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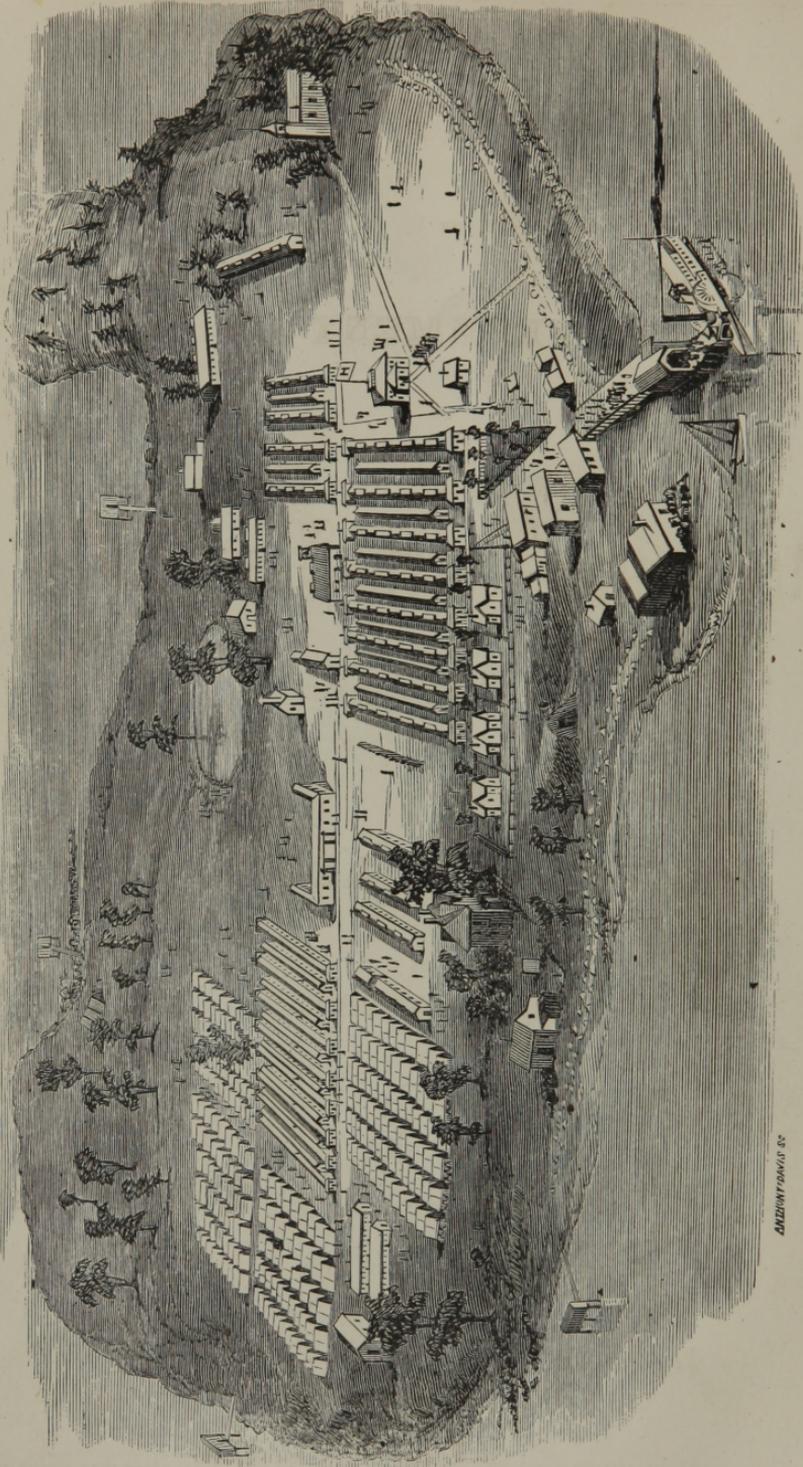
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DE CAMP GENERAL HOSPITAL,
IN CHARGE OF ASSISTANT SURGEON WARREN WEBSTER, U.S.A.

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U. S. Army, De Camp General
Hospital, Davids Island, N. Y.

REGULATIONS

FOR THE

GOVERNMENT

OF THE

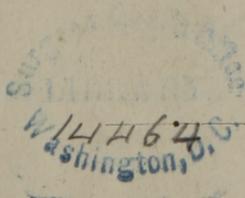
DeCamp General Hospital

UNITED STATES ARMY,

AT

DAVIDS' ISLAND,

NEW YORK HARBOR.



DECAMP GENERAL HOSPITAL PRESS.

1864.

The Army General Hospital, U.S.A.

Fort Detrick, New York Harbor

October 1st 1864

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WALTER W. WHEATON

United States Army

In Charge of Hospital

1864

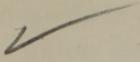
De Camp General Hospital, U. S. A.

DAVIDS' ISLAND, NEW YORK HARBOR,

October 1st, 1864.

The following Rules and Regulations for the government of this Hospital, many of which have been heretofore issued in orders, from time to time, by the present Surgeon in Charge, are herewith by him collated and revised, and will be obeyed until further notice.

The Surgeon in Charge avails himself of this publication to express to the Hospital Staff, and all subordinates, his high appreciation of the zeal and fidelity with which they have labored to promote the usefulness and welfare of this Hospital, during the recent crowded condition of its pavilions and tents, made necessary by the exigency of military events.


WARREN WEBSTER,

Assistant Surgeon, United States Army,

In Charge of Hospital.

Regulations.

I.—ORGANIZATION OF THE HOSPITAL.

1.—The Hospital is divided into five Sections. Pavilions 1, 2, 3, 4, 5, 6, 7, and 8, are known as Section "A;" Pavilions 9, 10, 11, and 12, as Section "B;" Pavilions 13, 14, 15, 16, 17, 18, 19, and 20, as Section "C;" Divisions 1, 2, 3, and 4, of Tents, as Section "D," and Divisions 5, 6, 7, 8, and 9, of Tents, as Section "E."

II.—MEDICAL OFFICERS.

2.—At morning and evening sick calls, Medical Officers will promptly repair to their respective pavilions and tents, and will visit their patients at such other times as necessity may require.

3.—They will obtain substitutes for the performance of their professional duties only by express permission from the Surgeon in Charge.

4.—They will enter prescriptions of medicines in the prescription books, and prescriptions of extra diet and stimulants on the printed forms, and deliver them to the Sub-wardmasters. The prescription books will contain the patient's name, number of his bed, dose of the medicine, and full directions for its administration.

5.—They will carefully prepare all orders for stimulants and extra diet, and in no case entrust to subordinates the performance of this important duty. A most essential part of the duty of a Medical Officer is the proper instruction, discipline, and supervision of his sub-

wardmaster and nurses, and he will be held accountable for mistakes in the administration of either diet or medicine. He will spend, daily, in his pavilion, or tents, as much time as may be necessary to secure perfect accuracy and fidelity in these matters, on the part of all subordinates.

6.—All cases requiring a surgical operation, or in which consultation is desired, will be promptly reported to the Surgeon in Charge.

7.—They will make, every morning, to the Surgeon in Charge, on a form furnished for that purpose, a report of the condition of the pavilions or tents, under their charge, including a statement of admissions, discharges, desertions, deaths, transfers; and of patients recommended for passes, for discharge from service, for furloughs, for police and fatigue duty, for the Veteran Reserve Corps, and for return to duty.

8.—They will keep a full and careful record of all interesting cases under their charge, to enable them to furnish the necessary information for making up the reports required by the Surgeon General, and for filling out the medical descriptive lists. These records, as well as the pavilion and division registers, will be ready for examination by the Surgeon in Charge, every Sunday morning, at the usual inspections.

9.—Whenever a man dies, or is transferred, or returned to duty, the medical descriptive list will, at once, be made out, and sent to the Surgeon in Charge.

10.—Deserving conduct will govern in the selection, by Medical Officers, of men to be recommended on the morning reports to the Surgeon in Charge, for furloughs and passes; and in no instance will a man who abuses his leave of absence be again recommended. A book will be kept by each Medical Officer for the purpose of recording the names of delinquents.

11.—They will cause all patients to be furnished, promptly after their admission, with bed cards, made out in the form prescribed by the regulations of the Medical Department, United States Army; and no patient, nurse, cook, wardmaster, or detailed man will be allowed to leave the hospital until he shall have deposited his bed card with the pass clerk, in exchange for his permission to leave. Upon the return of the man to hospital, it will be the duty of the Medical Officer to have the Sub-wardmaster promptly obtain the bed card from the pass clerk.

12.—They will not allow contract nurses to wear hospital clothing of any description, and enlisted men will not be permitted to wear hospital dressing gowns or slippers outside of the pavilions and tents. No persons will be permitted to leave the Island wearing hospital clothing. They will be subjected to search by the guard at the dock, and should any hospital clothing be found, they will be deprived of their passes.

13.—They will fill out, and send to the Surgeon in Charge, "blank recommendations for discharge" of men designated for discharge from service, on the morning reports.

14.—They will be held accountable for the good condition and cleanliness of the pavilions and tents, under their charge, and will report to the Officer of the Day, for arrest and punishment, any person offending against the discipline or police of the hospital.

15.—They will prohibit smoking in the pavilions, tents, and mess rooms under their charge. Upon their vigilance in this respect depends in a great measure the safety of the hospital from fire.

16.—They will have patients supplied with clothing by the Quartermaster, promptly after their admission.

The Surgeon in Charge will order it to be issued at the bed-side if necessary. In making out the regular clothing requisitions, they will use the blank forms provided for that purpose, which will be sent to the Surgeon in Charge for his approval, before 12 o'clock, M., on the day previous to that on which the issues are appointed to take place.

17.—They will, from time to time, furnish the Surgeon in Charge with written memoranda of such supplies as may be needed, and such changes as may be desired.

18.—They will not retain enlisted men in their pavilions or tents, either as patients or attendants, a day after their condition ceases to require it, but will promptly report them for field service. The Surgeon in Charge will make personal examinations before their departure, of all men thus recommended for return to duty.

19.—Daily requisitions for stimulants, medicines, and hospital supplies, must be sent to the Surgeon in Charge for his examination and approval, before 11 o'clock, A. M.

20.—They will not transfer a patient, nurse, or hospital attendant, from one pavilion, or mess room, to another, without an order, signed by the Surgeon in Charge, according to the form provided for that purpose. These transfers will only be allowed in cases of necessity. Having effected the transfer, the Medical Officer receiving the man will endorse the form, and return it to the Chief Steward. The transfer will also be noted on the succeeding morning's report. They will see that no man is admitted into or taken from their pavilions, or tents, except in the manner above prescribed, and will promptly report any infraction of regulations in this respect.

21.—They are forbidden to give any certificates to patients, or their friends, respecting fitness of men for furloughs or discharge from service, which can be used to

annoy the Medical Director, or the Department Commander.

22.—They will examine all patients immediately after their admission, with regard to their former vaccinations, and will vaccinate or re-vaccinate those who may require it.

23.—They will write all reports and correspondence, addressed to the Surgeon in Charge, on letter paper (quarto post, using half sheets when practicable), and not on note or foolscap paper. The paper will be folded in three equal folds, parallel with the writing, and endorsed on the fold which corresponds with the top of the sheet, giving the date of the letter, the name and rank of the writer, and an analysis of contents.

24.—Before an autopsy is made, the Medical Officer conducting it will notify the Surgeon in Charge of his intention, stating the character of the case, and the time fixed for the examination. An accurate record of the post mortem appearances will be made by the Officer having charge of the case, who will transmit a copy of the same, with a brief history of the patient, within twenty-four hours from the time of making the autopsy. All morbid specimens will be carefully preserved and labeled, to be disposed of according to existing orders from the Surgeon General's Office.

III.—MEDICAL OFFICER OF THE DAY.

25.—This officer, being the immediate representative of the Surgeon in Charge, will be respected accordingly. He will be in uniform, and designated by wearing his sash over the right shoulder, knotted at the side, under the sword belt.

26.—The service of the Medical Officer of the Day begins at guard mounting, and ends when relieved, at the same hour on the following day.

27.—A roster for this duty is kept in the office, and no Medical Officer will enter upon it until he receives a regular detail. When he relieves his predecessor, he will report to the Surgeon in Charge for instructions.

28.—During the period of his service, the Medical Officer of the Day cannot leave the hospital, nor sleep, nor retire in any manner from the vigilant performance of his duties.

29.—He will accompany visitors, and officers, or other persons charged with the inspection of hospitals.

30.—He will visit all parts of the hospital as often as his other engagements will permit, during the day, and exercise the utmost vigilance to secure order and regularity in the service of the hospital. At night he will make his rounds after 1 o'clock, P. M.

31.—He will be present at the wharf, daily, upon the arrival of the Government boat, and see that the hospital guard properly perform their duties at that time. When the visitors and patients have landed, he will proceed to his office and attend to his duty there until the departure of the boat. His presence in his office is required at all times, when not elsewhere engaged upon official business.

32.—In cases of emergency, when the regular pavilion or division surgeon is absent, the Medical Officer of the Day will prescribe, and he will attend to all cases requiring attention after "Tattoo."

33.—When patients are admitted, he will ascertain the character of their ailments, and assign them, as far as practicable, to the wards and tents to which their cases pertain.

34.—If too long delay would arise by this examination of each individual, when a large number are to be

admitted, the Officer of the Day is authorized to call upon as many Medical Officers as may be necessary, to assist him.

35.—He will be vigilant in preventing contraband articles passing through the lines.

36.—He will enforce the strictest discipline in every part of the hospital, and will exact from the patients, nurses, wardmasters, and visitors, the closest conformity to the rules laid down for each class respectively.

37.—He will visit the kitchens and mess rooms, to see that the diets are properly prepared and served; that cleanliness and order prevail; that the sub-wardmasters march the convalescents to the mess rooms in an orderly manner; and that their caps are removed and quiet preserved during the meals.

38.—He will inspect the condition of the fresh beef and fish, and will test the quality of the milk with the lactometer.

39.—He will order the arrest, or confinement, of offenders.

40.—The performance of other duties does not relieve the Officer of the Day from attendance in his pavilion or tents.

41.—When relieved from duty, he will make a written report to the Surgeon in Charge, exhibiting the true state of the hospital, the derelictions of duty which he has observed, and any measures of reform which his observation has suggested.

42.—The Officer of the Day will receive a leave of absence for twenty-four hours on the day following his tour of service.

IV.—CHIEF STEWARD.

43.—The Chief Steward is charged with the administrative duties of the entire hospital, under the immediate orders of the Surgeon in Charge.

44.—He will have supervision of the manner in which the other stewards perform their duties, and will receive prompt obedience from all non-commissioned officers, enlisted men, and citizen nurses in the hospital.

45.—He will visit every part of the hospital daily, and diligently seek to discover and correct, and, if necessary, will report to the Surgeon in Charge for correction, any irregularities, abuses, neglect of duty, or infractions of the rules and regulations, which may occur.

46.—He will keep a roster of the Officer of the Day, and of the regular leaves of absence of Medical Officers.

47.—He will receive the morning reports of the Medical Officers, and forward them to the clerks' office for consolidation.

48.—He will cause the Wardmasters to collect from their respective pavilions and tents, the men reported for fatigue duty by the Attending Surgeons. He will form them, and turn them over to efficient non-commissioned officers for the performance of such labor as the Surgeon in Charge may designate.

49.—He will have charge of the reception of patients, under the direction of the Officer of the Day, to whom he will each morning furnish a list of the vacant beds in the hospital.

50.—He will collect the men reported for duty or for transfer, and prepare them for their journey, taking care that they are provided with their knapsacks, and with the rations ordered; that suitable lists have been made out;

that the descriptive lists, properly endorsed, are in readiness; that the necessary guard has been detailed, and that the patients have no hospital clothing on their persons at their departure.

51.—He will keep, for the information of the Surgeon in Charge, correct lists of all the nurses, cooks, and employés of the hospital, showing the nature of the duties which they are performing.

52.—He will supply the applications of Medical Officers for attendants, as far as the resources of the hospital will permit.

53.—He will be responsible for the efficient administration of the clerical duties of the hospital, and will recommend for transfer to that department such men as the Chief Clerk may desire, as far as consistent with the interests of the hospital.

54.—He will superintend the preparation, and be held strictly accountable for the correctness of the muster and pay-rolls of the hospital.

V.—PROPERTY STEWARD.

55.—The Second Steward will be entrusted with the charge of all hospital property, exclusive of *materia medica*, and hospital stores.

56.—He will have charge of the linen and furniture store rooms, and will be responsible for the good condition and cleanliness of them.

57.—Being entrusted with the custody of large amounts of valuable public property, he will use the utmost caution to prevent waste and loss by stealth, or otherwise.

58.—He will keep a debit and credit account with all persons receiving clothing, bedding, furniture, etc., from

him, which will be submitted monthly to the Surgeon in Charge, for his inspection.

59.—He will make issues only upon requisitions approved by the Surgeon in Charge.

60.—He will see that timely requisitions for supplies are made, and carefully preserve all unexpendable articles of hospital property which are worn out and useless, for condemnation by the Medical Inspector.

VI.—COMMISSARY STEWARD.

61.—The Third Steward will act as Hospital Commissary and Chief Apothecary.

62.—He will be responsible to the Surgeon in Charge for the proper care and economical use of the provisions and hospital supplies.

63.—He will prepare the provision returns, retaining copies; receive the commissary stores, and purchases from the hospital fund; take care that they are not stolen or wasted, and will issue them only on the proper orders. He will be held accountable for the condition of the stores, and the cleanliness and good order of the storehouses and kitchens.

64.—While the hospital must not be stinted for the sake of increasing the hospital fund, he will be as economical as possible without detriment to the patients. Owing to the reduction of the Army ration, and the advanced prices of provisions, this part of his duties demands and will receive his particular attention.

65.—As a general rule, the issues to the kitchens will not be greater than two-thirds the whole allowance of rations due the number of men.

66.—The daily issues to the full diet kitchens will be on provision returns made by the Wardmasters of Sections, founded on the actual number of patients fed

at the respective messes, and approved by the Surgeon in Charge. Copies of these returns will be sent to the office of the Surgeon in Charge, and the originals will be kept on file by the steward making the issues.

67.—He will make all sales of fat, swill, bones, barrels, waste paper, and rags, and turn the proceeds over, monthly, to the Hospital Treasurer.

68.—The extra diet orders of the Medical Officers will be promptly filled by the Chief Cook, who will submit his "bill of fare," each day, to the Surgeon in Charge for approval, and see that copies of it are sent to the pavilions and tents before morning "sick call."

VII.—CHIEF APOTHECARY.

69.—The Hospital Steward performing the duty of Chief Apothecary will have charge of the dispensary, laboratory, and liquor room, and will be held responsible for their police and cleanliness, for the accuracy with which the prescriptions are compounded, and for the preservation of the medical stores.

70.—He will, before dispensing, call the attention of the Surgeon in Charge to prescriptions manifestly incorrect, or calling for unusual articles, or articles in unusual quantities.

71.—He will issue stimulants only on the blank forms for that purpose, filled up with the name of the man, the number of his bed, and the exact quantity he is to receive.

72.—He will cause the stimulant orders to be consolidated every morning, for the information of the Surgeon in Charge.

73.—There will be assigned to each Section of the hospital, a dispensing clerk, who will, as far as practicable,

compound all prescriptions coming from the Section represented by him.

74.—The label accompanying each preparation of medicine, will, in addition to the other facts noted upon it, contain the name of the clerk compounding the prescription, so that any error may be traced to its source.

VIII.—WARDMASTERS.

75.—Each Wardmaster will have charge of a Section, in all that relates to the order and cleanliness of it. He will carefully observe that the sub-wardmasters and nurses perform their duties with diligence, and report to the Chief Steward any infraction of the rules or discipline of the hospital.

76.—The Wardmasters are responsible for the orders they transmit. They will see that no abuses creep into the distribution or consumption of the provisions, either in the pavilions or mess rooms, regulate fires and lights, and pay attention to the ridge and window ventilation.

77.—They will be responsible that patients never meddle with the fires except to avoid impending danger; that the ash pans of all stoves in use are emptied, at least twice a day, into the iron ash barrels; that the fires never be allowed to rise above the lining of the stoves, or the level of the bottom of the doors; that the doors of the stoves remain closed as little as possible, and that the stoves are not allowed to become red hot.

78.—They will see that all sub-wardmasters, nurses, and patients who are able, rise at “reveille,” and dress themselves in a proper manner.

79.—They will see, when “sick call” sounds, that the men are all in their wards, that proper order and discipline are kept during the surgeon’s visits, that the

Sub-wardmasters have everything ready that the Surgeons may need, and will accompany all Officers making inspections.

80.—They will report to the Chief Steward every morning and noon, when the “fatigue call” sounds, with the men of their Sections who have been ordered for fatigue duty.

81.—They are particularly charged to see that the sinks, etc., belonging to their Sections are kept clean, and nothing is allowed to get into them that will obstruct the pipes.

82.—They will see that all soiled clothing is properly secured and turned in to be washed, and that all bandages and dressings which have been used are properly disposed of.

83.—They will, each day, hand to the Commissary Steward before 2 o'clock, P. M., duplicate provision returns for each of the kitchens in their Sections, prepared in accordance with the diet table of the hospital. For the correctness of their returns they will be held strictly accountable.

84.—They will report on the first day of each week, to the Chief Steward, the names of all men employed in the various out-buildings of their respective Sections, noting any changes which have occurred during the previous week.

IX.—SUB-WARDMASTERS.

85.—Sub-Wardmasters will have charge of pavilions and divisions of tents, in all that relates to the order and cleanliness of them. They will carefully observe that the nurses perform their duties with diligence, and report to the Attending Surgeons any infraction of the rules and discipline of the hospital.

86.—At the time of the visits and dressings, by Medical Officers, the Sub-wardmasters will see that order and silence are preserved in each ward, that the nurses are at their posts, and that the dressings, linen, bandages, adhesive plaster, etc., are ready for use.

87.—The Sub-wardmaster will see that all the orders of his superior officer are promptly and properly carried out, and will superintend the administration of the medicine and stimulants, and the distribution of the food.

88.—He will, immediately upon the arrival of a patient, record him in a register kept for that purpose, leaving the space for the diagnosis, for the Attending Surgeon to fill.

89.—He will also promptly procure a bed card of the patient from head-quarters, by furnishing to the Chief Clerk the necessary data for its preparation.

90.—He will call, and keep, his roll in the most careful manner.

91.—He will particularly attend to the condition of the beds, and the clothing of the nurses and patients; allow nothing whatever to be kept under the bed-sacks or mattresses; and see that the nurses and patients keep their clothing clean, and that it is properly put on.

92.—He will cause the bed-side tables to be kept in a tidy condition, by removing all unnecessary articles to the knapsack room.

93.—He will see that the beds are made in a neat and regular manner, and that the bedsteads are removed one foot from the walls.

94.—When the meal calls sound, he will have all the men who eat in the mess halls "fall in," and then march them in a quiet and orderly manner to their meals.

95.—At Inspection, he will cause each man's articles of clothing in the pavilions or tents to be neatly folded, and placed upon the foot of the bed. Boots and shoes, neatly blackened, will be placed on the floor at the foot of the bed.

96.—The Sub-wardmasters will make monthly returns of all property in their pavilions and divisions of tents, which will be signed by the Medical Officers, and forwarded to the Surgeon in Charge.

97.—They will report to the Chief Steward, on the first day of each week, the names of all nurses under their charge, and will note any changes that have occurred during the previous week.

X.—NURSES.

98.—The nurses will be divided into two classes, viz : Day Nurses and Night Nurses,—one-fourth for the latter duty.

99.—The Day Nurses will enter upon the service at "reveille," and continue until "retreat." Their duties will consist in administering the medicines, stimulants and food, and in maintaining the cleanliness of the wards, windows, floors, bathing tubs, water closets, stoves, tables, beds, and bedding.

100.—They will render cheerful and prompt obedience to the sub-wardmasters, who will be immediately responsible for the police and discipline of their respective pavilions and tents.

101.—The Night Nurses will enter upon duty at sunset. When the hour of their service arrives, they will be marched on by the Night Wardmaster, relieving the Day Nurses.

102.—The Day Nurses will put everything under their charge in good order and cleanly condition, before being relieved from duty for the day.

103.—The Night Nurses will carefully execute the orders given them, will keep wakeful, and will be attentive to the wants of the patients. Any dereliction of duty by the Night Nurses will be visited with severe punishment.

104.—The Night Wardmaster will make frequent visits to the pavilions and tents, and observe the conduct of the Night Nurses. He will report on the following morning, to the Medical Officer of the Day, all nurses found asleep, or who were otherwise neglectful of their duties.

105.—The Night Nurses will be provided with supper at midnight.

106.—When relieved from their duties, the Night Nurses will be marched to their quarters by the Night Wardmaster, where they will remain until 2 o'clock, P. M. They will be given from that hour until sunset for recreation.

107.—Nurses are required to be scrupulously clean in their persons and clothing, and to keep their hair and beard short and neatly trimmed.

108.—They must be polite and respectful to the Medical Officers, and set an example of obedience to the patients. They are especially required to be kind and attentive to the patients, and to listen to their complaints without impatience.

109.—Whenever an Officer enters the pavilions or tents, the Sub-wardmaster must command "Attention."

110.—Whenever several nurses are united in one party, they will be arranged in line, and the movements executed by command, and in step.

XI.—PATIENTS.

111.—Prompt obedience to the orders of their superiors, and respectful demeanor, are strictly enjoined upon

patients. Stewards, Wardmasters, and Nurses will exercise their authority over patients with firmness, but with justice and discretion.

112.—At “reveille,” all convalescents able to do so, will rise and dress themselves, and make their own beds. Every patient able to do so, must wash his face and hands every morning, and keep the rest of his body in a cleanly condition. Those unable to perform these offices for themselves will receive the assistance of the nurses. Every patient whose condition does not otherwise forbid it, will take a bath on his admission to the hospital.

113.—No patient will be permitted to leave the hospital without permission in writing from the Surgeon in Charge. The time he is allowed to be absent will be stated in the pass, which will not be valid until endorsed “registered.”

114.—No one will be allowed to spit on the floors or walls of the hospital; to make any slops on the floors; to throw any rubbish on them, or to deface the buildings or tents, in any way. Persons breaking this rule will have the amount of the damage deducted from their pay.

115.—No patient or attendant will be allowed to lie in bed with his clothes on, or sit or lounge upon the beds, or wear his hat or cap in the pavilions or mess rooms.

116.—When “sick call” sounds, every patient will repair immediately to his pavilion, or tent, and sit or stand at his bedside until visited by the surgeon.

117.—No loud noise will be allowed in the pavilions or tents at any time. All talking will cease at “taps,” and all patients will go to bed, and lights be extinguished at that time, unless otherwise directed by the Attending Medical Officer.

118.—No patient will be allowed to eat or drink any-

thing brought to the hospital, without the permission of the Medical Officer in charge of his pavilion or tent.

119.—The Sub-wardmasters will be held immediately responsible that these regulations, with respect to patients, are strictly observed.

XII.—VISITORS.

120.—The hours for visiting this hospital are between 12 o'clock, M., and 5 o'clock, P. M., daily.

121.—Visitors are required to respect the rules and regulations; to observe the utmost quiet and decorum, and to make no remarks calculated to render the patients dissatisfied.

122.—They will not be permitted to take any edibles into the pavilions, or tents, under any circumstances, nor any other articles, without the permission of a Medical Officer of the hospital, and this prohibition applies to societies and associations, as well as to individuals.

123.—All persons discovered conveying liquors, or smuggling contraband articles of any kind, will be excluded permanently from the hospital.

124.—Visitors who wish to contribute edibles or articles of clothing, are informed that there is a Donation Room in the hospital, under the charge of a person who is well acquainted with the orders of the Surgeon in Charge with respect to the wants of the patients, and whose duty it is to make acknowledgment to donors of the reception of contributions, and to enter a statement of all articles received, in a book, which is open to public inspection.

XIII.—GUARD.

125.—The Guard of the hospital is composed of patients recommended by the Medical Officers, to the Surgeon in Charge, for transfer to the Veteran Reserve Corps, and will be under the command of an Hospital Steward, detailed for that purpose, who will be obeyed and respected accordingly; he will be responsible for the arms and accoutrements issued for the use of the guard, and make weekly returns of their condition to the Surgeon in Charge. He will keep the roster, and make the required details for daily guard duty, escort service, &c.

126.—He will render prompt assistance to the Stewards, Wardmasters, and others, in preserving and enforcing discipline, and his authority will always be recognized in the arrest and confinement of any non-commissioned officer or private who commits offence against good order and discipline.

127.—He will be responsible for the proper instruction of sentinels, and for the vigilant and faithful performance of their duties. The guard will be turned out whenever the Officer of the Day visits the guard house, and sentinels will observe the customary salutes to all officers.

128.—He will enforce the most thorough execution of duty, on the part of the guard, in the examination of passes, and of all parcels coming to and leaving the Island. Edibles brought to the hospital by patients, or visitors, will be sent to the office of the Officer of the Day for his inspection and disposition of them.

129.— He will cause the hospital premises to be patrolled, daily, immediately before the last trip of the steamer to the main land, to insure the departure of all unauthorized persons from the Island at that time.

130.—He will cause the musicians under his charge to sound the “calls” punctually, and the hospital flag to be hoisted and lowered at the proper time.

131.—He will report every morning, after “Guard-mounting,” to the Surgeon in Charge, for orders.

XIV.—POLICE.

132.—The external cleanliness of the hospital will be maintained by a permanent police party, under charge of an efficient non-commissioned officer.

133.—He will also receive, when necessary, upon application to the Chief Steward, the assistance of the convalescents daily recommended by the Medical Officers for fatigue duty.

134.—The Chief Steward will dispose of fatigue men not required by the Chief of the Police Party, as follows: They will be divided into two classes—one for out-door, and the other for in-door duty. Those for out-door duty will be turned over to the Section Wardmasters for whitewashing purposes, improving the grounds, etc., and those for in-door work will be sent to the kitchens for such light work as paring vegetables, etc.

135.—No fatigue parties will be diverted from their allotted work, except by the order of the Surgeon in Charge, given through the Chief Steward.

136.—The floors of pavilions, mess rooms, and tents, will be swept after each meal, and, in the vicinity of beds, after each dressing. They will be scrubbed twice a week by the nurses. But a small quantity of water will be used, with soap and sand, and when the scrubbing is completed, the floors must be carefully wiped dry.

XV.—CLOTHING AND EFFECTS OF PATIENTS.

137.—Sub-wardmasters will have charge of the knapsack rooms attached to their respective pavilions.

138.—The Sub-wardmaster, upon the admission of a patient to the pavilion, will receive his effects, register them in a book (form 7, Revised Regulations), have them numbered, and labeled with the patient's name, rank, company and regiment, and placed in a box in the knapsack room.

139.—All the effects must be made into a bundle with great care, if the patient is unprovided with a suitable knapsack, so that none of them may get loose and be lost.

140.—Arms will be turned over to the Steward in charge of hospital property, and by him placed in the racks, and kept in a serviceable condition.

141.—The effects of those having scabies, pediculi, or infectious disorders, will be subjected to the action of the fumes of sulphur and chlorine, in the fumigating room attached to the laundry, before being deposited in the knapsack room.

142.—When a man is transferred, discharged from service, or returned to duty, the Sub-wardmaster will take out his bundle, see that it is in perfect order, and deliver it to him, making him recognize and acknowledge the receipt of all his effects, to prevent the possibility of future claim or error.

143.—When a patient dies, the Sub-wardmaster will furnish the Attending Surgeon with a list of all the effects of the deceased, to be embraced in the "report of death." The money and valuable articles will be delivered to the Surgeon in Charge, to be deposited in the safe, and the other articles turned over to the Steward in charge of hospital property.

XVI.—LINEN AND BEDDING.

144.—The linen room will be in charge of the Property Steward, who will there cause to be carefully arranged, assorted, counted, and mended, all the clean linen.

145.—The soiled clothes' room will also be under his charge, where an assistant will receive the soiled bedding and clothing from the Sub-wardmasters, giving them receipts therefor, and crediting the amounts on his debit and credit account book. These receipts, when presented at the linen room, will enable the Sub-wardmasters to draw clean bedding and clothing.

146.—He will also keep debit and credit accounts with the laundry.

147.—When linen is received from the laundry, its condition must be carefully ascertained. Pieces torn, or otherwise needing repairs, will not be issued until repaired.

148.—Loss or damage to the clothes, or linen, occurring in the laundry, will be immediately reported to the Surgeon in Charge, in order that a Board of Survey may determine the amount and cause of damage.

149.—Each Sub-wardmaster will be held accountable for the loss or damage, other than "ordinary wear and tear," which the bedding in his pavilion or tent may sustain.

150.—No person will be permitted to enter the laundry, or the dormitory attached to it, except the men and women employed in the work.

151.—Patients or attendants found in or about the laundry without authority, will be summarily punished.

XVII.—SLUSH FUND.

152.—The Hospital Treasurer will have charge of the Slush Fund, derived from the tax on the Sutler, from the sale of fat, swill, and offal from the kitchens, and of barrels from the bakery.

153.—No payment will be made by the Hospital Treasurer except on the order of the Surgeon in Charge.

154.—The fund is subject to be expended for the benefit of the library, the payment of skilled laborers, the purchase of office furniture, and for improving in any respect the physical, moral, and intellectual condition of the inmates of the hospital.

155.—The Hospital Treasurer will keep careful record of all receipts and expenditures, and present his book, with vouchers for payments, monthly, to the Surgeon in Charge for inspection.

XVIII.—RESPECTING FIRE.

156.—The fire buckets will be kept constantly filled, and on the stands provided for them, except in cold weather, when they will be kept by the stoves to prevent freezing.

157.—The Night Wardmaster will make repeated rounds of the hospital during the night, and will visit not only the pavilions, but all public places where fires are kept during the day. In his first round, he will carefully note the condition of the fire buckets, and remedy any negligence.

158 —Ashes will be deposited nowhere but in the iron barrels provided to receive them. The Chief of the Police Party will cause the barrels to be regularly emptied upon the roads, or upon the beach, as often as necessary.

159.—The sentinels are enjoined to be vigilant, as upon them depends, in a great measure, the safety of the hospital. No person can be too careful in the use of matches, pipes, &c., and in making fires, for the slightest indiscretion in these particulars may bring upon the hospital the worst of calamities.

160.—Should a fire occur, the steam whistle will be sounded, and the Officer of the Day will immediately repair to the scene of the fire.

161.—The Chief Steward will cause the fire company, consisting of the employés occupying the Clerks' Dormitory, to man the hose cart, make the necessary connections with the steam pump, and promptly run off the hose.

162.—The Barge crew, under the direction of the Coxswain, will immediately proceed to the fire, bearing the hooks, ladders, and axes.

163.—The members of the guard, under the direction of the Sergeant of the Guard, will assist in the use of the hooks, ladders, and axes.

164.—The attendants, and such convalescents as are able to work, will rapidly form in front of the respective pavilions and divisions of tents, bearing the fire buckets filled with water, and will be marched to the place of alarm by the Sub-wardmasters, to be worked under the direction of the Officer of the Day.

165.—The Wardmasters will remain in their respective Sections, to maintain order and to prevent unnecessary alarm among the patients in bed.

166.—The night nurses, and the Quartermaster's employés, under the Night Wardmaster, will remove the endangered patients and property to safe localities.

XIX.—HOSPITAL REPORTS.

DAILY.

Morning Report of Hospital, to the Medical Director.
 Field Return to the Assistant Adjutant General, U. S. Troops, New York City and Harbor; to be forwarded through the Medical Director.

WEEKLY.

Report of Hospital, to include Saturday, to the Medical Director.

MONTHLY.

Report of Sick and Wounded, to the Surgeon General, through the Medical Director.
 Report of Contract Nurses on the 15th instant, to the Surgeon General, through the Medical Director.
 Report of Deserters, to the Provost Marshal General, direct.
 Report of Deserters, to the Surgeon General, through the Medical Director.
 Report of Sick, Wounded, and Convalescent Soldiers, to the Assistant Adjutant General, Department of the East, through the Medical Director.
 Report of Enlisted Men, to Regimental or Company Commanders, direct.
 Return of Medical Officers, to the Medical Director.
 Post Return, to the Adjutant General, United States Army, direct.
 Post Return, to the Assistant Adjutant General, Headquarters, City and Harbor of New York, through the Medical Director.

Muster and Pay Roll of Contract Nurses, to be transmitted to the Medical Director.

Statement of Hospital Fund, to be sent to the Surgeon General U. S. Army, direct, and a letter of notification to the Medical Director, announcing its transmission.

BI-MONTHLY.

Report of Enlisted Men recommended for Transfer to the Veteran Reserve Corps, to Provost Marshal General U. S. Army, direct.

Muster Roll of Troops, to be transmitted to the Adjutant General United States Army, direct.

Muster and Pay-Roll (duplicates), to be sent to Paymaster, New York.

Muster and Pay-Roll, to be retained.

QUARTERLY.

Report of Wounded, to Surgeon General U. S. A., direct.

Report of Surgical Operations, to the Surgeon General U. S. Army, direct.

Report of Tetanus, Pyæmia, and Secondary Hemorrhage, to the Surgeon General U. S. Army, direct.

Report of Property purchased with Hospital Fund, to Surgeon General's Office, direct.

Return of Camp and Garrison Equipage, to Quartermaster General's Department, direct.

Return of Ordnance and Ordnance Stores, to Ordnance Department, direct.

ANNUAL.

Return of Medicines, Hospital Stores, Instruments, &c., to Surgeon General U. S. Army, direct.

INCIDENTAL.

Reports of Deaths.

To Adjutant General U. S. Army, with Inventory of Effects, Final Statements, and Descriptive List.

To Commandant of Company, with Inventory of Effects.

Requisition for Burial, to Quartermaster.

Certificate of Death, to Undertaker.

In Case of Discharge on account of Disability.

Duplicate Certificates of Disability, to be transmitted to Medical Director, with Blank Certificate of Discharge, for approval and authority of the Department Commander for the Discharge.

Certificate of Discharge and Final Statements, to be furnished to the man discharged.

Duplicate Certificates of Disability, completed, to be sent to the Adjutant General U. S. Army.

Notice of Discharge and Descriptive List, to be forwarded to the Commandant of the Company.

