



LOMA LINDA UNIVERSITY

Loma Linda University
**TheScholarsRepository@LLU: Digital
Archive of Research, Scholarship &
Creative Works**

The Hospitalers

Loma Linda University Publications

1-11-1939

Volume 2, Number 3

47th General Hospital

Ben E. Grant Major, Medical Reserve Corps
47th General Hospital

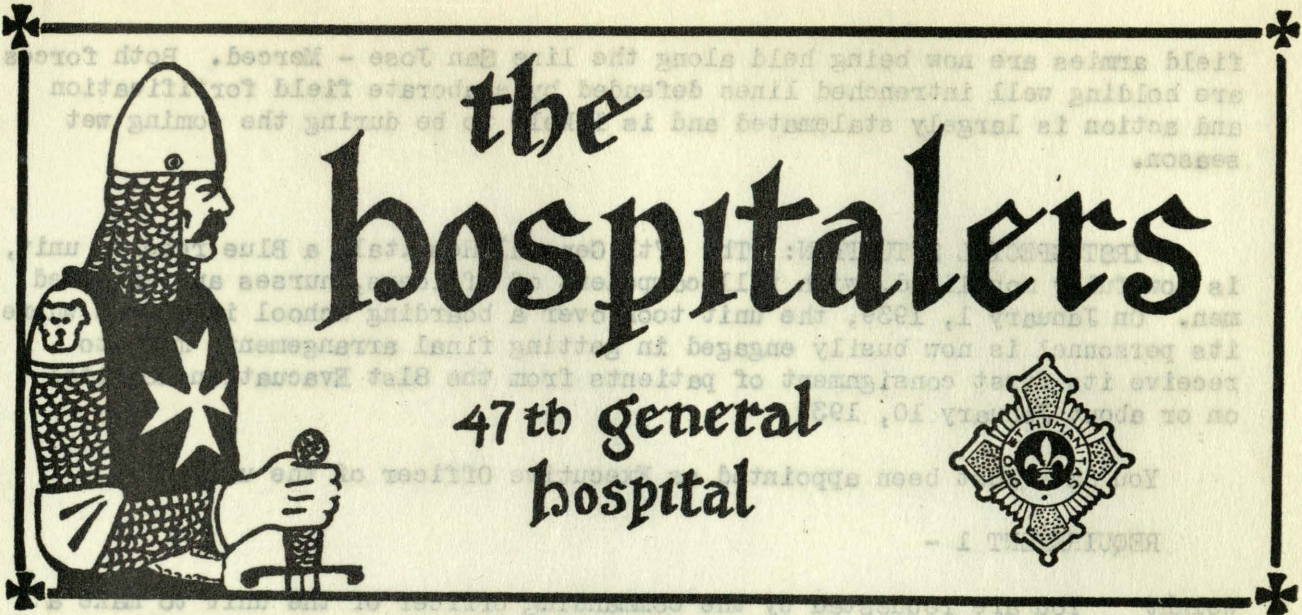
Follow this and additional works at: <https://scholarsrepository.llu.edu/hospitalers>

Recommended Citation

47th General Hospital and Grant, Ben E. Major, Medical Reserve Corps, "Volume 2, Number 3" (1939). *The Hospitalers*.

<https://scholarsrepository.llu.edu/hospitalers/7>

This Book is brought to you for free and open access by the Loma Linda University Publications at TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. It has been accepted for inclusion in The Hospitalers by an authorized administrator of TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. For more information, please contact scholarsrepository@llu.edu.



Vol. II

January 11, 1939

No. 3

ORGANIZATION OF A GENERAL HOSPITAL - III

Ben E. Grant
Major, Med-Res.

SPECIAL LESSON No. 3
(Series 1938-9)

- Organization and Function of
the Professional Services
in a General Hospital

ESTIMATED TIME

- 2 hours

TEXT ASSIGNMENT

- Special text No. 3 (1938-9)

MATERIALS REQUIRED

- None

MAXIMUM WEIGHT

- 100

EXERCISE:

GENERAL SITUATION: War was declared between Red and Blue on September 15, 1938. The boundary line between the two countries is in the general line: Monterey - Fresno - Independence (California), Red lying to the north of this boundary and Blue to the south. The war has passed through two phases. After preliminary invasion of the Blue territory by mechanized Red forces, the enemy was driven north by the fully mobilized Blue Army. The Red force has been split into two sections, one Army being confined to the peninsula by a Blue force holding the line Santa Cruz - San Jose. A larger Red force estimated at two

field armies are now being held along the line San Jose - Merced. Both forces are holding well intrenched lines defended by elaborate field fortification and action is largely stalemated and is likely to be during the coming wet season.

FIRST SPECIAL SITUATION: The 47th General Hospital, a Blue reserve unit, is now fully mobilized, with full component of officers, nurses and enlisted men. On January 1, 1939, the unit took over a boarding school in Fresno where its personnel is now busily engaged in getting final arrangements made to receive its first consignment of patients from the 81st Evacuation Hospital on or about January 10, 1939.

You have just been appointed as Executive Officer of the unit.

REQUIREMENT 1 -

Weight 50 You are requested by the commanding officer of the unit to make a diagram of the Professional Division indicating Services and Sections from the standpoint of professional service.

SECOND SPECIAL SITUATION: On Feb. 15, the 47th General Hospital is now serving the I Blue Army as a base hospital, having 642 bed patients in the hospital wards.

The Chief of the Medical Service of the Hospital has been transferred as Medical Consultant in a Hospital Center of which the 47th General Hospital is to be an integral unit. You have been promoted to fill this position.

REQUIREMENT 2 -

Weight 10 (a) What will be your duties as Chief of the Medical Service?

Weight 10 (b) As Chief of the Medical Service you have appointed Captain A as Executive officer of the Service. Major B, Chief of the General Medical Section, states that it is not your privilege to appoint Captain A as Executive officer of the Service. Is Major B correct in this assertion? If so, by whom is the Executive officer of the Service appointed?

Weight 10 (c) Lieutenant C, a medical ward officer, speaks to you in the hall about the medical treatment of a case of pneumonia in his ward. What mistake has he made, if any, in bringing this matter to your attention?

Weight 10 (d) Lieutenant D, a Chaplain, has developed acute rheumatic fever and is found to have a cardiac murmur, and seems to be physically unfit for further military service. How will this matter be definitely settled and by whom?

Weight 10 (e) What are your responsibilities regarding monthly reports?

SPECIAL TEXT No. 3

(1938 - 39 Series)

Professional Service in a General Hospital

Essential Differences in Medical Service in a Civilian as Compared to a Military Hospital. - The essential differences in medical service in a civilian hospital as compared to a military hospital may be investigated from the standpoint of (1) hospital administration, (2) inter-relationship of members of the staff, (3) types of medical practice, (4) rights of the patients, and (5) of clinical records.

In time of war, a General Hospital would compare quite closely in organization to a hospital with a closed staff administered by a Medical School. The Commanding officer would have responsibilities similar to those of a superintendent and the chiefs of services similar to those of chiefs of professional services in a civilian hospital. The essential difference would be in the matter of responsibility. In a General Hospital, the Commanding officer is completely and finally responsible for the activities of the institution, both from an administrative and professional standpoint, while in a civilian hospital, the superintendent has practically no responsibility in the matter of professional service. In a military hospital the chiefs of services are appointed by and are responsible to the Commanding officer.

Similarly, the interstaff relationships are actually very much the same in a General Hospital as in a University Hospital. The chief of a service (professor) is responsible for and dictates the policies of his service, which are carried out by his assistants, his residents and interns. In a military hospital, the Chief of Service has the same responsibilities and duties. He is more directly responsible to the Commanding officer to whom he must render a monthly report. Moreover, he has disciplinary control, not only over his assistants and nurses but also over the patients.

The type of medical practice differs considerably from a civilian hospital. The patients are largely males in early or middle adult life. The diseases or injury are those predominantly characteristic of military service (excluding epidemics). Surgical treatment is concerned essentially with potentially or actually infected wounds, and may be more or less stereotyped.

From the patient's standpoint, the situation is somewhat different. In a civilian hospital, the patient may choose when to come and when to leave, by whatever means he may choose, and whither he wishes to go. He may accept or reject proposed treatment. In a military hospital in time of war, the patient is transported by military vehicles, he remains or is discharged only on recommendation of the officers in the hospital. If he refuses treatment he is subject to court martial.

As for records, those in a General Hospital are more rigidly prescribed not only as to form but also as to content. They are more condensed and probably more critically accurate as to essential details. They are carefully guarded as a vital document, useful as a source of facts on a soldier's service record. Otherwise, it may be of the same use as a clinical record in a civilian hospital.

NOTE: The following portion of the text has been adapted (with slight modifications to meet an altered military situation as might be expected in time of war) from the "Regulations for the Letterman General Hospital."

Composition of Professional Division.-- a. The Professional Division consists of eight services as follows:

- | | |
|-------------------------------|------------------|
| (1) Dental | (5) Nursing |
| (2) Eye, Ear, Nose and Throat | (6) Out-Patient |
| (3) Laboratory | (7) Radiological |
| (4) Medical | (8) Surgical |

b. The Professional Services are made up of various sections, as follows:

- (1) Dental Service
 - Operative Section
 - Oral Surgery Section
 - Prosthetic Section
- (2) Eye, Ear, Nose and Throat Service
 - Eye, Ear, Nose and Throat Section
 - Eye Section
- (3) Laboratory Service
 - Serology, Chemistry and Clinical Microscopy Section
 - Pathology Section
- (4) Medical Service
 - General Medical Section
 - Infectious Diseases Section
 - Neuro-psychiatric Section
 - Officers' Section
- (5) Nursing Service
- (6) Out-Patient Service
- (7) Radiological Service
 - Roentgenological Section
- (8) Surgical Service
 - Anesthesia and Operating Section
 - General Surgery Section
 - Genito-Urinary Section
 - Orthopedic Surgery Section
 - Physiotherapy Section
 - Septic Surgery Section
 - Women's Section (for nursing personnel)

c. Each professional service is in charge of an officer who is known as Chief of Service. Each section is in charge of an officer known as Chief of Section.

d. Each Chief of Service is responsible directly to the Commanding officer for proper administration of his service; each Chief of Section to his Chief of Service and each Ward officer to his Chief of Section.

General.-- The Professional Division consists of eight services, viz., Dental, Eye, Ear, Nose and Throat, Laboratory, Medical, Nursing, Outpatient, Radiological, and Surgical.

Duties of Chief of Service.-- The senior officer assigned to duty in each service will be in charge of that service and will be known as the Chief of Service. The duties and responsibilities of a Chief of Service are:

- a. General supervision over the entire service.
- b. The issue of such orders and formulation of such regulations for the operation of the service as may be necessary.
- c. The assignment of officers to wards and other activities, except Chiefs of Sections and Executives who will be assigned in orders from the Commanding Officer on their recommendation.
- d. Responsibility for the administration, sanitation, and police of wards, sections, and other activities pertaining to the service, and the professional care of patients thereon.
- e. Responsibility for the maintenance of clinical records and the records are examined and corrected before they are transmitted to the Registrar.

Executive.-- A medical officer of the Medical Service and a medical officer of the Surgical Service will be detailed in addition to their other duties upon the recommendation of the Chief of Service as Executive, respectively, of these services.

Chiefs of Sections.-- Each Section of a Service will be conducted by a designated medical officer who will be known as the Chief of Section. He will be responsible to the Chief of the Service for the administration and operation of his section including care and treatment of all cases in that section.

Staff Meetings.-- Chiefs of Services will arrange for Service Staff Meetings and Groups for the review of professional journals.

Disposition Board.-- a. Whenever an officer or Warrant Officer may require action by a retiring board or transfer to another hospital, the Chief of Service concerned will cause the patient to be reported to a Board of Officers convened by the Commanding Officer and known as the Disposition Board. Similar action will be taken in the case of an officer or Warrant Officer, who, although considered fit for duty, believes himself to be in need of further treatment, transfer to another hospital, action by a retiring board, or change of station.

b. Officers or Warrant Officers ordered to the hospital for examination and report as to their physical fitness for service, for observation of defects discovered at physical examination, and those in which there may be a question of doubt as to proper disposition, will also be referred to the Board.

c. The Disposition Board will act upon any other special cases referred to it by the Commanding Officer.

d. The Disposition Board will examine the patient and report to the Commanding Officer their opinion as to physical fitness for military service and submit specific recommendations as to disposition of the case, either continuance of treatment in hospital or quarters, action by a retiring board, return to duty, transfer to another hospital or any other action that they may consider advisable to best conserve the welfare of the patient. A synopsis of the patient's medical history will be incorporated in the proceedings of the Board.

e. The Chief of the Medical Service, the Chief of the Surgical Service, and the Chief of the Officers' Section, Medical Service, will constitute the Disposition Board.

Reports.--- The Chief of the Medical Service and the Chief of the Surgical Service will submit at the end of each month a consolidated report in duplicate, of the number of outpatients treated and the number of treatments administered to outpatients in the various sections of their services. With this object in view, they will cause every chief of section on which outpatients are treated to maintain an outpatient index in conformity to the requirements of AR 40-1070.

S O L U T I O N

(Special Lesson No. 3)
(Series 1938-9)

REQUIREMENT 1.

Weight See attached sheet.
50

REQUIREMENT 2.

Weight (a) Chief of Service.-- The duties of the Chief of the
10 Laboratory Service are:

- (1) General charge of the laboratory.
- (2) Supervising the performance of such examinations as are requested thereof by ward officers, making reports of the same directly to the officer concerned.
- (3) Supervision of the Basal Metabolic Laboratory;
- (4) General charge of the morgue including care of bodies of deceased persons (until turned over to the proper undertaker), performance of post-mortem examinations, preparation of proctocols and preservation, classification, storage and disposition of pathological specimens.
- (5) Such laboratory service and consultations on matters of sanitation as are required by Army Regulations 40-305, of Commanding Officers of Corps Area Laboratories.
- (6) Such other duties as the Commanding Officer may direct.

Weight (b) Yes, Major B. is correct. The executives of the Medical
10 and Surgical Services are appointed by the Commanding Officer on your recommendation, but not by you directly.

Weight (c) Lieut. C. was in error in not consulting his Chief of
10 Section about this matter. If necessary, the Chief of Section would consult with you.

Weight (d) Lieut. D. would appear before the Disposition Board
10 consisting of the Chiefs of the Medical and Surgical Services and of the Officer's Section.

Weight (e) The Chief of the Medical Service is required to submit a
10 report of the outpatients treated during the month on his various sections who are required to keep an Out-patient Index for this purpose. He may be required to submit other monthly reports as the Commanding Officer may see fit.

SOLUTION,
Special Problem No. 3
(1938-9 Series)
FIRST REQUIREMENT
Weight 50

