

MEDICAL PREPAREDNESS

In this section of The Journal each week will appear official notices by the Committee on Medical Preparedness of the American Medical Association, announcements by the Surgeon Generals of the Army, Navy and Public Health Service, and other governmental agencies dealing with medical preparedness, and such other information and announcements as will be useful to the medical profession.

MINIMUM PSYCHIATRIC INSPECTION

MEDICAL CIRCULAR NO. 1—REVISED

Selective Service System, Washington, D. C., May 1941.

The purpose of this circular is to present to physicians of Selective Service, the great majority of whom are not psychiatrists by profession, methods whereby they may suspect the existence of incapacitating mental and personality factors in registrants coming before them and may either eliminate such individuals or refer them to the psychiatrist of the medical advisory board for examination.

The military forces can use persons with many varieties of temperament and experience, but there is no place in an efficient army for the psychopath, the feeble-minded or the insane. Many persons so unfortunately affected may do quite well in civil life, in accustomed jobs and in familiar circumstances, but when they are introduced into the unfamiliar environment of military life, with its necessary regimentation, close contact with other persons, separation from their families and inability to escape without fear of grave penalties, they develop various types of mental disorder. These individuals then become a source of trouble to their superiors, exert a deleterious influence on their associates and occupy a disproportionate amount of hospital space. The experience of the World War showed that mental disorder in soldiers was one of the main problems present both in the United States and in the Expeditionary Forces.

The selecting out of the mentally unfit should begin at the time the candidate appears for the local board physical examination. In many instances the registrant and his circumstances will be known to the board members and physicians, belonging as they do to the same community, and this knowledge should assist greatly in reaching a wise decision as to his acceptance or rejection. Pertinent information may be obtained from various charitable and welfare agencies in the community.

The following minimum psychiatric inspection revises the original plan offered Selective Service Headquarters by the William Alanson White Psychiatric Foundation to conform with War Department, Surgeon General's Office Circular Letter No. 19, March 12, 1941.

A MINIMUM PSYCHIATRIC INSPECTION OF REGISTRANTS

Mental or personality difficulties are revealed in the person's performances with other people who have come to mean something to him. Strangers may be met with an effective protective mask, a conventional manner. The examiner is a stranger unless and until he has overcome this reserve. This approach to the registrant can seldom be achieved by a show of force or authority. A pose of artificial friendliness is also unfortunate. The most successful approach is often one of straightforward professional inquiry coupled with real respect for the registrant's personality and due consideration for his feelings—which does not mean diffidence.

Whenever possible, the psychiatric examination should be made outside of easy hearing of other men. Matter of diagnostic significance is often concealed when the registrant feels that he must be impersonal and give replies that will not impress listeners with his peculiarity.

Questioning should begin with something that is obviously relevant to the immediate situation. One tries to elicit the difficulties which the registrant has been experiencing in his relations with others and with himself in his work and in his spare-time activities. The questioning might, for example, be

somewhat as follows: The registrant being a machinist whose left index finger is badly scarred, the examiner asks how the injury occurred. There may follow a question as to just what job he has been doing; how many others are similarly employed in the shop; is it a pretty good crowd; does he like the work; is the employer fair? Have they treated him right; if not, secure details. What does he do with his spare time? With whom? Sociable, or prefers his own company? Try to discover how he is esteemed by his intimates; respected or otherwise. Is he self-reliant, sure of himself or diffident, uncertain, chronically perplexed about something, shy? With men, with women or both? If anything at all unusual comes to light, pursue the topic until it is understood. Has the registrant gotten into any bad habits? Did he "break them"? Can he, e. g., stop smoking whenever he wishes? Is he ashamed of his "weakness"? Has he a low opinion of himself and, if so, why? What do his friends think of him? Does he like the idea of being trained for the national defense? The examiner pays close attention to content and implication of everything said and to any other clues, and in a matter of fact manner follows up whatever is not self-evidently commonplace.

The examination is directed toward detecting any one of eight categories of handicap. The probable presence of some of these can often be detected by observing the registrant's behavior. In other cases one would not be able to suspect the presence of any morbid condition without some knowledge of the person's history. In the following summary the first three types of ailment are detectable, as a rule, only on the basis of the history, except in cases of decided feeble-mindedness. The last two types, however, may often be suspected as a result of alert observation, if the observer knows what to look for and what to regard as significant.

It must not be supposed that any of the various kinds of behavior or items of personal history described in the following summary are absolutely and definitely diagnostic of anything in every case. The items are to be regarded as suggestive, often highly and importantly so, of the presence of the morbid condition indicated. It is possible that the presence of the behavior or the item of history in some particular individual may have little diagnostic significance. When the examining physician is in doubt, he should refer the registrant to the medical advisory board for further examination.

GROUP I. Mental defect or deficiency is suggested by slowness or stupidity in complying with clear instructions. The school record often reveals poor learning ability. The registrant may show lack of general information concerning native environment; inability to reason, to calculate, to plan, to construct, and the like; defect in judgment, foresight, language, output of effort; suggestibility, untidiness, lack of personal cleanliness, muscular awkwardness. The occupational history often shows a low level of employment, shifting jobs and an inability to hold positions which require responsibility and initiative. The psychiatrist of the medical advisory board will make or arrange for a psychometric test, if required.

GROUP II. Besides those who are deficient in intelligence, there are persons of average intelligence who are more or less incapable of profiting from experience. Again and again such a person has proved unreliable and disappointing to friends and family. The life history shows evidence of recurrent difficulties at home, at school and at work. He is unable to respond in an

adult social manner to the demands of honesty, truthfulness, decency and consideration of his fellows; is egocentric, impatient in demands for immediate gratifications without real regard for the future; may be a habitual liar and may have a criminal record. He may talk well, but his record shows that he has been undependable and has habitually evaded responsibilities. He has always been deflected from his goals by rebuffs and disappointments. He is inadaptable to employment or to enduring group life and is wholly disqualified for any form of national service. Such an individual has a psychopathic personality.

GROUP III. Major abnormalities of mood are shown by episodes of unreasonable elation or depression which have tended to recur without obvious connection with events. People who are known to be so mercurial in mood that their judgment is seriously impaired during the up or down swing of their moods should be rejected. Registrants known to have received medical or nursing care because of a morbid excitement or a depression should be rejected.

GROUP IV. Psychoneurotic disorders are a more difficult diagnostic problem. The signs and symptoms fall more or less clearly into one or another of three major categories—the hysterical, whose physical signs and symptoms, often so dramatic that they may seem fraudulent, do not follow anatomically understandable patterns; the morbidly anxious, made up of various signs and symptoms of fear; and the obsessional, which include such varied conditions as hypochondriacal states (pre-occupational with one's ill health), morbid fears (phobias) and rituals of action and thought which they feel compelled to carry out.

These conditions are likely to escape notice unless one is particularly looking for them. Circumstances which might suggest the possible existence of such conditions are as follows: The hysterical individual is eager to make known his physical ailment and is apt to tell of miraculous, last-minute escapes from impending death—e. g., he tells of abdominal cramps that "nearly killed him," of a heart attack in which he was "nearly a goner," and so on. The morbidly anxious individual, as a reaction to being examined, may show unusual sweating, obviously not due to being overheated, tremors or a pulse rate indicating undue excitement. The obsessional individual may show insistence, usually in a somewhat embarrassed manner, on performing some simple act in an unusual way or in answering a question in a peculiarly circumstantial or indecisive fashion.

For purposes of classification, there are to be placed in this group persons showing the so-called psychosomatic disorders, mental or personality difficulties chiefly characterized by signs and symptoms of systemic disease—respiratory, gastrointestinal, cardiac, genitourinary or dermatologic. These include many cases of asthma, urticaria, "neurasthenic states," neurocirculatory asthenia, "effort syndrome" or disordered action of the heart, paroxysmal tachycardia, gastric hyperacidity, pylorospasm, gastric and duodenal ulceration, spastic constipation and diarrhea, mucous colitis, impotence, urinary urgency or frequency, and incontinence of semen. Look for a clear relationship in the history of attacks coinciding with periods of personal stress, and of improvement with separations from the accustomed stressful surroundings. These conditions sometimes appear early in the course of prepsychotic states discussed under group V.

GROUP V. The fifth category comprises the grave mental or personality handicaps. Prepsychotic and postpsychotic personalities and those actually suffering a schizophrenic ("dementia praecox") mental disorder manifest their condition by obscurely motivated peculiarities of behavior and thought. Of these, the so-called deteriorated states are the most obvious. Here belong the numerous shiftless, untidy, perhaps morose, sometimes nomadic individuals who had what was regarded as quite a normal childhood. Somewhere between the ages of 12 and 25 they underwent a change, acute or insidious, with dilapidation of their social interests and the habits in which they had been trained. They may or may not have received treatment in a hospital for mental diseases.

The paranoid personalities are another large division. These people cling to fantastic beliefs in their overweening importance and often feel that people are persecuting them or otherwise

interfering with their career or well-being. Some of them believe that they are in communion with supernatural beings. Others believe that they are victims of plots, secret organizations, spy rings or religious or fraternal groups. They are often quite plausible in supporting these delusions by clever misinterpretation of facts. Some of them are very evasive and skilful at concealing the pattern of their disorder. A morbid suspiciousness of any one who takes an interest in them is frequent. They may become tense and hateful when interrogated. An attitude of unusual cautiousness or suspiciousness toward the examining physician, toward others in the local board office or toward fellow-registrants should suggest the possibility that the person may be paranoid.

The catatonic and prepsychotic states may present great difficulty in diagnosis. Perhaps the only obvious sign of these conditions is the impression of queerness which the person makes on any one who seeks to get acquainted with him. The actual oddities of behavior or thought may be subtle; it may be difficult, in retrospect, to point to any particular instances of the unusual. The most striking signs of these conditions may, in fact, come out in connection with the physical examination. The physician, at some stage of the physical examination, may observe a peculiar reaction which on questioning may awaken a suspicion of a prepsychotic state. These individuals frequently entertain unfounded convictions as to bodily peculiarities or disorders which they attribute to excessive sexual acts of one sort or another. These beliefs, sometimes hard to elicit, are often medically incredible and bizarre. Questioning them on intimate personal matters often leads to great embarrassment, confused speech or actual blocking of thought, so that they do not know what so say.

GROUP VI. Chronic inebriety may be either addiction to narcotic drugs or chronic alcoholism. A registrant is to be regarded as a drug addict if he is or has recently been a habitual user of any of the opium preparations, cocaine or cannabis indica (marihuana). Recent needle marks are suggestive; scars from the needle, abscesses on the arms, shoulders, buttocks or thighs are important, but are not always present. No diagnostic weight can be placed on the condition of the pupils. The use of heroin is most common among city gangsters.

A registrant will be regarded as a chronic alcoholic addict if he habitually or recurrently used alcohol to the point of social disablement as evidenced by loss of jobs, repeated arrests or a verified history of either repeated hospital treatment for acute alcoholic intoxication or institutional care because of chronic alcoholism.

GROUP VII. Any form of syphilis of the central nervous system is disqualifying. Look for the early signs such as pupillary changes, differences in the activity of the deep reflexes on the two sides, absence of knee and ankle jerks, tremors of hands, tongue and face, and speech defect, rather than for fully developed clinical pictures, and refer all suspected cases for full serologic study, including examination of spinal fluid.

GROUP VIII. Any active, existent organic disease of the brain, spinal cord or peripheral nerves is disqualifying. After-effects of such diseases are not disqualifying if they do not prevent satisfactory fulfillment of military duties, unless the disease is likely to recur. The epilepsies and epileptic equivalents are often overlooked.

Inquire for fainting spells, fits, convulsions, spasms, falling-out spells. There may be a history of continued bromide, phenobarbital or dilantin medication. Look for scars on the tongue and scalp. The personality type is not diagnostic but the epileptic individual may be egocentric, selfish, rigid and irritable with a tendency to excessive religiosity. A history of epileptic equivalents taking the form of temper tantrums, dazed reactions, confused states and excitements may be obtained.

Early signs and symptoms of the following conditions should be kept in mind:

Diseases of the brain:

- The epilepsies and epileptic equivalents.
- Postencephalitic syndromes.
- Multiple sclerosis.
- Cerebral vascular disease and residuals.
- Brain tumor.
- Chronic degenerative diseases.

Diseases of the spinal cord:

- Poliomyelitis.
- Tumor.
- Amyotrophic lateral sclerosis and progressive muscular atrophy.
- Subacute combined degeneration.
- Syringomyelia.

Diseases of the peripheral nerves:

- Injuries.
- Neuralgias.
- Multiple neuritis.
- Cranial nerve disease:
 - Optic atrophy.

Ophthalmoplegia.

Facial palsy.

Deafness due to intracranial pathologic conditions.

The local examining physician should request the reference to a medical advisory board of any registrant whose mental or nervous fitness or unfitness he cannot definitely determine. Registrants who manifest any of the following deviations should be referred to the advisory board psychiatrist: instability, seclusiveness, sulkiness, sluggishness, discontent, lonesomeness, depression, shyness, suspicion, overboistrousness, timidity, sleeplessness, lack of initiative and ambition, personal uncleanliness, stupidity, dulness, resentfulness to discipline, nocturnal incontinence, sleep walking, recognized queerness, suicidal tendencies either bona fide or not, and homosexual proclivities.

ARMY RESERVE OFFICERS ORDERED TO ACTIVE DUTY FIRST CORPS AREA

The following additional medical reserve corps officers have been ordered to extended active duty by the Commanding General, First Corps Area, which comprises the states of Maine, Vermont, New Hampshire, Rhode Island, Massachusetts and Connecticut:

- ABODEELY, Robert A., 1st Lieut., Worcester, Mass., Fort Devens, Mass.
- HAINES, Hilton D., Captain, Greenwich, Conn., Fort Devens, Mass.
- KNAPP, Allen H., 1st Lieut., Calais, Me., Camp Edwards, Mass.
- MANGIONE, Bernard J., Captain, Fall River, Mass., Fort Devens, Mass.

- NEWTON, Louis, 1st Lieut., Bridgeport, Conn., Fort Devens, Mass.
- ODDY, John G., 1st Lieut., Lawrence, Mass., Fort Devens, Mass.
- POWELL, Platt R., 1st Lieut., Milton, Vt., Camp Edwards, Mass.
- RYNARD, William M. W., 1st Lieut., Stamford, Conn., Fort Devens, Mass.
- SELESNICK, Sydney, 1st Lieut., East Milton, Mass., Fort Devens, Mass.
- SNEIDMAN, George I., Captain, Hartford, Conn., Fort Devens, Mass.
- WIESNER, Ernest E., 1st Lieut., Brockton, Mass., Fort Devens, Mass.
- WHITNEY, Royal A., 1st Lieut., White River Junction, Vt., Fort Devens, Mass.
- YOUNG, Morris N., Captain, Lawrence, Mass., Fort Devens, Mass.

SECOND CORPS AREA

The following additional medical reserve corps officers have been ordered to active duty by the Commanding General, Second Corps Area, which comprises the states of New York, New Jersey and Delaware:

- ADLER, Howard E., 1st Lieut., New York, Fort Benning, Ga.
- BERKOWITZ, Joseph J., Captain, New York, Fort Bragg, N. C.
- BREZIN, David, 1st Lieut., New York, Fort Bragg, N. C.
- BRUNDAGE, Donald W., 1st Lieut., Binghamton, N. Y., Pine Camp, N. Y.
- BURGER, Harold, 1st Lieut., Bronx, N. Y., Fort Bragg, N. C.
- CIOFALO, Frank I., Captain, New York, Fort Benning, Ga.
- CLAYMAN, Sigmund J., 1st Lieut., Forest Hills, L. I., N. Y., Camp Blanding, Fla.
- CLYNE, Irving M., 1st Lieut., Far Rockaway, N. Y., Fort Monmouth, N. J.
- COSTA, Joseph A., 1st Lieut., Bedford Hills, N. Y., Fort Jackson, S. C.
- COYLE, Francis R., Captain, Buffalo, Pine Camp, N. Y.
- DeGRACE, Francis H., 1st Lieut., Passaic, N. J., Camp Claiborne, La.
- DERMON, Harry, 1st Lieut., New York, Camp Claiborne, La.
- DEUTSCH, Nathan S., 1st Lieut., Plainfield, N. J., Fort Bragg, N. C.
- DURYEA, Lyman C., 1st Lieut., New York, Pine Camp, N. Y.
- ELKIND, Mortimer M., 1st Lieut., Brooklyn, Camp Croft, S. C.
- FEITELL, Arthur, 1st Lieut., New York, Camp Livingston, La.
- FINKEL, Milton M., 1st Lieut., Brooklyn, Camp Shelby, Miss.
- FLICKER, David Jr., 1st Lieut., Kearney, N. J., Camp Blanding, Fla.
- FRIEDMAN, Herbert S., 1st Lieut., New York, Fort Benning, Ga.
- GALLER, Herman F., 1st Lieut., Brooklyn, Camp Claiborne, La.
- GASNER, Walter G., 1st Lieut., Mount Vernon, N. Y., Mitchel Field, N. Y.
- GILBERTSON, Robert L., 1st Lieut., Morrison, N. J., Pine Camp, N. Y.
- GOLDBERG, Joseph D., 1st Lieut., New York, Fort Moultrie, S. C.
- GURNEE, Quinby D., 1st Lieut., Hawthorne, N. J., Fort Monmouth, N. J.
- JAMES, John T., 1st Lieut., Princeton, N. J., Fort Dix, N. J.

- JOHNSON, Wallace M., 1st Lieut., Newark, N. J., Fort Benning, Ga.
- KALAMARIDES, John J., 1st Lieut., Brooklyn, Fort Jackson, S. C.
- KNOPF, Albert A., 1st Lieut., Jackson Heights, N. Y., Camp Stewart, Ga.
- KRAKOWER, Irving, 1st Lieut., Brooklyn, Camp Blanding, Fla.
- LEARN, Marshall L., 1st Lieut., Hamburg, N. Y., Camp Shelby, Miss.
- LERNER, David L., 1st Lieut., New York, Camp Claiborne, La.
- LOEB, Edward A., 1st Lieut., Atlantic City, N. J., Camp Blanding, Fla.
- LONGWORTH, Edmund F., 1st Lieut., Pelham, N. Y., Camp Forrest, Tenn.
- MacKENZIE, Locke L., 1st Lieut., New York, Fort Benning, Ga.
- MAHONEY, Cornelius A., 1st Lieut., Forest Hills, N. Y., Camp Claiborne, La.
- MAYERS, Albert N., 1st Lieut., New York, U. S. Army Recruiting Office, Albany, N. Y.
- MINER, Walter A., 1st Lieut., Baldwin, L. I., N. Y., Camp Livingston, La.
- MUSHABAC, Irving R., 1st Lieut., Bronx, N. Y., Camp Croft, S. C.
- NIGHTINGALE, Arthur B., 1st Lieut., New Hyde Park, N. Y., Camp Livingston, La.
- RACHLIN, Irving H., 1st Lieut., New York, Camp Shelby, Miss.
- RAVITS, Everett C., 1st Lieut., Fairlawn, N. J., Fort Monmouth, N. J.
- ROSENBERG, Harold W., 1st Lieut., New York, Camp Blanding, Fla.
- ROTH, Daniel B., 1st Lieut., Bronx, N. Y., Fort Benning, Ga.
- RUBIN, William, 1st Lieut., New Brunswick, N. J., Camp Claiborne, La.
- SAFIR, Samuel S., 1st Lieut., Jackson Heights, N. Y., Camp Blanding, Fla.
- SAMUEL, Jerome H., 1st Lieut., Newark, N. J., Fort Dix, N. J.
- SATULSKY, Emanuel M., 1st Lieut., Elizabeth, N. J., Pine Camp, N. Y.
- SCHULTZ, Jacob P., 1st Lieut., New York, Camp Shelby, Miss.
- SHAPER, Edward B., 1st Lieut., Brooklyn, Pine Camp, N. Y.
- STEINREICH, Otto S., 1st Lieut., Newark, N. J., Fort Bragg, N. C.
- WELTCHER, Herbert, 1st Lieut., Elizabeth, N. J., Camp Claiborne, La.
- WILLIAMS, George D., 1st Lieut., New York, Fort Bragg, N. C.
- ZUKAUCKAS, Edward W., 1st Lieut., Brooklyn, Fort Dix, N. J.

FOURTH CORPS AREA

The following additional medical reserve corps officers have been ordered to active duty by the Commanding General, Fourth Corps Area, which comprises the states of Tennessee, North Carolina, South Carolina, Alabama, Georgia, Mississippi, Florida and Louisiana:

- BENNETT, William M., Captain, Ruffin, S. C., Camp Wheeler, Ga.
- EVANS, John W., Jr., 1st Lieut., Bells, Tenn., Camp Wheeler, Ga.
- FINKELSTEIN, David J., Captain, Ridgeland, S. C., Fort McClellan, Ala.
- HALL, James T., 1st Lieut., Memphis, Tenn., Camp Croft, S. C.
- HOUSE, Nathaniel C., 1st Lieut., Belzoni, Miss., Mississippi Selective Service, Jackson, Miss.
- IRWIN, Winston H., 1st Lieut., Birmingham, Ala., Fort Bragg, N. C.
- JAMES, Lemuel P., Jr., 1st Lieut., Soperton, Ga., Fort Benning, Ga.
- JOHNSON, Pearce S., 1st Lieut., New Orleans, Fort Oglethorpe, Ga.
- JONES, Craig S., 1st Lieut., Cliffside, N. C., Camp Croft, S. C.
- KOPFLER, Marion E., 1st Lieut., New Orleans, Camp Shelby, Miss.

- MARCHBANKS, Vance H., Jr., 1st Lieut., Tuskegee, Ala., Fort Bragg, N. C.
- MARTIN, Robert B., III, 1st Lieut., Cuthbert, Ga., Fort Oglethorpe, Ga.
- MASTERSON, Rodney G., 1st Lieut., Alexandria, La., Camp Polk, La.
- McLAURIN, James W., 1st Lieut., Baton Rouge, La., Fort Bragg, N. C.
- McTURNAN, Robert W., 1st Lieut., Tampa, Fla., Stark General Hospital, Charleston, S. C.
- PARSONS, Hugh E., 1st Lieut., Tampa, Fla., Camp Shelby, Miss.
- ROWELL, John P., 1st Lieut., St. Petersburg, Fla., Fort Bragg, N. C.
- STEGALL, Oscar B., 1st Lieut., Memphis, Tenn., Camp Wheeler, Ga.
- STRONG, Robert A., Colonel, New Orleans, Headquarters 3d Military Area, New Orleans.
- VAN HOOSER, John L., 1st Lieut., Smithville, Tenn., Fort Benning, Ga.
- WAGNER, Rudolph T., 1st Lieut., Miami Beach, Fla., Fort Oglethorpe, Ga.
- WARD, Thomas G., Captain, Thibodaux, La., Camp Wheeler, Ga.
- WEAVER, Thomas S., 1st Lieut., Nashville, Tenn., Fort Bragg, N. C.
- WORLEY, James H., 1st Lieut., Asheville, N. C., Fort Benning, Ga.
- WRIGHT, Leonard D., 1st Lieut., Memphis, Tenn., Camp Claiborne, La.

SEVENTH CORPS AREA

The following additional medical reserve corps officers have been ordered to extended active duty by the Commanding General, Seventh Corps Area, which comprises the states of North Dakota, South Dakota, Minnesota, Nebraska, Iowa, Kansas, Missouri, Arkansas and Wyoming:

ANDERSON, Martin Frederick, 1st Lieut., Hastings, Neb., Carlisle Barracks, Pa. (1 Mo.) then to 42d Evacuation Hospital, Fort Leonard Wood, Mo.
 ANDREWS, William Wallace, Jr., 1st Lieut., Kansas City, Kan., 4th Cavalry Brigade, Fort Riley, Kan.
 ARBUCKLE, Millard Fillmore, Lieut. Col., St. Louis, Fort Leonard Wood, Mo.
 BESS, George Calvin, Captain, St. Louis, 41st Division, Camp Murray, Wash.
 BOLLER, Galen Charles, 1st Lieut., Traer, Iowa, Carlisle Barracks, Pa. (1 Mo.) then to 43d Engineers, Camp J. T. Robinson, Ark.
 CAMPBELL, Louis Scott, 1st Lieut., Scottsbluff, Neb., 41st Division, Camp Murray, Wash.
 CAPETTI, Alexander Pasquale, 1st Lieut., Crane, Mo., Fort Des Moines, Iowa.
 CHALLED, Don Sheridan, 1st Lieut., Cedar Rapids, Iowa, 1st Medical Regiment, Fort Ord, Calif.
 CORNELL, Dale Duane, 1st Lieut., Greenfield, Iowa, 41st Division, Camp Murray, Wash.
 DOMINICK, DeWitt, 1st Lieut., Cody, Wyo., Carlisle Barracks, Pa. (1 Mo.) then to 74th Surgical Hospital, Fort Francis E. Warren, Wyo.
 DONOHUE, Edmund Stephen, 1st Lieut., Sioux City, Iowa, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 DREYER, William Francis, 1st Lieut., Webster Groves, Mo., Camp J. P. Robinson, Ark.
 ELKINS, Ronald Flagg, 1st Lieut., Springfield, Mo., Fort Leonard Wood, Mo.
 EVANS, Arthur Wilbur, 1st Lieut., Norton, Kan., Fort Leonard Wood, Mo.
 FERGUSON, James Taylor, Jr., 1st Lieut., Kansas City, Mo., Fort Snelling, Minn.
 FINNEY, Charles Herman, 1st Lieut., Fort Smith, Ark., Fort Snelling, Minn.
 GALEOTA, William Richard, 1st Lieut., Maryville, Mo., Fort Snelling, Minn.
 GAY, Ellery Clarke, Captain, Little Rock, Ark., C. A. S. C. Station Hospital, Fort Leonard Wood, Mo.
 GILSDORF, Amos Ray, 1st Lieut., Dickinson, N. D., Fort Leonard Wood, Mo.
 HAMILTON, Caldwell Kiskaddon, 1st Lieut., St. Louis, Mo., Fort Crook, Neb.
 HANKINS, Charles Robert, 1st Lieut., Omaha, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 HELLEWELL, Joseph Spencer, 1st Lieut., Evanston, Wyo., 217th General Hospital, Fort Riley, Kan.
 HENRICH, Melvin Celsus, 1st Lieut., Riverton, Wyo., Fort Francis E. Warren, Wyo.
 HOFFMAN, Jacob Samuel, 1st Lieut., Kansas City, Mo., Jefferson Barracks, Mo.
 HOMAN, Richard William, 1st Lieut., Fort Meade, S. D., Fort Francis E. Warren, Wyo.
 HYATT, Robert Fee, 1st Lieut., Monticello, Ark., 3d Cavalry Brigade, Fort Riley, Kan.
 HYNDMAN, Henry Harold, 1st Lieut., Wichita, Kan., 3d Cavalry Brigade, Fort Riley, Kan.
 KANE, Thomas Edward, 1st Lieut., Boone, Iowa, C. A. S. C. Station Hospital, Fort Leonard Wood, Mo.

KING, Jack Arthur, 1st Lieut., Elaine, Ark., Reception Center, Jefferson Barracks, Mo.
 KNOLL, Albert Henry, Captain, Dubuque, Iowa, 41st Division, Camp Murray, Wash.
 KOZBERG, Oscar, 1st Lieut., Moose Lake, Minn., Camp J. T. Robinson, Ark.
 LINDBLOM, Alton Edwin, 1st Lieut., Minneapolis, Fort Crook, Neb.
 MACK, Marvin Arnold, 1st Lieut., Crete, Neb., 35th Division, Camp J. T. Robinson, Ark.
 MALLES, Albert Conrad, 1st Lieut., Lewisville, Ark., Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 MARTIN, Lee Fred, 1st Lieut., Talmage, Neb., Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 MATER, Dwight Albert, 1st Lieut., Knoxville, Iowa, Induction Station, Jefferson Barracks, Mo.
 McDOWELL, Edward Alphonso, 1st Lieut., St. Louis, 4th Cavalry Brigade, Fort Riley, Kan.
 MCKINSTRY, Karl Virgil, 1st Lieut., DeSoto, Mo., 3d Cavalry Brigade, Fort Riley, Kan.
 MOLLERS, Theodore Peter, 1st Lieut., Mountain Iron, Minn., Camp J. T. Robinson, Ark.
 MURRAY, Robert Anthony, Captain, Aitkin, Minn., Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 NEUMAIER, Arthur, 1st Lieut., Lindstrom, Minn., 4th Armored Division, Pine Camp, Watertown, N. Y.
 NIERLING, Richard DePuy, 1st Lieut., Jamestown, N. D., Jefferson Barracks, Mo.
 NOONAN, William Joseph, 1st Lieut., Minneapolis, Fort Leonard Wood, Mo.
 OMEYLA, Patrick Maynard, 1st Lieut., Sioux City, Iowa, 1st Medical Regiment, Fort Ord, Calif.
 PALLETT, Harold Anthony, 1st Lieut., Kansas City, Mo., C. A. S. C. Station Hospital, Fort Leonard Wood, Mo.
 PLATOU, Ralph Victor, 1st Lieut., Minneapolis, C. A. S. C. Station Hospital, Fort Leonard Wood, Mo.
 PUTZ, Arthur Eugene, Captain, Edgewood, Iowa, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 REID, James Armand, 1st Lieut., Kansas City, Kan., Fort Leavenworth, Kan.
 RICHARDSON, Lyman King, Captain, Kansas City, Kan., Fort Leonard Wood, Mo.
 ROSENTHAL, Leonard George, Captain, St. Louis, C. A. S. C. Station Hospital, Jefferson Barracks, Mo.
 RUSSELL, Allen Rutledge, 1st Lieut., Pine Bluff, Ark., C. A. S. C. Station Hospital, Fort Riley, Kan.
 SATTERFIELD, Benjamin W., 1st Lieut., St. Louis, 4th Cavalry Brigade, Fort Riley, Kan.
 SAXE, Earl, 1st Lieut., Topeka, Kan., Jefferson Barracks, Mo.
 SCANNELL, Raymond Christopher, 1st Lieut., Carroll, Iowa, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 SHARPE, Don Carlyle, 1st Lieut., Dubuque, Iowa, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 SHERRILL, Sion Frederick, 1st Lieut., Belle Fourche, S. D., 41st Division, Camp Murray, Wash.
 SMRHA, James Albert, 1st Lieut., Cedar Rapids, Iowa, Engineer Replacement Center Infirmary, Fort Leonard Wood, Mo.
 SNYDER, Glen Edgar, 1st Lieut., Grimes, Iowa, Carlisle Barracks, Pa. (1 Mo.) then to 214th General Hospital, Camp J. T. Robinson, Ark.
 STEELE, Hugh Henderson, 1st Lieut., Deadwood, S. D., Carlisle Barracks, Pa. (1 Mo.) then to 214th General Hospital, Camp J. T. Robinson, Ark.
 STRAUS, Maurice Lockhart, 1st Lieut., St. Paul, Minn., 41st Division, Camp Murray, Wash.
 SWAILS, John Goldsborough, 1st Lieut., Wathena, Kan., Carlisle Barracks, Pa. (1 Mo.) then to 217th General Hospital, Fort Riley, Kan.
 THORNELL, Harold Edgar (Negro), Captain, St. Louis, 4th Cavalry Brigade, Fort Riley, Kan.

EIGHTH CORPS AREA

The following additional medical reserve corps officers have been ordered to extended active duty by the Commanding General, Eighth Corps Area, which comprises the states of Colorado, Arizona, New Mexico, Oklahoma and Texas:

ADAMS, Richard Martin, 1st Lieut., Tulsa, Okla., Camp Wallace, Texas.
 ANDERSON, Vetalis Vernon, 1st Lieut., Del Norte, Colo., 200th Coast Artillery, (AA) Fort Bliss, Texas.
 ATKINS, Paul N., Jr., 1st Lieut., Muskogee, Okla., 52d Signal Battalion, Fort Sam Houston, Texas.
 BASS, James W., Major, Dallas, Texas, 2d Division, Fort Sam Houston, Texas.
 BELL, Robert H., Major, Columbus, Texas, Station Hospital, Camp Wallace, Texas.
 BRADFORD, Sidney W., 1st Lieut., Tyler, Texas, 2d Division, Fort Sam Houston, Texas.
 CARRITHERS, Clem Milburn, 1st Lieut., Bruni, Texas, 36th Division, Camp Bowie, Texas.
 BOX, Otho N., Jr., 1st Lieut., Grandfield, Okla., 36th Division, Camp Bowie, Texas.
 COHEN, Edmond F., 1st Lieut., Denver, Station Hospital, Fort Bliss, Texas.
 COX, Arlo K., 1st Lieut., Watonga, Okla., 36th Division, Camp Bowie, Texas.
 CRANE, Francis S., 1st Lieut., Wilburton, Okla., 1st Cavalry, Fort Bliss, Texas.
 CULLYFORD, James S., 1st Lieut., Denver, Corps Area Laboratory, Fort Sam Houston, Texas.

DONOVAN, Mark Hamilton, 1st Lieut., Oklahoma City, Station Hospital, Fort Sill, Okla.
 HARRIS, Gracchus, Jr., 1st Lieut., Navasota, Texas, 2d Division, Fort Sam Houston, Texas.
 KELLY, Marcus G., 1st Lieut., Phoenix, Ariz., 2d Division, Fort Sam Houston, Texas.
 LINDSEY, Ray Harvey, 1st Lieut., Pauls Valley, Okla., Camp Wallace, Texas.
 MARTIN, John Dennis, 1st Lieut., Clint, Texas, Ellington Field, Texas.
 MAYS, Alan Lanning, 1st Lieut., Sterling, Colo., Station Hospital, Fort Bliss, Texas.
 ROBERTSON, David Lyle, 1st Lieut., Wichita Falls, Texas, Station Hospital, Camp Wallace, Texas.
 RYAN, William Emmett, Captain, Midland, Texas, 2d Division, Fort Sam Houston, Texas.
 SARZUNE, Benjamin, 1st Lieut., Eunice, N. M., 1st Cavalry Division, Fort Bliss, Texas.
 SHERMAN, Joseph Harrison, 1st Lieut., Denver, Colo., 113th Cavalry, Camp Bowie, Texas.
 SIPTAK, John E., 1st Lieut., Caldwell, Texas, 36th Division, Camp Bowie, Texas.
 WALKER, John Hicks, 1st Lieut., Muskogee, Okla., Station Hospital, Fort Sill, Okla.
 WILCOX, Melvin Rae, Jr., 1st Lieut., Jacksonville, Texas, Ellington Field, Texas.
 WILLIAMS, Harold Murphy, 1st Lieut., Fort Worth, Texas, Camp Wallace, Texas.
 WOODS, Haddon Benjamin, Captain, Refugio, Texas, 265th Coast Artillery, Fort Crockett, Texas.

NAVAL RESERVE OFFICERS ON ACTIVE DUTY

The following medical officers of the U. S. Naval Reserve have reported for active duty since March 17:

ARNOLD, Walter F., Lieut., M. C.-V. (S.), Long Beach, Calif., Naval Hospital, Mare Island, Calif.
 BEHR, Irving S., Lieut. (j. g.), M. C.-V. (G.), Belleville, N. J., Norfolk Naval Hospital, Portsmouth, Va.
 CREVELLO, Albert J., Lieut. (j. g.), M. C.-V. (S.), North Warren, Pa., U. S. Naval Hospital, Philadelphia.
 DESANTO, Dominic A., Lieut., M. C.-V. (S.), New York, Naval Hospital, Brooklyn.
 FURMAN, Matthew R., Lieut., M. C.-V. (G.), New York, Third Naval District, New York.
 KRAFT, George L., Lieut. (j. g.), M. C.-V. (G.), San Juan, P. R., 10th Naval District, San Juan, P. R.
 MILAM, Ernest B., Lieut. Comdr., M. C.-V. (S.), Jacksonville, Fla., Naval Air Station, Jacksonville, Fla.
 MILLER, Julius Y., Lieut. (j. g.), M. C.-V. (G.), Chelsea, Mass., Naval Training Station, Newport, R. I.
 PORTER, Joseph I., Lieut. Comdr., M. C.-V. (G.), Benicia, Calif., 2d Marine Division, Marine Corps Base, San Diego, Calif.
 RABSON, Salem M., Lieut. Comdr., M. C.-V. (S.), New York, Naval Hospital, Brooklyn
 ROSENBERG, Irving G., Lieut. (j. g.), M. C.-V. (S.), Long Beach, Calif., Naval Dispensary, Long Beach, Calif.
 SLAGLE, Thomas D., Lieut., M. C.-V. (S.), San Juan, P. R., 10th Naval District, San Juan, P. R.
 SULLIVAN, Daniel F., Jr., Lieut., M. C.-V. (S.), Woodland, Calif., Naval Dispensary, Long Beach, Calif.
 WEST, Walter B., Lieut., M. C.-V. (S.), Fort Worth, Texas, Naval Air Station, Corpus Christi, Texas.
 WILLIAMS, Richard J., Lieut. (j. g.), M. C.-V. (G.), Cumberland, Md., Destroyer Division 21.

SELECTIONS FOR PROMOTION IN THE NAVY

A Naval Medical Corps Selection Board has made recommendations for promotion as vacancies occur of forty-two lieutenants to the grade of lieutenant commander and fifty-one lieutenants (junior grade) to the grade of lieutenant, and the recommendations of the board have been approved by President Roosevelt. The Navy Medical Selection Board, of which Capt. Richard A. Warner, M. C., U. S. Navy, was president, selected the following officers for promotion:

LIEUTENANTS TO LIEUTENANT COMMANDER

Irving J. Warmolts	Warren E. Klein
Otto L. Burton	Norris M. Hardisty
Louis E. Gilje	Cameron L. Hogan
O. Henry Alexander	Gerard B. Creagh
Herman A. Gross	Anselm C. Hohn
Edward S. Lowe	Thomas O. Harbour
Robert J. Vaughn	James G. Neff
Frank P. Gilmore	Craig B. Johnson
Paul Vaughan	Clarence L. Blew
Oscar D. Yarbrough	Herbert G. Shepler
Carr E. Bentel	William P. Stephens
James D. Boone	Jack R. George
Warren G. Wieand	Ferrell H. Johnson
Albert R. Behnke Jr.	Edward C. Kenney
Omar J. Brown	John D. Foley
George W. Dickinson	Garland A. Gray
John R. Weisser	Benjamin N. Ahl
Kenneth H. Vinnedge	Charles M. Parker
Milton R. Wirthlin	James R. Sayers
Thenton D. Boaz	William C. Baty Jr.
William L. Berkley	Wade S. Rizk

LIEUTENANTS (J. G.) TO LIEUTENANTS

John F. McMullin	Philip J. McNamara
James B. Shuler	Edward E. Hogan
John F. Foertner	Merrill H. Goodwin
Gordon M. Perisho	LeRoy J. Barnes
Jerome F. Smith	Landes H. Bell
Robert S. Poos	Thomas J. Canty
Francis L. Phillips	Clifford P. Phoebus
John L. Hatch	Richard W. Garrity
Charles F. LeComte	Russell H. Walker
Gordon K. Lambert	William S. Francis
Walter Welham	Ellwood V. Boger
Herbert H. Eighmy	Shakeeb Ede
Richard R. Rall	Charles F. Gell
Thomas Ferwerda	Alexander S. Angel
Stephen J. Ryan	Samuel J. Wisler
James G. Bulgrin	Joseph A. Syslo
Emmanuel Rollins	Nicholas E. Dobos
Roy R. Powell	Arthur L. Lawler
Murray W. Ballenger	Charles F. McCaffrey
Clark J. Jeffers	Alfred L. Smith
Thomas P. Connelly	Marion E. Roudebush
Marion T. Yates	Edward Patrick McLarney
Marshall Cohen	Earle E. Metcalfe
Eugene P. Harris	Jefferson Davis
Harold R. Berk	Joseph M. Hanner
Walter R. Miller	

AVIATION MEDICAL EXAMINERS

A routine course of instruction to qualify medical officers for duty as Aviation Medical Examiners began at the School of Aviation Medicine, Randolph Field, Texas, April 14. The course will continue for six weeks. The names of the officers enrolled, with the stations to which they are assigned, follow:

AUERBACH, Sidney, 1st Lieut., M. C. R., Fort Jackson, S. C.
 BENNETT, Bruce H., 1st Lieut., M. C. R., Mitchel Field, N. Y.
 BOSWORTH, Joseph M., Jr., Captain, M. C., Florida N. G., Camp Blanding, Fla.
 CRAWFORD, Walter J., 1st Lieut., M. C. R., Camp Shelby, Miss.
 DANIELS, John Q. A., Captain, M. C. R., McChord Field, Wash.
 DICKINSON, Louis E., 1st Lieut., M. C. R., Fort Douglas, Utah.

DOMINICK, John F., 1st Lieut., M. C. R., Randolph Field, Texas.
 DRUMMOND, N. Robert, 1st Lieut., M. C. R., Randolph Field, Texas.
 DUDNEY, Lester R., 1st Lieut., M. C. R., Randolph Field, Texas.
 ENGELHARDT, David M., 1st Lieut., M. C. R., Allan Hancock College of Aeronautics, Santa Maria, Calif.
 EPSTEIN, Ernest D., 1st Lieut., M. C. R., Chanute Field, Ill.
 ERDEL, Milton W., Captain, M. C. R., Fort Benning, Ga.
 ESTES, Woodrow B., 1st Lieut., M. C. R., MacDill Field, Fla.
 FERRIS, James W., Captain, M. C. R., Camp Livingston, La.
 FLEMING, Frank R., Captain, M. C. R., Fort Jackson, S. C.
 FLORETH, Nelson K., 1st Lieut., M. C. R., Camp Beauregard, La.
 FOSTER, Furman L., 1st Lieut., M. C. R., Randolph Field, Texas.
 FRENCH, James B., 1st Lieut., M. C. R., Randolph Field, Texas.
 GIFFORD, Byron L., Captain, M. C. R., Camp Murray, Wash.
 GORDON, Devitt L., 1st Lieut., M. C. R., Patterson Field, Ohio.
 GRAYSON, Morris, 1st Lieut., M. C. R., Langley Field, Va.
 HELLAMS, Alfred A., 1st Lieut., M. C. R., Fort Sam Houston, Texas.
 HENRY, Lewis M., Captain, M. C. R., Fort Sill, Okla.
 HOLTZ, Paul R., Major, M. C. R., Fort Leavenworth, Kan.
 HOWE, George E., 1st Lieut., M. C. R., Headquarters 6th Corps Area, Chicago.
 KELLY, Delbert C., 1st Lieut., M. C. R., Selfridge Field, Mich.
 KING, James T., 1st Lieut., M. C. R., Barksdale Field, La.
 KNAPP, Howard C., Captain, M. C. R., Fort Sam Houston, Texas.
 KOSSMANN, C. E., 1st Lieut., M. C. R., Randolph Field, Texas.
 LASKY, Mortimer, Major, M. C., New York N. G., Madison Barracks, N. Y.
 LIPIN, Raymond J., 1st Lieut., M. C. R., Langley Field, Va.
 LOWREY, Robert W., 1st Lieut., M. C. R., Brooks Field, Texas.
 LUCAS, Richard A., 1st Lieut., M. C., Louisiana N. G., New Orleans.
 MAGRUDER, Roger G., Captain, M. C. R., Langley Field, Va.
 MENDEL, Charles L., 1st Lieut., M. C. R., Randolph Field, Texas.
 POMERANCE, Joseph B., Captain, M. C. R., Camp Beauregard, La.
 POPELAR, Melville V., Captain, M. C. R., Fort Sill, Okla.
 RICKLES, George Abraham, 1st Lieut., M. C. R., McChord Field, Wash.
 SANDERS, Zal H., 1st Lieut., M. C. R., Scott Field, Ill.
 SARFATTY, Isaac J., Captain, M. C. R., Milwaukee.
 SELIGMAN, Ewing, Captain, M. C. R., Camp Shelby, Miss.
 SMITH, Tom J., 1st Lieut., M. C. R., Scott Field, Ill.
 THOMPSON, Roger S., Captain, M. C. R., Camp Murray, Wash.
 TILDEN, James F., 1st Lieut., M. C. R., Fort Sam Houston, Texas.
 WALDOCK, James L., Captain, M. C. R., Fort Benning, Ga.
 WHITE, Fletcher H., 1st Lieut., M. C. R., Mitchel Field, N. Y.

ADVISORY BOARD FOR SELECTIVE SERVICE

A medical advisory council has been created to cooperate with national headquarters of the Selective Service system on problems connected with the physical examinations of registrants, it was announced March 31. Members of the council are:

Dr. Francis X. McGovern, Washington, D. C., chairman of the executive board of the Medical Society of the District of Columbia.
 Dr. Henry C. Macatee, Washington, D. C., past president of the District society.
 Dr. Thomas S. Cullen, professor emeritus of gynecology, Johns Hopkins University School of Medicine, Baltimore, and a Trustee of the American Medical Association.
 Dr. Harvey B. Stone, associate professor of surgery at Johns Hopkins.
 Dr. Robert A. Bier, secretary of the Medical Advisory Council and liaison officer between the council and national headquarters, Selective Service system.
 Mr. Theodore Wiprud, executive secretary of the District society.

The purpose of the council is to provide liaison between national headquarters of the Selective Service system, the American Medical Association and the medical profession at large and to acquaint them with the medical needs for the most effective administration of the Selective Service system. A primary need is the obtaining of suitable medical personnel for the examination of registrants. At the first meeting of the council, April 1, various proposed plans for the correction of physical defects of rejected registrants were considered.

MEDICAL REPLACEMENT TRAINING CENTER AT CAMP GRANT, ILLINOIS

After months of preliminary work, a tremendous program of training Medical Department enlisted personnel at Camp Grant, Illinois, has been launched, and at present more than six thousand Medical Department trainees are undergoing intensive training. During the coming year about thirty thousand enlisted men will be trained there. Each training period covers thirteen weeks in the replacement center. After receiving training, which is mostly basic in character, the trainees will be assigned to field medical organizations and fixed hospitals in camps elsewhere.

Construction of the replacement training center is complete and about two hundred and fifty buildings of semipermanent type are now in use. The trainees are organized into seven battalions, two of which will train men for assignment to fixed hospitals, one for service with mobile hospitals, another for service with the Air Corps, another for service as attached medical troops and with veterinary hospitals, and two for service as army medical regiments.

Each battalion is organized into four companies, each of which has the capacity to house and train two hundred and twenty-two selectees. The training schedule provides for forty-four hours of instruction each week for the thirteen weeks period. It includes, among many other subjects, twenty-one of training in elementary anatomy and physiology, twenty hours in field sanitation, twelve hours in material medica and pharmacy, sixteen hours in medical and surgical nursing, sixty-seven hours in bandaging, dressing and splinting, eight hours in the treatment of gas casualties, ten hours in ambulance loading and litter drill, and five hours in preparation of field medical records; one hundred and twenty-two hours of unit training will complete the course.

In addition, schools for bakers and cooks, mess sergeants, clerks, chauffeurs and motor mechanics are being conducted.

At present the headquarters administrative staff consists of:

Lieut. Col. Joseph I. Martin, M. C., executive officer.
Lieut. Col. Frank E. Brundage, M. R. C., assistant executive officer.
Lieut. Col. A. B. Crane, A. G. D., adjutant.
Major John F. Bohlender, M. C., plans and training officer.
Major Lynn Dodge, M. R. C., assistant plans and training officer.
Capt. Roland B. Peck, Inf., classification officer.
First Lieut. J. B. Pierce, A. G. D., personnel officer.

The battalion commanders are:

Lieut. Col. Thomas Harold Reagan, M. C.
Lieut. Col. William Alexander Smith, M. C.
Lieut. Col. George E. Lindow, M. C.
Major Howland A. Gibson, M. C.
Major Howard S. McConkie, M. C.
Major Clement F. St. John, M. C.
Major Frederic B. Westervelt, M. C.

In addition to these officers there are approximately one hundred and seventy-five others assigned to the various companies in the center.

It is expected in the near future that a brigadier general will be assigned as commanding general of the training center.

MEDICAL SUPPLIES FOR COUNTRIES AT WAR

Medical service equipment for new clinical laboratories and hospitals throughout England has been requested by the British Red Cross in a cable forwarded by the American Red Cross to the Medical and Surgical Relief Committee of America, which has headquarters at 420 Lexington Avenue, New York. The committee is soliciting contributions of about sixty specific items, including pipets, tubes, burets, Petri dishes, dissecting needles, bottles, glass tubing and syringes. In the first quarter of 1941 this committee disclosed that contributions in cash and medical and surgical supplies received amounted to \$97,168.56. Of this amount \$79,156.67 in the form of drugs, surgical instruments and other medical supplies were shipped overseas for civilian relief among noncombatants in Great Britain and the allied countries. The committee, formerly known as the Medical and Surgical Supply Committee of America, recently changed its name to emphasize the charitable nature of its work.

INDUSTRIAL SURVEYS IN DEFENSE PROGRAM

The Maryland State Department of Health has inaugurated a series of surveys on health and occupational hazards in industrial defense plants as part of the national defense movement in cooperation with the U. S. Public Health Service. Dr. Robert H. Flinn, Bethesda, assistant surgeon, and Harry E. Seifert, assistant public health engineer of the Public Health Service, have been assigned to supervise the work. Wherever necessary, follow-up studies will be made to determine concentrations of hazardous dusts, fumes and gases in the workroom air or other health hazards and their effects on the workers, it was reported. Special efforts will be made to provide technical advice and services to plants too small to afford medical and engineering personnel. Surveys have already been started at several plants.

CONFERENCE OF PSYCHIATRISTS

Psychiatrists connected with medical advisory and army induction boards in New York held a conference at the New York Academy of Medicine, April 5. The speakers included Col. Patrick S. Madigan, M. C., U. S. Army; Dr. Harry Stack Sullivan, president of the William Alanson White Psychiatric Foundation; Dr. Martin J. Cooley of the Veterans' Administration; Dr. Karl M. Bowman, director of the psychiatric division of Bellevue Hospital; Dr. Howard W. Potter, clinical professor of neurology and psychiatry, Long Island College of Medicine, and Col. Samuel J. Kopetzky, chief of the medical division of the New York Selective Service System.

NEW MEDICAL RELIEF COMMITTEE

Organization of the Physicians' Committee of Greater New York as a branch of the British War Relief Society was announced, April 14, following a meeting at the New York Academy of Medicine. Officers of the committee are Drs. Adolph G. G. De Sanctis, chairman; Nathan B. Van Etten, John E. Jennings, Charles Gordon Heyd, Harry P. Mencken and Herbert A. J. Cochrane, vice chairmen for the five counties in Greater New York; Benjamin Wallace Hamilton, secretary, and Kirby Dwight, treasurer.

MEDICAL TECHNOLOGISTS

A reserve of medical technologists, both men and women, is being built up by the War Department with the cooperation of the American Red Cross. As of February 1 a total of two thousand and seventy-two civilian medical technologists had been enrolled by the Red Cross as a reserve for the Army Medical Corps to supplement the several thousand enlisted medical technicians already on duty.

NEW HOSPITALS IN CANAL ZONE

Two of the largest single unit type hospitals ever built in the Panama Canal Zone have been started at Fort Clayton and Fort Gulick. Both hospitals will be fireproofed, equipped with the latest hospital accessories, and supplemented by barracks and officers' and nurses' quarters.

SYMPOSIUM ON MILITARY MEDICINE

The St. Louis Medical Society devoted its April 15 meeting to a symposium on military medicine. Organization was discussed by Dr. Fred T. Murphy, Grosse Pointe, Mich.; the surgical aspects by Dr. Malvern B. Clopton; medical, Dr. Walter Fischel, and roentgenologic, Dr. Edwin C. Ernst.

MEETING AT ARMY MEDICAL CENTER

Dr. Ferris Smith, Grand Rapids, Mich., addressed the U. S. Army Medical Department officers in Washington and vicinity at the Army Medical Center, April 21, on "An Obligation to the Soldier and to Society."