

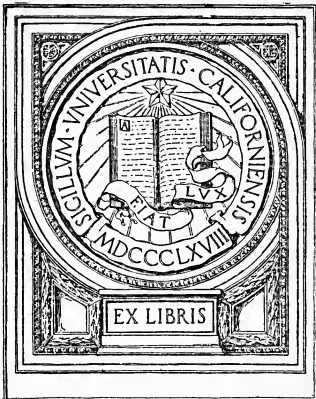
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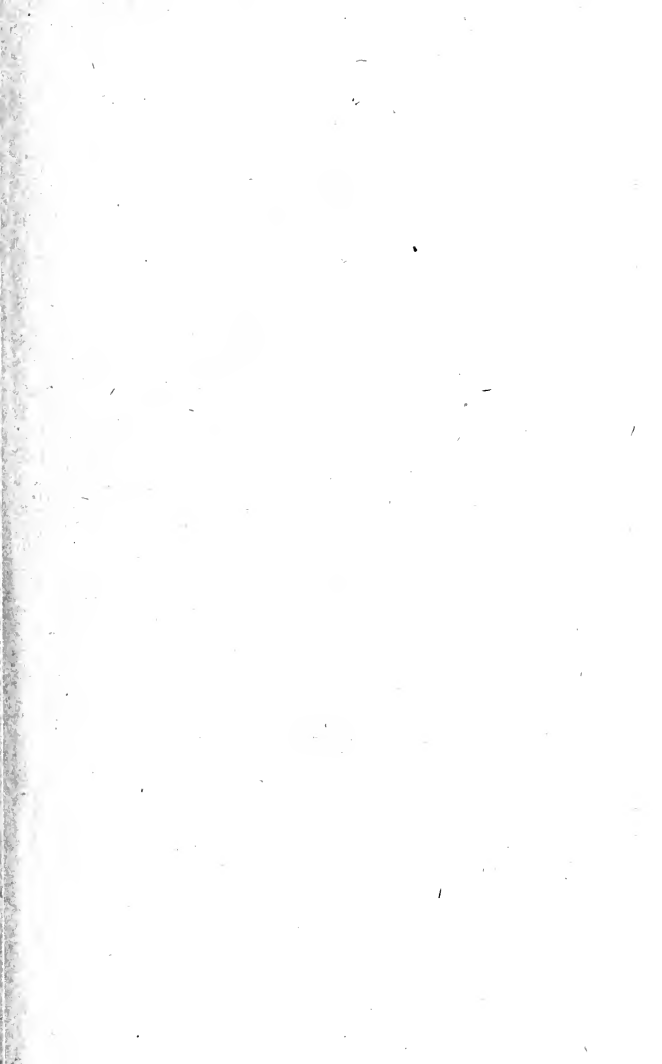
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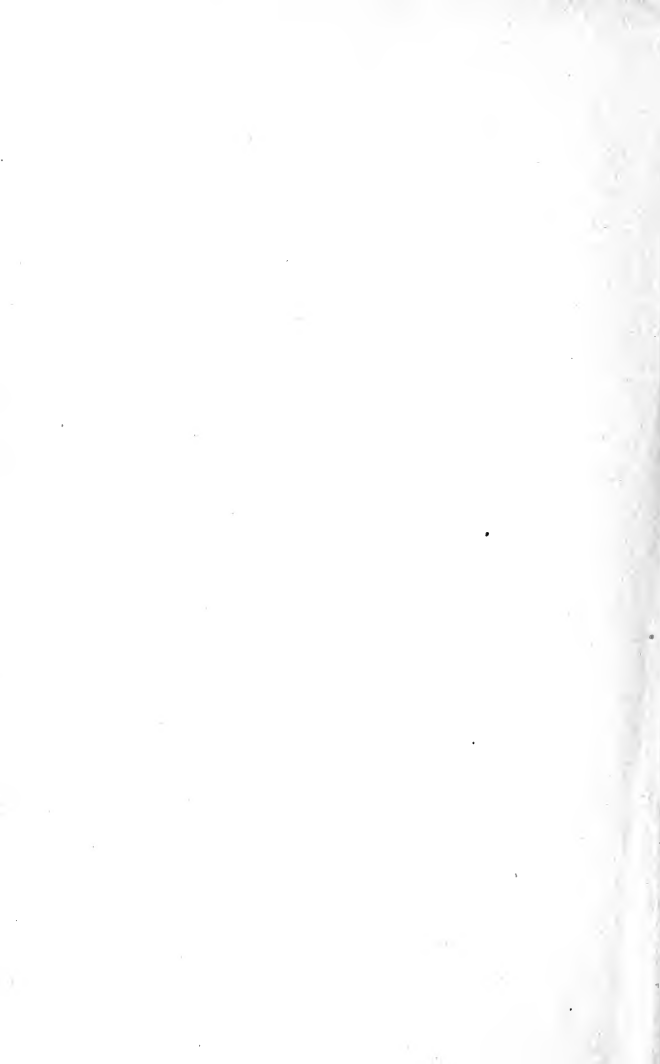
REGULATIONS
GOVERNING THE
HOSPITALS AND RELIEF STATIONS
OF THE
UNITED STATES PUBLIC HEALTH SERVICE
—
1920

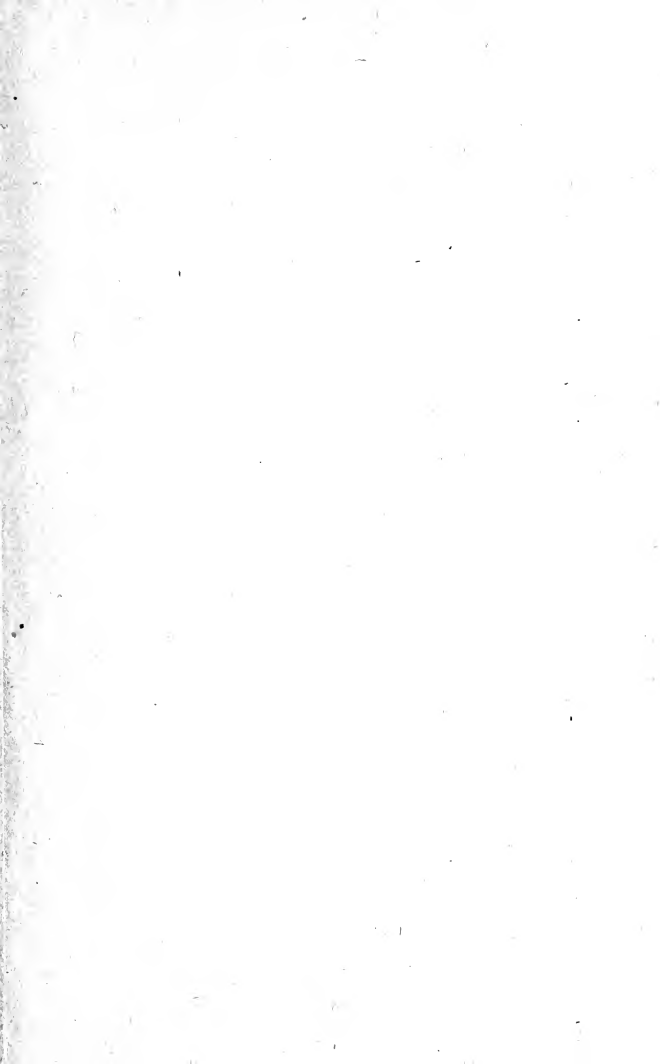
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Regulations
governing the
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TREASURY DEPARTMENT,
SECRETARY'S OFFICE,
Washington, March 8, 1920.

To officers of the Public Health Service, collectors of customs, and others concerned:

Upon the recommendation of the Surgeon General of the Public Health Service and pursuant to acts of Congress of June 29, 1870, July 1, 1902, August 14, 1912, March 3, 1919, and with the approval of the President of January 23, 1920, the following regulations for the government of hospital and relief stations are hereby promulgated for the information and guidance of all concerned. All previous regulations inconsistent herewith are hereby revoked.

D. F. HOUSTON,
Secretary of the Treasury.

(2)

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REGULATIONS GOVERNING HOSPITALS AND RELIEF STATIONS OF THE PUBLIC HEALTH SERVICE.

ARTICLE I.

GENERAL PROVISIONS.

1. The flag of the United States shall be displayed at all stations of the first class from sunrise to sunset. On May 30 the flag should be placed at half-staff or half-mast until noon, when it shall be raised to the top of the staff or mast. When the flag is being raised or lowered all officers and employees who are in the vicinity will face toward the flag and remain at attention until it has reached the top or bottom of the pole, as the case may be. They will then salute.

2. Each station of the first class shall be entitled to two national ensigns, one of the large size (10 feet hoist) and one a storm flag (5 feet hoist). The former shall be hoisted from a staff, erected over or near the executive building of the hospital, each day from sunrise to sunset, except during stormy weather. Whenever the weather is too stormy to fly the large national ensign the storm flag may be set in its place.

3. Officers on duty at first-class stations shall report before making their morning rounds, to the chief of the professional service to which they are assigned.

4. A junior officer shall not leave the reservation without the consent of the medical officer in charge or the executive officer.

5. An officer, before leaving the station, will record his name, time of departure and destination in a book which will be kept at the station for the purpose. Upon his return to the station, the time will again be recorded.

6. The medical officer in charge, on leaving and returning to the reservation, shall notify the officer next in rank or the executive officer.

7. Stations of the first class shall not be left without the presence of a medical officer, but if exception to this rule is unavoidable special instructions shall be left with the chief clerk.

8. Stations of the first class, when but one medical officer and the chief clerk are on duty, shall not be left without the presence of the medical officer or the chief clerk.

9. Heads of wards and departments must report to their immediate superiors any dereliction of duty on the part of employees.

10. The station office must not be left during the day without the presence of the chief clerk or other responsible employee.

11. Employees will not leave the station reservation without permission. They will obtain such permission and report their departure and their return under the general rules issued by the medical officer in charge. The time of departure and return will be recorded in a book kept for the purpose.

12. Testimonials of character to employees after leaving the service are to be given only by the medical officer in charge.

13. The keys of the station shall be in the custody of the officer designated by the medical officer in charge. Keys must never be taken away from the reservation, and when not in use shall be kept in a designated place.

14. Knowledge of the combination of the station safe will be guarded with the utmost care. Combinations and changes in combinations will be reported by confidential registered letter to the Surgeon General—attention Finance Section, Hospital Division—identifying the safe by its name and number.

15. No formula shall be introduced for ward use or for use in the dispensary without sanction of the medical officer in charge. All formulæ shall be entered in the formula book kept in the dispensary for that purpose.

16. The 1st of January, the 22d of February, the 30th of May, the 4th of July, the 25th of December, and such other days as may be so designated by Congress or proclaimed by the President of the United States, shall be considered as holidays in the Public Health Service, to be observed by suspension of other than necessary labor in the discretion of the medical officer in charge.

17. At the discretion of the medical officer in charge of stations where State holidays are lawfully established, the same may be observed by him at his station in the same manner as a national holiday.

18. Sunday shall be observed at all stations of the first class in an orderly manner. All labor or duty shall be reduced to the measure of strict necessity. The religious tendencies of officers and men shall be regarded, and every opportunity consistent with the duties of the station afforded them to attend divine worship.

19. Upon the death of the President or Vice President of the United States, the Secretary or Assistant Secretary of the Treasury, or the Surgeon General, the medical officer in charge shall direct that on the day following, and thereafter until the hour of the funeral, the national ensign shall be set at half-staff or half-mast. The same formality shall be observed at his proper station whenever an officer attached thereto dies.

20. Administrative assistants accountable for property or charged with the custody of the money and valuables of patients shall furnish bond in a reasonable amount for the proper handling of such property or funds intrusted to their care.

21. Officers and employees of the Public Health Service detailed for duty in connection with examination and medical relief of patients of the Public Health Service will, in so far as practicable, not be assigned additional duties in connection with other functions of the service.

22. Whenever special reports concerning patients of the Bureau of War Risk Insurance are sent by District Supervisors, one copy will be referred to the Surgeon General, United States Public Health Service, and a duplicate to the Chief Medical Adviser, Bureau of War Risk Insurance, notation of both references* being made on both copies.

23. All persons concerned will bear in mind the necessity of keeping the Chief Medical Adviser, Bureau of War Risk Insurance, fully informed regarding patients of the Bureau of War Risk Insurance.

24. All persons concerned with the enforcement of the provisions of the acts mentioned below will provide themselves with copies of the war-risk insurance act and acts amendatory thereto; Public Act 326 of the Sixty-fifth Congress; all acts of Congress relative to the Federal Board for Vocational Education; and all acts relative to the Federal Employees' Compensation Commission. They will thoroughly familiarize themselves with the contents of these laws to the end that ignorance thereof shall not be held to be sufficient excuse for failure properly to carry out their provisions.

25. All persons concerned with the enforcement of these regulations will thoroughly familiarize themselves therewith. In order that they may be understood and intelligently obeyed, medical officers in charge of operations under these regulations will instruct the station personnel therein.

26. The Surgeon General is hereby authorized to make such minor corrections in these regulations as may be necessary for the purpose of correcting obvious errors or clarifying points which would otherwise be obscure.

27. Officers charged with the enforcement of these regulations will note in their copies such changes as from time to time may be directed by the Secretary of the Treasury or the Surgeon General.

ARTICLE II.

RELIEF STATIONS.

28. A relief station is a place where an officer or other representative of the service is on duty for the examination or relief of patients of the Public Health Service.

29. Relief stations shall be divided into the following classes:

CLASS I. United States Marine and Public Health Service hospitals. This class shall be further divided into the following types: (a) Capacity more than 300 beds; (b) capacity 100 to 300 beds; (c) capacity less than 100 beds.

CLASS II. All other relief stations in charge of a commissioned officer.

CLASS III. All relief stations where an acting assistant surgeon is on duty for the examination or relief of patients of the Public Health Service.

CLASS IV. All other relief stations not included in the above classes.

30. The medical and surgical treatment of the patients of the Public Health Service will be under the supervision of the medical officers of the service at all relief stations where such officers are on duty, and they will be required to take direct professional charge of the patients.

31. The outpatient office shall be located at the customhouse whenever practicable, and suitable office space for that purpose shall be set apart by the custodian of the customhouse building if space is available, subject to the approval of the Secretary of the Treasury.

ARTICLE III.

DISTRICT SUPERVISORS.

32. The United States shall be divided into districts for the purpose of furnishing relief to patients of the Public Health Service.

33. Each district will be in charge of an officer of the service, who shall be designated as the district supervisor. He shall have supervision of the work of providing relief to patients of the Public Health Service in his district. He will furnish information to all persons entitled to relief and provide for their examination, hospital care, and treatment.

34. All service officers will cooperate with the district supervisors in their activities, and will furnish them with such information and aid as may be practicable.

35. Service officers who are not under the direct orders of district supervisors will cooperate in every way with the officer in charge of their district in order that the work may be accomplished in the most economical and advantageous way.

36. Relief stations of the third and fourth class shall be under the direct supervision of district supervisors. All correspondence, reports, proposals, requisitions, vouchers, etc., shall be forwarded to the

Surgeon General through the district supervisor who has charge of the district in which the relief station is located.

37. Reports and vouchers shall be prepared at third and fourth class stations and initialed by the medical officer or deputy collector in charge, and when received by the district supervisor will be certified by him and forwarded to the Surgeon General.

38. The District Supervisor should utilize to the utmost all facilities in Service hospitals in his district. Patients should not be hospitalized in contract hospitals unless it is impracticable to admit them to Service hospitals.

39. The amount to be paid to hospitals under contract for the care and treatment of patients of the Public Health Service will not exceed \$3 a day. If a proposal received from a hospital is more than \$3 a day, special authority must be obtained from the Secretary of the Treasury, except in cases of emergency, when the Surgeon General should be immediately notified.

40. Whenever the words "patients of the Public Health Service" are used in these regulations, they shall be held to include patients of the Bureau of War Risk Insurance.

41. Hereafter district supervisors and their subordinate personnel shall be held to be the field representatives of the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service.

42. District supervisors will carry on their operations under the conjoint direction of the Chief of the Hospital Division and the Chief Medical Adviser for the purpose of administering the functions listed below connected with the examination and relief of patients of the Bureau of War Risk Insurance, under rules and regulations conjointly prescribed by the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service, and approved by the Secretary of the Treasury.

(A) Bureau of War Risk Insurance.—Determination of (a) Eligibility to compensation and treatment; (b) service origin, aggravation, nature and degree of disability from injury or disease; (c) reference for treatment; (d) payment of bills incident to the discharge of the above-mentioned functions.

(B) The United States Public Health Service will furnish reasonable medical, surgical, and hospital services and supplies, including prosthetic apparatus, to such patients of the Bureau of War Risk Insurance as may be referred to it for the same and the payment of all bills incident to the discharge of these functions.

43. The Surgeon General will detail in each district a district examiner who, with his subordinate personnel, will operate under the direction of the district supervisor for the purpose of carrying out the provisions of subparagraph (A) above.

44. The Surgeon General will detail in each district a district relief officer who, with his subordinate personnel, will operate under the direction of the district supervisor for the purpose of carrying out the provisions of subparagraph (B) above.

45. All bills for expenditures incurred for examination of patients of the Bureau of War Risk Insurance to determine their eligibility to compensation and treatment, including X-ray and laboratory bills, shall have the following statement placed upon the face thereof, unless the payee is under contract with the Public Health Service: "For examination to determine eligibility to compensation and treatment."

46. District supervisors shall keep the following record of all applicants or patients examined or treated in the districts under their charge:

(1) Out-patient record card, Form 1971-E.

(2) In-patient record card, Form 1971-F.

(3) Card index of all correspondence with all stations in the district, from the Bureau of the Public Health Service, and the Bureau of War Risk Insurance.

47. Forms 1971-E, Out-patient card, and 1971-F, In-patient card, shall each be given a serial number as soon as they are filed in the offices of the district supervisors. Serial numbers shall be consecutive and continuous.

REPORTS.

48. Upon receipt of an original or completed in-patient or out-patient report card, the district supervisor shall immediately execute two copies, one of which shall be forwarded to the Surgeon General and the other to the Chief Medical Adviser, Bureau of War Risk Insurance. Original cards on file in offices of district supervisors may be destroyed as soon as completed cards are received.

49. Upon receipt of completed Form 1934-B, Report of Physical Examination, district supervisors shall immediately execute a copy and forward the same to the Chief Medical Adviser, Bureau of War Risk Insurance.

50. A weekly progress report will be submitted by district supervisors to the Surgeon General at the end of each week.

51. The following monthly reports will be submitted by district supervisors to the Surgeon General: A tabulated report of number of cases examined, treated, and sent to hospitals in the district and total number for the district; Medical Officer's Report of Relief, Form 1922; Monthly Schedule of Encumbrances, Form 1955; Vouchers covering expenditures during month, Forms 1926 and 1949; Pay rolls for all officers and employes in the district; Report of Pay Patients, Form 1927.

52. Special instructions will be issued from time to time, as required, regarding annual reports.

53. District supervisors are authorized to assign an officer to act as State supervisor in each of the States comprising their districts. State supervisors, in their respective States, shall oversee the work of local examiners and act as their advisers and instructors in all matters pertaining to the examination of claimants. State supervisors shall act as aides to the district supervisor, and shall serve under his orders only.

54. District supervisors are authorized to select strategic centers offering the best hospital facilities in their districts for the care and treatment of patients of the Public Health Service. In each of these centers a staff of attending specialists will be appointed, preference being given to designated examiners who are possessed of the requisite qualifications, for the examination and treatment or for the supervision of treatment of patients of the Public Health Service. Current lists of these centers will be furnished all examiners from time to time.

55. Each of these hospitalization units will be under the immediate supervision of an authorized representative of the Public Health Service, appointed for full or part time duty, at a salary commensurate with the needs of the service in the locality.

56. In cities where a service hospital is located, the unit may be built around this hospital by the medical officer in charge. In such cases the attending specialists of the service hospital should be available for the treatment of patients in civil hospitals in which service patients are being cared for, thus coordinating the work.

57. The acting assistant surgeon or other officer in charge of the unit shall require the hospital furnishing relief to forward promptly to the district supervisor the reports required by regulations upon admission and discharge of patients.

58. Patients will ordinarily be referred by examiners to the nearest unit. In cases of emergency, however, examiners are authorized to proceed according to their best judgment, and when the services of an attending specialist are not available to obtain such services. In all such cases a report of the action should be sent to the district supervisor, showing the necessity for the procedure.

ARTICLE IV.

HOSPITAL ORGANIZATION AND ADMINISTRATION.

59. Type A and B hospitals are maintained for the following purposes:

- (1) To provide for the hospitalization of large numbers of patients.

- (2) To afford better facilities than can be provided at the smaller hospitals of the service for the treatment of serious, complicated, obscure, or special cases.
- (3) To afford opportunities for the performance of the more complicated surgical operations, facilities for which may be lacking in the smaller hospitals.
- (4) To study, diagnose, and finally dispose of cases that have long resisted treatment elsewhere.
- (5) To instruct and train junior medical officers and internes in general professional and administrative duties.

60. The following tabular statement furnishes a working plan of administration of hospitals of the service:

TYPE A HOSPITALS.

MEDICAL OFFICER IN CHARGE.

EXECUTIVE OFFICER.

Professional division:

- Chief of medical service—
 - Medical wards, isolation ward, psychiatric ward, tuberculosis ward.
- Chief of surgical service—
 - Surgical wards, operating rooms, dressing rooms, E. N. T. section, eye section, urology section, orthopedic section.
- Chief of laboratory service—
 - Chemical and bacteriological laboratory, morgue, X-ray laboratory.
- Chief of dental service—
 - Dental clinic, laboratory.
- Reconstruction officer—
 - Occupational aids, physiotherapy aids, Red Cross.
- Chief nurse.
 - Nursing service.
- Admitting officer—
 - Admission and discharge of patients, observation room.

Administrative division:

- Chief clerk—
 - Correspondence, records, and files.
- Personnel officer—
 - Male employees.
- Registrar—
 - Completed clinical records, war risk insurance records and reports; inquiries regarding patients, patients' effects, post office, register of patients.
- Matériel officer—
 - Transportation, property, dispensary, shops, buildings and grounds, laundry.
- Chief dietitian—
 - Kitchens, dining rooms, subsistence storerooms.

OFFICER OF THE DAY,

TYPE B HOSPITALS.

MEDICAL OFFICER IN CHARGE.

EXECUTIVE OFFICER.

Professional division :

Clinical director—

Medical wards, isolation ward, surgical wards, tuberculosis ward, genito-urinary ward, operating room, dressing rooms, chemical and bacteriological laboratory, X-ray laboratory, morgue, dental section, out-patients' section.

Reconstruction officer—

Occupational aids, physiotherapy aids, Red Cross.

Chief nurse.

Nursing service.

Officer of the day—

Admission and discharge of patients, observation room.

Administrative division :

Chief clerk—

Correspondence, records, and files; male employees, completed clinical records, war risk insurance records and reports, inquiries regarding patients, patients' effects, post office, register of patients.

Matériel officer—

Transportation, property, dispensary, shops, buildings and grounds, laundry.

Chief dietitian—

Kitchens, dining rooms, subsistence storerooms.

OFFICER OF THE DAY.

TYPE C HOSPITALS.

MEDICAL OFFICER IN CHARGE.

Professional division :

Medical officers.

Nurses.

Administrative division :

Chief clerk.

Dietitian.

OFFICER OF THE DAY.

MEDICAL OFFICER IN CHARGE.

61. The medical officer in charge is in charge of the hospital, its personnel and patients, and shall administer all the affairs thereof.

62. He shall be responsible for the preservation and proper application of public property, and for the proper condition of buildings and grounds. In type A and type B hospitals he shall leave the details of administration to subordinate officers as far as practicable. He shall make such reports to the Surgeon General as are required by regulations. He shall require a proper performance of duty by the entire personnel of the station and observance of rules by all patients. He shall make and enforce proper regulations for the sanitary, disciplinary, and other internal requirements of the hospital.

63. In type A and type B hospitals he shall make a detailed inspection of the wards and departments every Saturday. In addition, informal, unannounced inspections of separate wards or departments should be made daily.

64. In type C hospitals he shall visit the hospital wards once each day, and oftener, if necessary. The morning sick call shall be made not later than 9 o'clock each day, and the medicines ordered shall be compounded and delivered to the nurses as soon as practicable after the termination of the visit. The evening sick call shall be made at a time fixed by the medical officer in charge between 5.30 and 6.30 p. m. daily by an officer of the staff detailed by the medical officer in charge, and he shall be accompanied by the night nurse and by the day nurse in each ward.

EXECUTIVE OFFICER.

65. In type A and type B hospitals a medical officer will be assigned as "executive officer" of the hospital. Under the direction of the medical officer in charge he shall have charge of the correspondence, reports, and various rosters of the service. He shall prepare, verify, and issue all orders, instructions, and details; keep the records of the hospital, and perform such other duties as are required by regulations. He is the representative of the medical officer in charge, and through him the medical officer in charge communicates with the personnel and patients in the hospital.

66. He shall keep accurate rosters of all officers, nurses, and other employees, assigned by the medical officer in charge to the performance of their various duties, and promptly notify them of their assignment.

67. The executive officer should be courteous to and on friendly terms with the officers of the station, and should avoid all discussion of the orders or the acts of his superiors. He shall endeavor at all times to exert influence belonging to his position, and on proper occasion, aid with his advice the junior officers of the hospital.

OFFICER OF THE DAY.

68. The medical officer in charge shall detail each of the junior medical officers in rotation to act as officer of the day. The detail shall be posted daily on the day preceding that on which the officer of the day is to serve.

69. His tour of duty shall be 24 hours, and will commence at an hour to be designated by the medical officer in charge, at which time he shall meet the old officer of the day in the office of the medical officer in charge to receive such instructions as the medical officer

in charge may desire to give. Chiefs of service, pathologists, and officers serving in contagious wards shall not be assigned to this duty.

70. The officer of the day shall not leave the limits of the hospital during his tour of duty without the express authority of the medical officer in charge, and only after a proper substitute has been detailed.

71. He shall make at least three rounds of inspection of the hospital wards and grounds during his tour of duty. On the morning tour of inspection he shall visit all wards and make inquiries of ward surgeons concerning seriously sick patients who may need attention during the night. The hospital grounds and messes will also be inspected on this tour.

72. On the evening tour of inspection he shall see that the watchmen are at their posts, that the nurses and attendants are in their wards, and that they are properly performing their duties. On the night tour his inspection shall be made similar to the second, noting especially if the watchman and night attendants are at their posts and performing their prescribed duties, and when practicable, immediately correcting any disorder or neglect.

73. In all inspections it is his duty personally to ascertain that patients are receiving proper attention and to give such emergency treatment as may be demanded, recording the same on the patient's clinical record.

74. In the winter he shall see that the wards are properly heated and ventilated and that care has been taken to shut off the water supply, if necessary, to prevent freezing. He shall give instructions to ward employees to be careful and vigilant with regard to fires. In the event of an outbreak of fire he shall immediately assume charge until the arrival of the fire marshal, taking measures in the meantime to sound the alarm and extinguish the fire, if possible.

75. In case of serious illness or death of patients during the night, he is authorized to send a brief official message notifying the relatives of the fact. In such event he should use care and discretion, as often, owing to the lateness of the hour, telegrams can not be forwarded until morning, when such message could be sent more expediently by the officer in charge of the reports of patients.

76. In case of death the officer of the day shall immediately examine the body personally, superintend its removal to the morgue, making a record of the name of the deceased and the address of the nearest relative. He shall remove Form 1971-H from the foot of the patient's bed and attach it to the body of the deceased. On this form must be entered the patient's name, register number, permanent address, name and address of nearest relative, and the ward in which the patient died. This tag must invariably be attached to the body

of the deceased and not to the clothing, and must not be removed until the body has been prepared for burial or shipment. He shall collect all money, valuables, and other effects in the possession of the patient at time of death and deliver them to the officer charged with the custody of the same. In all such cases he shall submit a written report of the death, with all necessary data, to the officer in charge of the records of patients, and also include the same in his written report to the medical officer in charge at the close of his tour of duty.

77. In large hospitals of the service, where a regular admitting officer is detailed by the medical officer in charge, the officer of the day shall relieve him at all times when the admitting officer is not on duty. At hospitals in which no regular admitting officer is detailed, the officer of the day will act as admitting officer.

78. Should the officer of the day be in doubt concerning the nature of the illness of an incoming patient he should request the executive officer to arrange for a consultation. In all cases where consultation is not immediately available the patient shall be placed in the observation ward at the admitting station for further examination.

79. When the duties of the officer of the day require him to be away from the admitting station, he shall leave definite instructions with the employee in charge in order that he may be found quickly at all times. He should sleep in a room provided for the purpose in close proximity to the admitting station. He shall at all times, during the night, be available for emergency sick calls from the wards.

80. The duties of the officer of the day are of wide range and most important in character. In the absence of the medical officer in charge and the executive officer, he is in charge of the hospital under the senior officer present. It is his duty to give such orders and make such recommendations as may be to the best interests of the hospital for the time being, and to see that no patient is neglected, and that no irregularities occur which may bring discredit upon the station and upon the service.

81. At the expiration of his tour of duty he shall make a report in writing in the book provided for the purpose in the office of the medical officer in charge, noting the hours at which his inspections were made, and reporting neglects, disorders, deaths, or infractions of hospital rules that may have occurred during his tour, and any other matters which may properly be brought to the attention of the medical officer in charge.

ADMITTING OFFICER.

82. The admitting officer shall make a complete examination without delay of all patients applying for treatment in the hospital and assign them to the proper wards or departments for treatment. Pa-

tients requiring out-patient treatment only will be directed by the admitting officer to the proper place for treatment.

83. The admitting officer will prepare and sign, in duplicate, the upper portion of the first page of the clinical record at the time of admission of each in-patient. The original will be sent to the ward with the patient and the duplicate to the registrar, or to the chief clerk in hospitals where no registrar is assigned. The registrar will use this report for the purpose of preparing original report card form 1971-F. If any unusual circumstances are connected with the admission of the patient, notation will be made of the same on the first page of the clinical record at the time of admission.

84. Each patient will be questioned by the admitting officer with respect to money or valuables in his possession. All money and valuables received from patients at the time of admission must be immediately delivered by the admitting officer to the officer charged with the custody of the same. If the patient has no money or valuables in his possession, he will be required to sign a statement to that effect on Patient Property Card, Form 1971-J. In cases of emergency the admitting officer, after administering treatment immediately necessary, may send patients directly to their proper wards, delegating to the ward surgeon the responsibility for completing records of admission and receiving money and valuables.

85. The admitting officer shall closely examine all cases for communicable disease. Such cases shall be sent immediately to the isolation ward. Suspects shall be detained in the observation ward at the admitting station until the diagnosis has been verified by consultation. Psychotic patients shall be sent immediately to the officer in charge of the psychiatric ward.

86. If a patient is admitted to a hospital as the result of a disease or injury in which there is a question as to his being entitled to treatment, the medical officer in charge should be consulted, all facts connected with the case ascertained, and the question settled at the earliest possible date. Pending definite decision, care and treatment must be furnished to patients in every case.

87. The admitting officer shall be responsible for the proper care and treatment of patients from the time of their admission until the proper ward surgeon has assumed charge. Patients shall always be conducted to the wards by the necessary attendants.

88. In hospitals requiring the same, on account of the large number of patients, a cross index file of locator cards shall be kept in the office of the admitting officer. Two cards shall be prepared for each in-patient. On both copies shall be recorded:

(1) Name of the patient; (2) register number; (3) permanent address; (4) ward to which assigned.

89. Locator cards shall be kept in two files: In file 1, the cards shall be filed alphabetically according to the surnames of the patients; in file 2, the cards shall be filed according to wards.

90. When ward transfers are about to be made, the authorization will be sent to the admitting officer for his counter signature in order that locator cards in both files may be changed to correspond with the new location of the patients.

91. The purpose of file 1 is to enable the admitting officer and the information clerk to determine immediately the location of a patient in the hospital. The purpose of file 2 is to furnish to the admitting officer an accurate record of the number of occupied and available beds in each ward.

92. When a patient is discharged his locator cards may be removed from both files and destroyed.

93. Patients being discharged or transferred shall be inspected by the admitting officer, who shall see that they are properly dressed and have all property and valuables belonging to them before their departure. He shall also note the physical condition of all patients at the time of discharge, and if there is any who in his opinion is not able to travel, make report of the same to the chief of service concerned.

94. The admitting officer must be notified in advance by chiefs of service of the intended discharge or transfer of all patients.

95. The registrar must be notified by the admitting officer before discharge of every patient, in order that all hospital records may be complete and that the patient may have the records, clothing, and valuables to which he is entitled upon his departure.

96. When patients arrive at the hospital the employee in charge of the admitting station shall immediately call the admitting officer and arrange for the comfort of the patient pending the officer's arrival. He shall personally see that accurate records of admission are made.

97. A suitable room in the admitting station shall be used for the observation and temporary detention of suspected cases of communicable disease. The admitting officer shall be in charge of this ward, and one employee will be detailed, when necessary, as attendant.

98. Persons desiring to visit patients in hospitals shall be admitted only through the admitting office, after the location of the patient has been determined by consulting the locator file. If the condition of the patient is such that the visit will not interfere with his care and treatment, a pass signed by the admitting officer will be given to the visitor, permitting him to enter the public reception room or the ward where the patient is being treated if the patient is unable to come to the reception room.

99. Visitors will not be allowed at other than regular visiting hours on Tuesdays, Thursdays, and Sundays. No passes will be given that will permit visitors to enter contagious disease wards, except that adults over 16 years of age may be given permission to visit tuberculosis wards. No patient will be permitted to receive more than four visitors at a time in the ward where he is receiving treatment.

100. Women visitors will not be permitted to enter venereal-disease wards.

101. In exceptional cases regulations regarding visitors may be modified as the necessity demands. The admitting officer shall satisfy himself with regard to the character of all visitors, and exclude all undesirables. Visitors having acute colds or other communicable disease will be denied admittance.

102. Persons desiring to enter the hospital wards for purposes other than that of visiting patients shall be referred to the medical officer in charge or to the executive officer.

103. When a junior officer wishes to conduct visitors through the hospital, or to extend an invitation to any hospital event, the consent of the medical officer in charge shall first be obtained.

104. Ambulance drivers, except in cases of emergency, will report at the admitting office before departing on a call. A card will be given to the driver, on which will be recorded his name, the name of the patient, the time of departure, and the destination. Verbal instructions must never be allowed to serve in lieu of written instructions except in cases of grave emergency where haste is necessary.

105. The ambulance driver will record on the card the time of arrival at destination. He will also record any unusual circumstances connected with the call, such as failure to locate the patient, or delays which may have occurred. Upon the return of the ambulance the time will be recorded, and the completed card will be filed in the office of the admitting officer.

CHIEF CLERK.

106. At all hospitals an administrative assistant or pharmacist will be assigned as chief clerk. The chief clerk shall be in charge of the preparation and filing of correspondence, reports, orders, and the various rosters of the personnel.

107. The chief clerk shall be charged with all the duties and responsibilities of the registrar, the personnel officer, and the matériel officer in hospitals at which no registrar, personnel officer, or matériel officer is assigned.

PERSONNEL OFFICER.

108. In type "A" hospitals, when especially authorized by the Surgeon General, an administrative assistant or pharmacist shall be assigned as personnel officer. He shall have immediate charge of the assignment of all male employees in the hospital, supplying such details temporarily or permanently to the several wards or departments as may be directed by the medical officer in charge. He shall be responsible for the discipline, instruction, quartering, and proper keeping of accounts and records of all such employees.

REGISTRAR.

109. In type "A" hospitals a pharmacist or administrative assistant will be assigned as registrar. He shall have charge of the completed clinical records, the register of patients, all other medical and surgical records, and all reports pertaining to patients of the Bureau of War Risk Insurance and other classes of patients in the hospital. He shall be charged with the custody of the money, valuables, and other effects of patients. All inquiries concerning patients shall be referred to his department.

110. Whenever the condition of a patient becomes critical he shall notify by official telegram the nearest relative or friend, and thereafter, if requested, daily reports may be sent by telegram at the expense of the person who requested the same. Upon the death of a patient he shall notify, by official telegram, the nearest relative or friend of the deceased.

111. Upon the admission of each patient a search will be made in the index to register of inpatients for records of former admission. In the event of previous admission the clinical record in the case shall be sent to the ward surgeon for his information, who will enter a brief of previous admission on the current history of the case, and return the original clinical record to the registrar's office. The registrar shall keep a check of such records to insure their safe return.

112. When a patient undergoing treatment in the hospital is absent without leave, the registrar shall immediately notify the medical officer in charge. In the event that a patient has been absent and returns to the hospital a like report shall be made.

113. When information is requested by any person regarding the disease for which any patient of the service has been under treatment, the registrar shall furnish such information only by direction of the medical officer in charge.

114. No clinical record or copy of the same shall be withdrawn from the files of the hospital or furnished to any person except upon the written order of the Surgeon General.

115. The registrar shall place the money and valuables of each patient in envelope, Form 1970, which shall be sealed and deposited in the hospital safe. He shall keep an accurate record of all such transactions, and shall receipt for the articles on Patient's Property Card, Form 1971-J, upon the admission of each patient, and obtain like receipt for all articles delivered to the patient or to his legal representative on discharge from the hospital.

116. The registrar shall have charge of the storeroom for patients' effects. The employee on duty in the patient's property room under the direction of the registrar shall be responsible for the safe-keeping and care of all property in the storeroom, and the preparation of all records pertaining thereto.

117. The articles shall be enumerated on Form 1971-J, Patient's Property Card, which shall be prepared in duplicate. The original shall be placed on file and the duplicate given to the patient. Patient's Property Card, Form 1971-J, will be kept in three files: (1) The current file, consisting of cards of patients who are being treated in the hospital; (2) the permanent file, consisting of cards of patients who have been discharged from the hospital and whose effects have been returned; (3) the suspended file, consisting of cards for deceased patients and patients who have left the hospital without their effects.

118. Efforts should be made to dispose promptly of the effects of deceased patients and effects left in the storeroom by patients who have left the hospital. When proper disposition has been made, cards in the suspended file will be transferred to the permanent file.

119. Except in emergency, all effects of patients not needed in the hospital will be delivered to the registrar at the time of admission. One or more separate compartments shall be used for each patient's effects. Patient's Claim Check, Form 1971-I, will be attached to all effects before storing in the compartments. The outer half of the check will be removed and given to the patient. Each check will be numbered to correspond with the number of the compartment in which the property is stored. The check numbers for each patient will be entered upon the patient's property card.

120. In cases of emergency where valuable effects go to a ward at time of admission with a patient who is unable to care for his effects, the ward surgeon shall be responsible for the same until they are delivered to the storeroom authorities.

121. Clothing and baggage will be removed from the storeroom only by order of the registrar, and the person removing such baggage must sign a receipt therefor on the patient's property card.

122. During the temporary absence of the registrar from the hospital, the admitting officer will receive the money and valuables of

any incoming patients and sign for the same on patient's property cards. In such cases the admitting officer will immediately deliver the funds to the medical officer in charge for deposit in the hospital safe. Upon the return of the registrar to the hospital the transaction will be verified and the registrar will assume the custody of the funds and sign for the same on patient's property cards.

123. The officer of the day will assume the custody of the money and valuables of incoming patients at all times when the registrar and admitting officer are not on duty. In such event the officer of the day will deliver the funds to the registrar the next morning.

124. If the registrar departs from the station on leave of absence for a period exceeding one week, he will regularly transfer the money, valuables, and other effects of patients intrusted to his care to another custodian, detailed for the purpose by the medical officer in charge. In making such transfer an invoice will be prepared from the patient's property cards in the current file and checked against the funds and effects deposited in the safe and storeroom. The invoice will be signed by the registrar, and the new custodian will receipt for the funds and effects under the signature of his predecessor.

125. Unless a United States postal station has been established upon the reservation, the registrar shall have charge of the receipt and delivery of all mail to the patients and personnel of the hospital.

126. One employee of known probity and good habits will be detailed in charge of the hospital post office, under the supervision of the registrar, and will be assisted by the necessary number of other employees. He will be held responsible for the prompt and safe delivery of all mail to the proper persons.

127. All registered, insured, and special delivery mail must be delivered by an employee of the post office direct to the addressee. He will be required to obtain proper receipts for the same. A record of all registered, special delivery, and insured articles shall be kept in a book provided for the purpose at the post office, showing the receipt and delivery of all mail of this class.

128. A book containing the forwarding address of all patients who have left the hospital will be kept in the hospital post office.

MATÉRIEL OFFICER.

129. In type "A" and type "B" hospitals, an administrative assistant or pharmacist will be assigned as matériel officer.

130. The matériel officer will be charged with the following duties: Periodical accountability for all property; requisition for property; issue of property to responsible officers; responsibility for all property in his custody; making of authorized purchases of property;

transportation; repair and upkeep of buildings; repair, upkeep, and operation of mechanical equipment; upkeep and care of grounds; disposal of waste; issue of all prescriptions from the dispensary to wards and out-patient offices; laundering of all washable materials.

131. The matériel officer will be in charge of the garage, stables, shops, and hospital gardens.

132. He will be responsible for the care and upkeep of all vehicles and for their neat and cleanly appearance. He will instruct all chauffeurs with regard to the observance of speed limits, and other rules of the road. He will keep an accurate account of oil and gasoline consumed by motor vehicles. He will exercise strict supervision over their use in order that they may be used for authorized purposes only. He will not permit a motor vehicle to be taken apart or otherwise tampered with except by a competent mechanic.

133. The care of the hospital grounds, the cleanliness of the various shops and warehouses, all grass, together with the collection and disposition of all waste, will be in charge of the matériel officer. All territory within the hospital reservation will be thoroughly cleaned each morning and maintained in this condition throughout the day.

134. A qualified druggist will be in charge of the dispensary, under the direction of the matériel officer, and will be responsible for its proper operation.

135. All prescriptions will be written on form 1921-A and will be signed by a medical officer, except in extreme emergencies. Should such emergency arise, a written order, signed by a medical officer, will be obtained later.

136. The matériel officer will satisfy himself that regulations with regard to care of alcohol and narcotic drugs are observed. Prescriptions for alcohol or alcoholic beverages and habit-forming drugs must be signed in ink.

137. All prescriptions compounded will be placed in two separate files, as follows: (1) Prescriptions for alcohol or alcoholic beverages and for medicines containing opium or any of the salts, derivatives, or preparations of opium or coca leaves; (2) all other prescriptions.

138. Prescriptions will be numbered serially in each file. Prescription files will be subject to inspection by inspectors and the medical officer in charge at all times.

139. In connection with file 1, an alcohol and narcotic record will be kept of the dispensary receipts and expenditures of each article specified therein. A separate slip will be kept for each form in which the liquor or drug is supplied, as "Cocaine hydrochlorate powder"

or "Cocaine hydrochlorate 10-mgm. hypo. tablets." The date of receipt thereof from the storeroom and the amount will be noted. The expenditure will be noted by entering the prescription number and the amount expended in compounding the prescription. At least once a month the slips will be balanced, and the quantities remaining on hand will be verified by the matériel officer and the facts noted over his signature. Form 1903-B will be used for this purpose.

140. A competent employee will be in charge of the laundry, under the direction of the matériel officer. He will see that a proper system of linen exchange is in operation and that all soiled linen delivered to the laundry is carefully checked. He will require all soiled linen to be properly listed by ward employees before its delivery to the laundry. Employees will attend to this exchange, and not delegate the work to patients. Laundry hampers in the various wards will be used for the storage of soiled linen and for carrying the same to the linen room. Clean linen will not be put in these hampers for return to wards.

141. The laundry office will always have an ample reserve supply of clean linen on hand for the purpose of exchange. When laundering is not done in the hospital, a careful check will be made and a receipt obtained before its delivery to the contract laundry. A second check will be made upon its return.

142. The hospital laundry comprises: (1) The linen, clothing, and bedding belonging to the Public Health Service; (2) the underwear, hosiery, and handkerchiefs of patients under treatment in the hospital; (3) the underwear, hosiery, and handkerchiefs of employees entitled to laundering under the terms of their appointments; (4) the white and khaki service uniforms which are soiled in the course of official duty; (5) the hospital uniforms of nurses, dietitians, and aides.

143. Soiled blankets, spreads, and other heavy pieces should not be allowed to accumulate, but should be washed a few at a time as they become soiled so as to equalize the work.

144. A list will be made in duplicate of each patient's clothing by an employee in the ward and delivered to the employee in charge of the linen exchange room, who will receipt for the same. The duplicate list will then be filed with the patient's clinical record and checked against the clothing upon its return.

DIETETIC SERVICE.

145. The medical officer in charge will maintain constant supervision over the various messes. On account of the large transactions incident to the conduct of the hospital messes and the opportunities afforded by them for irregular or dishonest practices, he should take

the most painstaking care when detailing employees to mess management to choose only those of known probity and good habits. For the same reason he should see that creditors are of good repute and require their bills to be promptly rendered at the end of every month. Although the mess may be under the direction of the chief dietitian, he should exercise diligence by frequent inspections to see that waste and wrongful expenditures are not permitted, and that the messes are so managed that neither patients nor personnel shall have just grounds for complaint concerning the character, preparation, and quantity of their food.

146. When the chief dietitian is authorized to make purchases of subsistence supplies, she shall be held strictly responsible for their proper disposition and for the quality and quantity of food supplies in the hospital.

147. All supplies will be delivered to a suitable storeroom, where they will be properly checked upon their receipt by a competent employee. Issues from this storeroom to the various messes will be made daily at a designated hour on requisition properly signed by the employee in charge of the mess concerned. No supplies will be issued at any other time except in extreme emergency. Supplies so issued will be listed on the requisition, giving the quantity and price of each article and the total value of food supplies furnished daily.

148. The employee acting as storekeeper for the central supply room under the direction of the chief dietitian will keep a daily record of the total articles purchased and issued. The medical officer in charge should inspect this record at frequent intervals with a view to keeping constantly informed in this respect.

149. Food supplies for the preparation of between-meal nourishment will not be issued to wards in excess of 24-hour requirements. Bread and butter for bed patients will be issued to wards with each meal.

150. The chief dietitian in general charge of the hospital mess will be responsible for the condition and cleanliness of the kitchens and cooking utensils in the various messes, the discipline of the kitchen force, the cleanliness of the dining rooms and discipline of patients and personnel therein, the serving of meals to ambulant patients and the distribution of food to the various wards, the cleanliness of the napery and table utensils used in serving the food, and the proper sterilization of such equipment upon its return from wards containing patients suffering from communicable diseases.

151. All kitchen and dining room employees shall be examined before being placed on duty, or as soon thereafter as practicable, to determine whether they are carriers of disease.

152. A ration report will be prepared at the end of every month and submitted by the chief dietitian to the medical officer in charge.

153. The chief dietitian in charge of the hospital mess shall have authority over all personnel employed in that department, and over all ambulant patients in dining rooms of the hospital.

154. The chief dietitian will prepare menus for all messes in the hospital, and will submit them to the medical officer in charge for his approval. Menus should be submitted one day previous to their use in order that the necessary changes can be made before diets are prepared.

155. The officer or dietitian responsible for the purchase of subsistence stores shall be furnished if possible with motor transportation for the purpose of proceeding to markets to make such purchases.

156. The status of the chief dietitian will be the same as that of the chief nurse. In all matters pertaining to conduct and discipline, dietitians will observe the same regulations as nurses and aides in the hospital.

157. Dietitians will be furnished with quarters in the hospital if such quarters are available for women. After the chief nurse, the chief dietitian will be given preference in this respect, as it is necessary that she be on duty at an early hour.

PROFESSIONAL SERVICES.

158. In type "A" hospitals the professional work of hospitals will be divided as follows: (1) Medical service; (2) surgical service; (3) laboratory service; (4) dental service. Each of these departments will be under the supervision of a chief of service.

159. In type "B" hospitals all professional work of the hospital will be under the supervision of one medical officer, who will be designated as the clinical director. He will be charged with all the duties and responsibilities of chiefs of service in type "A" hospitals.

160. In type "C" hospitals the professional work of the hospital will be under the immediate supervision of the medical officer in charge.

161. Chiefs of service and clinical directors will be responsible for the efficient regulation of their services, and will have charge of the personnel assigned to them. They will keep a roster of all officers as assigned, submitting reports to the medical officer in charge as required on the conduct and efficiency of such officers. They will assign their assistants to their duties, and will arrange for the admission of patients to suitable wards and their proper care and treatment therein. They will make frequent visits and inspections of the wards and departments comprising their services and consult with, instruct, and advise their junior officers.

162. Chiefs of service and clinical directors are assistants and advisers of the medical officer in charge, and will freely consult with him

in all matters affecting the policy, administration, and conduct of their services. They will confer with him regarding all cases of unusual occurrence and any matters that might bring discredit upon the station and the service, and will exert every effort to aid in conducting the hospital efficiently and in accordance with regulations. A list of seriously ill patients will be kept by chiefs of service for reference, and an immediate report to the officer in charge of the records of patients will be made in all cases of critical illness or death.

163. In type "A" hospitals all communications between chiefs of service not strictly professional in character will pass through the office of the executive officer, and all communications or reports from wards and junior officers to other departments will pass through the chiefs of service concerned unless otherwise directed.

164. Chiefs of service will be considered as general consultants in type "A" hospitals, and will render such service in all cases where their advice may be required. In type "B" and type "C" hospitals, as a general rule, the services of local physicians appointed as attending specialists will be utilized.

MEDICAL SERVICE.

165. The medical service will include the general medical wards, tuberculosis ward, isolation ward for contagious diseases, and the neuro-psychiatric ward. The professional personnel of this service will consist of a chief of service and the necessary number of ward surgeons and internes.

TUBERCULOSIS WARD.

166. All hospitals of the service shall be prepared to receive at least for temporary periods, tuberculous patients, and no such patients shall be refused admission to any hospital of the service because of lack of special facilities, nor discharged for that reason. An officer known to be skilled in the recognition and interpretation of the physical signs upon which physical diagnosis is based shall be in charge of the tuberculous patients.

NEURO-PSYCHIATRIC WARD.

167. An officer especially qualified in the work will be detailed in charge of the neuro-psychiatric ward. If it is found that the treatment of certain psychopathic patients in a general hospital is inadvisable, request will be made to the Surgeon General for their transfer to one of the special-service hospitals for patients of this class. The care and treatment of neuro-psychiatric patients is prescribed in detail in article V.

ISOLATION WARDS.

168. Employees detailed for duty with contagious disease in isolation wards will sleep in separate quarters from other employees. Their meals will be served at their quarters by an employee detailed for the purpose. Dishes will be thoroughly sterilized before being returned to the kitchen. Nurses on duty with these cases will be segregated as much as conditions demand, under the direction of the chief nurse. All dishes, silverware, and other food containers in the isolation wards will be kept in such wards and not allowed to return to the main kitchen. Diets will be delivered to the door of the ward by the personnel on duty in the patients' mess and transferred to the containers kept in the ward for this purpose. The original containers will be returned to the general mess to be sterilized before further use. All patients' clothing will be disinfected before being sent to the main clothing room. Patients and personnel, upon finally leaving an isolation ward, will be given such course of disinfection by the ward surgeon as the case demands. Upon the vacating of a room by a patient with a contagious disease, the ward surgeon concerned will order such disinfection and cleaning as may be deemed necessary.

169. No person except employees and nurses on such duty and medical officers of the hospital will be allowed to enter isolation wards. Ward surgeons will require a strict enforcement of this rule, and will permit no loitering in these wards. Officers not on duty in isolation wards will not be permitted to enter the same without the permission of the chief of the medical service.

170. Nurses and attendants will not be detailed for duty in the surgical service for at least 10 days after their relief from duty with cases of scarlet fever or erysipelas. Nasal and pharyngeal cultures will be made twice weekly from medical officers, nurses, and employees on duty with cases of meningitis and diphtheria. If a positive culture is found at any time the person will be isolated and appropriate treatment given until three successive negative cultures are obtained.

171. In addition to the methods employed in the segregation of highly contagious diseases, all cases of whatever character in which the disease is communicated by the secretions of the nasal, oral, pharyngeal, or bronchial mucous membrane will be so separated in wards by sheets or screens as to prevent cross infection. This will also be done in cases of empyema and other surgical infections.

172. Patients with communicable diseases shall not be permitted to handle food, dishes, or other articles used by other patients.

SURGICAL SERVICE.

173. The surgical service will include the sections of general surgery, eye, ear, nose, and throat, orthopedic surgery, and urology. The personnel in this service will consist of a chief of service and the necessary number of ward surgeons and internes.

174. The chief of service will ordinarily act as surgical consultant and as operating surgeon under the direction of the medical officer in charge. He will be responsible to the medical officer in charge for the performance of all operative procedures, and will forward a report to the officer in charge of the records of patients in every case before operations dangerous to life are performed. He will be responsible for the proper conduct of all sections included under this service, and will make such inspections and require such reports as may be necessary.

175. No medical officer on the surgical staff will actively participate in any post-mortem.

176. Before operative procedures are instituted, the written consent of the patient shall be obtained in every case and filed as a part of his clinical record.

177. The general operating room will be available for immediate use at all hours.

EYE, EAR, NOSE, AND THROAT DEPARTMENT.

178. In type "A" hospitals this service will be conducted under the separate sections of ophthalmology and oto-laryngology, with suitable officers in charge of each section.

UROLOGY.

179. In type "A" hospitals this service will be conducted under the separate section of urology, with an officer especially qualified in this work in charge. He will give such instructions to employees and to patients, and initiate such procedures as are considered helpful in the control of venereal diseases.

180. All patients suffering from venereal disease shall be segregated with respect to wards, mess halls, and toilet rooms. Dishes used by venereal patients will be kept separate until sterilized.

WARD SURGEONS.

181. Ward surgeons will be assigned by their immediate professional chiefs, and under their authority will have charge of the wards to which assigned. They will be responsible for the treatment, in-

struction, care, and well-being of all patients therein; for the proper performance of duties of nurses and other employees and a strict compliance with regulations; for the proper equipment of the wards and for the public property therein; for the condition of such property and the economical use of all Government supplies and material; for the preparation of complete and accurate clinical records in all cases; and for the discipline and general conduct of the ward.

182. Patients received in a ward will be examined at once by the ward surgeon. He will note on the clinical record the exact hour and minute his first examination is made.

183. In the event that the effects of a patient have not already been cared for, the ward surgeon will personally take charge of all money and valuables, deliver the same to the officer in charge of patients' effects, and obtain a receipt for the patient. He will see that the clothing of patients is properly cared for by the head nurse.

184. Clinical records of all cases will be begun as soon as practicable after admission. They must show an accurate and concise record of the patient's past history, condition on admission, daily notes upon condition and treatment while in the hospital, and condition upon the close of the case. Such additional pages will be used as the importance and nature of the case demand. Records of laboratory, physiotherapy, occupational therapy, and all other procedures will be attached in their proper places. All orders for treatment will be in writing, and will be initialed by the officer prescribing the same.

185. Form 1971-F will be used by ward surgeons for reporting changes of diagnosis. The patient's name and register number will be recorded, and the words "Change of diagnosis" inserted under "complication, etc." The new diagnosis will be stated by name and number, and the report properly signed by the ward surgeon will be immediately forwarded to the chief of service, and forwarded by him in turn to the officer in charge of the records of patients. A like report will be made by ward surgeons upon the occurrence of a complication, sequela, intercurrent disease, operation, or death, the fact in each case being recorded under the appropriate heading. No condition should be recorded as an intercurrent disease which is in any way dependent upon the original cause of admission.

186. Ward surgeons will designate the diet for each patient and will see that the same is noted on the clinical record by the head nurse. The total amounts for 24 hours will be stated on liquid and semiliquid diets.

187. When patients are sent to appear before boards or other departments of the hospital for examination, diagnosis, or treatment, the necessary charts and clinical records will be forwarded to the officer concerned, who will enter the findings and treatment on the clinical record before its return.

188. In case of transfer from one ward to another, the record will be completed to date, the exact time and the ward to which transferred will be noted, and history so completed will be sent with the patient in the care of an employee. Under no conditions will patients be permitted to handle their own clinical records.

189. When a patient dies, is discharged, or transferred to another hospital, all sheets of the clinical record will be completed, arranged in proper sequence, and fastened together. The ward surgeon will sign the record in the proper place and forward it to the chief of service, who will make a careful check of all entries and forward it in turn to the officer in charge of clinical records.

190. Clinical records will not be removed from the ward where a patient is receiving treatment except by authority of the chief of service.

191. Ward surgeons will not transfer patients from one ward to another without the authority of their immediate chiefs. After such transfers have been approved, the approval shall be countersigned by the admitting officer before the transfer is made.

192. Under immediate necessity emergency transfers may be made by ward surgeons or the officer of the day, but a report of the action taken must be made at the earliest possible moment to the chief of service concerned and to the admitting officer. Emergency transfers will not be made except for sound and justifiable reasons. In type "A" hospitals the transfer of patients from one service to another will be made only with approval of both chiefs of service.

193. All cases of serious illness will be reported to the chief of service for consultation. A daily report of all patients likely to need treatment during the night will be made by ward surgeons to the officer of the day. In all cases liable to terminate in death, the name and address of the relative or persons to be notified in case of emergency will be verified.

194. When a member of the personnel on duty in a hospital is admitted to a ward as a patient, the ward surgeon must report the fact to the admitting officer and to the personnel officer. It will not be necessary in emergency cases to actually take such patients to the admitting station, but the necessary data must be furnished to that office promptly so that the patients may be taken up in the proper manner.

195. Ward surgeons will be responsible for the correctness and prompt delivery of ward reports to the chief of service for transmission to the officer in charge of the records of patients.

196. Upon the death of a patient, the ward surgeon shall immediately notify the officer of the day.

197. If autopsy is desired, a written request for the same, approved by the medical officer in charge, will be forwarded to the officer in charge of the laboratory service, after consent of the nearest relation shall have been obtained.

198. Death certificates for local authorities shall bear the initial of the ward surgeon in charge of the case, but shall be signed by the medical officer in charge.

199. Ward surgeons will exercise economy in their ward prescriptions and, if possible, limit the quantity of the mixture or drug to 100 grams at a time, excepting liniments and lotions.

200. Convalescent patients may be permitted to perform such light duty about the wards as may not be injurious to their health. Ward surgeons will designate such patients and the duties they may perform, the head nurse noting the same on the patient's clinical record.

201. Patients will not be given passes to leave the hospital except by permission of the ward surgeon concerned, under the general rules instituted by the medical officer in charge.

202. The duties and responsibilities of ward surgeons with regard to service property are prescribed in Article XIV.

LABORATORY SERVICE.

203. The chief of this service in type "A" hospitals will have charge of the entire laboratory service, including the chemical, bacteriological and X-ray laboratories and the morgue.

204. The laboratory will make such examinations of specimens as are requested by ward surgeons or other officers, and the results will be reported directly to the officer requesting the same, on the proper page of the clinical record. A duplicate of the finding will be retained in the laboratory in every case.

205. The chief of the laboratory service will detail a medical officer in charge of the morgue, who will act as pathologist. This officer will be held responsible for the proper conduct of all autopsies and for the records pertaining to the same. The officer in charge of the morgue will be responsible for all bodies from the time they are delivered to the morgue until they are turned over to the undertaker. All bodies will be examined immediately after their delivery to the morgue to see that they have been properly tagged for identification.

206. A report of the findings of each autopsy, signed by the officer conducting the same, will be inserted in the proper place in the clinical record of the deceased. A duplicate of this report will be kept on file in the morgue. A triplicate copy will be forwarded to the Chief Medical Adviser when the deceased is a patient of the Bureau of War Risk Insurance.

207. All medical officers on duty at a station shall be present at post-mortem examinations so far as their duties will permit.

208. The X-ray section will be under the immediate charge of a medical officer or qualified roentgenologist, who will be assigned for this work by the Surgeon General. Requests from ward surgeons for X-ray examinations will be submitted upon the proper page of the clinical record, and such requests will be sufficient authority for the use of the apparatus, but due judgment will be exercised in forwarding such requests to avoid waste of material. All X-ray records will be properly filed for ready reference.

WARD EMPLOYEES.

209. Ward employees will act as assistants to the head nurse in all wards in which female nurses are on duty. They will be responsible for the prompt execution of all orders given by the head nurse or by the ward surgeon. They will assist in every way possible in the discipline and care of patients, the proper cleanliness of the wards, and any other duties that may be required. In wards in which no female nurses are assigned the duties of ward employees will be the same as those of nurses. In such wards male nurses especially qualified will be detailed to have charge of the nursing service. Male nurses in charge of wards will be responsible to the ward surgeon for the public property therein.

NURSING SERVICE.

CHIEF NURSE.

210. The chief nurse will be under the immediate orders of the medical officer in charge of the hospital.

211. The chief nurse will have general supervision of the nursing service in all wards, operating rooms, and dressing rooms in which nurses are on duty.

212. The chief nurse will familiarize herself with service regulations, and will instruct the nurses under her supervision in such regulations as refer to them and in the duties peculiar to service hospitals. When required by the medical officer in charge, she will supervise the instruction of employees on duty in wards in practical nursing.

213. The chief nurse will exact the proper performance of their duties by all nurses. She will be in charge of the nurses' quarters. Although the chief nurse, chief dietitian, and chief aide are on the same basis of authority so far as control in their respective departments is concerned, in matters pertaining to conduct and discipline in the nurses' home the chief nurse is in charge of all dietitians and aides as well as nurses. She will report at once any serious breach of discipline upon the part of nurses, aides, and dietitians to the medical officer in charge.

214. All complaints, resignations, and other matters concerning the nurses will be transmitted to the medical officer in charge through the chief nurse.

215. It shall be the duty of the chief nurse to see that the nurses under her supervision cooperate in every way possible with the chief dietitian and render every assistance to make the dietetic service successful.

216. The chief nurse will be responsible for the comfort and general well-being of the nurses under her charge, and will promptly report to the medical officer in charge any matters which unfavorably affect the same. She will bring to his attention at once any case of illness among the nurses.

217. The chief nurse will arrange the hours of duty and assignment of all nurses, and will be responsible for the execution of all orders relating to such assignments. She will keep a roster of the assignment of nurses, and furnish the same to the medical officer in charge for his approval.

218. The chief nurse shall prepare an efficiency report of all nurses at the station on the last day of each month, such report to include estimates of the nurses' professional work, physical fitness, and aptitude for the service. Special attention should be paid to nurses' efficiency reports during the first six months of their service, which should include statements as to the executive ability shown by the nurses. She will render this report to the medical officer in charge for his approval and transmission to the Surgeon General.

SUPERVISING NIGHT NURSE.

219. When necessary, the chief nurse will detail a nurse to supervise the nursing service of the hospital at night.

220. Ward nurses on night duty will respect the orders of the supervising night nurse accordingly. They will apply to her for instructions and will inform her at once of all emergency cases arising in the wards.

221. The supervising night nurse on being relieved will report to the chief nurse any unusual incidents of the night's work and any derelictions of duty on the part of night nurses and ward employees.

HEAD NURSES.

222. The chief nurse will designate one nurse for each ward to act as its responsible nursing head.

223. The head nurse will be in charge of the nurses, the employees, and the patients in her ward, under the direction of the ward surgeon, and will be respected and obeyed accordingly.

224. The head nurse will receive from the ward surgeon all orders relating to the care and treatment of the patients in her ward, and will record them for the guidance of both day and night nurses. In carrying out written instructions from ward surgeons the nurse who executes the order should place her initials on the order for any future reference that may be necessary.

225. The head nurse will be responsible in her ward for the proper nursing of patients, the proper serving of food in the ward, the administering of medicine, and other treatment prescribed, the cleanliness and order of the ward, and, under the ward surgeon, for the public property therein.

226. The head nurse will be responsible to the chief nurse for the conduct and work of the ward nurses, will advise the chief nurse concerning their efficiency, and will report upon the efficiency of other employees in the ward to the proper authority.

227. The head nurse will secure such medicines from the dispensary daily as are directed by the ward surgeon, except alcohol, alcoholic beverages, and habit-forming drugs. These must be drawn by the ward surgeon or other medical officer personally, and delivered to the head nurse, except in an emergency, in which case the ward surgeon must later visit the dispensary and verify the transaction. The head nurse will keep the above-mentioned class of drugs under lock and key at all times, retaining the key in her personal possession.

228. The head nurse will keep an accurate account of all receipts and expenditures of alcohol and alcoholic beverages and habit-forming drugs. This account will be balanced monthly, showing the balance on hand. The ward surgeon shall verify and sign this account monthly, and report any discrepancies to the medical officer in charge.

229. The head nurse will supervise each morning the collection of all soiled linen and its delivery to the laundry office at the required hour, receiving therefrom clean articles in exchange. Bedding will be hung out to air once each week.

230. Patients will be given appropriate admitting baths on arrival at the ward, and will be bathed at least twice weekly thereafter. Bed patients will be bathed not less than every second day.

231. Nurses and employees on duty in wards will have no financial dealing with patients, and should the head nurse discover any valuables or money belonging to a patient, she will report the matter to the ward surgeon, who will take charge of the same.

232. In the event that surplus clothing has not been delivered to the storeroom for patients' effects, the head nurse will collect and check the same as soon as possible after the arrival of the patient in the ward, and will prepare patients' property slips in duplicate as required by regulations. She will be responsible for the safe de-

livery of the clothing and property slips to the officer in charge of patients' clothing room.

233. The head nurse will assist the ward surgeon in his monthly check of property in the ward. The linen storeroom in each ward will be kept in a clean and orderly condition and will be locked at all times with the key in her possession.

234. All temperature books, order books, and other ward records will be prepared under the direction of the head nurse.

235. Form 1971-H, containing the name of the patient, register number, permanent address, and name and address of nearest relative, shall be attached by the head nurse to the foot of each bed.

236. The head nurse will exercise care to prevent special diet cases from going to the mess hall with ambulant patients. She will see that no food delivered to the wards is eaten by the nurses or other employees on duty therein.

237. The head nurse will prepare daily Form 1920-A, Consolidated Diet Slip, which will be signed by the ward surgeon and forwarded to the dietitian at a designated time.

238. No food supplies will be kept in wards in excess of 24-hour requirements. Requisition for necessary ingredients for the preparation of between-meal nourishments will be included in the Consolidated Diet Slip each morning. When emergency diet slips are sent to the dietitian, they must be accompanied by an explanation, signed by the ward surgeon.

NURSES.

239. The duties of nurses shall be such as is usually performed by trained nurses in civil hospitals of like character. So far as practicable their tour of duty shall not exceed eight hours a day. They will not be required, except under stress of emergency, to serve more than one month in three on night duty.

240. Day nurses are at all times responsible to head nurses for the proper service in the wards. Night nurses are responsible during the night to the supervising night nurse, if there is one; otherwise they are directly responsible to their respective head nurses for the night service in the wards. In either event the night nurses on being relieved by the day nurses will make written reports of their work to the head nurses.

241. A nurse will not be permitted to absent herself from duty until her relief nurse has arrived, nor will any nurse be allowed to return to the wards during her hours of leave, except with the permission of the chief nurse, which must be obtained in every instance. No nurse will be permitted to absent herself from the ward during meal time without proper relief.

242. In their relations with patients nurses will at all times maintain a strictly professional attitude.

DENTAL SERVICE.

243. The personnel of this service in type A hospitals shall consist of a chief of the dental service, and the necessary number of officers and assistants. The chief of the dental service will ordinarily act as consultant on all oral conditions, and as operating dental surgeon under the immediate direction of the medical officer in charge of the hospital. He shall be responsible to the medical officer in charge of the hospital for the proper conduct of this service and for the performance of all operative procedures. He shall make such inspections and require such reports as may be necessary. The necessary dental employees will be detailed for duty in the various operating rooms and laboratories.

244. Dental officers shall be responsible for the treatment, instruction, care, and well-being of all patients assigned to them; for the proper performance of duties by nurses, assistants, and other employees; for a strict compliance with regulations; for the proper care of equipment; for the proper use of dental supplies and equipment; and for the preparation of complete and accurate dental clinical records of cases assigned to them by the chief of the dental service.

245. When the amount of work justifies the same, a trained dental assistant or graduate nurse shall be assigned to each officer. The duties of this assistant or nurse shall be the sterilization of instruments, and such prophylactic measures as shall be ordered by the officer to whom she is assigned.

246. The patient upon entering shall receive a dental record chart from the employee in charge of dental records. A dental officer will examine the patient, execute the dental record chart, and be responsible to the chief of the dental service for further disposition of the case.

247. Records of dental procedure shall be full and complete and must be entered upon the dental record chart at the time the operation is performed.

248. The original dental record chart with all radiographic diagnoses attached shall be forwarded to the Surgeon General, and a copy of the chart will be returned to the hospital to become part of the patient's clinical record.

RECONSTRUCTION SERVICE.

249. The reconstruction service will be responsible for the administration and supervision of the proper application of all curative measures, other than the actual medical and surgical treatment, of all patients in the hospitals of the service.

250. This will embrace all branches of physiotherapy, occupational therapy, which includes manual handicrafts and mental work for

functional and diversional employment, and the amusements and recreations of the patients and other activities under the direction of the Red Cross.

251. It is the duty of the reconstruction service to coordinate and identify the reconstruction work with that of the medical officer responsible for the medical and surgical treatment of the patient, in order that the best possible morale may be established and the restoration of the patient to functional and economic usefulness may be hastened.

RECONSTRUCTION OFFICER.

252. A reconstruction officer will be assigned for duty at the several hospitals of the service. Under the direction of the medical officer in charge he will be in charge of all reconstruction activities and reconstruction personnel at the station. He will be either a qualified medical officer or a qualified special instructor of the reconstruction service.

253. If a medical officer, he will, at the request of and in consultation with the ward surgeon, carefully examine each patient requiring physiotherapy in any form and record the nature and degree of disability. He will reexamine the patient at intervals and record the findings over his signature on the clinical record.

254. He shall cause a survey to be made on each patient with a view of determining the social and economic status of the patient and the possible occupations and diversions for functional restoration and diversional employment that will be of most interest and benefit.

255. The reconstruction officer will keep a record of all reconstruction personnel and activities of the hospital. He will see that a daily record is made of the number of patients enrolled in the several activities of the reconstruction service. The name of the patient, the nature and number of treatments or time in hours of instruction devoted to each activity, the name of the instructor or aide, and such other facts as may be of interest will be recorded.

256. He shall make a weekly report of reconstruction activities and a monthly report of reconstruction personnel, including an efficiency report to the medical officer in charge for transmittal to the Surgeon General. He shall supervise the preparation of the daily reports of the aides and the records of the patients. He shall also make such other reports as may be required by the medical officer in charge.

SPECIAL INSTRUCTORS.

257. Special male instructors will supervise and administer the several branches of treatment in physiotherapy or shall supervise, teach, and work in the several technical trades, or kindred subjects,

considered under the head of occupational therapy. They shall keep a daily record of the work done by them or under their direction.

CHIEF AIDES.

258. The chief aide shall assist the reconstruction officer with the administrative and executive duties of the reconstruction service, and will act in all matters of discipline concerning reconstruction aides subject to the supervision of the chief nurse.

HEAD AIDES IN PHYSIOTHERAPY.

259. Under the direction of the reconstruction officer, head aides in physiotherapy shall instruct and supervise the physiotherapy aides in the performance of their duties, and shall administer the treatments of physiotherapy whenever circumstances require.

AIDES IN PHYSIOTHERAPY.

260. Under the immediate direction of head aides, aides in physiotherapy shall administer the treatments of physiotherapy, and shall keep a daily record of the work done by them.

PUPIL AIDES IN PHYSIOTHERAPY.

261. Under the supervision of the head aide, pupil aides in physiotherapy will assist in administering the treatments of physiotherapy.

SPECIAL EMPLOYEES.

262. Special male employees will be assigned to administer special treatments of physiotherapy and instruction in occupational therapy, and shall keep daily records of the work done by them.

HEAD AIDES IN OCCUPATIONAL THERAPY.

263. Under the direction of the reconstruction officer, head aides in occupational therapy shall instruct and supervise the occupational aides in the performance of their duties, and shall give instructions in occupational therapy whenever circumstances require.

AIDES IN OCCUPATIONAL THERAPY.

264. Under the immediate direction of the head aides, aides in occupational therapy shall give instructions in occupational therapy, and shall keep a daily record of the work performed.

PUPIL AIDES IN OCCUPATIONAL THERAPY.

265. Under the supervision of the head aide, pupil aides in occupational therapy shall assist in giving instructions in occupational therapy.

ARTICLE V.

NEURO-PSYCHIATRIC PATIENTS.

266. Persons suffering from psychopathic disorders entitled to the benefits of the service may be admitted to the psychopathic ward of a general hospital or to a special hospital maintained by the service for the care and treatment of such cases, or, with the approval of the Surgeon General, they may be admitted to a State institution of the State in which the beneficiary resides. In the latter instance the laws governing the admission of such cases to those institutions must be strictly adhered to.

267. A mentally disturbed patient who is a beneficiary of the service may be cared for temporarily in the observation ward of a local hospital, pending the approval of the Surgeon General for transfer to a hospital maintained by or under contract with the service. Immediate report of such action, in duplicate, must be submitted to the Surgeon General, giving the reasons therefor.

268. Inasmuch as many of the neuro-psychiatric ailments are of long duration, and sufferers therefrom will require hospitalization for a considerable period of time, district supervisors, medical officers in charge of hospitals, and others concerned will exercise due care, before a neuro-psychiatric patient is admitted to hospital, that his eligibility to treatment is established by satisfactory evidence. Special care must be taken to exclude alien paupers and others not entitled to relief.

269. Drug addicts and mental defective patients of the Bureau of War Risk Insurance will not be treated at stations of the service unless evidence is submitted that they have received an award of compensation.

270. When an irresponsible patient is to be admitted to hospital; his relatives should be informed, if practicable, and their acquiescence in the arrangements and statement of preference of place of treatment secured.

271. The medical officer in charge of the hospital to which the patient is being transferred should be notified in advance.

272. The term "shell shock" will not be used in reporting diagnoses of neuro-psychiatric disorders. Mild mental disorders are frequent sequelæ of cerebrospinal meningitis, gassing, and other conditions. Great care should be exercised in the observation, treatment, and hospitalization of all such cases.

273. It is of great importance that careful study be made of every case of peripheral nerve injury with a view to accurate diagnosis and appropriate treatment.

274. When a patient has recovered his normal mental state he may be paroled from the hospital for a period of three months or longer if necessary.

275. During the period of this parole the former patient shall report to the medical officer in charge of the hospital, either in writing or in person, his general physical and mental condition, his ability to get along in the community, and other personal data pertaining to his condition.

276. No patient of the Public Health Service who is suffering from a mental disorder shall be paroled or discharged into the community until by conference the majority of the medical staff of the hospital shall acquiesce in writing as to the suitability of such a case for parole or discharge. Furthermore, patients shall not be paroled or discharged to the custody of any person unless that person is the proper one to assume such a responsibility.

277. No patient of the service shall be paroled or discharged from any neuro-psychiatric hospital or psychopathic ward until the medical officer in charge has satisfied himself that the locality to which the patient is going is suitable in environment for such a patient. Moreover, the medical officer in charge of the hospital shall see that all patients who are paroled or discharged from his care are properly and seasonably clothed and furnished with necessary and proper transportation facilities.

278. The organization of psychopathic hospitals, with respect to administrative personnel, shall conform to that of general hospitals of the same bed capacity.

279. The organization of psychopathic hospitals with respect to professional work shall correspond in general to that of type B hospitals of the service, regardless of bed capacity.

280. The clinical director in psychopathic hospitals shall serve as a general professional assistant to the medical officer in charge, and shall supervise, with the approval of the latter, such medical, moral, and physical treatment as in his judgment will be best adapted to the good of the patients. He shall obtain, or cause to be obtained, as far as possible, a complete clinical history of each patient in the hospital. He shall act as chief of the medical staff and have supervision and control, with the approval of the medical officer in charge, of all employees who have to do with the care and treatment of patients. He shall also preside at the regular staff meetings.

281. Ward surgeons in psychopathic hospitals will inform nurses and attendants of suicidal, homicidal, or otherwise dangerous tendencies in the patients. They shall make a full physical and mental examination of each patient within 24 hours after he enters the hospital, and prepare such data as are necessary to present the case

at the regular meeting. In the examination of such cases special reference shall be made to all bruises and marks appearing on the patient at that time.

282. Ward surgeons are expected to assist in devising employment and recreation for their patients and to do everything possible to make their patients comfortable and promote their recovery. They will keep a record of each individual case, stating conditions from time to time, and noting anything that may be of particular interest concerning the case either mentally or physically. All cases of forced alimentation must be personally attended to by the ward surgeon and all unnecessary diets and medicines promptly discontinued. It shall be the duty of ward surgeons to be present at all amusements and entertainments, and to attend chapel exercises unless excused by the medical officer in charge.

283. The duties of all nurses and other employees of the hospitals maintained for the care and treatment of psychopathic disorders are responsible and strictly confidential, and most cruel wrongs may be inflicted by imprudent disclosures of the conduct of any of the patients. Gossip concerning patients, the hospital, or its employees to persons not connected with the institution will be considered sufficient grounds for dismissal.

284. It shall be the duty of every person employed to check, as far as possible, all conversation or allusions on the part of patients to subjects of obscene or improper nature, also false impressions in the minds of patients concerning their treatment.

285. No one shall assist a patient in any clandestine correspondence or fail to report same, should it come to his knowledge.

286. No one shall assign a patient for detail work without the approval of the ward surgeon, and should such approval be granted it is not to extend beyond the instance specified. Employees detailed for such duty are expected to work with their patients, and to report those not properly or seasonably clothed.

287. All articles which may be considered of a dangerous character must be removed from the person of an insane patient and delivered to the officer in charge of patients' effects at the time of admission.

288. Many patients entering the hospital for the first time have fears of bodily harm. Everything possible should be done to dispel such fears, and nurses and employees must be cautioned to be exceedingly careful both in manner and language toward patients.

289. Everything about insane patients that might lead to dangerous consequences should be safely guarded. Dumb-waiter doors, bathroom doors, dust-flue doors, and everything of this character must be kept locked. Nurses and employees should be especially vigilant that patients have nothing in their possession that can be used as a

weapon, or that would aid in their escape. Patients suspected, or those known to be in the habit of carrying dangerous implements, or matches, should be searched and their rooms also searched.

290. It is the duty of nurses and employees to take all nonparole patients out for exercise in suitable weather, unless they are excused from going by the ward surgeon. It is required that nurses and employees taking patients out for exercise count them upon leaving the ward, and again upon returning.

291. In taking nonparole patients out of the hospital buildings care should be exercised to guard them from the curious eyes of strangers and visitors to the institution. In case strangers approach, it is the duty of attendants to request their departure to some other part of the grounds. In case of refusal, the fact should immediately be reported to the medical officer in charge.

292. No patient shall ever be permitted to remain in a ward without the presence of a nurse or employee; and, if unable to go out for exercise, or meals, the fact should be reported to the head nurse, and the patient left, temporarily, in a ward where there is a nurse or employee. It is strictly forbidden that nurses or employees make going out with patients a pretext for doing errands or calls for themselves.

293. The escape of a nonparole psychotic patient without the knowledge of nurse or employee, or without being promptly reported to the medical officer in charge, will be treated as culpable negligence. Any patient who may cause trouble while out for exercise or who may attempt to escape should be immediately returned to the ward in as gentle a manner as possible.

294. Nurses and employees are not permitted to use forced feeding or forced medication unless an officer is present.

295. Psychopathic patients should be encouraged to take an interest in some occupation, and those persons responsible for such occupation should work with them. Nurses should strive in every way to provide amusement and employment for their patients. When attending amusements, chapel exercises, or any other gathering, the nurses and employees must retain charge of their respective patients, keeping with them at all times and exercising the same supervision over them as if they were with the patients in the ward.

296. When restraint is required, it should be applied as gently as possible. It is not to be used without the consent of the ward surgeon, unless a patient should become violent and be in danger of hurting himself or others, then immediate restraint may be applied and the ward surgeon notified. No day or night nurse or employee is ever justified in applying restraint alone. When patients are placed under restraint or in seclusion the action taken shall be recorded on the clinical record over the signature of the clinical director.

297. Patients are not allowed to work on the ward without the presence of an employee. Clothes-room doors and bath-room doors should be kept locked, except when an employee is present.

298. The ward employee's place of duty is on the ward with his patients. During the time the patients are out of their rooms, employees are not permitted to be in theirs, except for a momentary errand. No employee shall leave his ward while on duty without permission from the ward surgeon or head nurse.

299. While on duty during the day, nurses and employees are expected to make the care of their patients, their clothing, and the condition of the wards their exclusive business. When patients receive visitors, nurses must see that such patients are properly clothed for the interview. When patients are called to the reception room, it is the duty of the nurse to remain during the interview, unless excused from doing so by the ward surgeon. Such excuse will apply only to the instance specified.

300. People visiting the grounds of the psychopathic institutions will not be allowed to loiter about the windows or talk to the patients from the outside. Nurses noticing that patients are attracting the attention of visitors about the windows of the hospital will report the same to the hospital office at once.

301. Nurses and ward attendants are required to remain constantly in the dining room during each meal. When it is necessary to feed psychotic patients outside the dining room, knives and forks are not to be given them. The greatest care should be exercised that knives and other articles are not taken from the dining room by these patients. As a precaution, knives, forks, and spoons should be collected by the attendant and counted after each meal before patients leave the table. Should an article be missed, all patients should be searched before leaving the dining room.

302. Every precaution must be taken to guard against fire. Carrying matches about the building is exceedingly dangerous, and only safety matches will be allowed in psychopathic hospitals.

303. In case of fire, the head nurse on the ward must report the fire to the administration office and assemble her patients in the hall of the ward. Special care should be exercised to see that no one is left in the rooms and that the room doors are locked. If there is no immediate danger, the duty nurse or employee on the ward will report to the office for instruction, the head nurse always remaining with the patients.

304. Psychotic patients must always bathe in the presence of an employee, and the room must never be left for an instant by the employee until the patients are out. Patients should never be permitted to enter the bath tub until the water has been tested as to temperature, and has been turned off. The hot water must never be turned on

while the patient is in the tub. If, at any time, the temperature of the water or room is not suitable, bathing should be discontinued and the fact reported to the hospital office. Each patient must be properly dried before putting on his clothes. At the time of bathing special attention should be given to trimming toe and finger nails.

305. The hair of male patients should be cut sufficiently often for good appearance. The hair of female patients should never be cut short, and permission from the ward surgeon must be obtained in every case.

306. No psychotic patient is permitted to shave, bathe, feed, or dress another, or in any way assist in preserving order or discipline among his fellow patients.

307. During the sleeping hours of the night the safety of the institution and its property are committed to the fidelity of the night nurses. To their faithfulness, discretion, and watchfulness, great importance is attached. All should strive to give their full attention to their duty that they may guard the affairs of the institution and promote the welfare of its patients.

308. The night supervising nurse shall patrol each ward once every hour during the night and report to the chief nurse any events of unusual interest during the night service. Night nurses must carefully guard any patients who are supposed to be suicidal, and never fail to report attempts at suicide. Special report shall be made to the supervisor of all patients unusually restless or troublesome, and those in restraint or seclusion, or requiring special treatment.

ARTICLE VI.

DISCIPLINE OF PATIENTS.

309. Patients of the Public Health Service, when undergoing hospital or sanatorium care, will conform with the usual orders, rules, and usages of such institutions. Failure to do so will constitute reason for dismissal, but as they are wards of the Government they should not be discharged for trivial reasons. A patient may be discharged at any time for disregard of hospital rules or insubordination provided mild disciplinary measures have failed and the patient is not seriously sick and is physically able to leave the station. Before the discharge of a patient for insubordination, an investigation should be made as to his mental condition. In the case of patients of the Bureau of War Risk Insurance, the Chief Medical Adviser will be informed by telegram of the contemplated discharge, with an outline of the facts in the case, 24 hours before it is carried into effect.

310. In all cases of dismissal for insubordination a report shall be sent to the Surgeon General and to the supervisor of the district from which the patient was received, giving the patients register number, name, age, date of admission, date of discharge, and the reasons in detail for the dismissal. The causes leading up to the discharge must be investigated by a board of two medical officers detailed for the purpose by the medical officer in charge, and the report shall be signed by both members of the board. If the patient is a beneficiary of the War Risk Insurance Bureau, a like report will be sent to the Chief Medical Adviser, so that other hospitalization may be arranged should it be necessary.

311. In case it is believed necessary to take advantage of disciplinary action authorized under the war-risk insurance act, or its amendments, particularly with respect to the payment of compensation, the case should be laid before the Director of the Bureau of War Risk Insurance with full report and recommendations.

312. A patient may be discharged from a hospital at his own request at any time before recovery. In such event a statement in writing should be obtained from the patient to the effect that he has been discharged at his own request contrary to the advice of the medical officer in charge.

313. If a patient refuses to submit himself for, or in any way obstructs any examination, the case will be reported to the Bureau of War Risk Insurance for appropriate action.

ARTICLE VII.

DECEASED PATIENTS.

314. The body of a deceased patient shall under no circumstances be removed from the bed until a medical officer has pronounced him dead. Upon the death of a patient while under the charge of the service an official telegram will be sent to the nearest relative of the deceased, advising him of the fact.

315. Medical officers in charge shall detail an officer to inspect bodies of deceased patients that have been delivered to an undertaker. Officers so detailed shall make a careful inspection for the purpose of determining that the body is properly clothed and prepared for burial or shipment, and shall report the results of their inspection to the medical officer in charge.

316. The money, valuables, and other effects of the deceased will be collected by the officer in charge of patients' effects, who will forward the same to the legal representative of the deceased. Money and valuables must always be sent by registered mail or express, and only after consent of the legal representative. Duplicate copies of the patient's property slip, Form 1971-J, with a space provided for

receipt by the legal representative will be inclosed with the envelope containing the money and valuables, and when the receipt has been returned it will be filed at the station.

317. The money and valuable effects of deceased seamen whose heirs reside abroad shall be delivered to the proper consular officer, and the money and valuable effects of officers or enlisted men of the Army or Navy dying while under the care of an officer of the service shall be held subject to the order of the commanding officer of the nearest Army or Navy post, a receipt being taken in each case and filed. All receipts shall be in duplicate and the duplicate copy forwarded to the Surgeon General.

318. Patients who die in hospitals or sanatoria of the United States Public Health Service may be buried at the stations at an expense not to exceed \$100, chargeable to the service. At relief stations at which contracts for burial are in effect, the service shall be performed by the service contractor under the terms of his contract and at the contract price, otherwise the cost of burial must be commensurate with the service rendered, and vouchers for the same must bear upon their face a satisfactory explanation as to the reasonableness of the charge. Although a maximum of \$100 is set, it is not the intention that \$100 should be paid in each instance.

319. When a disabled person to whom compensation is payable under the provisions of Article III of the war risk insurance act is sent by the direction of the Bureau of War Risk Insurance to a hospital or sanatorium for treatment, as provided in paragraph 3 of section 302 of said act, and dies in said hospital or sanatorium, the reasonable and necessary expense of transporting the body of the deceased person to his former home may be paid by the Bureau of War Risk Insurance, but only when the return of the body to the former home of the deceased is requested by a person entitled to the custody of the body for the purposes of interment. The amount so payable shall include the usual charges for transportation of the body and any additional expense that may be incurred in order to conform to the regulations of the carrier and the health laws of the State where death occurred or of the States through which the body will pass, in respect to the preparation of the body for transportation and the character of the container of the body. If under the regulations of the carrier or under the health laws, an attendant must accompany the body, the necessary and reasonable expenses of such attendant, in going to and returning from the former home of the deceased, may be included.

320. When friends or relatives claim the body and assume charge of the funeral arrangements of a deceased patient not a beneficiary of the Bureau of the War Risk Insurance, no part of the expenses of the same will be paid by the Public Health Service.

321. Moneys and valuable effects of deceased seamen remaining unclaimed for three months after endeavor has been made to comply with the provisions of paragraph 316 shall at the close of each quarter be delivered by the medical officer of the service to the proper customs officer.

322. The customs officer will sign triplicate receipts for such moneys and effects deposited by officers of the service, and will forward the original to the Secretary of the Treasury; the duplicate and triplicate will be forwarded to medical officer in charge of the hospital concerned, who will transmit the duplicate to the Surgeon General, and retain the triplicate as his personal voucher. In forwarding the duplicate, the medical officer in charge will accompany it with a letter of transmittal, accompanied by a descriptive list of the deceased. Customs officers will deposit money so received to the credit of the Secretary of the Treasury, Special Deposit Account No. 3.

323. The valuable effects of deceased seamen deposited with the customs officer, as provided in paragraph 321, which shall remain unclaimed for a period of one year, shall be sold at public auction by the customs officer when authority has been obtained from the Secretary of the Treasury, and the receipts accruing from such sale shall be deposited by the customs officer as provided in the preceding paragraph.

324. At third and fourth class stations the customs officer (or acting assistant surgeon, if in charge of the station) shall at the end of each quarter report to the department the name and description of any and all patients of the service who may have died leaving either money or valuables, or both, in their custody which have remained unclaimed after three months.

ARTICLE VIII.

TRANSPORTATION OF PATIENTS.

325. In the interest of economy and the welfare of beneficiaries, the Surgeon General is authorized to order the transfer of patients in the care of necessary attendants from one station to another and to all hospitals for the insane, together with expenses incident to the transfer of both patients and attendants.

326. Great discretion must be exercised in authorizing travel on Government requests for transportation. Officers who have been empowered by the Surgeon General to grant this privilege in connection with the treatment of beneficiaries of the Public Health Service shall investigate with particular care each case before a decision is reached to allow transportation at the expense of the Government.

327. The issuance of transportation requests shall be under the immediate supervision of the officer signing these requests, and he shall

consider himself personally responsible for the justification of every request issued.

328. In order to be valid, transportation requests must be countersigned by the issuing officer. Unused transportation requests must be carefully preserved under lock and key, and any loss immediately reported to the Surgeon General. The names and designation of the additional persons not given on the face of the request shall be written in full on the back of the transportation requests (as, John Doe, patient; James Smith, attendant). It is very important that this be done in order that the accounts may be properly audited.

329. The travel expenses of a patient of the Bureau of War Risk Insurance to the place of examination, and his expense in returning to his home are payable by the Bureau of War Risk Insurance.

330. The travel expenses of a patient of the Bureau of War Risk Insurance from one hospital to another, after he begins to receive treatment is chargeable to the Public Health Service.

331. Travel expense for patients leaving service hospitals contrary to advice or who are discharged for insubordination will not be paid by the Public Health Service.

332. When persons suffering from psychopathic disorders are transferred from one hospital to another, a sufficient number of nurses or attendants must be supplied to conduct them safely. Such attendants should be familiar with the care of psychopathic cases and provided with appropriate equipment and transportation facilities, in order humanely to surround the patients with the necessary safeguards. When three or more patients are transferred at any one time, a medical officer shall accompany them.

333. When a mentally disordered female patient of the service is being transferred, she must always be accompanied by a female nurse, specially trained in the care and management of psychopathic disorders.

334. Officers and others, when furnishing transportation to beneficiaries, shall inform the receiving officer in advance by mail or telegraph when the patients may be expected to arrive and whether an ambulance will be required.

ARTICLE IX.

INSPECTION OF RELIEF STATIONS.

335. All relief stations of the service shall be inspected at least once a year by one of the commissioned officers detailed by the Surgeon General to the Inspection Service. Officers in charge of stations shall be prepared to submit to the inspecting officer, at any time, all information and data mentioned in the Synopsis for the Instruction of Inspectors of the Public Health Service.

336. Inspection of stations of the first, second, and third class will be made wherever practicable by a senior officer, but, as occasion may require, any officer regularly detailed by the Surgeon General as a general inspector has authority, when so detailed, without respect to seniority, to inspect any station.

337. Inspections shall be made under special orders defining their object, which will be shown to medical officers in charge whose stations are to be inspected; and such medical officer in charge and others on duty at that station are required to afford every facility and assistance to the inspecting officer during his inspection.

338. Officers detailed to inspect relief stations of the first class shall conduct inspections in the uniform prescribed, and in accordance with the Synopsis for the Instruction of Inspectors of the Public Health Service. The inspecting officer shall, accompanied by the medical officer in charge, personally visit every part of the station, and shall make such notes during this tour as may be necessary to enable him to prepare a report, in accordance with regulations. Upon completion of the inspection, the inspecting officer shall note in the journal of the station the fact of such inspection, signing such entry with official title.

339. The methods of procedure during a general inspection shall be under the direction of the inspecting officer, and he shall have authority to require the assistance of all officers and others on duty at the station to furnish information, and to require the production of all books and other records of the station.

340. Inspecting officers shall inform themselves fully as to the conduct of the service and the observance of the regulations at each station inspected, and shall carefully examine the books, reports, register of patients, clinical records, files, correspondence, money accounts, cash on hand, local hospitals under contract, and the buildings and property for which the medical officer in charge is responsible.

341. The inspecting officer shall not give orders unless specifically authorized to do so. It shall be the duty of the inspecting officer, however, to call the attention of the medical officer in charge to any infraction of the service regulations or to the existence of any condition which may be contrary to the best interests of the service.

342. Before his departure from the station the inspecting officer should deliver in writing to the medical officer in charge such recommendations as he may deem advisable. If this is impracticable before departure from the station, recommendations may be forwarded from the next station visited by the inspecting officer. These should embody such subjects as seem to demand immediate attention; and as authority for their execution the medical officer in charge shall cite the report of the inspecting officer with the date of inspection.

343. Should the medical officer in charge radically disagree with any of the recommendations offered, the inspecting officer will note such difference of opinion in his report, and the execution of those particular recommendations shall await the approval of the Surgeon General.

344. Reports of inspecting officers shall be rendered in accordance with the directions contained in the Synopsis for the Instruction of Inspectors of the Public Health Service, and no detail shall be omitted, excepting where clearly inapplicable to the station under inspection, but in such cases this fact will be stated. The data in the report shall be paragraphed and headed by the name and number to which it corresponds in the Synopsis for the Instruction of Inspectors of the Public Health Service. Whenever information is furnished upon a subject which does not appear in the synopsis it shall be included under "Remarks" or appended to the report under an appropriate heading.

345. The reports of inspecting officers shall be made separately for each station and in quadruplicate and forwarded to the Chief of Inspection Service who will review and submit to the Surgeon General as soon as practicable after the completion of the inspection.

346. Whenever, in the opinion of the inspecting officer, immediate action is imperative and additional authority is required, his recommendations may be forwarded by telegraphic night letter, or in such other manner as the exigencies of the case demand.

347. Reports of inspecting officers will be considered confidential, and under no circumstances will copies be furnished to the medical officer in charge of the station inspected except when specifically authorized by the Surgeon General.

348. Inspecting officers shall report at once to the medical officer in charge any conditions which require immediate correction. Full reports of same, whether corrected during the visit of the inspecting officer or not, shall be forwarded to the Surgeon General in the report of the inspection of the station.

349. The inspecting officer shall personally examine the financial accounts of the officer in charge, and of any subordinate accountable officers at the station, and for this purpose the inspecting officers shall be supplied with all the information available and such clerical assistance as may be required.

350. The inspecting officer shall examine such unserviceable property as may be presented by the officer in charge, and, in order to facilitate such examination an inventory containing a full description of such property shall be always in readiness. When, in the opinion of the inspecting officer, property presented for condemnation is capable of repair and further use, he shall so state upon the

inventory, and the officer in charge shall take steps at once to reclaim such property.

351. The inspecting officer shall personally examine all requisitions rendered since the last inspection, and any that may be pending or contemplated, and he shall express his opinion in the report as to whether or not due economy has been practiced in the use of supplies and whether or not the items on contemplated requisitions are actually needed.

352. He will make a thorough inspection of the supplies on hand in the warerooms and prepare a list of supplies which, in his opinion, are in excess of the needs of the station. He will forward this list to the Surgeon General with his report.

353. Upon the arrival of an inspecting officer, medical officers in charge will cause to be conspicuously published the fact of the visit, with the information that any officer or employ e on duty at the station shall be afforded an opportunity to meet the inspecting officer for the purpose of making any justifiable complaint.

354. The inspecting officer shall particularly inquire into the fire hazards, both within and adjacent to a station; he shall also carefully note the location and condition of all fire-prevention apparatus. At each station there should be conspicuously published complete fire regulations, and every officer, employee, and patient shall be assigned in such regulations to a definite post or exit in case of fire. The inspecting officer will satisfy himself that this requirement is fully met.

355. The inspecting officer shall cause to be tested in his presence any fire-protection apparatus which, in his opinion, may require such scrutiny. Fire axes, crowbars, and other implements of like character must not be kept in wards or corridors. The inspecting officer will call to the attention of the medical officer in charge any infraction of this rule in order that the location of such implements may be changed to place them out of reach of the patients.

INSPECTIONS BY MEDICAL OFFICERS IN CHARGE.

356. Once a week the medical officers in charge of hospitals shall make a thorough inspection of the buildings and grounds of the station. All wards, quarters, operating rooms, dressing rooms, laboratories, offices, warehouses, shops, garages, kitchens, dining rooms, etc., shall be inspected in detail.

357. As the weekly inspection is an important duty devolving upon the medical officer in charge, it is not expected that he will delegate its performance to a junior officer, except in cases of urgent necessity requiring his absence.

358. The weekly inspection of the medical officer in charge shall be held on Saturday, and he should be accompanied by the following persons during his inspection:

- (1) By the officers in charge of medical and surgical services while inspecting wards, operating rooms, and dressing rooms.
- (2) By the chief nurse while inspecting wards, operating rooms, dressing rooms, and the nurses' quarters.
- (3) By the chief dietitian while inspecting subsistence store-rooms, kitchens, and dining room.
- (4) By the materiel officer throughout the entire inspection.

359. Informal unannounced inspections of the various buildings, wards, and departments of station shall be made by medical officers in charge at frequent intervals and at any time during the 24 hours. Medical officers in charge should devote a portion of each day to this purpose.

ARTICLE X.

BENEFICIARIES.

360. The following persons are entitled to the benefits and facilities of the hospitals and relief stations of the service under special rules hereinafter prescribed.

- (1) Those employed on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessels of the United States, or in the service on board of those engaged in such care, preservation, or navigation.
- (2) Seamen employed on yachts, provided the said yachts are enrolled, licensed, or registered as vessels of the United States.
- (3) Seamen employed on United States Army transports or other vessels belonging to the United States Army, when not enlisted men of the Army.
- (4) Officers and enlisted men of the United States Coast Guard.
- (5) Officers and employees of the Public Health Service.
- (6) Seamen employed on the vessels of the Mississippi River Commission.
- (7) Seamen employed on the vessels of the Engineer Corps of the Army.
- (8) Officers, crews of vessels, keepers, and assistant keepers of the Lighthouse Service.
- (9) Officers and seamen on vessels of the Coast and Geodetic Survey.
- (10) Civil employees of the United States who are injured while in the performance of their duties.
- (11) Officers and crews of vessels of the Bureau of Fisheries.
- (12) Patients of the Bureau of War Risk Insurance.
- (13) Patients for special study and investigation.

SEAMEN.

361. No person employed in or connected with the navigation, management, or use of canal boats engaged in the coasting trade shall, by reason thereof, be entitled to any benefit or relief from the service.

362. In case of doubt as to the fact of registration, enrollment, or license of a vessel, the officer to whom application for relief is made shall request information of the collector of customs at the port as to the character of vessel on which the seaman is employed, and the said collector of customs shall furnish such information, if practicable.

363. Seamen taken from wrecked vessels of the United States are entitled to the benefits of the service if sick or disabled, and will be furnished care and treatment without reference to the length of time they have been employed.

364. Seamen employed on merchant vessels of the United States returned to the United States from foreign ports by United States consular officers, if sick or disabled at the time of their arrival in a port of the United States, shall be entitled to the benefits of the service without reference to length of service.

365. A sick or disabled seaman, in order to obtain the benefits of the service, must apply in person, or by proxy if too sick or disabled so to do, at the office of the Public Health Service, to an officer of that service, or to the proper customs officer acting as the agent of the said service at stations where no medical officer is on duty, and must furnish satisfactory evidence that he is entitled to relief under the regulations.

366. Masters' certificates and discharges from United States shipping commissioners, made out and signed in proper form, showing that the applicant for relief has been employed for 60 days of continuous service "in a registered, enrolled, or licensed vessel of the United States," a part of which time must have been during the 60 days immediately preceding his application for relief, shall entitle him to treatment. The phrase "60 days continuous service" shall not be held to exclude seamen whose papers show brief intermission between short services that aggregate the required 60 days, provided that such intermission does not exceed 60 days.

367. The certificate of the owner or accredited commercial agent of a vessel as to the facts of the employment of any seaman on said vessel may be accepted as evidence in lieu of the master's certificate in cases where the latter is not procurable.

368. Masters of documented vessels of the United States shall, on demand, furnish any seaman who has been employed on such vessel a certificate of the length of time said seaman has been so employed, giving the dates of such employment. This certificate will be filed in the Public Health Service or marine hospital office or office of the

customs officer when application is made for relief if relief is furnished.

369. When an applicant's claim for relief is rejected, a copy or copies of the master's certificate or other papers in the case must be made, and the cause or causes for such rejection indorsed on said copy or copies, which shall then be placed on file at the station.

370. Any master of a vessel or other person who shall furnish a false certificate of service with intent to procure the admission of a seaman into any marine hospital shall be immediately reported to the nearest United States district attorney for prosecution.

371. When an interval has occurred in the applicant's seafaring service by reason of the closure of navigation, such interval shall not be considered as excluding him from relief.

372. During the season when navigation is closed at any port, seamen applying for relief at such ports shall be entitled to same, provided they present the documentary evidence in paragraph 366, which must show that the applicants were employed within 60 days immediately preceding the said closure of navigation.

373. The time during which a seaman has been under treatment in hospital as a patient of the service shall not be reckoned as absence from vessel in respect to debarring him from further relief.

374. Whenever an applicant for relief presents himself at a Public Health Service or marine hospital office or at a customhouse without a master's certificate or shipping commissioner's discharge, and it is impracticable to obtain such certificate, the affirmation of the applicant as to the facts of his last employment, stating names of vessels and dates of service, may be accepted as evidence in support of his claim for the benefits of the service.

375. When the period of the seaman's service as shown by his certificate on last vessel is less than 60 days, his affirmation as to previous service may be accepted.

376. In cases of doubt, reasonable effort shall be made to verify the genuineness of masters' certificates and shipping commissioner's discharges, and of the signature to the same. Due care shall also be exercised to identify the persons presenting masters' certificates.

377. When a reasonable doubt exists whether the applicant is entitled to relief under the regulations, the application, accompanied by a statement of the facts, shall be immediately referred to the Surgeon General for decision, and when the seaman is in such condition that immediate medical or surgical attendance is necessary, he will be placed under treatment pending the decision and the action in the case by the officer shall be reported.

378. When a seaman applies for relief after an absence of 60 days or more from his last vessel and it satisfactorily appears that it was

impracticable for him to apply to the proper officer for treatment or that he obtained treatment at his own expense, a statement of the facts, together with a copy of the application and other papers in support of same, shall be filed and the seaman admitted to hospital.

379. Any seaman who is able to write will be expected to sign his name upon the face of the master's certificate issued to him before said certificate is signed by the master of the vessel, and the officer receiving such certificate shall require the applicant to verify the signature in his presence.

380. When patients are admitted for hospital treatment pending the decision of the Surgeon General, the usual report on Form 1971-F shall be forwarded to the district supervisor, and the authority recorded on the patient's record card as soon as it is received. If relief is not authorized, the applicant shall be discharged and the disapproval recorded on the completed report card and on the record card.

381. When a seaman who has received continuous treatment at the out-patient office for a period of two months applies for further treatment he must, to entitle him to treatment, furnish a new certificate of service showing that he is still following his vocation as seaman, or give satisfactory evidence that such service has been prevented by closure of navigation or by sickness, the latest dates of service, and, in case of lack of recent service, its explanation, to appear on his record card.

382. The expenses of caring for sick and disabled seamen incurred during a voyage will not be paid by the service.

383. The expenses for the care and treatment of patients suffering from contagious diseases, who are entitled to the benefits of the service, and who, in accordance with the State or municipal health laws and regulations are taken to quarantine or other hospitals under charge of the local health authorities, will not be paid unless such patients were admitted at the time by the request of an officer of the service.

384. In no case shall money be paid to a seaman or to his family or friends by the service as reimbursement for expenses incurred during his sickness or disability.

385. Seamen who may be injured in street brawls or while committing a breach of the peace, and are, therefore, confined in jail or taken to civil hospitals by the local authorities for such acts, shall not receive treatment at the expense of the service. Such seamen should, however, be furnished treatment if brought to service or contract hospital.

386. Seamen taken sick or injured on board or ashore while actually employed on a documented vessel shall be entitled to treatment at relief stations without reference to the length of their service.

387. A certificate of discharge may, at the discretion of the officer in charge of the case, be given to a hospital patient, but such certificate, when presented at another relief station, shall not be taken as sufficient evidence of the applicant's title to hospital relief, but may be considered as collateral to other satisfactory data submitted by the seaman.

388. Temporary relief only is contemplated, and admission to hospital is not intended to permit an indefinite residence therein for cause other than actual disease or injury.

389. The Surgeon General is authorized to issue orders for the temporary care and treatment of sick seamen at minor stations and for the transfer of patients, including necessary expenses, whenever the interests of the service demand such transfers.

THE UNITED STATES COAST GUARD.

390. Commissioned officers of the United States Coast Guard shall receive the same hospital and out-patient relief as provided by law for commissioned officers in the Army.

391. Officers of the United States Coast Guard on leave, on sick leave, or retired will be furnished relief by the Public Health Service at Public Health Service and marine hospitals operated by the service and dispensaries conducted by the service, provided no bills for the same are incurred. Officers on leave, retired, or on waiting orders may sign their own certificates.

392. The noncommissioned officers and enlisted men of the United States Coast Guard will receive hospital or out-patient treatment, as hereinafter provided, on certificate signed by the commanding officer or executive officer of a Coast Guard cutter, without regard to length of service. The certificates shall contain a description of the applicant for relief. Officers on leave or waiting orders may sign their own certificate.

393. Any officer, warrant officer, or enlisted man on active duty whose condition absolutely requires hospital treatment will be admitted to hospitals at stations of the first class and to all hospitals under contract with the service. At places where no specific arrangements for treatment in hospital are made the regulations governing emergency admissions at fourth-class stations will be enforced. At places where no specific arrangements for hospital treatment are made, officers in the United States Coast Guard may, when absolutely necessary, in case of injury or severe illness, procure treatment in hospital for officers, warrant officers, and enlisted men on active duty, and shall immediately report to the district supervisor of the Public Health Service, forwarding as a part of this

report the statement of the attending physician certifying the necessity for immediate treatment and the probable duration of treatment required. Vouchers, on proper forms, duly certified by said commanding officer and receipted by the person rendering the bill, shall be forwarded to the district supervisor of the Public Health Service.

394. Enlisted men of the United States Coast Guard shall be entitled to medical relief for a period of 60 days after having been discharged from said service, as is granted to seamen of the merchant marine. The presentation of a certificate of honorable or ordinary discharge and satisfactory identification of the applicant shall be considered sufficient authority for such medical relief.

395. Officers and enlisted men or surfmen of the United States Coast Guard shall be admitted to hospital only in cases where the gravity of the disease or injury from which they suffer is such as to require hospital treatment, in the opinion of an officer of the Public Health Service, or of a reputable physician designated by the department to act at a place where no officer is stationed, or one temporarily employed, as provided for in paragraph 393.

396. Patients shall be promptly discharged upon the termination of the necessary hospital treatment, but, at stations of first class, patients may be held pending the return of their vessel.

397. Out-patient treatment will be furnished at all stations where an officer of the Public Health Service is on duty. At all other stations out-patient relief will be granted only in cases of emergency and under the provisions of the regulations relative to fourth-class (emergency) stations. When absolutely necessary in case of serious injury or illness, the temporary attendance of a physician may be procured by the commanding officer of a Coast Guard vessel, who shall immediately report his action to the district supervisor, forwarding as part of this report the statement of the attending physician certifying the necessity for immediate treatment required. Vouchers on proper forms, duly certified by said commanding officer and receipted by the person rendering the bill, shall be forwarded to the district supervisor.

398. At ports where there is a station of the first class, when an officer or member of a crew of the United States Coast Guard, on account of injury or illness, requires the immediate attention of a physician, and on account of the exigency of the case it is impossible to convey the patient to the hospital or out-patient office, temporary provision for medical attendance or care may be made by the commanding officer, who will immediately report his action to the proper Public Health Service or marine hospital representative at the port and the treatment thereafter will be conducted by the Public Health Service if in the judgment of the proper officer of the Public Health Service it can be done without detriment to the patient.

399. The bills for the emergency treatment will be forwarded to the Surgeon General through said officer for approval and payment. Unreasonable charges for relief furnished in emergency cases will not be allowed by the department.

400. Commissioned medical officers and acting assistant surgeons of the Public Health Service will render professional aid to officers of the United States Coast Guard residing at the port, at their residences, when said officers of the United States Coast Guard for any reason can not avail themselves of the accommodations offered by marine or Public Health Service hospitals, and when they are physically unable to present themselves at a hospital office. The medicines or appliances prescribed shall be furnished from the dispensary of the Public Health Service when practicable.

401. Station conveyances may be used to convey officers engaged in treating Coast Guard officers at places other than the hospital station, and when such conveyances are not available the officer will be allowed necessary traveling expenses.

OFFICERS AND EMPLOYEES OF THE PUBLIC HEALTH SERVICE.

402. Commissioned officers and pharmacists, and those employees of the service devoting all their time to field work, when taken sick or injured in line of duty, may be given necessary relief at first, second, and third class relief stations of the service. When they are physically unable to present themselves at such hospitals they shall be entitled to treatment in their homes by commissioned officers or acting assistant surgeons of the service. The medicines and appliances prescribed shall be furnished from the dispensary of the Public Health Service when practicable.

THE MISSISSIPPI RIVER COMMISSION.

403. Masters, officers, and crews of vessels in the service of the Mississippi River Commission shall be entitled to the benefits of the service under the same regulations as govern the admission of seamen on documented vessels. No charge shall be made for their care and treatment.

THE ENGINEER CORPS, UNITED STATES ARMY.

404. Seamen employed on vessels under the charge of the Engineer Corps of the United States Army shall be admitted to the benefits of the service without charge at stations of the first, second, third, and fourth class upon the written request of the commanding officer of said vessels.

THE LIGHTHOUSE SERVICE.

405. Officers and crews of the several vessels belonging to the Lighthouse Service, including lightships, may be admitted to the benefits of the Public Health Service upon the application of their respective commanding officers. No charge will be made for care and treatment.

406. Light keepers and assistant light keepers of the Lighthouse Service are entitled to medical relief without charge at hospitals and other stations of the Public Health Service under the rules and regulations governing the care of seamen of the merchant marine, provided that such keepers and assistant keepers, who receive an original appointment after August 28, 1916, pass a physical examination in accordance with rules approved by the Secretary of Commerce and the Secretary of the Treasury.

THE COAST AND GEODETIC SURVEY.

407. Officers and seamen on vessels of the Coast and Geodetic Survey shall be entitled to relief under the same regulations governing the treatment of seamen on documented vessels except as hereinafter provided.

When immediate medical aid is considered absolutely essential for any member of the crew of a vessel of the Coast and Geodetic Survey, and the services of the Public Health Service can not be procured, the commanding officer of the vessel may, for the time being, until the services of the Public Health Service can be obtained, avail himself of the most suitable local facilities, provided the charges are reasonable, and shall immediately report his action to the district supervisor, forwarding as a part of the report, the statement of the attending physician, certifying the necessity for immediate treatment and the probable duration of same. Vouchers covering the expense of such service and the necessary medicines, properly certified and accompanied by a full statement of the circumstances, shall be forwarded to the district supervisor. This paragraph shall not be construed to authorize relief at the expense of the Public Health Service in foreign ports or in ports of the Philippine Islands.

BUREAU OF FISHERIES.

408. Officers and crews of the several vessels belonging to the Bureau of Fisheries may be admitted to the benefits of the Public Health Service without charge, upon the application of their respective commanding officers.

INJURED CIVIL EMPLOYEES OF THE UNITED STATES BENEFICIARIES OF THE
FEDERAL EMPLOYEES' COMPENSATION ACT.

409. Civil employees of the United States, who are injured while in the performance of their duties, shall be furnished, upon application and without personal charge, needed medical and surgical treatment by medical officers at first, second, and third class relief stations of the service, provided the applicant shall present to the medical officer a "Request for treatment" on the United States Employees' Compensation Commission's Form CA-16, or a letter reciting that the bearer —— (giving the name) is an employee of the United States, employed at —— (giving the name of the office or establishment) that he was injured in the performance of duty on —— (giving the date and nature of the injury) and that treatment is requested for the results of said injury under section 9 of the compensation act, the forms or letter to be signed by the applicant's official superior.

410. Section 9, United States Employees' Compensation act:

That immediately after an injury sustained by an employee while in the performance of his duty, whether or not disability has arisen, and for a reasonable time thereafter, the United States shall furnish to such employee reasonable medical, surgical, and hospital services and supplies unless he refuses to accept them. Such services and supplies shall be furnished by United States medical officers and hospitals, but where this is not practicable shall be furnished by private physicians and hospitals designated or approved by the commission and paid for from the employees' compensation fund. If necessary for the securing of proper medical, surgical, and hospital treatment, the employee, in the discretion of the commission, may be furnished transportation at the expense of the employees' compensation fund.

411. Beneficiaries of the compensation act will also be admitted for examination or treatment upon the request of the United States Employees' Compensation Commission.

412. In case it has been impracticable for an employee to obtain a "Request for treatment" the medical officer may furnish temporary treatment upon the statement of the injured employee giving the facts, together with the name of the Government establishment in which he is employed. In such instances, a proper "Request for treatment" will be obtained within 48 hours thereafter from the employee's official superior.

413. Cases coming under the compensation act are morbid conditions and disabilities resulting from the nature or conditions of employment at the place of employment. These include all so-called accidents which occur at places of employment during hours of employment. Tuberculosis, pneumonia, typhoid fever, and malaria, as well as lead poisoning and other recognized occupational diseases

may come under the provisions of the compensation act when these ailments are a result of the conditions or nature of work.

414. At United States marine and Public Health Service hospitals no charge shall be made for services or supplies furnished injured civil employees of the United States, excepting where expenditures are incurred for prosthetic or orthopedic appliances, orthopedic boots, ambulance hire, X-ray service, or similar expenses.

415. At second and third class relief stations of the service expenditures incurred on account of either office or hospital treatment furnished injured civil employees of the United States, shall be taken up on the Employees' Compensation Commission's Form D-19. When this is not available, Public Health Service Form 1926 or 1949 may be used and should be headed United States Employees' Compensation Commission. The voucher accompanied by the original "Request for treatment" of the employee will be forwarded to the district supervisor. The rates charged shall be the contract rates for service patients at said stations. Expenditures incurred at first-class stations on account of beneficiaries of the compensation act shall be handled in a similar manner.

416. Expenditures payable by the Employees' Compensation Commission shall not be listed among expenditures noted on Monthly Schedule of Encumbrances, Form 1955, nor shall they be taken up on Monthly Report of Relief Furnished Foreign Seamen and Other Pay Patients, Form 1927. No charge shall be made for professional services furnished said injured civil employees by medical officers of the service, nor shall any be made for supplies in stock furnished such persons. Fees for examiners and others not on a salary basis are chargeable to the Federal Employees' Compensation Commission.

417. In order that injured employees may be furnished as complete medical and surgical service as possible, the Employees' Compensation Commission will pay the necessary car fare to those who are able to return to the dispensary for treatment. The injured employee should be definitely instructed whether and when he is to return for further treatment.

418. In cases where the injury requires such action an ambulance (one owned by a United States marine or Public Health Service hospital, or a contract hospital) should be called and the employee sent to a United States marine or Public Health Service hospital or a contract hospital at once. When neither a United States marine or Public Health Service hospital ambulance nor a contract hospital ambulance is available, the Employees' Compensation Commission will allow a reasonable charge for other ambulance or carriage service, but in all such cases the employee should be sent to a United States marine or Public Health Service hospital or contract hospital, if practicable.

419. When an employee of the United States has lost a leg or part of a leg as a result of an injury for which he is entitled to the benefits of the compensation act, the Employees' Compensation Commission will furnish a temporary artificial leg if, and for the time, a temporary leg is needed. The commission will furnish a permanent leg when a permanent leg is needed. The commission will also keep these artificial legs in repair and will replace them if worn out as a result of proper use.

420. The legs furnished will be of approved manufacture, and before acceptance by the commission must, where practicable, be pronounced satisfactory in workmanship and fit by a competent orthopedic surgeon.

421. The employee should be advised accordingly, and when a leg is desired authority for its purchase should be requested from the commission. The telegraph may be used to expedite such requisitions.

422. When an employee of the United States has lost an arm or part of an arm as a result of an injury for which he is entitled to the benefits of the compensation act, the Employees' Compensation Commission will furnish an artificial arm. The commission will also keep the artificial arm in repair and will replace it if worn out as a result of proper use.

423. The arms furnished will be of approved manufacture, and before acceptance by the commission must, where practicable, be pronounced satisfactory in workmanship and fit by a competent orthopedic surgeon.

424. The employee should be advised accordingly, and when an arm is desired authority for its purchase should be requested from the medical director of the commission. The telegraph may be used to expedite the requisition.

425. When an employee of the United States has lost an eye as a result of an injury for which he is entitled to the benefits of the compensation act, the Employees' Compensation Commission will furnish two properly fitting and matched artificial eyes, one to be kept for use in case of accidental loss or breakage of the other.

426. The eyes furnished will be of approved manufacture, and before acceptance by the commission must, where practicable, be pronounced satisfactory as to fit and color by a competent ophthalmologist.

427. The employee should be advised accordingly, and when an eye is desired authority for its purchase should be requested from the medical director of the commission. The telegraph may be used to expedite such requisitions.

428. Medical treatment to which injured employees are entitled includes repairs to fixed false teeth or to natural teeth only in so far

as such repairs are due to the injury. An estimate of the cost of the dental work should be approved in advance as reasonable by a medical officer, who should also certify on the bill that all the work was needed as a direct result of the injury sustained while in performance of duty. Bills for repairs or replacement of removable false teeth are not payable from the compensation fund.

429. Under the same conditions applying to artificial limbs and eyes, the Employees' Compensation Commission will furnish other prosthetic appliances that may be needed.

430. Orthopedic braces, orthopedic shoes, and other orthopedic appliances will be furnished by the Employees' Compensation Commission under the same conditions and in the same way as are prosthetic appliances. In most instances the matter of time will make it advisable for the attending medical officer to secure immediately the orthopedic appliance indicated in a given case. When this is done the bill therefor should be forwarded to the commission for payment, with a notation thereon that the article was necessary because of the injury, that it was satisfactory, and that the price was reasonable.

431. Treatment furnished beneficiaries of the compensation act of the United States shall be reported in the usual manner to the district supervisor on Forms 1971-E, Outpatients Report Card, and 1971-F, Inpatients Report Card. On such reports the class of patients shall be designated or shown, and authority for said treatment shall be cited as "employees' compensation act."

432. Treatment furnished said patients shall be taken up in the Medical Officer's Monthly Report of Relief, Form 1922.

433. The following forms will be used by medical officers, in addition to Forms 1971-E and 1971-F, and for recording and reporting to the medical director of the Compensation Commission injuries to civil employees of the Government, beneficiaries of the compensation act under treatment:

Medical Records of Injury and Treatment (Form CA-19). The form shall be filled out in all cases where an injured civil employee applies for treatment.

The name of the officer or physician making the examination and diagnosis should be recorded. When an operation is performed, the name of the operator and his official status and recognized specialty, if any, should be shown. X-ray examination should be made in all cases of fractures, suspected fractures, so-called "sprains," whenever bone or joint injury is suspected or possible from the symptoms and in any case where it would aid in the diagnosis. When X-ray examination is made, the fact should be noted and findings shown. Photographic prints should be

made from the X-ray plates taken in the case and forwarded to the medical director, Employees' Compensation Commission.

In all injuries, in so far as possible, the exact location and extent should be recorded, together with a statement of the extent of the disability arising therefrom. In fractures, the size and condition of the fragments, both before and after reduction, should be given, together with a statement whether X-ray examination was made and whether X-ray plates were preserved. Unless there is absolutely no indication therefor, X-ray plates showing the antero-posterior and lateral views of the fragments should be kept. X-ray plates and photographic prints should also be made when the patient is discharged so that there will be a record of the condition at that time. In lacerations, the location, conformation, extent or length, and depth should be recorded.

If the medical officer feels confident that an employee is not entitled to the benefits of the compensation act, his reasons for so thinking shall be noted under "Remarks." Supplementary case records giving a more detailed clinical history of the case should be kept in all instances of serious injury. (See paragraph on "Supplementary case reports.")

Medical Report of Injury to United States Employee (Form CA-20, United States Employees' Compensation Commission.) This report shall be forwarded to the medical director of the commission as soon as a case comes under treatment.

Discharge Report of Injury Case (Form CA-21, United States Employees' Compensation Commission, when an injured employee is transferred or discharged from treatment or the case is otherwise terminated). This report shall be forwarded to the medical director of the commission.

434. The foregoing reports serve their purpose only when forwarded promptly to the United States Employees' Compensation Commission. If the forwarding of a report is delayed for any cause, it should be accompanied by a letter of transmittal explaining the cause of the delay.

435. Supplementary case reports in the form of a letter should be made of the following cases to the medical director, United States Employees' Compensation Commission:

1. All compensation cases treated in hospitals.
2. All cases of serious injury.
3. All cases in which there will be a disability for work for one month or more.
4. All cases sent to the medical officer for examination under the provisions of section 21 of the compensation act.

436. These supplementary reports should be made when the case has been under observation for a sufficient time to determine satisfactorily the nature and extent of the injury. The reports should include:

1. Date when case was admitted for examination or treatment. If admitted to hospital, this should be noted.
2. The patient's complaint, including his account of the injury.
3. The names (and specialists, if any) of the physicians or officers examining the case.
4. The condition found on examination.
5. Diagnosis of the injuries sustained.
6. Nature and extent of disability.
7. Whether disabled for his usual employment.
8. Prognosis.
9. Comments, recommendations, or suggestions regarding the case.

437. For specimen copies of reports, furnishing the information necessary for the proper handling of the cases by the Employees' Compensation Commission, see appendix.

438. Whenever a photograph of an injured part not considered necessary in connection with medical care and treatment would nevertheless be of value in the determination of compensation, and facilities are available, a photograph should be made and a print thereof furnished to the medical director of the commission, the expense to be charged to the Employees' Compensation Commission.

439. Whenever the services of an attending specialist are secured in connection with the examination or treatment of a beneficiary of the compensation act, a brief statement by the attending specialist of his findings at examination and his recommendations as to treatment should be given in the report of the case when forwarded by the medical officer or designated physician in charge thereof. The name and recognized specialty of the attending specialist should be indicated and the statement should include:

1. Diagnosis of the disability and its relationship to the alleged injury.
2. Prognosis.
3. Recommendation as to treatment.
4. Statement as to whether patient is disabled for usual occupation.
5. Comment or remarks.

440. When it is in the interest of economy and efficiency and to the welfare of injured civil employees of the United States, the Employees' Compensation Commission will order the transfer of such patients from one station to another. The necessary expenses involved in such transfer will be chargeable to the commission. No injured employee should be so transferred without the authorization of the

commission. (Authority may be obtained by telegraphing the medical director, United States Employees' Compensation Commission.)

441. All injured employees will be treated either as dispensary or office patients or as hospital patients, and no injured employee will be furnished treatment in his home unless such arrangement is approved by the medical director of the commission or unless, in the opinion of the medical officer in charge of the case, treatment at home is the only course practicable in the circumstances and the reasons for home treatment are reported to the commission.

442. When there is in the general locality of the relief station a Government establishment with any considerable number of employees arrangements should be made with the officer in charge of the establishment whereby there will be adequate ambulance service, if needed on account of injury cases entitled to benefits of the compensation act. If the station has no ambulance, any other arrangement practicable can be made and bills on account of necessary expenditures incurred by said arrangement forwarded to the commission in the usual way.

443. Injured employees frequently present themselves for examination and treatment, and no anatomical lesion resulting from an injury is found. The diagnosis recorded in such cases is frequently "no disability present" or "traumatic neurosis," or perhaps "case of malingering."

444. In a proportion of these cases the diagnosis is the result of the limitations of diagnosis and not due to the fact that an actual injury does not exist. In many instances the Employees' Compensation Commission finds that on further and more detailed examination a definite lesion is found. These cases of what amounts to negative diagnosis are among those giving the commission the greatest amount of trouble. The injured employee insists he is injured and the commission is unwilling to deny his claim until it has exhausted the powers of diagnosis. It is, therefore, necessary in cases of this kind that the negative diagnosis be supported by a very complete examination, the results of which are made a matter of careful record. It is in cases of this kind that the services of attending specialists are most needed. Back injuries are among those causing much trouble in this way. The surgeon of lesser experience finds no disabling condition. The experienced orthopedic surgeon looks for the injured sacro iliac joint or fractured vertebra in these injuries and frequently finds them. This makes necessary the services of an expert roentgenologist and expert reading of the plates.

445. In caring for beneficiaries of the compensation act chief consideration is to be given to the repairing of the damage due to the injury and to the restoration of function, in so far as possible, to the

injured part in the best interest of the injured employee. Where the injury is of such a nature that it can be treated best by a specialist, the services of an attending specialist will be secured to take charge of the case.

446. Where available, eye injuries will be treated by ophthalmologists, bone and joint injuries by trained orthopedic surgeons or by surgeons having ample experience.

447. In the treatment of injured employees limbs or parts of limbs will not be amputated unless it appears to be in the interest of the employee. Whenever an amputation is necessary, a careful and complete record will be made of all the circumstances requiring the amputation. In addition to the written record of the nature and extent of injury and the necessity for amputation, a photograph of the injured member, and where indicated an X-ray examination, should be made, and copies of the record and of the photograph, including a print from the X-ray negative, should be sent to the medical director of the commission for filing with the record of the case.

448. In all cases of fractured bones adequate X-ray examination will be made and X-ray plates preserved for record. During the course of treatment of the fracture if other X-ray examinations are indicated they should be made. When union shall have taken place and convalescence been established, and before the case is discharged from treatment, further X-ray plates showing both the antero-posterior and lateral views of the fragments will be made. Photographic prints from all plates showing the injury should be forwarded to the medical director of the commission for filing with the other records in the case. Film negatives may be forwarded instead of prints. Each photograph should have noted thereon the patient's full name and the date when taken.

449. X-ray examinations should be made in injuries where fracture is suspected or thought possible and the negatives kept as a part of the record of the case.

450. In sprains, or injuries believed to be sprains, unless examination shows that there is absolutely no reason to suspect a fracture, X-ray examination should be made and negative kept as a part of the record.

451. When plastic operations are to be performed, arrangements will be made by the medical officer in charge to have photographs taken showing the condition before operation. Photographs should also be made subsequent to the operation and before the patient is discharged from treatment. Unmounted copies of these photographs taken both before and after operation should be forwarded to the medical director of the commission as a part of the record and for filing with the other papers in the case. These photographs should

have written on the back the full name of the patient and the date when taken.

452. Where expense is incurred on account of these photographs, bills will be sent to the Employees' Compensation Commission for payment, preferably at the time the photographs are forwarded.

453. In mutilating or disfiguring injuries the medical officer in charge will have an unmounted photograph made showing the nature of the mutilation or disfigurement and will send it to the medical director of the commission as a part of the record and for filing with the other papers in the case. These photographs should have written on the back the full name of the patient and the date when taken.

454. Where expense is incurred on account of these photographs, bills will be sent to the Employees' Compensation Commission for payment, preferably at the time the photographs are forwarded.

455. In a large proportion of hernia cases there is considerable doubt as to whether the case is one entitled to treatment under the compensation act. Therefore, unless the relationship of the hernia to the injury is clear, or unless immediate treatment is necessary because of strangulation or incarceration or for other reason, operation should not be performed until a full report of the case has been submitted to the Employees' Compensation Commission and it has authorized operation.

456. Pending decision on the case, the patient should be discharged from hospital, if practicable. The initial report to the commission should show :

- (1) The nature and location of the hernia.
- (2) Tissues involved and the extent or size of the hernia.
- (3) The cause of the hernia, particularly whether brought on or materially aggravated by injury as alleged by the claimant.
- (4) Whether the hernia is one for which operation should be performed.
- (5) Whether patient's general health, including condition of his heart, lungs, and kidneys, is such that it is advisable to perform operation.
- (6) Whether the medical officer recommends operation.

457. For nature of the evidence required in hernia cases to entitle the patient to treatment under the compensation act, see appendix.

458. In those cases requiring the services of a specialist for purposes of diagnosis or treatment, the medical officer in charge will obtain such services.

459. Whenever an employee applies for treatment with a request for treatment on Form C. A. 16, or a letter of request from his official superior, the employee should be furnished such treatment as may be required; but if there is reason to believe that he is not entitled to

treatment or that his disability is not due to the alleged injury, the medical officer should take up the matter with the employee's official superior. If agreement is reached by both that the employee is not entitled to relief, he should be discharged from treatment, unless satisfactory arrangements can be made to continue treatment without further charge against the Employees' Compensation Commission. Written records should be kept and *immediate* report made of all such cases to the medical director of the commission.

460. If an injured employee admitted to a United States marine or Public Health Service hospital for treatment on account of injury refuses to comply with any hospital rule or requirement and his offense is of sufficient gravity to justify his dismissal from the hospital, the medical officer in charge of the hospital will telegraph the medical director of the commission 24 hours in advance of the contemplated dismissal in sufficient detail to acquaint the commission with the circumstances surrounding the proposed discharge of the patient and to enable it to take necessary action.

461. Whenever, in any case, an injured employee admitted to hospital is found to have or develops a disease or disability which is not related to the injury and which is liable to prolong his stay in hospital, the commission should be notified immediately.

462. Whenever an injured employee becomes physically fit to do light work or some form of work other than his usual work without detriment to himself and without interfering with his recovery from the injury, the medical officer in charge of the case should record the fact in the clinical history and should notify the patient, the employer, and the commission.

463. Insane injured employees entitled to the benefits of the compensation act will be transferred either to a United States marine or Public Health Service hospital for the insane. Requests for such transfer should in each case be made to the medical director of the commission by the medical officer in charge.

PATIENTS OF THE BUREAU OF WAR RISK INSURANCE.

464. The term "patients of the Bureau of War Risk Insurance" as used in Public Act 326 of the Sixty-fifth Congress shall be held to mean, subject to the limitations contained in paragraphs 465 and 466:

(a) Any discharged sick and disabled soldier, sailor, marine, Army or Navy nurse (male or female) applying for compensation for personal injury suffered or disease contracted in the line of duty and not the result of his own willful misconduct, and until such time as claim for compensation has been disallowed. The above authorization is intended to cover emergency cases in which the health of the patient would be seriously injured by delay. Great care should;

however, be exercised in the utilization of this authorization, the patient's discharge and other papers being carefully examined to prevent, in so far as possible, persons falling within the limitations of paragraphs 465 and 466 from receiving treatment.

(b) Any person who, after induction by a local draft board, but before being accepted and enrolled for active service became disabled as the result of disease contracted or injury suffered in the line of duty and not the result of his own willful misconduct involving moral turpitude or as a result of the aggravation in the line of duty and not because of his own willful misconduct involving moral turpitude of an existing disease or injury.

(c) Any such person in whose favor an award of compensation has been made, or to whom a certificate of injury has been issued by the Bureau of War Risk Insurance.

(d) Any such compensable person who has waived his rights to compensation. Patients falling in classes (a), (b), (c), and (d) will be treated only for conditions definitely connected with their military service or for intercurrent conditions having an untoward effect upon the cure or amelioration of conditions definitely connected with their military service.

(e) Discharged members of the military or naval forces of those Governments which have been associated in war with the United States since April 6, 1917, subject to such regulations as the Director of the Bureau of War Risk Insurance may prescribe.

465. Discharged sick and disabled soldiers, sailors, marines, Army or Navy nurses (male or female) are rendered ineligible as patients of the Bureau of War Risk Insurance by any of the following:

(a) Discharge prior to April 6, 1917.

(b) Discharge or dismissal from the military or naval forces as enemy alien, conscientious objector, or deserter, or as guilty of mutiny, treason, spying, or any offense involving moral turpitude or willful and persistent misconduct.

(c) Dismissal or dishonorable or bad conduct discharge from the service.

(d) Refusal to submit to, or obstruction of physical examination.

466. Persons contracting a venereal disease while in the military service, unless it can be shown to have been wholly accidental and not due to a voluntary act, are not entitled to care and treatment by the Public Health Service. If venereal disease was contracted prior to enlistment, but the person was nevertheless accepted as sound for active service, he is entitled to care and treatment by the Public Health Service. If, however, such disability was noted at the time of his enlistment and he was subsequently accepted for service, subject to such disability, he is entitled to treatment only for an aggravation of the disability noted incurred while in the military service.

467. Claimants applying for compensation will be required, when able, to fill out an application blank, Bureau of War Risk Insurance Form No. 526, which will be forwarded by the examiner to the chief medical adviser, Bureau of War Risk Insurance. The examination will then be made upon the prescribed form, and after its completion, if the claimant is in need of relief, the kind of treatment required, either outpatient or hospital, will be furnished by the medical officer in charge of the station to which the claimant is referred for treatment.

468. If the applicant requires only outpatient relief and there is no service station nearby where he can receive such relief, a designated examiner is authorized to furnish him treatment, giving him a prescription if necessary, to a local druggist for such medicine as is required. Vouchers for prescriptions shall be rendered at the end of each month on Form 1949 and shall bear patient's name and prescription number. Copies of prescription, with price of each marked thereon, shall accompany such vouchers.

469. Examinations shall be complete, and examiners are authorized to hold any claimant under observation for such temporary period as is necessary to arrive at a definite conclusion. It should be remembered, that a claimant can not be held against his will. He should, however, be informed that if he refuses to submit himself for, or in any way obstruct any examination, his right to claim compensation shall be suspended until such refusal or obstruction ceases.

470. The examiner shall, in every case, inform the claimant in detail as to the procedure likely to become necessary if the patient is admitted to a hospital. The examiner shall convey the impression to the patient that he is interested in his welfare, but shall carefully refrain from implanting in the patient's mind the idea that the patient's entrance into a hospital is solicited. The final decision of entering the hospital is a prerogative that must be exercised in all cases by the patient himself, without any coercion upon the part of the examiner. Examiners are not authorized to make promises of transfers to institutions and localities desired by patients.

471. Claimants who have suffered some injury or illness in service, not due to their own misconduct, which may at a future date cause disability or death, will be given an original examination at their own request for the purpose of establishing claim to a certificate of injury after presentation of an honorable discharge, or a copy thereof, dated on or after April 6, 1917.

472. Examiners shall not discuss with any patient the extent of the disease or injury from which such patient is suffering, and shall not make any statement which the patient could use for the purpose of showing a difference of opinion between the Bureau of War Risk Insurance and the examiner.

473. No patients shall be sent for treatment to hospitals outside of the district where they reside, except when the approval of the Surgeon General of the Public Health Service or of the Chief Medical Adviser of the Bureau of War Risk Insurance has been previously obtained. Mental and neuropsychiatric cases are excepted from this rule.

474. A written report of every examination of a claimant of the Bureau of War Risk Insurance shall be prepared in duplicate on Form 1934-B Report of Physical Examination. Great care should be taken in order that this report shall be accurately and legibly prepared. Immediately on conclusion of the examination the original shall be mailed direct to the district supervisor, and the duplicate shall be filed at the office of the examiner. An exception to the foregoing rule is made in neuropsychiatric examinations. Owing to the complex nature of the information needed for the proper disposition of these cases, reports of such examinations will be made to the district supervisor on a special form. The above reports are required in addition to Form 1971-E, Outpatient Report Card.

475. Every report of a physical examination should be sufficiently comprehensive and contain sufficient data to enable the Bureau of War-Risk Insurance to form an adequate judgment of the claimant's condition.

476. It is essential that the official Nomenclature of Diseases and Conditions, 1916 be referred to in making diagnoses in order that the proper name and number of the disease or condition may be given in each instance.

477. A dental officer will be assigned to each district to act under the direction of the district supervisor for the conduct of all service dental operations in the district, including the maintenance of records, the inspection of dental clinics, and the nomination of dental examiners to the district supervisor.

478. One or more dental officers will be assigned to each of the hospitals of the service, where the demand for dental treatment is great enough to warrant such action.

479. One or more dental officers will be assigned to each out-patient office when the demand for dental treatment is great enough to warrant such action.

480. In large cities where no service hospital or district supervisor's office is located, a dental officer will be assigned to some institution with which the service has a contract, if the demand for dental treatment in that station is great enough to warrant such action.

481. To care for beneficiaries in rural communities or in cities where no dental officer is assigned, civilian dentists may be appointed as dental examiners to do dental work on a fee basis. This organization will be built up under the direction of the Surgeon General by the supervising dental surgeon in each district, and a dentist will be appointed to act as dental examiner in each county. Civilian dentists appointed as dental examiners must be made to understand that all patients of the Bureau of War Risk Insurance referred to them must be treated as private patients, and their wishes must be respected in the matter of appointment hours.

482. No dental examiners will be appointed other than on a fee basis, and whenever it is deemed best for the good of the service to discontinue the services of a dental examiner, the district supervisor should make such recommendation to the Surgeon General for necessary action.

483. Dental blank forms with spaces for diagnosis of oral conditions, detailed statement of dental treatment indicated, fees to be charged according to the fee table authorized by the Secretary of the Treasury, detailed statement of dental treatment rendered, a brief history of the patient, etc., will be furnished by the Surgeon General and sent to each dental examiner by the district supervisor.

484. When a patient applies for dental treatment to the district supervisor he will be referred to the dental examiner nearest to his home. The dental examiner will make a thorough examination of oral conditions and record said examination on the dental blank. If the cost of dental treatment needed does not exceed \$10, the dental examiner will render the treatment and forward the finished blank to the district supervisor's office, where four copies shall be made, one for the files of the district supervisor's office and three to be forwarded with the original to the Surgeon General for necessary action. One copy will be forwarded to the Chief Medical Adviser of the Bureau of War Risk Insurance.

485. If the cost of dental treatment exceeds \$10, the blank with recorded examination, indicated treatment, and cost thereof shall be forwarded to the district supervisor. All estimates not exceeding \$100 will be authorized by the district supervisor, after same have been passed on by the supervising dental surgeon. Due care will be observed in determining the service origin or aggravation of the condition to be treated, and when doubt exists the case will be referred to the Chief Medical Adviser of the Bureau of War Risk Insurance for decision. All estimates exceeding \$100 will be sent to the Surgeon General for authority to render treatment.

486. When authority has been granted either by the district supervisor or by the Surgeon General, the letter of authority from either

office should be forwarded immediately with the original blank to the dental examiner, requesting immediate treatment of the patient.

487. Upon completion of the treatment the blank will be made out in due form and forwarded to the district supervisor by the dental examiner, where four copies shall be made, one for the files of the district supervisor's office and three to be forwarded with the original to the Surgeon General for necessary action. One copy will be forwarded to the Chief Medical Adviser of the Bureau of War Risk Insurance.

488. All persons concerned will assure themselves before treatment is given that the patient to be treated has made claim for compensation or a certificate of injury, or has received an award of compensation or a certificate of injury. In all correspondence with the Bureau of War Risk Insurance relative to its claimants the "C" number of the patient should be stated.

489. Dental patients of the Bureau of War Risk Insurance should be classed as follows, as to conditions entitling them to receive treatment:

Class 1. Those patients who have lost teeth or portions of either maxilla or mandible through gunshot wounds or other injuries received in line of duty, shall have restorations and such other dental treatment as may be necessary to put the mouth in the best condition possible.

Class 2. Those patients whose physical disability is directly due to pathological oral conditions shall have whatever dental treatment is necessary to place the mouth in a healthy condition and insure a good masticating surface.

Class 3. Those patients the relief of whose disability is retarded by pathological oral condition shall have whatever dental treatment is necessary to place the mouth in a healthy condition and insure a good masticating surface.

Class 4. All patients who are shown to have lost teeth while in the service other than mentioned in class 1, shall have the same replaced with vulcanite dentures or bridge work.

Class 5. All patients of the Bureau of War Risk Insurance whose teeth are shown to have decayed while in the service, shall receive such treatment as is necessary.

490. No precious metals shall be used for purely cosmetic reasons in rendering dental treatment to any of the above five classes.

491. When the dental examiner is caring for the patients referred to him, he is requested to give each patient a short talk on the value of the teeth and the necessity for the care of same. Pamphlets of instruction for distribution among dental patients will be furnished in sufficient quantities by the Surgeon General to each dental examiner.

492. Prophylactic treatment will be allowed only to such patients of the Bureau of War Risk Insurance as have a disease of the tissues of the mouth, contracted while in the service, or patients who are under treatment for a physical ailment, whose recovery might be retarded by an unhealthy oral condition.

493. No teeth shall be extracted without using either infiltrative, conductive, or general anesthesia.

494. No extraction shall be made of teeth that have become diseased since the patient's discharge from the service, unless the medical officer believes that the diseased tooth is related to a systemic condition which he is treating.

495. All alloy fillings shall be polished and have a perfect contact and occlusion, and shall be carved to the original contour of the tooth.

496. Gold fillings (cast or malleted) : No gold fillings will be placed in other than the 12 anterior teeth, and then only when cavity extends to incisal edge.

497. All cavities shall be lined with Caulk's cavity lining or equal before placing synthetic porcelain fillings.

498. No gold shell crowns shall be placed other than for an abutment for a bridge.

499. Removal of pulp and filling canals: No teeth shall be devitalized for the purpose of placing crowns, bridgework, or attachments for removal work.

500. No cement or gutta-percha fillings shall be placed, except for the sealing in of treatments.

501. No fixed bridge work shall be done except to replace lost incisors.

502. No gold shall be used for inlays under 22 carats. No gold shall be used for crowns under 22 carats, 30 gauge. No solder shall be used under 18 carats. All cast clasps shall be of Ney Oro-E cast clasp metal or equal.

503. The teeth to be used on all vulcanite dentures shall be of an "A" grade of porcelain and alloy pins.

504. In case there is a loss of all posterior teeth in either upper or lower jaw, vulcanite dentures should be placed with cast-gold clasps or other efficient attachments.

505. No dentures shall be placed with attachment or clasp over any tooth that has not been proven healthy. If there is any suspicion that the teeth involved in restoration are not healthy, radiographs should be taken of same.

506. In cases being treated, where the medical officer suspects a relationship between oral conditions and the general health of patient, all teeth should be carefully examined, and any suspected should be

radiographed. Where it is found necessary to extract, the relationship of local infections to the general health and the necessity for extraction and currettement of sockets should be carefully explained to the patient, that he may understand that the loss of diseased teeth is for his own good.

507. In cases where there has been a loss of a great number of teeth or portions of either maxilla or mandible, or where any extraordinary condition exists that is not included in the fee table, the examiner shall furnish a complete description of the condition found and a detailed description of the mechanical work contemplated and an estimated cost of same, to the district supervisor for action.

508. All correspondence from field officers with the Chief Medical Adviser, Bureau of War Risk Insurance, shall be addressed to "The Chief Medical Adviser, Bureau of War Risk Insurance, Washington, D. C." Letter should be briefed as follows:

From: (Writer).

To: Chief Medical Adviser.

Subject:

509. Correspondence with the Public Health Service, with the Bureau of War Risk Insurance, or with others interested in the treatment of beneficiaries of the Bureau of War Risk Insurance, must furnish the following information in connection with any individual claimant: (a) Full name; (b) present emergency address; (c) rank and organization; (d) date of discharge; (e) claim number, if assigned.

510. Separate and individual letters or reports shall be submitted in connection with claimants of the Bureau of War Risk Insurance, and no letter or report shall refer to more than one claimant.

511. Duplicates or carbon copies of all correspondence relating to War Risk cases shall be kept at all stations where claimants are cared for, and a special file maintained for this purpose.

PATIENTS FOR SPECIAL STUDY AND INVESTIGATION.

512. There may be admitted into United States Public Health Service and marine hospitals for study persons with infectious or other diseases affecting the public health, not to exceed 10 cases in any one hospital at one time. The Surgeon General shall in each instance designate the hospitals to be used for this purpose and the diseases to be studied.

ARTICLE XI.

OFFICERS AND ENLISTED MEN OF THE UNITED STATES ARMY AND NAVY, FOREIGN SEAMEN, BENEFICIARIES OF THE FEDERAL BOARD FOR VOCATIONAL EDUCATION.

UNITED STATES ARMY AND NAVY.

513. Officers and enlisted men of the United States Army and Navy, and civilian officers and crews of naval auxiliary vessels, may be admitted for care and treatment as patients of the service only upon the written request of their respective commanding officers. Every such admission shall be immediately reported to the district supervisor by the officer in charge of the station on Form 1971-E or 1971-F accompanied by a copy of the request upon which such officer or man was admitted. They will be furnished treatment at stations of the first, second, and third class only. The rate of charge to be made for the care and treatment of the said officers and men will be fixed by the department at the beginning of each fiscal year, and will be announced to officers and others in a circular letter to be issued by the Surgeon General.

FOREIGN SEAMEN.

514. The accommodations provided for the care and treatment of the patients of the Public Health Service are also available to foreign seamen at relief stations of the first, second, and third class upon the application of the consular officer of the nation under whose flag they are sailing or upon the application of the masters of the vessels upon which said seamen serve, provided satisfactory written security is given for the payment of the expenses of such care and treatment, at rates fixed annually by the department. When treatment is furnished a foreign seaman the usual reports will be sent to the district supervisor on Form 1971-E or Form 1971-F.

515. A bill in duplicate must be rendered by the officer of the service in charge for the care of each foreign seaman or other patient admitted (not entitled to treatment free), said bill to be rendered upon the termination of treatment in each case. One copy of this bill shall be delivered to the collector of customs, who shall at once collect the amount; the other copy shall be forwarded by the officer rendering the bill to the Surgeon General, but this shall not apply to patients admitted for care and treatment in accordance with paragraph 513, both copies of bill covering such transaction to be forwarded to the Surgeon General.

516. Customs officers acting as agents of the Public Health Service shall collect all bills when rendered by the proper officer of the Public Health Service in accordance with paragraph 515, notifying the com-

manding officer of the vessel against which the bill is rendered of the amount of the bill, and when paid will give a receipt therefor, and will render monthly accounts for all moneys collected on account of the care and treatment of such patients, said accounts to be accompanied by abstracts giving the name and nationality of the patients, date of admission, and date of discharge, period of treatment, and amount collected in each case.

517. The rate of charge to be made for the care and treatment of foreign seamen at all Public Health Service and marine hospitals will be fixed by the department at the beginning of each fiscal year and will be announced to officers and others in a circular letter to be issued by the Surgeon General. At hospitals under contract with the Public Health Service, the contract rate will be charged.

BENEFICIARIES OF THE FEDERAL BOARD FOR VOCATIONAL EDUCATION.

518. The district organization of the Federal Board for Vocational Education corresponds geographically to that of the Public Health Service and the Bureau of War Risk Insurance.

519. Correspondence between the district medical officers of the Federal Board for Vocational Education and the district supervisors of the Public Health Service should be direct. All questions relating to matters previously covered by instructions from the Surgeon General and the Federal Board for Vocational Education should be settled between the district medical officers and district supervisors without reference to the Federal Board or to the Surgeon General.

520. When requested by the district medical officer of the Federal Board for Vocational Education, the district supervisor shall cause an examination to be made of any actual or prospective beneficiary of the Federal Board for Vocational Education, and shall place him, if necessary, in a hospital for observation or special examination.

521. Upon receipt of a request from the Federal Board for Vocational Education for copies of reports of physical examinations made for the Bureau of War Risk Insurance or for the Federal Board for Vocational Education, district supervisors shall furnish such copies as may be requested.

522. Reports of physical examinations for the use of the Federal Board must contain the following information:

(a) Whether there is a reasonable presumption that the applicant has a disability due or traceable to his military service, and whether it is permanent or temporary.

(b) Whether he has a vocational handicap resulting from the disability.

(c) That his physical and mental condition renders training feasible.

523. If reports do not contain sufficient data, the district medical officer will be required to obtain it, and on his request the district supervisor will render a new or supplementary report, supplying the missing data if possible.

524. When the district medical officer desires an examination of an applicant who lives at a distance from the district office, he will send a letter to the applicant directing him to go to the nearest available Public Health Service examiner. This letter will be sent to the district supervisor, who will indorse the same and mail it to the applicant.

525. The district supervisor will keep the district medical officer informed of the names and addresses of all persons in his district engaged in the examination of claimants of the Bureau of War Risk Insurance.

526. When the examination of a claimant is desired by both the Bureau of War Risk Insurance and the Federal Board for Vocational Education, the expenses incident to such examination, including transportation to the place of examination, will be charged to the Bureau of War Risk Insurance.

527. If an examination is made for the purposes of the Federal Board only, all expenses, including transportation, will be paid by the Federal Board for Vocational Education.

528. District medical officers will issue transportation requests to beneficiaries of the Federal Board for Vocational Education. In cases of emergency, however, such requests may be issued by the district supervisors. The district vocational officer will supply the district supervisor with a book of blank transportation requests for this purpose.

529. Clerical work connected with fees for examination and transportation requests must be reduced to the minimum. All bills incurred for this purpose shall be sent direct to the district medical officer.

530. The Federal Board for Vocational Education will not pay bills incurred for X-ray examination of the chest in cases of tuberculosis, except when specially authorized by the district vocational officer.

531. Disabled men discharged from the military or naval forces who have entered upon and are undergoing a course for vocational training are entitled to treatment at all United States Public Health Service and marine hospitals, contract hospitals, and relief stations of the service. Treatment in each instance is to be furnished, so far as facilities are available, upon the request of the district officers of the Federal Board for Vocational Education, who are authorized to use for this purpose the Admission Card (Form 1971-D). This

card will be given to the patient, who will be directed to present it to the designated hospital or relief station. In using these cards the Federal Board officer will strike out the words "for examination only," will insert under "Class" the letters, "F. B. V. E.," and will sign over his official title.

532. The following distinction must be made between war-risk beneficiaries and beneficiaries of the Federal Board for Vocational Education: Discharged men from the military forces, who have entered upon and are undergoing a course for vocational training, are entitled to treatment as beneficiaries of the Bureau of War Risk Insurance for any injury or disease contracted in the military service prior to discharge, or for which they have previously received treatment while in the military service, or if the present disability can reasonably be connected with a former injury or disease incurred in the military service prior to discharge. Bills for treatment of these men shall be rendered to the Bureau of Public Health Service, even though they were received or treatment was given at the request of the Federal Board for Vocational Education. If beneficiaries of the Bureau of War Risk Insurance, however, are in need of treatment for any injury or disease which is in no way connected with their military service they may receive such treatment at all relief stations of the Public Health Service at the expense of the Federal Board for Vocational Education, and separate vouchers headed "Federal Board for Vocational Education" shall be rendered for the care of such patients for payment by the Federal Board for Vocational Education as hereinafter provided. Transportation to and from a hospital when necessary for such cases will be furnished by the Federal Board for Vocational Education.

533. At stations of the first class a per diem charge, as announced by the Surgeon General, shall be made for each in-patient beneficiary of the Federal Board for Vocational Education and repayment accounts on Form 1928 shall be prepared in duplicate, the copy to be forwarded direct to the Surgeon General and the original sent to the district supervisor for submittal to the district medical officer of the board for examination and certification. Following the approval of the district medical officer, vouchers will be prepared by the district vocational officer for transfer settlement from the "Vocational rehabilitation appropriation" to that for "Care of seamen, etc.," or "Pay of Personnel and Maintenance of Hospitals, P. H. S." These vouchers, together with the original Form 1928, will be forwarded by the district vocational officer to the Surgeon General, attention relief section. Charges covered by repayment accounts, Form 1928, should be taken up on the Monthly

Report of Relief Furnished Foreign Seamen and Other Pay Patients, Form 1927.

534. A charge of \$1 per treatment shall be made for each out-patient beneficiary of the Federal Board for Vocational Education. Repayment accounts covering such treatment should be rendered on Form 1929 as provided for in-patients in paragraph 533 and taken up on the Monthly Report of Relief Furnished Foreign Seamen and Other Pay Patients, Form 1927.

535. At places where the service has a contract, the per diem charge for in-patient beneficiaries of the Federal Board for Vocational Education shall be the contract rate.

536. Original bills from contract hospitals shall be examined by the representative of the Public Health Service and if he finds that the bills were incurred according to regulations, that the charges are reasonable, and that services rendered were satisfactory, he shall stamp the bill—

Approved: _____, _____ 192—.

-----, Surgeon, U. S. P. H. S.

537. All such bills should then be forwarded through the district supervisor to the district medical officer for direct payment by the Federal Board. The bills must be accompanied by the original or a true copy of the request for treatment in each case. Only one request is necessary, regardless of the length of time a patient remains under treatment. Bills should be rendered promptly at the end of each month. Such bills should include not only charges for hospital care and treatment but miscellaneous service under contract, such as ambulance and X-ray service, use of operating room, etc. Expenditures covered by such bills should *not* be taken up on the Monthly Report of Relief Furnished Foreign Seamen and Other Pay Patients, Form 1927, and Monthly Schedule of Encumbrances, Form 1955.

538. Expenditures incurred by stations of the first class for articles of service under contract, such as X-ray or ambulance service, will be handled in the same manner as specified in the foregoing paragraph.

539. Differences of opinion between the Federal Board and the Public Health Service, involving the character of the patient's condition with respect to the expense of medical care in any particular case, shall be determined whenever possible by conference between the district vocational officer or the district medical officer of the Federal Board for Vocational Education and the district supervisor of the Public Health Service.

540. Before the discharge of a patient from a hospital the medical officer in charge will notify the district vocational officer a sufficient time in advance of the contemplated discharge to provide for proper disposition of the patient.

541. Upon receipt of a survey from a representative of the Federal Board for Vocational Education, indicating the educational fitness of a patient to receive such training as he may desire, the medical officer in charge will cause an examination to be made of the patient to determine his physical and mental condition. After the findings of the examination have been recorded in the clinical record, the survey will be returned by indorsement to the representative of the Federal Board for Vocational Education, with a recommendation as to the general character and daily hours of work to be undertaken by the patient. If a patient able to undertake training is ambulant and otherwise fitted to assume the status "On pass" for a limited period, Form 1946-L shall be completed and indorsed "To the Federal Board for Vocational Education" and sent to the medical officer with the survey.

542. Form 1946-L shall be completed as above directed and forwarded to the training officer on the first of each month thereafter, and no patient of a Public Health Service hospital may be given vocational training under the Federal Board for Vocational Education, unless this form, properly completed and signed by the medical officer, for the current month, is on file with the training officer having supervision of the training.

543. The training officer of the Federal Board for Vocational Education, to whom the patient is assigned for training, will enter the specific kinds of work in which the patient is engaged and the number of hours employed daily, on Form 1973-D and Form 1946-L. Form 1973-D will be returned to the medical officer at the close of work on each Saturday and Form 1973- will be returned to the medical officer on the last day of each month, as directed by instructions for the use of these forms.

544. Patients in Public Health Service hospitals taking vocational training under the Federal Board for Vocational Education remain under the jurisdiction of the Public Health Service, and while actually attending classes have the status of patients "On pass."

545. Each patient in a hospital of the service, who is receiving vocational training under the Federal Board for Vocational Education, will be observed carefully each day, and if the physical or mental condition is in any way impaired by, or during the period of, such training, the training will be discontinued immediately, and the training officer notified as to the cause and probable duration of the

absence of the patient. The training will not be resumed until, in the opinion of the medical officer, the physical and mental condition of the patient is such as to justify continuance.

ARTICLE XII.

RELIEF.

OUTPATIENT RELIEF.

546. Sick and disabled patients of the Public Health Service whose diseases or injuries are of such a nature that they can properly be relieved by medicines, dressings, or advice, without admission to hospital, shall be treated as outpatients and furnished medicines, dressings, surgical appliances, or advice, as the case may require.

547. Seamen will not be furnished relief at their own home except by special authority from the Surgeon General, and then only an allowance for medical attendance and medicines will be made at rates fixed by the Treasury Department.

REGISTER OF OUT-PATIENTS.

548. At all places where examinations and out-patient treatment are conducted, one copy of Form 1971-E, Out-patient Report, Record, and Transfer Card, shall be executed at the time of the examination, so far as available data will permit, whether the applicant or patient is received by transfer or applies for original examination. The word "Report" will be inserted in the blank space in the heading. The card shall be immediately forwarded to the district supervisor. Original report cards shall be filled out for all patients in addition to Form 1934-B Report of Physical Examination required for beneficiaries of the Bureau of War Risk Insurance.

549. Upon completion of treatment, transfer at a later time, or other final disposition, another report card shall be executed, the record of treatment completed on the reverse side, including date of first treatment or examination and date of all subsequent treatments, the word "Report" inserted in the heading, and the completed card immediately forwarded to the district supervisor.

550. When a patient receiving out-patient treatment fails to reappear within 30 days from date of last treatment, a completed report card shall be executed and forwarded to the district supervisor. Should the patient apply for treatment at a later time, a new register number will be assigned, and reports will be prepared as for original examination.

551. In every case of transfer from a place of examination or out-patient treatment to another out-patient office or to a hospital, a

transfer card, which shall be a copy of the completed report card, shall be executed and the word "Transfer" inserted in the blank space in the heading of the card. The destination will be stated under "Disposition," and the transfer card shall be mailed to the receiving officer at the out-patient office or hospital to which the applicant or patient is directed. The applicant or patient will be furnished with an Admission Card, Form 1971-D, which he will be directed to present to the admitting officer. If the services of an attendant are required, the transfer card will not be mailed, but will be given instead to the attendant for presentation to the admitting officer, and in such cases the admission card will not be required.

552. Designated examiners of the Bureau of War Risk Insurance, in addition to using Form 1971-E as a report and transfer card, may, if they so desire, keep a record of applicants and patients as hereinafter described.

553. All officers conducting examinations in out-patient offices shall execute a second card at the time of examination, which shall be preserved as a permanent record at the place of examination or treatment, the word "Record" will be inserted in the heading of the card, and the treatment recorded from time to time on the reverse side. Record cards shall be kept in two files: (1) The current file will consist of the cards of incomplete cases, arranged in alphabetical order according to the surnames of the patients; (2) the permanent file will consist of cards of completed cases, arranged in the serial order of their register numbers. Register numbers will be consecutive and continuous. Upon transfer or completion of treatment, the completed record card shall be placed in the permanent file. If the applicant or patient is examined only, or is transferred or otherwise finally disposed of at the time of original examination, record cards shall be placed in the permanent file as soon as examination is completed.

554. A card index to the record shall be kept on Form 1971-G, Index to Register of Patients. One index card shall be kept for each individual applicant or out-patient for whom a record card is on file. Index cards will be filed in alphabetical order according to the surname of the applicant or out-patient. When a record card is to be started and its number to be assigned, the index shall be searched for previous record of the applicant or patient. If an index card is found, the new number will be entered thereon, and the register number of the last previous examination or treatment will be noted on the new record card.

555. When an applicant presents himself for examination or out-patient treatment and states that he has previously received examination or treatment at another place, a copy of his former record card

may be requested by mail from the officer who furnished the treatment. Treatment, however, will be furnished upon presentation by the applicant of evidence establishing his right to the same, pending the arrival of the record card.

556. The evidence of each out-patient's right to relief will be recorded by all persons conducting examination or treatment under "authority" in Form 1971-E, Register of Out-patients, and all papers authorizing treatment will be filed.

FOURTH-CLASS STATIONS.

557. Whenever an application for relief is presented at a station of the fourth class, the proper customs officer at the port is authorized and directed to cause out-patient relief (medicines, etc.) to be furnished in accordance with paragraph 546, or to request authority from the district supervisor to furnish transportation to a relief station of the first class.

558. One dollar will be allowed physicians (not officers of the Public Health Service) for the medical examination of each seaman who is referred by a customs officer for such examination, whether accompanied by a prescription or not, unless otherwise previously directed by the department (by the terms of special agreements or contracts). When more than two treatments are furnished the same seaman in one month, an explanatory statement signed by the customs officer in charge of the port will be attached to the physician's bill for the services. Treatment in cases of emergency only is contemplated.

559. No separate compensation or allowance will be made for the medical examination made by physicians in cases where the applicants examined are placed under hospital treatment or its equivalent at the relief station where the examination is made except when treated in hospital by another physician.

560. Unreasonable charges for relief furnished in emergency cases will not be allowed by the department.

561. Foreign seamen or employees of the various Government services are not entitled to treatment by physicians (not officers of the Public Health Service) at stations of the fourth class.

IN-PATIENT RELIEF.

562. A sick or disabled patient of the Public Health Service shall be admitted to hospital only in cases where the gravity of the disease or injury from which he suffers is such as to require hospital treatment in the opinion of a medical officer or other authorized medical representative of the service. This is not to be construed to

exclude patients admitted for examination and observation only. In case of doubt as to the gravity of the disease or injury the patient should be temporarily admitted.

563. Medical officers and other authorized representatives of the Public Health Service who provide for the admission of patients to contract hospitals are required to procure the discharge of such patients promptly upon the termination of the necessary hospital treatment.

564. Officers shall not be required to attend sick or disabled seamen on board vessels or to visit them in harbor except at the discretion of the officer to whom the application is made.

565. Form 1971-D, Admission Card, will be given to each patient for presentation to the admitting officer at the hospital by all persons authorizing hospital treatment of patients of the service.

REGISTER OF IN-PATIENTS.

566. At stations of the first class and contract hospitals a copy of Form 1971-F, In-patient Report, Record, and Transfer Card shall be executed immediately upon the admission of a patient to a hospital. The word "report" will be inserted in the heading, all data available at the time recorded, and the card immediately forwarded to the district supervisors.

567. Upon completion of the case by transfer, discharge, or death, a completed report card shall be executed, the word "report" inserted in the blank space provided in the heading, and the card immediately forwarded to the district supervisor.

568. In every case of transfer of a patient from one hospital to another a transfer card, which shall be a copy of the completed report card, shall be executed and the word "transfer" will be inserted in the blank space in the heading of the card. The destination will be stated under "disposition" and the transfer card shall be mailed to the receiving officer at the hospital to which the patient is directed. The patient will be furnished with Form 1971-D, Hospital Admission Card, which he will be directed to present to the admitting officer. If the services of an attendant are required, the transfer card will not be mailed but will be given instead to the attendant for presentation to the admitting officer, and in such cases the hospital admission card will not be required.

569. A second card shall be prepared at the time of admission of a patient at stations of the first class and contract hospitals, which shall be preserved at the hospital as a permanent record. The word "record" will be inserted in the heading of the card. Record cards shall be kept in two files: (1) The current file will consist of cards of uncompleted cases arranged in alphabetical order according to the

surnames of the patients; (2) the permanent file will consist of cards of completed cases arranged in the serial order of their register numbers. Upon transfer or completion of treatment the completed record card shall be placed in the permanent file.

570. A card index to the record shall be kept on Form 1971-G, Index to Register of Patients. One card index shall be kept for each individual inpatient for whom a record card is on file. The index cards will be filed in alphabetical order according to the surnames of the patients. A separate index, a separate register, and a separate series of register numbers shall be kept for inpatients and outpatients at all hospitals where both classes of patients are treated. When a record card is to be started and its number to be assigned, the index will be searched for previous record of the patient. If an index card is found, the new number will be entered thereon and the register number of the last previous treatment will be noted on the new record card.

571. When an applicant presents himself for hospital treatment and states that he has previously received such treatment at another place, a copy of his former record card may be requested by mail from the officer who furnished the treatment. Treatment, however, will be furnished upon presentation by the applicant of evidence establishing his right to the same pending arrival of the record card.

572. When a patient of the Public Health Service makes application for admission to a contract hospital after the office is closed for the day, the person in charge of the contract hospital may admit the patient, should the case be urgent, and on the following day report the action taken and present the evidence of the patient's right to treatment to the authorized representative of the Public Health Service.

573. Whenever a patient applies at a fourth-class station for hospital relief and in the opinion of the customs officer it is a case requiring immediate attention, and the papers presented by the applicant show him to be entitled to relief, a competent physician, in the absence of an acting assistant surgeon, shall be called to decide whether hospital relief is necessary, and if so advised, and the patient is not in a condition to be transferred to a Public Health Service or marine hospital, the customs officer shall make suitable arrangements for the care and treatment of the patient, and report immediately by letter to the district supervisor, giving rates charged therefor. In all such cases the customs officer will require the hospital to forward to the district supervisor Form 1971-F, In-patient Report Card, upon admission and discharge, as required by regulations.

574. Whenever a patient of the Public Health Service applies to an acting assistant surgeon or to a designated examiner of the Bureau

of War Risk Insurance for hospital relief and upon examination is found to require hospital treatment, if the applicant is not in a condition to be transferred to a Public Health Service or marine hospital, the officer or examiner shall make suitable arrangements for the hospital care and treatment of the patient at the prescribed rates, and shall immediately report the admission by letter to the district supervisor, giving the rate charged. In all such cases the person authorizing such treatment shall require the hospital to submit to the district supervisor Form 1971-F, In-patient Report Card, upon admission and discharge, as required by regulations.

DENTAL TREATMENT.

575. Patients of the Public Health Service entitled to relief shall be furnished with such dental treatment as may be necessary by commissioned dental officers of the service. No precious metals shall be used for purely cosmetic reasons.

ARTICLE XIII.

PUBLIC PROPERTY.

GENERAL PROVISIONS.

576. Accountability and responsibility devolve upon any person to whom public property is intrusted and who is required to make returns therefor. Responsibility without accountability devolves upon one to whom such property is intrusted, but who is not required to make returns therefor. An accountable officer is relieved from responsibility for property for which he holds a proper memorandum receipt. A responsible officer is not relieved from responsibility for public property for which he has given memorandum receipt until he has returned the property to the accountable officer or has secured memorandum receipt from a successor, or until he has otherwise been relieved by the operation of regulations or orders.

577. The officer in permanent or temporary charge of a station is responsible for the security of all public property of the station, whether in use or in store, and although the matériel officer or other subordinate officer be accountable, the officer in charge is nevertheless responsible and pecuniarily liable with him for the strict observance of the regulations in regard to its preservation, use, and issue. He will take care that all storehouses are properly safeguarded, that only reliable agents are employed, and only trustworthy men are detailed for duty in them or in connection with property.

578. In preparing requisitions, invoices, and receipts for property, all entries will be made in alphabetical order under two classifica-

tions: First, all drugs and chemicals; second, all other supplies and equipment. To facilitate the handling of these papers, one line of writing only shall be placed in each interlinear space.

579. Property belonging to the United States shall not be disposed of at private sale. When authority has been obtained from the Secretary of the Treasury to dispose of such property, it may be sold at public sale, after due notice by advertisement either by publication in newspapers authorized by the Secretary of the Treasury or by posting written or printed notices in places frequented by the public.

580. The exchange of medicines or supplies with druggists or merchants is prohibited.

581. In type A and B hospitals the matériel officer shall be accountable for all service property at the station, and shall be responsible therefor while the property may be in his possession, thereby relieving the medical officer in charge of direct accountability and responsibility for the property in the hospital. The medical officer in charge, however, in his capacity as senior officer in charge of the station, shall have supervision of the activities of the matériel officer and shall be responsible with him for the proper observance of regulations in regard to property.

582. In type C hospitals the pharmacist or administrative assistant assigned as chief clerk shall have charge of all service property at the station and shall assume the other duties of the matériel officer.

583. At second and third class stations the medical officer in charge shall have custody of all property belonging to the service and will account for the same to the Surgeon General.

584. At stations where no officer of the Public Health Service is on duty, the proper customs officer shall have custody of all property belonging to the service and will account for the same to the Surgeon General.

ARTICLE XIV.

RESPONSIBILITY FOR PROPERTY IN HOSPITALS.

585. The service property required to equip the wards and various departments of hospitals will be issued by the matériel officer on requisition approved by the medical officer in charge to officers in immediate charge of the wards and departments where said property is to be used. Such requisition shall be submitted weekly to the matériel officer on Form 1902-H, Nonexpendable Slip, and Form 1902-E, Expendable Slip, on a day to be designated by the medical officer in charge. All officers will be responsible for the service property issued to wards or departments under their immediate charge.

586. At the end of the month the matériel officer will combine the original copies of memorandum receipts for nonexpendable property issued, obtain the signature of the responsible officer in each case upon Form 1902-I, Consolidated Memorandum Receipt For Nonexpendable Property, and return the old receipts to the officer concerned.

587. Upon receipt of the consolidated memorandum receipt from the matériel officer, officers will be required to check the property enumerated thereon in order that shortages can be traced, and that proper disposition can be made of unserviceable and excess property. All shortage or excess must be reported to the matériel officer at once. Property which is not needed for immediate use must be returned to the matériel officer.

588. In addition to the monthly check of property by responsible officers a check will be made in the event of the transfer of a responsible officer from a ward or department. No officer will be relieved from his responsibility for property in a ward or department until a receipt from his successor has been obtained by the matériel officer.

589. When an officer is assigned as ward surgeon or in immediate charge of a department he will obtain from his predecessor an accurate list of all nonexpendable property in use in the ward or department, and at once make a personal check of the same. If no shortage is discovered, both officers will report to the matériel officer where a transfer of responsibility will be made. The officer receiving the property will sign the new consolidated receipt and the old receipts will be returned to his predecessor. All shortage discovered will be recorded and the officer receiving the property will sign only for the property actually present. A copy of all memorandum receipts to the matériel officer will be on file at all times in wards or departments concerned.

590. Officers in charge of wards or departments must exercise constant vigilance to prevent the unauthorized transfer of property for which they are responsible to other wards or departments.

591. When it is necessary to make such transfers the matériel officer must first be notified, except in cases of extreme emergency. In such event the action taken will be reported to the matériel officer at the earliest possible moment.

592. Nurses and other employees of the hospital will be responsible to the officer who has signed a memorandum receipt for the property, for the care and proper use of all such property in their immediate possession.

593. Officers will exercise constant supervision over their subordinates in order to prevent the use of service property for improper purposes. This applies especially to the misuse of blankets, towels, and sheets for polishing, dusting, scrubbing, or window washing.

ARTICLE XV.

LOSS OR DESTRUCTION OF PROPERTY.

594. Causes of damages to and loss or destruction of service property may be classed as follows:

(a) Unavoidable causes, being those over which the person responsible for the property has no control, occurring in the ordinary course of service, or as incident to unusual emergency.

(b) Avoidable causes being those due to carelessness, willfulness, or neglect.

595. In case of loss or destruction of nonexpendable articles, the officer accountable for the property shall investigate the loss or destruction thereof at once, and report the same to the medical officer in charge, accompanied by the affidavit in duplicate of the responsible officer or employee. If the evidence is considered satisfactory by the medical officer in charge, the responsible officer will be so informed, and both copies of the affidavit will be forwarded to the Purveying Depot, attention Property Return Section, for the approval of the Surgeon General. If approved by the Surgeon General, the accountable officer will be authorized to drop the property from his return. If the evidence is not satisfactory, the Surgeon General will appoint, or authorize the medical officer in charge to appoint, a board of survey, consisting of not less than two commissioned officers, to investigate the loss or destruction of the property, the report of said board to include recommendations as to restitution in such amount as may seem to be just or practical, or both.

ARTICLE XVI.

UNSERVICEABLE PROPERTY.

596. The medical officer in charge of each hospital station shall set aside a suitable room for the reception and storing of property turned over to the accountable officer as worn out or unfit for use. This room shall be provided with shelving and compartments for the orderly arrangement of such property.

597. Form 1902-G Exchange Slip will be used by responsible officers for the purpose of exchanging property which has become unserviceable through the ordinary course of service. The responsible officer will present such property, accompanied by the exchange slip, to the accountable officer. Articles will be listed on this form in accordance with the instructions on the reverse side, and if in the opinion of the accountable officer the property has been rendered unserviceable without fault or neglect upon the part of the responsible officer, new articles will be given in exchange; otherwise the

property will be presented to the medical officer in charge for his inspection and decision.

598. Articles of property inspected by officers, under instructions from the Surgeon General, will be reported upon fully as to their condition, with recommendations for their disposal. Such articles as can be repaired or utilized by the service will not be recommended to be sold or destroyed.

599. Care of such property and the preservation of same pending the action of an inspector is required. Articles which may be repaired or which are not entirely worn out must be suitably protected from the effects of atmosphere, vermin, or other deteriorating agencies after deposit in such room.

600. Accountable officers shall forward to the Surgeon General, attention Inspection Division, on the 1st day of January and 1st day of July of each year an inventory of all articles of property for which they are accountable, which have been broken, worn out, or otherwise rendered unfit for further use, and all such articles will be retained for inspection. The last report shall include all articles previously reported, which have not been condemned.

601. Articles of hospital bedding and clothing will be made up into parcels of 10, properly labeled, and broken crockery and glassware restored by piece, as far as possible, and arranged for inspection and count. To facilitate the work of condemnation, all articles are to be so placed in the room that they shall follow in order the sequence of the list as presented to the inspector.

602. All articles when condemned by the inspector shall be separated into two lots for destruction and disposal, viz, articles that can be destroyed by burning, and articles that are indestructible by this means. The former class shall be immediately burned on the premises in the presence of the inspector, and the latter class shall be immediately carried off to a public dumping place and there deposited.

603. The inspector is authorized to except from the above provision a reasonable quantity of articles (sheets, pillowcases, towels, etc.) for use in cleaning work and to permit the retention of portions of articles that may be useful in the preservation of others of a similar character or suitable for repair work about the station.

604. The officer accountable for unserviceable property about to be condemned will accompany the inspector during such examination and give him all necessary information as to its use and present condition, with the cause thereof.

605. Public property in use shall not be reported as unserviceable, nor condemned by the inspector, merely because worn or shabby in appearance, if the same be still serviceable.

606. No other persons than those designated in paragraph 602, except the Surgeon General and the Secretary of the Treasury, shall order the final disposition of condemned property, unless in case of live stock, which may be immediately killed to prevent contagion or suffering.

607. Articles of property inspected by officers, under instructions from the Surgeon General, will be reported upon fully as to their condition, with recommendations for their disposal. Such articles as can be repaired or utilized by the service will not be recommended to be sold or destroyed.

608. Reports of the inspection of unserviceable property shall be given the proper voucher number as required by paragraph 617 and forwarded in duplicate to the Purveying Depot, attention Property Return Section, for the approval of the Surgeon General.

609. Unserviceable property which has once been condemned shall not again be submitted for inspection.

610. Public property which has been condemned and is offered for sale by authority of the department shall not be purchased by the officer who was responsible therefor at the time of condemnation, nor by any officer or attendant who bore any part in such condemnations.

611. Receipts accruing from the proceeds of sale of condemned and surplus property belonging to the Public Health Service shall be deposited as "Miscellaneous receipts."

ARTICLE XVII.

ACCOUNTABILITY FOR PROPERTY.

612. All officers accountable for public property will take up on their property returns and account for all property of the service, expendable and nonexpendable, which comes into their possession. If it is property with which they have not been formerly charged, as property found at station, they will report, if possible, to whose account it should be credited. Expendable property will be dropped from the property return on Form 9203-C as directed under "Property returns."

613. No property will be accounted for as on hand at the end of the accounting period unless the same is then in fact on hand.

614. No property will be dropped from the property return without authority from the Surgeon General except such articles as are declared to be expendable by the Surgeon General. Lists of such articles will be issued by the Surgeon General from time to time.

615. All books, such as lists of merchant vessels, city directories, nomenclature of diseases, and other publications, the dates of which

render them useless after the year for which they are intended, may be dropped from the return.

PROPERTY RETURNS.

616. All accountable officers will render a property return semi-annually, on December 31 and June 30, of all property received, issued, and remaining on hand during the period. The original return shall be forwarded promptly to the Purveying Depot, attention Property Return Section, and the duplicate return filed at the station, together with the retained vouchers pertaining thereto.

617. All invoices, receipts, lists of property received by purchase, lists of property expended, lists of property found at station and taken up on the property return, approved inventory, and inspection reports will be considered as vouchers to the property return. All vouchers will be numbered serially, beginning with number 1 for the first voucher of the period. As vouchers are received or prepared and forwarded they shall be immediately entered on the property return and the balance cast. At the end of the accounting period it will be necessary only to total the columns and number the slips in order to close the return. To open the new property return, slips for all property remaining on hand shall be written and the balance remaining on hand from the old return carried forward to the "on hand last return" column of corresponding new slips. The vouchers to the new return will be numbered serially, beginning again with number 1.

618. The number given a voucher at the station of its origin bears no relation to the number to be given it at the station receiving same; for instance, the purveying depot's invoice for a shipment may bear the number 912, while the corresponding receipt may be the fourth voucher to the property return of the receiving station, and would, therefore, be numbered 4.

619. At the end of each month the accountable officer shall list in alphabetical order on Form 9203-C, first, all alcoholics and narcotics; second, all other drugs and chemicals; third, all other expendable property issued from the storeroom during the month. This voucher shall be prepared and signed in duplicate, the voucher number and date entered, and the original copy forwarded promptly to the Purveying Depot, attention Property Return Section. The duplicate copy shall be filed with the retained property vouchers after the proper credits have been made on the property return.

620. At the end of the semiannual accounting period all expendable property issued during the period shall be listed alphabetically on Form 9203-C and the same disposition made of this voucher as directed in the preceding paragraph. This voucher shall be the last

voucher of the series of the semiannual return, and after the credits claimed thereon have been entered on the property return the quantities shown in the "Balance" column shall agree with the stock on hand in the storeroom.

621. Before the property return is closed an actual count of stock in the storeroom shall be made, and the quantities on hand in the storeroom plus the quantities shown on memorandum receipt as in use at the station shall agree with the total shown on the property return as remaining on hand.

TRANSFER OF PROPERTY BETWEEN ACCOUNTABLE OFFICERS.

622. In ordinary transfer of supplies and equipment between accountable officers, the transferring officer should list all articles transferred on Form 9203-A or 9203-B, in quintuplicate, enter his voucher number on all copies, sign the first two as invoices, immediately forward the first copy to the Purveying Depot, attention Property Return Section, the second, third, and fourth copies direct to the receiving officer, the fifth copy to be retained until the arrival of the receipt from the receiving officer, then destroyed, and the receipt posted on his property return and filed. The receiving officer shall, upon receipt of the supplies, promptly check same with the invoice, enter the date and his voucher number on the invoice and two receipts, sign the receipts and forward one to the Purveying Depot, attention Property Return Section, and the other direct to the transferring officer. The invoice shall be posted on his property return and filed. A packer's list, if necessary, will be furnished by the transferring officer immediately upon shipment of supplies.

623. Great care shall be exercised before receipting for cases of instruments, microscopes, and other property of similar character not enumerated on the property papers in detail, to ascertain that the full contents of such cases are present and in good order. Incomplete cases shall be receipted for as such and a list of the missing articles shall accompany the receipt, in order that the proper officer may be held accountable for the deficiency. Receipts without remarks for cases of instruments and similar property will be considered as evidence that they are complete, and the receiving officer will be held accountable in accordance therewith.

624. The transferring officer shall enter on his invoices, and the receiving officer on his receipts, the condition of all articles not serviceable. The maker's serial number of all microscopes, typewriters, safes, motor vehicles, and similar property shall be entered on all invoices and receipts.

625. In cases in which complete transfer of medical property occurs the receiving officer, instead of giving separate receipts, shall

receipt for the property transferred on the final return, both original and duplicate (Form 1903-D), of his predecessor. The transferring officer shall forward the original return promptly to the Purveying Depot, Attention Property Return Section. The duplicate return will be filed with the retained records of the hospital.

626. Whenever property is taken over by a representative of the service from any department of the Government or any other sources, inventories shall be made in quadruplicate fully describing the property and condition of same. Three copies of this inventory shall be dated, signed, and forwarded promptly to the Purveying Depot, attention Property Return Section.

ARTICLE XVIII.

REQUISITIONS FOR PROPERTY.

627. Requisitions for medical, surgical, and other supplies shall be forwarded semiannually, in duplicate, to the medical purveyor, United States Public Health Service, Washington, D. C. In order to expedite the filling of semiannual requisitions, they shall be forwarded from the various stations as follows:

From stations in district—

- No. 1—July 1 and January 1.
- No. 2—August 1 and February 1.
- No. 3—December 15 and June 15.
- No. 4—September 1 and March 1.
- No. 5—October 1 and April 1.
- No. 6—December 1 and June 1.
- No. 7—September 15 and March 15.

From stations in district—Continued.

- No. 8—November 1 and May 1.
- No. 9—October 15 and April 15.
- No. 10—July 15 and January 15.
- No. 11—August 15 and February 15.
- No. 12—August 15 and February 15.
- No. 13—October 15 and April 15.
- No. 14—November 15 and May 15.

628. The standard as to articles and quantities allowed to stations shall be the Official Supply Table of the United States Public Health Service. No remark shall be made opposite the name of any article that a special kind or a special make or pattern is wanted, as the semiannual requisition is intended to include only such articles as are kept on hand in the purveying depot for issue, and not such as have to be specially purchased; the latter when wanted should be asked for on special requisition. Only such quantities should be asked for as will probably be needed during the six months' period, computed on the basis of original packages. Fractional parts of a bottle or package should not be asked for. The quantities asked for, plus the quantities on hand, should not exceed those specified in the supply table as the allowance for the station.

629. When, as a result of the prevalence of an epidemic or for any other reason, necessary supplies are likely to be exhausted before the next semiannual requisition is to be made, they shall be called for on

a special requisition, with a full explanation of the emergency and its cause. In extreme cases telegraphic application shall be made direct to the medical purveyor for the supplies needed to meet the emergency, which shall be followed by a letter of explanation. Officers in charge will be held accountable for any suffering which may result from their failure to requisition for supplies when it is evident the same will be needed. The frequent rendition of special requisitions would usually argue a want of reasonable foresight in asking for supplies, or a want of proper economy in the use of hospital property and would be a reproach to medical administration. If due care in the use of hospital property is exercised, and the regulations herein made for the timely preparation of semiannual requisitions are observed, it will seldom be necessary to resort to the special or telegraphic requisition.

630. The local prevalence or rarity of certain diseases, as well as the quantity or number of each article on hand, will be considered in the preparation and approval of semiannual requisitions. The smaller stations will not need all of the articles included in the supply table. The officer preparing the requisition is not expected to ask for an article merely because it is listed. He shall call for only what there is reason to think he will need.

631. Officers in charge and matériel officers shall, so far as practicable, anticipate the needs of the service at their respective stations by making requisition for such articles of hospital equipment, bedding, clothing, and medical supplies, or other property, as may be necessary to anticipate the probable needs of the station for a period of six months.

632. Requisitions for articles of hospital equipment must not be made in anticipation of needs beyond a period of six months with a view to accumulate a surplus stock in excess of probable loss by breakage or wear.

STATIONERY AND BLANK FORMS.

633. Requisitions for stationery will be made quarterly, on January 1, April 1, July 1, and October 1. All instructions on the requisition blank must be carefully observed and requisitions must be submitted in duplicate on the proper form. When stationery articles not listed on the requisition blank are needed, stationery articles listed under class 1 of the General Schedule of Supplies can be inserted, giving the item number and all necessary details. Requisitions for blanks and blank books will be made quarterly, on January 1, April 1, July 1, and October 1. All instructions on the requisition blank must be carefully observed and requisitions must be submitted in duplicate on the proper form.

634. Officers will give personal attention to requisitions for stationery and blanks, to see that excessive amounts are not asked for and that only enough supplies to last until the time for making the next requisitions are requested. The invoices for stationery and blanks received must be promptly signed and immediately forwarded to the Surgeon General. Requisitions and all correspondence regarding stationery and blanks must be addressed to the Surgeon General. When supplies are required to be replenished at any time between the dates for making regular requisitions, supplementary requisitions may be forwarded, listing only the articles and quantities required up to the time of the next quarterly requisitions, stating the reason which necessitates the request. A small reserve stock should be kept on hand at all times, so that if there should be delays in obtaining supplies asked for on requisitions, the work at the station will not be inconvenienced. On the other hand, there should not be a large accumulation of blank forms, etc., as when changes are made in any forms the old stock becomes obsolete and there results a waste of supplies. The samples of letterheads and envelopes, or other matter, requiring special printing, must be carefully prepared and submitted in duplicate with the requisitions, showing exact copy of printing desired. Whenever it is desired to institute a new form, the matter should be submitted to the bureau, giving all reasons and data regarding the form and the object sought to be accomplished. Under the law all printing must be furnished through the Government Printing Office in Washington, D. C.

ARTICLE XIX.

SPECIAL REQUISITIONS AND PURCHASES.

635. When supplies or articles not listed in the supply table are required, special requisition should be prepared and forwarded in duplicate to the medical purveyor, United States Public Health Service, Washington, D. C., with explanation of the necessity for the request. To avoid delay in filling these requisitions a full description of the articles, as to dimensions, type, pattern, quality, or number shall be given, together with a statement of their cost or approximate cost, as ascertained from dealers' catalogues or other reliable sources of information, in appropriate columns, properly totaled.

636. Special requisitions for furniture, rugs, etc., required for the quarters of officers, nurses, dietitians, aides, and other employees, shall show separately the quantities required for each class of quarters, the style, color, and finish of furniture it is intended to match, if any, and the rooms it is intended for: Recreation, office, library, living, dining, and bed rooms. In asking for rugs the floor dimensions of the room as well as the size of the rug shall be given.

637. Special requisitions should be made for articles which are not on contract and can be purchased advantageously at the station. If the need of the articles is urgent, proposals taken by poster and circular letter advertisement should be forwarded with a special requisition for approval by the Surgeon General or the Secretary of the Treasury. The law requires that proposals be solicited from at least two responsible dealers. When only one proposal is forwarded, the failure to secure competitive proposals should be explained.

638. The several columns in special requisitions should be filled out in respect to each item listed. The estimated price shall be given in each case when practicable to obtain it from dealers. In case of new or unusual supplies and equipment involving considerable expense the explanatory letter should describe in detail the supplies or equipment desired, and submit adequate reasons for their purchase.

639. The subject of repairs to property of the service shall form the basis of separate communications to the Surgeon General, and in all cases must be accompanied with estimates of the probable cost of same.

640. All shipments shall be made on Government bill of lading and instructions on same should be closely followed. The freight charges shall not be prepaid and are not to be paid by the consignee, who should sign the bill of lading in proper form and deliver it to the last carrier.

641. When authorized purchases of property are made at a station, two copies of Form 9202-B, invoice of property received by purchase, shall be prepared at the time of preparing the public voucher; said invoice shall show the name and address of the contractor, the articles purchased, quantity, unit, unit price, and total amount as shown by the public voucher. The date, voucher number, and signature of the accountable officer shall be entered thereon, and the original copy forwarded promptly to the Purveying Depot, attention Property return section. The duplicate copy shall be filed with the retained Property Vouchers after the proper debits have been entered on the property return. This invoice shall always be forwarded under separate cover as it is a property voucher and of no interest to the section that audits the public voucher.

EMERGENCY PURCHASES.

642. When the necessity to purchase supplies or equipment or make minor repairs at the station is urgent, the medical officer in charge shall advertise by poster and circular letter for proposals to furnish the supplies, equipment, or repairs needed, and forward all proposals received to the Surgeon General by letter of transmittal (Form 1907), stating his recommendation as to which shall be approved and the reasons therefor.

643. For such absolutely necessary purchases and repairs as require immediate attention bills involving small amounts may be incurred *without special authority*; but it must be clearly shown by a statement of the facts in the case that the expenditure was immediately necessary, that the necessity therefor could not have been foreseen with ordinary care, that injury to the public interests or damage to public property would have resulted from the delay necessary to procure authority for the expenditure. The facts must be stated in full on the face of the voucher, without reference to any statement that may be made in the letter of transmittal.

644. Three methods shall be used in purchasing on the authority contained in the preceding paragraph.

(a) When the necessity for an article or service is not so urgent as to prevent the purchase thereof on competitive proposal received by poster and circular-letter advertisement, this course should be followed and the lowest and most advantageous proposal received should be accepted, the article or service ordered from the successful bidder, and all proposals received forwarded by letter (Form 1907) to the Surgeon General, together with the voucher for said expenditure. If one of the higher proposals received is accepted, the reasons for such action shall be clearly set forth on the face of the voucher.

(b) When the necessity for an article or service is so urgent as to preclude advertising by means of poster and circular letter, but nevertheless there is time available for direct personal solicitation of competitive bids, competition shall be solicited by means of the telephone, personal visit, or otherwise. In such case, the lowest or most advantageous verbal bid should be accepted and the order placed. The voucher covering said expenditure shall show the manner of purchase and the fact that informal bids were solicited, after the letter "C," under the heading "Form of agreement," on the reverse of the voucher blank (Form 1949). If other than the lowest proposal is accepted, the reasons for such action shall be clearly set forth on the face of the voucher.

(c) When the necessity for an article or service is so urgent that there is no time available in which to obtain competitive proposals by either of the methods mentioned in the two preceding paragraphs, the article or service required may be procured in the open market in the manner in which articles are usually bought and sold by individuals. The reason why it was not practicable to obtain competition should be stated in full on the face of vouchers for expenditures incurred in this manner.

645. Paragraph 643 should be cited as authority on all vouchers incurred in accordance with the methods described in paragraph 644, and the actual circumstances that made it necessary to incur the ex-

penditure without authority should be stated on the face of said vouchers.

646. It is not possible to describe definitely an exigency expenditure such as is contemplated in the preceding paragraphs, but in general it may be stated that it covers such items as medicines and surgical supplies (listed on the supply table), which are immediately needed and not in stock, the repair of articles in daily use and absolutely necessary for the proper administration of the hospital, such as surgical instruments, wagons, harness, ranges, the heating plant, and important utensils used in the hospital kitchen, which must be replaced or repaired immediately. These may be considered as examples of an emergency recognized by the Surgeon General in approving bills forwarded under the preceding paragraphs.

647. The items enumerated in the preceding paragraph are given as examples of a public exigency that may justify an expenditure without special authority, but if the necessity for the expenditure is foreseen, no matter what the object of it may be, the usual procedure should be followed.

648. In the event that competitive proposals to furnish certain articles or services can not be obtained, a letter should nevertheless be addressed to the Surgeon General asking authority to incur the expenditure.

649. In the absence of the medical officer in charge, emergency purchases may be ordered by the officer in temporary charge, but should be reported at the first opportunity to the medical officer in charge.

650. No purchases shall be made by junior medical officers except when unavoidable and in the absence of the medical officer in charge, or unless such purchases are made by authority of the medical officer in charge.

651. All articles purchased (except subsistence supplies) and the contents of all packages and boxes received by freight or express, shall be held for the inspection of the medical officer in charge, or the matériel officer before being issued.

ARTICLE XX.

MEDICAL AND SURGICAL SUPPLIES.

652. The supply table issued by the Surgeon General enumerates the medical supplies issued to the United States Public Health Service and the quantities and sizes of original packages.

653. Medical officers shall report to the Surgeon General all defects observed in the quantity, quality, or packing of medical supplies. They are requested to freely communicate with the Surgeon General

as to any suggestions tending to the improvement of medical supplies, appliances, etc., and to make reports as to new designs of apparatus, etc.

654. A commissioned officer desirous of making investigations may apply to the Surgeon General for a microscope and attachments, which, when furnished, will be under his personal charge, and he shall be responsible for its care and preservation and shall take same with him when changing station for permanent duty. While it is in his charge he will be required to make an annual property return of the said microscope and accessories.

PROSTHETIC AND ORTHOPEDIC APPARATUS.

655. District supervisors and medical officers in charge of first-class stations are directed, previous to June 30 and December 31 of each year, to obtain proposals by advertisement to furnish prosthetic appliances, (except artificial limbs), and to repair prosthetic appliances, including artificial limbs, for the succeeding six months, in order that beneficiaries of the service requiring and entitled to same by existing law and regulations may receive suitable appliances at the earliest possible date. These proposals should be forwarded to the Purveying Depot with definite recommendations as to acceptance. A list of special appliances that may be required, with prices considered reasonable, will be furnished for guidance on application to the bureau. The medical officer in charge will be advised of the acceptance of proposals, and under those accepted may purchase such articles as are needed by the beneficiaries of the service without special authority from the bureau.

656. When it is necessary to furnish an appliance which is not covered by the accepted proposal, separate proposals should be obtained by poster and circular letter advertisement for the article desired, forwarding all proposals received in duplicate to the Surgeon General, with recommendations as to acceptance.

657. Each officer purchasing prosthetic appliances is charged to obtain suitable and satisfactory articles at the most reasonable prices compatible with the best interests of the patient and the Government. On delivery of any piece of prosthetic apparatus a receipt shall be obtained from the patient receiving the same and placed on file. Each voucher, or in the case of special appliances, each proposal, shall be accompanied by a detailed report stating the name of the patient, diagnosis, present physical condition, indications for treatment, and description of the article, together with a statement that the article is required, and that the proposal recommended for acceptance is considered reasonable and just, which report and statement will be signed by the attending specialist who is treating the

patient. In every case a duplicate of this statement should be forwarded to the supervisor of the district for his information and file.

ARTICLE XXI.

SUBSISTENCE, PROPOSALS, AND CONTRACTS.

658. Articles of subsistence, fuel, ice, janitor's and laundry supplies, oils, and forage, not furnished from the bureau or purveying depot, shall be bought for service stations, whenever practicable, on approved proposals taken by advertisement, covering a period of three months, or on contract covering a longer period, secured by a bond.

659. On the 1st day of April of each year, the medical officer in charge of each service station requiring subsistence supplies shall forward to the Surgeon General an estimate in duplicate of the quantities of subsistence and other supplies required for consumption during the coming fiscal year (Form 1910).

660. The ordinary articles and quantities of subsistence supplies for 10,000 full rations shall not exceed the contract value of 8,000 pounds of meat, fresh and salt; 2,000 pounds of fish, fresh and salt; 10,000 pounds of vegetables; 10,000 pounds of breadstuffs and other prepared farinaceous food; 100 pounds of tea; 300 pounds of coffee; 1,500 pounds of sugar; 25 gallons of molasses or sirup; 800 gallons of milk; 1,000 pounds of butter or cheese; 300 dozen of eggs; 300 pounds of lard; 1,500 pounds of fresh and dry fruit; 500 pounds of salt; 25 pounds of pepper; 25 gallons of vinegar; 25 gallons of pickles.

661. Upon receipt of the approval of the annual estimate of supplies needed, schedules of articles on which proposals are to be solicited shall be prepared. The articles listed thereon shall be specified as to kind and quality, and the estimate of quantities to be bought during the period of time covered by the proposal shall be shown in the proper column on the proposal blank (Form 1911). When considered advisable, several grades of an article may be specified; for instance, eggs, strictly fresh, and eggs, storage. The weight, size, or volume of the unit shall be given in order that bidders may have no doubt as to the articles or supplies required.

662. Separate schedules shall be prepared for each class of articles listed on the estimate sheet, namely, for meats and poultry, fish and oysters, fruits and vegetables, janitor's and laundry supplies, milk, butter and eggs, groceries, breadstuffs, forage, ice, fuel, and oils. These schedules shall be furnished in duplicate to all responsible persons who may call for them with the purpose of submitting bids; but bidders must be actual dealers in the articles they propose

to furnish, and the medical officer in charge may refuse to furnish schedules to defaulting contractors.

663. If more advantageous to the service at particular stations to separate certain articles from any of the groups referred to, in order to obtain separate proposals from dealers therein, the schedules may be made out accordingly, or they may be grouped together to secure combined proposals, in the discretion of the medical officer in charge.

664. When the interests of the Government seem to require it, articles may be described by trade names, provided the words "or equal" are written after the description. In such case dealers should be made to understand that articles offered at the lowest prices will be purchased, if they are satisfactory, even though they are not of the make or brand specified. If articles offered on such specifications are not satisfactory, an explanatory statement showing that they are not suited to the needs of the station must be made in the letter of transmittal.

665. The medical officer in charge may require bidders to submit samples of the supplies they propose to furnish, and the quality of the samples submitted as well as the prices will govern the recommendations of the medical officer in charge as to the acceptance of any bid.

666. The proposals received shall be opened at the time specified in the advertisement by the medical officer in charge of a service station, in the presence of such bidders as may present themselves.

667. The items on all proposals should be extended at the hospital, the total cost of them added, and the letter of transmittal should list the amount of each proposal opposite the name of the bidder, so that a comparison may be made of the totals of all bids on one schedule. Said letter should state the number of schedules distributed.

668. Should there be reason to suspect collusion among dealers to obtain more than a fair market price for articles required to be purchased, or should the prices proposed be exorbitant, the proposals should be rejected, and other dealers should be invited by poster and circular letter advertisement to submit proposals. If necessary, authority will be given to purchase in the open market at the lowest prices obtainable for satisfactory supplies.

669. Upon receipt of notification from the Surgeon General as to the acceptance of proposals, covering a longer period than three months, the medical officer in charge of a service station will enter into formal contract with the bidders whose proposals have been accepted; the contract shall be made out in quadruplicate upon the blank form furnished by the department for that purpose, and when completed, the original and one copy of each contract shall be transmitted to the Surgeon General for approval by the Secretary of the Treasury.

670. The Surgeon General is authorized to approve all quarterly proposals received after poster and circular letter advertisement to furnish subsistence and other supplies without regard to the cost of such supplies. When there is delay in receipt of the notification as to the action of the Surgeon General on subsistence proposals recommended for acceptance, and the period of time covered by these proposals has begun, supplies should be bought in accordance with the officer's recommendation until the receipt of definite information from the Surgeon General.

671. When quarterly proposals to furnish subsistence and other supplies can not be obtained after advertising, or when those received show prices too high for acceptance, the Surgeon General is authorized to approve the purchase of said supplies in the open market during the three months specified in the proposals.

672. Newspaper advertisements, when considered necessary by the Surgeon General shall be inserted in such newspapers as the Secretary of the Treasury (through the Division of Printing and Stationery) may direct, and no bill for advertising will be paid unless there be presented with the bill the original or a copy of the written authority from the Division of Printing and Stationery to advertise.

673. To meet the requirements of section 3709, Revised Statutes, an advertisement need not necessarily be by publication in the newspapers but by displaying a poster in a public place and sending circulars to persons furnishing the supplies desired. The lobby of the post office is regarded as a suitable place for the display of posters.

674. The circular letters and posters should be drawn in similar language and copies of both should be forwarded to the Surgeon General with the proposals. When quarterly proposals are solicited, the poster and circular letter should state that bond will not be required.

675. Advertisements must be made early enough to allow dealers and others sufficient time in which to make inquiries and to prepare and deliver their proposals. The length of time required will, of course, vary with circumstances. There may be occasions when one day will be sufficient; but in general, not less than a week should be allowed, and when the specifications are such as to make necessary numerous inquiries and calculations, a longer time should be given.

676. Dealers should be instructed that the proposals must be signed in duplicate with the firm signature and be delivered in triplicate in a sealed envelope addressed to the medical officer in charge of the station and marked "Proposals for hospital supplies."

677. Proposals from at least three dealers in each class of supplies should be solicited if possible.

678. Medical officers in charge of service stations shall make reasonable effort to induce the largest and most responsible dealers at the station to submit proposals to furnish subsistence and other supplies.

679. Contracts for subsistence and other supplies shall be made for a fiscal year or some part thereof.

680. The contract shall be signed in the firm name, without seals, but the bond accompanying the contract must be signed by the individual members of the firm and their sureties, and each signature to the bond must have a seal attached. When a person signs a contract for a company, a power of attorney or other satisfactory written evidence that he is authorized to act for the company by entering into contract and executing bond in its behalf must be attached to the contract.

681. Formal contracts with bonds and sureties shall be prepared on the blank form furnished for that purpose (Form 1913).

682. Officers on duty at service stations shall have the privilege of purchasing ordinary subsistence supplies at the contract rates from contractors furnishing said stations, and a clause to that effect may be included in quarterly proposals or formal contracts.

683. Authority to incur expenditures of \$100 or over for labor, material, equipment, or supplies, other than subsistence and the other supplies bought on quarterly proposals, must be secured from the Secretary of the Treasury, through the Surgeon General. The Surgeon General may authorize expenditures of less than \$100 each.

684. Articles and supplies purchased for the service before being accepted by the person authorized to receive them must be carefully inspected, and shall be rejected unless of good quality, corresponding to the specifications in the bid, and in every respect satisfactory.

685. Medical officers in charge of service stations shall from time to time inspect the supplies furnished under contract, and shall reject such as are of inferior quality.

LEASES.

686. When it becomes necessary to prepare formal leases covering office and other quarters rented to the Public Health Service, the lease in general use by the person or company renting the property may be used, provided its terms are modified to meet the requirements of the Government. The Revised Statutes of the United States (Sec. 3648) prohibit the advance payment of public moneys and rent can only be paid at the end of specified periods—monthly, quarterly, or annually. Unless paid from a specific and continuing appropriation no lease can be drawn extending beyond a fiscal year.

It is possible, however, to provide that the period of occupancy shall extend over a term of years, contingent upon the making available by Congress of appropriations out of which the rent may be paid for periods beyond the fiscal year in which the agreement is made.

687. The Government can make repairs or alterations to rented property only when such work is included in the agreement as a part of the rent. Such an arrangement is to be avoided, if possible, but, when the needs of the service require it, proposals for lease of property upon such terms should be forwarded for the required departmental action. It has been ruled that call bells or buzzers, and intercommunicating telephones are office equipment, and can be installed in leased buildings.

ARTICLE XXII.

VOUCHERS.

688. All formal contracts shall receive the approval of the department before they are effective. Proposals received under poster and circular letter or other advertisement shall be approved by the Surgeon General or the Secretary of the Treasury. Vouchers for expenditures so authorized should cite the bureau or department approval on which the expenditure was incurred as authority therefor.

689. All vouchers on account of the service must be rendered on the proper blanks. They must be itemized and in cases where services or articles are furnished patients the names and class of the patients must be given and the items specified.

690. As far as practicable every bill incurred on account of the service will be obtained and promptly forwarded at the close of each month to the Surgeon General. All supplies or services of one character furnished by one payee during a calendar month should be embodied in one voucher, unless an expenditure in definite amount is authorized, in which case one voucher should be submitted for the amount of said expenditure. Expenditures incurred on approved proposal should be vouchered in the terms of the proposal.

691. Vouchers presented for payment must be prepared in accordance with instructions appearing thereon.

692. Vouchers will be forwarded with letters of transmittal only when it is necessary to make some explanation concerning the same for the information of the bureau. A memorandum list should, however, accompany vouchers forwarded in one day. Said list should show the name of the station, date of forwarding, the names of the payees, the character of service or supplies rendered, and the amount of each voucher.

693. Vouchers for articles embraced in an approved proposal must contain no other items.

694. By virtue of contract, the records of hospitals in which beneficiaries of the service are treated are official records in so far as related to information concerning such beneficiaries and the monthly vouchers shall be a transcript of these records. Officers verifying or certifying to monthly vouchers for the care of patients in contract hospitals will satisfy themselves that the services certified have been rendered as stated and in no case shall vouchers be certified unless satisfactory evidence on which certification is based has been furnished the officer making the certificate.

695. The necessary medicines furnished patients of the service by apothecaries upon the prescriptions of physicians authorized to prescribe for such patients will be paid for at the lowest current and just prices charged the public at the time and place, bills to be rendered in due form by the apothecary and certified by the officer authorizing the expenditure.

696. Bills for medicines dispensed to sick and disabled patients upon the prescriptions of medical officers or attending physicians should state the names and class of the patients prescribed for, and should be accompanied with copies of prescriptions, with the number and price of each shown thereon.

697. All official telegrams should be sent at Government rates and those to the bureau sent Government rates "collect." All cable messages must be prepaid by the sender. Existing arrangements with the telegraph companies provide that tolls may be paid in one of three ways, as follows:

(a) The tolls may be paid in cash at the time of filing or upon the delivery of a collect message.

(b) A local monthly charge account may be opened to which the tolls may be charged, to be settled in cash promptly at the close of the month at the local office.

(c) Settlement of telegraph accounts may be made between the bureau and the telegraph companies. In this case copies of the messages are forwarded by the companies to Washington for collection.

If the company insists on payment according to terms of either of the first two ways above mentioned, the officer will pay the charges and submit voucher for reimbursement with the facts noted. The third method mentioned above is preferred, since the settlement of telegraph accounts will then rest on the bureau alone. This method should be observed whenever possible.

Whenever it shall be necessary for officers to make use of the telegraph on official business, due care will be taken to make the same as brief as is consistent with clearness. Initials of names will be

omitted in the address and signature. Same shall be endorsed "Official business" by the sender with his name and title and telegraph identification card number.

Telegrams making application for leave of absence or extension of leave or of inquiry whether leave has been granted, and the replies made thereto by telegraph, are not official business and will not be sent or paid for at the expense of the service. Answers to cable messages must be prepaid by sender.

698. Vouchers for telephone toll service not covered by existing contracts should be itemized to show the number of messages to one place at the same rate. If a greater rate than the minimum is charged, the number of minutes charged should be shown. Copies of telephone messages need not accompany vouchers for toll service, but such vouchers should bear a statement showing that the message was on official business at the rate charged the public. Reimbursement vouchers should be accompanied with subvouchers for all amounts over \$1.

699. Vouchers for telephone service on contract should bear a statement showing that no expenditure thereon was incurred for private business.

700. When an amount approved for any specific purpose or purchase proves insufficient, authority must be obtained for any additional expenditure before submitting vouchers for payment.

701. Subvouchers should accompany vouchers to which they pertain, but should not be fastened thereto with mucilage or staples.

ARTICLE XXIII.

CUSTODIANS.

702. At all stations the medical officer in charge will be appointed custodian, ex officio, by the Secretary of the Treasury, of the buildings and property constituting the station, and he will have responsible custody and supervision of the buildings and grounds and of the necessary repairs thereto.

703. The specific duties of officers who are appointed as custodians are detailed in an official publication of the Treasury Department entitled "Instructions to Custodians of Public Buildings," and the rules and regulations therein set forth, in so far as applicable, shall be complied with by officers and others.

704. Custodians may, when necessary, submit to the department for approval the nomination of a suitable official for appointment as acting custodian, to serve during the absence of the custodian by reason of sickness or any other cause; but such person shall not act until his nomination is approved by the department.

705. Custodians shall forward to the bureau annually, on the 30th of June, diagrams of the different floors of the buildings under their charge, showing the assignment and occupation of all rooms therein.

706. Custodians shall take suitable measures to preserve order about the buildings and grounds and to prevent trespass, destruction of trees, fences, or walls inclosing the hospital and quarantine reservations. They shall report to the United States attorney of the judicial district in which the reservation is situated any serious infractions of this provision.

707. Custodians will not allow any of the rooms in the building to be used for other than official purposes except those assigned as quarters.

708. Custodians will forward to the bureau annually, on the 31st of December, a list of the furniture in the quarters of officers, showing the number of articles of furniture in each room and the condition of each article.

709. Any necessity for repairs or alterations of the buildings, of the approaches to the buildings, or of the fences inclosing the grounds, will be promptly reported by the custodian to the Surgeon General, together with an estimate of the cost of making the same and his recommendation in regard thereto. If the necessary repairs or alterations are extensive or of a character requiring special technical attention, a superintendent of construction or other qualified representative of the department will be ordered to make an inspection and report and to prepare the necessary data upon which proposals for the work approved may be secured.

710. Custodians shall not remove trees or shrubbery from the reservation nor change existing fences without written authority from the Surgeon General.

711. Custodians in charge of leased buildings will make application to renew leases at least 60 days before the notice of renewal or relinquishment is required by the terms of the lease, giving a list of all buildings and rooms rented at their station, the purposes and periods for which they are leased, the annual rent paid, stating that the premises are suitable for the purposes designed, that the rent charged is the lowest for which suitable premises can be obtained, and that the lessor can give a valid lease.

712. Special attention to economy in the use of gas, electric lights, and water is enjoined upon custodians, who will cause employees and others concerned in their control to promptly extinguish all lights not absolutely required for the proper transaction of official business in the executive portions of the buildings under their charge. Water must be economically used.

713. Each voucher for fuel must be accompanied by a certificate of inspection signed by an employee of the service who shall have been designated by the custodian to inspect, weigh, and measure all supplies of fuel. Blank forms for such certification will be furnished by the department.

714. Persons or corporations demanding payments in advance for gas, water, or other service, or supplies for public use, will be notified that, under the restrictive provisions of the statutes, no account can be paid except for service, etc., rendered at the date of presentation of such account.

715. The custodian will be in immediate charge of organizing efficient measures for the prevention and control of fire at the station to which he is assigned. He shall make recommendations for the supply of all necessary equipment for the purpose and shall give direct attention to its proper installation and maintenance. No axe, crowbar, or other fire-fighting apparatus which might be used as a weapon shall be kept in any ward or patient's room.

716. The custodian shall prepare and publish suitable regulations governing the officers and employees of the station, both as to the prevention and control of fires.

717. At stations where a permanent crew of fire fighters is maintained these regulations shall provide for such auxiliary organization composed of employees as may be necessary for protecting the lives of patients and safeguarding the station.

718. At stations where no permanent crew of fire fighters is maintained the regulations shall show in detail the organization of the personnel assigned to the station.

719. These regulations shall assign specific duties to each member of the fire-fighting organization, and they shall be periodically drilled in those duties in such manner as will best prepare them for meeting all possible emergencies.

720. Copies of the fire regulations shall be framed and posted in the executive building and other conspicuous places about the station and each member of the fire-fighting organization shall be furnished with excerpts defining his duties, which he shall be required to keep posted in his quarters.

APPENDIX.

REGISTER OF PATIENTS.

SUPPLEMENTAL INSTRUCTIONS FOR THE PREPARATION OF FORMS 1971-E AND 1971-F.

Serial number.—The serial number is to be filled in at offices of district supervisors only, and bears no relation to the register number given to the patient by an examiner, out-patient office or hospital.

District.—The number of the district from which the patient was received will be recorded in upper right corner of the card.

Place of examination (Form 1971-E).—Indicate the city and State, if the examination is conducted by an examiner not attached to a hospital.

Name and address of hospital (Form 1971-F).—If a civil hospital, indicate correct name, city, and State in which located; if a service hospital, "U. S. P. H. S." or "U. S. Marine" Hospital No. —, as the case may be, together with the city and State in which the hospital is located.

Register number.—Register numbers will be consecutive and continuous.

Name.—The surname is to be written first in all instances. Initial letters or abbreviations may be used for middle names only. All names must be correctly and legibly written.

Permanent address.—The permanent address of the patient must be given in all cases. If a recent change in permanent address has been made, this fact should be noted by the words "Recent change."

Name and address of nearest relative.—Name and address of nearest relative, on Form 1971-F, should be written in full, great care being taken in order that the spelling may be correct in every detail.

Class of beneficiary.—The following abbreviations descriptive of "class" are approved:

- Merchant seaman=M. S.
- Foreign seaman=F. S.
- War-risk insurance=W. R. I.
- Army=A.
- Navy=N.
- Coast Guard=C. G.

Public Health Service=P. H. S.

Lighthouse Service=L. H. S.

Bureau of Fisheries=B. F.

Engineer Corps, Army=E. C. U. S. A.

Coast and Geodetic Survey=C. & G. S.

Bureau of Fisheries=B. F.

Employees' Compensation Commission=E. C. C.

Federal Board for Vocational Education=F. B. V. E.

Discharged Canadian soldier=D. C. S.

Discharged allied soldier=D. A. S.

Compensation number.—Also known as claim number, is the number shown on the papers of a patient of the Bureau of War Risk Insurance, as "C-(No.)." It is assigned by the Bureau of War Risk Insurance. If a patient has no claim number, record as "C—pending."

Rank and organization.—The former rank of beneficiaries of the Bureau of War Risk Insurance and Federal Board for Vocational Education; the present rank of enlisted men of the Army and Navy.

Age.—The age at birthday nearest to date of examination should be given.

Race.—Refers to "white," "colored," "Filipino," "Porto Rican," "Hawaiian," or "Indian."

Marital condition.—Indicate by check after the word applying.

Religion.—Should not be abbreviated.

Nativity.—Place of birth. Give State, if a native; country, if foreign.

Occupation.—Refers to civil occupation.

Source.—The name of the examiner, officer of the Public Health Service, service hospital, contract hospital, or ship from which the patient is received. State whether application is "voluntary" or "authorized."

Date of last service.—If a seaman, the date of last service on ship; if a patient who has been discharged from military or naval forces, date of discharge.

Authority.—The circular letter, paragraph of the Service Regulations, or other authorization should be given, as "Departmental Circular No. —"; "Paragraph —, P. H. S. R."

Date of original examination (Form 1971-E).—Indicate date of examination for which Form 1971-E is being prepared—not the date of any previous examination. This date will be the same as the date of disposition only in those cases in which the patient is given examination alone, or is otherwise disposed of the same day.

Date of admission (Form 1971-F).—Care should be taken to indicate the exact date on which the patient enters the hospital. On this depends the prompt payment of bills due the civil hospitals.

Diagnosis—Name.—Must be in accordance with official “Nomenclature,” P. H. S. If disease is localized or if an injury, its location should be definitely stated, i. e., “wound of arm, gunshot (primary) 2040 S”; “ankylosis of elbow (secondary) 108.” When a patient has two or more diseases or injuries at the time of admission, each of them will be recorded under this heading. If the patient is received by transfer and the diagnosis made after admission differs from that on the transfer card, the additional entry will be made “Diagnosis on transfer card not concurred in.” If a case admitted for operation, the words “For operation” should be inserted in parenthesis after the name of the disease.

Diagnosis—Number.—The number relates to the number of the disease or complication as given in the “Nomenclature of Diseases,” U. S. P. H. S.

Basis for diagnosis (Form 1971-E).—Record under this head the manner in which diagnosis was determined—by the clinical history, physical examination, laboratory findings, or otherwise.

Complication, sequelae, etc.—Record complications, intercurrent diseases, and changes of diagnosis appearing subsequent to the diagnosis made at the time of examination, giving the date in each instance. Changes of diagnosis should be recorded in red ink. No condition should be stated as an “intercurrent disease” which is in any way dependent upon the primary affection. Should the intercurrent disability be cured before final disposition of the patient, the fact and date of cure will also be recorded in this space.

Where was sickness or disability incurred.—Indicate as, “In the military service at ——” or “On board (name of ship).”

How incurred.—Task being performed, as “in action,” “driving an automobile,” “adjusting rigging,” etc. “Line of duty” should be given only when a more definite term can not be used.

Operation (Form 1971-F).—The character of a surgical operation will be briefly described by the commonly accepted name. Kind of anæsthetic will be stated.

Disposition (Form 1971-E).—The completion of a case will be stated by entry specifying the method of completion, as follows: “Examined”; “Examined and furnished office treatment”; “Transferred to —— for examination”; “Transferred to —— for examination and treatment.”

Disposition (Form 1971-F).—The completion of a case will be indicated as follows: “Discharged”; “Deserted”; “Recovered”; “Died.” The result of the autopsy, if one was held, will be stated. When disease or injury has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or operative procedures as would in the opinion

of the medical officer have conduced to the cure or to the lessening of the disability, the fact should be noted in this space.

In all cases of transfer, the specific destination of the patient should be stated, including the correct name of the office or hospital, and the name of the city.

Date of disposition.—This date bears the same relation to the checking of bills, etc., as the date of admission to hospital, or date of original examination of an out-patient. It is, therefore, exceedingly important that this date be supplied and that it be accurate. In recording dates, figures should not be used to designate the month.

Cards will be legibly written, using the typewriter when practicable; otherwise ink must be used in all cases. Entries must not be crowded, and when the space provided under any heading is not sufficient to complete an entry thereunder, an extension slip may be used, which must be of the same size as the card. It must be pasted to the lower margin of the back of the card, using about half an inch for the seam. When an entry is continued on an extension slip, the two parts should be connected by cross references, using a small letter in parenthesis, so that the record can be readily followed. In preparing Form 1971-F, it is permissible to use the available space on the reverse side for this purpose.

The title of the examiner, on Form 1971-E, should always be given, as "A. A. S."; "D. E. (Designated Examiner)"; "A. S. (Attending Specialist)," etc.

In service hospitals, Form 1971-F will be signed by the officer or administrative assistant in charge of the records of patients; in contract hospitals, by the physician in charge.

EMPLOYEES' COMPENSATION COMMISSION.

SPECIMENS OF SUPPLEMENTARY CASE REPORTS.

Subject: Examination and treatment of Richard Rowe.

Reference: Request from postmaster, New York City.

1. Admitted to the hospital July 22, 1919. Examined by Drs. Maloy, Wenner, and Brown.

2. Complaint: Injury to right foot. History: While working in an elevator at the post office, Fifty-eighth Street, Brooklyn, N. Y., July 21, 1919, at 11 a. m., patient's right foot was caught by an iron hook of a truck which was being pulled out of the elevator.

3. Examination, physical: Shows a contusion and some signs of inflammation of right foot, in region of the base of first metatarsal bone. X-ray of right foot is negative for fracture or dislocation. Photographic prints of X-ray plates herewith inclosed.

4. Diagnosis: Contusion of right foot. Disability: Practically nil. Prognosis: Excellent.

5. Comment: Patient discharged August 12, 1919, will be able to resume full duty in one week.

AUGUST 13, 1919.

Subject: Examination and treatment of John Doe.

Reference: Request from Capt. J. C. Brown, Bush Terminal, Brooklyn, N. Y.

1. Admitted to hospital July 14, 1919. Examined by Drs. Cady and York.
2. Complaint: Injury to right ankle. History: While at work July 11, 1919, at Pier No. 3, Fifty-eighth Street, Brooklyn, N. Y., patient fell from the top of a boxed aeroplane, dropping 11 feet. Patient received treatment for his injury at the ——— Dispensary.
3. Examination: Shows slight ecchymosis, swelling, crepitation, and some preternatural mobility of lower end of right tibia. X-ray of right ankle shows a comminuted fracture of lower end of right tibia, fracture extending into the ankle joint. Position good.
4. Diagnosis: Fracture about right ankle joint (simple). Disability: There will be total disability until about September 15, partial disability until October 15, at least. Prognosis: Probably good for complete recovery, though there may be slight stiffness in ankle, due to fracture into the joint.
5. Comment: Patient discharged at own request August 12 to be treated as out-patient. Leg in cast at present time.

HERNIA CASES ENTITLED TO TREATMENT UNDER COMPENSATION ACT.

The following rules as to compensation in cases of hernia are intended to serve as a guide and can not be considered as binding in all hernia cases:

1. Predisposition to hernia shall be regarded as immaterial.
2. Any new hernia, whether complete or incomplete, resulting from an injury, if causing incapacity for work, shall entitle the injured employee to operation and compensation during the resulting incapacity, but the evidence must show with reasonable clearness that:
 - (a) The alleged hernia was immediately preceded by some sudden effort, severe strain, or the application of external force.
 - (b) The injury was accompanied or immediately followed by pain and discomfort.
 - (c) The claimant had no knowledge of the existence of the hernia prior to the alleged injury.
3. Any existing hernia which has not incapacitated for work, if materially aggravated as result of an injury, is compensable if causing incapacity for work, or if not causing incapacity for work, shall entitle the injured employee to operation and compensation during the resulting incapacity, but the evidence must show with reasonable clearness that:
 - (a) The alleged hernia was immediately preceded by some sudden effort, severe strain, or the application of external force.
 - (b) The injury was accompanied or immediately followed by pain and discomfort.

(c) There was a material aggravation of the condition of the hernia existing prior to the alleged injury.

4. In all cases of hernia which the commission shall find remediable by operation, the claimant shall be awarded such operation as a proper and necessary part of medical, surgical, and hospital treatment. If he refuses either to accept or to secure operative treatment, he shall be denied further compensation and treatment, unless there are particular circumstances warranting the waiving of this rule.

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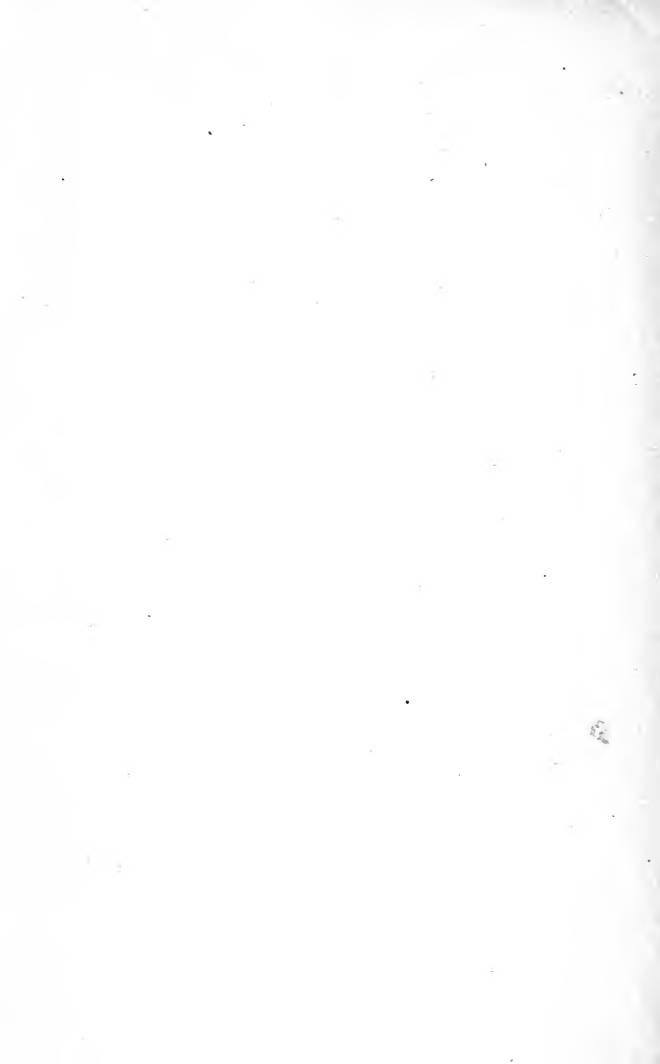
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