

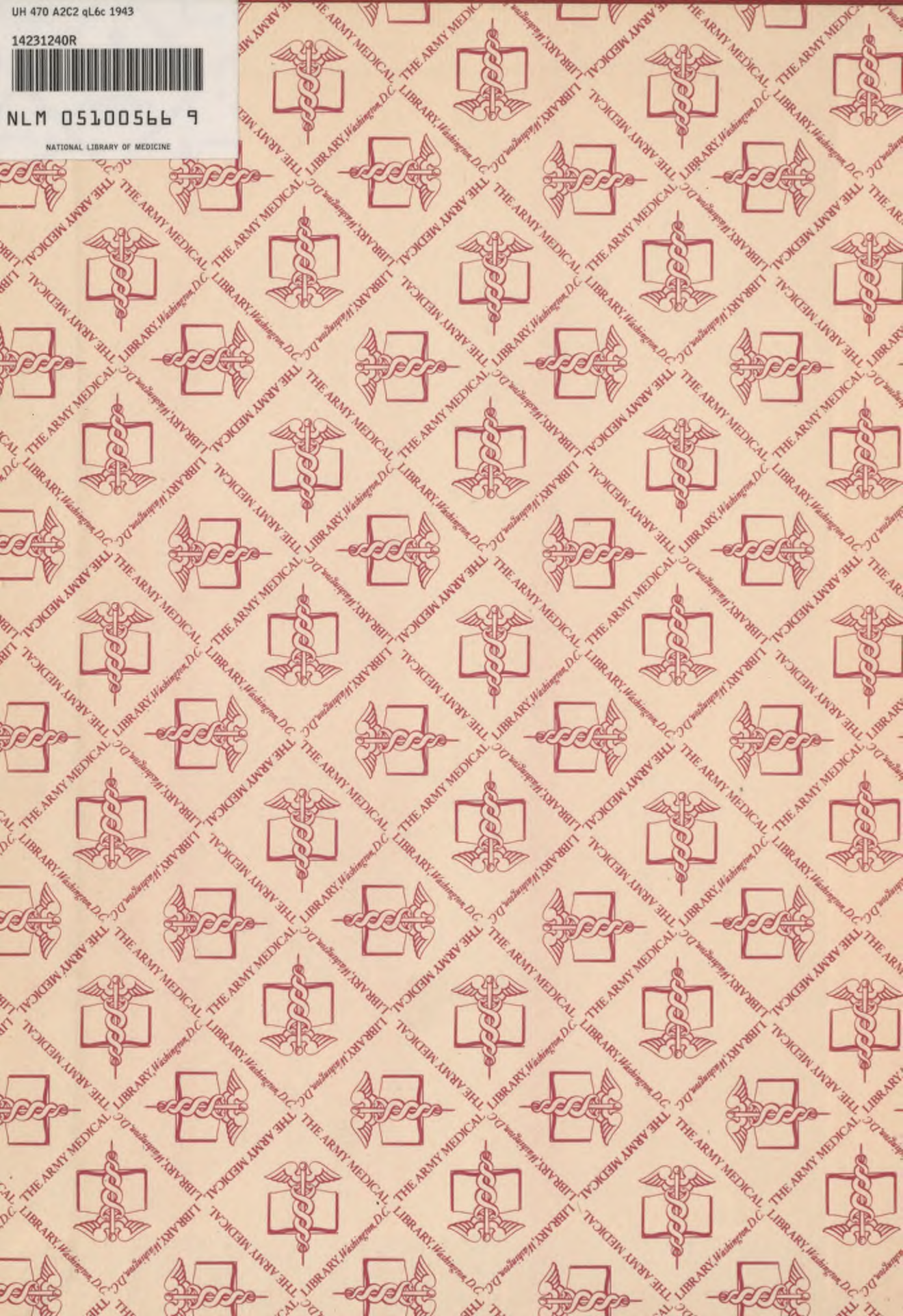


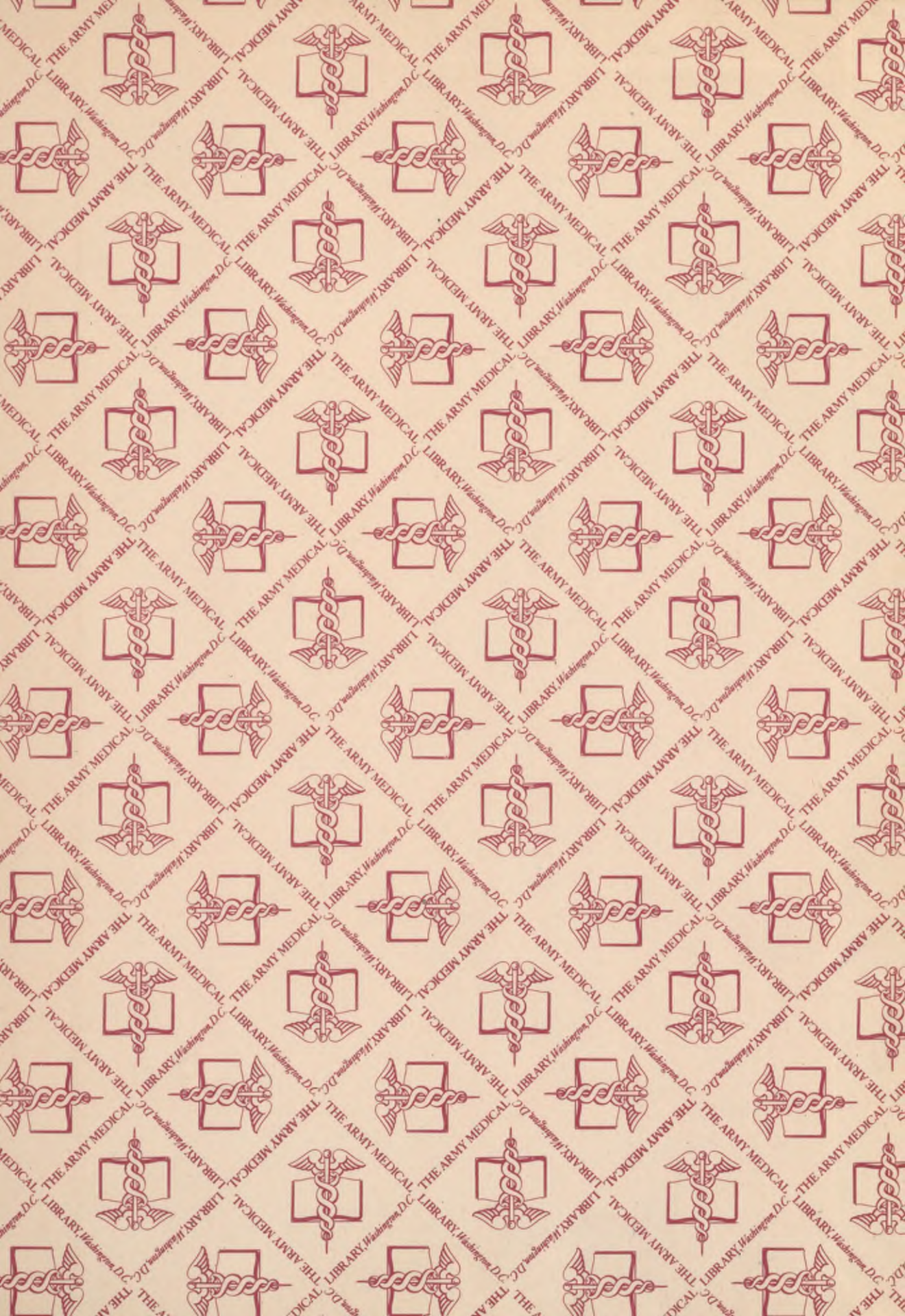
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COMPILATION OF NUMBERED MEMORANDA

LETTERMAN GENERAL HOSPITAL  
U. S. ARMY  
San Francisco, California

1. PURPOSE. The purpose of this compilation is to consolidate in convenient form, all instructions and informative material which are still in effect and pertinent. All compilation of numbered memoranda issued August 6, 1941, and all numbered memoranda issued during the period August 7, 1941 to December 31, 1942, will be destroyed and this compilation will be filed in lieu thereof, in all wards and departments of this hospital.

2. WARD OFFICERS' QUESTIONNAIRE. The following questionnaire is published to assist the chiefs of branches, ward officers and others to administer wards or departments:

a. Ward Administration.

- (1) Is there a copy of Hospital Regulations in the ward office?
- (2) Are these regulations kept up to date by notations of amendments, changes, etc?
- (3) Is there in the ward a file of hospital memoranda?
- (4) Is the Ward Order Book maintained as directed in hospital memoranda?
- (5) Are all orders for patients signed by the responsible officer?
- (6) Is the Narcotic Register constantly kept up to date?
- (7) Is this book audited once every ten days by the ward officer or his commissioned representative?
- (8) Is the fact of audit noted in the book and initialed by the auditing officer?
- (9) Is the Narcotic Register audited by the Hospital Inspector once a month, and notation to that effect made in the book and signed by the Inspector?
- (10) Are narcotics safely secured under lock and key?
- (11) Is prompt report made to the Officer of the Day when patients are placed on, or removed from, the seriously ill list?
- (12) Is the seriously ill list (Form No. 22-LGH) kept up to date and conspicuously displayed on the nurses' desk?
- (13) Is the medication sheet kept up to date?
- (14) Is this sheet constantly posted on the inner side of the medicine cabinet door?

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- (15) Are restrictions regarding visitors to patients enforced?
- (16) Is the ward directory board kept up to date?
- (17) Is the ward bulletin board neatly arranged, free from obsolete matter and that which does not pertain to patients?
- (18) Are patients informed of restriction to the limits of the reservation as imposed by par. 3-c, H.R. 30-20?
- (19) Is there a copy of that portion of Hospital Regulations describing conduct of patients constantly posted on the bulletin board?
- (20) Have you familiarized yourself with that portion of Hospital Regulations pertaining to clinical records?
- (21) Do you conform to the nomenclature of diseases when recording diagnoses?
- (22) Are diagnoses transmitted on Form No. 10-LGH, to the Registrar at the earliest practicable moment?
- (23) Are all entries in clinical records initialed or signed by the officer making the entry?
- (24) Is a tentative diagnosis (impression) entered under the heading "Diagnosis of Ward Officer" on Form 55-g, M.D., immediately after the preliminary history is recorded?
- (25) Are progress notes made at least every ten days?
- (26) Are these notes initialed or signed by the recording officer?
- (27) In the case of injury, is entry made on the clinical record as to sobriety of patient at the time of admission?
- (28) Are the basic parts of the clinical record properly assembled and kept constantly fastened together with an Acco fastener?
- (29) Are all parts of the clinical record assembled as described in Hospital Regulations and fastened by an Acco fastener before being sent to the registrar, transferred to another ward, or submitted to a consultant?
- (30) Are the clinical records kept locked in a secure place?
- (31) Are you familiar with regulations governing interne training?
- (32) As ward officer, do you carefully scrutinize the histories prepared by your assistants and internes, and discuss with them any error or omission that is discovered?
- (33) Are necessary blank forms kept on hand and have all obsolete blank forms been disposed of?



(34) Do you prohibit patients from transmitting records from one part of the hospital to another?

(35) Are enlisted men and those on a status of an enlisted man interviewed concerning complaints, by Ward Officer prior to their discharge from hospital?

(36) Is enema tray properly assembled, kept neat and available at all times for use?

b. Control of Patients.

(1) Are patients instructed in the Hospital Regulations pertaining to them?

(2) Are all patients provided with toilet articles? (Brush, comb, tooth brush, tooth paste?).

(3) Are they required to use them?

(4) Are patients bathed or required to bathe at sufficient intervals?

(5) Are they examined at least once a month to determine the presence of venereal disease?

(6) Is the attendance of venereal patients at meals in the mess hall and moving picture shows under constant supervision of a ward attendant?

(7) Are ambulant patients required to keep their hair brushed and trimmed, nails clean, wear socks and keep shoes laced?

(8) Are their underclothing and pajamas inspected for cleanliness?

(9) Are they required to keep convalescent coat buttoned? Is a supply of buttons maintained?

(10) Are convalescent suits clean?

(11) Are ambulant patients required to assist in the police work about the ward and other light work around the hospital when physically able to do so?

(12) Are such details for police posted on the bulletin board each day?

(13) Are patients required to remain in their wards during the forenoon unless sent to clinics, etc., by proper authority?

(14) Are unusual occurrences reported immediately on Form No. 7-IGH, as directed in Hospital Regulations?

(15) Are personally-owned radios and musical instruments interdicted on wards for enlisted status patients?

- (16) Is a night bed check made to determine unauthorized absences?
- (17) Does the ward officer inspect his ward at night with sufficient frequency to satisfy himself as to the care of patients and orderliness of the ward during night hours?
- (18) Are disciplinary infractions that cannot be corrected by the ward officer reported to the Commanding Officer, Detachment of Patients, on Form No. 73-LGH?
- (19) Are patients on women's wards required to familiarize themselves with Memorandum No. 19-LGH, 1942, as soon as possible after their admission?
- (20) Are patients' complaints, no matter how trivial, carefully investigated and corrective action taken where possible?
- (21) Are irregularities which cannot be corrected by the ward officer reported to the Hospital Inspector?
- (22) Are patients on officers' wards and women's wards (including obstetrical ward) required to complete Form 74-LGH prior to discharge?
- (23) Is "Notice to Patients", Form 139-LGH, kept posted in upper left hand corner of all mirrors in wards and clinics frequented by patients?
- (24) Is a "No Smoking" sign prominently displayed when an oxygen tent is in operation, and is such warning obeyed?
- (25) Are "special attendants" for sick patients reduced to the minimum necessary for their proper care?
- (26) Are ward officers and personnel prohibited from smoking when examining patients, engaged in surgical and other procedures, and while otherwise engaged in their care?
- (27) Is the privacy of patients protected while undergoing physical examinations, special diagnostic and treatment procedures, etc., and when the bedpan is being used or enemas being given?
- (28) Are patients discharged as soon as the necessity for hospitalization no longer exists?

c. Ward Personnel.

- (1) Are enlisted attendants in proper uniform at all times?
- (2) Are their uniforms clean, brasses and shoes polished?
- (3) Is the hair of ward attendants neatly trimmed, and are their hands and nails clean?
- (4) Are ward attendants required to wear the blouse when waiting on patients?
- (5) Are they required to wear fatigue uniforms when doing police work that would soil their white uniforms?

(6) Are they instructed to have no financial dealings with patients and not to engage in games, etc., with them?

(7) Are they prohibited from smoking while attending patients?

(8) Are they required to exercise kindness and tolerance when dealing with patients?

(9) Are enlisted attendants instructed in their routine duties, including methods of procedure such as temperature taking, temperature reporting, pulse and respiration, enemas, bedmaking, etc.?

(10) Are ward personnel instructed in the proper method of answering the telephone?

(11) Are ward attendants prohibited from taking their meals on the ward?

d. Police and Sanitation.

(1) Is all brass and metal work properly polished?

(2) Are soiled and musty mop heads carefully removed and sent to the laundry for exchange?

(3) Are mops and brooms kept on the rack provided for that purpose?

(4) Are roaches present?

(5) If so, have steps been taken to eliminate them?

(6) Are scrub and waste buckets clean and free from deposits?

(7) Are wire window screening and windows clean and free from dust?

(8) Are horizontal surfaces, such as window sills, tops of doors, lockers, etc., free from dust?

(9) Are radiators (especially spaces between leaves) free from dirt?

(10) Are spaces behind and under radiators clean?

(11) Are waxed floors wiped free from dust and thoroughly cleaned before polishing?

(12) When floors are freshly waxed, are "CAUTION" signs conspicuously displayed?

(13) Are lavatories provided with buckets partially filled with water for the reception of cigarettes, trash, etc.?

(14) Are toilet bowls clean and free from stain?

(15) Are toilet seats scrubbed at frequent intervals?

- (16) Are urine bottles clean and free from urinary deposits?
- (17) Are stationary urinals clean and free from deposits?
- (18) Are the walls of shower baths kept constantly free from soap and other deposits?
- (19) Is metal work in lavatories, especially pipes under fixtures, clean and polished?
- (20) Are tables, chairs, etc., free from dust?
- (21) Are rungs of chairs wiped at frequent intervals?
- (22) Are the backs and arms of chairs free from grease?
- (23) Is there an accumulation of junk in any portion of your ward or department?
- (24) Is the medicine cabinet clean and are contents neatly and systematically arranged?
- (25) Are the contents of these cabinets properly labeled, and are deteriorated, surplus and useless medicines disposed of?
- (26) Are poisons kept under lock?
- (27) Are they kept elsewhere than in the cabinet containing medicines for internal administration?
- (28) Is the medicine cabinet kept locked?
- (29) Are thermometers cleaned and sterilized in the manner prescribed in hospital memoranda?
- (30) Are metal sputum cups free from stain, especially the underside of the lid?
- (31) Do these cups constantly contain a small amount of water?
- (32) Is the use of phenol preparations for cleaning purposes prohibited?
- (33) Are bedpans and urinals clean and free from stain, especially that part of the utensil which is not easily visible?
- (34) Are bedpan washers thoroughly cleaned and scrubbed, and free from odor?
- (35) Are fabric bedpan covers kept habitually on bedpan racks?
- (36) Are these covers used to conceal the bedpan or urinal in transit to and from the patient, and when left at the bedside?
- (37) Are mattresses and pillows clean, comfortable and serviceable?
- (38) Have steps been taken to exchange uncomfortable mattresses and pillows?

(39) Are mattress covers in use?

(40) Are beds properly tagged with patients' bed cards and holders?

(41) Are beds provided with wooden shoes or large wheel casters?

(42) Are beds free from dust, especially side rails and springs?

(43) Is soiled linen exchanged daily?

(44) Are linen room and storeroom shelves clean?

e. Medical Supplies and Equipment.

(1) Is a monthly check of property made, and shortages and overages reported to the Chief, Medical Supply Branch?

(2) Is property in storeroom neatly arranged?

(3) Is unserviceable, obsolete or surplus property turned in to the Chief, Medical Supply Branch?

(4) Are articles requiring repair promptly turned in to the Chief, Medical Supply Branch for renovation?

(5) Are articles which have become shaggy because of lack of paint been reported to the Chief, Medical Supply Branch for painting?

(6) Have steps been taken to eliminate wastage of expendable supplies?

(7) Is the stock of such supplies on the ward reduced to a reasonable minimum?

(8) Is the use of adhesive plaster for purposes other than surgical dressings prohibited?

(9) Are steps taken for the conservation of gauze?

(10) Is the use of gauze for bathing of patients prohibited?

(11) Are fire extinguishers properly tagged?

(12) Is the use of hospital linen as cleaning rags prevented?

(13) Is the equipment which is normally kept in the Emergency Equipment Room returned promptly after its use is no longer required?

(14) Are blankets properly dried, folded, and put in laundry sacks, separate from other soiled articles, when ready for the laundry?

3. DENTAL BRANCH DURING THE NATIONAL EMERGENCY.

(Reference ltr AG 703.1 (11/30/40)M-A-M, dated Jan. 14, 1941).

a. Under the current War Department training program, facilities for dental attendance will be provided in accordance with AR 40-510, subject to the following provisions:

(1) Dental attendance for all military personnel will be confined to the treatment of emergency cases, infectious conditions, and the restoration of carious teeth with amalgam, silicate, or cement fillings, except as provided in subparagraph (2) below.

(2) Replacement of missing teeth will not be made, except when teeth were damaged or lost in the performance of duty, while engaged in athletic games, or as a necessary part of treatment. Such replacements will be the standard type of partial or full dentures provided for Army personnel.

(3) Dental attendance for dependents will be limited to emergency treatment. Such treatment will interfere in no instance with the routine dental treatment of the military personnel.

4. DENTAL CASES (Including Fractures).

a. Patients arriving with dental pathology will be referred to the Dental Branch as soon as possible after their admission. Dental treatment is often a long procedure and early reference to that Branch will avoid delay incident to holding patients in hospital for completion of dental treatment only, after the cause for admission has been cleared.

b. Cases of fractured jaws or suspected fractured jaws will be referred promptly to the Dental Branch. The Ward Officer will not delay such reference in order to make a diagnosis in the case. (Par. 80, Professional Standing Orders, Letterman General Hospital.)

c. Patients who in the opinion of the Ward Officer require Dental Clearance, will be referred in the normal manner during the course of hospitalization, for such clearance. Reference of large groups of patients ready for discharge, for rush clearance by the Dental Branch will not be tolerated.

5. DISCHARGE OF PATIENTS REFERRED FOR DENTAL TREATMENT. In order to prevent patients being discharged from hospital while undergoing urgent and emergency dental treatment, Ward Officers who have referred patients to the Dental Clinic for dental treatment or for examination and elimination of focal infection, will not recommend discharge of patient from hospital until a clearance and completed Form 55-E-5 is obtained from the Dental Branch.

6. DENTAL EXAMINATION, PATIENTS. All ambulatory patients admitted to the hospital should be sent to the dental clinic as soon as practicable after their admission with their name and ward number on Form 55-E-4. If the Ward Officer does not desire a focal infection check of the teeth in connection with other hospital treatment he should check line #1 on this form.

## 7. CHEST X-RAYS ON SOLDIERS VOLUNTARILY ENLISTED.

a. The physical examination of applicants for voluntary enlistment and reenlistment in the Regular Army and the National Guard of the United States, will include X-ray examination of the chest, except in cases of soldiers applying for reenlistment immediately following discharge from prior military service, who will not be required to have chest roentgenograms. At recruiting stations where X-ray facilities are not available, enlistments and reenlistments will be completed without chest roentgenograms, but in such cases the individuals concerned, other than those reenlisted immediately following discharge from prior military service, will be given chest X-rays on arrival at this station. Those individuals who are found to have pulmonary, cardiac, or other chest conditions which are disqualifying for general military service under the provisions of Mobilization Regulations 1-9, will be promptly discharged on certificate of disability.

b. In order to insure that all individuals are given chest roentgenograms as provided above, the date and fact of chest X-ray examination will be recorded under the heading "Carrier Examinations" on page 1 of the individual's service record. This information will be recorded upon initiation of the service record on individuals whose enlistment or reenlistment examination has included a chest roentgenogram. For others it will be recorded upon completion of the chest X-ray examination.

## 8. DERMATOLOGY AND SYPHILOLOGY SECTION, MEDICAL BRANCH.

a. A section of the Medical Branch, designated as the Dermatology and Syphilology Section, is established.

b. Patients with latent syphilis who are in hospital for that condition only, and those with infectious syphilis, will be assigned to a ward designated for that purpose.

c. Patients with dermatological conditions will be admitted to Ward G.

## 9. PEDICULOSIS PUBIS AND SCABIES.

a. Cases of pediculosis pubis and scabies in this hospital will ordinarily be treated on the Dermatological Ward. A patient in hospital when found affected with either of these conditions will be transferred to the Dermatological Ward if the basic condition and the status of the patient permit.

b. If a patient from a near-by post is sent to this hospital for admission for pediculosis pubis only, he will not be admitted but will be given proper initial treatment by the officer in charge of the Receiving and Disposition Office or by the Professional Officer of the Day and returned to his organization. Prompt report of such instances will be made to this headquarters by the officer who treated the patient, stating the name and organization of this patient, diagnosis, action taken and any other pertinent circumstances.

c. Cases of pediculosis pubis occurring in members of this command will not be admitted to hospital but will be treated as outpatients.

10. VENEREAL DISEASE - Reports and Investigation of Source.

a. In cooperation with the California State Department of Public Health, the following system within the hospital has been devised to facilitate the action of the State representative assigned to investigate cases of venereal disease during his regular visits to this hospital for that purpose.

b. For Wards other than those assigned to the Genito-Urinary Section.

(1) When a diagnosis of venereal disease is made, the Ward Officer concerned will complete Form 10-LGH (diagnosis slip) in triplicate, forward the original and one copy to the Registrar and file the third copy on the patient's clinical record. If the case is to be transferred to the Genito-Urinary Section, notation of that fact will be made on the diagnosis slip.

(2) Upon receipt of Form 10-LGH, the Registrar will enter the patient's name on a Venereal Report Card of the State Health Department (green card) and will enter on both copies of Form 10-LGH, the serial number of the Venereal Report Card used for the patient concerned. He will retain the diagnosis slips in his office and will forward the State Venereal Report Card to the Ward Officer concerned.

(3) The Ward Officer will enter the serial number of the State Venereal Report Card on the retained copy of the diagnosis slip and will file the Report Card with the Patient's Clinical Record for use by the representative of the State Health Department when he visits the ward to interview the patient.

(4) The Registrar, by reference to retained diagnosis slips (par. b, (2) above) will inform the State representative on each of his visits, of the nature and location of all venereal cases present in hospital on other wards than the Genito-Urinary Section.

c. For Wards assigned to the Genito-Urinary Section.

(1) When a diagnosis of venereal disease is made in the case of a patient in a ward of the Genito-Urinary Section, the Ward Officer will enter the name of the patient on a Venereal Report Card of the State Health Department and file it with the patient's clinical record.

(2) The ward Officer will complete Form 10-LGH (diagnosis slip) in duplicate and enter on both original and duplicate the serial number of the Venereal Report Card provided for in the preceding paragraph. The original Form 10-LGH, will be forwarded to the Registrar and the duplicate will be filed on the patient's clinical record.

(3) The Ward Officer will keep separate, the clinical record of patients who have not been interviewed by the State representative so that such cases will be readily determined on his next visit.



d. The representative of the State Health Department will interview all patients who have been diagnosed as having a venereal disease and will complete all Venereal Report Cards prepared under paragraphs a, b, c, above since his last visit, and will forward them to the State Health Department. He will visit the hospital two or three times a week or oftener if necessary, depending on the incidence of venereal cases.

e. Ward Officers having patients for interview on wards, are directed to make available adequate space and facilities for private interview of venereal patients by the State representative, and will render him such assistance as is necessary in the conduct of the interview and completion of the Venereal Report Card.

f. Form 89, LGH (Report of Communicable Diseases), in duplicate, will be rendered as heretofore to the Registrar by Ward Officers, for all cases of communicable disease, including venereal disease (paragraph 29 b (4) H.R., LGH) as well as Form 125-LGH (Par. 23, H.R. LGH).

11. CHANGE IN ROUTINE TREATMENT OF SYPHILIS. In conformity with Cir. Ltr. 74, Office of The Surgeon General, July 25, 1942, it will be necessary to change the routine treatment of syphilis. Antisyphilitic treatment in hospital patients will be given on Friday and Monday at ... 0900, Ward 5, East Hospital, LGH.

12. CLINIC FOR OUTPATIENTS WITH DERMATOLOGICAL CONDITIONS. The clinic for outpatients with dermatological conditions will be held only between 2:00 and 4:00 p.m. on Tuesday and Thursday of each week. The location of the clinic will be Ward 5. Emergency consultations on hospital patients will be held at any time. Patients with dermatological conditions will not be referred to the Chief of the Dermatology Section at hours other than those indicated above.

13. OPERATION OF FEVER THERAPY SECTION. Effective 0700, Oct. 29, 1942, the Fever Therapy Section of this hospital will be operated on a three shift schedule as follows:

Personnel Required	0700-1400	1400-2100	2100-0400
6 Nurses	2 Nurses	2 Nurses	2 Nurses
6 Patients	2 Patients	2 Patients	2 Patients
2 Enlisted Men	0600-1700 1 Enlisted Man		1700-0430 1 Enlisted Man
2 Officers	0800-1800 1 Officer		1800-0400 1 Officer

#### 14. PRECAUTIONS NECESSARY DURING OXYGEN THERAPY.

a. It has come to the attention of the Commanding General that Ward Officers and ward personnel have in some instances operated oxygen tents in the same room in which electric appliances were in operation.

b. It is directed that all medical officers be instructed by the Chiefs of Branch concerned of the dangers of this practice and that they take the necessary steps to assure that such a situation does not recur. Under no circumstances will an oxygen tent or any other apparatus for oxygen therapy be set up for operation in a room until all electric appliances, such as electric pads, vaporizers, hot plates, etc., and flame producing materials such as alcohol lamps, matches, etc., have been removed. The "No Smoking" sign will be conspicuously displayed and the restriction enforced during oxygen therapy.

c. The Professional Officer of the Day during his rounds and when instituting oxygen therapy during his tour of duty will assure himself that the above directive is enforced and that the "No Smoking" sign is conspicuously displayed and rigidly obeyed.

d. The Principal Chief Nurse will instruct all nurses of the requirements of this memorandum.

e. The Supervisor of Hospital Police and Personnel will instruct the personnel of his office that equipment for oxygen therapy will not be taken into a room until all electric appliances, matches, alcohol lamps, etc., as noted above, and similar apparatus or materials have been removed from the room.

#### 15. THE CARE OF HYPODERMIC SYRINGES AND NEEDLES.

a. Hypodermic syringes. Modern hypodermic syringes are instruments of precision. They must be treated as such if they are to perform the functions that careful design and precise construction make possible. The following directions and instructions were prepared with the cooperation of an Advisory Committee of operating room supervisors and nurses appointed by the American College of Surgeons. They are intended to set up basic, standard procedures for the care and sterilization of hypodermic syringes and needles.

Care and preparation of hypodermic syringes for sterilization. Immediately after using, each syringe should be separated and rinsed with cold tap water. This is particularly necessary when the syringe has been used for blood work, but in any case, it will prevent sticking, which is of great importance. Where it is impossible to immediately rinse the syringe parts and the needles, they should at least be separated. The separate parts should be washed thoroughly with warm water and green soap, scrubbing the barrel and the plunger with a good grade fibre scrub brush. The inside of the barrel should likewise be scrubbed with an ordinary bottle brush. Then the parts should be thoroughly rinsed to remove all traces of soap. The rinsing should be done in three changes of water, and a brush used in the first rinse to make sure all soap particles are removed from the scale and graduation marks. For blood work, the last rinse, at least, must be

done in distilled water, and the parts rinsed in alcohol or ether and allowed to dry thoroughly. If, however, they are to be sterilized immediately, this is not necessary.

b. Hypodermic needles. The cleaning and care of hypodermic needles is equally important if the full usefulness of the needle is to be realized. The procedure outlined here is basic and should be followed carefully.

Care and preparation of hypodermic needles for sterilization.

(1) Needles should be flushed with cold water immediately after use and removed from the syringe tip.

(2) Preparatory to sterilization, the needles should be thoroughly cleaned. The stylet or cleaning wires should first be inserted to make sure that the lumen is open, and that no residue has been left in the canula. Insert the wire through the hub - not from the point. Inserting from the point might damage the lumen of the point or leave rough edges to catch or lacerate tissues.

(3) Carefully clean the inside of the hub with a tightly wound cotton applicator.

(4) To remove stains, use Bon Ami or a similar preparation.

(5) Flush with alcohol, then ether.

(6) Compliance with the above instructions will materially aid The Surgeon General's Conservation Program.

(Cir. ltr. No. 171 (Conservation Order No. 2) W.D., S.O.S., Office of The Surgeon General, Washington, D.C., Dec. 7, 1942.)

16. CLINICAL THERMOMETERS. Clinical thermometers, when not in use, will be kept constantly immersed in 2% solution of phenol. Before being used, thermometers will be taken from the phenol solution and completely immersed in bathing alcohol, rinsed in clear water, and thoroughly wiped off with washed gauze or cotton before being placed in the patient's mouth. Patients are to remain in seated or reclining positions while temperatures are being taken. Temperatures will not be taken in the nurse's office. No more than ten thermometers are to be in use at one time. After removal from the patient's mouth, thermometers will be placed in a green soap solution, thoroughly washed and rinsed in clear water and returned to phenol solution. This procedure will be repeated after each successive patient. Any other method of sterilizing clinical thermometers is prohibited. Prescribed containers for clinical thermometers are issued by the Chief, Medical Supply Branch. Clinical thermometers (Item No. 79320) will be considered as non-expendable medical property. The Chief Nurse's Office will make no replacements for this item unless the broken or unserviceable thermometer is presented for exchange.

17. BLOOD TRANSFUSIONS.

a. On July 30th, the blood transfusion act was changed to read as follows:

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act entitled 'An Act relating to the transfusion of blood by members of the Military Establishment', approved February 9, 1927, as amended by the Act of June 2, 1939 (U.S.C., title 24, section 30), is hereby amended to read as follows: 'That any person, whether or not in the employ of the United States, who shall furnish blood from his or her veins for transfusion into the veins of a person entitled to and undergoing treatment at Government expense, whether in a Federal hospital or institution or in a civilian hospital or institution, or who shall furnish blood for blood banks or for other scientific and research purposes in connection with the care of any person entitled to treatment at Government expense, shall be entitled to be paid therefor such reasonable sum, not to exceed \$50, for each blood withdrawal as may be determined by the head of the department or independent agency concerned, from public funds available to such department or independent agency for medical and hospital supplies; Provided, That no payment shall be made under this authority to any person for blood withdrawn for the benefit of the person from whom it is withdrawn.' Approved, July 30, 1941."

b. Under the provisions of the new act which was approved July 30, retired military personnel are not entitled to have accounts for blood transfusions paid from public funds. Note in this connection the new act applies only to those patients who are entitled to treatment at public expense. The retired military personnel are not entitled by law to treatment at public expense (though as a courtesy and by regulation they are admitted to Army hospitals).

c. Services for blood transfusions for personnel not entitled by law to treatment at public expense will be borne by the individual.

#### 18. Emergency Equipment Room.

a. The Emergency Equipment Room is located on the corridor adjacent to office Chief, Surgical Branch. In this room are maintained such articles of equipment as are in general use and which may be procured for temporary use when needed in wards or departments at any time of the day or night.

b. The Emergency Equipment Room functions under the supervision of the Supervisor of Hospital Police and Personnel, who will be held responsible for the equipment maintained therein, its care and its availability at any time when requested.

c. A record will be kept in the office of the Supervisor of Hospital Police and Personnel, showing the location of items of equipment which have been procured from the Equipment Room for use in the hospital.

d. The following items of equipment are now available in the Emergency Equipment Room:

Drinker Respirator  
Gastric Evacuators

Oxygen Tents  
Oxygen Masks

Colson Inhalators

Bed Rails  
Carpet Sweepers

Floor Polishers  
Vacuum Cleaners

#### 19. HABIT FORMING DRUGS.

a. Attention is called to Par. 8, H.R. 25-125.

b. Every ward, clinic, or section where barbital, amytal, sodium amytal, nembutal, seconal, and other barbituates are dispensed, a record thereof will be maintained in the Narcotic Register (Form 76, LGH) in the same manner as the records now being maintained in the case of morphine, cocaine, codeine, whiskey, etc.

c. All prescriptions for individuals for whom the above mentioned drugs are prescribed will bear on the face of the prescription the purpose for which the drug is to be administered. Such entries will be made by the officer writing the prescription. The Officer in Charge of the Pharmacy will not permit the filling of any prescriptions for these drugs unless such notation appears on the form. Nothing in the above will be interpreted to require this notation in the case of drugs ordered in bulk for ward use.

d. The Officer in Charge of the Pharmacy will cause the same records to be maintained for these drugs as are now maintained for morphine and other narcotics.

e. The amount of any of the above mentioned drugs dispensed at any one time will be no more than is necessary to meet reasonable requirements.

#### 20. SPECIAL ATTENDANTS.

a. It has come to the attention of the Commanding General that the provisions of Par. 12 c, H.R. 25-125 are not being observed generally, particularly at night. This regulation provides in part that:

"Requests for special attendants for seriously ill patients will be made by the Ward Officer or the Professional Officer of the Day."

b. It has become the prevalent practice whereby requests for special attendants are made upon the Hospital Police and Personnel by the nurse or wardmaster. This practice will be discontinued. All concerned are directed to comply with the provisions of the above-quoted regulation.

c. Because of the shortage of personnel, it is necessary to secure special attendants from a list of emergency men. These men have other regular assignments and duties and when called as special attendants at night, such duty is in addition to their regular assignment. It requires three (3) men to maintain special attendance on a patient for

a twenty-four hour period. Often, patients can be so grouped that one special attendant can care for two or more patients.

d. Chiefs of branches are charged with the responsibility that special attendants are kept to the absolute minimum actually necessary and for the prompt relief of such attendants as soon as the necessity for the service has passed.

e. Professional Officers of the Day will personally determine the necessity for a special attendant before calling on the Hospital Police and Personnel for the assignment. After determining that a special attendant is necessary, the Professional Officer of the Day will consider whether adequate attendance can be accomplished by re-grouping patients who already have special attendants, before requesting an additional assignment.

f. The Supervisor of Hospital Police and Personnel will require that a special attendant is requested in the manner prescribed by regulations before assigning such attendant to duty.

g. Nothing in this memorandum is intended to withhold from a patient, special attendance if such is necessary.

## 21. REFUSAL OF MEDICAL, SURGICAL OR DENTAL TREATMENT.

a. The following is published for the information of all concerned:

"I--Refusal of medical, surgical, or dental treatment.--  
Section IV, General Orders No. 18, W.D., 1918, and  
Section III, General Orders No. 29, W.D., 1918, are  
rescinded and the following substituted therefor:

In time of war if a person in the military service refuses to submit to dental or surgical operations or dental, surgical, or medical diagnostic procedures or dental or medical treatment, such person will be examined by a board of three medical officers convened by a **service** command or department commander or a commander of a base or a general hospital, or a commanding officer of any post, camp, or station where there are four or more officers of the Medical Department on duty. If, in the opinion of the board, the operation or diagnostic procedure or medical or dental treatment advised is necessary to enable such person to perform properly his military duties and will normally have such effect, and he persists in his refusal after being notified of the findings of the board, he may be tried by court martial."

b. Chiefs of Branches will report to this office by letter such patients as may refuse to submit to the operations, diagnostic procedures, or treatment indicated above. The letter will show the name, army serial number, rank, organization, and ward of the individual, his diagnosis, the fact and names of any witnesses thereto, that he has refused operation, diagnostic procedure, or

tr atment, the character of the operation, diagnostic procedure, or treatment that he has refused, the circumstances connected therewith, and the opinion of the Chief of Branch concerned as to whether the operation, treatment, or diagnostic procedure is necessary to enable him to properly perform his military duties.

c. The above letter will be submitted as soon as possible after refusal has been made.

## 22. REPORT OF BIRTHS.

a. Recent changes in Army Regulations (Par. 4 a, Sec. 11, A.R. 40-1025) require that all babies born in this hospital will be admitted to the Register of Sick and Wounded.

b. The Ward Officer concerned will, as soon as possible after the birth of a baby, prepare and forward to the Receiving and Disposition Office a report of the birth on Form 87 (revised) LGH (report of Birth).

c. Upon receipt of the report of birth of a baby, the Receiving and Disposition Officer will prepare and distribute Form 55a, M.D., in the same manner as for any other admission.

d. The Ward Officer will prepare Form 178, LGH (Data for Preparation of Birth Certificate) as soon as possible after the birth of a baby and will forward it to the Registrar for use in the preparation of the birth certificate, after which the Registrar will file it with the records of the mother, in the Office of the Sick and Wounded.

e. The Ward Officer concerned will prepare a clinical record for each baby born and dispose of the record in the manner provided for other dispositions. The final diagnosis on the Form 55a, M.D., of newborn babies will be in the following manner, substituting proper data:

Born: 7:10 A.M. (Enter correct hour)

Father: Alfred L. Jones, 7846319  
Pvt. Co. "B", 6th Inf., age 32.

Mother: Mary F. Jones (Allen), age 30.

Medical or surgical condition that occurs during hospitalization will be diagnosed in the usual manner.

f. The clinical record of a newborn baby will consist of the forms outlined in Par. 3 or 7 of H.R. 30-60, LGH, depending on whether the unabbreviated or the abbreviated clinical record is indicated. In either instance a copy of Form 81, LGH (Footprint Chart and Certificate of Birth) will be included in the clinical record.

## 23. PROCEDURE GOVERNING REMOVAL OF DECEASED.

a. The following procedure will govern the removal of the deceased from wards in which they have died:

(1) Comply with the provisions of Par. 3, H.R. 30-45.

(2) Telephone the garage and have an ambulance dispatched to the location in which the body is to be delivered.

(3) Place the body on a wheeled litter and drape with blankets so as to conceal the fact that there is a corpse on the litter and to give the impression that a patient is being transported. Do not remove the body until it has been determined that the ambulance is waiting at the designated place. After this has been determined, wheel the litter to the nearest ramp and down that ramp to Girard Road if the ward is on the west side of the hospital or to Kennedy Avenue if the ward is on the east side of the hospital, then remove the litter from the wheeled carrier and place the litter with the deceased in the ambulance which has backed into the curb to receive it.

(4) Proceed in the ambulance with the litter and the deceased to the vicinity of the morgue. Have the ambulance backed up to the entrance of the morgue and then transfer the litter from the ambulance to the morgue in such a manner that it is not visible to persons on Edie Road.

b. A copy of this memorandum will be displayed in a conspicuous place in the Central Equipment Room on the desk of the senior non-commissioned officer of the Hospital Police and Personnel Department and on the desk of the Professional Officer of the Day.

24. INTERNE TRAINING SCHEDULE (Medical and Surgical). Attention is called to H.R. 15-15, IGH. The following is the program of instruction for medical internes in Army hospitals prescribed by The Surgeon General in Cir. Ltr. No. 5, W.D., S.G.O., January 12, 1940:

PROGRAM OF INSTRUCTION FOR MEDICAL INTERNES IN ARMY HOSPITALS.

a. Mission - To instruct and train internes in practical and clinical work incident to service in Army hospitals; to insure that the professional training afforded will meet the requirements of the Council on Medical Education and Hospitals of the American Medical Association and the several State Boards of Medical Examiners.

b. Basic Course for Internes.

(1) Scope - The training of internes in professional and technical subjects relating particularly to the medical, surgical and laboratory services of an Army hospital.

(2) Duration of Course - Twelve months.

(3) Program Period of Service

(a) Medical Service 5 months

To include: General Medicine  
Pediatrics  
Gastro-intestinal  
Cardio-renal  
Communicable Diseases  
Neuropsychiatry



(b) Surgical Service

Period of Service  
5 months

To include: General Surgery  
Orthopedic Surgery  
Eye, Ear, Nose and Throat  
Gynecology  
Obstetrics (attendance at 10 confinements required as a minimum)  
Genito-urinary  
X-Ray  
Anesthetics (administration of 20 anesthetics required as a minimum.)

(c) Laboratory Service

2 months

To include: Clinical microscopy  
Bacteriology  
Pathological histology  
Physiological chemistry  
Serology  
Prophylactic and therapeutic procedures  
Autopsies (performance of 2 autopsies with preparation of tissues for microscopical examination required as a minimum).

Total Service:

12 months

25. INTERNE TRAINING SCHEDULE (Dental). Attention is called to H.R. 15-15, LGH.

a. The following is the program of instruction for dental internes in this General Hospital, based on the provisions of Cir. Ltr. No. 6, S.G.O., dated February 14, 1939:

(1) Oral Surgery, Exodontia and X-Ray, July 1 to December 31. (Forenoons only).

To include: Exodontia, including surgical removal of impacted teeth  
removal of cysts  
Alveolectomies  
Preoperative and postoperative care of surgical cases  
Conductive anesthesia  
Reduction and fixation of fractures of the jaws  
Elimination of dental foci  
X-Ray technique and interpretation  
X-Ray studies of fractures, tumors, osteomyelitis and cysts  
Conferences with dental consultant to Medical and Surgical Branches.

(2) Operative Dentistry, July 1 to June 30 (Afternoons Only).

To include: Clinical examinations  
Interpretation of X-Rays for operative procedures  
Oral prophylaxis, hygiene and preventive dentistry  
All types of restorative operative procedures  
Conservative treatment of periodontoclasia

(3) Dental Prosthesis, January 1 to June 30 (Forenoons only).

To include: X-Ray study of cases requiring replacement  
Denture design  
Impression technique  
Full and partial denture construction  
Crown and bridge technique  
Cast splint construction

26. TRAINEES.

a. The Commandant, Medical Department Enlisted Technicians School, will assign students from the Enlisted Technicians School who are pursuing the course for medical and surgical technicians, to the various wards and departments of the Professional Branches for practical instruction. These men will be present in the wards and other departments of the Professional Branches during the forenoons only.

b. The Commanding General directs that all personnel; Chiefs of Branches, Chiefs of Sections, Ward Officers, Assistant Ward Officers, Nurses, wardmasters and other enlisted attendants, be impressed with the importance of this training and of the fact that it is their duty to see that these trainees receive adequate instruction in all phases of the duties pertaining to ward attendants or to attendants in other departments to which they may be assigned.

c. Commissioned instructors from the Enlisted Technicians School will visit the wards or departments from time to time to determine the progress of the trainees and the character of instruction that they are receiving. Chiefs of Branches, Chiefs of Sections and Ward Officers will cooperate in every possible way with these instructors, advise them as to the progress of the men under training, and so far as possible, adopt such suggestions as the instructors may make concerning improvements in training procedures.

27. FIRST AID KITS FOR MEDICAL OFFICER ATTENDANTS.

a. The Receiving and Disposition Officer will keep prepared a suitable number of emergency first-aid bags to be furnished each medical officer assigned as attendant to patients departing this hospital for disposition.

b. The contents of the bag will include such surgical equipment, medicines, dressings, hypodermic syringes, etc., as will be required to meet all ordinary emergencies and medical treatment likely to occur en route. Each article included in the bag, the nature of which is not apparent at a glance, will be labeled. A complete list of the

contents of the bag will be included in each bag.

c. Officers assigned as attendants will secure from the Receiving and Disposition Officer one of the emergency first-aid bags and sign a memorandum receipt for the bag and its contents. He will also confer with the Ward Officer or Chief of Branch of the patient to determine whether or not any special surgical or medical supplies, in addition to those provided in the bag, are necessary for the particular patient being attended, and will supplement the first-aid kit by securing the additional supplies.

d. Upon return from the trip, the medical officer who attended the patient will return the bag and its contents to the Receiving and Disposition Officer and obtain receipt therefor.

e. The Receiving and Disposition Officer, upon receipt of the emergency bag returned by the officer attendant, will check its contents, replenish any stock that has been used, sterilize such of the articles as require sterilization, and retain the bag fully equipped and ready for subsequent use.

## 28. DISSEMINATION OF INFORMATION AND INSTRUCTIONS.

a. For the information and guidance of all concerned, routine orders and instructions from these headquarters are issued according to their character as follows:

(1) General Orders. General Orders will usually include matters of importance, directive in nature, general in application and of permanent duration.

(2) Special Orders. Special Orders include matter concerning individuals or relate to personnel of the Army and are not usually of general or widespread interest. Generally concern travel, pay or allowances of individuals, details of Boards of Officers or Courts.

(3) Hospital Orders. Hospital Orders include matter concerning individuals or relate to matters affecting operation of the hospital and of application and interest to this command only.

(4) Special Court-Martial Orders. To announce result and action of cases tried by Special Court-Martial.

(5) Hospital Regulations. Are directive and informative in nature, of permanent duration and of general application to the entire command. Direct the organization of the administrative staff and the professional branches, define responsibilities and duties, prescribe administrative procedures and, in general, prescribe rules and regulations governing the local conduct and operation of the hospital and personnel.

(6) Memoranda. Will contain matter that is directive in nature, either temporary or permanent in duration, and may be

of limited or general application.

(7) Bulletins. Will contain matter that is advisory or informative in nature and are temporary in duration.

b. Orders, Regulations, Memoranda and Circulars issued these headquarters will be classed for distribution as follows:

Class A: All branches, departments and wards.

" B: All branches and departments.

" C: Branches.

" D: Departments.

" E: Detachments, Sections and Personnel Section.

" F: Detachments and Sections.

" G: Duty Officers.

" H: Personnel and Officers concerned.

" I: As directed.

NOTE: The term "Department" will include all offices and administrative departments of this hospital.

## 29. PROFESSIONAL STANDING ORDERS.

a. Professional Standing Orders of Letterman General Hospital have been published and issued to each ward, without requisition, and placed in the back of the Ward Order Book.

b. This publication will be kept in the Ward Order Book and will not be removed for any purpose unless so directed by this headquarters.

c. The purpose for which this publication is intended is set forth in the fly leaf preceding page 1.

d. Any changes or additions that are made in the future will be published and distributed. On the receipt of such changes or additions they will be firmly affixed in the proper location in the ward copy of Professional Standing Orders.

## 30. DAILY BULLETIN.

a. Due to the existing shortage of paper and to conserve the supply on hand a Daily Bulletin will be issued with a distribution as follows:

Executive Officer	Chief of Outpatient Branch
Adjutant	Chief of X-Ray Branch
Registrar	Officers' Personnel
Commandant Enlisted Tech. School	Officers' Bulletin Board
Quartermaster	Post Exchange
Medical Supply Officer	Provost Marshal
Mess Officer	Chaplain
Receiving & Disposition Officer	Supervisor of Hospital Police and
Information Office	Personnel
C.O., Medical Section, SCU 1972	Finance Officer
C.O., Detachment Medical Department	Hospital Inspector
Enlisted Technicians School	Radio Room
C.O., Quartermaster Section, SCU 1972	Chief Nurse
C.O., 717th Sanitary Co., SCU 1972	Red Cross
C.O., Detachment of Patients	Recreation Officer
Chief of Surgical Branch	Laundry Officer
Chief of Medical Branch	Library
Chief of Dental Branch	
Chief of Laboratory Branch	

b. The Daily Bulletin will consist of two (2) sections: Official and Informative.

(1) The Official Section will contain the roster for Officer of the Day details, emergency details and such current orders, directives or instructions as may be indicated.

(2) The Informative Section will contain information as to religious services, Red Cross activities, athletic activities, entertainments, radio programs, current events, Post Exchange matter and such other matters of information as may be of interest to the command.

c. Matter contained in the Official Section will have the force and effect of orders and all personnel of this command will read the bulletin daily, which will be placed on Officers', Nurses', and Detachment Bulletin Boards, and will familiarize themselves with instructions therein and comply therewith in so far as they may be concerned.

d. Branches and Departments of this hospital will submit to The Adjutant prior to 10:00 A.M. daily such items or matter as they may desire to be published in the bulletin, which should be brief and in form for publication without editing.

### 31. OFFICE HOURS.

a. Until further notice the provisions of par. 2, H.R. 15-5 are suspended.

b. Office/for military personnel will be from 9:00 A.M. to 4:30 P.M., daily. Sundays and Holidays will not be excepted. Chiefs of branches and heads of departments are authorized to excuse personnel from duty on Saturday and Sunday afternoons and the afternoons of holidays provided sufficient personnel remain on duty to enable the Branches and Departments to function in case of emergency.

32. TWENTY-FOUR HOUR DETAIL OF OFFICERS.

a. Due to the present military situation, there will be maintained at this hospital a daily roster of officers consisting of approximately one-half of the duty officers, for the purpose of maintaining a twenty-four hour emergency service.

b. For this purpose, all duty officers will be divided into two groups, each group sub-divided into the following branches:

- Administrative
- Medical
- Surgical
- Dental
- Laboratory
- X-Ray
- Quartermaster
- Chaplain

c. The names of officers comprising each of these two groups will be published, and a copy posted on the Officers' Bulletin Board in the Staff Room. Copies will be furnished to the Chiefs of all Branches and Heads of the Departments concerned. This grouping is made without regard to the "Duty Status" of the officers, i.e., includes those on detached service, sick in hospital, quarters, etc.

d. The Adjutant will indicate on the roster of each group of Emergency Officers' Detail the officers who are designated for the following special duty assignments:

- Administrative O.D.
- Professional O.D.
- Blackout Watch
- Adjutant's Office
- Emergency Medical Officer  
(for Outpatient calls)

The officers so designated will perform the duties required by regulations for their respective assignments. The Adjutant will maintain a roster of officers assigned to these special duties and will rotate such assignments in each group.

e. The Adjutant will furnish each officer assigned to special duties, listed in the preceding paragraph, a copy of the roster twenty-four hours in advance of the day the assignment is effective.

f. The Adjutant will also see that a copy of the roster of the Emergency Officers' Detail is published on the Bulletin Board in the Staff Room and will also furnish a copy to each of the following:

- Each Chief of Branch
- Adjutant
- Receiving Office
- Information Office
- Quartermaster
- Mess Officer

g. All officers in the group assigned for emergency duty, except those assigned to Administrative and Professional O.D., Blackout Watch, and the Adjutant's office, will sleep during their tour of duty in Building T-49 and will mess at the Officers' Mess, except such officers who are occupying individual quarters on the post. The tour of emergency duty will be from 9:00 A.M. to 9:00 A.M. the following day. All officers on emergency duty will mess at the Officers' Mess in Building T-50. The Mess Officer will submit the mess bill to each officer covering his tour or tours of duty during the month.

h. The Commandant, Medical Department Enlisted Technicians School, will be responsible for the care of the quarters in Building T-49. Twenty-four hour telephone service will be maintained by the Commandant on Telephone 2255 to contact officers quartered in Building T-49.

i. The officers detailed for emergency duty will remain on the post during their tour of duty and hold themselves in readiness for any emergency. During a blackout they will proceed at once to their respective branches and departments and maintain constant supervision of all wards and activities, including the east hospital, until the "All clear" signal is given. Officers of the Administrative Section of the Group will report to the Administrative Officer of the Day at the Receiving Office.

j. Officers of the group detailed for specific duties noted in paragraph d above will report to the Administrative Officer of the Day prior to 3:00 p.m. of the day on which they are on emergency duty.

k. The Administrative Officer of the Day will, by comparison with the copy of the roster of Emergency Duty Officers furnished the Receiving Office, assure himself that all officers assigned report for duty, and will report to this headquarters the name or names of any officers who have not reported.

### 33. ADMINISTRATIVE OFFICER OF THE DAY.

a. The Administrative Officer of the Day will carry side arms at all times when on duty.

b. At the time of change of tour, the "old" Administrative Officer of the Day will turn over the side arms to the "new" Administrative Officer of the Day.

### 34. VENEREAL WARDS.

a. The Administrative Officer of the Day, during his tour of duty, will visit the venereal wards at least once between the hours of 8:00 p.m. and 12:00 midnight and again between the hours of 12:00 midnight and 7:00 a.m.

b. On these visits he will note the order and discipline maintained and remedy any defects noted and will verify the presence on the ward of all patients of that ward.

c. He will also note on the report of the Administrative Officer of the Day the fact and hours of his visits to this ward, that the patients were checked, and whether or not all were present.

### 35. DETAIL OF "BLACKOUT WATCH" OFFICER.

a. There has been installed in the Receiving Office an additional telephone which is a direct line from the central system of blackout notification (Interceptor Command).

b. This system has been established by placing one such telephone in each critical post in the Bay Region for the purpose of issuing instructions and information from a central office (AGO-9th CA) concerning blackouts and other pertinent emergency information.

c. This telephone is of the standard desk or French type, is labelled "Blackout", has no dial, and is connected with a magneto box with crank handle.

d. THIS TELEPHONE IS FOR INCOMING CALLS ONLY AND UNDER NO CIRCUMSTANCES WHATEVER WILL IT EVER BE USED FOR OUTGOING CALLS.

e. A roster of administrative officers, termed the "Blackout Watch" will be maintained by this headquarters, one of whom will be assigned each day to remain at this telephone constantly from dark until daylight. "Dark" is defined as the time when the general use of lights is necessary; and "Daylight" is defined as the time when the general use of lights is not necessary. The officer will not leave the vicinity of the telephone for any purpose except when relieved by the Administrative Officer of the Day. The officers for this roster will be taken from the roster of Administrative Officers on the Emergency Officer Detail established by Memorandum No. 27, LGH, Dec. 9, 1941, reducing thereby the assignment on the Emergency Officer Detail Roster to one (1).

f. The Adjutant will include by separate notation on the list of the Emergency Officer Detail, each day, the name of the Blackout Watch Officer.

g. The Administrative Officer of the Day will relieve the Officer on the Blackout Watch whenever it is necessary for him to leave the telephone for meals. During such periods, the Administrative Officer of the Day will assume in full the duties of the "Blackout Watch".

h. When instructions from the central system of which this telephone is a part, are to be given, the blackout telephone rings simultaneously in all the critical posts mentioned. Each officer stationed at these telephones answers and the message or instructions from the central system are given at the same time to all officers answering these special telephones. It is therefore imperative and directed that the telephone at this hospital be answered promptly by the officer on duty when it rings.

i. The officer receiving the orders for a blackout will immediately notify the Engineer in charge of the Letterman Power House (Telephone 2170) to pull the switch and extinguish all lights. Only D.C. lights



are affected by this action. The barracks areas, school buildings and others in the East Hospital are on A.C. current. The Blackout Watch Officer will therefore notify the Charge of Quarters (Telephone 2357), The Sergeant of the Guard (Telephone 2623) and the School (Telephone 2255) that a blackout is ordered and all lights will be extinguished. He will also notify the Administrative Officer of the Day. In notifying the above-mentioned individuals, the Blackout Watch Officer will instruct them to proceed immediately to effect the turning off of all lights.

j. On going on duty, the Blackout Watch Officer will report to the Administrative Officer of the Day and inform him that he is the Blackout Watch Officer. He will also notify the Administrative Officer of the Day when he goes off duty.

k. Upon the ordering of a blackout, all personnel (officers, nurses, enlisted personnel and civilians) will cooperate to assist in turning off lights and will report immediately to the Administrative or Professional Officer of the Day, the Military Police or to any officer encountered, any light detected which can be seen from the outside of any building which has not been put out.

### 36. PROCEDURES DURING BLACKOUTS.

a. The signal for a blackout will be communicated to the Blackout Watch Officer from the headquarters in charge of the system and the signal for all clear will be similarly communicated. No other signals or communications will be delivered over the system set up for this purpose.

b. The Blackout Watch Officer, immediately upon receipt of notification of "Blackout" will instruct the Engineer at the Power House to disconnect the switches for all lights.

c. The Blackout Watch Officer, immediately on receipt of notification of "All Clear" will instruct the Engineer at the Power House to reconnect the switches for all lights.

d. Quarters and other buildings left without a caretaker will be blacked out by the last person to leave such quarters or buildings whether or not a blackout is in effect.

e. Each organization occupying buildings using A.C. current will designate someone whose duty will be to see that all exposed lights are extinguished during a blackout.

f. Officers of the Emergency Detail Group on duty when a blackout is ordered, will proceed at once to their respective place of duty and maintain supervision over such activity until the blackout is terminated.

g. The Commandant of the Enlisted Technicians School will instruct the attendant (on duty to answer the telephone) in the School Headquarters Building (Telephone: 2255) that when he receives notification of a blackout as provided for in Par. 9, Memorandum No. 29, LGH, Dec. 11, 1941, he will so notify officers on the Emergency Detail Group who are on duty and quartered in the buildings of the School.

h. Members of the Medical and Quartermaster Detachments not on duty will remain quietly in their barracks during blackouts until they receive instructions that they are needed upon receipt of which they will report as quickly as possible to their place of duty.

i. During blackouts, oxygen tents will not function normally. Oxygen tanks and facial masks will be substituted during blackouts in case of patients who are under oxygen tents.

j. Order and quiet will be maintained during blackouts and all personnel on duty at the time will remain at their respective places of duty. All personnel will cooperate to create and maintain the effectiveness of a blackout and will correct or report to this headquarters any instance in which required conditions are not met.

k. During the period of the blackout, all lanterns, candlelights, flashlights, matches or other form of visible illumination, anywhere on the post or in any building, will be screened by blackout materials.

l. Only vehicles on "Official Business" and equipped with authorized blackout screening of lights will be permitted to move during a blackout. All others will pull over to the right curb, turn off all lights and wait until the all clear terminates the blackout. The Quartermaster will keep himself informed concerning the requirements for screening of motor vehicles and see that all vehicles that may be used during a blackout are equipped accordingly.

m. Persons on foot will walk on sidewalks and, if there are none, will walk on the left side of the road facing oncoming traffic.

n. Arrangements have been made by the Post of Presidio to have the Arguello Blvd., gate of the post open for military personnel during blackouts.

o. When a blackout is established, all patients will go immediately to their wards and remain in or in the vicinity of their beds.

p. Visitors who are present in the hospital when a blackout is established will be required to remain quietly in the ward until the blackout is ended, at which time they will be required to leave the hospital.

q. Emergency lighting equipment when necessary, in addition to that which has been provided for each activity of the hospital, will be furnished on request by the Hospital Police and Personnel Equipment Room. All emergency lighting equipment will be maintained in efficient working condition by the Supervisor of Hospital Police and Personnel.

r. The Provost Marshal is charged with enforcement of the requirement that the Blackout be complete and will take appropriate measures to correct any defect and will report violators to this headquarters.

### 37. PROCEDURE IN EVENT OF ATTACK.

a. In the event of bombing, or other attack by enemy forces, all

officers, nurses, and enlisted men and civilian employees present on the military reservation will proceed as rapidly as possible to their place of duty and will remain there to perform such duties as become indicated as a result of the attack. This applies to officers, nurses and enlisted men not on emergency details as well as those that are on such details.

b. It is imperative that quiet and orderliness be maintained as confusion defeats efforts to deal satisfactorily with emergency conditions. All personnel will remain calm. Unproductive activities, instructions and conversation will be avoided. Necessary orders will be issued calmly, with briefness and clarity. All personnel will endeavor to create orderliness of thought and behavior in others when the necessity thereof is encountered.

c. All patients will be required to remain quietly in their wards, in, or near their beds. Patients seen out of their wards will be directed by whoever sees them to return immediately to their wards.

d. Visitors who do not want/<sup>to</sup>voluntarily leave the hospital will be required to remain quietly in the ward. They will not be permitted to remain at this hospital in any place except in the wards. All duty personnel will assist in enforcing this requirement.

e. It is not possible to foresee the nature or extent of an enemy attack, and it is therefore not practicable to outline any course of procedure in dealing with the effects of such an attack. The requirements will be obvious to all, if and when such an attack occurs, and it is enjoined upon all concerned to observe and maintain the spirit of this memorandum as applies to themselves and all with whom they come in contact, and to proceed quickly, calmly and systematically to accomplish with common sense and cooperation with others, the proper handling of any emergency that may arise.

### 38. PROCEDURE IN THE EVENT OF BOMBING.

a. In order to afford the maximum protection under existing conditions, in the event of bombing or hostile fire in the area or vicinity of the hospital, the following action will be taken by those concerned:

(1) All nurses not on duty will proceed to the basement floor of the Nurses' Quarters.

(2) Ambulant patients on Wards A-1 and A-2 will be directed to proceed to the basement floor of Ward A-1.

(3) Ambulant patients in Wards B-1, C-1, D-1, E-1 and F-1 will be directed to proceed to Wards B-2, C-2, D-2, E-2 and F-2, respectively.

(4) Ambulant patients on Ward G whose diseases are not too highly contagious will be directed to proceed to the basement of that ward. Other patients will be removed to as low a level in the ward as conditions permit.

(5) Ambulant patients in Ward H will be directed to proceed with their babies to the basement of the Nurses' Quarters.

(6) Ambulant patients in Wards P and R will be directed to proceed to the laboratory beneath the X-Ray Clinic.

(7) Ambulant patients in Ward L-1 will be directed to proceed to the laboratory directly beneath Ward L-1.

(8) Ambulant patients in Wards M-1, N-1 and O-1 will be directed to proceed to Wards M-2, N-2 and O-2, respectively.

(9) Ambulant patients in Wards K-1 and K-2 and outpatients in the E.E.N.T. Clinic, Dental Clinic and the Outpatient Branch will be directed to proceed to the basement under K-2.

(10) Ambulant patients in Wards S-1<sup>and S-2</sup> will be directed to proceed to the basement of S-1.

(11) Ambulant patients in all wards in the East Hospital will be directed to lie prone under their beds.

(12) Non-ambulant patients, when conditions, time, and circumstances permit, will be taken in their beds, or on their mattresses, to the shelter area prescribed above for the ward concerned.

(13) Patients, who for any reason cannot be moved, will be protected by stacking mattresses from vacated beds around and above the bed, the mattresses being held in position by chairs or bedside tables.

(14) Disturbed neuropsychiatric patients will be removed by attendants to the basement of S-1 insofar as existing facilities permit.

(15) All military duty personnel and civilians employed or residing at this hospital who are not engaged in necessary work at the time of a bombing will remain indoors, sheltered as well as facilities permit, and will lie on the floor away from windows and doors.

b. All of the above procedures applicable to patients will be initiated by the ward personnel on duty at the time of the attack and will be carried out with a minimum of delay, quietly, and without confusion. Ward Officers if not already on the ward will report immediately to the ward and effect the movements directed by this memorandum.

c. The patients and others referred to above, after proceeding to the designated locality, will make themselves as comfortable as possible and will remain quietly in their assigned location until danger has passed.

d. In the event any occupied ward or building is struck by a missile and so damaged that its continued occupation is hazardous, the occupants will be directed to move to the nearest of other areas of shelter designated above.

g. If additional shelters are required due to extensive damage of designated buildings, the printing shop, the machine shop below the Physiotherapy Section, and the Quartermaster Bakery will be used for patients. The officers in charge of these activities will issue instructions that they be opened immediately in the event an attack occurs after regular duty hours.

f. The Supervisor of Hospital Police and Personnel will instruct the personnel of that activity to assist in any manner that conditions indicate, in the movement of patients.

g. The Provost Marshal will instruct the Military Police that in the event of an attack by bombing or shelling, they will take the necessary action to prevent congestion of vehicular traffic on the roads of the reservation and to prevent confusion and congestion of individuals in and about the hospital.

h. Personnel on duty will proceed quietly and in an orderly manner with their usual duties, avoiding unnecessary exposure and will assist in maintaining calmness and orderliness in their respective spheres of activity.

i. The signal that all danger has passed will be one long blast of the whistle at the Power House.

j. The Administrative Officer of the Day, upon receipt of information from this headquarters or Headquarters Western Defense Command, that the danger has passed, will go personally to the Power House and give the order for the signal whistle.

k. The Post Engineer Officer will issue instructions to the personnel at the Power House that the all clear signal whistle will not be sounded following an attack of the nature referred to in this memorandum unless the order is given personally by the Commanding General, Administrative Officer of the Day, Executive Officer or the Adjutant.

### 39. PROCEDURE IN CASE OF CASUALTIES DUE TO LOCAL ENEMY ACTION.

a. Notification of Enemy Action.--When information is received of local enemy action from which casualties might be sent to this hospital, the Adjutant will be so informed and he will immediately notify in turn, the Executive Officer, the Receiving and Disposition Officer, the Chief of the Surgical Branch, the Chief of the Medical Branch, the Chief Nurse, the Supervisor of Hospital Police and Personnel, and the Chief, Medical Supply Branch. Each of these officers will take the necessary steps to prepare for the reception and care of casualties in conformity with the instructions that follow. In the event that any of the above mentioned officers are absent, the senior officer present, assigned to the Branch or department, will be notified and will perform the duties normally assigned to the Chief of Branch or Head of Department.

b. Requisites for Care of Casualties.--The primary requisites for the proper care of casualties are receiving, classification, distribution, and treatment, in the order named. The methods to accomplish these procedures are outlined below.

c. Duties of Receiving and Disposition Officer.--

(1) Casualties, other than those due to gas, will be directed to the Hospital Receiving Office, where, under the direction of the Receiving and Disposition Officer or his commissioned representatives, they will be given a rapid examination to ascertain if they are wounded and, if so, how severely, and whether or not tetanus toxoid and anti-tetanic serum have been administered, and the necessary first aid treatment accomplished. If the serum or toxoid has not been administered it will be given in the Receiving Office and the initial "T" placed on the patient's forehead in ink or indelible pencil. When the above is accomplished the Receiving Officer will distribute patients to the following localities:

a. The Dressing Room for Walking Wounded located at the Emergency Operating room in the basement of Ward D-2.

b. Classification and Pre-operative Section for wounded located at the Operating Pavilion in the center of the main hospital group.

(2) Casualties due to gas that report to the Hospital Receiving Office will not be permitted to enter that office but will be sent immediately to the Gas Casualty Station located in the west end of Ward 2. (See Par. e, below).

(3) The Receiving and Disposition Officer will be responsible for the maintenance of adequate supplies for first aid dressings and of tetanus toxoid and tetanus anti-toxin, and for the institution of such measures as may be necessary to rapidly receive and distribute patients as indicated above.

d Duties of the Chief of Surgical Branch.--

(1) The Chief of Surgical Branch is responsible for the equipment and operation of the Dressing Room for Walking Wounded (Emergency Operating Room, Ward D-2), the Classification and Pre-operative Section, and the Shock ward (Ward D-1), and such other places on the Surgical Branch as may hereinafter be designated for the reception and care of wounded.

(2) The Dressing Room for Walking Wounded (Emergency Operating Room, Ward D-2), is the station for the reception of walking wounded. To this station the Receiving Officer will send all ambulant wounded except the few that it may be necessary to refer to the Classification and Pre-operative Section or to the Shock Ward (Ward D-1), because of the severity of their injuries. The Officer in Charge of the Dressing Room for Walking Wounded will be responsible to the Chief of the Surgical Branch for the proper operation of that section. He will carefully examine all patients, bearing in mind that frequently ambulant patients have serious wounds that involve blood vessels, nerves, and at times the skull. He will determine the extent of their injuries and ascertain whether tetanus toxoid and anti-tetanic serum have been administered, that the wounds are properly dressed, and that such surgery as can be performed without general anesthetics is

is done, also that patients with serious wounds are sent to the Classification and Pre-operative Section or to the Shock Ward, that those who require X-ray examinations are sent to the X-ray Clinic, and those with minor injuries, and other cases of a trivial nature are sent to the secondary or evacuation wards (Wards B-2, C-2, D-2 and E-2).

(3) Classification and Pre-operative Section. The Chief of the Surgical Branch will supervise the examination of all patients arriving in the Classification and Pre-operative Section and designate the priority of their admission to the operating room. If, upon arrival, the condition of the patient is found to be such that it is inadvisable to operate at once, he will be sent immediately to the Shock Ward (ward D-1). Priority for admission to the operating room will be determined as follows:

- a. Those with active hemorrhage.
- b. Those with tourniquet in place.
- c. Those with open and unsplinted fractures.

A proper evaluation of the condition and necessity for treatment of patients arriving in the Classification and Pre-operative Section will demand experience and sound surgical judgment. It may happen that large numbers of litter cases are received in a very short time. Such an eventuality would require a change of the standard for classification in the cases for immediate operation into a restricted class having serious wounds of the head, abdomen, chest or compound fractures of the femur. Reinforcement of the surgical staff by officers from the Medical Branch may be required as an auxiliary to the surgical group when such conditions prevail. Such reinforcements will be furnished by the Chief of the Medical Branch as required.

(4) The distribution of patients from the Classification and Pre-operative Section will be as follows:

- a. Minor traumatism, fractures of small bones, sprains, and other conditions not complicated by large open wounds to the Evacuation Wards (wards B-2, C-2, D-2 and E-2).
- b. All chest cases to operating room or Ward F-2.
- c. All burn cases to Ward B-1 dressing room then to Ward F-2.
- d. Head cases and all perforating and penetrating wounds of the abdomen to ward C-1.
- e. Cases of shock requiring special shock treatment to the Shock Ward (ward D-1). All cases with a systolic blood pressure below 100 will be sent to this ward and all other cases as their general condition may warrant.
- f. Cases upon leaving the operating room will be sent to the Shock Ward (ward D-1), and to other wards designated for special cases as indicated above.

(5) The Chief of the Surgical Branch is responsible for the maintenance of operating teams, shock teams, and splint teams, and that suitable and sufficient surgical equipment and supplies are available at all times for the reception and treatment of the wounded.

e. Duties of the Chief of Medical Branch.

(1) The Chief of the Medical Branch is responsible for the proper operation of the Gas Casualty Station located in the west end of Ward 2, and for the reception, classification, decontamination, and distribution of such casualties. These casualties will not be taken into the Hospital Receiving Office.

(2) Following decontamination distribution will be made as follows:

a. Eye cases and those with surgical conditions other than with pulmonary complications to Ward 3.

b. Pulmonary complications or those with pulmonary conditions to Ward 1.

c. All other cases to Ward 2.

(3) The Chief of the Medical Branch will be responsible for the maintenance of adequate supplies for the Gas Casualty Station, for its proper operation, and for the administration of tetanus toxoid or anti-tetanic serum to patients requiring it.

f. Duties of the Chief Nurse. The Chief Nurse is responsible that nurses designated by Chiefs of Branches for the various stations on their branches report promptly to their stations and await instructions.

g. Duties of Supervisor of Hospital Police and Personnel. The Supervisor of Hospital Police and Personnel will maintain on hand in the Central Equipment Room an adequate supply of blankets, litters, and the various accessories that may be required for patients assembled in the Classification and Pre-operative Section while awaiting disposition. He will also be responsible that sufficient enlisted men are made available immediately to the Receiving and Disposition Officer to assist in the transportation of patients from the Receiving Office to the various parts of the hospital and that a sufficient number of enlisted men are immediately made available to the Chief of the Medical Branch at the Gas Casualty Station to assist in transporting patients from ambulances to the Gas Casualty Station (west end of Ward 2), and for such other purposes as the Chief of the Branch may indicate.

h. Duties of the Chief, Medical Supply Branch. The Chief, Medical Supply Branch will hold himself in readiness to furnish such equipment or supplies as may be requested from him by the Chiefs of Professional Branches or the Receiving and Disposition Officer.

i. Duties of the Provost Marshal. The Provost Marshal will take immediate steps to assign sufficient military police in and about the

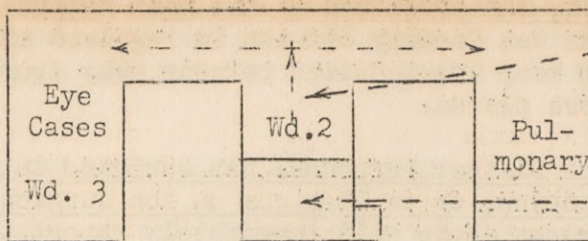


Receiving Office, the corridors of the main hospital, and in close proximity to the Gas Casualty Station to regulate traffic in that vicinity and to keep unauthorized persons away from the immediate vicinity of those places.

j. Duties of Officer Personnel not Assigned to Receiving Office, Gas Casualty Station, or to Stations on the Surgical Branch. The officers enumerated above will immediately report to their places of regular duty and remain there awaiting instructions.

k. Scheme for Routing of Casualties. The following sketch indicates in graphic form the routes to be taken by the various types of patients after being dispatched from the Receiving Office:

East Hospital  
Medical & Surgical Gassed



General Gas & Gas Surgical  
Gas Decontamination

Sternberg

Receiving

Avenue

Wd. N-1  
Auxiliary Shock Wd.

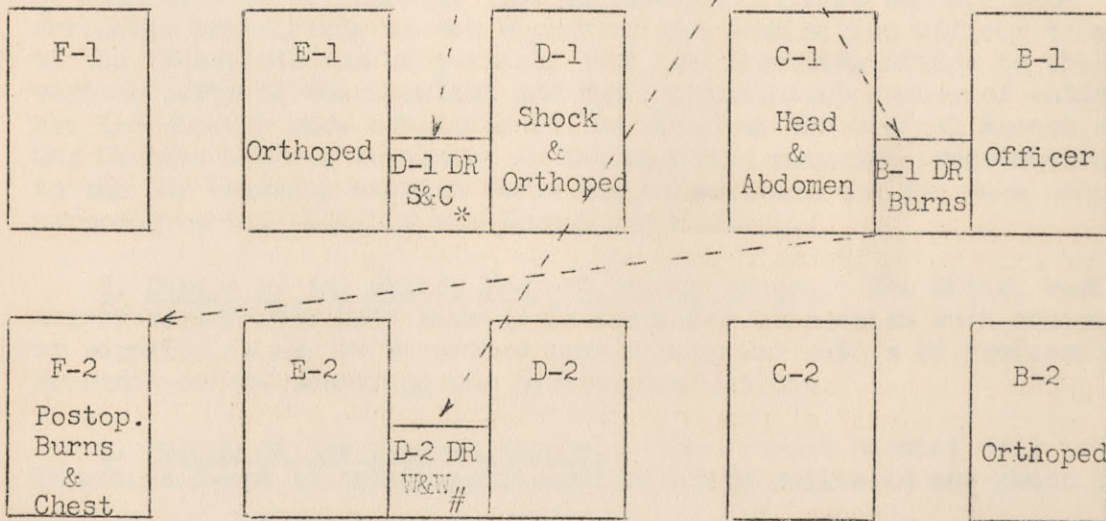
Gas Cases to Ward 2.  
Receiving Ward (1st Sorting)

Auxiliary Dressing Rooms for Walking Wounded

C-1  
F-1  
D-2

Operating Rooms

West Corridor



\*Splint and Cast

#Walking Wounded

#### 40. PROTECTION AGAINST FIRE CAUSED BY ENEMY ACTION.

##### General.

a. To provide maximum protection with available means against fires caused by enemy action, an organization hereinafter set forth, is created to be trained and held at all times in readiness to combat fires of this nature. For purposes of clarity, the detail for this purpose is designated as the War Fire Detail to distinguish it from the regular Post Fire Fighting Detail, which will be referred to as the Post Fire Detail.

(1) The War Fire Detail will not respond to ordinary fire alarms. The War Fire Detail will respond in the manner indicated, during alerts, blackouts, and actual enemy attacks.

(2) The Post Fire Detail will not respond to alerts and blackouts but will remain at their place of duty or in quarters available for call. The Post Fire Detail will respond to ordinary fire alarms and, during enemy attack, will function in the same manner as provided in regulations for ordinary fires.

b. To conform to the hospital arrangement, the complete organization of the War Fire Detail is formed into two (2) districts, the East Hospital District and the Main Hospital District.

c. Personnel assigned to the War Fire Detail will keep their gas masks and helmets immediately available during the period their group is on duty, and will wear their helmet and carry their gas mask during alerts, blackouts and enemy attacks. The gas mask will be worn when gas is present.

d. When the alert signal is sounded (nature of signal to be announced later) all personnel of the group of the War Fire Detail on duty will proceed immediately to the stations to which they are assigned and will remain there until the "all clear" is sounded. Communication between the various elements comprising this organization will be by runners.

e. All other military personnel of the hospital, including the group of the War Fire Detail not on duty will, when the alert signal is sounded, remain at their place of duty, if on duty, and in their quarters, if not on duty, and will hold themselves in readiness for call. This provision is not intended to interfere with special instructions for conduct during emergency situations issued to the Special Gas Detail, Decontamination Detail, ambulance drivers and personnel performing regular emergency duties.

f. Officers in charge of the following activities will have all the buildings pertaining to them unlocked during alert periods to provide access for fire fighters. Proper precautions will be taken for the security of property and supplies contained in such buildings:

- (1) Post Exchange
- (2) Laundry

- (3) Quartermaster
- (4) Medical Supply
- (5) Post Engineer
- (6) Medical Department Enlisted Technicians School
- (7) Section Commanders
- (8) Mess Officer
- (9) Adjutant (Administration Bldg.)
- (10) Recreation Officer (Library, Club, Storeroom, Recreation rooms)
- (11) Hospital Police and Personnel (Clinics and miscellaneous, such as Assembly room, Physiotherapy, Occupational Therapy, Gauze Room, X-Ray, Offices, etc.)

### Organization.

a. For the purpose of this organization, the hospital is divided into two districts, hereafter known as the 1st District comprising the East Hospital Area lying east of the parade ground; the 2nd District comprising the Main Hospital Area lying west of the parade ground. Each district will be supervised by a Sergeant of one of the 1st three grades.

b. Each District is subdivided into areas, which are designated by numbers running consecutively through the two districts; each area will be supervised by a Sergeant.

c. Each area is subdivided into sections which are designated by letter with the sub-numeral indicating the area, thus A1, A2, A3, etc., indicating Section A, Area 1; Section A, Area 2; Section A, Area 3, etc. Each Section shall be manned by a firefighting crew of three (3) men, one of which shall be assigned as section leader.

d. For observation purposes the hospital is divided into three (3) territories, in each of which an observation post is located as follows:

- No. 1 - Atop the Administration Building,
- No. 2 - Atop the Lower House,
- No. 3 - Atop the Medical Detachment Headquarters.

e. Each observation post will be manned by an observer and three runners. For buildings assigned to each observation territory, see appendix A herewith.

### Responsibilities and Duties.

a. The Commanding Officer, Detachment Medical Section, will assign sufficient men by name to meet the requirements of the War Fire Detail and will check the list daily and make adjustments necessitated by changes in status of assigned personnel to assure that the detail is full strength at all times. Commanding Officers, Quartermaster Section and Detachment Medical Department Enlisted Technicians School (less students) will furnish initially and from time to time thereafter as indicated, names of members of their respective detachments for assignment to the War Fire Detail. Men engaged in the following activities will not be assigned to the War Fire Detail:

- (1) Post Fire Detail
- (2) Gas Station Detail
- (3) Decontamination Detail
- (4) Ambulance drivers
- (5) Operating room personnel
- (6) Head cooks plus skeleton kitchen detail
- (7) Students, Medical Department Enlisted Technicians School
- (8) Wards, except the minimum necessary to complete the War Fire Detail.

The Commanding Officer, Detachment Medical Section, will furnish the Fire Marshal with a list of the names of men assigned to the War Fire Detail and also a daily report of changes in the detail.

b. The Fire Marshal is responsible for the instruction and training of the personnel assigned to the War Fire Detail and for the proper functioning of the organization as a whole. The Chemical Warfare Officer and such other officers as may be required by the Fire Marshal will assist in instruction of the personnel generally, in the perfection and functioning of the organization.

c. It is the responsibility of the officer assigned to Blackout Watch to see that instructed personnel are present in the Receiving Office to receive and transmit alert signals at all times, and that immediately upon the reception of an alert signal from the Presidio Fire Department it is transmitted to the Power House by telephone (or runner, in event of a failure of telephone communications).

d. The District Supervisors are responsible for the preparation of schedules for instruction and training in accordance with the training program which will be issued by the Fire Marshal.

e. Area Supervisors are responsible for conducting the instruction and training of the section personnel under their supervision in accordance with the schedules and directions issued by the District Supervisors and for organizing the section under their control in the following manner:

(1) The equipment assigned to sections will be located at a designated point under cover, but easily accessible. Upon taking station, the section leader will post the other two members of his section as fire watchers at locations or patrol areas where the buildings in the respective sections can be kept under observation and where they can maintain communication with the section leader. He will then take his post at the designated point for his section headquarters, which will be on a communication route and easily found. Upon spotting a fire the watcher will transmit the exact location to the section leader who will assemble personnel and equipment at that point. In this way many fires may be spotted and protective measures taken prior to the arrival of the runner from the observation post. This does not, however, relieve the territory observer and his runner from the responsibility of reporting the location of any fires or bombs that may be spotted. The section leader will designate one (1) man to handle the bomb shield and nozzle, one (1) man to handle pump, and one (1) man to carry water.

and to handle the shovel or "bomb snatcher."

(2) Section leaders will inspect daily the equipment assigned to their sections, to assure that it is at its designated place and in proper working condition; they will conduct such individual drills as will thoroughly familiarize each man with the operation of the equipment and the general layout and the location of each building assigned to their sections. Personnel on duty in one section will not leave their section to go to the assistance of another section except on order from their area supervisor.

(3) Personnel assigned as territory observers are under the supervision of the district supervisor in whose district the observation post is located. It is their duty to thoroughly familiarize themselves with the location of the buildings in their territory as indicated on the map with which each observation post is supplied. This is extremely important in order that the location of the fire or bomb may be transmitted to the runner on ground, without delay.

(4) Runners will be required to memorize the locations of the buildings as indicated on the map and learn the most expeditious routes thereto in order that there may be no delay in transmitting reports of fires received from the territory observer to the section concerned.

#### Equipment to be Issued.

The Post Engineer will issue to each area supervisor the following articles for each section under his control:

- 1 - 5 gal. pump can with 10 ft. length of hose and nozzle
- 1 - Bomb shield
- 1 - Bomb snatcher (when and if available)
- 1 - Shovel (long handle)
- 1 - Bucket for sand
- 1 - Bucket for water
- 3 - Sand bag mats

Flashlights and maps will be issued as needed.

APPENDIX A

District and Area outlines are as shown on map.

Composition of Sections are as follows:

1st DISTRICT.

<u>SECTION</u>	<u>BUILDINGS</u>	<u>DESIGNATED STATION</u>
A 1	School Adm. Building	T-47
	Barracks	T-48
	Officers' Quarters	T-49
	" "	T-50
B 1	Recreation Building	
	School Building	T-44
	" "	T-45
	" "	T-46
C 1	Barracks	T-40
	"	T-41
	"	T-42
	Storehouse	T-43
D 1	Office Medical Section	S.E. Cor Field Mess
	Field Mess	
A 2	Buildings	T-35
	"	T-36
	"	T-37
	"	T-38
	"	T-39
B 2	buildings	T-30
	"	T-31
	"	T-32
	"	T-33
	2 N.C.O. Garages	T-34
A 3	Service Club	
	Ward 1	Corridor at Ward 2
	Ward 2	
B 3	ward 3	
	ward 4	Corridor at Ward 4
	ward 5	

C 3	Branch Post Exchange Ward 6 Ward 7	T-8	Corridor at Ward 6
D 3	Ward 8 Ward 9 Ward 10		Corridor at Ward 9
E 3	Building " " " " " " Letterman Club	T-17 T-18 T-19 T-28 T-24	Corridor T-28

2nd DISTRICT

A 4	quarters 21 " 22 " 23		Rear of Quarters 22
B 4	Ward K Receiving Office Outpatient		Front of receiving Office
C 4	Ward L " M " N		Corridor Ward M
D 4	Ward O Ward P Laboratory Ward R Bakery		Corridor Ward P
E 4	Quarters 29-30 " 31-32 " 33-34		Rear of Quarters 31-32
A 5	Administration Building		Front of Adm. Bldg.
B 5	Operating Pavilion Occupational Therapy Bandage Room North End of Dining room Library Patients' Recreation Room		East End of Corri- dor to Operating Pavilion



C 5	Dining Room Kitchen Dental Annex	Corridor at Dental Annex
A 6	Ward A Post Exchange Ward A-1	Corridor at P.X.
B 6	Buildings Ward B " C " D " E " F	Corridor Ward D
C 6	Print Shop Physiotherapy West " East Assembly Hall	Corridor Assembly Hall
D 6	Nurses Dormitory Addition A " B " C " D " E " F	East Side of Addition C
E 6	Ward G-1 " G-2 Garages	N.E. Corner Ward G-1
A 7	Warehouse C	Front of Office
B 7	Q.M. Shops P.X. Service Station	At Gas Pumps
C 7	Power House	Porch S.E. Cor. Commissary
D 7	Q.M. Commissary	Porch S.W. Cor. Commissary
E 7	Post Garages Medical Paint Shop	Garages West Door

A 8	Ward S-1 Ward S-2 Ward S-1 Addition	Front of Ward S-2
B 8	Laundry & Dry Cleaning Plant	Loading Platform Laundry
C 8	Medical Supply Storehouse Combustible Storehouse	Forch S.E. Cor. Medical Supply Storehouse
D 8	Private Garages Officers' " Animal Houses	N.E. Cor. Animal House

#### 41. FIRE ALARM SIGNALS.

a. The attention of all concerned is directed to the new Fire Alarm Signal Cards now posted throughout the hospital. All personnel will study the map at the top of the card and become familiar with the locations of the various areas. For fire alarm purposes numbers of the areas coincide with the number of short blasts of the whistle indicating the location of the fire.

b. Effective this date the blowing of the power house whistle to indicate time of day will be discontinued and the whistle will be used to sound fire alarms and air raid alarms only. The following signals will be standard:

(1) 1 long blast of approximately 45 seconds followed immediately by the proper number of short blasts indicating the fire area will be the regular fire alarm signal and will be answered by personnel assigned to the regular fire detail only.

(2) 1 long blast of approximately 1 minute duration, alone, will be the air raid alarm and will be answered by the War Fire Detail only.

c. Following air raid alarms, regular fire alarm signals will not be pulled, except by Area or District supervisors of the War Fire Detail.

#### 42. GAS ALARMS.

a. The Provost Marshal is responsible for the training of the Military Police as gas sentries. The training will include detection and identification of the various gasses as well as giving the necessary alarm. During an alert between the hours of 0730 and 1800 a guard will be posted on Posts No. 11 and No. 12. The Post Chemical Warfare Officer will assist in the technical phase of the training.

b. Gas alarms have been installed at locations listed in par. 6 below. They consist of a circular heavy brake drum with striker, painted yellow, suspended from a stand painted white, and marked "Gas Alarm".

##### c. Duties of Gas Sentries.

(1) All Military Police are charged with the additional duties of gas sentries. As such, they are responsible for the detection of gas on their posts and with giving the alarm.

(2) When gas is detected the sentry will immediately sound the nearest gas alarm and report the action taken to the person to whom he normally reports disorders by telephone.

d. The Administrative Officer of the Day is responsible for notifying the Adjutant, Provost Marshal and Fire Marshal of the presence of gas. He will cause all the gas alarms to be sounded as rapidly as possible.

e. Chemical Warfare Officer: In the event of enemy action the

Chemical Warfare Officer will report in person to the Adjutant when he will maintain close liaison with all elements on the post for the purpose of Chemical Intelligence and defense measures.

f. Location of Gas Alarms on the Post of Letterman General Hospital

- (1) Rear building No. 3 (Girard Road.)
- (2) Rear building No. 17 (Kennedy Ave.)
- (3) Front building No. 35 (Edie Road.)
- (4) Rear building No. 26 (Thornburg Road.)
- (5) Front building No. T-46 (Glennan Road.)
- (6) Front building No. 18 (Glennan Road.)
- (7) East Hospital ramp (Between Bldg. T-20 and T-21.)
- (8) Crissy Field (Rear Bldg. T-1102.)

43. PROCUREMENT OF SPECTACLES "GAS MASK TYPE," FOR MILITARY PERSONNEL OF THE U. S. ARMY.

The following radiogram was received from the Office of The Surgeon General:

"ADVISE IMMEDIATELY ALL STATIONS UNDER YOUR JURISDICTION THAT SPECTACLES GAS MASK TYPE ARE TO BE ISSUED TO MILITARY AND OTHER AUTHORIZED PERSONNEL WHO ARE REQUIRED TO WEAR EYEGLASSES ONLY IF THEY HAVE A VISUAL ACUITY OF TWENTY FIFTY OR WORSE PERIOD SGO CIR LTR ONE HUNDRED TEN IS BEING AMENDED ACCORDINGLY END"

(Ltr. Hq. 9th SC, Sept. 14, 1942)

44. SPECTACLES AND SPECTACLES, GAS MASK TYPE, FOR MILITARY PERSONNEL.

a. Attention is directed to Circular Letter No. 59, Office of the Surgeon General, June 24, 1942, subjects: "Procurement of "Spectacles" and "Spectacles, Gas Mask Type" for Military Personnel."

b. The contract has been awarded to the American Optical Company for the provision of optical supplies and repairs for the balance of the current fiscal year. The contract number is W709 MD 266. The local branch office of the American Optical Company is located at 25 Kearny Street, San Francisco, California.

c. Military personnel, other than patients in hospital, requiring refraction will be referred by the Chief of the Outpatient Service to the Chief of Eye, Ear, Nose and Throat Section of this hospital. Patients in hospital will be referred to the Chief of the Eye, Ear, Nose and Throat Section in the manner prescribed in Hospital Regulations. If examination indicates that the individuals should be equipped with spectacles or that such spectacles require repairs, he will cause a prescription for the spectacles or repairs required to be entered on nine (9) copies of Form No. 130 M.D. (Spectacle Order Form,) and authenticate the same by his signature in the space provided for that purpose. The original and three (3)

copies, all four signed, will then be sent by the Chief of the Eyes, Ear, Nose and Throat Section to the Americal Optical Company, 25 Kearny Street, by mail or by messenger as the situation may indicate. The five (5) remaining copies of Form No. 130, M.D. will be retained in the office of the Chief, Eye, Ear, Nose & Throat Section and disposed of as directed in par. d below.

d. The Optical Company will sign the original form and return it with the glasses to the officer in charge, Eye, Ear, Nose & Throat Section. Upon receipt of the glasses, this officer, or his designated commissioned assistant, after making the necessary adjustment to the frame, will deliver the glasses to the patient and accomplish the receipt of purchase on the lower portion of Form No. 130, M.D. The original copy will then be attached to the five (5) copies on file in the office of the Chief of the Eye, Ear, Nose and Throat Section. This record of the completed transaction will be retained in the office of the Chief of the Eye, Ear, Nose and Throat Section until the end of each month, at which time it will be forwarded by the Chief of the Eye, Ear, Nose and Throat Section to the Commanding General, Ninth Service Command, Fort Douglas, Utah. (attn: Med. Branch):

e. "Spectacles, Gas Mask Type" will be issued to those individuals requiring them, under the provisions of Cir Ltr No 59, Office of The Surgeon General, dated June 24, 1942.

f. Additional supply of Form No 130, M.D. will be furnished the Chief of the Eye, Ear, Nose and Throat Section by the Chief, Medical Supply Branch.

#### 45. TRAINING.

a. In addition to the technical and special training now being carried out in the Detachment Medical Section, Letterman General Hospital, a minimum of one-half day, each week, will be devoted exclusively to military training. This training will not operate to reduce the technical or special training now being carried out within the detachment but will be in addition to that training.

b. The military training will be that outlined in Mobilization Training Program 8-1, 1940, as modified to suit the needs of the Letterman Detachment. Every enlisted man belonging to the Detachment Medical Section, Letterman General Hospital, will be required to undergo this training.

c. The Detachment Commander, Detachment Medical Section, will prepare and submit to this headquarters for approval the Training Program and schedules for courses of instruction. He will be responsible that instruction is carried out as laid down in these schedules. He may select such qualified non-commissioned officers of the detachment as may be necessary to assist in carrying out this schedule of instruction.

d. The Detachment Commander, Detachment Medical Section, will detail by name the members of the detachment who will attend each period of instruction. He will inform the men detailed for instruction sufficiently far in advance of the time that they are to attend instruction for arrangements to be made for their relief from regular duties. He will detail the greatest possible number of men to attend these periods of instruction but, in preparing details, he will bear in mind that the hospital must continue to function during the periods of instruction. Not over 50% of the Detachment Medical Section will be detailed for this instruction on any one day. He will require that all men of the detachment will be on duty the afternoons devoted to this training; passes or excuses from duty will be granted only in cases of emergency. He will see that a record is kept of the men undergoing military instruction.

e. The Chiefs of Branches and Heads of Sections will release from their duties, men detailed for instruction during the periods of such instruction.

#### 46. RESTRICTION OF LIGHTING.

a. Effective August 20, 1942, the following restrictions of lighting will be observed by all concerned in compliance with Public Proclamation No. 10, Hq. Western Defense Command and Fourth Army, dated August 5, 1942:

(1) Street lights between the wards in the East Hospital area will be disconnected.

(2) Two street lights, (south and north lights of series three) in vicinity of Building T-50 will be disconnected.

(3) Street lights along Glennan Road and along road in East Hospital area extending along the East side of Service Club to Ward 10 will be reduced 50% in number.

(4) Illumination of all outdoor ground areas except the illumination from street lights will not exceed one foot candle at any point.

(5) All outdoor illumination including street lights will be so shielded that no light is emitted upward.

(6) Within areas from which normal automobile headlights are visible from the sea, no vehicle will be operated during the night hours between sunset and sunrise with more than two lighted driving lamps, regardless of the direction of travel. Each such lamp will provide a maximum of not more than 250 beam candle-power. Spot lights and fog lights not conforming to the foregoing are prohibited. There is no restriction on the use of tail lights, stoplights and license plate lights. There is no restriction on the use of clearance lights required by law for trucks, ambulances and other similar vehicles. Through the Motor Vehicle Department, State of California, headlight adjusting stations will furnish information

on several suitable methods of revising standard automotive headlighting equipment so that the required beam candle power is obtained. Pending such changes, regular parking lights meet the requirements for reduced illumination while traveling in areas requiring such reduction.

b. The phrase "Visible from the sea," as used herein, will be interpreted as applicable to illumination which is visible from the waters of the Pacific Ocean. Lights are visible from the sea if the sea can be viewed from their location. The waters of San Francisco Bay are not included in the phrase "Waters of the Pacific Ocean."

c. Bonfires are not permitted on the Post. Necessary burning of refuse will be under the supervision of the Police Officer and will be limited to daylight hours.

d. The Post Engineer is charged with carrying out the provisions of this memorandum that apply to lighting, with the exception of that portion applicable to motor vehicles.

e. The Quartermaster is charged with carrying out the provisions of this memorandum that apply to motor vehicles, insofar as applicable to Government vehicles under his control.

f. The Provost Marshal is charged with enforcing the provisions of this memorandum on this post.

47. RESTRICTION OF LIGHTING. (PUBLIC PROCLAMATION NO. 12, OCTOBER 10, 1942)

a. Whereas, current developments and further investigations indicate the military necessity for certain changes in and additions to the provisions of Public Proclamation No. 10, dated August 5, 1942, this Headquarters:

b. Now, Therefore, I, J. L. De Witt, Lieutenant General, U.S. Army, by virtue of the authority vested in me by the President of the United States and by the Secretary of War and my powers and prerogatives as Commanding General of the Western Defense Command, do hereby declare this:

(1) The present situation requires as a matter of military necessity that Sections 2, 3 and 5 of said Public Proclamation No. 10 be, and they are hereby amended, as of the effective dates hereinafter provided, so that said Public Proclamation No. 10, from Section 1 to Section 5, inclusive, will read as follows:

(a) The present situation requires as a matter of military necessity that a Zone of Restricted Lighting be established within Military Areas Nos. 1 and 2, and that illumination within said Zone of Restricted Lighting be extinguished or controlled in such manner and to such extent as may be necessary to prevent such illumination from aiding the operations of the enemy.

(b) Pursuant to the determination and statement of military necessity in Paragraph 1 hereof, a Zone of



Restricted Lighting, as particularly described in Exhibit A hereof, and as generally shown on the map made a part hereof and marked Exhibit B, is hereby designated and established. (Exhibits A and B omitted). Illumination within the entire area of said Zone of Restricted Lighting shall be extinguished or controlled at all times at night from sunset to sunrise as follows:

(1) Signs, Floodlighting, Display and Interior Lighting. Illuminated signs and ornamental lighting of every description which are located out-of-doors, and floodlighting which illuminates buildings or signs (including but not limited to all exterior advertising signs, billboards, display lighting, theatre marquee signs, illuminated poster panels and building outline lighting), and all interior light sources (as hereinafter defined) which emit direct rays above the horizontal out-of-doors, shall be extinguished. The words, "light sources," as used herein are intended and shall be construed to mean and include any light generating elements and the bright portion of any reflector, lens, luminaire, transparency, or other equipment associated herewith for the control or diffusion of light. This Section (b) (1) shall not apply to illumination for industrial or protective purposes except to the extent provided for in Section (b) (2).

(2) Illumination of Outdoor Areas; Street and Highway Lights. Illumination of outdoor areas and industrial and protective illumination, shall be controlled as follows:

(a) Except as provided in Section (b) (2) (b), illumination on all outdoor areas (including but not limited to automobile service station yards, outdoor parking areas, recreation areas and outdoor structures and roofs) shall not exceed one foot candle at any point when measured on a horizontal plane at any level of such outdoor areas, and all outdoor light sources shall be shielded so that no direct rays from the light source are emitted above the horizontal. All interior lighting of every description shall be reduced or controlled so that it does not contribute more than one foot candle of illumination upon any outdoor area. All street and highway lights shall also be shielded so that each light source emits no more than ten per cent of its total lamp lumens at angles above the horizontal. Provided the foregoing requirements are met, any further reduction or extinguishment of street or highway illumination which would unnecessarily aggravate traffic hazards is not required.

(b) Variations from the foregoing requirements shall be permitted in the case of illumination for industrial and protective purposes, and from industrial processes, whether interior or exterior, but not including street or highway lights, only when and to the extent that it is necessary to vary from such requirements in order to achieve and maintain



maximum efficiency; but only with the written approval of the Ninth Regional Civilian Defense Board, obtained in advance.

(3) Traffic Signs and Signals. Illuminated signs and signals which are authorized or maintained by government authority for the purpose of controlling or directing street or highway traffic shall be shielded so that no direct rays from the light source are emitted above the horizontal in respect to lights mounted ten feet or more above the ground, or above an angle of more than three feet above the ground, or above an angle or more than twelve degrees above the horizontal in respect to lights mounted less than three feet above the ground. Relative variations in the upward limit of light are permissible to compensate for grades.

(4) Navigation and Railroad Lights. Authorized lights necessary to facilitate air or water navigation, authorized railroad signal lights, and headlights of railroad locomotives when in motion, are hereby excepted from all the provisions of this Proclamation.

(c) In addition to the restrictions hereinbefore imposed, illumination within that part of the Zone of Restricted Lighting which is visible from the sea, as hereinafter defined, shall be further diminished or obscured at all times at night from sunset to sunrise, as follows:

(1) Street, Highway and Traffic Lights. Street and highway lights, and illuminated signs (but not signals) which are authorized or maintained by government authority for the purpose of controlling or directing street or highway traffic and which are visible from the sea, shall be so shielded that they are not visible from the sea at night and so that no direct rays from the light source are emitted above the horizontal.

(2) Residential, Commercial and Industrial Windows. No lighting shall be permitted behind windows or glazed doors visible from the sea unless they are covered by drapes or shades.

(3) Street and Highway Traffic. Within areas visible from the sea, but subject to the exceptions hereinafter stated, vehicles shall operate at night with no more than two lighted driving lamps, regardless of the direction of travel, and each such lamp shall provide a maximum of not more than 250 beam candlepower. Normal rear lights, license plate lights and clearance lights (where required by law) are permitted. Vehicles which are classified as authorized emergency vehicles under the applicable Federal, State or local law, when operated by authorized personnel, and when displaying an illuminated red spotlight, and when responding to a fire alarm, or when in the immediate pursuit of an actual or suspected violator of the law, or when going to or transporting a person who is in apparent need of immediate emergency medical or surgical care, or when responding to some other emergency involving the protection of life or property, shall be excepted from the foregoing provisions.

(4) Industrial and Protective Illumination. Light sources for industrial purposes and light from industrial processes within areas visible from the sea, shall comply with the requirements of Section (b) (2) hereof, and shall also be shielded so that they are not visible from the sea at night; provided that variations from their requirements may be permitted in the case of illumination for industrial and protective purposes, and from industrial processes, whether interior or exterior (but not including street or highway lights), only when and to the extent that it is necessary to vary from such requirements in order to achieve and maintain maximum efficiency; but only with the written approval of the Ninth Regional Civilian Defense Board, obtained in advance.

(5) Other Illumination. Except as hereinabove provided in this Section (c), all other lights visible from the sea are prohibited at night, including but not limited to light from fires, bonfires, parked cars, flashlights and lanterns.

(6) Provided, however, that the waters of San Francisco Bay, lying easterly of a line extending from Point Bonita through Mile Rock, is not intended and shall not be construed to be a part of the sea; and solely for the purposes of Section (c) (3) hereof, concerning street and highway traffic, the phrase, "areas visible from the sea," is also intended and shall be construed to mean and include that portion of streets or highways which may not in fact be visible from the sea but which is within areas generally visible from the sea.

(d) Any person violating any of the provisions of this Proclamation, or orders issued pursuant thereto, is subject to immediate exclusion from the territory of the Western Defense Command, and to the criminal penalties provided in Public Law No. 503, 77th Congress, approved March 21, 1942, entitled "An Act to provide a penalty for the violation of restrictions or orders with respect to persons entering, remaining in, leaving, or committing any act in military areas or zones."

(e) The Ninth Regional Civilian Defense Board is hereby designated as the primary agency to aid in the enforcement of the foregoing provisions. It is requested that the civil law enforcement agencies and State and local governmental bodies within the areas affected by this Proclamation assist the Ninth Regional Civilian Defense Board in the enforcement hereof.

(2) This proclamation shall become effective October 25, 1942, except those provisions of Subsection (b) (2) (a) hereof, concerning street and highway lights, which shall become effective November 12, 1942.

(3) The recitals set forth in the first three paragraphs of said Public Proclamation No. 10 are hereby reaffirmed. Except as hereinbefore expressly amended, all the provisions and determina-

tions expressed in said Public Proclamation No. 10 shall remain in full force and effect.

c. The Post Engineer will shade all exterior lights so that no rays are emitted above the horizontal.

d. Specific instructions concerning interior lighting of buildings are published in Memo. No. 85, L.G.H., dated October 22, 1942.

e. The Provost Marshal is charged with enforcing the restrictions of lighting on this post.

f. The Administrative Officer of the Day will inspect for violations of lighting restrictions on his night rounds and will report under paragraph (a) (1) Report of Administrative Officer of the Day, all violations noted or brought to his attention.

#### 48. HOSPITALIZATION OF CIVILIAN CASUALTIES DUE TO ACTS OF WAR.

a. Under Presidential orders of February 6, 1942, and October 5, 1942, funds were allocated to the Federal Security Agency to be expended by it or by such agencies as the Administrator thereof might designate in providing temporary hospitalization and medical care to civilians, other than interned enemy aliens, injured by acts of war. For the purpose of this order, survivors of enemy action at sea are considered to be "residing" in the United States upon being landed.

b. The care and treatment provided under the President's order does not extend to merchant seamen of the United States nor to merchant seamen of either friendly or enemy nations, if injured at sea, since other provisions have been made for their care under such circumstances.

c. At the direction of the Federal Security Agency Administrator, an Emergency Medical Section has been established for this purpose in the United States Public Health Service and a Hospital Section in the Medical Division of the Office of Civilian Defense. Under the established plan, all hospitals, voluntary and governmental, including those of the Army, may serve as casualty receiving hospitals without prior authorization. If civilian casualties are admitted to Army hospitals, The Surgeon General will be reimbursed for the care provided such civilian casualties through bills submitted by him to the United States Public Health Service.

d. It is anticipated that civilian casualties, the result of enemy action, who require hospitalization will be brought into casualty receiving hospitals bearing identifying tags which have been attached by members of the Emergency Medical Service of the Office of Civilian Defense. If no tag is attached to the patient on arrival, the hospital should make out the tag immediately upon admission. The information on the tag must, if possible, be sufficient to identify the casualty and to establish the fact that his injury was caused by enemy action. This tag is to be retained and made a part of the

patient's clinical record. Civilian survivors of marine action will be sent to casualty receiving hospitals by the authority of representatives of the United States Public Health Service or the Social Security Board, or in the absence of either, by authority of the local Chief of Emergency Medical Service.

e. At the present time, the provision of outpatient care to civilian casualties due to acts of war is not authorized under this program as an expense chargeable to United States Public Health Service funds.

f. Separate monthly reports on hospitalization of civilian casualties due to enemy action should be submitted in triplicate directly to the Office of The Surgeon General not later than the tenth day following the close of the month in which service was rendered. The report must be headed as follows: "Statement of Service Rendered in Accordance with the President's letter of February 6, 1942, to Civilian Casualties due to Acts of War." The report should show name of the casualty, date of injury, place of injury, date of hospitalization, diagnosis, date of discharge, and number of patient days.

g. Subsistence voucher, Form 351, in quadruplicate, will accompany the monthly report of hospitalization and will be forwarded by this office with statement, through channels, for settlement. Subsistence charges will not be billed by the hospital to the U. S. Public Health Service, nor will collection for subsistence be made locally from individuals hospitalized in accordance with paragraph d, above. Check for subsistence will be transmitted to the Custodian of the Hospital Fund of the hospital interested. (Cir. ltr. No. 153, W.D., S.O.S., Nov. 18, 1942, T.S.G.)

#### 49. EVACUATION OF OFFICER PATIENTS.

a. All officers and warrant officers who are patients in hospital, other than those suffering with minor ailments which promptly react to treatment, are informed that the exigencies of the service may require their evacuation to a hospital in the Zone of the Interior at any time and on very short notice.

b. Officers within the above category should govern themselves accordingly and be prepared to leave on a moment's notice.

50. PROCEDURE FOR TRANSFER OF PATIENTS TO OTHER HOSPITALS. Upon receipt of authority to transfer patients to another hospital, the following listed procedures will be effected by those indicated:

##### a. ADJUTANT.

(1) Notify the Rail Transportation Officer of the number, general nature of and destination of the patients to be evacuated, together with approximate number and type of attendants accompanying them, and determine with the Rail Transportation Officer the date and hour of departure of the train and direct that he make necessary arrangements with the railroad company for accommodations.

(2) Notify the Chief of Branch concerned of the date and hour of departure of the train and call upon him for a list in septuplicate of the patients to be evacuated.

(3) Confer with the Chief of Branch concerned to determine the number and type of attendants required.

(4) Select and notify the officer personnel required as attendants and inform them of the date and hour of departure of the train.

(5) Obtain from the Chief Nurse the names of nurses required as attendants and notify her of the date and hour of departure of the train.

(6) Obtain from the Commanding Officer, Medical Section SCU 1972, or the Commandant, Medical Department Enlisted Technicians School, the names of enlisted attendants required and notify the officer furnishing the attendants of the date and hour of departure of the train.

(7) As soon as determination permits, radio advance notification to the hospital to which patients are being transferred, the number and class (medical or surgical) of patients, date and hour they will depart, status of patients (officers, nurses and enlisted) and scheduled time of arrival at destination.

(8) Upon receipt of list of patients from the Chief of Branch, enter thereon the date and hour of departure of the train and distribute as follows:

- (a) Registrar
- (b) Director Personnel Division
- (c) Commanding Officer, Detachment of Patients
- (d) Receiving and Disposition Officer
- (e) Officer attendant in charge of convoy
- (f) Adjutant's Office
- (g) Chaplain

(9) Information concerning subsequent changes in the list of patients or in the routing or hour of departure of the train will be distributed as in sub-par. (8).

(10) Issue necessary orders and distribute to all concerned.

(11) On the day of the departure of the patients, forward to the Commanding Officer of the hospital to which the patients are being sent the copy of list of patients noted in Paragraph b (2), below.

(12) After departure of the convoy, the Adjutant will send a radio to the hospital to which the patients are en route, stating the designation of the train, time of departure, time of its expected arrival at destination, number and classification of patients (officer, enlisted, ambulant, litter, female), indicate the last meal

that will be taken on the train, state the number and status of attendants, request attendants be given overnight accommodations if necessary and request acknowledgement of the radio.

b. CHIEF OF BRANCH

(1) Forward to the Adjutant a list in septuplicate of patients to be transferred, showing thereon the name, rank, army serial number, organization, ward, diagnosis, estimated period of further hospitalization required, and classification as litter or ambulant, for each patient on list.

(2) Similarly report any necessary changes in the list showing the patient to be removed from the list and the patient substituted; also changes from ambulant to litter classification or vice versa.

(3) Notify Ward Officers concerned of the names of patients on their wards who are to be evacuated and assure that they understand their duties concerning the evacuation.

(4) Direct that the clinical records be closed and forwarded promptly to his office for review.

(5) Review clinical records of the patients, prepare a copy of the completed Form 55a M.D. of each clinical record, authenticate it by signature and forward the completed clinical record and the copy of Form 55 a, M.D. to the Registrar as promptly as possible.

(6) Furnish the senior officer who is to accompany the patients on the train such information as may be necessary for the proper care of the patients during the trip.

c. WARD OFFICER.

(1) When directed by the Chief of Branch, promptly complete and close the clinical records of patients to be evacuated from his ward, and forward the records to the Chief of Branch.

(2) Make necessary arrangements with the baggage room for ambulant patients to be evacuated from his ward, and forward the records to the Chief of Branch.

(3) Prepare evacuation tag, Form No. 132, L.G.H. for each patient being transferred, and on the day of departure and before the patient leaves his ward, attach it securely with a piece of cord to the outer clothing of the patient concerned.

(4) Inform the Chief of Branch of any special medication, dressings and other therapeutic requirements, precautions, etc., necessary for the proper care of the patients en route.

(5) Prepare a list in duplicate of orthopedic appliances or other apparatus which will remain with the patients after arrival at the receiving hospital and transmit the original to the Chief Medical Supply Branch and the duplicate to the senior officer attendant, prior to the departure of the train.

(6) Confer with the senior officer accompanying the patients concerning any special therapeutic measures and other pertinent factors necessary for the proper care and treatment of the patients during the trip.

(7) Confer with the Disposition Officer as to the time of loading patients on ambulances.

(8) He will not transfer from the ward, patients designated for evacuation except in an emergency, in which event he will notify the Chief of Branch and the Disposition Officer.

(9) See that all patients are properly prepared for the trip and personally supervise the evacuation of the patients from the ward to the ambulance at the time of departure.

d. RECEIVING AND DISPOSITION OFFICER.

(1) Assure himself that all patients being evacuated are properly prepared for the trip.

(2) Will be responsible for the transfer of patients from the hospital to the train and for placing the patients aboard the train.

(3) Consult with the senior officer attendant and the Rail Transportation Officer concerning the makeup of the train, the spotting of the cars and the time and place of loading of the patients, and concerning special requirements which will be arranged with the Rail Transportation Officer such as opening of windows for loading litter patients, removal of locks from doors when mental patients are being evacuated, number and location of berths to be made up.

(4) Consult with the Supervisor of Hospital Police and Personnel relative to detail of men to load patients into ambulances from wards and into the train from the ambulances and for supply of necessary blankets and litters necessary to transport patients to the train.

(5) Consult with the Chief of Branch concerned and the ward officers when necessary to determine special requirements of equipment necessary for the proper care of the patients during the trip.

(6) Assemble and turn over to the Supervisor of Hospital Police and Personnel for packing and delivery to the senior non-commissioned officer attendant for placing on the train necessary

supplies and equipment needed for the trip. This will include dressings, feeding trays, feeding tubes, rubber sheets, enema cans, bedpans, urinals, catheters, basins, special articles indicated by the Chief of Branch, and the necessary instruments and drugs.

(7) Advise and assist the senior officer accompanying the patients in completing all arrangements for the trip, prior to the departure of the train.

(8) Discuss with the senior officer accompanying the train concerning duties and responsibilities to be dealt with during the trip and assist him in making plans to meet emergencies that might arise.

(9) Prepare Form 161, L.G.H. (Request for motor transportation) and transmit it to the Motor Transportation Officer as soon as possible and at least twelve hours in advance to secure the necessary transportation for patients and personnel from the hospital to the train.

(10) Will be present with the senior officer attendant at the train before the first patient is loaded to supervise the loading and not leave until all the patients are loaded and a check made with the senior officer accompanying the patient to assure himself that everything is in readiness for the train to depart.

(11) The Receiving and Disposition Officer in his capacity of Disposition Officer is responsible for the over-all, general, coordination of the total effort to effect the proper evacuation of convoys of patients together with all records, supplies, etc., and will consult freely with all concerned, to properly accomplish the movement.

e. RAIL TRANSPORTATION OFFICER.

(1) Upon receipt of instructions from the Adjutant concerning evacuation of patients, the Rail Transportation Officer will contact the proper railroad authorities and arrange for the routing of the trip, the amount and type of equipment required (to include accommodations for first class passengers, intermediate class passengers, baggage and facilities for feeding the patients and attendants), the place and hour of spotting the train for loading, the make up of the train, the hour of departure and the time of arrival at destination. These arrangements will be reported to the Adjutant for approval.

(2) Consult with the Receiving and Disposition Officer with reference to the make up of the train, number and location of berths to be made up in advance, number of cars that should have windows open for loading of litter patients, and the necessity for removal of all locks from doors (when mental patients are transported).

(3) Complete arrangements with the railroad company for the movement and the detail requirements referred to above that have been determined as necessary.



(4) Secure from the railroad representative, tickets covering the transportation, prepare necessary requests for Pullman accommodations, prepare meal tickets, and turn all of these over to the senior officer accompanying the patients.

(5) Will, as soon as practicable after spotting the cars, inspect them with the senior officer attendant, to assure that the equipment and the location of the cars in the train are satisfactory and in accord with the arrangements made with the railroad company.

(6) The Rail Transportation Officer, or his commissioned representative, will be present from the time the personnel from this hospital board the train until he has released the train. He will not release the train until notified by the senior officer accompanying the patients, that the patients are all loaded and that he is ready to depart.

f. MOTOR TRANSPORTATION OFFICER.

(1) Upon receipt of Form 161, L.G.H. (Request for Motor Transportation) from the Receiving and Disposition Officer, arrange to furnish the necessary ambulances, trucks, and cars for the movement of patients and personnel from the hospital to the train. He will also furnish such other equipment and facilities as may be necessary. This will include protection from rain, and platforms or trucks to facilitate loading the patients.

(2) The Motor Transportation Officer, or his commissioned representative, will proceed with and be in charge of the motor convoy from the hospital to the train and remain at the train until the patients, records, property, etc., are loaded on the train and the senior officer attendant has signified that the loading is complete and the patient convoy is in readiness for departure.

(3) Will return with the motor convoy to the hospital, together with all personnel concerned with the loading, who did not go on the train.

g. THE REGISTRAR.

(1) Upon receipt of the completed clinical records from the Chief of Branch, check them against the list of patients to be transferred.

(2) Check the clinical records to see that they are prepared in accordance with existing regulations.

(3) Withdraw the extra copy of Form 55 a, M.D. for file with the Sick and Wounded records.

(4) Complete Forms 258 W.D., A.G.O., for each patient to be transferred.

(5) Prepare transfer slips (Form 52 c, M.D.) for each patient to be transferred.

(6) Prepare receipts for patients and records, to be signed by the Commanding Officer of the receiving hospital or his representative.

(7) Assemble records referred to in paragraphs (2), (4), (5), and (6) above and deliver them together with any other pertinent papers to the senior officer accompanying the patients.

h. THE SENIOR OFFICER ACCOMPANYING PATIENTS.

(1) Upon notification by the Adjutant of the assignment, will report to the Adjutant for general instructions and information concerning the trip, including the number and type of attendants to be sent with the patients.

(2) Communicate with other officer attendants, if assigned, and delegate to them such duties concerning the trip, as he may see fit.

(3) Consult with the Disposition Officer concerning the convoy and maintain close liaison with him during the whole period of preparation for the trip as it is imperative that he knows of progress, that he is promptly informed of obstacles or delays that are encountered, and that his assistance and advice serve to expedite, perfect and verify all details essential to the proper dispatch of the convoy.

(4) Contact the Registrar with reference to records concerning the patients and ascertain the time when these records will be ready for delivery.

(5) Contact the Director Personnel Division with reference to service records and allied papers and ascertain the time when they will be ready for delivery.

(6) Contact the Commanding Officer, Detachment of Patients, concerning valuables of the patients and ascertain when they will be ready for delivery.

(7) Contact the Chief of the Radiological Branch with reference to X-ray films of the patients and ascertain when they will be ready for delivery.

(8) Contact the Chief of the Dental Branch with reference to dental films of the patients and ascertain when they will be ready for delivery.

(9) Consult with the Disposition Officer relative to the makeup of the train, type and capacity of cars available, berths to be made up, removal of locks from doors if patients are mental, where the train will be spotted, provisions for meals and any other pertinent details.

(10) Contact Chiefs of Branch and Ward Officers concerned to determine the general condition of the patients to be evacuated and receive information as to special cases, or special care required for patients during the trip. Receive from the ward officers a list of orthopedic appliances or other apparatus which will be left with the patients on their arrival at the receiving hospital.

(11) Contact the Commanding Officer, Detachment of Patients, to determine that arrangements are being made for the proper disposition of the patients' baggage and when the baggage checks will be ready for delivery.

(12) Prepare a chart or table for loading the patients, assigning them to cars and berths, with litter case assignments conforming to arrangements made to have their berths made ready for occupancy.

(13) Inform the senior Non-Commissioned Officer attendant, that he is assigned as the First Sergeant of the detachment, inform him of the details of the trip that concern him and issue instructions for him to perform the following items:

(a) Contact the enlisted attendants designated to go on the trip and inform them of the uniform to be worn, instruct them as to their duties as attendants, caution them as to their conduct during the trip with special reference to not leaving their car or getting off the train and inform them of the time and place to report for duty for the trip.

(b) Prepare a roster assigning the enlisted attendants to cars and duty periods for the trip.

(c) Receive the below listed supplies from the sources indicated to see that they are placed aboard the train:

1. Magazines from the Chaplain.
2. Games, "comfort bags", etc., from the Field Director of the American Red Cross.
3. Fruit and other incidental nourishment from the Mess Officer.
4. Chests or boxes containing dressings, instruments, medicines and appliances, from the Supervisor, Hospital Police and Personnel.

(d) Report frequently to the senior officer accompanying the patients to receive additional instructions, report progress, etc.

(e) Contact the senior Non-Commissioned Officer, Hospital Police and Personnel concerning arrangements for loading the train.

(14) Contact the Rail Transportation Officer with reference to railroad tickets and Pullman reservations for Officer, nurse and enlisted attendants; and meal tickets for enlisted attendants, for the round trip and ascertain when they will be ready for delivery.

(15) Confer with the Disposition Officer and the Transportation Officer and set a time for the patients to be taken from the hospital to the train and notify the Supervisor, Hospital Police and Personnel, and senior Non-Commissioned Officer attendant and others concerned.

(16) Contact officer patients to be evacuated and inform them of arrangements for accommodations on the train, method of handling their baggage and caution them to take sufficient funds to pay for their meals enroute.

(17) Confer with the Disposition Officer to assure that transportation from the hospital to the train for officer and enlisted patients, and officer, nurse and enlisted attendants has been requested.

(18) Consult with the Disposition Officer with reference to the equipment, medical supplies, drugs, etc., needed for the proper care of patients during the trip.

(19) As soon as practicable after spotting the cars, will inspect with the Rail Transportation Officer to assure that the equipment and the location of the cars in the train are satisfactory.

(20) When transportation becomes available for loading, collect papers and records from the following and place them aboard the train:

- (a) Registrar (par. (4) supra)
- (b) Director Personnel Division (par. (5) supra)
- (c) Radiological Branch (par. (7) supra)
- (d) Dental Branch (par. (8) supra)
- (e) Office of Commanding Officer, Detachment of Patients (par. (6) and (11) supra)

(21) Secure from the Rail Transportation Office, the necessary railroad tickets, Pullman accommodations requests and meal tickets referred to in par. (14) above.

(22) Sign the officers' "In and Out" register in the Staff Room and instruct other officer attendants to sign the register.

(23) Report to the train prior to loading of patients and, with the Disposition Officer, supervise the loading of the patients.

(24) After loading of the train is completed, an inspection will be made to see that all duty personnel and patients are aboard and assigned to seats or berths, that baggage is in the baggage car and that all records, equipment and supplies are aboard. After being satisfied that all is in readiness to depart, he will so notify the Rail Transportation Officer.

(25) During the trip, the senior officer attendant will:

(a) Be responsible for all patients and duty personnel.

(b) Make arrangements with the dining car steward for the feeding of patients. Unless the patients are mental cases, the ambulant patients will eat in the dining car and the litter patients in the Pullman car.

(c) Inspect the cars with the railroad conductor and sign and deliver to him the necessary transportation papers.

(d) Check with the Pullman conductor, the spaces occupied, sign and deliver to him the necessary Pullman accommodation papers.

(e) Keep contact with the railroad conductor with reference to time of arrival at destination and if unduly delayed notify the receiving hospital by wire of the delay.

(f) Not permit patients or personnel to leave the train except for adequate reasons, approved in each instance by the senior officer attendant.

(g) Not permit news agents, licensed vendors of soft drinks, cigarettes, confections, etc., or members of charitable organizations to board the cars occupied by patients or personnel at any time for the purpose of selling merchandise, or distributing free food or drinks. Such agents, vendors or distributors may, however, sell or distribute from station platform, when so authorized by railroad or terminal companies.

(26) On arrival at destination, the senior officer attendant will:

(a) Deliver to the Commanding Officer of the Receiving Hospital or his commissioned representative, the patients and all papers, records, X-ray films and valuables pertaining to them and obtain a receipt in writing or arrange that receipts be turned to the Commanding General, L.G.H., by mail after detail check has been made.

(b) Make the necessary arrangements for quarters and subsistence for the duty personnel if lay-over is involved.

(c) Arrange for the return to Letterman General Hospital equipment, supplies, appliances and other property taken on the trip, other than that indicated on the lists from ward officers, of appliances and apparatus to remain with the patients.

(d) If the number of enlisted attendants exceeds five, the senior officer attendant, unless another officer has been designated in the order directing the movement, will upon arrival at the Receiving Hospital, assume charge of the enlisted attendants for the return trip, will return with them as a Unit and be responsible for their discipline and care.

(27) On return to Letterman General Hospital the senior officer attendant will:

(a) Sign the "In and Out" register in the Staff Room.

(b) Report verbally to the Adjutant concerning the trip, including any unusual occurrences. If circumstances justify, the report will be in writing.

(c) Return to the Rail Transportation Officer, unused meal tickets, unused tickets and unused transportation and Pullman requests.

(d) Inform the Chief Medical Supply Branch of the appliances and other apparatus left with the patients.

(e) Inform the Disposition Officer of arrangements made for the return of property supplied taken on the trip.

i. COMMANDING OFFICER, DETACHMENT OF PATIENTS.

(1) Assemble the valuables in his custody, of patients being transferred and prepare receipt to be signed on delivery by the proper officer at the receiving hospital.

(2) Forward by check to the receiving hospital all money held in the Patients' Fund for the patients being evacuated, showing the names of patients sharing the money and the amount belonging to them.

(3) Deliver to the senior officer attendant prior to the departure of the train, all valuables and the receipt therefor, referred to in paragraph 1 above, with the valuables properly labelled to show the owner.

(4) Determine the amount of Post Exchange coupons he had in safekeeping for the patients being transferred and so notify the

Commanding Officer of the receiving hospital, requesting that they be honored by the Post Exchange upon presentation by the patients and upon receipt of certificate that they have been honored, will transmit it to the Post Exchange Officer, Letterman General Hospital, for reimbursement of the Post Exchange of the receiving hospital.

(5) On receipt from the Director Personnel Division of statement of indebtedness to the Post Exchange of patients being transferred and for whom there is no service record, he will write to the Commanding Officer of the receiving hospital requesting that the amounts be collected from the patients indicated and returned to this hospital.

(6) Require the Non-Commissioned officer in charge of the Patients' Baggage Room to have the necessary clothing of ambulant patients to be transferred, in readiness for issue on the day of departure, also, that all baggage is assembled, inventoried, tagged and placed in the baggage car prior to departure of train. When necessary to check baggage, the Commanding Officer, Detachment of Patients, will deliver the checks to the senior officer attendant when he delivers the patients' valuables.

j. DIRECTOR PERSONNEL DIVISION.

(1) Prepare service records and allied papers necessary to accompanying patients to be transferred.

(2) Prepare receipts for records, to be signed by the proper officer at the receiving hospital.

(3) On receipt of record of indebtedness from the Post Exchange enter amounts for collection on the Service Records of the patients concerned. For patients indebted to the Post Exchange and for whom no service record has been received, a report thereof will be made to the Commanding Officer, Detachment of Patients.

(4) Assemble records and papers referred to in par. (1) and (2) above and deliver them to the senior officer attendant prior to the departure of the train.

k. SUPERVISOR HOSPITAL POLICE AND PERSONNEL.

(1) Upon receipt of copy of the order directing transfer of patients to another hospital, will determine and keep informed as to the wards upon which these patients are located.

(2) Consult with the Disposition Officer and senior officer attendant concerning the time and place of departure of the train and the time and place of departure of the patients from the hospital to the train, also concerning transportation arrangements, attendants necessary for transferring the patients from the wards to the ambulances and from the ambulances to the train.

(3) Notify the ward officers and ward masters concerned of the time of departure of patients from the wards.

(4) Furnish the necessary attendants (not utilizing the attendants accompanying the patients on the train) to transfer the patients from the hospital to the ambulances and for the ambulances to the train and will provide the necessary litters and blankets for such transfers.

(5) Pack in chests or boxes the supplies and equipment assembled by the Disposition Officer for use on the trip and turn them over to the senior Non-Commissioned officer attendant.

l. THE CHAPLAIN.

(1) Notify the proper relative of each patient transferred, of the fact of transfer and the new address of the patient.

(2) Turn over to the senior Non-Commissioned officer attendant an appropriate number of magazines for use of the patients during the trip.

m. POST EXCHANGE OFFICER.

(1) On receipt of copy of the order directing the movement, check the names of patients to be transferred and determine if any of them are indebted to the Post Exchange.

(2) Indebtedness of officer or nurse patients will be collected if possible and if not, a bill will be sent to them at their new station.

(3) Indebtedness of enlisted patients being transferred will be promptly reported to the Director, Personnel Division.

n. CHIEF OF RADIOLOGICAL BRANCH.

(1) On receipt of copy of the order directing the movement, secure all x-ray films and necessary models from the files of the patients being transferred, assure that they are properly separated and identified with the patients concerned, prepare a list thereof in triplicate, assemble them in a group and deliver them with the list in triplicate to the senior officer attendant prior to departure of the train. (Receipt will be obtained - see par. h, (26), (a)).

o. CHIEF OF DENTAL BRANCH.

(1) On receipt of copy of the order directing the movement, secure all x-ray films from the files, of the patients being transferred, assure that they are properly identified with the patients concerned, prepare a list thereof in triplicate, assemble them in a group and deliver them with the list in triplicate to the



senior officer attendant prior to departure of the train.  
Receipt will be obtained - see par. h, (26), (a) ).

p. RED CROSS.

(1) On receipt of copy of the order directing the movement assemble an appropriate number of "Ditty Bags" or comfort kits, games, etc., for the use of the patients being transferred and turn them over to the senior Non-Commissioned officer attendant prior to departure of the train.

(2) Forward any necessary reports on patients transferred, to the Field Director in charge of Red Cross activities at the receiving hospital.

q. CHIEF MEDICAL SUPPLY BRANCH

(1) Upon receipt of list from ward officers concerned showing orthopedic appliances or other property to be left at the receiving hospital with the patients, prepare a shipping ticket and effect transfer of such property to the receiving hospital.

(2) Advise the senior officer attendant as to procedure in the event it is necessary to ship back to Letterman General Hospital, bulk property necessarily taken on the trip but not intended to remain at the receiving hospital.

r. MESS OFFICER.

(1) Upon receipt of order directing the movement, confer with the Disposition Officer to determine date and hour of departure of patients from the hospital in order to determine the necessity of special arrangements concerning serving the meal preceding the departure.

(2) Assemble and place in containers an appropriate amount and selection of fruit and other suitable refreshments for the trip and turn it over to the senior Non-Commissioned officer prior to departure of the train.

s. COMMANDING OFFICER, MEDICAL SECTION, SCU 1972.

(1) All enlisted men selected as attendants to patients transferred to other hospitals will be given a special physical inspection with twenty-four (24) hours prior to departure.

(2) The C.O., Medical Section, SCU 1972, will make necessary arrangements with the Chief of Outpatient Branch for the inspection of enlisted men selected as attendants.

(3) Upon completion of the inspection of enlisted attendants, the Chief of Outpatient Branch will furnish this headquarters a certificate listing thereon the enlisted men inspected and the results thereof.

A. All concerned with the proper preparation for, dispatch and successful completion of movement of the nature referred to herein will confer when necessary and cooperate fully with each other and with any officers, Branches, or Departments not mentioned herein as necessary, to effect an integrated and successful effort through the smooth functioning of the plan and its interest as a whole.

B. Special measures are required in certain types of cases and, while specific instructions cannot obviate the necessity of using common sense and sound judgment in all circumstances, the following requirements apply as indicated:

a. NEUROPSYCHIATRIC PATIENTS.

(1) Neuropsychiatric patients will be transported in air conditioned cars, if possible to obtain them, during the months of May to September inclusive. The senior officer attendant will see that air conditioned cars are kept serviced so as to be properly conditioned as such at all times.

(2) When transporting patients from the hospital to the train, they will be taken from the ward singly, in charge of an attendant who will remain with the patient throughout the ambulance trip. There will be at least as many attendants in the ambulance as there are patients. Patients will not be located on the rear end of the seats in the ambulance. The rear door of the ambulance will be firmly closed as soon as the patients are loaded. Patients will be unloaded at the train with the same care and precautions required for loading.

(3) Careful inspection will be made of possessions of patient, including Red Cross bag, to see that there are no razors, matches, knives or other implements or materials that the patient may use to cause harm.

(4) Shoes will be taken from the patients, properly labelled and kept with the general supplies for the convoy.

(5) The senior medical officer attendant will see that locks have been removed from toilet doors, and if not, have them removed.

(6) Patients will be assigned to upper berths.

(7) Curtains will not be hung on berths.

(8) Car windows will not be opened.

(9) An attendant will be posted as watchman at each end of each car, when entire cars are used and will not leave his post unless relieved by another attendant.

(10) Patients will be accompanied to the toilet by an attendant

who will keep the patient in view at all times. The watchman posted at the end of the car will not be used for this duty while posted as watchman.

(11) The enlisted attendants will be assigned tours of duty in the best manner to assure maximum surveillance of patients during the entire time of each 24-hour period and the attendants off duty will be required to sleep sufficiently to prevent undue fatigue and loss of alertness toward the end of the trip.

(12) In order to assure his understanding and cooperation, explain to the Pullman porter of each car occupied, that the patients are mental cases and caution him not to give them cigarettes, food, tools, implements, or in fact anything they ask for, but to contact one of the attendants if patients attempt to secure anything from him. Also inform the porter that any undue action or language on the part of the patients is due to their mental state.

(13) The Pullman porter will be required to remove all the light bulbs from the side wall of berths and lock them up or remove them from the car.

(14) The Pullman porter will be required to muffle the signal bell of the call bell system.

(15) The Pullman porter will be required to remove all the clothes "hammocks" from the berths and lock them up.

(16) The Pullman porter will be required to keep all tools, implements or other articles of equipment that could be used as weapons removed from access to the patients.

(17) The dining car steward will be instructed that food served, either by its nature or preparation, must be of type that can be eaten with a spoon and that knives and forks will not be brought with patients' food.

(18) Attendants will not eat with patients, but will take their meals in the dining car in shifts that are not on duty attending patients.

(19) Patient will be served meals in the cars in which they are riding when entire cars are used or when occupying closed space within a car. For trips in which one patient, or a small group not using an entire car but using open space in a car occupied by other passengers, patients may eat in dining car if approval is given by the officer in charge of the Neuropsychiatric Section prior to departure, and unless subsequent conduct of patients makes it advisable for patients to be served in their own car.

(20) Attendants will always be with patients when they are eating their meals, and careful check will be made to see that all crockery, silverware, glasses, etc., are accounted for when dishes are taken away.

(21) Patients will use paper cups except during meals.

(22) Apparatus, equipment, instruments, medicines, etc., taken on the trip will be secured or guarded in a manner preventing access to them by patients.

(23) Shaving of patients will be done by attendants, using safety razors, and care will be taken that patients never have access to new or used blades.

(24) Patient will be kept in pajamas and/or convalescent suits from the time they leave the ward until delivered to destination. Uniform outer garments, including the overcoat, will be worn only when, in the judgment of the senior medical officer attendant, the wearing of them is necessary to prevent undue exposure of the patient in inclement weather. In case of small convoys traveling in cars with other passengers uniforms will be worn if approved by the officer in charge of the Neuropsychiatric Section.

(25) Effort will be made to determine whether or not patients' bowels are moving regularly and if not, they will be given a mild laxative.

(26) When it is noted that a patient is antagonistic toward another patient, both will be separated in the car, as far as possible.

(27) Keep patients occupied with games, reading material, interest in the scenery, etc.

(28) In general, in dealing with patients or talking to them, treat them as though they are normal individuals. Do not antagonize or threaten them. Use force only if necessary and then use no more than necessary to control actions on part of patient requiring restraint or to prevent escape.

b. TUBERCULOUS PATIENTS.

(1) The Ward Officer will instruct tuberculous patients regarding precautions they should observe to protect others, such as covering mouth when coughing, spitting only in handkerchief or napkin, avoiding use of public drinking cups, etc.

(2) The officer in attendance will require patient to observe precautions for protection of public.

(3) Paper bags and napkins will be carried so that sputum can be disposed of properly.

(4) Meals will be taken in the car or compartment occupied by the patients unless the officer in charge of the Communicable Disease Section states that it is safe for the patient to eat in the dining car.

(5) Inform the dining car steward that the patients are tuberculous.

(6) Require patients to take the amount of rest indicated by the Ward Officer as necessary.

(7) Take temperature of patients A.M. and P.M. each day.

(8) Do not permit patients to carry heavy baggage.

C. The Disposition Officer will instruct officers or senior noncommissioned officers in charge of small convoys concerning the portions of these regulations applicable to their trip.

D. The Director Personnel Division will instruct officers or senior noncommissioned officers in charge of small convoys to report to the Disposition Office for instructions.

#### 51. TRANSFER OF PATIENTS TO STATION HOSPITAL, FORT BAKER, CALIF.

a. Approximately 100 beds have been made available to this hospital in the Station Hospital at Fort Baker, for the temporary hospitalization of enlisted men under treatment of the Surgical Branch who require domiciliary care only and also patients with uncomplicated acute gonorrhoeal urethritis. Such patients to be returned to this hospital from Fort Baker for the administrative procedures incidental to return to duty, transfer to another hospital, or separation from the service.

b. The Chief of the Surgical Branch will submit to this office recommendations from time to time for transfer of such patients on his service as come within the category outlined in the above paragraph. Recommendations for transfer will show the name, serial number, and organization of the patient, diagnosis, and probable length of time before final disposition may be made of the patient so recommended.

c. Transfers, when approved, will be made as to any other hospital except that service records will be retained by the Director Personnel Division, and the names of patients so transferred included on the payroll of patients in the Letterman General Hospital. Patients will be accompanied by completed clinical records, personal effects, etc. The Commanding Officer, Detachment of Patients, will keep a record of all patients under treatment at the Station Hospital, Fort Baker, and make the necessary arrangements to effect their payment at the time other patients at Letterman General Hospital receive their pay.

d. The Chief of the Surgical Branch will appoint a contact officer to make periodic visits to the Station Hospital, Fort Baker, to confer with the Station Surgeon, and arrange with him for the transfer back to this hospital of all patients who should be returned to duty, transferred to another hospital, or separated from the service. Patients from Letterman General Hospital who are at the Station Hospital, Fort Baker, and who are suitable cases for transfer to a General Hospital in the Zone of the Interior will be included in the recommendations of the Chief of

Branch when forming convoys for such transfers and immediate steps taken to return them to this hospital for inclusion in the convoy.

e. The Chief of the Surgical Branch will maintain a list of all patients on his service who are hospitalized at the Station Hospital, Fort Baker, showing date of transfer, the diagnosis of transfer, and date of return to this hospital.

f. The number of patients temporarily hospitalized in the Station Hospital Fort Baker, Calif., will be entered under the legend, "Total Military" on the Daily Red Report (Form 48, LGH) but will not be included in the total.

g. In order to effect the transfer of patients to and from Fort Baker with the least practicable inconvenience to both hospitals, the completed clinical records, accompanied by the Patients Disposition Form, will be forwarded to the Registrar on the morning preceding the day the patients are to be transferred to Fort Baker.

h. Except in emergency, patients will not be transferred to Fort Baker while large convoys of patients for other hospitals are being prepared for evacuation.

i. A list of the patients to be transferred will be furnished the Adjutant, Director Personnel Division, Registrar and Baggage room on the morning preceding the day of transfer.

## 52. CONDUCT OF MILITARY PERSONNEL WHILE TRAVELING ON PUBLIC CARRIERS.

a. Many reports of incidents have been received in the past by the War Department, of military personnel traveling on public carriers (trains, busses, etc.) conducting themselves in an improper manner. Examples of misconduct consist of gambling, drunkenness, noisiness, "horseplay," etc. Actions of this nature bring discredit upon the Military Service and also are a source of annoyance and embarrassment to the traveling public, interfere with the proper performance of duty by the railway personnel and will not be tolerated.

b. It is to the credit of Letterman General Hospital that no reports have been received of misconduct by its personnel while traveling on public carriers and this excellent record must be maintained in the future.

c. To prevent the recurrence of misconduct by military personnel traveling on public carriers, the War Department has provided that all acts of misconduct in public carriers by military personnel will be reported by the military police or other service personnel to the Commanding General concerned who has an Inspector General in his staff. The report will contain the name, grade and organization of the offender, and the circumstances concerning his misconduct. In aggravated cases, the same procedure will govern, except that prompt arrest will be made and the offender removed from the public carrier at the first depot where military police are stationed.

d. The Commanding Officer of the Detachment Medical Section, Detachment Quartermaster Section and Detachment Medical Department Enlisted Technicians School, will instruct all enlisted men of their respective organizations who depart from this hospital on furlough or as attendants with patients, as to proper conduct on public carriers and instruct them to take action indicated in Par. c, applicable to cases of aggravated misconduct on the part of duty personnel in their charge and also to render the report by mail immediately to the Commanding Officer of this hospital in all instances of misconduct by personnel in their charge, including in the report additional information concerning the misconduct, stating the locality of the train at the time, the number or designation of the train, the date and hour of the occurrence and the names and addresses of witnesses.

e. Officers and noncommissioned officers of this command who become aware of misconduct on the part of military personnel, whether or not in their charge, while traveling on public carriers will take action indicated in Par. d above. (See also the 68th Article of War.)

f. The Director, Personnel Division, will furnish a copy of this memorandum to the senior officer or noncommissioned officer as the case may be, who leaves this hospital in charge of a convoy of patients and attendants.

### 53. FURLOUGHS AND PASSES.

a. Passes and furloughs may be granted enlisted men of this command subject to the following restrictions:

(1) Furloughs.

(a) The number of enlisted men on furlough at any one time will not exceed five per cent (5%) of the effective strength of the organization.

(b) Furloughs may be granted for periods not in excess of a total of fifteen (15) days during any six months period.

(2) Passes.

(a) Passes may be granted for a period not to exceed seventy-two (72) hours.

(b) The distance enlisted men will be allowed to travel under the authority of a three-day pass will be no greater than the distance that can be travelled in twelve (12) hours by train.

(3) Detachment Commanders concerned are charged with the responsibility that sufficient personnel is available at all times to meet any probable emergency promptly and with sufficient force.

54. MILITARY COURTESY AND SOLDIERLY APPEARANCE.

a. It has been brought to the attention of this headquarters that regulations governing military courtesy and soldierly appearance of enlisted men are being violated by members of this command. Attention of all concerned is directed to existing regulations governing this subject.

b. Pertinent regulations are Par. a (1) (g), AR 600-25; Par 16, b, AR 600-40, Subject: "Wearing of the Service Uniform," and Section 2, Circular 139, W.D., 1942, as well as Paragraphs 31 and 32, Field Manual, 21-100, "Soldiers' Handbook."

c. Military courtesy is an essential part of military training and discipline and lack of compliance with regulations referred to indicates that the standards of military discipline, courtesy and soldierly appearance are not being adhered to. This condition will not be tolerated.

d. Salutes will be exchanged between officers and enlisted men on all occasions as described in AR 600-25, whether within or without the confines of a military post, camp or station.

e. Enlisted men will not wear an article of uniform of a type different from that issued to the organization to which they belong. They will be inspected as they go on and again as they return from pass or furlough. Men who do not present a neat appearance will not be allowed to depart and men who return in an untidy or dirty condition will be disciplined.

f. All officers, warrant officers, and noncommissioned officers will note the appearance of enlisted men seen on pass or furlough, as well as within station, and will report those of this command who are in an untidy or dirty condition, by name, grade and organization, to their respective detachment commanders. Such corrective action as can be taken on the spot will be taken.

g. Organization commanders will instruct all military personnel of their organization as to the meaning and spirit of the regulations referred to in Par. 2. They will designate an officer or noncommissioned officer to inspect all soldiers before permitting them to leave on pass or furlough.

h. The Military Police are charged with the enforcement of these regulations with respect to appearance and possession of pass or furlough when leaving the reservation by the hospital gate and will report by name, grade and organization to the Provost Marshal, violators coming under their observation.

55. CORRESPONDENCE BETWEEN SOLDIERS AND UNKNOWN CIVILIANS.

a. Attention of all concerned is called to the growth of "Correspondence" and "Pen" Clubs, some sponsored by Women's Clubs and newspapers with the splendid intention of improving the morale of lonely soldiers.



b. In the same connection, requests are made by individuals or groups for names, addresses and organizations of soldiers for the purpose of corresponding with them and for sending gifts, articles of comfort, etc.

c. The activities referred to in Paragraphs a and b afford an opportunity for enemy agents to learn the movements of troops within the continental limits of the United States. It is also a highly probable source of information concerning the destination of troops being sent outside the continental United States.

d. It is impracticable to censor all mail emanating from soldiers in organizations within the continental United States. It is highly possible that soldiers will inadvertently disclose movements of organizations in letters to persons with whom they have become acquainted only casually or through correspondence.

e. It is directed that no soldier of this command, including patients, be permitted to join "Correspondence" or "Pen" Clubs or to correspond with unknown civilians because of the danger of subversive activity and revelation of troop movements.

f. It is further directed that no member of this command give names of soldiers or patients to clubs, groups, or individuals for purposes of correspondence, sending gifts, etc.

g. The provisions of this Memorandum will be brought to the attention of all concerned.

#### 56. CARELESS DISCLOSURE OF MILITARY INFORMATION.

a. The War Department continues to receive numerous reports of carelessness and gross indiscretion on the part of individuals dealing with classified information. In addition there are many reports of loose conversation in busses, trains, clubs, other public places, and in private homes, upon military matters dealing with military plans, operations, troop movements, and similar subjects.

b. Such action is of distinct and direct aid to the enemy, causing loss of lives and national resources and retarding the successful prosecution of the war.

c. Except in the performance of official business, all military and civilian personnel of the War Department are prohibited from discussing or commenting upon any matters which concern the military service of the war effort of the United Nations.

d. It is desired that all commanding officers immediately bring to the attention of all officers, enlisted men, and civilian employees under their jurisdiction, the provisions of paragraph 2, section III, Circular No. 113, War Department, 1942, and take appropriate action to see that these provisions are enforced.

"2. (Cir. 113, WD, Apr. 17, 1942). To curtail the flow of harmful information, spoken, written, and pictorial, commanders are directed to acquaint all personnel with the details of what constitutes information of value to the enemy under the general categories below, and to warn all personnel of the danger of divulging military information through casual conversation as well as by its release for publication in any form or manner.

(1) Factual information of our armed forces.--Such information includes the organization, composition, strength, state of training, equipment or armament of any unit; the morale of our armed forces; mutiny or sedition within a command; identification and location of units; assignment of personnel; the activation or contemplated activation of new units; the tactical employment for which units are organized or trained; tactical doctrines of our armed forces; the movement of troops within or without the United States; the assembly of units in a staging area or port of embarkation; weather reports; maps or photographs showing the detailed disposition of our forces at home or abroad; military operations contemplated or proposed; or information which might focus attention upon training, personnel, or equipment from which the character or location of future operations might be deduced; casualty lists; photographs or descriptions of damage to military objectives; and matters of similar nature.

(2) Factual information of our logistics.--Such information includes descriptions, photographs or maps of war industries or military installations, airfields, rail terminals, highway systems, or storage facilities; information of new designs of, or experiments with weapons, equipment, or production machinery; information about war contracts, type of production, production schedules, dates of delivery; estimated supplies of strategic and critical materials or rate of production of any armament, equipment, or other material of war; information about movement, assembly, or storage of supplies or materials of war; and matters of similar nature.

(3) Information for propaganda use.--Information which may be used by the enemy for propaganda to affect the morale of our own people or that of friendly, neutral, or enemy peoples.

(4) Strategy.--Strategic information which would lead the enemy to an interpretation of our war plans or intelligence.

(AG 312.11(8-25-42)(8-26-42) MB-A-PS)

Memo No. W380-5-42, W.D., A.G.O., Washington, dated September 3, 1942.

57. REVISION OF MOBILIZATION REGULATIONS, No. 1-9.

a. Approved revision of Mobilization Regulations, No. 1-9, Standards of Physical Examination during Mobilization, is now being printed. Pending publication and distribution of this revision, the more important changes in this revision are announced in par. 2 and become effective upon receipt of this letter.

b. Acceptance of individuals for general military service in the following categories is authorized:

(1) Remediable incapacity due to recent acute illness, surgical operation, injury, employment or environment in civil life; provided acceptance is deferred until recovery is complete. Following any major surgical operation an individual should be deferred for a sufficient period of time to insure complete recovery without sequelae. The minimum period of deferment following a major surgical procedure should be at least three months. The actual period of deferment longer than three months should depend upon the condition for which operated and upon the discretion of the medical examiners.

(2) Registrants whose visual acuity is not less than 20/200 in each eye without glasses, if correctible to at least 20/40 in each eye. The actual possession of suitable glasses by an individual is not required for his acceptance under these standards.

(3) Hearing in each ear of 10/20 or better; 5/20 in one ear and 15/20 in the other; 0/20 in one ear and 20/20 in the other.

(4) Individuals who are well nourished, of good musculature, are free from gross dental infections, and have a minimum requirement of an edentulous upper jaw and/or an edentulous lower jaw, corrected or correctible by full denture or dentures.

(5) Relaxed inguinal ring provided there is no hernial sac present.

(6) Hernia, small umbilical (patent umbilical ring.)

(7) History of cholecystectomy provided recovery is complete without disqualifying sequelae.

c. The minimum qualifications for limited military service (Class I-B) have not been lowered.

d. It is desired that all posts, camps, and stations and recruiting and induction personnel in your command be notified immediately.

(Ltr. W.D., AGO, Oct. 6, 1942).

58. DISCHARGE OF MEN 38 YEARS OF AGE AND OVER.---

a. Certain enlisted men who by reason of advanced age, 38 years of age and over, are unable satisfactorily to perform military service, but who are qualified to assist the national war effort if discharged from the Army.

b. Authority is granted by this circular to discharge such men for the convenience of the Government, subject to certain limitations.

c. The basis for decision by the officer having discharge authority to discharge such an enlisted man will be that the enlisted man--

(1) Has voluntarily requested discharge in writing to his immediate commanding officer.

(2) Is handicapped by advanced age, 38 years and over, to such an extent that his usefulness to the Army is secondary to that of industry.

(3) Has presented satisfactory evidence that he will be employed in an essential war industry, including agriculture, if he is discharged from the Army.

d. In considering applications for discharge under this circular, each case will be considered on its individual merits and no enlisted man will be discharged unless a suitable trained replacement is present and available.

e. All enlisted men, upon submission of application for discharge under the provisions of this circular, will be informed that--

(1) The policies as to discharge stated herein are subject to revision or revocation at any time, and that acceptance of an application for discharge will not be considered as a promise to release an individual. The acceptance of an application merely means that the enlisted man's request will receive consideration.

(2) Discharge from the Army under this circular is in furtherance of the war effort, and not a right of the enlisted man.

f. (1) For necessary administrative procedure, see Circular No. 395, W.D., 1942.

(2) In these cases the final indorsement of the service record will be accomplished to show--

Discharged under the provisions of section II, Circular No. 397, War Department, 1942, at the enlisted man's request to accept employment in an essential war industry.

(A.G. 220.8 (12-5-42).)

Cir. No. 397, W.D., Washington, D.C., December 7, 1942.)

#### 59. PERFORMANCE OF ELECTIVE OPERATIONS FOR PRE-INDUCTION DISABILITIES.

a. The following SGO Circular Letter, No. 167, dated November 30, 1942, Subject as above, is quoted for the information and guidance of all concerned:

"1. In the interest of the fullest utilization of manpower it is desired to bring to the attention of all medical officers the importance of giving very careful consideration to the future value

of military personnel on whom elective operations for pre-induction disabilities are contemplated.

2. From time to time personnel may be inadvertently inducted into the service with pilonidal cyst, hernia, internal derangement of the knee joint, and other disabilities. It is felt that individuals having defects that would require prolonged hospitalization or in which operation may be followed by recurrence, or be unsuccessful, should not be operated upon. No individual with pre-induction disabilities should be considered for an elective operation unless the individual gives particular promise of being of future value to the Army both from a mental and physical aspect.

3. Commanding officers of all Army hospitals will be held responsible for bringing this important matter to the attention of medical officers under their command for appropriate observance of the policy outlined above."

b. Before a patient with a pre-induction disability is considered for elective operative procedure, the Chief, Surgical Branch, will prepare a signed statement to the effect that the individual, if operated upon, gives particular promise of being of future value to the Army both from a mental and physical aspect. This statement will be made a part of the individual's clinical record.

#### 60. DESIGNATION OF OFFICERS FOR LIMITED SERVICE DUTIES.

"IV.--Designation of officers for limited service duties.-- 1. A review of the records of officers who have been found incapacitated for active service by Army retiring boards during the past year shows a number who were suffering from very mild degrees of diabetes, hypertension, nerve deafness, hypertrophic arthritis, and similar conditions which were subjectively asymptomatic and were detected only in the course of routine physical examinations or during hospitalization for other conditions. In some cases these individuals were obviously well trained, efficient officers capable of filling limited service assignments are, according to medical experience in such conditions, possessed of service expectancies of several years; yet, because of the fact that their conditions were mildly progressive in character and not service connected, they were brought before Army retiring boards under the provisions of paragraph 4b, Circular No. 83, War Department, 1942, and retired from active service.

2. It is true that the types of conditions enumerated above are usually slowly progressive in character and may result eventually in incapacity to perform useful service. However, in consideration of the need for trained officers, the provisions of Circular No. 83, War Department, 1942, will not be so literally interpreted that the Army will be deprived of the services of capable officers who are already in the service and who may be expected to perform satisfactory service for several years. In such cases the fact that the cause of the incapacity is not an incident of the service will be clearly set forth in the medical record."

(A.G. 210.85 (11-13-42).)

Cir. No. 383, W.D., Washington, D.C., November 26, 1942.

61. REPORT OF BATTLE CASUALTIES.

a. Attention is called to Circular No. 21, War Department, January 24, 1942.

b. Immediately following the receipt of battle casualties, the Receiving and Disposition Officer will submit report in the following form to his headquarters:

"The following battle casualties received in this office from \_\_\_\_\_ (Hour) to \_\_\_\_\_ (Hour), this date.

a. Killed in action:

\_\_\_\_\_  
(Name) (A.S.N.)

b. Seriously wounded (including gas casualties):

\_\_\_\_\_  
(Name) (A.S.N.)

c. Slightly wounded (including gas casualties):

\_\_\_\_\_  
(Name) (A.S.N.)

\_\_\_\_\_  
, Medical Corps  
Receiving and Disposition Officer

62. DISCHARGE OF PATIENTS (CERTAIN CLASSES.)

a. When it is determined that an enlisted patient undergoing treatment in this hospital should be discharged from the service on account of:

Fraudulent enlistment	- Section VI, A. R. 615-360
Desertion and Physical Unfitness	- Section VII, A. R. 615-360
Inaptness, lack of adaptability, undesirable habits or traits of character or is disqualified for service, physically or in character, through his own misconduct.	- Section VIII, A.R. 615-360
Conviction by Civil Court	- Section X, A. R. 615-360

he will, upon having reached maximum hospital improvement, be disposed of as follows:

(1) Patients from stations in the San Francisco Bay Area, for whom the Letterman General Hospital acts as a Post Hospital, will be immediately returned to duty to their proper station. The Registrar

will forward the patient's Commanding Officer a brief medical history together with appropriate recommendations for discharge from the service.

(2) Patients from other posts will be placed before a Section VIII Board or otherwise separated from the service at this hospital.

b. Ward Officer will make every effort to arrive at definite conclusions in cases of this nature as early as possible so as to effect discharge from hospital or separation from the service.

c. Administrative details relating to Section VIII Boards and discharge from the service will be expedited by all concerned.

63. RECORD OF MEDICAL TREATMENT, MILITARY PERSONNEL (Form 258, W.D., A.G.O.—Reference Cir. 135, W.D., 1940).

a. One original and one copy of Form 258, W.D., A.G.O., will be prepared and maintained for every reserve officer, reserve nurse, enlisted man and each retired person of the Regular Army on active duty, who is on duty or who is assigned in the future for duty at this hospital. These forms will be prepared and retained on file by the office exercising administrative jurisdiction over the personnel groups concerned.

b. Whenever the individuals referred to above report or are reported to a medical officer for treatment, they will be accompanied by the original and one copy of this form. The medical officer, after examining the individual, will determine whether he or she is to be placed in hospital, sick in quarters, or returned to a duty status. In the event the individual is admitted to hospital, both of the form will be sent to the Registrar. In the event the individual is placed sick in quarters, the form will be retained in the office of the officer attending sick call until the individual is returned to duty, in which event an entry will be made on both forms showing the date, diagnosis, and length of time on sick report and returned to the office from which it emanated. In the event the individual, after examination, is shown to have a disability which does not warrant excuse from duty, an entry nevertheless will be made on the form showing the date and diagnosis. The original and duplicate then will be returned to office from which they emanated. Medical officers treating patients concerned will require that Form 258, W.D., A.G.O., accompanies them so that entries can be made.

c. The Registrar will make the necessary entry on the forms of patients in hospital at the time of their return to duty.

64. REPORTS OF SERIOUSLY ILL PATIENTS.

a. Attention is directed to the provisions of 30-40 H.R., L.G.H., concerning seriously ill patients.

b. In some instances in the past there has been a delay of several hours between the time of initiation of a Report of Seriously Ill Patient and its arrival in the Office of the Officer of the Day. This constitutes a serious irregularity and might lead to disastrous results. All officers, nurses and enlisted men concerned with the dispatch of these reports are directed to expedite their progress.

c. Chiefs of Branches are directed to assure themselves that all officers assigned to their respective branches are familiar with the importance of the initiation and routing of Reports of Seriously Ill Patients. The Principal Chief Nurse will similarly instruct all nurses concerning their duties in regard to these reports.

d. The Registrar will carefully check all incoming Reports of Seriously Ill Patients in respect to time element involved in each phase of its progress to determine whether or not there has been any undue delay and will promptly report to this headquarters if there is any evidence of laxity.

65. PERTINENT RECORDS TO ACCOMPANY CLINICAL RECORD.

a. Pursuant to the instructions contained in Circular Letter No. 94, Office of The Surgeon General, Washington D.C., dated September 16, 1941, all pertinent records will accompany the clinical record of patients transferred from one hospital to another.

b. When it is determined that a National Guard or Reserve Officer is to be transferred, effort will be made to secure a copy of W.D., A.G.O. Form No. 63 prepared on his entry into active duty so that it will be included in the clinical record.

c. The Registrar will make appropriate entries on or attached to the retained copy of the 55 a, M.D. Form in the case, showing what records and forms were forwarded to the receiving hospital at the time of the transfer.

d. Clinics, departments, and branches called upon to furnish from permanent files any document, record, x-ray films, electrocardiograms, etc., will file in lieu thereof a clear record of the disposition of the document, film, report, etc., forwarded to the receiving hospital.

66. PROCEEDINGS OF DISABILITY BOARDS AND SECTION VIII BOARDS.

Hereafter proceedings of Disability Boards and Section VIII Boards will state whether, in the opinion of the Board, the Government can or cannot obtain useful service from the soldier.

67. FINDINGS OF DISPOSITION BOARDS.

a. Attention is called to Cir. 83, W.D., March 21, 1942.

b. The findings of the Disposition Board, so far as they pertain to the physical fitness of officers for the service, will be recorded in one of the following forms:



(1) "Physically fit for general service.

(2) Physically fit for general service or physically fit for limited service but found to have a condition or conditions not incident to the service which, though not disqualifying at this time, is or are nevertheless of such character that they are likely to progress or be aggravated by the military service and later may be made a basis for retirement in line of duty. (To be submitted only in the case of officers of the Army of the United States who are not officers of the Regular Army.

(3) Physically unfit for general service but physically fit for limited service. (Here record the general type of military duty the officer is physically fit to perform).

(4) Physically unfit for general service and physically unfit for limited service."

68. CERTIFICATE AS TO SOBRIETY.

a. In all cases of injury admitted to this hospital for treatment, the Medical Officer who first examines the patient on his arrival at the Receiving Office will execute the following Certificate as to the Sobriety of the patient in duplicate, and sign both:

LETTERMAN GENERAL HOSPITAL  
San Francisco, California

\_\_\_\_\_  
Date

I certify that I examined \_\_\_\_\_  
Grade Name

\_\_\_\_\_ on his arrival at this

A.S.N. Organization  
hospital at \_\_\_\_\_ and that he \_\_\_\_\_ drunk and that  
Hour Date (was or was not)  
he \_\_\_\_\_ under the influence of drugs when examined.  
(was or was not)

\_\_\_\_\_  
Name

\_\_\_\_\_  
M. C.

\_\_\_\_\_  
Rank

b. The original of the certificate will be attached to the Form 55a and sent to the ward to which the patient is assigned and the duplicate will be kept on file in the Receiving Office.

c. The Ward Officer will file the original of the certificate with the patient's clinical record. In the event no certificate as to the sobriety accompanies the 55A, the Ward Officer will promptly notify the Chief of the Outpatient Service who will take the necessary measures

to have the certificate executed without delay.

d. The Medical Officer who first examines the patient and executes the certificate will thoroughly familiarize himself with the definitions of drunkenness and sobriety as outlined in the Note: Testimony as to Sobriety of Individuals, on the certificate.

#### 69. TESTIMONY AS TO SOBRIETY OF INDIVIDUAL.

a. In some instances in the past, officers' testimony as to the sobriety of an individual has been worthless in that they had not testified that the individual was either drunk or sober. The most frequent testimony received is to the effect: "He had been drinking but I could not say he was drunk," or "He wasn't exactly sober but I couldn't say he was drunk." Such testimony is worthless and constitutes an evasion of the point at issue.

b. In future when an officer testifies as to an individual's sobriety, he will state specifically that in his opinion the individual was either drunk or sober.

c. The following memorandum prepared by the Judge Advocate, Ninth Corps Area, states in brief what constitutes drunkenness:

(1) The Manual for Courts-Martial defines drunkenness as "any intoxication which is sufficient sensibly to impair the rational and full exercise of the mental and physical faculties." (Par. 145, page 100.) A person is drunk, in a legal sense, when so far under the influence of liquor that his passions are visibly excited or his judgment is impaired by liquor. (Words and Phrases, 2203). It has been legally determined "that whenever a man is under the influence of liquor so as not to be entirely himself, he is intoxicated; though he can walk straight; though he may attend to his business, and though he may not give any outward and visible signs to the casual observer that he is drunk." (Sapp V, State H2 S.E. 410).

(2) The M.C.M. also provides that "On an issue of drunkenness, admissible testimony is not confined to a description of the conduct and demeanor of the accused, and the testimony of a witness that the accused was drunk or was sober is not inadmissible on the ground that it is an expression of opinion." (Par. 145, page 160). After the testimony as to this issue is adduced before the board, it is then incumbent upon the board to weigh all of the evidence submitted, and then make its findings as to whether the individual concerned was drunk or sober.

#### 70. ADMISSION OF PATIENTS.

It has come to the attention of the Commanding General that in some instances there has been doubt in the minds of some of the Medical Officers as to whether or not certain military patients should be admitted

to this hospital. In order to clarify the situation and dispel any misunderstanding that may exist, the Commanding General directs that no military patient requiring hospitalization will be denied admission to this hospital, irrespective of the source or station from which he comes.

#### 71. COMPLAINTS REGARDING ADMISSION OF PATIENTS.

a. There have been numerous complaints received of instances in which patients have arrived at the Receiving Office during other than regular duty hours for admission or treatment and have waited an undue period of time before they were seen by a doctor.

b. In order to avoid this irregularity the Professional Officer of the Day, except when engaged on professional duties or at meals, will remain in or in the vicinity of the Receiving Office or the room provided for sleeping quarters.

c. The Professional Officer of the Day will respond immediately to all calls to see outpatients or admit patients and, if unable to do so at once, he will designate one of the Emergency Internes to examine the patient, institute any necessary emergency treatment and if the case is one for admission, to accomplish the admission of the patient to the hospital and designate the ward to which he will be assigned.

d. The Professional Officer of the Day on going on duty will see that the Emergency Internes are familiar with their duties in respect to emergency calls, and the attendance of outpatients and admission of patients to the hospital.

e. In this connection, the Administrative and the Professional Officers of the Day and the Emergency Internes, both medical and surgical, are not permitted to attend moving pictures, shows, dances, smokers or other social functions during their tour of duty.

#### 72. APPEARANCE OF PATIENTS.

a. The contentment and well-being of patients is dependent on many factors. Among the most important of these are a rigid adherence to the rules of personal hygiene and the maintenance of neat personal appearance. In order that these two things may be accomplished Ward Officers and others who are closely associated with patient personnel must be constantly on the alert to detect neglect or deficiencies in these particulars and be constantly prepared to take such action, disciplinary or otherwise, as may be indicated to maintain a high standard among the patients entrusted to their care.

b. Common deficiencies in the above respects noted by the Commanding General are:

- (1) Unbrushed teeth
- (2) Dirty finger nails

- (3) Untrimmed or improperly trimmed and brushed hair
- (4) Unshaven faces
- (5) Absence of undergarment when the convalescent suit is worn
- (6) Absence of socks
- (7) Unlaced or improperly laced shoes
- (8) Improperly fitted convalescent suits.

c. The prevention and correction of the irregularities noted in Paragraph b is an important and serious duty of Ward Officers in particular and Chiefs of Professional Branches in general.

d. In the above connection, attention is called to the fact that convalescent suits are issued in three sizes and that a proper selection of size in relation to the individual will insure a suitable fit. It is obvious that in some cases little or no attention is paid to this by the responsible officers with the result that many patients are seen about the hospital in convalescent suits so ill fitting as to impart a grotesque appearance to the individuals and to impair their self-respect.

e. Chiefs of Branches will take the necessary action to assure themselves that all Ward Officers on their Branch are thoroughly familiar with the contents of this memorandum and are imbued with a proper sense of responsibility for the prevention and correction of the irregularities noted therein.

### 73. PASSES FOR PATIENTS, ENLISTED STATUS.

a. It is the opinion of the Commanding General that too many patients are permitted to be absent from the hospital on pass. Ward Officers are reminded that patients are in the hospital for medical treatment and that it is not consistent with proper ward administration to authorize their absence from the ward and treatment at frequent intervals. Approval of passes should be governed more by the therapeutic value thereof than by the wishes of the patient.

b. Effective this date, passes issued to patients on an enlisted status will be governed so that not over 15% of the patient strength (not bed capacity) of any ward will be on pass at the same time. Except under exceptional circumstances, passes will not be granted to enlisted patients who have been in hospital less than 15 days.

c. More than one pass in 10 days to any individual may be approved by the Ward Officer if he so desires provided the total allowance noted above is not exceeded.

d. Ward Officers will be held responsible that the prescribed limit of passes is not exceeded.

e. The Commanding Officer, Detachment of Patients, will check against the daily bed report to assure himself that the established limit of passes is not exceeded by any ward.

f. Prior to permitting a patient to depart on pass, the Ward Officer or his representative will instruct the patient that he will present his pass to the attendant in charge of the Patients' Clothing Room to serve as authority for the issue of such street clothing as may be needed. He will change from hospital clothing to street clothes in the dressing room provided, turning in hospital clothing to the Patients' Clothing Room for storage until return from pass. He will also be instructed that immediately upon return to the hospital he will report to the Patients' Clothing Room, turn in his pass and street clothes, and receive his hospital clothing in exchange, and will then immediately report to his proper ward.

g. Ward Officers will definitely instruct nurses and ward attendants that patients in street clothes will not be permitted to enter the ward on return from pass.

h. Passes will, except under the most unusual circumstances, terminate at 10:00 P.M. Patients overstaying passes will forfeit pass privileges.

i. Nothing in this memorandum is intended to permit passes from venereal, enforced treatment, or closed wards for mental patients.

j. Nothing in this memorandum is intended to prohibit the approval of a pass for verified emergency reasons of sufficient importance to justify such approval.

#### 74. PATIENTS (ENLISTED STATUS) RETURNING FROM PASS.

a. Attention of all concerned is directed to the provisions of Par. 4-c, H.R. 30-35, which require that when a patient on pass returns to hospital his pass and civilian clothing will be turned in at the Receiving and Disposition Office and hospital clothing issue.

b. Instances have been noted of patients being permitted to return to the hospital for meals or to sleep and to continue on their pass, coming and going in this manner as they desired until the period of their pass expired. This practice will be discontinued immediately. When a patient returns to hospital his pass will be terminated in the manner prescribed by regulations, regardless of the fact that his pass has not expired. This applies to both regular and special passes.

#### 75. PATIENTS' CLOTHING.

a. In past instances patients on enlisted status coming back from pass late at night have returned to the ward in their outer clothing and the clothing retained there until the following morning. This practice will not be tolerated.

b. In this connection, attention is invited to Pars. 4 and 5, H.R. 30-15, LGH.

c. The Patients' Baggage Room is open for the reception of patients' clothing during the entire day and night.

d. Patients on enlisted status will not be permitted in the wards at any time in other than hospital clothing except in the case of seriously ill patients and patients who arrived in large convoys and are sent directly from the Receiving Office to the ward to which they are assigned. In these cases the clothing will be checked by the Wardmaster or other ward personnel, as soon as possible after the arrival of the patients, and taken by him to the Patients' Baggage Room. In the event the clothing of patients requires pressing or dry cleaning, the Ward Officer will so notify the Custodian of Patients' Effects who will make the necessary arrangements with the Dry Cleaning Plant to have the required work accomplished and return the clothing to the Patients' Baggage Room. In no instance will clothing be delivered to a patient to have work of this nature accomplished.

e. Nothing in this memorandum will be interpreted to apply to the Officers' or Women's Wards or to change the procedure in effect on the Communicable Disease Section.

#### 76. CONVALESCENT SUITS.

a. A new type (maroon) convalescent suit is available in three sizes - small, medium and large. When suits are issued to patients, care will be taken to select a size that best fits the individual. When turned in for laundry exchange, suits will be listed by sizes and suits of like sizes returned.

b. Patients will be required to keep the coat buttoned at all times while out of the ward. These suits are issued with detachable buttons which will be removed before sending to the laundry exchange. An additional supply of buttons will be issued when required. Care will be exercised to prevent loss of buttons.

c. The use of the bathrobe will be restricted to wheelchair patients and to those who are physically unable to wear the convalescent suit or whose physical condition requires additional clothing to provide proper warmth.

#### 77. NOTICE TO PATIENTS.

a. Form 139, IGH, will be posted on upper left-hand corner of all mirrors in wards and clinics frequented by patients. Form may be procured by requisition on the Chief, Medical Supply Branch.

#### 78. HAIRCUTS FOR PATIENTS.

The attention of Ward Officers is directed to Par. 2 k, H.R. 25-125. When a patient is in need of a hair cut, he will be directed to report to the barber shop nearest his ward for the service. The Ward Officer will inspect the patient after return to the ward and see that his hair has been properly cut. Should the patient be without cash, he will be directed to report to the C.O., Detachment of Patients.

79. DEPARTURE OF PATIENTS.

a. When a patient departs from hospital on leave, sick leave, furlough, is transferred to another hospital on an absent sick status, or goes absent without leave, his clinical record will be brought up to date and a Transfer Slip prepared (Form 20, LGH), which will be attached to the Clinical Record. The Clinical Record and Transfer Slip will be immediately sent to the Receiving and Disposition Office and the patient dropped from the Ward Morning Report as transferred to another ward.

b. The Receiving and Disposition Officer will account for all patients on sick status. On their return to hospital, such patients will be assigned to an appropriate ward by Transfer Slip, Form 20-LGH. The Clinical Record will accompany the patient to the ward. The Receiving and Disposition Officer will institute necessary steps to safeguard clinical records of patients transferred to his office for record.

80. RESTRICTION OF VISITS TO POST EXCHANGE BY ENLISTED PATIENTS.

a. Effective December 12, 1942, enlisted patients will not be allowed in the Main Post Exchange or the Exchange Grill prior to 1330 each day except Sunday. On Sundays patients may visit the Post Exchange between 1100 and 1200.

b. So much of the provisions of par. 3, H.R. 32-20 in conflict with the above are hereby suspended.

81. REGULATIONS UNDER PUBLIC LAW 627.

The following regulations, promulgated by the Secretary of War and the Secretary of the Navy pursuant to Section 2 of Public Law 627, which appeared in 7 Federal Register 7307, are published for the information and guidance of all concerned:

MAKING OF PHOTOGRAPHS, SKETCHES, ETC., OF MILITARY  
OR NAVAL SUBJECTS

Pursuant to the authority conferred upon the Secretary of War and the Secretary of the Navy by the Act of Congress approved June 25, 1942, (Public Law Number 627—77th Congress), "to prevent the making of photographs and sketches of military or naval reservations, naval vessels, and other naval and military properties, and for other purposes," the following regulations are hereby prescribed:

(1) Sketches, photographs, photographic negatives, blueprints, plans, maps, models, copies or other representations, may be made of any area, place, property, or thing, described in the Act of Congress approved June 25, 1942, (Public Law Number 627—77th Congress), only upon the expressed permission of the Secretary or his authorized representative having jurisdiction of the subject matter. Such permission will be granted only if the interests of national defense will not be adversely affected thereby.

(2) The authorized representatives who may grant the necessary permission are:

War Department. Any Commanding General of a Defense Command, Theater of Operations, Department of Service Command, Director of War Department Bureau of Public Relations or any commander of a post, camp or station.

Navy Department. Fleet Commanders or commanders of any major subdivision thereof, Commanders of Sea Frontiers, District Commandants, the Director of the Office of Public Relations, Commanding Officers of Ships, Aircraft Squadrons, or Stations, or, an officer of the U. S. Marine Corps having a command equivalent to any of the foregoing. (Pub. Law, 627, 77th Cong.)

Issued and effective this 10th day of September, 1942.

(Memo. W.D., A.G.O. dated Oct. 13, 1942.)

82. RESPONSIBILITY CONCERNING PATIENTS' FUNDS AND VALUABLES.

a. It has come to the attention of the Commanding General that in some instances medical officers acting in the capacity of Professional Officer of the Day, fail to fully appreciate their responsibility in safeguarding funds and valuables of patients, entrusted to their care.

b. Their duty and responsibility in this respect is a very serious one and cannot under any circumstances be delegated to anyone else or set aside by placing funds and valuables in places of supposed security. Their responsibility does not end until the monies or articles are turned over to the Custodian of Patients' Funds and Valuables, and receipt therefor obtained (H.R. 20-5, par 3, k).

c. In some instances, Professional Officers of the Day have deposited such articles in a field safe in the Receiving and Disposition Office. This safe is not a designated depository for money or valuables and deposits therein or elsewhere are at the risk of the depositor.

d. Medical Officers are reminded of their responsibility for the safeguarding and proper disposition of funds and valuables received by them from patients whether acting as Professional Officer of the Day or in any other capacity and are informed that any loss which occurs after they have received such articles or funds and before the prescribed disposition has been effected, will be borne by them regardless of the circumstances surrounding the loss.

83. PERSONAL APPEARANCE.

a. Although frequent and adequate orders have previously been issued on the wearing of the uniform and personal appearance, results have been unsatisfactory. Military personnel are frequently noted (both on the hospital reservation and in civilian communities) whose appearance is such



as to bring the service into disrepute. Positive remedial action will be taken at once.

b. Detachment Commanders will publish and enforce such orders as are necessary to insure proper uniform and appearance of personnel. The wearing of the field jacket to movies, entertainments, dances and like assemblies will be prohibited.

c. Military personnel, both officers and enlisted men, leaving the hospital reservation while off duty will be required to conform to the following standard:

- (1) Appearance. Neat, well shaven, hair properly cut, clothing clean and well pressed, leather and brass shined, head-gear properly worn, all outer clothing buttoned.
- (2) Uniform.
  - (a) Other than when in civilian clothing, the prescribed garrison uniform will be worn.
  - (b) The service coat will be worn. Wearing of the field jacket is not authorized.
  - (c) The prescribed service tie will be worn at all times.
  - (d) Wearing of mixed articles of uniform and civilian clothing is prohibited.
  - (e) The garrison belt, when authorized, will be worn in the prescribed manner. It will not be removed nor hung from the shoulder.
  - (f) Unauthorized articles of uniform, including unauthorized ribbons, insignia and ornaments, will not be worn.

d. Patients granted passes will be required to conform to these instructions.

e. The following immediate measures for enforcement of this standard will be instituted without delay:

- (1) Officers, noncommissioned officers, and military police will instruct enlisted men noted on the hospital reservation not conforming to these standards and if indicated, obtain the offender's name and transmit it to this office together with the nature of the deficiency noted.
- (2) Detachment Commanders will revoke the special privilege card issued to an enlisted man who does not conform to these standards

and will thereafter require he undergo inspection as to appearance and uniform prior to departing on pass.

(3) A designated representative of the Commanding Officer, Detachment of Patients will inspect each patient departing on pass, after he is fully clothed. Those who do not conform to these standards will be reported to the Receiving and Disposition Officer or, in his absence, to the Administrative Officer of the Day who will (should he find the patient not meeting the requirement in appearance or to be in improper or soiled, or untidy uniform) revoke the pass, have the clothing returned to the baggage room and direct the patient to return to his ward.

(4) Ward Officers are responsible for the appearance of patients under their care. They will require that the provisions of Hospital Regulations 25-125, Par. 2 k, are fully complied with.

(5) The Commanding Officer, Detachment of Patients, will not grant any further passes to patients reported for being in improper uniform or to those failing to meet these standards in appearance.

#### 84. PATIENTS' RELATIVES CONTACT CHAPLAIN.

a. In order that the relatives of patients carried on the Seriously Ill List may be kept informed as to the progress of the patients so carried, a Chaplain on duty at this hospital will be designated as "Patients' Relatives Contact Chaplain", whose duty shall be to correspond with such relatives from time to time.

b. It shall be the duty of the Patients' Relatives Contact Chaplain to keep himself informed as to those patients placed on the Seriously Ill List, their progress from day to day, and to communicate from time to time by letter, telegram or otherwise with the patient's relatives and inform them of the progress of the case or any changes that might occur in the patient's condition towards recovery or otherwise.

c. Chiefs of Branches, Ward Officers, and other concerned with the care of the sick will furnish the Patients' Relatives Contact Chaplain any information he may desire relative to the prognosis, diagnosis, progress, etc., of the patient concerned.

#### 85. PRISONERS.

a. Prisoners, either General or Garrison (other than insane) admitted to this hospital, will be placed in the Detention Ward unless their physical condition is such that proper care and treatment can only be given on an open ward. The admitting officer will submit a report on each patient admitted to an open ward stating the reason therefor. Insane prisoners and prisoners admitted for mental observation will be admitted to Ward S-1.

b. Prisoners will not be transferred from the Detention Ward to an open ward unless their condition is so serious that they cannot

receive proper care and treatment therein and failure to accomplish transfer would jeopardize their recovery. The Chief of Branch concerned will submit requests for transfer of patients from the Detention Ward to an open ward, to this office. In extreme emergency the Administrative Officer of the Day is authorized to approve the transfer of a patient from the Detention Ward to an open ward, noting this action and the circumstances on his report.

c. All prisoners now under treatment in an open ward will be immediately transferred to the Detention Ward unless their condition is such that such action is contra-indicated.

#### 86. ADMISSIONS TO WARD S-2.

a. In some instances ordinary drunks from other military posts have been confined or admitted at night, as patients, to Ward S-2. Ward S-2 serves a dual purpose at this hospital in that it is the Guard House for this command and is also an Enforced Treatment Ward. Admissions to this ward or Guard House are of the following types:

(1) Members of Letterman General Hospital command confined for disciplinary reasons. Not admitted as patients.

(2) Transfer of patients from wards for the purpose of enforced treatment or for actions requiring confinement. These cases are already admitted as patients.

(3) Military patients from other posts who are prisoners and are transferred to this hospital for observation and treatment. These cases are admitted as patients.

b. Military personnel, not members of this command, who report to this hospital just because they are drunk or are brought here by friends; i. e., not transferred by competent authority as patients, as provided for in Par. a (3) above, will be examined by the Professional Officer of the Day to determine the necessity for hospitalization, and if hospitalization is not necessary, the Professional Officer of the Day will telephone the Guard House, Presidio of San Francisco, and request a guard to take the soldier to the Presidio Guard House.

c. Patients on enlisted status who arrive at this hospital and require admission as patients or who are returning from pass, absence without leave, etc., and who are under the influence of liquor, will be placed in Ward S-2 unless suffering from a medical or surgical condition of such nature as to contra-indicate this action.

d. Cases of this nature will be reported by the Officer who places the patient in Ward S-2, to the Commanding Officer, Detachment of Patients, (on Form 73-LGH) who will conduct a hearing at the earliest opportunity and recommend proper disciplinary action.

#### 87. ABSENCE FROM DUTY OF ASSIGNED PERSONNEL.

a. In some instances personnel are absent from duty with or without

authority, or are sick, without the knowledge of the officer in charge of the activity concerned.

b. The Commanding General directs that all officers keep themselves informed as to the individuals (military and civilian) serving under them and assure themselves that they are on duty.

c. In the event of absence from duty, prompt report will be made to the officer exercising administrative supervision over the individual concerned. In the case of civilians, report will be made to the Asst. Adjutant in charge of Civilian Personnel, and in the case of military personnel, to the Commanding Officer of the Detachment, Medical Section, SCU 1972.

#### 88. ENLISTED MEN RETURNING FROM A.W.O.L. OR DESERTION.

a. Enlisted men absent without leave from stations other than the Letterman General Hospital who may report or be brought to this hospital by civilian authorities or others will be referred to the Guard House, Presidio of San Francisco, and turned over to the Officer of the Day of that command.

b. Similar action will be taken in the case of all enlisted men in desertion from their proper station, including enlisted men in desertion from the Medical Station, Quartermaster Section or 717th San. Co. at this hospital.

c. Patients and enlisted duty personnel absent without leave from this hospital will be received and placed in confinement in the Detention Ward pending action by their proper Detachment in each instance.

#### 89. BOARD OF OFFICERS.

a. Presidents of Boards are charged with full compliance with AR 420-5, particularly in reference to the check-list and the form for Findings, Recommendations and Reports contained therein.

b. The check-list will be completely filled in and attached to each and every record of board proceedings to be forwarded to higher authority for action.

c. Mimeographed copies of the check-list may be obtained from the Adjutant on request.

#### 90. C.D.D. BOARD (Refer also to H.R. 30-55, LGH).

a. As soon as it is determined or believed that a patient's ultimate disposition will be discharged on Certificate of Disability, the Ward Officer will notify the Registrar, even though it might be a long time before the patient will be presented to the Board. This advance notice is essential in order to avoid long delays incident to securing the clothing, possessions, service record, etc., necessary prior to effecting the separation of a soldier from the Service.

b. When a patient is ready to be presented before the C.D.D. Board, the necessary records will be forwarded by Ward Officers concerned, to the proper Chief of Branch at least 24 hours in advance of meetings of the C.D.D. Board.

c. The C.D.D. Board meets on Tuesday and Friday afternoons of each week.

d. Ward Officers will be notified by the President of the C.D.D. Board, the hour to appear with the patient whose cases have been submitted for consideration.

#### 91. RETIREMENT OF ENLISTED MEN.

a. In accordance with Section II, AR 615-360, as amended by Section I, Circular 180, War Department, dated August 26, 1940, when it has been determined that an enlisted man with over twenty years service is physically disqualified for service he will be placed before the Disposition Board.

b. If the Disposition Board recommends retirement, the proceedings of the Board together with the report of physical examination recorded on W.D., A.G.O. Form No. 259 will be forwarded to this office in quadruplicate.

#### 92. MEDICAL DEPARTMENT FORM 55 O-3.

The following policy has been set forth by The Surgeon General with reference to completing Medical Department Form 55 O-3 prior to major elective or emergency surgical procedure rendered to military personnel:

"Medical Department Form 55 O-3 is considered essential from a medicolegal standpoint in the case of patients hospitalized in a civilian status. It should be noted in this connection that Regulations and Procedures 6088, U.S. Veterans Administration, provide that written consent to surgical operations and other treatment measures be obtained prior to such procedures in their facilities. M.D. Form 55 O-3 should be accomplished only in the above instances. Insofar as military personnel are concerned, completion of this form is not required; attention is invited to par. 2e (9), A.R. 600-10, June 2, 1942."

(Ltr. Hq. Ninth Service Command, August 1, 1942.)

#### 93. BOARDS FOR PURPOSE OF ARRANGING THEIR PERSONAL AFFAIRS.

a. Medical attendance not authorized at public expense for inducted registrants transferred to the Enlisted Reserve Corps and returned to locale of their local boards for purpose of arranging their personal affairs.—An enlisted man procured through Selective Service, when released from active service immediately after induction and transferred to the Enlisted Reserve Corps, reverts to a civilian status upon complying with the order that returns him to the locale of his local board for the purpose of arranging his personal affairs. He remains in such status until he complies with the order subsequently recalling him to active service. While in this civilian status, he is not entitled to treatment at public expense by Army or other Government facilities or by civilian agencies.

(A.G. 324.71 (10-15-42).) (Extract from Cir. 362, WD, Wash., D.C. Nov. 2, 1942).

#### 94. MESS TABLE CARD.

a. Patients eating at the General Mess who, because of orthopedic or other conditions are unable to carry a tray or those who require convalescent ulcer diet, will be given a Mess Table-Card, Form. No. 6-LGH. This form will be properly accomplished by the Ward Officer or nurse on duty in the ward and given to the patient before he reports to the Mess Hall for the first time. The patient will retain this card in his possession as authority for his seat at the table.

b. The Mess Officer will cause frequent checks to be made of all patients who eat at the convalescent ulcer table and the non-ambulatory patient table, referring to the Ward Officer for his decision, the cards of such patients as appear to have completed their non-ambulatory status.

#### 95. MIDNIGHT MEAL.

a. The Supervisor of Hospital Police and Personnel will furnish all personnel on night duty a Mess Table Card, Form No. 6-LGH. Except at indicated below, no person other than officers and internes on night duty will be permitted to partake of food in the Mess Hall or kitchen other than those who have in their possession a card as indicated above.

b. In case of emergency, the Officer of the Day may authorize the furnishing of meals or food during the night hours in specific cases.

#### 96. ATTENDANCE AT MEALS.

a. Members of the Duty Personnel will not fall in the cafeteria line prior to the designated time for the meal, and while in line will remain in single file, be quiet and orderly, and be in proper uniform.

b. Line for patients on venereal wards who are authorized to attend meals at the mess hall, will be formed by the Ward Attendant and conducted by him in the formation to the mess hall so as to arrive at the hour designated for the meal. The attendant will remain with the patients during their meal and return them in formation to their ward when the meal is terminated.

c. When patients on a closed neuropsychiatric ward are authorized to attend meals in the mess hall, they will be conducted by a sufficient number of attendants who will remain with them at all times, and will be taken through the cafeteria line as a separate group. They will at no time be allowed to leave the group. Upon completion of the meal they will be conducted back to the ward and carefully checked to assure that all have returned.

d. Patients who are to attend breakfast and dinner meals at the mess hall will not be permitted to leave their wards prior to five minutes before the designated meal hour, or to fall in the cafeteria line or assemble in the vicinity of the mess hall prior to the meal hour.

e. The Provost Marshal will enforce the provisions of these instructions.

97. DIET THERAPY.

a. A higher degree of efficiency is obtainable in the field of diet therapy at this hospital. At the present time a zone exists not properly covered by either dietitians or ward officers.

b. In order to correct the above deficiency you are informed that the Mess Officer is available for consultation in all matters pertaining to diets to include the availability of accessory food substances and indicated revisions in standard diets.

c. Chiefs of Branches will instruct Ward Officers to make full use of the Director of Dietetics in a consulting capacity. Much could be accomplished in the proper nutrition of patients if this were done as a matter of routine.

98. OFFICERS' MESS, BUILDING T-50.

a. In view of the limited facilities in the Officers' Mess, Building T-50, and the increase in the number of officers present for duty and training, it has become necessary to limit the use of this mess.

b. Officers who may take meals in the Officers' Mess, Building T-50, are limited to the following:

- (1) Officers quartered on the Letterman Reservation.
- (2) Officers on "Emergency Group" duty.
- (3) Officers on the "Officers Emergency Detail" roster.

c. Localities where meals can be secured.

- (1) Letterman Post Exchange.
- (2) Presidio Post Exchange (Car Station.)
- (3) Several restaurants on Chestnut Street.

99. MEALS FOR OFFICERS ON EMERGENCY DETAIL.

a. When officers are on Emergency Detail assignments listed below, they will take their meals without charge in the Messes designated:

- (1) Professional Officer of the Day:  
In the Patient Officers' Mess (HR 20-5, Par 2).
- (2) Assistant to the Professional Officer of the Day:  
In the Patient Officers' Mess (HR 20-5, Par. 6).

- (3) Administrative Officer of the Day;  
Two meals in the Patients' Mess and one meal  
in the Detachment Mess (HR 20-10, Par. 7).
- (4) Assistant to the Administrative Officer of the Day:  
Two meals in the Patients' Mess and one meal  
in the Detachment Mess (HR 20-10, Par. 16).
- (5) Adjutant:  
In the Patients' Mess.
- (6) Assistant to the Adjutant:  
In the Patients' Mess.
- (7) Officer of the Day, Medical Department Enlisted  
Technicians School: In the Detachment Mess.
- (8) Blackout Watch Officer:  
In the Patients' Mess.

#### 100. TROOP SCHOOL FOR DUTY OFFICERS.

a. MISSION AND SCOPE.— The purpose of this school is to familiarize the various officers, newly in the service, concerning military and administrative matters in order to improve their basic knowledge pertaining to the military service in matters which will be of value to them in their present and future assignments. It is presumed that officers are professionally qualified for the activities for which they were commissioned.

b. DURATION AND ATTENDANCE.— The instructional day will be a period of one hour, from 7:00 to 8:00 P.M., for (4) days weekly for the officers attending this course of instruction. All officers who have not had at least five years active duty in the Army will be required to attend. All Pool officers will be required to attend. To avoid requiring officers to return to the hospital for this instruction on nights that they would otherwise be off duty, attendance will be based on "Group" assignments. This will mean that each instructor who presents a subject to one group on one night will repeat the same instruction to the other group on the following night.

c. MANNER OF PRESENTATION OF SUBJECT.— The instructor when presenting his subject may supplement it by demonstrations, maps, diagrams, or motion pictures, etc., when these measures are applicable. Although there is no requirement that the talk be written, if the instructor does prepare a written record of his talk, a copy will be sent to this headquarters in order that it may be mimeographed for the benefit of future trainees or newly commissioned officers who pass through this hospital. The speaker will arrange in advance for any special properties needed to present his subject, including a machine and operator for motion pictures, slides, etc. The speaker will arrange in advance with the Supervisor of Hospital Police and Personnel to secure any enlisted men that may be needed in connection with any special features of the subject which he is presenting. The speaker will be in charge of the meeting for which he is scheduled and will open and close such meeting.



In general, it will be advisable to allow a suitable period of time after each lecture for questions from the audience.

d. SCHEDULE.— The master schedule, attached hereto, indicates the date, place, hour, subject, "Group" to attend, and the name of the instructor or the service or department under whose auspices the meeting will be conducted. An "Open" night is left each month to provide for any special feature or lecture that might be available, in which event special notice will be published.

101. DRILL EXERCISES FOR OFFICERS OF THE MEDICAL DEPARTMENT REPLACEMENT POOL.

a. Drill exercises for "Pool" officers are conducted by the Commandant, Medical Department Enlisted Technicians School on the drill field in front of the Officers' Quarters at 3:00 P.M., on each Tuesday, Wednesday, Thursday, and Friday.

b. "Pool" officers assigned to the Outpatient Service are excused from attending the drill exercises.

c. "Pool" officers assigned to the Surgical Service are excused from attending the drill exercise period on Fridays.

d. All other "Pool" officers, regardless of previous attendance, will attend all drill exercise periods unless excused by the Assistant Commandant, Medical Department Enlisted Technicians School.

102. HOME CASES ON ADJACENT MILITARY POSTS.

Requests for medical attention in the home, made by personnel and others who are occupying quarters on Presidio of San Francisco or Fort Scott and who are entitled to medical attention, will be referred to the Station Dispensary of the Post concerned.

103. OFFICERS' INCOMING AND OUTGOING REGISTER.

a. A Register of Officers is kept in the Officers' Staff Room at this hospital where all officers assigned to duty at this station, either temporarily or otherwise, will register their individual status and subsequent changes on the date of occurrence as follows:

- (1) Joining for duty.
- (2) Departure on, or return from, leave.
- (3) Departure, or relief from duty at station.
- (4) Departure on, or return from, detached service.

b. The Register will include the following data:

- (1) Name, rank, corps, serial number.

- (2) Date and hour of reporting or departing.
- (3) Kind of change involved.
- (4) Authority.
- (5) On departure, the probable date of return and emergency address and tele phone, if any.

c. The noncommissioned officer on duty in the Receiving and Disposition Office will refer to this Register at midnight of each tour of duty in preparing the "change of Status Report of Duty Personnel."

d. Officers will not be required to report "In" or "Out" at the Receiving and Disposition Office as the required data will be obtained from the Register as prescribed above.

#### 104. HOURS OF DUTY FOR ACTIVITIES THIS HOSPITAL.

a. Offices, clinics and departments of this hospital will remain open and will perform their normal functions until 1630 daily, except on Saturdays, Sundays, and holidays when they may close at 1300. This is not intended to change the hours in force in the Outpatient Service or the hours for sales in the commissary.

b. Officers having civilian employees assigned to duty under their supervision are responsible that such employees report for duty at the prescribed hour and that they be required to actually perform the hours of labor per day and per week as set forth in existing law for their group and occupation.

#### 105. AUTHORIZED EXCESS ENLISTED GRADES AND STRENGTH DUE TO HOSPITALIZATION OF PERSONNEL.

a. Attention is called to letter, The Adjutant General, April 6, 1942, subject: Authorized Excess Enlisted Grades and Strength due to Hospitalization of Personnel, copy attached.

b. In order to comply with the requirements of the above mentioned letter, Chiefs of Branches will submit to the Registrar the names, rank and organization of all enlisted patients on their respective services, other than battle casualties, who will be hospitalized for a period of sixty days or longer and a list of those patients, the nature of whose sickness or injury will preclude the patients from being physically qualified for further duty with their organization.

c. All diagnosis slips (other than those pertaining to battle casualties) submitted pursuant to the requirements of Paragraph 13 d, HR 30-60, will bear one of the following notations selected as to its pertinency:

- (1) Hospitalization will probably not exceed sixty days.

(2) Hospitalization will exceed sixty days.

(3) Patient will not be physically qualified for further duty with his organization.

d. In event that the patient has been reported on a diagnosis slip to the effect that his hospitalization will not exceed sixty days and it thereafter becomes apparent that his hospitalization will exceed sixty days, or in the event it has been ascertained after diagnosis slip is submitted that the nature of the sickness or injury will preclude the patient from being physically qualified for further duty with his organization, another diagnosis slip will be forwarded to the Registrar bearing a notation to that effect.

e. Upon receipt of a diagnosis slip, the Registrar will comply with the provisions of Par. 4 of the letter referred to above.

f. In the above connection, Chiefs of Branches will assure themselves that Ward Officers on their service submit diagnosis slips as soon as possible after the patient's admission.

#### 106. EXPENDITURES FROM HOSPITAL FUND.

a. The Custodian of the Hospital Fund will make no expenditures from that fund for purposes other than food supply, without the written authority of the Commanding General.

b. Request for authority for purchases will show the name, quantity and price of the article and the purpose for which it is intended. A certificate from the Quartermaster and one from the Chief, Medical Supply Branch to the effect that the article is not available for issue, will be attached. When a request for purchase is approved and the expenditure made the authority therefor will be attached to the voucher pertaining to the purchase.

c. Whenever a Detachment Commander, Chief of Branch, Ward Officer, or other official desires to have a purchase made from the Hospital Fund, he will make a written request to the Commanding General through the proper channel. Requests will show the name, quantity and price of the article desired; the name of the dealer from whom it may be obtained and the catalog number if necessary. Requests approved by the Commanding General will be transmitted to the Custodian of the Hospital Fund, who after obtaining the certificate from both the Quartermaster and the Chief, Medical Supply Branch, as described above, will make the purchase, deliver the article to the officer making the request, and file the authority for the purchase with the hospital voucher pertaining to the purchase.

d. Requests disapproved by the Commanding General will be returned to the Officer making the request indicating the action taken.

#### 107. OFFICIAL MAIL.

a. All official mail on going from this hospital will be delivered

to the Record Room, Administration Building, and placed in the mail box provided therefor. No official mail will be delivered direct to any Post Office.

b. Mails close at 11:30 A.M. and 3:20 P.M. It is necessary that official mail be delivered to the Record Office at least fifteen minutes prior to clothing time or it will be held over until the next mail segregation.

108. POLICE.

Officers in charge are responsible for the police of corridors, walks and grounds in the immediate vicinity of their departments.

a. The Police Officer is responsible for:

- (1) Police of the grounds, walks and roads not specifically assigned to a department.
- (2) Removal of trash and refuse.
- (3) Cleaning of garbage and trash cans.

b. The Officer in Charge of Greenhouse, Gardens and Landscaping:

- (1) Operation of greenhouses, flower garden, trimming and care of hedges, trees and shrubbery.
- (2) Care of flower beds.
- (3) General landscaping.
- (4) Propagation and watering of flowers and potted plants.
- (5) Cutting of flowers.
- (6) Cutting and watering of lawns.

109. SEPARATION OF WASTE MATERIAL.

a. Quarters, wards, messes, and Post Exchange are provided with galvanized iron cans to receive waste - one marked DRY for ordinary waste not suitable for hog food, and the other marked WET to receive only garbage that is suitable for hog food.

b. Dry, or non-edible waste, is disposed of by incineration in the post incenerator of Presidio of San Francisco, Garbage (or "Wet Waste") is so sold under contract to a civilian who uses it to feed hogs. Complaints have been received from time to time from Presidio that garbage has been mixed with dry waste, and complaints have been received from the civilian under contract that non-edible and at times dangerous materials have been included with the garbage from quarters, wards, messes, etc., and resulting in the death of several hogs.

c. Garbage should include on refuse that is usable for feeding hogs. This includes all ordinary food garbage: meat, bread, fats, grease, vegetables, peelings (except citrus) etc. It does not include coffee grounds, egg shells and citrus fruit peelings.

d. Garbage and trash will be placed in separate cans, provided by the person responsible for the quarters. The indiscriminate use of garbage and trash cans is prohibited. Garbage will not be wrapped in papers but wastes for the DRY cans that are soiling (coffee grounds, etc.) will be wrapped in paper to facilitate handling and to keep the cans clean.

e. Occupants of quarters, Ward Officers, hospital and field wards, officer in charge of General Mess and Field Mess, Officer in charge of Post Exchange, Officer in Charge of School for Enlisted Medical Department Technicians, and Officer in Charge of Nurses' Quarters will be held responsible that the cans serving their respective purposes are utilized in the proper manner and maintained in a serviceable condition.

f. The Officer in Charge of Police will report to this headquarters instances of failure to comply with the requirements concerning disposition of waste materials.

#### 110. CONSERVATION OF WATER.

a. Marked shortage in the supply of water makes it imperative that during the summer months the use of water be curtailed wherever possible and that waste be entirely eliminated.

b. Everyone concerned will make every practicable effort to reduce the use of water.

c. Leaky faucets or plumbing will be reported promptly to the Utility Office. (Telephone 2089).

d. The Supervisor, Hospital Police and Personnel, will instruct war attendants to make frequent checks to see that water is not wasted. Considerable amount of water will be saved if patients when shaving or washing hands and face do not leave the water running during the procedure.

e. The Commanding Officers of Duty Detachment will issue necessary instructions to noncommissioned officers and men to see that water is not wasted.

f. In washing garbage cans, sputum cups, and occasional articles, it will be arranged to group the work rather than washing piece-meal, and the water will be shut off when not in actual use.

g. Lawn sprinkling will be accomplished systematically. When movable sprinklers are used, overlapping will be avoided. Sprinklers will not be left to run beyond a 15-minute period. Whenever water is running into the street or gutter, the sprinkler will be shut off or

moved. Special watering requirements will be regulated by the Landscape and Garden Officer. Normally, lawns will be sprinkled twice a weeks for 15-minute periods.

h. Officers in Charge of Branches or Departments will take the necessary corrective measures whenever waste of water is noted and will report to this headquarters instances of flagrant disregard of instructions contained in this memorandum.

111. INTENSIFICATION OF THE CONSERVATION AND SALVAGE PROGRAM.

a. It is desired that immediate and positive action be taken by all concerned to intensify the salvage and conservation program in accordance with the following instructions:

(1) Active supervision of this program by all command echelons to insure cooperation with post salvage officers.

(2) The indoctrination of all concerned with the importance of conserving and salvaging all types of equipment and materials.

(3) Initiation of a general "house cleaning" of all posts, camps, and stations, including motor pools and maintenance shops.

(4) Establishment of collection points within all military installations at readily convenient locations for collection of salvage and subsequent delivery to salvage officers.

(5) Clean-up of abandoned posts, camps and stations and their environs, especially former CCC camps taken over by the War Dept.

(6) Disposal of all war relics that do not have a definite historic value.

(7) Notification to the chief of supply service concerned of any property that should be declared surplus.

(8) Speeding-up of the processing of papers such as I and I reports, so as to expedite the disposal of salvage.

(9) Proper publicity on this subject, including utilization of service papers.

(10) Active cooperation with civilian salvage programs.

b. The importance of the salvage program to the war effort warrants the selection of well-qualified personnel for this duty. Competent salvage officers should be retained on salvage duty and not relieved unless a qualified replacement is available.

(AG 400.7 (8-29-42)MO-SPAOO-PS)

(Memo. No. W30-2-42), W.D., AGO, Aug 31, 1942.

## 112. COLLECTION OF WASTE PAPER.

a. It has come to the attention of the Commanding General that existing instructions (contained in Daily Bulletin, LGH, January 24, 1942; Bulletin No. 10, LGH, February 14, 1942; Daily Bulletin, LGH, February 16, 1942; and Daily Bulletin, LGH, June 3, 1942), pertaining to the segregation of waste paper are not being complied with in many instances. Inspections have revealed that some of the cans provided for above waste paper have contained bottles, broken glass, tin cans, wet paper towels, gauze, cigar and cigarette butts, garbage and other miscellaneous trash.

b. Reclamation of waste paper is an important part of the National War effort and the saving of such paper has been directed by the War Department. To meet these requirements special cans for the reception of such paper have been plainly marked and distributed as noted in Daily Bulletin, this hospital, January 24, 1942, and the Police Officer designated to arrange for the collection and disposition of this paper.

c. The carelessness reflected by reports of mis-use of these cans is inexcusable and will not be tolerated. The Ward Officers, heads of Departments, or officers where these cans have been placed will be held responsible that their use is restricted to the reception of the classes of clean waste paper materials authorized.

d. The Police Officer will report to this headquarters instances of failure to comply with these instructions.

## 113. CONSERVATION OF FUEL IN ARMY INSTALLATIONS.

IV. Conservation of fuel in Army installations.--1. Critical shortages of all types of fuel make it imperative that close supervision over the operation of gas, oil and coal-burning equipment be maintained. Similar action is necessary with respect to the use of electricity and to the handling of solid fuels.

2. Meters on natural gas trunk lines supplying gas-burning equipment at certain posts have indicated that the demand for natural gas is frequently as great during warm periods as it is during cold. It is reported that this abnormal load condition is caused by the common practice of allowing the furnaces to operate at full heating load during the night hours when windows in the barracks are opened.

3. Appropriate action will be taken immediately to assure that the following conservation measures are put into effect:

a. Buildings will not be overheated. Barracks temperature should be not more than 72° during hours of active use.

b. Gas- and oil burning equipment will be operated only to prevent freezing of water facilities, and coal-fired equipment will be maintained in a banked condition during night hours when windows are open.

c. Burners on ranges will be turned off when not in use.

d. Equipment will be maintained in proper state of repair to insure most economical operation.

e. Greatest care will be exercised in the storage and handling of coal to prevent the introduction of foreign material and loss through degradation.

4. Frequent checks will be made upon consumption of each type of fuel by responsible officers assigned for this purpose.  
(A.G. 463 (11-28-42).)

Extract fr Cir. No. 393, W.D., Wash. D.C., Dec. 4, 1942.

#### 114. INSTRUCTIONS FOR HAND DISHWASHING.

a. Utensils will be thoroughly cleaned of food particles before they are placed in the dishwashing compartment of the kitchen sink.

b. They will then be washed in hot soapy water. The water should be as hot as the hands can bear.

c. After thorough cleansing they will be placed in the rinsing compartment of the sink, in which there is installed a perforated steam pipe. The rinsing compartment should be filled three fourths (3/4) full of hot water, or sufficient water to cover all utensils.

d. Steam should then be introduced into this rinsing compartment continuously for at least one (1) minute.

e. Drain off the rinse water and air dry the utensils before you put them away. Do not use dishcloths for drying kitchen utensils, glassware, chinaware, silverware, etc.

#### 115. PROPER USE OF TRISODIUM PHOSFATE IN MECHANICAL DISHWASHING MACHINES.

V. Proper use of trisodium phosphate in mechanical dishwashing machines.--

a. Manufacturers of trisodium phosphate, used as the detergent in mechanical dishwashing machines, recommend for most efficient results that -

(1) Not more than 1/2 ounce of material per gallon of hot water should be used.

(2) No more should be added, since the chemical structure of trisodium phosphate remains unchanged during use. When the solution becomes dirty it should be discarded and a complete new batch of detergent and water mixed.

b. Where a too strong solution of trisodium phosphate is used, the chemical will deposit in pipes and on working parts, resulting in clogging and damage. The action is similar to the effect of a too rich gasoline mixture in an automobile, which produces inefficient



operation and a deposit of the wasted fuel in the form of carbon.

c. Mess officers will check the quantities of trisodium phosphate used in machines under their jurisdiction in view of the above information. (AG 438 (7-11-42).)  
(Par V, Cir No. 234, WD, July 16, 42)

116. MOTOR VEHICLES.

No officer of this command will at any time direct that a motor vehicle be driven faster than the authorized speed limit. Maximum speed limits are posted in the driver's compartment of each vehicle and are as follows:

	City	Post
Maximum	25 m.p.h.	20 m.p.h.
Blind Intersections	15	10
Sharp Curves	15	10
Hospital and School Zones	15	
Open highways in country	35	

117. MOTOR VEHICLES.

a. The attention of all members of this command is directed to Par. 10, H.R. 20-35, LGH.

b. Unauthorized and unnecessary use of motor transportation throughout this area, and the disregard of local and State traffic laws and regulations, together with the excessive wear and tear on tires, and the waste of gasoline and oil by members of the military service are so flagrant as to be obvious to the general public.

c. To correct this situation at this General Hospital, the following additional instructions will be effective immediately:

(1) Motor transportation will only be dispatched from the garage on order of the authority designated in H.R. 20-35, par 10 b, 1-a, b, c, or d.

(2) The Quartermaster will:

a. Assure that all drivers of motor vehicles know the local and State laws and regulations governing the operation of motor vehicles and he will direct full and complete compliance therewith.

b. Prepare and post in the driver's compartment a schedule of authorized speed limits that will not be exceeded within the city. These instructions will be based on the existing laws governing speed at intersections, school zones, business and residence districts, etc., except that the maximum speed authorized on an open highway will not at any time exceed 35 miles per hour.

c. Instruct drivers of motor vehicles to carefully observe

all "stop" signs and signal lights; that the "rushing" and "beating" of signal lights is not only the cause of many accidents but also marks the driver as having a complete disregard of the rights of others; and that on reaching a "stop" sign, he will bring the vehicle to a complete stop and cease from any motion until the right of way is completely established and safe; to give distinctly all prescribed arm signals. Also that in turning curves, the speed will be reduced sufficiently to avoid side-slipping of tires.

d. Carefully study the use and dispatch of motor transportation as now in effect with a view to the elimination of unnecessary dispatches, the combination of two or more separate dispatches, the establishment of regularly scheduled pickups and delivery service and of downtown passenger service, together with such other pertinent matters as may come to his attention.

e. Make frequent checks of vehicles assigned to this command while such vehicles are on the streets and observe the compliance with these instructions by drivers.

f. Furnish the driver of each motor vehicle with a copy of these instructions and such other instructions and orders as he deems necessary.

(3) The senior passenger officer or noncommissioned officer and the driver of the vehicle are charged jointly with the responsibility of assuring themselves that the speed of the vehicle is never in excess of the authorized speed limits and that all traffic regulations are complied with. While the driver of the vehicle will be held responsible for the results of any accident that may occur, the failure of either party or both parties to discharge these responsibilities will be considered as neglect of duty.

(4) Purchasing officers will specify delivery at Letterman General Hospital. Pickups will be made only in exceptional cases, then only on regularly scheduled trips.

#### 118. AMBULANCE SERVICE.

a. In order to provide adequate and smooth operation of the ambulance service at this hospital, the following outline will be observed by all concerned:

(1) One fully serviced and equipped ambulance will be kept constantly ready "on the spot" at the Receiving Office.

(2) The driver of the ambulance will report to the officer or noncommissioned officer in charge of the Receiving Office upon arrival, and present him with his dispatch slip.

(3) The driver shall remain in constant readiness near his vehicle.

(4) The driver shall spend a portion of his time checking over the vehicle and shall keep it wiped off and the metal bright.

(5) The driver shall wear a clean and neat uniform. He shall be provided by the Quartermaster and dispatch slips and maps of surrounding localities, and shall acquaint himself with same. An identifying arm band will be worn at all times while on ambulance duty.

(6) When ordered on call by the officer or noncommissioned officer in charge of the Receiving Office, the driver shall do the following:

1st: Request officer or noncommissioned officer to enter name of patient and complete address of destination on dispatch slip.

2nd: The noncommissioned officer dispatching the ambulance will then phone the dispatcher at the garage, Local 2185, and report as follows: "Ambulance Driver (Name). Destination (Address)." The dispatcher will repeat the name and address and give verbal acceptance of message.

3rd: The driver will make sure of his route, and then proceed.

4th: Upon return from trip, the driver will report in at the garage.

(7) Upon receipt of the call from the noncommissioned officer on the Receiving Office, the dispatcher at the garage will do as follows:

1st: Verify the driver's name and address of dispatch, and enter the same upon the daily check list of dispatches.

2nd: Immediately dispatch another ambulance to "spot" at the Receiving Office.

3rd: Upon return of ambulances to the garage, will file the driver's dispatch slips on the file provided.

b. Ambulance drivers are responsible to the Quartermaster for the care and operation of the vehicles.

c. Operation: Ambulance drivers are subject to the same traffic regulations as are prescribed for drivers of other vehicles. Local speed limits shall not be exceeded. All traffic laws and rules of the road, including the prescribed arm signals, must be observed. Ambulance drivers occupy no privileged status in these matters. The Commanding General has authorized no one to issue contrary orders on disregarding speed and traffic laws.

d. Night duty men:

(1) There will be three drivers and one dispatcher on duty at the garage every night. They will be distributed as follows:

- 1 - ambulance and night driver "on the spot" at the Receiving Office.
- 1 - driver at garage waiting for turn at Receiving Office.
- 1 - dispatcher at garage at all times, awake and alert.
- 1 - emergency driver who will be called upon only in case of necessity. This driver may sleep at the garage while on this duty.

(2) Operation of ambulances through the Receiving Office will be the same as during the daytime.

e. The purpose of this arrangement is to insure faultless ambulance service. The ambulance service at this hospital will be superior and exemplary at all times. To accomplish this, the intelligent and courteous cooperation of drivers and garage personnel is essential.

f. Drive carefully and cautiously. Obey the laws. Watch especially for cross traffic. Don't contest the right-of-way, but give it to anyone who insists upon taking it. Give the required arm signals. Obey the rules of the road. Be DETERMINED to avoid an accident.

#### 119. POST REGISTRATION OF MOTOR VEHICLES, 1943.

a. Privately owned motor vehicles of military and permanent civilian personnel on duty or employed at this hospital will be registered with the Provost Marshal between January 1 and January 31, 1943.

b. The use of the 1942 Presidio of San Francisco identification sticker will be discontinued and a new Letterman General Hospital sticker will be substituted therefor, classified as follows:

(1) For Motor Vehicles owned by Officers, Warrant Officers and members of the Army Nurse Corps - Maroon.

(2) For Motor Vehicles owned by Enlisted Personnel - Blue.

(3) For Motor Vehicles owned by Civilians - White.

c. The stickers will be furnished without charge.

d. The identification stickers will be placed on the inside lower right hand corner of the windshield.

e. (1) Application forms may be obtained from the Provost Marshal this hospital. (Office located in Police and Personnel Equipment Room).

(2) The completed application will be returned to the Provost Marshal. Upon recording the vehicle the Provost Marshal will issue stickers to the individual.

f. Civilian Employees: Hospital regulations require all civilian employees to be Civil Service or permanent employees of the hospital before being issued an identification sticker. (This does not include W.P.A. employees).

g. The attention of all concerned is invited to the provisions of H.R. 35-5.

## 120. MESSENGER SERVICE.

a. In order to reduce to a minimum the absence of ward attendants from their respective wards, a messenger service is operated by the Supervisor of Hospital Police and Personnel.

b. The purpose of the messenger service is to collect from all wards, clinics, office of the Chief of the Laboratory Branch, and other offices pertaining to the Medical Section, Office of the Personnel Division and the Registrar's Office, routine reports, returns, prescriptions, reports of laboratory examinations, consultation requests, reports of consultations, etc. and deliver them to their proper destination; and perform such other duties of similar nature as may from time to time be incorporated in this service.

c. The messenger service will, initially, perform the following duties:

0730 Morning reports collected and delivered to the Receiving Office.

0800 Reports collected from the Laboratory and X-ray Branches and distributed to proper destinations. Prescriptions collected from wards and clinics and delivered to the Pharmacy.

0830 Food carts returned from ward diet kitchens to the Mess Hall.

0900 Food supplies for Wards P and H secured from the Mess Department and delivered to those wards.

0945 Patients' passes (regular only) collected from wards and delivered to the C.O., Detachment of Patients.

1015 Reports, requests, consultations and miscellaneous papers (except laboratory reports accompanying specimens) collected from wards, clinics and offices and delivered to proper destination.

1045 Patients for disposition accompanied from wards to assembly room for review prior to discharge from the hospital.

1115 Food carts for Wards P and H taken from the Mess Hall to those wards.

1230 Drugs obtained from the Pharmacy and delivered to proper destination. (Note: Narcotics and alcoholic liquors and Ethyl alcohol will be receipted for by the full signature of the messenger and signature verified by the noncommissioned officer in charge of the Pharmacy before the drugs are taken from the Pharmacy).

1300 Food carts returned from ward diet kitchens to the Mess Hall.

1330 Determine by conferring with the Ward Masters of each ward whether or not bed patients require any articles from the Red Cross or the Post Exchange and, if so, secure such articles and deliver to the patients concerned.

1400 Travel orders collected from the Message Center in the Administration Building and delivered to the wards concerned.

1430 Accompany patients for discharge to the Finance Office when dealings with that office are necessary.

1500 Messengers return to the office of the Hospital Police and Personnel for further duties.

NOTE: The above schedule applies daily and Saturday mornings. There will be no messenger service on Sundays or holidays. On Saturday mornings, patients for discharge will be called for at 0945 instead of 1045. On Thursdays and Saturdays, between 0930 and 1000 medical supplies will be delivered to wards and clinics from the Medical Supply Branch.

d. Ward officers and officers in charge of the offices referred to in par. b above, will have all reports, etc., which are to be delivered ready for transmission to the messenger at the hours mentioned above.

e. It is not contemplated that messengers will perform the following services:

Deliver laboratory specimens or requests for laboratory examinations which are normally accompanied by specimens. These duties will be performed by a ward attendant designated by the ward officer.

f. Ward officers will require ward attendants to remain in their respective wards and will not require them to perform duties assigned to the messenger service except in emergencies.

## 121. TELEGRAMS.

a. A messenger service between Letterman General Hospital and the Message Center, Hq. Forward Echelon, Ninth Service Command, Presidio of San Francisco, has been initiated.

b. Members of this Command and officer and warrant officer patients desiring to send personal telegrams, may do so through the Message Center, Letterman General Hospital, by depositing in advance the cost of each message. The cost will be ascertained by telephone from the telegraph office, Message Center, Hq. Forward Echelon, Ninth Service Command, Presidio of San Francisco. Messages for enlisted patients will be handled through the Commanding Officer, Detachment of Patients.

## 122. HOSPITAL ADMINISTRATION AND PROFESSIONAL SERVICE.

a. It is essential to the efficiency of hospital operations that patients be disposed of as promptly as is consistent with sound professional and administrative procedure. Delay beyond this point results in lost man-days, increased hospitalization costs, crowded hospitals, and poor patient morale. The records of certain hospitals, with regard to this point, indicate that current performance can be improved greatly.

b. Voluminous hospital records frequently result from "padding" by repetition, verbosity, and the inclusion of extraneous historical material and forms. While accuracy and completeness are essential, judgment and effort should be exercised to the end of attaining brevity and compactness in hospital records.

c. In certain hospitals requests for unnecessary laboratory examinations appear to be routine. Overloading, by irrelevant, routine, and repetitive requests, invariably leads to deterioration of the high standard of laboratory performance which is essential to good hospital service. Judgment and discretion in the use of the laboratory are necessary and afford an index of the clinical acumen of the professional staff.

d. The attention of hospital commanders is directed to these important matters. Corrective measures will be instituted promptly wherever indicated.

## 123. REPORTS OF COMPLICATIONS, INFECTIONS AND ADDITIONAL DIAGNOSES.

a. The analysis of Hospital Services has been inaugurated and hereafter will be presented at the Staff Meeting on the last Monday of each month.

b. The second section of the analysis deals solely with infections, cross infections, complications and certain additional diagnoses that are current for the month under discussion.

c. The only source for the material considered in the second section of the analysis is the reports of Ward Officers on Form 10-LGH. Delay in submitting report of the above additional factors prevents their consideration and discussion in analyzing the professional activities for the current month and presents a false picture in the analysis.

d. Ward Officers will be constantly on the alert to render promptly and invariably, report on Form 10-LGH, to the Registrar (Par 22, HR 25-125, LGH) as soon as an infection, cross infection, complication or additional diagnosis occurs.

## 124. PNEUMONIA, SPECIAL REPORT.

a. For every case of pneumonia diagnosed, Ward Officers will forward to the Registrar on Form 10-LGH, the following data:

Diagnosis	Primary or Secondary
Treatment	Type or untyped
Chemotherapy-drug used	Vaccinated (for pneumonia) or not
Serum-name of type used	Date and place, if vaccinated

b. The Registrar, on receipt of this information, will render reports thereof as required by Cir Ltr No. 28, SGO, dated March 31, 1941.

125. ARRIVAL OF PATIENTS BY CONVOY.

a. The attention of all concerned is called to the fact that patients arriving at this hospital by ambulance convoy or other means of transportation, as a rule have been subjected to a long and fatiguing journey; are exhausted or nearly exhausted, and sometimes have been deprived of nourishment for more or less prolonged periods.

b. The above being the case, it is incumbent upon all those concerned with the reception of these patients to the hospital and to the ward, to so regulate administrative and professional procedures that the patient is placed at rest in bed, furnished nourishment if necessary, and otherwise made as comfortable as possible at the earliest practicable moment.

c. Routine administrative procedures, physical examinations, etc., so far as possible, will be deferred until the above is accomplished.

126. MEDICAL CARE OF DEPENDENTS DURING THE NATIONAL EMERGENCY.

a. During the present emergency, it will be necessary within the United States to limit the hospital care and dispensary treatment of dependents of the military personnel since there will be neither space in hospitals nor medical personnel available to provide all of the services that may be requested. Dependents will be sharply limited to those specified by par. 2-c (4), AR 40-505. The following services are authorized provided they are feasible under local conditions, and provided also that medical personnel and medical facilities are adequate over and above the requirements for the military personnel:

(1) Hospital facilities in permanent buildings that are being used for the care of dependents may be so continued provided they are not required for the care of the military sick and provided further that only such medical and surgical cases be admitted as are actually emergency in character. No dependents will be admitted for an operation of election, or for medical or surgical survey.

(2) No additions will be made to the facilities that have been or are being used for such purposes.

(3) No facilities will be provided for the care of dependents in contonment hospitals.

(4) Dispensary treatment will be provided as outlined in AR 40-590. The territory to be covered by the attending surgeon will be determined in each instance by the Commanding Officer upon written recommendation of the station surgeon.

(AGO ltr AG 702(11-28-40)M-A-M, 12/18/40)



## 127. NATIONAL SERVICE LIFE INSURANCE.

a. Attention of all concerned is called to the provisions governing National Service Life Insurance as outlined in Cir No. 125, WD, dated Oct 31, 1940, which is available in the Adjutant's Office.

b. Commanding Officers of Detachments will assure themselves that all members present and those who join later, are informed of the provisions of this regulation and encourage them to take out life insurance of this character and also that they are informed of the procedures necessary to avail themselves of this insurance.

c. The Chief Military Personnel has been appointed as officer in charge of National Service Life Insurance and can be contacted in the Office of the Personnel Division.

d. Those desiring to take out this life insurance will be referred to the officer in charge who will render all necessary assistance in preparing and forwarding the application to the Veterans Administration, Washington, D.C., in the manner prescribed in W.D. Cir 125, referred to in par a, above.

e. Physical examinations when required by the regulations governing this insurance, will ordinarily be made in the Outpatient Service. However, the examination may be made by any medical officer, Regular Army or Medical Corps Reserve.

f. The Director, Post Personnel Division, will take action on applications as required by War Department Cir 125-1940.

g. The limitation of time to 120 days after the approval of the Insurance Act (Oct 8, 1940) as the period in which persons in the active service may apply, makes it urgent that no time be lost by individuals in this category in submitting applications if they desire this insurance.

## 128. TREATMENT OF MILITARY PERSONNEL BY CIVILIAN AGENCIES.

a. Recent congressional legislation pertaining to the appropriation, "Medical and Hospital Department" is quoted:

"\*\*\*\* for necessary medical care and treatment in private hospitals of military personnel whether on duty or on furlough or leave of absence, except when elective medical treatment has been obtained by military personnel in civilian hospitals or from civilian physicians or dentists  
\*\*\*\*"

b. A number of accounts for treatment of military personnel in civilian hospitals during the fiscal year 1942, but prior to the approval of the Act (April 28, 1942) were referred to the General Accounting Office for adjudication. Copies of allowances of claims have been received by The Surgeon General in a number of cases. Vouchers now held or subsequently received for treatment rendered during the period July 1, 1941 - April 28, 1942, which fall within

the above category, may be processed and transmitted to this office with report in each case to show the period of the pass, furlough or leave and other information pertinent to settlement.

c. The diagnosis and all information pertaining thereto must be clearly set forth that the case may be adjudged emergency rather than elective in character. The term "elective" applies to procedures that are only advantageous to the patient, but not necessary to save life.

d. Members of the Women's Army Auxiliary Corps are entitled to the same privileges as other military personnel. Selectees on 14 day furlough, in the status of enlisted Reservists, are NOT entitled to either Army or civilian medical attendance. The provisions of the above appropriation do not authorize civilian treatment for military personnel who are absent without leave nor where the facilities of Army or other government agencies are available.

e. Emergency cases treated in civilian hospitals must be reported to higher authority and transferred to Army facilities, if and when transportable.

f. Vouchers forwarded for settlement under the appropriation as changed should be accompanied by a report to show the period of the pass, leave or furlough and all other information pertinent to settlement of the claim.

(Ltr. Hq 9th SC, Office of the Surgeon, Aug 14, 1942.)

#### 129. CIVILIAN EMPLOYEES - LEAVE OF ABSENCE.

a. To prevent accumulation of leaves by civilian employees to such an extent that long periods of absence on terminal leaves prior to discharge are necessary (during which time replacement cannot be made), heads of departments utilizing civilian employees are requested to arrange for short leaves to be taken at convenient times during the year.

b. This applies particularly to employments during present expansion, as well as to employees on longer service who have accumulated large amounts of leave.

c. Employees accumulating large amounts of leave jeopardize their terminal leave in event funds allotted for their pay are cancelled due to any sudden reduction.

#### 130. GAS MASKS FOR CIVILIAN EMPLOYEES.

Officers who have civilian employees on duty in their Branch or Department will obtain gas masks from the Chemical Warfare Officer for such employees as are considered key employees.

131. WEARING OF UNIFORM BY CIVILIAN OFFICE EMPLOYEES (FEMALE).

a. In view of the difficulty encountered in obtaining a sufficient range of sizes and replacements, the wearing of the uniform prescribed for female office employees (blue smock) is hereby suspended. Those employees who have serviceable uniforms may wear them if they care to do so. The identification badge prescribed in Bulletin No. 12, LGH, February 28, 1942, will be worn where it may be readily seen, whether or not the uniform is worn.

b. The provisions of par. 15, HR 15-30, in conflict with the above are hereby suspended.

132. VISITING.

a. During the present emergency, hours for visiting all classes of patients in this hospital will be from 1400 to 1600 daily.

b. Relatives of seriously ill patients or in case of other extreme emergency, visitors may be admitted at other hours. In such cases, permission will be obtained from the Adjutant, or, in his absence, from the Administrative Officer of the Day. Such permission will be in writing on Form No. 24, LGH. Passes of this nature will state the name of the visitor, the name of the patient to be visited, the ward and the period for which the pass is granted.

c. The Chiefs of the Medical and Surgical Branches will bring to the attention of all Ward Officers the provisions of HR 30-25, and require compliance.

d. The Provost Marshal will direct the guard to stop and ascertain the business of any civilian not a civilian employee of the command seen on the hospital reservation between 1800 and 0600. Those without visiting passes or no good reason to be on the Post will be directed to leave and the guard will see that they do so. Solicitors, peddlers, persons suspected of carrying liquor or narcotics, other undesirables, other suspicious persons will be arrested and reported to the Administrative Officer of the Day.

133. VISITING ON WARDS OF THE COMMUNICABLE DISEASE SECTION.

a. There has been lack of uniformity in regard to permitting relatives to visit patients in wards of the Communicable Disease Section. A most liberal interpretation will be made of the provisions of par 5, HR 30-25, LGH. Ward Officers and the Professional Officer of the Day will permit visitors on wards of the Communicable Disease Section and arrange for relatives to visit sick during other than the usual visiting hours, if in their opinion, circumstances warrant such action. Indiscriminate visiting will not be permitted.

b. The question of visiting by parents should receive the personal attention of the Ward Officer or other responsible officer on the section and during off-duty hours the Professional Officer of the Day. Common sense and understanding should govern in all cases, realizing that the anxiety of parents is increased when they are denied this

privilege, especially the first time they may attempt to visit after a trip or similar circumstances. No parent will be denied the privilege of visiting a son or daughter on these wards except under the most unusual circumstances and then after consulting with the Chief of Medical Branch. This memorandum in no way should be interpreted as conflicting with Par 3, HR 30-25, LGH, Dec 4, 1940.

#### 134. OUTPATIENTS.

a. Medical Officers, Departments, Branches and Clinics will not accept outpatients for examination, treatment, consultation, etc., unless referred by the Outpatient Branch.

b. For every outpatient referred to any medical officer, Department, Clinic or Branch in the hospital, the Chief of the Outpatient Branch will cause to be filed with the record of the patient, a copy of the form used to request the treatment, examination or consultation for the patient.

c. For every outpatient referred to any medical officer, Department, Clinic or Branch in the hospital, a report of the examination, record of treatment, or record of consultation for which the patient was referred will be prepared by the responsible officer and furnished the Outpatient Branch for file with the patient's record.

#### 135. RECREATIONAL CENTER.

a. The building previously known as the Post Theatre has been converted into a Recreational Center for patients and enlisted men on duty at this station.

b. The Recreational Center is under the general supervision of the Special Service Officer who is responsible for the police and sanitation of the building; the proper performance of duty by the enlisted men and civilian janitors assigned thereto; the property contained therein, and such administrative procedures as may be indicated. He is also charged with collaborating with the hostess and assisting her in every way possible in the performance of her duties.

c. A Recreational Worker, designated by the American Red Cross is appointed as Hostess of the Recreational Center and will have immediate charge of the recreation and other activities pertaining thereto.

d. The building will be open from 1300 to 2030 daily.

#### 136. ASSIGNMENT OF SYMBOLS.

The following list of symbols pertaining to the Divisions and Branches of Hq. Ninth Service Command is as follows:

<u>Symbol</u>	<u>Assigned to</u>	<u>Symbol</u>	<u>Assigned to</u>
SPKSA	Personnel Division	SPKIE	Enlisted Section
SPKSB	Intelligence Division	SPKIF	Finance Branch
SPKSC	Operations and Training Division	SPKIG	State Guard Section
SPKSD	Supply Division	SPKIH	Miscellaneous Section, AG Branch

<u>Symbol</u>	<u>Assigned to</u>	<u>Symbol</u>	<u>Assigned to</u>
SPKSE	Control Branch	SPKIJ	Judge Advocate Branch
SPKSF	Inspector General	SPKII	Civilian Personnel Branch
SPKSG	Public Relations Branch	SPKIK	Chemical Warfare Branch
SPKSH	Administrative Division	SPKIL	Chaplains Branch
SPKSI	Internal Security Division	SPKIM	Medical Branch
SPKSJ	Real Estate, Repairs and Utilities Division	SPKIN	Engineer Branch
SPKSK	Air Officer	SPKIO	Officers Section
SPKSX	(Commanding General (Chief of Staff	SPKIP	Army Exchange Branch
SPKSR	Reclassification Board	SPKIQ	Quartermaster Branch
SPKSW	War Bonds Section	SPKIR	(Recruiting and Induction (WAAC
SPKSZ	Adjutant General Branch	SPKIS	Signal Corps Branch
		SPKIT	Transportation Branch
SPKIA	Ordnance Branch	SPKIU	Machine Records Section
		SPKIV	Bakers and Cooks School Section
SPKIB	Special Service Branch	SPKIW	Military Personnel Branch
SPKIC	Civilian Component Section	SPKIX	Publication Sub-Section
SPKID	Classification and Assignment Section	SPKIY	Operations Section, AG Branch
		SPKIZ	Executive Section, AG Branch

(Ltr, Hq. 9th SC, Aug. 13, 1942.)

### 137. CASH SALES OF SUBSISTENCE STORES.

a. In compliance with instructions issued by the Secretary of War, changing the commissary sales from charge to cash, effective Nov. 1, 1942, the following procedure will be adhered to at this station.

- (1) All sales to individuals will be for CASH.
- (2) Payment will be made at the Sales Store.
- (3) The Sales Store will be open daily, except Sundays, from 0800 to 1145.
- (4) C.O.D. commissary sales are NOT authorized.

b. Orders may be placed as follows:

- (1) In person at the Sales Store.
- (2) By telephone.
- (3) No orders will be accepted after the Sales Store has closed.

c. Delivers will be made as follows:

- (1) To purchaser at the Sales Store at the time purchase is made.
- (2) After payment has been made, purchases may be left at the Sales Store for delivery the following morning. Purchases made on Saturdays will not be delivered until the following Monday.
- (3) Telephone orders will be put up and held at the Sales Store until payment is made before they will be delivered. Payment will be made at the Sales Store before 1145 on the same day order is placed. Orders put and not paid for the same day will be returned to stock.

(4) Sales of bread and milk, which are to be delivered daily, will be paid for monthly, in advance, by the parties desiring same. Each individual will submit to the Sales Officer a schedule of the dates and amounts desired and pay for same at the time such schedule is submitted, a receipt will be given for advance payments made. Mimeographed schedule blanks are available at the commissary for submitting bread and milk delivery data. In the event of departure from station prior to completion of delivery schedule a cash refund will be made for all items paid for in advance and not delivered.

138. STEEL HELMETS.

a. Helmets, steel, will be issued to all duty officers and enlisted men of this command.

b. Personnel will wear the steel helmet during an alert only.

139. FIELD JACKETS.

Personnel of this command will not wear Field Jackets that do not conform to the prescribed specifications.

140. OPERATING GOWNS - OFFICERS.

a. It is not desired that the operating gown be worn by officers except when actually engaged in the performance of their professional duties. At all other times while in and about the hospital, they will wear the prescribed uniforms or, if they prefer, a white coat provided it conforms to the type approved by the Commanding General. A sample of the approved type of coat may be seen in the Post Exchange and purchased there if desired.

b. It is not intended to prohibit the wearing of white coats now owned by officers, even though they do not conform to the prescribed pattern.

141. OPERATING GOWNS - ENLISTED PERSONNEL.

a. The habitual wearing of the operating gown by enlisted personnel is prohibited.

b. Operating gowns will not be worn by ward attendants except when actually engaged, or assisting, in the application of surgical dressings; in the performance of therapeutic or diagnostic procedures, the nature of which require such a covering, or when engaged in the care of patients with communicable diseases when a gown is prescribed by the Ward Officer.

c. Attendants in the operating rooms, surgical dressing rooms, clinics, laboratory, etc., will wear the operating gown only when on duty within their various departments and when accompanying patients to and from the operating rooms, dressing rooms, etc.

#### 142. PAJAMAS.

a. The supply items 71630, Pajama Coat, summer and 71650, Pajama Trousers, summer, are the prescribed articles of this nature used in this hospital.

b. The above Pajama suits are provided in three sizes: small, medium and large. When issued to patients, care will be taken to select a size that best fits the individual.

c. When turned in for laundry exchange, suits will be listed by sizes and suits of like size returned.

#### 143. LAUNDERING OF WHITE COATS.

a. White coats of the approved specifications worn by officers in the Professional Branches of this General Hospital in lieu of the standard operating gown, may be laundered in the Medical Department Laundry, this station.

b. The officer in charge of the laundry has arranged to receive these coats on Saturdays between 0730 and 1000 and to make delivery on the following Wednesday between 0900 and 1130. Officers availing themselves of this service will conform to this schedule.

#### 144. BLANKETS SOILED.

a. Soiled blankets, after having been removed from the beds, will be dried, if drying is necessary, and then carefully folded and placed on a shelf or other location in the linen or utility room. Under no circumstances shall soiled blankets be thrown into the laundry hampers with soiled linen. When ready to send to the laundry, such blankets will be carefully placed, while still folded, in a laundry sack, no soiled linen being inclosed in the sack with them.

b. The Chief, Medical Supply <sup>Branch</sup> has been directed to return to the ward any blanket received in a manner other than as described above.

#### 145. HOSPITAL LINEN.

a. Soiled hospital linen pertaining to all wards of the East group of hospital buildings (Wards 1 to 14B) will be collected by hospital laundry personnel who will deliver an equal number of laundry pieces in place thereof.

b. In order to accomplish the procedure directed above, ward officers will cause all soiled linen in their wards to be assembled daily at 0800 (except Sundays and holidays) in laundry baskets (Item No. 70030), and be delivered to a location on the veranda in close proximity to the East end of Building T-5. Each basket will have firmly affixed thereto a list of the various items of linen contained therein, enumerated on Form No. 54-LGH, care being taken that the number of the ward is clearly shown. The Officer in Charge of the Laundry will cause the baskets so deposited to be collected and transported to the laundry. At 0830 the same day, he will deliver to the same location laundry baskets containing the same number of clean

pieces in exchange for the soiled pieces received. Each basket will be plainly labeled to show the ward to which it belongs.

c. Linen will not be transported to or from the laundry by ward personnel pertaining to the wards referred to above.

d. The Supervisor of Hospital Police and Personnel will take the necessary steps to see that laundry baskets awaiting collection by the laundry, or baskets delivered by the laundry awaiting collection by the ward, are safeguarded during the time they are deposited in the location referred to in Par. a above.

e. The Quartermaster, in conjunction with the Officer in Charge of the Laundry, will arrange for the transportation necessary to carry out the above provisions.

#### 146. LOSS OF TABLEWARE.

a. The exceptionally heavy losses of knives, forks and spoons at this hospital indicate the lack of a proper sense of responsibility on the part of the personnel engaged in serving meals and in dish-washing. It is obvious tableware is either being thrown out in the garbage or is being unlawfully removed from the Post.

b. All officers having responsibility for property in messes and wards where food is served will at once take necessary steps to insure that tableware is counted after each meal and that positive measures are instituted to prevent pilfering and to recover any shortages found to exist.

#### 147. RUBBER GLOVES.

a. In order to conserve the supply of rubber gloves, it will be necessary for all departments, clinics, dressing rooms, etc. in the hospital, except the Main Operating Pavilion and the Laboratory Branch, to utilize exclusively gloves which have been patched or otherwise repaired.

b. All rubber gloves in every part of the hospital which become unserviceable because of punctures, tearing, etc. will be turned in to the Surgical Dressing Preparation Room for repair as soon as possible after the damage to the gloves is noted. This Preparation Room is located adjacent to the Operating Pavilion.

c. Issues of new rubber gloves will be made by the Chief, Medical Supply Branch to the Main Operating Pavilion and the Laboratory Branch only. All other clinics, dressing rooms, etc. who require rubber gloves will make requisition for them to the officer in charge of the Surgical Dressing Preparation Room. Gloves furnished to meet these requisitions will so far as possible be limited to those which have been repaired.

d. All new rubber gloves (i.e. rubber gloves that have never been used) now in the hands of wards, clinics, etc. will be immediately turned in to the Surgical Preparation Dressing Room in exchange for



gloves which have been repaired.

e. The Chief of Surgical Branch is responsible for the repair of gloves turned in to the Surgical Preparation Dressing Room and for their issue to the clinics, etc. of the hospital who may requisition them.

#### 148. REPLACEMENT OF ITEMS OF EQUIPMENT AND MATERIALS.

a. It has come to the attention of the Commanding General that the Utilities Office has received numerous requests for replacement of items of equipment and materials which are still very serviceable.

b. Due to critical shortage of many materials needed for the war effort and conversion of factories previously producing non-critical items, it must be recognized that all materials and equipment are now essentially limited either due to military need or discontinuance of their production.

c. Every effort will be made to meet any reasonable request for repairs and replacements but all concerned will take cognizance of the situation created by the war effort in respect to materials and supplies and will cease to make requests of this nature until convinced that the requested work is absolutely necessary.

d. The Utilities Officer will issue necessary instructions to his personnel that they will not accomplish work which violates the intention of this memorandum until after approval by the Utilities Officer.

#### 149. CONSERVATION OF TECHNICAL EQUIPMENT AND SUPPLIES.

1. Rapidly increasing requirements for equipment of all types are imposing a heavy burden on all productive facilities, particularly those devoted to the production of technical equipment and supplies. All commanders are charged with the responsibility for the exercise of strictest economy in the use of such equipment and supplies in training and in maneuvers, in order that maximum production may be made available for combat. This economy is particularly necessary in the case of non-commercial items difficult to procure such as Signal Corps, Engineers, Ordnance, Medical and Air Corps equipment, instruments and supplies therefor.

2.a. It is desired that only technically qualified officers be appointed to act on Inventory and Inspection reports and Surveys covering this type equipment. In this connection, attention is invited to the provisions of pars. 1 a and b of AR 20-35. Inspectors general where applicable, should seek competent technical advice before recommending disposal of technical equipment.

b. Inspectors will be held responsible that nothing is wasted and will recommend local repair, removal of serviceable parts for further use, return to depots for repair or rebuilding, or retention in service for training purposes in all cases where any of the suggested actions are economically justified. Inspectors are particularly charged

that instructions issued by the Chiefs of Supply Arms and Services for the disposal of supervised items are strictly observed. In this connection, attention is invited to Cir No. 202, W.D., 1941.

c. Non-standard types of equipment on hand in units issued in lieu of standard equipment will, as far as practicable, be economically repaired and continued in service until replaced by authorized types." (Ltr A.G.O. file AG 475.7 (12-23-41)MO-D-M, Jan 5, 42, same subject)

a. Responsible officers will personally inspect each and every item of medical equipment turned in from their ward or department to the Director, Supply Division or the Chief, Medical Supply Branch as unserviceable and certify that such item is unserviceable as prescribed, in H.R. 20-25, Par. 8.

b. Responsible officers will carefully consider the facts that production is being taxed to the utmost, that an acute shortage of many essential items may be well anticipated, that the standards of normal times must be lowered to meet the crisis and they will exercise the strictest economy in the use of equipment and in the expenditure of expendable supplies.

c. Maximum use will be made of the repair facilities, both Medical Department and of the Utilities shops, available to this hospital. The Chief, Medical Supply Branch and the Utilities Officer will advise and cooperate with responsible officers to the end that all possible repairs to equipment be promptly accomplished and item returned to the ward or department.

d. Chipped enamelware, worn, faded, stained, scratched or dented items will not be considered as unserviceable. Hospital linen will be repaired and kept in service the maximum period possible.

e. Chiefs of branches and heads of departments will instruct all personnel under their charge as to these requirements and will issue such further instructions as they consider necessary to assure rigid economy in the expenditure of both equipment and expendable supplies.

f. The Chief, Medical Supply Branch and the Quartermaster will not accept for exchange any item of equipment which they consider as repairable and not wholly unserviceable. Property Inspectors will "continue in service" any item presented to them which in their opinion is repairable and not wholly unserviceable.

g. These instructions will apply to "Individual" and to "Organization Equipment" listed in the Table of Basic Allowances.

#### 150. REQUESTS FOR REPAIRS.

a. Requests for ordinary or routine repairs to buildings, roads grounds; to water, sewer, heating and lighting systems or to equipment issued by the Engineer Corps will be entered in the "Engineer Repair Book" provided for the purpose in the Staff Room.

b. Requests for emergency repairs during regular office hours will be made verbally (in person or by telephone) to Chief Clerk, Post Engineer Office, telephone: Local 2089 or, if necessary after office hours, to the Engineer on duty in the Power Plant, telephone: Local 2170. No request that does not actually constitute an emergency will be treated as such in order to gain precedence over other necessary repairs.

c. All requests for alterations to existing utilities, alterations to buildings, construction of cabinets or items of equipment and similar requests, will be submitted to this office in letter form containing detailed information as to the necessity therefor, and will be signed by the officer submitting the request. Requests will be forwarded through the Chief of Branch or department, who will inquire into the necessity for the request and submit appropriate recommendation. The Engineer will disregard any requests of this nature submitted to his office direct.

#### 151. ELECTRIC APPARATUS.

a. It is directed that all departments of the hospital including all officers and noncommissioned officers who occupy quarters on the post, consult with the Post Engineer before ordering or installing any electric apparatus of whatever nature. The purpose is to insure the procurement of apparatus of suitable specifications, and will prevent serious loss to the individual as well as serious damage which frequently results from the use of unsuitable devices.

b. Attention is invited to the fact that many buildings are wired for both A.C. and D.C. current and that in most instances the apparatus is not interchangeable.

#### 152. ELECTRIC CURRENT.

a. Due to the expansion of this hospital, the consumption of electric current has increased to such an extent as to tax the generators now installed in the Power House.

b. All personnel on duty at this hospital (Officers, Nurses, Enlisted Men and Civilians) will devote special attention towards a reduction in the consumption of electric current used in the department or ward in which they are assigned.

c. Reduction in the consumption of electric current can be accomplished in many cases without curtailment of any necessary light or service through the following means:

- (1) Reduction of wattage of lights now installed.
- (2) Reduction in the number of lamps installed.
- (3) Switching off lights when not actually needed.
- (4) Turning off electric appliances when not actually being used or needed.

d. Officers in charge of departments and wards will be responsible that no electric current is consumed in their department or ward that is not actually required.

153. KEYS AND LOCKS.

a. All locks and keys of the various buildings of the hospital have been renumbered to include the building number followed by a hyphen and the serial number of the lock and its keys. In future, all requests for keys, either additional or replacement, will be made over the signature of the officer or other person responsible for the building and will contain the number of the lock for which required, which will enable the Post Engineer to identify and furnish the key required.

b. The Post Engineer will obtain receipt for all keys issued and will maintain a record of all keys supplied in order that any excessive or unjustified replacement of keys may be reported to this office.

c. As all keys are to be made, fitted, and recorded in the office of the Post Engineer, no further requests for keys will be made to the Post Carpenter.

154. SIGNS.

a. Signs about the hospital are standardized to permit installation in frames of the following dimensions, which will be provided and installed by the Post Engineer on request:

Frame No. 1: - - - - - Size  $10\frac{1}{2}$ "x 5".

"Directive" in effect; i.e., "CLOSED"  
"WALK IN" - "NO ADMITTANCE", etc.

Frame No. 2: - - - - - "  $10\frac{1}{2}$ "x 8- $\frac{3}{4}$ "

"Specific" in effect; i.e., "THIS  
OFFICE WILL BE CLOSED ON FRIDAYS  
AND SUNDAYS," etc. (Two or more  
lines).

Frame No. 3: - - - - - "  $10\frac{1}{2}$ "x  $10\frac{1}{4}$ "

"Detailed" in effect; i.e., the pres-  
ent FIRE ALARM SYSTEM SIGN (Several  
lines).

b. In future, only such signs as are capable of being installed in frames of the above dimensions will be displayed, and these measurements will be taken into consideration when requests for signs are being prepared.

155. ISSUE AND DISTRIBUTION OF ICE.

a. The issue and distribution of ice to all authorized activities at this hospital will be accomplished by the Quartermaster, who will also arrange that ice supply is available to the Supervisor of Hospital Police and Personnel at any time, day or night.

b. Storage facilities will be provided at the warehouse in the rear of the Commissary Sales store, where issues will be made and records of the same maintained for proper charge to the appropriations involved.

c. Ice required for purely medical use, such as oxygen tents, fever therapy, cold packs, and ice bags, in excess of ice-cube supply in locations concerned, will be secured by the personnel of the clinic or ward by application to the office of the Hospital Police and Personnel.

d. The total amount of ice issued by the Quartermaster for medical purposes will be billed each month to the Chief, Medical Supply Branch, for proper charge against M. & H.D. Funds.

e. Allowance of ice for non-medical purposes and locations authorized are as follows:

	<u>Per month</u>
Power Plant - - - - -	500 lbs.
Printing Plant- - - - -	250 "
Medical Department Repair Shop- - - - -	250 "
Laundry - - - - -	1000 "
General Mess- - - - -	(Not to exceed allowances prescribed in Par. 5, AR 30-2280 as amended).

156. MUSHROOMS.

a. Due to the fact that many poisonous varieties of mushrooms grow on this hospital reservation, the picking of mushrooms of any variety is prohibited.

b. The Provost Marshal will instruct the guard in the enforcement of these instructions.

157. FLY SWATTERS.

a. During the summer months it is to be expected that flies will be prevalent. In order to eliminate these insects, so far as possible, the Commanding General directs that Ward Officers obtain on requisition from the Chief, Medical Supply Branch "fly swatters", on the basis of four (4) to each ward.

b. When the above items are obtained, Ward Officers are directed to see that they are kept in use constantly during the day hours for the elimination of flies. When feasible, convalescent patients will be detailed for this purpose.

158. TRASH IN TOILET BOWLS.

a. Serious and costly repairs to plumbing have been necessary in the past due to careless or unknowing persons depositing such materials as the following in ward toilet bowls:

Tubes (toothpaste and shaving cream)	Bandages
Match stems	Adhesive
Razor blades	Wash cloths, handkerchiefs, towels
Orange and banana peel	

Tooth brushes	Tongue depressors
Newspapers - cardboard	Bolts and nuts
Oranges, apples, lemons	Mops, whole and pieces
Small cardboard boxes	Soap cakes
Broken china and glassware	

b. The toilets at this hospital are designed to carry off SOIUBLE matter only. All trash, of any nature, must be deposited in other receptacles. Cuspidors must not be emptied into toilets. Sputum cups must be emptied elsewhere if they contain match stems or other non-soluble matter.

c. The Quartermaster will report any violation of the above instructions.

d. These instructions will be posted in all ward lavatories.

#### 159. WHEEL LITTERS.

a. It has come to the attention of this office that wheel litters in many instances are being used for the transportation of laundry supplies, surgical equipment, medical supplies, dish trays, and other sundry purposes.

b. This practice will be discontinued and in the future the use of the wheel litter will be restricted to the transportation of patients.

#### 160. CRIBS.

a. Cribs with mattresses for children will be added to the equipment available in the Emergency Equipment Room (Memo No. 137, LGH, 1940).

b. Cribs may be procured at any time during the day or night for temporary use in wards where they may be required. After the necessity for their use terminates the cribs will be returned to the Emergency Equipment Room by the Ward Officer concerned.

c. The Chief, Medical Supply Branch will call in all cribs now issued to wards and issue them to the Supervisor of Hospital Police and Personnel for disposition as indicated in Par. a, above.

By command of Brigadier General WEED:

OFFICIAL:

FRANK R. DAY,  
Major, Med. Adm. C.,  
Adjutant.

FRANK R. DAY,  
Major, Med. Adm. C.,  
Adjutant.

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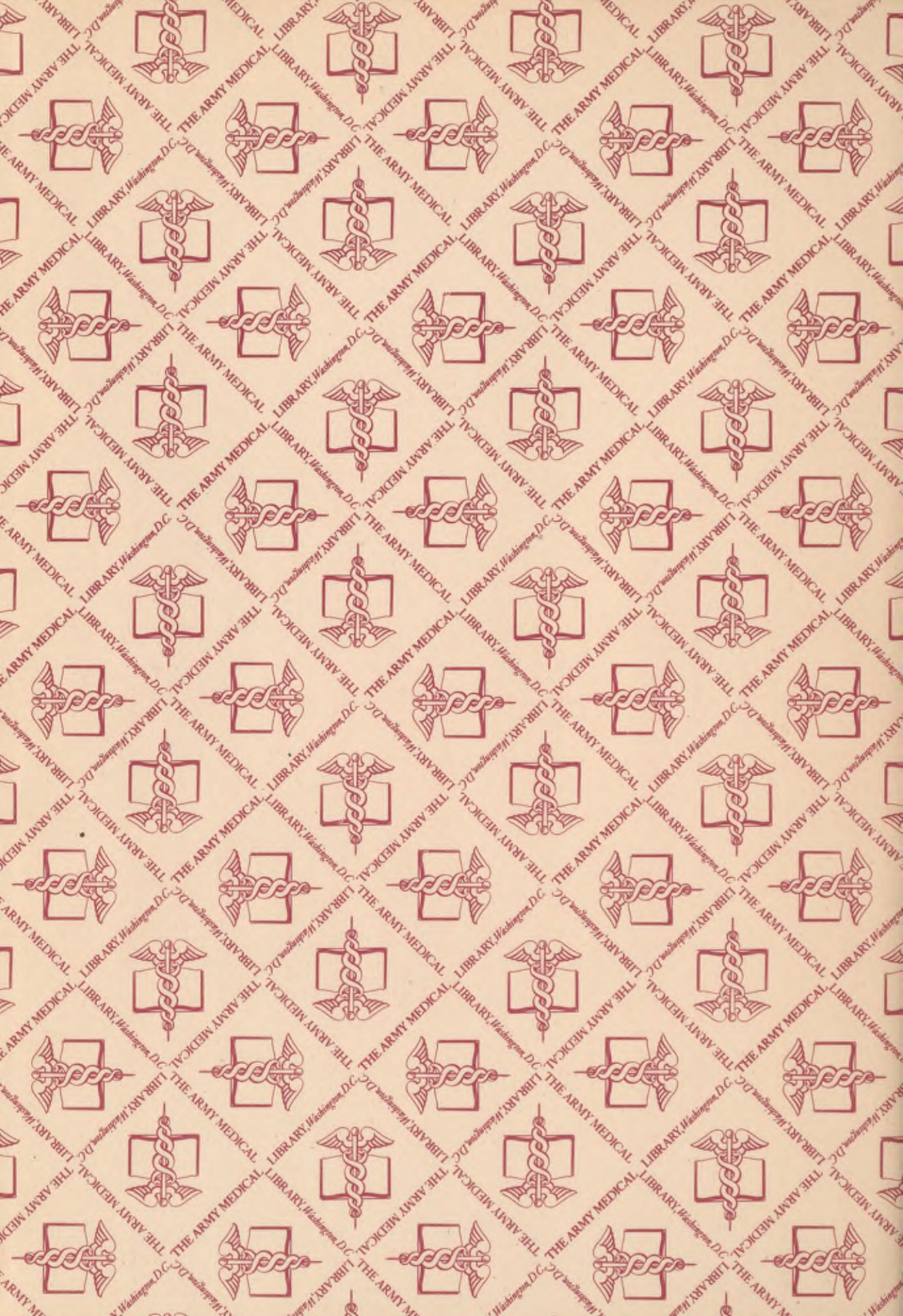
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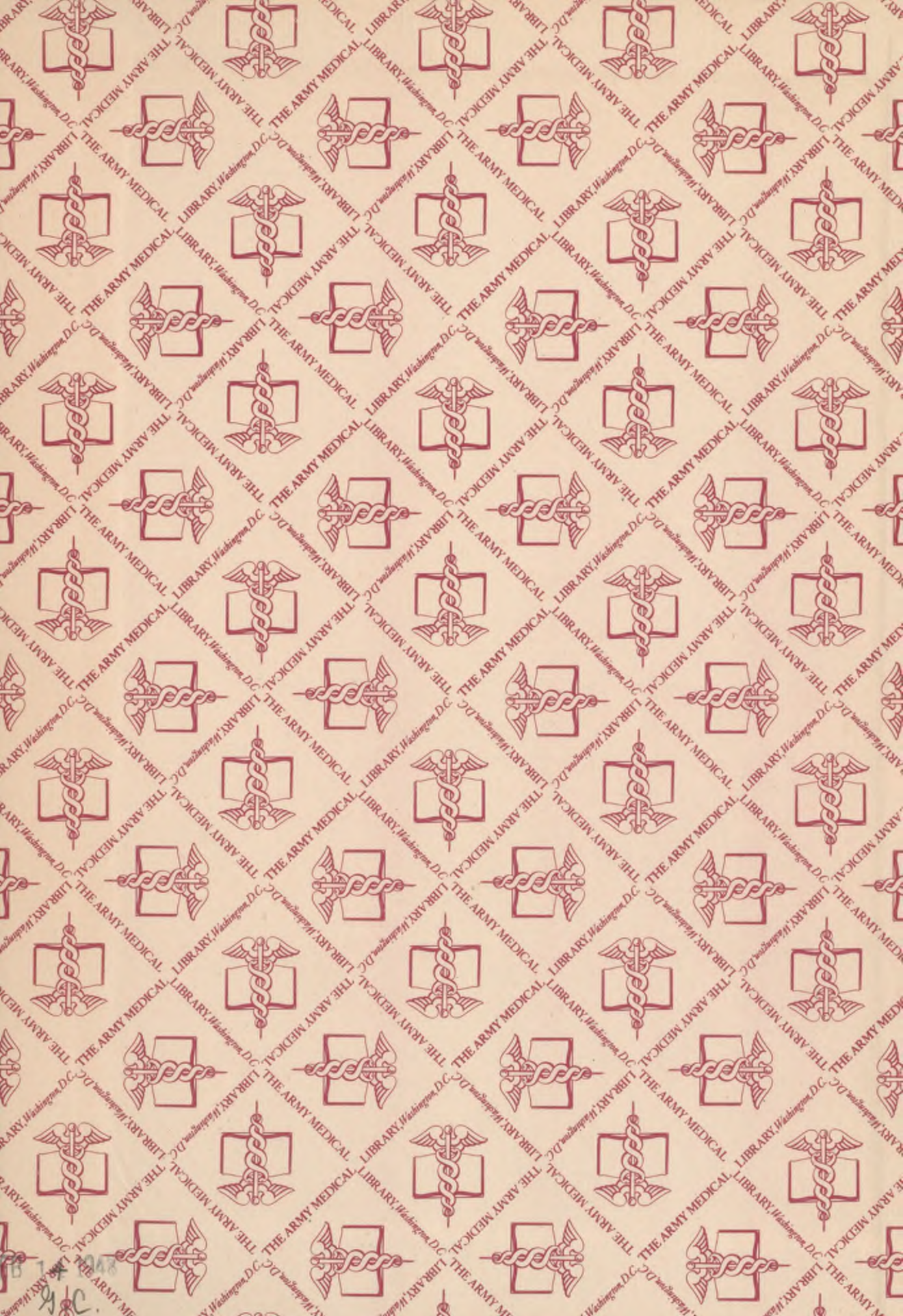












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