GOWNS FOR HOSPITAL PATIENTS

COMMERCIAL STANDARD CS146–47
Effective Date For New Production From November 8, 1947

A RECORDED VOLUNTARY STANDARD
OF THE TRADE

UNITED STATES DEPARTMENT OF COMMERCE
W. AVERELL HARRIMAN, Secretary

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COMMODITY STANDARDS

Simplified Practice Recommendations and Commercial Standards are developed by manufacturers, distributors, and users in cooperation with the Commodity Standards Division 1 of the National Bureau of Standards. The purpose of Simplified Practice Recommendations is to eliminate avoidable waste through the establishment of standards of practice for stock sizes and varieties of specific commodities that currently are in general production and demand. The purpose of Commercial Standards is to establish standard methods of test, rating, certification, and labeling of commodities, and to provide uniform bases for fair competition.

The adoption and use of a Simplified Practice Recommendation or Commercial Standard is voluntary. However, when reference to a Commercial Standard is made in contracts, labels, invoices, or advertising literature, the provisions of the standard are enforceable through usual legal channels as a part of the sales contract.

A Simplified Practice Recommendation or Commercial Standard originates with the proponent industry. The sponsors may be manufacturers, distributors, or users of the specific product. One of these three elements of industry submits to the Commodity Standards Division the necessary data to be used as the basis for developing a standard of practice. The Division, by means of assembled conferences or letter referenda, or both, assists the sponsor group in arriving at a tentative standard of practice and thereafter refers it to the other elements of the same industry for approval or for constructive criticism that will be helpful in making any necessary adjustments. The regular procedure of the Division assures continuous servicing of each effective Simplified Practice Recommendation and Commercial Standard, through review and revision, whenever, in the opinion of the industry, changing conditions warrant such action. Simplified Practice Recommendations and Commercial Standards are printed and made available by the Department of Commerce through the Government Printing Office.

COMMERCIAL STANDARD FOR GOWNS FOR HOSPITAL PATIENTS

On April 24, 1947, at the instance of the American Hospital Association, and in conjunction with the Society of the New York Hospital, a Recommended Commercial Standard for Gowns for Hospital Patients was presented to interested producers, distributors, testing laboratories, and users for written acceptance. Those concerned have since accepted and approved the Commercial Standard as shown herein.

Project Manager: L. R. Gilbert, Commodity Standards Division, National Bureau of Standards.

1 Effective July 1, 1947, the Division of Simplified Practice, organized in 1921, and the Division of Trade Standards, organized in 1927, were combined to form the Commodity Standards Division. Since their organization, both of these Divisions have assisted many industries in the development of Simplified Practice Recommendations and Commercial Standards for a wide variety of commodities. A list of previously established Commercial Standards appears herein. A list of effective Simplified Practice Recommendations may be obtained from the Commodity Standards Division, National Bureau of Standards, Washington 25, D. C.
COMMERCIAL STANDARD CS146-47
for
GOWNS FOR HOSPITAL PATIENTS

PURPOSE

1. The purpose of this commercial standard is to provide standard methods of measuring and standard minimum measurements for gowns for hospital patients, in order to eliminate confusion resulting from a diversity of measurements and methods, and provide a basis for the production of patients' gowns that will meet the needs of hospital usage.

SCOPE

2. This standard covers size designations, methods of measuring, and standard minimum measurements for gowns for hospital patients; it specifies the number of stitches per inch, and the type of stitch used in sewing different parts of the garment. It includes a recommendation that the collar facing be 1½ in. double thickness reinforced with bias tape. A recommended statement for use on labels guaranteeing conformity to the standard is also included.

APPLICATION

3. The methods and measurements given herein are applicable to finished garments as delivered by the manufacturer.

GENERAL REQUIREMENTS

4. Method of measuring.—The garment to be measured is laid out; front up, without tension, on a smooth flat surface so that creases and wrinkles will not affect the measurements.

5. Accuracy.—Measurements are taken to the nearest ¼ of an inch.

DETAIL REQUIREMENTS

6. Hems.—All hems are to have the raw edges turned in and single stitched ⅛ inch from the turned edge; stitching across ends of hems; finished hem to measure about ½ inch wide.

7. Stitching.—All seaming and stitching operations shall be conducted with not less than 14 nor more than 16 stitches per inch. Seams joined with two rows of stitching shall be double-lapped with the edges of material concealed. The double stitching shall be not less than ½ inch nor more than ¾ inch apart and may be sewn with the chain type of stitch. All other stitches in the garment shall be of the lock-stitch type.
8. **Length.**—Measured from point where shoulder seam joins neckband to bottom of garment when front and back lengths are even at the bottom (C, fig. 1).

9. **Chest width.**—Measured across garment between lowest point of armholes (B, fig. 1).

10. **Neck opening.**—Distance across neck opening is determined by grasping opposite sides of neck opening and bringing the two sides parallel, or it is measured around the neckband from center to back hem (Q, fig. 1).

11. **Yoke, front.**

11a. **Depth of yoke.**—Measured from bottom of yoke to front edge of neck opening (X, fig. 1).

11b. **Length of yoke.**—Measured across bottom edge of yoke (Y, fig. 1).

12. **Shoulder, width.**—Measured across the garment from point where shoulder seam joins top of armhole on right side to similar point on left side (S, fig. 1).

13. **Armhole, width.**—Measured along the seam from point where sleeve is attached to top of shoulder, to lowest point under arm (A, fig. 1).

14. **Sleeve, length.**—Measured from lowest point of armhole along inseam to end of cuff (D, fig. 1).

15. **Sleeve, opening.**—Measured across lower end of sleeve (F, fig. 1).

16. **Bottom, width.**—Measured across front of garment at bottom (Z, fig. 1).

*Figure 1. Patients' gown, set-in-sleeve type.*
17. The standard minimum measurements for gowns for hospital patients are shown in table 1:

Table 1. Standard size designations and minimum size measurements for gowns for hospital patients

<table>
<thead>
<tr>
<th>Location</th>
<th>Size</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Medium</td>
<td>Large</td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>Inches</td>
<td>Inches</td>
<td></td>
</tr>
<tr>
<td>Chest, width</td>
<td>37</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Neck opening</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Yoke, front:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) depth</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(b) length</td>
<td>9 1/2</td>
<td>9 1/2</td>
<td></td>
</tr>
<tr>
<td>Shoulder, width</td>
<td>21</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Armhole, width</td>
<td>10</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Sleeve, length</td>
<td>17</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Sleeve, opening</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Bottom, width</td>
<td>27</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Tape, length</td>
<td>11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Hems</td>
<td>1/2</td>
<td>1/2</td>
<td></td>
</tr>
</tbody>
</table>

1 Applies only to set-in type.
18. It is recommended that:
   (a) Where a yoke is not used the neck opening have a 1½-in. double-thickness hem reinforced with bias tape.
   (b) Tie tapes be herringbone twill stitched into the seam, turned back and bar tacked.
   (c) Two pairs of tie tapes be provided, one at the neck and one 9½ in. below the neck.

RAGLAN-SLEEVE GOWNS

19. Although raglan-sleeve gowns (fig. 2) are not included in this standard, it is recommended that when such gowns are made:
   (a) The sleeves be elbow length in order to eliminate strain and insure freedom of motion and more comfort to the patient; to make it easier to give hypodermics and do blood work; to reduce damage through the tearing out of tie tapes, the ripping of front center, armholes, and across the back.
   (b) When raglan-type gowns are specified it is recommended that the sleeve length (measured from center of gown at back of neck to end of sleeve) be 25 inches for all sizes. The other applicable measurements to be identical with similar measurements for the set-in-sleeve type of gown shown in the standard.

IDENTIFICATION

20. In order to assure the purchaser that he is receiving garments that comply with standard minimum measurements, it is recommended that gowns for hospital patients manufactured to conform to such standard measurements be identified by a washable ink stamp, a sticker, tag, or other label attached to the garment carrying the following statement:

   This garment has been made to measurements that are in accordance with Commercial Standard CS146-47, as developed by industry and the trade, under the procedure of the National Bureau of Standards, and issued by the U. S. Department of Commerce.

   Or, more briefly

   Size conforms to CS146-47, as developed by industry and the trade, and issued by the U. S. Department of Commerce.

EFFECTIVE DATE

21. Having been passed through the regular procedure of the Commodity Standards Division, and approved by the acceptors hereinafter listed, this commercial standard was issued by the United States Department of Commerce, effective from November 8, 1947.

Edwin W. Ely,
Chief, Commodity Standards Division.
STANDING COMMITTEE

22. The following individuals comprise the membership of the standing committee, which is to review prior to circulation for acceptance, revisions proposed to keep the standard abreast of progress. Comment concerning the standard and suggestions for revision may be addressed to any member of the committee or to the Commodity Standards Division, National Bureau of Standards, which acts as secretary for the committee.

Representing manufacturers:

WILLIAM A. EISELE (Chairman), Altro Work Shops, Inc., 1021 Jennings Street, New York 60, N. Y.
D. E. WEISS, Whitehouse Manufacturing Co., 325 North Michigan Avenue, Chicago 1, Ill.
SIDNEY LEWIS, Melrose Hospital Uniform Co., 113 University Place, New York, N. Y.
J. W. WOOD, JR., Marvin-Neitzel Corp., Troy, N. Y.
ROBINSON BOSWORTH, JR., Will Ross, Inc., 3100 West Center Street, Milwaukee 10, Wis.

Representing distributors:

ROBERT E. SCHUEMANN, American Surgical Trade Association, Cleveland 15, Ohio.
Foster McGaw, American Hospital Supply Corp., 2020 Ridge Avenue, Evanston, Ill.
R. L. Gross, A. S. Aloe Co., 1831 Olive Street, St. Louis, Mo.
FRANK B. JENNINGS, Jennings Linen Co., 76 Essex Street, Boston 11, Mass.

Representing users:

JAMES F. BEST, the Society of the New York Hospital, 525 East 68th Street, New York, N. Y.
ALLEN MATHEWSON, Massachusetts General Hospital, Boston 14, Mass.
DR. ANTHONY J. J. ROURKE, Stanford University School of Medicine, Stanford University Hospitals, San Francisco 15, Calif.
DR. PAUL R. HAWLEY, Department of Medicine and Surgery, Veterans' Administration, Washington 25, D. C.
WALDO W. BUSS, University of Michigan Hospital, 1313 East Ann Street, Ann Arbor, Mich.

HISTORY OF PROJECT

23. On June 13, 1946, the Society of the New York Hospital, in conjunction with the American Hospital Association, requested the cooperation of the National Bureau of Standards in the establishment of a commercial standard for gowns for hospital patients.

24. Following receipt of this request by the Bureau, copies of a proposed commercial standard for gowns for hospital patients were circulated to selected representatives of manufacturers, distributors, and consumers for advance comment.

25. With the unqualified endorsement of a number of interested organizations, the recommended commercial standard was submitted to the trade for written acceptance on April 24, 1947. Having received acceptances in writing estimated to represent a satisfactory majority, announcement was issued on September 8, 1947, that the standard would become effective for new production from November 8, 1947.
ACCEPTANCE OF COMMERCIAL STANDARD

If acceptance has not previously been filed, this sheet properly filled in, signed, and returned will provide for the recording of your organization as an acceptor of this commercial standard.

Date ___________________________

Commodity Standards Division,
National Bureau of Standards,
Washington 25, D. C.

Gentlemen:

We believe that the Commercial Standard CS146-47 constitutes a useful standard of practice, and we individually plan to utilize it as far as practicable in the

production 1 distribution 1 purchase 1 testing 1

of gowns for hospital patients.

We reserve the right to depart from it as we deem advisable. We understand, of course, that only those articles which actually comply with the standard in all respects can be identified or labeled as conforming thereto.

Signature of authorized officer ________________________________

(In ink)

(Kindly typewrite or print the following lines)

Name and title of above officer ________________________________

Organization ___________________________

(Fill in exactly as it should be listed)

Street address ___________________________

City, Zone, and State ___________________________

1 Underscore which one. Please see that separate acceptances are filed for all subsidiary companies and affiliates which should be listed separately as acceptors. In the case of related interests, trade associations, trade papers, etc., desiring to record their general support, the words “General Support” should be added after the signature.
TO THE ACCEPTOR

The following statements answer the usual questions arising in connection with the acceptance and its significance:

1. *Enforcement.*—Commercial standards are commodity specifications voluntarily established by mutual consent of those concerned. They present a common basis of understanding between the producer, distributor, and consumer and should not be confused with any plan of governmental regulation or control. The United States Department of Commerce has no regulatory power in the enforcement of their provisions, but since they represent the will of the interested groups as a whole, their provisions through usage soon become established as trade customs, and are made effective through incorporation into sales contracts by means of labels, invoices, and the like.

2. The acceptor’s responsibility.—The purpose of commercial standards is to establish for specific commodities, nationally recognized grades or consumer criteria, and the benefits therefrom will be measurable in direct proportion to their general recognition and actual use. Instances will occur when it may be necessary to deviate from the standard and the signing of an acceptance does not preclude such departures; however, such signature indicates an intention to follow the commercial standard where practicable, in the production, distribution, or consumption of the article in question.

3. The Department’s responsibility.—The major function performed by the Department of Commerce in the voluntary establishment of commercial standards on a Nation-wide basis is fourfold: first, to act as an unbiased coordinator to bring all interested parties together for the mutually satisfactory adjustment of trade standards; second, to supply such assistance and advice as past experience with similar programs may suggest; third, to canvass and record the extent of acceptance and adherence to the standard on the part of producers, distributors, and users; and fourth, after acceptance, to publish and promulgate the standard for the information and guidance of buyers and sellers of the commodity.

4. Announcement and promulgation.—When the standard has been endorsed by a satisfactory majority of production or consumption in the absence of active valid opposition, the success of the project is announced. If, however, in the opinion of the standing committee or the Department of Commerce, the support of any standard is inadequate, the right is reserved to withhold promulgation and publication.
ACCEPTORS

26. The organizations listed below have individually accepted this standard for use as far as practicable in the production, distribution, testing, or purchase of gowns for hospital patients. In accepting the standard they reserved the right to depart therefrom as they individually deem advisable. It is expected that articles which actually comply with the requirements of this standard in all respects will be regularly identified or labeled as conforming thereto, and that purchasers will require such specific evidence of conformity.

ASSOCIATIONS

(General Support)
American Surgical Trade Association, Chicago, Ill.
Aultman Hospital Association, Canton, Ohio.
Catholic Hospital Association of the United States and Canada, St. Louis, Mo.
Chesapeake & Ohio Railway Employees' Hospital Association, Richmond, Va.
Children's Hospital Society, Los Angeles, Calif.
Greenwich Hospital Association, The, Greenwich, Conn.
Hospital Council of Southern California, Los Angeles, Calif.
Illinois Hospital Association, Springfield, Ill.
Missouri Pacific Hospital Association, St. Louis, Mo.
National Retail Dry Goods Association, New York, N. Y.
Overlook Hospital Association, Summit, N. J.
Utah State Hospital Association, Provo, Utah.
Western New York Hospital Association, Buffalo, N. Y.
Youngstown Hospital Association, Youngstown, Ohio.

FIRMS, HOSPITALS, AND OTHER INTERESTS

Allegheany General Hospital, Pittsburgh, Pa.
Allentown Hospital, The, Allentown, Pa.
Allegheny General Hospital, Pittsburgh, Pa.
Alto Work Shops, Inc., New York, N. Y.
American Supply Company, Cleveland, Ohio.
Atlantic City Hospital, Atlantic City, N. J.
Aultman Hospital, Canton, Ohio.
Barreness Eringer Hospital, Chtiaouaiga, Tenn.
Baylor University Hospital, Dallas, Tex.
Beth Israel Hospital, Boston, Mass.
Beth Israel Hospital, New York, N. Y.
Bliodgett Memorial Hospital, Grand Rapids, Mich.
Bowser-Morner Testing Laboratories, Dayton, Ohio.
Brookings Polk County Hospital, Des Moines, Iowa.
Bronson Methodist Hospital, Kalamazoo, Mich. (General support.)
Brooklyn Hospital, Brooklyn, N. Y.
Brym Mawr Hospital, The, Brym Mawr, Pa.
Buffalo General Hospital, The, Buffalo, N. Y.
Burlington Hospital, Fitchburg, Mass.
Burlington County Mental Hospital, New Lisbon, N. J.
Burlington Protestant Hospital, Burlington, Iowa.
Butte General Hospital, Grand Rapids, Mich.
California Hospital, The, Los Angeles, Calif.
California, State of, Purchasing Division, Sacramento, Calif.
Central Dispensary & Emergency Hospital, Washington, D. C.
Central Maine General Hospital, Lewiston, Maine.
Charles S. Wilson Memorial Hospital, Johnson City, N. Y.
Chester Hospital, Chester, Pa.
Children's Convalescent Home, Cincinnati, Ohio.
Church Home & Hospital, Baltimore, Md.
Coaldale State Hospital, Coaldale, Pa.
Colorado, University of, Medical Center, Denver, Colo.

Community Hospital, San Mateo, Calif.
Conemaugh Valley Memorial Hospital, Johnstown, Pa.
Craighton Memorial St. Joseph's Hospital, Omaha, Nebr.
Crouse-Irving Hospital, Syracuse, N. Y.
Croydon Manufacturing Co., Inc., New York, N. Y.
Deaconess Hospital, Buffalo, N. Y.
Delaware Hospital, The, Wilmington, Del.
Detroit Testing Laboratory, The, Detroit, Mich.
District of Columbia, Government of the, Washington, D. C.
Eastern Shore State Hospital, Cambridge, Md.
Easton Hospital, Easton, Pa.
Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
Ekroth Laboratories, Inc., Brooklyn, N. Y.
Englewood Hospital, Englewood, N. J.
Episcopal Hospital, Philadelphia, Pa.
Essex County Isolation Hospital, Belleville, N. J.
Evangelical Hospital of Chicago, Chicago, Ill.
Fall River General Hospital, Fall River, Mass.
Flushing Hospital & Dispensary, Flushing, N. Y.
Frederick Ferris Thompson Hospital, Canandaigua, N. Y.
Freedmen's Hospital, Washington, D. C.
Gallinger Municipal Hospital, Washington, D. C.
Garfield Memorial Hospital, Washington, D. C.
General Hospital of Syracuse, Syracuse, N. Y.
Geneseo Hospital, The, Rochester, N. Y.
Germantown Dispensary & Hospital, Philadelphia, Pa.
Glendale Sanitarium & Hospital, Glendale, Calif.
Grady Memorial Hospital, Atlanta, Ga.
Greenwell Springs Tuberculosis Hospital, Greenwell Springs, La.
Harper Hospital, Detroit, Mich.
Hatch Textile Research, New York, N. Y.
Herman Hospital, Houston, Tex.
Herrick Memorial Hospital (formerly Berkeley Hospital), Berkeley, Calif.
Hospital Bureau of Standards & Supplies, Inc., New York, N. Y.
Hospital of the Good Shepherd of the University, The, Syracuse, N. Y.
Hospital For Joint Diseases, New York, N. Y.
Hubbard Hospital of Meharry Medical College, Nashville, Tenn.
Hurley Hospital, Flint, Mich.
Illinois University of, Chicago, Ill.
Iowa Methodist Hospital, Des Moines, Iowa.
Iowa State Hospital, Des Moines, Iowa.
Israel Zion Hospital, Brooklyn, N. Y.
Jamestown General Hospital, Jamestown, N. Y.
Jefferson-Hillman Hospital, Birmingham, Ala.
Jefferson Medical College Hospital, Philadelphia, Pa.
Jersey City Medical Center, Jersey City, N. J.
Jewish Hospital of Brooklyn, Brooklyn, N. Y.
Johns Hopkins Hospital, The, Baltimore, Md.
Kalamaooe State Hospital, Kalamaooe, Mich.
Kansas City General Hospital, Kansas City, Mo.
Kansas, Hospitals of the University of, Kansas City, Kans.
Kansas, State of, Topeka, Kans.
Kingston Hospital, Kingston, N. Y.
Knoxville General Hospital, Knoxville, Tenn.
La Crosse Lutheran Hospital, La Crosse, Wis.
Lankenau Hospital, The, Philadelphia, Pa.
Lenox Hill Hospital, New York, N. Y.
Leviathan Hospital, Brooklyn, N. Y.
Lowell General Hospital, Lowell, Mass.
Luther Hospital, Evan Claire, Wis.
Lutheran Hospital, Cleveland, Ohio.
Maine, State of, Bureau of Purchases, Augusta, Maine.
Malden Hospital, Malden, Mass.
Manchester Hotel Co., Troy, N. Y.
Mary Hitchcock Memorial Hospital, Hanover, N. H.
Maryland University Hospital, Baltimore, Md.
Massachusetts General Hospital, Boston, Mass.
Massachusetts Memorial Hospitals, Boston, Mass.
Manamee Valley Hospital, Toledo, Ohio.
Meadowbrook Hospital, Hempstead, N. Y.
Mercy Hospital Uniform Co., New York, N. Y.
Memorial Hospital, Colorado Springs, Colo.
Memorial Hospital, New York, N. Y.
Mercer Hospital, The, Trenton, N. J.
Mercy Hospital, San Diego, Calif.
Mercy Hospital, Springfield, Mass.
Mercy Hospital, Wilkes-Barre, Pa.
Mercy Hospital of St. Francis Memorial, Yonkers, Miss.
Methodist Hospital, Memphis, Tenn.
Miami Valley Hospital, Dayton, Ohio.
Michael Reese Hospital, Chicago, Ill.
Michigan, Hospital of the University of, Ann Arbor, Mich.
Milwaukee Fiore Hospital, Chicago, Ill.
Milwaukee County Hospital, Milwaukee, Wis.
Milwaukee Hospital, Milwaukee, Wis.
Miner Laboratories, Chicago, Ill.
Minnesota, Hospitals of the University of, Minneapolis, Minn.
Missouric Hospital, Philadelphia, Pa.
Missouri State Ekeemistry Institutions, Jefferson City, Mo.
Montefiore Hospital, The, Pittsburgh, Pa.
Mount Auburn Hospital, Cambridge, Mass.
Mountainside Hospital, The, Montclair, N. J.
Nashville General Hospital, Nashville, Tenn.
National Jewish Hospital, Denver, Colo.
New Hampshire State Sanatorium, Gilmcliff, N. H.
New Jersey, State of, Department of Institutions & Agencies, Trenton, N. J.
New York Hospital, The, New York, N. Y.
New York Power & Light Corp., Troy, N. Y. (General support)
Newton-Wellesley Hospital, Newton Lower Falls, Mass.
North Dakota State Board of Administration, Purchasing Department, Bismarck, N. D.
Norton Memorial Infirmary, Louisville, Ky.
Norwegian-American Hospital, Chicago, Ill.
Ohio Sailors' & Sailors' Orphans' Home, Xenia, Ohio.
Ohio, State of, Prison Industries, Columbus, Ohio.
Ohio State University, Hospital of, Columbus, Ohio.
Ohio Valley General Hospital, Wheeling, W. Va.
Orange Memorial Hospital, Orlando, Fla.
Orange Memorial Hospital, Orange, N. J.
Oregon, State of, State Board of Control, Salem, Ore.
Osgood Laboratories, Inc., The, Milwaukee, Wis.
Our Lady of Victory Hospital, Lackawanna, N. Y.
Passavant Hospital, The, Pittsburgh, Pa.
Paterson General Hospital, Paterson, N. J.
Peaceau Surgical Co., Inc., Shreveport, La.
Pennsylvania Hospital, Philadelphia, Pa.
Pennsylvania, Hospital of the University of, Philadelphia, Pa.
Pennsylvania, University of, Graduate Hospital, Philadelphia, Pa.
Peter Bent Brigham Hospital, Boston, Mass.
Pittsburgh, Allegheny General Hospital, Philadelphia, Pa.
Pick, Albert, Co., Inc., Chicago, Ill.
Portland City Hospital, Portland, Maine.
Presbyterian Hospital, Inc., Charlotte, N. C.
Protestant Hospital of Nashville, Inc., Nashville, Tenn.
Providance Hospital, Washington, D. C.
Providence Lying-In Hospital, Providence, R. I.
Purdy, W. S., Co., Inc., Brooklyn, N. Y.
Queens Hospital, The, Honolulu, T. H.
Research Hospital, Kansas City, Mo.
Rhode Island Hospital, Providence, R. I.
Rhode Island State, of, Providence, R. I.
Robert Rucker Hospital, The, Sayre, Pa.
Rockefeller General Hospital, The, Rochester, N. Y.
Rochester University, of, Strong Memorial Hospital, Rochester, N. Y.
Rockingham Memorial Hospital, Harrisonburg, Va.
Roger Williams General Hospital, Providence, R. I.
Roosevelt Hospital, New York, N. Y.
Ross, Wil, Inc., Milwaukee, Wis.
Sacred Heart Hospital, Spokane, Wash.
St. Agnes Hospital, Baltimore, Md.
St. Agnes Hospital, Philadelphia, Pa.
St. Alphonsus Hospital, Boise, Idaho.
St. Anthony's Hospital, Rockford, Ill.
St. Catherine Hospital, East Chicago, Ill.
St. Elizabeth's Hospital, Brighton, Mass. (General support.)
St. Francis Hospital, Hartford, Conn.
St. Joseph's Hospital, San Francisco, Calif.
St. Joseph Hospital, Lexington, Ky.
St. Joseph Hospital, San Francisco, Calif.
St. Joseph's Hospital, Elmir, N. Y.
St. Joseph's Hospital, Baltimore, Md.
St. Joseph's Hospital, Lancaster, Pa.
St. Louis Sampling & Testing Works, St. Louis, Mo.
St. Luke's Hospital, Chicago, Ill.
St. Luke's Hospital, Cleveland, Ohio.
St. Luke's Hospital, St. Louis, Mo.
St. Luke's Methodist Hospital, Cedar Rapids, Iowa.
St. Mary's Hospital, Duluth, Minn.
St. Mary's Hospital, Rochester, Minn.
St. Mary's Hospital, Sisters of St. Joseph, Minneapolis, Minn.
St. Therese's Hospital, Waukegan, Ill.
St. Thomas Hospital of Akron, Akron, Ohio.
San Bernardino County Hospital, San Bernardino, Calif.
Santa Clara County Hospital, San Jose, Calif.
Santa Monica Hospital, The, Santa Monica, Calif.
Sawnee Indian Sanatorium, Shawnee, Okla.
Silver Cross Hospital, Joliet, Ill.
Shal Hospital of Baltimore, Inc., Baltimore, Md.
St. Benedict, St. Cloud, Minn. (General support)
Skinner & Sherman, Boston, Mass.
Snehl, Foster J., New York, N. Y.
Snowwhite Garnet Manufacturing Co., Milwaukee, Wis.
Southern Pacific Hospital, San Francisco, Calif.
Springfield City Hospital, Springfield, Ohio.
Stamford Hospital, Stamford, Conn.
Stanford University School of Medicine, San Francisco, Calif.
Sutter Hospital of Sacramento, Sacramento, Calif.
Swedish Hospital, The, Minneapolis, Minn.
Swedish Hospital, The, Seattle, Wash.
Syracuse University, Syracuse, N. Y.
Tudoray Hospital, Sunner, S. C.
Twining Laboratories, The, Fresno, Calif.
United States Testing Co., Inc., Hoboken, N. J.
Vancouver General Hospital, The, The, Vancouver, B. C.
Vermont State of, Montpelier, Vt.
Viking Apparel Manufacturing Co., Chicago, Ill.
Virginia Hospital of the University of, Charlottesville, Va.
Waterbury Hospital, Waterbury, Conn.
Watts Hospital, Durham, N. C.
West Hospital, Okahoma City, Okla.
Wesley Memorial Hospital, Chicago, Ill.
Western Pennsylvania Hospital, Pittsburgh, Pa.
Whitehouse Manufacturing Co., Chicago, Ill.
### COMMERCIAL STANDARDS

<table>
<thead>
<tr>
<th>CS No.</th>
<th>Commercial standards and their value to business (third edition)</th>
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</thead>
<tbody>
<tr>
<td>0-40</td>
<td>Binders board for bookbinding and other purposes.</td>
<td>50-34</td>
</tr>
<tr>
<td>2-30</td>
<td>Mapsticks.</td>
<td>52-35</td>
</tr>
<tr>
<td>4-29</td>
<td>Staple porcelain (all-clay) plumbing fixtures.</td>
<td>54-35</td>
</tr>
<tr>
<td>5-46</td>
<td>Pipe nipples; brass, copper, steel and wrought-iron (second edition).</td>
<td>55-35</td>
</tr>
<tr>
<td>6-31</td>
<td>Wrought-iron pipe nipples (second edition).</td>
<td>56-41</td>
</tr>
<tr>
<td>7-29</td>
<td>Standard weight malleable iron or steel screwed unions.</td>
<td>57-40</td>
</tr>
<tr>
<td>8-41</td>
<td>Goose blanks (third edition).</td>
<td>58-43</td>
</tr>
<tr>
<td>9-33</td>
<td>Builders’ template hardware (second edition).</td>
<td>59-44</td>
</tr>
<tr>
<td>10-29</td>
<td>Brass pipe nipples, Superseded by CS8-46.</td>
<td>60-48</td>
</tr>
<tr>
<td>14-43</td>
<td>Boys’ button-on waists, shirts, junior and sport shirts (made from woven fabrics) (third edition).</td>
<td>64-38</td>
</tr>
<tr>
<td>16-29</td>
<td>Wall paper.</td>
<td>66-38</td>
</tr>
<tr>
<td>18-49</td>
<td>Hickory golf shafts.</td>
<td>68-38</td>
</tr>
<tr>
<td>20-47</td>
<td>Staple vitreous china plumbing fixtures (fourth edition).</td>
<td>70-38</td>
</tr>
<tr>
<td>22-40</td>
<td>Builders’ hardware (nontemplate) (second edition).</td>
<td>72-38</td>
</tr>
<tr>
<td>23-30</td>
<td>Feldspar.</td>
<td>73-45</td>
</tr>
<tr>
<td>24-43</td>
<td>Screw threads and tap-dril sizes.</td>
<td>74-39</td>
</tr>
<tr>
<td>25-40</td>
<td>Special screw threads. Superseded by CS24-43.</td>
<td>75-42</td>
</tr>
<tr>
<td>26-30</td>
<td>Aromatic red cedar closet lining.</td>
<td>76-39</td>
</tr>
<tr>
<td>29-31</td>
<td>Staple seats for water-closet bowls.</td>
<td>79-40</td>
</tr>
<tr>
<td>30-31</td>
<td>Colors for sanitary ware.</td>
<td>80-41</td>
</tr>
<tr>
<td>31-38</td>
<td>Wood shingles (fourth edition).</td>
<td>81-41</td>
</tr>
<tr>
<td>32-31</td>
<td>Cotton cloth for rubber and pyroxylene coating.</td>
<td>82-41</td>
</tr>
<tr>
<td>33-43</td>
<td>Knit underwear (exclusive of rayon) (second edition).</td>
<td>83-41</td>
</tr>
<tr>
<td>34-31</td>
<td>Bag, case, and strap leather.</td>
<td>84-31</td>
</tr>
<tr>
<td>36-33</td>
<td>Fourdriner wire cloth (second edition).</td>
<td>86-41</td>
</tr>
<tr>
<td>37-57</td>
<td>Steel plate nails and screws.</td>
<td>87-41</td>
</tr>
<tr>
<td>38-32</td>
<td>Hospital rubber sheeting.</td>
<td>88-41</td>
</tr>
<tr>
<td>39-37</td>
<td>Wool and part wool blankets (second edition). (Withdrawn as commercial standard, July 14, 1941)</td>
<td>89-41</td>
</tr>
<tr>
<td>40-32</td>
<td>Surgeons' rubber gloves.</td>
<td>90-41</td>
</tr>
<tr>
<td>41-32</td>
<td>Surgeons' latex gloves.</td>
<td>91-41</td>
</tr>
<tr>
<td>42-43</td>
<td>Structural fiber insulating board (third edition).</td>
<td>92-41</td>
</tr>
<tr>
<td>43-32</td>
<td>Grading of sulfonated oils.</td>
<td>93-41</td>
</tr>
<tr>
<td>44-32</td>
<td>Apple wraps.</td>
<td>94-41</td>
</tr>
<tr>
<td>45-47</td>
<td>Douglas fir plywood (seventh edition).</td>
<td>95-41</td>
</tr>
<tr>
<td>46-50</td>
<td>Hosery lengths and sizes (third edition).</td>
<td>96-41</td>
</tr>
<tr>
<td>47-34</td>
<td>Marking of gold-filled and rolled-gold-plate articles other than watchcases.</td>
<td>97-41</td>
</tr>
<tr>
<td>48-40</td>
<td>Domestic burners for Pennsylvania anthracite (underfeed type) (second edition).</td>
<td>98-41</td>
</tr>
<tr>
<td>49-34</td>
<td>Chipboard, laminated chipboard, and miscellaneous boards for bookbinding purposes.</td>
<td>99-41</td>
</tr>
</tbody>
</table>

### UNITED STATES GOVERNMENT

Where "(E)" precedes the CS number, it indicates an emergency commercial standard, drafted under war conditions with a view toward early revision.

Notice.—Those interested in commercial standards with a view toward accepting them as a basis of everyday practice may secure copies of the above standards, while the supply lasts, by addressing the Commodity Standards Division, National Bureau of Standards, Washington 25, D. C.