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AR 40-610
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MEDICAL SERVICE

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

CHANGES } DEPARTMENT OF THE ARMY
No. 2 } WASHINGTON 25, D. C., 26 March 1952

AR 40-610, 1 December 1950, is changed as follows:

3. General duties of commanding officer.

- c. *Patients.*
- (5) *Information concerning condition of patients.*

(5) (As superseded by C 1, 9 Jan 52) *Notification of admission.*—When a patient evacuated from overseas arrives at a hospital in the United States for definitive treatment, DA AGO Form 8-110 (Hospital Arrival Notice) will be prepared in accordance with SR 40-610-10. Patients will be encouraged to write a personal letter to the emergency addressee in order to supplement this report.

5.1 (Added) *Standards for medicinal agents.*—No medicinal agent which has not first met one or more of the following conditions will be administered to patients under the care of the Army Medical Service:

- a. Inclusion in the Armed Services Catalog of Medical Matériel.
- b. Inclusion in the United States Pharmacopoeia.
- c. Inclusion of the National Formulary.
- d. Acceptance by the Council on Pharmacy and Chemistry of the American Medical Association (inclusion in "New and Nonofficial Remedies" or its interim supplements).
- e. Acceptance by the Council on Dental Therapeutics of the American Dental Association.
- f. Specific approval of The Surgeon General or of the appropriate overseas command surgeon.

[AG 322 (4 Dec 51) (20 Mar 52)]

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:
WM. E. BERGIN
Major General, USA
The Adjutant General

J. LAWTON COLLINS
Chief of Staff, United States Army

DISTRIBUTION:
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*These changes supersede C 1, 9 January 1952, and AR 40-507, 8 May 1950.
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AR 40-610
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MEDICAL SERVICE

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

CHANGES
No. 1

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 9 January 1958

AR 40-610, 1 December 1950, is changed as follows:

3. General duties of commanding officer.

c. Patients.

(5) *Information concerning condition of patients.*

(b) *Notification of admission.*—(Superseded) When a patient evacuated from overseas arrives at a hospital in the United States for definitive treatment, DA AGO Form 8-119 (Hospital Arrival Notice) will be prepared in accordance with SR 40-610-10. Patients will be encouraged to write a personal letter to the emergency addressee in order to supplement this report.

[AG 322 ()]

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

WM. E. BERGIN
Major General, USA
The Adjutant General

J. LAWTON COLLINS
Chief of Staff, United States Army

DISTRIBUTION:

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SUPERSEDED BY 61015A

*AR 40-610

ARMY REGULATIONS }
No. 40-610

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 1 December 1950

MEDICAL SERVICE

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

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1. Purpose and scope.—a. These regulations prescribe policies governing certain phases of administration of Army medical treatment facilities.

b. These regulations pertain specifically to hospitals and infirmaries, but so far as practicable and applicable, they will also govern administration of dispensaries.

2. Application.—These regulations are applicable to all commands of the Army Establishment. Wherever the word "hospital" appears, it pertains to any medical treatment facility giving in-patient care.

3. General duties of commanding officer.—a. Definition.—Wherever the words "commanding officer" appear in these regulations, they pertain to the commanding officer of the medical treatment facility unless otherwise indicated.

b. Responsibilities.—The commanding officer's responsibility includes, but is not limited to, the care and welfare of all patients; the proper discipline and administration of the facility; the preparation, preservation, and submission of necessary reports, registers, and records; the care and safeguarding of all public property under his control; the proper expenditure of supplies and funds; and the preparation of requisitions, returns, and payrolls. He will prescribe and enforce proper regulations as to the administration, sanitation, discipline, training, and other requirements of the medical treatment facility. The commanding officer is responsible for the proper performance of duties delegated by him to an assistant. See AR 210-10 for duties of installation commander.

c. Patients.

(1) Care.—The commanding officer or one of his commissioned assistants will determine, in accordance with pertinent regulations and directives, which persons are to be admitted to and which patients will be discharged from the hospital. He will be responsible for supervising their care and treatment, including the employment of recognized professional procedures and for providing each patient, whether military or civilian, with the highest possible type of medical care in keeping with accepted standards of the medical profession without distinction for race, color, or creed.

These regulations supersede paragraphs 1, 2, 3, 4, 5, 12, 14, 15, 16, 19, 20, and 21, AR 40-530, 21 January 1948, so much of C 8, 6 October 1947 as pertains to paragraph 2, and so much of C 6, 1 September 1948 as pertains to paragraphs 2 and 11.
AGO 1980B—Dec. 900674—50

- (2) *Army patients.*—All Army patients receiving in-patient care will be assigned or attached to a medical holding detachment. The detachment will be commanded by a commissioned officer detailed by the commanding officer. See AR 345-400, SR 845-400-1, SR 600-145-11 and other pertinent Department of the Army directives.
- (3) *Air Force patients.*—Air Force patients will be accounted for as prescribed in Air Force directives. Air Force patients requiring disciplinary correction will be referred to the Air Force for corrective disciplinary action.
- (4) *Convalescents.*—At the discretion of the commanding officer, convalescent patients may be employed to perform such light duty in and about the hospital as may be of therapeutic value or which may tend to improve their physical condition.
- (5) *Information concerning condition of patients.*
- (a) *Disclosure to relatives.*—Information concerning the condition of sick and injured patients necessary to allay the anxiety of relatives will be freely imparted under instructions of the commanding officer.
- (b) *Notification of admission.*—When a patient evacuated from overseas arrives at a hospital in the United States for definitive treatment, a post card or letter will be mailed within 48 hours to the person designated by the patient to be notified in case of emergency, informing addressee of the patient's location and condition. When practicable, the patient will be required to prepare the communication. (Exempt from reports control symbol by AR 305-15.)
- (6) *Report on seriously ill patients.*—When in the opinion of the commanding officer the condition of the patient, by reason of injury or disease, has reached a stage which seriously endangers life, the commanding officer will promptly communicate the fact to the nearest Army chaplain and to the person designated by the patient to be notified in case of emergency or to the nearest known relative. See TM 8-262.
- (a) *Inside continental United States.*—Notification may be sent by commercial means if deemed necessary.
- (b) *Outside continental United States.*—See SR 40-590-20.
- (7) *Report on patients when diagnosis of psychosis has been made.*—When a patient has been diagnosed as a psychotic, the commanding officer will promptly communicate that fact to the person designated to be notified in case of emergency or to the nearest known relative. See SR 600-440-1.
- (8) *Accounting for patient's money and valuables.*—See TM 8-262 and SR 600-440-1.
- (9) *Permission for therapeutic and diagnostic procedures on civilian patients.*—Signed permission for the performance of therapeutic and diagnostic procedures on civilian patients will be obtained in accordance with the usual procedures and policies followed by civilian medical practitioners.
- d. Duty personnel.*
- (1) *Enlisted personnel.*—The Army enlisted personnel assigned to the medical treatment facility will be organized into a detachment or detachments and will normally be commanded by Medical Service Corps officer(s) detailed by the commanding officer.

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

- (2) *WAC enlisted personnel.*—WAC enlisted personnel on duty at a medical treatment facility will be assigned and administered in accordance with AR 625-5.
- (3) *Air Force personnel.*—Air Force personnel assigned to the medical treatment facility will be assigned to Air Force units in accordance with Air Force directives.

e. Use of medical treatment facility buildings.

- (1) *General.*—No portion of the hospital will be occupied as quarters or used for maintaining a mess, except for patients, personnel (including civilian employees) on duty thereat, or such persons as may be authorized by the installation commander.
- (2) *Quarters.*—When deemed necessary, the commanding officer may designate certain rooms or buildings of the hospital as quarters for officers and enlisted personnel on duty thereat.
- (3) *Officers' messes.*—Officers' messes may be established pursuant to AR 210-60. When no suitable messing facilities are available, officers on duty at hospitals may be subsisted in a hospital mess. They will reimburse the hospital fund at the prescribed rate for meals taken.

f. Organization.

- (1) *Hospitals.*—Guides for the organization of hospitals are contained in TM 8-262. These will be followed within the continental United States and, where applicable, outside the continental United States.
- (2) *Numbered units.*—Organization of numbered units is specified in appropriate tables of organization and equipment.

4. Release of information from medical records.—*a. Authority of commanding officer.*—The commanding officer is authorized to release information from medical records with the statement: "It is expected that the information contained herein will be treated as confidential, as is customary in civilian professional medical practice;" and except where the Department of the Army is required by law to supply information from medical records, such information will be given only in accordance with *e* below and SR 345-920-1.

b. Release of appropriate information concerning personnel.—Nothing in these regulations is intended to preclude the release of appropriate information concerning the current health and welfare of individuals in the Armed Forces, or vital statistical data, including proof of death, concerning such personnel. In connection with court orders seeking production of medical records in connection with litigation or criminal prosecutions, paragraph 4, AR 410-5 will be complied with.

c. Reports to civil health authorities.—Nothing in these regulations is intended to preclude the making of reports to civil health authorities of the States as directed in AR 40-1090, or in current Department of the Army publications. For regulations regarding births, deaths, and cases of communicable diseases, see AR 40-1023 and AR 40-1090.

d. Restrictions.—Requests for medical records, or information contained therein, received from sources other than those listed in regulations cited in *e* above, will be reported to The Adjutant General and action withheld pending receipt of instructions therefrom (par. 5, AR 410-5).

e. Release of information concerning civilian patients.—The usual procedures and policies followed by civilian medical practitioners in releasing medical in-

formation will govern in the case of civilians treated or receiving treatment in Army hospitals or by Army medical personnel.

5. **Medical records officer.**—The medical records officer is responsible for all medical records of the hospital. He will see that careful and accurate clinical histories, statistical tables and charts, and prescribed medical records are maintained, and will prepare required reports and returns pertaining to the sick and injured. With reference to signatures on individual medical records, see AR 40-1025.

6. **Hospital food service.**—a. The hospital commander or a designated commissioned assistant will exercise positive and continuous supervision over all phases of food service operations within the hospital to insure that food of the highest quality in adequate quantities is attractively served in proper condition with a minimum of waste. Stringent control measures will be instituted to maintain the highest degree of sanitation and to prevent wrongful and wasteful diversion of supplies or funds. Where there is more than one mess in a hospital, the amount of food issued to each mess will bear a reasonable relation to the number and condition of persons subsisting therein. The commanding officer may require such detailed records concerning the operation of each mess as may be necessary to control and reflect all matters pertaining to the procurement, receipt, storage, issue, preparation, and serving of all food within the hospital. See TM 8-262.

b. **Examination of food handlers.**—See AR 40-205.

c. **Sanitation.**—See AR 40-205.

7. **Medical board (formerly disposition board).**—a. **Appointment.**—The commanding officer will appoint a medical board composed of three or more medical officers to advise him on the disposition of patients in such cases as he deems necessary or as required by higher authority. Doctors of medicine who are full-time civilian employees may be detailed as members of the medical board.

b. **Use of board reports.**

- (1) Commanding officers are authorized to use the reports of medical boards in official reports or correspondence to the various agencies within the Defense Establishment.
- (2) At the request of higher authority, the commanding officer may forward the report of the medical board, together with his recommendations.
- (3) Reports of approved medical boards for Army personnel will be forwarded as indicated in SR 600-450-1.
- (4) Medical board reports for personnel of the other Departments of the Armed Forces will be forwarded as prescribed by the Department concerned.
- (5) Medical boards for the disposition of patients will be used only in those involved cases in which the decision of more than one medical officer is deemed advisable, or in those cases specifically required by directives. See AR 600-450 and SR 600-450-1.

8. **Civilian hospital employees.**—a. **General.**—The employment of civilians is authorized in annual appropriations "Medical and Hospital Department, Army" under regulations prescribed by the Secretary of the Army.

b. **Qualifications.**—Qualifications of civilian employees are prescribed by the Civil Service Commission in accordance with the Civil Service Act and rules.

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

c. Subsistence and quarters.—Subsistence and quarters may be furnished civilian employees in accordance with, and at the rates prescribed by current Department of the Army Civilian Personnel Regulations.

9. Hospital laundry service.—*a. General.*—Laundry service of the items enumerated below will be furnished at Government expense unless otherwise indicated.

- (1) Linen, clothing, and bedding belonging to the Army Medical Service.
- (2) Government-owned white uniforms, coats, and trousers.
- (3) Bulk linen and bedding of enlisted personnel assigned or attached to, or on duty at, the medical treatment facility.
- (4) Washable uniforms, coveralls, and work suits of civilian hospital employees when deemed necessary by the commanding officer for the maintenance of sanitary standards.
- (5) Diapers and other linens of infant patients.
- (6) Within the limits of available Government laundry facilities, personal laundry service for the staff and related medical organizations, detachments at the hospitals, and medical personnel at nearby stations, including staffs and detachments of numbered medical units when attached for administration or training, chargeable at rates prescribed by The Quartermaster General.

b. Responsibility for operation of laundries at hospitals.—See AR 210-180.

c. Purchase of laundry service from commercial sources.—When laundry service cannot be procured from Army-owned-and-operated laundries and is not obtainable from Quartermaster Corps fixed laundries, army or oversea commanders will make necessary arrangements for contract commercial laundry service, as prescribed in AR 30-2140.

10. Ice.—Ice for use in treatment of the sick, for medical photographic work, and for the preservation of biologicals or food will be issued by the Quartermaster Corps, in quantities requested by the commanding officer without charge against Army Medical Service appropriations. See AR 30-2280.

11. Death and preparation of remains.—*a. Reports.*—Whenever the death of a person occurs at an Army medical treatment facility, the commanding officer will make official reports, in writing, as indicated in AR 600-550 and TM 10-285.

b. Mortician.

- (1) *Notification.*—Whenever the services of a funeral director or embalmer are necessary, the commanding officer will promptly notify the establishment or individual under Government contract, or if there be no such contract, he will notify the local quartermaster, who will employ the services of a mortician.
- (2) *Competency.*—The commanding officer of his commissioned representative will inspect the tentatively accepted contract mortician to determine his professional reputation, standing, qualifications, and adequacy of facilities and equipment prior to the award of a uniform burial contract to that mortician. See AR 30-1820.

c. Responsibility of commanding officer.

(1) *Preparation of remains.*—The commanding officer will be responsible for the supervision of the preparation of the remains for burial, including verification of the employment by the mortician of effective and scientific embalming process, including arterial and cavity injection.

tion and ligation after autopsy. Interstate and local ordinances concerning burials and shipment of remains will be scrupulously observed.

- (2) *Inspection and record.*—In cases of burials at Government expense, the commanding officer or his commissioned representative will inspect each body immediately after death, and again in the nude after embalming process to insure that embalming has been correctly and thoroughly accomplished. (See AR 30-1820). The commanding officer or his representative will file in the medical treatment facility a signed record of the fact of compliance with the above requirement.
- (3) *Termination of responsibilities.*—If the deceased was a member of the Armed Forces, the responsibility of the commanding officer will not end until the remains have been removed from the medical treatment facility or mortician's establishment by the quartermaster for interment or shipment. In the case of deceased civilians not entitled to burial at Government expense, the commanding officer's responsibility will cease when the remains are delivered to the mortician designated by the next of kin or other responsible agency.

d. Autopsies.

- (1) *Deceased military personnel.*—An autopsy will be performed upon the body of any person dying in the military service when the commanding officer or the surgeon of a station or command deems such procedure necessary in order to determine the true cause of death, and to secure information for the completion of military records.
- (2) *Deceased civilians.*—In the case of a civilian dying in a medical treatment facility or on a military installation inside the continental United States, when an autopsy is deemed necessary, written permission from the next of kin will be obtained before the autopsy is performed. If permission is unobtainable, and an autopsy is required to complete records of death in compliance with local, State or Federal law, report will be made to civil authorities for necessary action.
- (3) *Prompt performance.*—The performance of an autopsy will occasion minimum delay in delivering the remains to the mortician. Where possible, the autopsy surgeon will be available on call at all times to expedite performance of the examination. Autopsies will normally be completed without delay and the body made immediately available to the mortician. Technique employed will insure minimum interference with the embalming function, particularly disturbance of the circulatory system. Embalming may be performed prior to autopsy provided the autopsy surgeon is agreeable.
- (4) *Records.*—Complete records of autopsies performed will be filed in the medical treatment facility. Copies of autopsy protocols will be furnished in accordance with AR 30-1820, AR 40-410, and AR 600-550.

e. Discharged entitled personnel.—See AR 30-1830.

f. Death occurring during transfer of patient from one hospital to another.—See TM 10-285.

12. Identification of newborn infants.—Immediately subsequent to the birth of an infant in an Army hospital, positive recorded identification will be made on the Neonatal Record (MD Form 55Q-3). This record will include the fingerprints of the mother and both right and left footprints of the infant, and such other identifying data as required. This record will be accomplished prior to removal

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

of the infant and mother from the delivery room. The neonatal record will be filed as a permanent part of the mother's clinical record. To further identify the infant, use will be made of identification set, infant bead type, a standard item of medical supply.

13. Hospital safe.—The commanding officer will designate one safe in the hospital as the hospital safe. Knowledge of the combination of the lock of the hospital safe will be guarded with the utmost care in accordance with the following instructions:

a. Inside continental United States.—Within the continental United States the combination of the hospital safe and any changes thereto will immediately be placed in a sealed envelope and forwarded to the commanding officer of the installation for deposit in the headquarters' safe in the same manner as confidential papers.

(1) *Deposit of combinations.*—Combinations to any additional safes or combination lock files used in the hospital, and any changes of such combinations, will immediately be placed in sealed envelopes and deposited in the hospital safe.

(2) *Record of combinations.*—Safe combinations will be transmitted in an inner envelope showing on the outside thereof "combination to _____ safe, _____ station _____ deposited with _____ on _____ (date)." The outer envelope will be addressed to the appropriate commanding officer and will contain no references to the contents of the inner envelope. No letter of transmittal to the commanding officer is necessary.

b. Oversea stations.—At oversea stations, the combination and any changes thereto of the hospital safe and any additional safes or combination lock files will be safeguarded in accordance with instructions issued by oversea major commanders.

c. Change of combinations.—Combinations to safes and combination lock files will be changed whenever the custodian is changed and at such intervals as deemed advisable by the custodian concerned. See AR 380-5.

14. Medical treatment facility regulations.—The commanding officer is responsible for the formulation and enforcement of such regulations as are necessary for the guidance of patients and duty personnel. Regulations will be kept posted in appropriate places to be easily seen and read by those persons to whom they are applicable.

[AG 322 (24 May 50)]

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General, USA
The Adjutant General

J. LAWTON COLLINS
Chief of Staff, United States Army

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ARMY REGULATIONS
No. 40-610

*Superseded
by 40-600
10-6-40*
WAR DEPARTMENT.
WASHINGTON, January 2, 1940.

MEDICAL DEPARTMENT
FITZSIMONS GENERAL HOSPITAL

General.....	Paragraph 1
Admissions.....	2
Charges.....	3

1. General.—*a.* The chief purpose of the Fitzsimons General Hospital, Denver, Colo., is to give treatment under most favorable conditions to patients with pulmonary, surgical, or other forms of tuberculosis, who may be expected to benefit from hygienic treatment in which heliotherapy and outdoor life play a prominent part.

b. Medical and surgical cases of a general character may be admitted as provided in AR 40-600.

c. Except as provided in these regulations this hospital will be organized and administered as are other peacetime general hospitals of the Army. See AR 40-590 and 40-600.

d. For other regulations pertaining to military hospitals, see AR 40-580, 40-585, 40-590, 40-600, and 40-605.

2. Admissions.—*a. Classes of persons who may be admitted.*—The admission to this hospital of the following classes of patients is authorized:

- (1) All persons enumerated in paragraph 6b, AR 40-590.
- (2) Beneficiaries of the United States Soldiers' Home, Washington, D. C.
- (3) Other persons, upon special authority of the Secretary of War or The Surgeon General.

b. Procedure for admission.

(1) Authority for the transfer to this hospital of a person on the active list of the Army may be secured by application of the surgeon through military channels to the proper commander (see AR 40-600). The application will be accompanied by a full medical report in each instance, including a certificate by the medical officer stating the disability for which he recommends transfer to this hospital and his opinion that treatment there will conduce to a more rapid recovery. An enlisted man with tuberculosis who has less than 3 months to serve will not be recommended for transfer to this hospital unless he first expresses in writing his willingness to remain there for a period of at least 3 months from date of his admission thereto. The medical officer who certifies a case for transfer to this hospital for treatment will be held accountable for the proper selection of the case, for the correctness of the diagnosis, and for recommending the transfer at the proper time.

(2) Authority for the admission of a person on the retired list of the Army may be granted by The Adjutant General upon the recommendation of The Surgeon General, when beds are available, upon application to be accompanied in each instance by a medical report,

*This pamphlet supersedes AR 40-610, June 16, 1935.

including the certificate of a physician stating the nature and degree of the disability and the general condition of the patient.

- (3) Officers, commissioned warrant officers, warrant officers, and enlisted men on the active list of the Navy or Marine Corps may be admitted upon written application to The Adjutant General by the proper Navy or Marine Corps authority.
- (4) Beneficiaries of the United States Soldiers' Home, Washington, D. C., are admitted under arrangements approved by the board of commissioners of the home.
- (5) Beneficiaries of the United States Veterans' Administration may be admitted directly upon written authority of the proper representative thereof.
- (6) Civilian employees (see par. 6b (7) and (8), AR 40-590) may be admitted directly on certificate of the official under whom they are employed, the certificate to state the fact of employment and the circumstances under which the injury was incurred.
- (7) Members of families (defined in par. 6b (6), AR 40-590) may be admitted upon application made directly to the commanding officer of the hospital.
- (8) All other nonmilitary persons not otherwise provided for will be admitted only on authority of the Secretary of War or The Surgeon General.

3. Charges.—a. General.—Provisions regarding hospital charges published in AR 40-590 will govern charges at this hospital except as otherwise prescribed in b and c below.

b. Subsistence charges.—Officers, nurses, commissioned warrant officers, warrant officers of the Army, Navy, or Marine Corps, and cadets of the United States Military Academy will be subject to a subsistence charge of \$1.50 per day. All other persons subsisted on the status of an officer will be subject to a like charge for subsistence.

c. Charges for beneficiaries of the United States Soldiers' Home, Washington, D. C.—All expenses of maintenance of patients from the Soldiers' Home will be paid by the board of commissioners of the home.

[A. G. 322.3 (10-25-39).]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:

E. S. ADAMS,
Major General,
The Adjutant General.

Supersedes AR 40-610

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*AR 40-610
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ARMY REGULATIONS } WAR DEPARTMENT,
No. 40-610 } WASHINGTON, June 10, 1935.

MEDICAL DEPARTMENT

THE FITZSIMONS GENERAL HOSPITAL

General	Paragraph
Admissions	1
Charges	2
	3

1. General.—a. The chief purpose of the Fitzsimons General Hospital, Denver, Colo., is to give treatment under most favorable conditions to patients with pulmonary, surgical, or other forms of tuberculosis, who may be expected to benefit from hygienic treatment in which heliotherapy and outdoor life play a prominent part.

b. Medical and surgical cases of a general character may be admitted as provided in AR 40-600.

c. Except as provided in these regulations this hospital will be organized and administered as are other peace-time general hospitals of the Army. See AR 40-590 and 40-600.

d. For other regulations pertaining to military hospitals, see AR 40-580, 40-585, 40-590, 40-600, and 40-605.

2. Admissions.—a. *Classes of persons who may be admitted.*—The admission to this hospital of the following classes of patients is authorized:

- (1) Officers, Army nurses, warrant officers, cadets of the United States Military Academy, and enlisted men in the active military service of the United States; contract surgeons (full time); also persons on the retired list of the Army. An enlisted man with tuberculosis who has less than 3 months to serve will not be recommended for transfer to this hospital unless he first expresses in writing his willingness to remain there for a period of at least 3 months from date of his admission thereto.
- (2) Officers, commissioned warrant officers, warrant officers, and enlisted men on the active list of the United States Navy or Marine Corps.
- (3) Beneficiaries of the United States Soldiers' Home, Washington, D. C.
- (4) Beneficiaries of the United States Veterans' Administration to the extent of the beds authorized by the Surgeon General for this purpose.
- (5) Civilian employees injured in the performance of their official duties in the vicinity of the hospital. See AR 40-590.
- (6) Members of the immediate families of persons in active military service, when hospital facilities are available for this purpose.
- (7) Other persons, upon special authority of the Secretary of War or the Surgeon General.

b. *Procedure for admission.*

- (1) Authority for the transfer to this hospital of a person on the active list of the Army may be secured by application of the surgeon through military channels to the proper commander (see AR 40-600). The application will be accompanied by a full medical

report in each instance, including a certificate by the medical officer stating the disability for which he recommends transfer to this hospital and his opinion that treatment there will conduce to a more rapid recovery. The medical officer who certifies a case for transfer to this hospital for treatment will be held accountable for the proper selection of the case, for the correctness of the diagnosis, and for recommending the transfer at the proper time.

- (2) Authority for the admission of a person on the retired list of the Army may be granted by The Adjutant General upon the recommendation of the Surgeon General, when beds are available, upon application to be accompanied in each instance by a medical report, including the certificate of a physician stating the nature and degree of the disability and the general condition of the patient.
- (3) Officers, commissioned warrant officers, warrant officers, and enlisted men on the active list of the Navy or Marine Corps may be admitted upon written application to The Adjutant General by the proper Navy or Marine Corps authority.
- (4) Beneficiaries of the United States Soldiers' Home, Washington, D. C., are admitted under arrangements approved by the board of commissioners of the home.
- (5) Beneficiaries of the United States Veterans' Administration may be admitted directly upon written authority of the proper representative thereof.
- (6) Civilian employees (see a (5) above) may be admitted directly on certificate of the official under whom they are employed, the certificate to state the fact of employment and the circumstances under which the injury was incurred.
- (7) Members of families (see a (6) above) may be admitted upon application made directly to the commanding officer of the hospital.

3. Charges.—*a. General.*—Provisions regarding hospital charges published in AR 40-590 will govern charges at this hospital except as otherwise prescribed in this paragraph.

b. Subsistence charges.—Officers, commissioned warrant officers, warrant officers of the Army, Navy, or Marine Corps, and cadets of the United States Military Academy will be subject to a subsistence charge of \$1.50 per day. All other persons subsisted on the status of an officer will be subject to a like charge for subsistence.

c. Charges for beneficiaries of the United States Soldiers' Home, Washington, D. C.—All expenses of maintenance of patients from the Soldiers' Home will be paid by the board of commissioners of the home.

[A. G. 322.3 (1-30-35).]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

E. T. CONLEY,

Brigadier General,

Acting The Adjutant General.

DOUGLAS MACARTHUR,

General,

Chief of Staff.

APR 14 1927

* AR 40-610

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*Superseded
by 40-610 6/10/35*ARMY REGULATIONS }
No. 40-610.WAR DEPARTMENT,
WASHINGTON, April 11, 1927.

MEDICAL DEPARTMENT

THE FITZSIMONS GENERAL HOSPITAL

	Paragraph
General.....	1
Admissions.....	2
Charges.....	3

1. General.—a. The chief purpose of the Fitzsimons General Hospital, Denver, Colo., is to give treatment under most favorable conditions to patients with pulmonary, surgical, or other forms of tuberculosis, who may be expected to benefit from hygienic treatment in which heliotherapy and outdoor life play a prominent part.

b. Medical and surgical cases of a general character may be admitted as provided in AR 40-600.

c. Except as provided in these regulations this hospital will be organized and administered as are other peace-time general hospitals of the Army. See AR 40-590 and 40-600.

d. For other regulations pertaining to military hospitals, see AR 40-580, 40-585, 40-590, 40-600, and 40-605.

2. Admissions.—a. *Classes of persons who may be admitted.*—The admission to this hospital of the following classes of patients is authorized:

- (1) Officers, warrant officers, members of the Army Nurse Corps, and enlisted men in the active military service of the United States; contract surgeons (full time); also persons on the retired list of the Army. An enlisted man with tuberculosis who has less than three months to serve will not be recommended for transfer to this hospital unless he first expresses in writing his willingness to remain there for a period of at least three months from date of his admission thereto.
- (2) Officers, commissioned warrant officers, warrant officers, and enlisted men on the active list of the United States Navy or Marine Corps.
- (3) Beneficiaries of the United States Soldiers' Home, Washington, D. C.
- (4) Beneficiaries of the United States Veterans' Bureau, to the extent of the beds authorized by the Surgeon General for this purpose.
- (5) Civilian employees injured in the performance of their official duties in the vicinity of the hospital. See AR 40-590.
- (6) Members of the immediate families of persons in active military service, when hospital facilities are available for this purpose.
- (7) Other persons, upon special authority of the Secretary of War or the Surgeon General.

* This pamphlet supersedes AR 40-610, June 5, 1924.

Paragraphs 2 and 3 changed.

b. Procedure for admission.

- (1) Authority for the transfer to this hospital of a person on the active list of the Army may be secured by application of the surgeon through military channels to the proper commander (see AR 40-600), the application to be accompanied by a full medical report in each instance, including a certificate by the medical officer stating the disability for which he recommends transfer to this hospital and his opinion that treatment there will conduce to a more rapid recovery. The medical officer who certifies a case for transfer to this hospital for treatment will be held accountable for the proper selection of the case, for the correctness of the diagnosis, and for recommending the transfer at the proper time.
- (2) Authority for the admission of a person on the retired list of the Army may be granted by The Adjutant General upon the recommendation of the Surgeon General, when beds are available, upon application to be accompanied in each instance by a medical report including the certificate of a physician stating the nature and degree of the disability and the general condition of the patient.
- (3) Officers, commissioned warrant officers, warrant officers, and enlisted men on the active list of the Navy or Marine Corps may be admitted upon written application to The Adjutant General by the proper Navy or Marine Corps authority.
- (4) Beneficiaries of the United States Soldiers' Home, Washington, D. C., are admitted under arrangements approved by the board of commissioners of the home.
- (5) Beneficiaries of the United States Veterans' Bureau may be admitted directly upon written authority of the proper bureau representative.
- (6) Civilian employees (see a(4) above) may be admitted directly on certificate of the official under whom they are employed, the certificate to state the fact of employment and the circumstances under which the injury was incurred.
- (7) Members of families (see a(6) above) may be admitted upon application made directly to the commanding officer of the hospital.

3. Charges.—a. General.—Provisions regarding hospital charges published in AR 40-590 will govern charges at this hospital except as otherwise prescribed in this paragraph.

b. Subsistence charges.

- (1) Officers, commissioned warrant officers, and warrant officers of the Army, Navy, or Marine Corps will be subject to a subsistence charge of \$1.50 per day. All other persons subsisted on the status of an officer will be subject to a like charge for subsistence.
- (2) Enlisted men on the retired list of the Army and all other persons, except beneficiaries of the United States Soldiers' Home, Washington, D. C., subsisted on the status of an enlisted man will be subject to a subsistence charge per day equal to the average per capita cost a day of the food supplies expended during the preceding month in the subsistence of the sick on an enlisted status, plus 10 cents a day.

THE FITZSIMONS GENERAL HOSPITAL

AR 40-610

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c. Charges for beneficiaries of the United States Soldiers' Home, Washington,
D. C.—All expenses of maintenance of patients from the Soldiers' Home will
be paid by the board of commissioners of the home.

[A. G. 3223 (11-4-26).]

BY ORDER OF THE SECRETARY OF WAR:

C. P. SUMMERALL,
Major General,
Chief of Staff.

OFFICIAL:

ROBERT C. DAVIS,
Major General,
The Adjutant General.

ARMY REGULATIONS
No. 40-610

WAR DEPARTMENT,
WASHINGTON, June 5, 1924.

MEDICAL DEPARTMENT

THE FITZSIMONS GENERAL HOSPITAL

	Paragraph
General	1
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1. General.—*a.* The chief purpose of the Fitzsimons General Hospital, Denver, Colo., is to give treatment under most favorable conditions to patients with pulmonary, surgical, or other forms of tuberculosis, who may be expected to benefit from hygienic treatment in which heliotherapy and outdoor life play a prominent part.

b. Medical and surgical cases of a general character may be admitted as provided in AR 40-600.

c. Except as provided in these regulations this hospital will be organized and administered as are other peace-time general hospitals of the Army (see AR 40-590 and 40-600).

d. Other regulations pertaining to military hospitals.—See AR 40-580, 40-585, 40-590, 40-600, and 40-605.

2. Admissions.—*a.* *Classes of persons who may be admitted.*—The admission to this hospital of the following classes of patients is authorized:

- (1) Officers, warrant officers, Army field clerks, field clerks, Quartermaster Corps, members of the Army Nurse Corps, enlisted men in the active military service of the United States, and contract surgeons (full time), also persons of these same classes on the retired list of the Army. An enlisted man with tuberculosis who has less than three months to serve will not be recommended for transfer to this hospital unless he first expresses in writing his willingness to remain there for a period of at least three months from date of his admission thereto.
- (2) Officers, warrant officers, and enlisted men on the active list of the United States Navy or Marine Corps.
- (3) Beneficiaries of the United States Soldiers' Home, Washington, D. C.
- (4) Beneficiaries of the United States Veterans' Bureau, to the extent of the beds authorized by The Surgeon General for this purpose.
- (5) Civilian employees injured in the performance of their official duties in the vicinity of the hospital. See AR 40-590.
- (6) Members of the immediate families of persons in active military service, when hospital facilities are available for this purpose.
- (7) Other persons, only upon special authority of the Secretary of War or The Surgeon General.

b. Procedure for admission.

- (1) Authority for the transfer to this hospital of a person on the active list of the Army may be secured by application of the surgeon

through military channels to the proper commander (see AR 40-600), the application to be accompanied by a full medical report in each instance, including a certificate by the medical officer stating the disability for which he recommends transfer to this hospital and his opinion that treatment there will conduce to a more rapid recovery. The medical officer who certifies a case for transfer to this hospital for treatment will be held accountable for the proper selection of the case, for the correctness of the diagnosis, and for recommending the transfer at the proper time.

- (2) Authority for the admission of an officer, warrant officer, or enlisted man on the retired list of the Army may be granted by The Adjutant General, upon the recommendation of The Surgeon General, when beds are available, upon application to be accompanied in each instance by a medical report including the certificate of a physician stating the nature and degree of the disability and the general condition of the patient.
- (3) Officers, warrant officers, and enlisted men on the active list of the Navy or Marine Corps may be admitted upon written application to The Adjutant General by the proper Navy or Marine Corps authority.
- (4) Beneficiaries of the United States Soldiers' Home, Washington, D. C., under arrangements approved by the board of commissioners of the home.
- (5) Beneficiaries of the United States Veterans' Bureau may be admitted directly upon written authority of the proper bureau representative.
- (6) Civilian employees (see a(5) above) may be admitted directly on certificate of the officer under whom they are employed, the certificate to state the fact of employment and the circumstances under which the injury was incurred.
- (7) Members of families (see a(6) above) upon application made directly to and upon approval by the commanding officer of the hospital.

3. Charges.—a. General.—Provisions regarding hospital charges published in AR 40-590 will govern charges at this hospital except as otherwise prescribed in this paragraph.

b. Subsistence charges.

- (1) Officers, warrant officers, Army field clerks, and field clerks, Quartermaster Corps, of the Army, and officers and warrant officers of the Navy or Marine Corps will be subject to a subsistence charge of \$1.50 per day, regardless of whether such personnel are on the active or the retired list. All other persons subsisted on the status of an officer will be subject to a like charge for subsistence.
- (2) Enlisted men on the retired list of the Army and all other persons, except beneficiaries of the United States Soldiers' Home, Washington, D. C., subsisted on the status of an enlisted man will be subject to a subsistence charge per day equal to the average per capita cost a day of the food supplies utilized during the preceding month in the subsistence of the sick on an enlisted status, plus 10 cents a day.

THE FITZSIMONS GENERAL HOSPITAL

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c. Charges for beneficiaries of the United States Soldiers' Home, Washington, D. C.—All expenses of maintenance of patients from the Soldiers' Home will be paid by the board of commissioners of the home.

[A. G. 300.33 (6-2-24).]

BY ORDER OF THE SECRETARY OF WAR:

JOHN J. PERSHING,

General of the Armies,

Chief of Staff.

OFFICIAL:

ROBERT C. DAVIS,

Major General,

The Adjutant General.