &c. These proportions should soon become familiar to the Steward, who has only to refer to the letters in the Diet Book, to ascertain the whole quantity of any article to be delivered for the day, as well as the quantity of each ward. When any liquor is directed, or any other article not contained in these general instructions of the Surgeon, the precise quantity directed for each patient will be noted in the Diet Book.

FORM 4.
REPORT TO BE SENT WITH PATIENTS TO A GENERAL HOSPITAL.

NAMES.	Rank	Company.	Regiment or Corps.	Date of admission into the Hospital.	Complaints.	REMARKS.
						The remarks will give some account of every important case, of the practice adopted, &c.

FORM 5.
DISCHARGES AND DEATHS.

NAMES.	Rank.	Regiment or Corps.	Company.	Disease.	Discharged from service.	Died.	REMARKS.

FORM 6.
 RETURN OF MEDICINES, INSTRUMENTS, HOSPITAL STORES, FURNITURE, &c.

ARTICLES AND CHARACTERS, OR QUANTITIES.	REMARKS.
On hand last return.	
Rec'd since last return.	
Total.	
Expended with the sick.	
Issued.	
Lost or destroyed by un-avoidable accident.	
Worn out or unfit for use	
Total expended, &c.	
On hand.	

FORM 7.

MONTHLY REPORT of the Sick and Wounded at

for the Month ending

18

TAKEN SICK OR RECEIVED INTO HOSPITAL DURING THE MONTH.

REMAINING LAST REPORT.	FEVERS.	ERUPTIVE FEVERS.	DISEASES OF THE ORGANS CONNECTED WITH THE DIGESTIVE SYSTEM.	THE RESPIRATORY SYSTEM.
	Febris Continua Communis.			
	Febris intermittens Quotidiana.			
	Febris intermittens Tertiana.			
	Febris intermittens Quartana.			
	Febris Remittens.			
	Febris Typhus.			
	Febris Typhus Ictericus.			
	Erysipelas.			
	Rubeola.			
	Scarlatina.			
	Variola.			
	Varioloid.			
	Cholera.			
	Colica.			
	Cyananche Parotidea.			
	Diarrhoea.			
	Dysinteria Acuta.			
	Dysinteria Chronica.			
	Dyspepsia.			
	Enteritis.			
	Gastritis.			
	Hæmatemesis.			
	Hepatitis Acuta.			
	Hepatitis Chronica.			
	Icterus.			
	Obsipatio.			
	Peritonitis.			
	Tonsillitis.			
	Asthma.			
	Bronchitis Acuta.			
	Bronchitis Chronica.			
	Catarrhus.			
	Hæmoptysis.			
	Laryngitis.			
	Phthisis Pulmonalis.			
	Pleuritis.			
	Pneumonia.			
SICK.				
CONVALESCENT.				
TOTAL.				

FOURTH (Continued.)

THE BRAIN AND NERVOUS SYSTEM.	THE URINARY AND GENITAL ORGANS.	THE SEROUS EXHALANT VESSELS.	FIBROUS & MUSCULAR STRUCTURE.	ABSCESS-ES AND ULCERS.	WOUNDS AND INJURIES.
Apoplexia.					
Cephalagia.					
Chorea.					
Delirium Tremens.					
Epilepsia.					
Mania.					
Melancholia.					
Meningitis.					
Neuralgia.					
Paralysis.					
Tetanus.					
	Calculus.				
	Cystitis.				
	Diabetes.				
	Enuresis.				
	Gonorrhoea.				
	Ischuria et Dysuria.				
	Nephritis.				
	Orchitis.				
	Stricture Urethrae.				
	Syphilis Primitiva.				
	Syphilis Consecutiva.				
	Ulcus Penis non Syphiliticum				
	Anasa.				
	Ascites.				
	Hydrocele.				
	Hydrothorax.				
	Pernio.				
	Podagra.				
	Rheumatismus Acutus.				
	Rheumatismus Chronicus.				
	Fistula.				
	Phlegmon et Abscessus.				
	Ulcus.				
				Ambustio.	
				Amputatio.	
				Concussio Cerebri.	
				Contusio.	
				Fractura.	
				Luxatio.	
				Punctio.	
				Subluxatio.	
				Ulcus Incisum.	
				Ulcus Laceratum.	
				Ulcus Punctum.	
				Ulcus Sclopeticum.	

FORM 7. (Continued.)

REMAINING.	TOTAL.	
	CONVALESCENT.	
	SICK.	
	Dead.	
	Deserted.	
	Discharged Service.	
	On Furlough.	
	Returned to duty.	
	Sent to General Hospital.	
	AGGREGATE.	
ALL OTHER DISEASES.	TOTAL.	
	Morbi Varii.*	
	Vermes.	
	Varix.	
	Toxicum.	
	Suidium.	
	Splenitis.	
	Scrofula.	
	Scorbutus.	
	Schirrus.	
	Prolapsus Ani.	
	Pericarditis.	
	Otitis.	
	Ophthalmia.	
	Odontalgia.	
	Necrosis.	
	Morsus Serpentis.	
	Morbi Cutis.	
	Hernia.	
	Hemeralopia et Nyctalopia.	
	Hemorrhoids.	
	Exostosis.	
	Ebrietas.	
	Debilitas.	
	Cachexia.	
Antrophia.		
Agina Pectoris.		
Aneurisma.		
Amnaurosis.		

* Under the term *Morbi Varii*, are included all diseases which possess no specific character.

FORM 8.

REPORT OF RECRUITS examined by _____ at _____ for the
 month _____ ending _____ day of _____ 18 _____

DATE.	NAME.	WHERE BORN.		Age.	Profession.	By whom enlisted.	REMARKS.
		Town or county.	State or kingdom.				
							The remarks will state the cause of rejecting any who are examined, &c., &c.

Surgeon.

