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.

NEUROPSYCHIATRIC EXAMINATION OF APPLICANTS FOR VOLUNTARY ENLISTMENT AND SELECTEES FOR INDUCTION

Circular Letter No. 19

1. The Surgeon General desires that medical officers examining applicants for voluntary enlistment and selectees for induction be especially alert to detect all persons with deficiency, constitutional psychosis, prepsychotic and postpsychotic personality or psychosis and other persons who later may disrupt discipline and morale, retard progressive military training, occupy hospital beds urgently needed for acutely ill patients and finally become an economic burden on the government.

2. The following information is intended solely as a practical guide, and neuropsychiatrists are enjoined to apply it with discretion and mature judgment in order not to reject applicants or selectees without adequate and positive diagnostic indications of their unsuitability for active service, since their unwarranted rejection not only would constitute an injustice to the persons concerned but would deprive the government of their service.

3. During the period from April 1, 1917 to Dec. 31, 1919 no less than 97,657 patients were admitted to hospitals for persons with neuropsychiatric diseases. The major subclassification grouped 8,731 as hospitalized for epilepsy, 8,028 for neurasthenia, 4,310 for neurocirculatory asthenia, 6,090 for hysteria, 5,146 for constitutional psychopathic states, 13,063 for mental deficiency, 6,249 for dementia praecox, 7,501 for psycho-neuroses, 5,652 for other types of psychoses and the remainder for various neuropsychiatric disorders. The foregoing brief analysis indicates the necessity of careful neuropsychiatric study of all questionable applicants on their examination at recruiting or induction stations.

4. The soldier must be looked on as a fighting unit requiring certain limited and definite qualifications. Not all persons are adaptable to restrictions and inhibitions of personal desires and comforts, to deprivation of rest, food or shelter or to the extraordinary demands for prolonged physical and mental activity often imposed by active military service. It must be remembered that many persons with abnormal personality traits who are capable of satisfactory adult adjustment in civilian life, in which numerous avenues of escape are available, will be at a total loss to adjust themselves to a pattern which is more or less inflexible and, of necessity, delimited and circumscribed as to self expression. When thrown on their own meager resources of adaptation in a military environment, in contact with all kinds of personalities, some who are just able to adapt themselves to life under the most favorable conditions will not fit into the one iron mold which experience has taught is essential to military success.

5. Applicants who manifest any of the following personality deviations require special attention on the part of the psychiatric examiner: instability, seclusiveness, dullness, sluggishness, disincontent, lonesomeness, depression, shyness, suspicion, overboisterousness, timidity, sleeplessness, lack of initiative and ambition, personal uncleanness, stupidity, dullness, restlessness to discipline, nocturnal incontinence, sleepwalking, recognized querness, suicidal tendencies (hona fide or not) and homosexual proclivities.

6. A brief résumé of the more common neuropsychopathic conditions is as follows:

Group I. Mental Defects and Deficiencies.—These are manifested by a lack of general information concerning the native environment; inability to learn, to reason, to calculate, to plan, to construct, to compare weights, and so on; defect in judgment, foresight, language and output of effort; suggestibility; untidiness; lack of personal cleanliness; anatomic stigmas of degeneration, and muscular awkwardness. The history of the school life and the vocational career as well as the disciplinary report will assist materially; then the applicant should be classified according to psychometric standards.

Examiners should use extreme care and judgment in reporting their findings on the enlistment record, since these records are given to the registrants when they are rejected and become common knowledge in the community. Such terms as "imbicile" and "moron" will not be used, but an approximate psychometric scaling will be listed as the cause for rejection, such as "mental age, 8 years." Elaborate psychometric estimation is not necessary, and any accepted abbreviated method will suffice. Intelligence cannot be definitely estimated, and no infallible test is available. The results are all only approximations and must be evaluated only in conjunction with accompanying factors and circumstances.

Illiteracy per se is not to be classified as mental deficiency.

Group II. Psychopathic Personality Disorders.—Under this heading is placed an ill defined, more or less heterogeneous group of conditions in which the patients, although they do not suffer from a congenital defect in the intellectual sphere, manifest a definite defect in their ability to profit by experience. They are unable to proceed through life with any definite pattern of standardized activity. They are unable to respond in an adult social manner to the demands of honesty, truthfulness, decency and consideration of their associates. They are emotionally unstable and not to be depended on; they act impulsively, with poor judgment; they are always in difficulties, have many and various schemes without any logical basis, lack tenacity of purpose, are easily influenced and are often in conflict with the law. They do not take kindly to regimentation and are continually at variance with those who attempt to indoctrinate them in the essentials of military discipline. Such persons have a decided influence on their associates and on the morale of the organization, for they will not conform to organized authority, and they derive much satisfaction from cultivating insubordination in others. Frequently they make a favorable impression, are neat, talk well and are well mannered. However, under this veneer the real defect is evident by past irresponsiveness to social demands and lack of continuity of purpose. In this general group are to be placed many homosexual persons, grotesque and pathologic liars, vagabonds, inadequate and emotionally unstable persons, petty offenders, swindlers, kleptomaniacs, pyromaniacs, alcoholic persons and likewise those highly irritable and arrogant persons the so-called pseudoquerulents ("guardhouse lawyers"), who are forever critical of organized authority and imbued with feelings of abuse and lack of consideration by their fellows.
Group III. Major Abnormalities of Mood.—Major abnormal-
ities of mood are shown by episodes of unreasonable elation or de-
pression which tend to recur without obvious connection with
events. Persons who are known to be so mercurial in their re-
actions that their judgment is seriously impaired during the
upward or downward swing of their moods should be
rejected. Registrants known to have received medical or nurs-
ing care because of morbid excitement or depression should be
rejected.

Group IV. Psychoneurotic Disorders.—Psychoneurotic dis-
orders present a more difficult diagnostic problem. The signs
and symptoms fall more or less clearly into one of three major
categories: the hysterical, physical signs and symptoms so
unusual they may seem fraudulent and do not follow
anatomically understandable patterns; the morbidly anxious,
various signs and symptoms of fear, and the obsessional, which
include such varied conditions as hypochondriacal states (pre-
occupation with one’s ill health); morbid fears (phobias), and
rituals of action and thought which the patients feel compelle
to carry out.

The examiner should look for hysterical stigmas, such as
so-called neurasthenia (especially hemianesthesia); contractions
of the visual fields, and so on; phobias; morbid doubts and
fears; attacks of anxiety, compulsions, and hypochondriasis.
He should correlate the complaints with the behavior and obtain
a history as to former nervous breakdowns and vocational
career.

For purposes of classification, there are to be placed in this
group the so-called psychosomatic disorders, mental or per-
sonality difficulties chiefly characterized by signs and symptoms
of systemic disease—conditions which may be due to
emotional, neurasthenic, or cutaneous anesthesis. These include many examples of
asthma, urticaria, “neurasthenic states,” neurocirculatory asthe-
nia, “effort syndrome,” disordered action of the heart, paroxys-
mal tachycardia, gastric hyperacidity, pylorospasm, gastric and
duodenal ulceration, spastic constipation and diarrhea, mucous
colitis, impotence, urinary urgency or frequency and inconti-
ence of semen. The examiner should look for a clear relation
in the history of attacks coinciding with periods of personal
stress and of improvement with separations from the accus-
tomed stressful surroundings. These conditions sometimes
appear early in the course of prepsychotic states discussed under
group V.

Group V. Conditions Associated with Dementia Praecox.—
This category comprises grave mental or personality handicaps.
Persons with prepsychotic or postpsychotic personality and per-
sions actually suffering from a schizophrenic (“dementia prae-
cox”) mental disorder manifest their condition by obscur-
ously motivated peculiarities of behavior and thought. Of these, the
so-called deteriorated states are the most obvious. Among
such persons belong the numerous shiftless, untidy, perhaps
morose, sometimes nomadic persons who have had what was
regarded as 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 hospitals for mental diseases.

Paranoid personality traits comprise another large division.
Paranoid persons cling to fantastic beliefs in their overwhelming
importance and often feel that others are persecuting them
or otherwise interfering with their career or their well
being. Some of them believe that they are in communion with super-
natural beings. Others believe that they are victims of plots,
secret organizations, spy rings or religious or fraternal groups.
They are often plausible in supporting these delusions by clever
misinterpretation of facts. Some of them are evasive and skilful
at concealing their disorder. A morbid suspiciousness of any
one who takes an interest in them is frequent. They may
become tense and hate when interrogated. An attitude of
unusual cautionness or suspiciousness toward the examining
physician or toward fellow registrants should suggest the pos-
sibility of paranoia.

The catatonic and prepsychotic states may present great diffi-
culty in diagnosis. Perhaps the only obvious sign of these

conditions is the impression of querness. 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 this stage of the physical examination may observe a pecu-
liar reaction which on the first glance may seem characteristic of
a prepsychotic state. Prepsychotic persons 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 med-
ically incredible and bizarre. Questioning such persons
about intimate personal matters often leads to great embarrassment,
corroded speech or actual blocking of thought, so that they
do not know what to say.

Salient Deviations: These are indifference; apathy; with-
drawal from the environment; ideas of reference and persecu-
tion; feelings of the mind being tampered with or of the
thoughts being controlled by hypnotic, spiritualistic or other
mysterious agencies; hallucinations of hearing; bodily hallu-
cinations, frequently electrical or sexual; meaningless smiles,
and, in general, inappropriate emotional reactions and a lack of
connectedness in conversation. There may be sudden emo-
tions or motor outbursts, splitting off of the family life and of the school,
vocational and personal career.

Group VI. Conditions Due to Chronic Inebriety.—As evi-
dences of alcoholism, one should look for sunken eyes; promi-
nent superficial blood vessels of the nose and cheek; a flabby,
bloated face; red or pale purplish discoloration of the mucous
membrane of the pharynx and the soft palate; muscular tremor
in the protruded tongue and extended fingers; tremulous
writing; emotionalism; prevarication; suspicion; auditory or
visual hallucination, and persecutory ideas. Early inebriety,
especially in young selectees with morbid addiction to alcohol,
may show no objective signs. A verified history of frequent
breach of the law when drunk or of hospital treatment on
account of alcoholism should be regarded as disqualifying.

For drug addiction one should look for pallor and dryness
of the skin. If the drug is being used, the attitude is that of
flippancy and mild exhilaration; if the drug has been with-
drawn, it is cowardly and cringing. During the period of
withdrawal there are also restlessness, anxiety and complaints
of weakness, nausea and pains in the stomach, back and legs.
There is distortion of the alae nasi. The pupils are constricted
by morphine and diluted by cocaine. All habitual drug
takers are liars. They do not drink, as a rule, and are inactive
socially. Many drug takers use needles and show white scars
on the thighs, arms and trunk. Diacetylmorphine (heroin)
addicts are mostly young men from the cities, often gangsters.
They have a characteristic vocabulary and will talk much more
freely about the habit if the examiner in his inquiries uses
such words as “deck,” “quill,” “package,” “an eighth,” “narcot-
ers” and “coke.” A verified history of arrest for violation of the
narcotic law should be regarded as disqualifying.

Group VII. Conditions Accompanying Syphilis of the Central
Nervous System.—One should look for abnormal reaction of the
pupil, facial tremor, speech defect in test phrases and in
stuttering and distortion of words in conversations and writing
defects consisting of omissions and distortions of words. The
mood is apathetic, depressed or euphoric. There are loss of
memory and discrepancies in relating the facts of life. The
knee jerks may be plus, minus or normal.

Group VIII. Other Organic Diseases of Brain, Spinal Cord
or Peripheral Nerves.—Certain after-effects of organic nervous
disease need not be causes for rejection provided (1) the disease
is no longer operative and is not likely to recur and (2) the
effects left by it do not prevent a soldier from performing his
military duties. Examples of such conditions are paralysis of a
few unimportant muscles following poliomyelitis; slight uni-
lateral hypertonicity resulting from infantile hemiplegia in a
man now robust, and various traumatic conditions. A history of
hemiplegia occurring after infancy should always disqualify,
even if no symptoms remain.
THE NATIONAL YOUTH ADMINISTRATION HEALTH PROGRAM

While about 80 per cent of the young people employed by the National Youth Administration are fit for any type of work, nine out of every ten have health defects, most of which can be remedied provided suitable treatment is made available, according to preliminary statistics compiled under the health program of the National Youth Administration.

These figures are based on the results of medical examinations of ten thousand N.Y.A. workers made by local practicing doctors and dentists who have been employed by the National Youth Administration to do this work. The reports tabulated to date reflect the health needs of youth as seen by physicians from twenty-one states representing all geographic regions of the United States.

With the cooperation of the medical profession as well as of federal and state health authorities, the National Youth Administration's health program now operates in all states. The basis of this health program, which is an important part of the defense work of this agency, is a medical examination which facilitates assignment of youth to suitable work activities and at the same time discloses to young people their need for remedial treatment.

While the primary aim of the N.Y.A. is to provide young people with basic work experience to fit them for jobs in private industry, it has a logical concern with building up the health and physical fitness of its employees, both from the standpoint of the national welfare and as the largest employer of youth labor in the country.

HEALTH STATUS CLASSIFICATION

Young people who have been given health examinations have been grouped into health status classifications according to their physical ability to work and to engage in athletic activity. While six groupings are actually being used, these will be condensed here into four:

Group A comprises 78 per cent of all youth examined. It represents those who are at present fit for any type of employment or athletic activity. The individuals of this group, although fit for any employment, received one hundred and thirty health recommendations for each hundred youths. The rate for females was considerably higher than for males.

Group B comprises 13 per cent of all youth examined. It represents those who have defects not thought to be amenable to correction but not severely handicapping. There were one hundred and sixty health recommendations for each hundred youths in this group.

Group C comprises 5.5 per cent of all youth examined. It represents those whose assignment to a particular job should be approved by a physician. Some require medical supervision on the job. There were two hundred and ten health recommendations for each hundred youths in Group C.
Group D comprises 2.5 per cent of those examined. It represents those who are temporarily or permanently unfit for any employment. There were two hundred and ninety health recommendations for each hundred youths.

**RECOMMENDATIONS, TYPE AND AMOUNT**

Dental care was recommended for 50 per cent of those examined. This is made up of recommendations made by both physicians and dentists. If dentists had been used to make the dental examination for each youth, the figure would have been considerably higher, since among youth examined by dentists 72 per cent were reported as having cavious teeth, while physicians reported only 47 per cent.

It is of interest that, in 10 per cent of the youth, each had from seven to thirty decayed teeth.

Tonsilslectomy was recommended for 15 per cent.

Refraction was recommended for 15 per cent.

Special diets were recommended for 10 per cent.

Minor surgery, including hemorrhoidectomies and circumcisions, was recommended for 6 per cent.

Veneral disease treatment was recommended for 2 per cent.

If a youth already under treatment for a veneral disease, many physicians do not recommend treatment in this type of examination, although they do note presence of the disease.

Major surgery, including hernia repair, was recommended for 2 per cent.

Hookworm treatment was recommended for 2 per cent.

Considering youth from the Southern states only, treatment for hookworm disease and hookworm infection was recommended for 5 per cent.

**OTHER FINDINGS**

Slightly over 5 per cent were described as being malnourished, while obesity was present in 3 per cent.

Organic heart disease was reported in almost 3 per cent of those examined.

In this first group to be reported, tuberculin testing and chest roentgenograms had not been completed; however, the finding of 95 cases of pulmonary tuberculosis were reported, of which 26 were active.

One of the most significant results of these examinations as far as the medical profession is concerned is the revelation that 25 per cent of the youths examined reported they had never been to a dentist and 18 per cent reported that they had never been to a physician. This disclosure is especially meaningful when one remembers that this is a group of young people who have been out of our public schools only a short time and presents a real challenge to those interested in health education and the application of preventive medicine.

The eight leading health defects for which corrections have been recommended can largely be taken care of in clinics or offices of physicians and dentists. Only a small group need hospitalization. Most of the health defects noted do not affect, at this early age, the ability of approximately 80 per cent of these youths to work, but many of the defects will influence unfavorably the selection of many youths by private industry and will, at a slightly later stage in life, decidedly affect the efficiency of the individual on any job, as well as eligibility for military service.

One of the main contributions of the NYA in obtaining treatment for young people who need it has been the payment of a wage to its youth employees which has enabled many to pay the cost of medical and dental care. However, NYA has placed many young people in contact with practicing physicians and dentists and has encouraged special private arrangements between the youth and the physician for defraying the cost of professional services. Where public or private clinics exist, it has been possible to facilitate access to these agencies for a sizable group of young people.

On the basis of experience thus far, it is believed that about 50 per cent of the NYA youth can be provided with needed health service through such arrangements, depending on geographic locations. The remaining group of youth present a problem for which there is no present solution.

**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, Massachusetts, Rhode Island and Connecticut:

FOURTH CORPS AREA

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

AKONOS, Theodore, 1st Lieut., Wistonsalem, N. C. MacDill Field, Fla.
ANG, Florence W., 1st Lieut., Nashville, Tenn., Camp Croft, S. C.
BERRY, Thomas, 1st Lieut., Cumberland, Tenn., Camp Croft, S. C.
BISHOP, John, 1st Lieut., Morristown, N. J.
BOYD, Charles L., 1st Lieut., Bridgeport, Conn., Camp Croft, S. C.
BRENNAN, Frank S., 1st Lieut., Chattanooga, Tenn., Camp Croft, S. C.
CASH, Ralph Leonid, 1st Lieut., New Orleans, N. C. Camp Croft, S. C.
CHAMBERS, John M., Jr., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.
COOLEY, Benton S., Jr., 1st Lieut., Birmingham, Ala., Fort Barrancas, Fla.
CROFT, Theodore C., 1st Lieut., Jacksonville, Fla., Camp Croft, S. C.
DURHAM, W., 1st Lieut., Camp Croft, S. C.
DURHAM, W., 1st Lieut., Camp Croft, S. C.
DUGGAN, William, 1st Lieut., Camp Croft, S. C.
DUNN, John, 1st Lieut., Nashville, Tenn., Camp Croft, S. C.
EYER, John Lewis, 1st Lieut., New Orleans, N. C. Camp Croft, S. C.
ELLIS, Edward L., 1st Lieut., Jacksonville, Fla., Camp Croft, S. C.
FARRAGUT, Loyd, 1st Lieut., Canton, Jonesville, Fla.
FACTOR, 1st Lieut., Selbyville, Tenn., Camp Croft, S. C.
FUNK, J. H., 1st Lieut., Alexandria, La., Camp Polk, La.
GRAY, C. L., Jr., 1st Lieut., Durham, N. C., Camp Claiborne, La.
GREEN, W., 1st Lieut., Memphis, Tenn., Camp Croft, S. C.
GREEN, Daniel M., 1st Lieut., Memphis, Tenn., Camp Croft, S. C.
GREEN, John, 1st Lieut., Atlanta, Ga., MacDill Field, Fla.
HARRIS, Reuben Rhyans, 1st Lieut., Birmingham, Ala., Camp Croft, S. C.
HARRIS, Bell Jr., 1st Lieut., New Orleans, Camp Croft, S. C.
HASPEL, Robert B., 1st Lieut., New Orleans, Camp Croft, S. C.
HOBSON, Hillery H., Jr., 1st Lieut., Birmingham, Ala., Camp Croft, S. C.
HOBSON, A. H., 1st Lieut., Memphis, Tenn., Camp Croft, S. C.
HOLMAN, Walter G., 1st Lieut., Monroe, La., Camp Croft, S. C.
HOLT, John, 1st Lieut., Camp Croft, S. C.
HOLSTEIN, W., 1st Lieut., Camp Croft, S. C.
HORN, Philip Webster, 1st Lieut., New Orleans, N. C. Camp Croft, S. C.
HUTTON, Vernon, Jr., 1st Lieut., Nashville, Tenn., Fort Jackson, S. C.
JACKSON, Truxton L., 1st Lieut., Nashville, Tenn., Camp Croft, S. C.
JENNINGS, Sterling H., 1st Lieut., Atlanta, Ga., Camp Croft, S. C.
KALMOK, Edmund H., Jr., 1st Lieut., Nashville, Tenn., Camp Croft, S. C.
KELLY, Alex R., Jr., 1st Lieut., Augusta, Ga., Camp Croft, S. C.
KUNTZ, William H., 1st Lieut., New Orleans, Camp Croft, S. C.
LABENDER, Samuel S., 1st Lieut., Durham, N. C., Camp Croft, S. C.
LAME, Thomas H., 1st Lieut., Fairchild, Ala., Camp Croft, S. C.
LEVIN, Harold B., 1st Lieut., Atlanta, Ga., Camp Croft, S. C.
LEWIS, Jr., 1st Lieut., Chattanooga, Tenn., Camp Croft, S. C.
LILES, George A., Jr., 1st Lieut., Nashville, Atlanta, Ga., Camp Croft, S. C.
PARKS, Lorenzo Lynn, Major, Jacksonville, Fla., Headquarters 4th Army Corps, Camp Claiborne, La.
PARNELL, Homer S., Jr., 1st Lieut., New Orleans, Camp Croft, S. C.
PARRISH, John H., 1st Lieut., Shreveport, La., Camp Polk, La.
PERKINS, Morris, 1st Lieut., New Orleans, Camp Croft, S. C.
PATTERSON, McCord, 1st Lieut., New Orleans, Camp Croft, S. C.
PENA, John Jr., 1st Lieut., New Orleans, Camp Croft, S. C.
PETERSON, Bedford F., 1st Lieut., Bivard, Tenn., Camp Croft, S. C.
PHILLIPS, Benjamin, 1st Lieut., Camp Croft, S. C.
PHILLIPS, James B., Jr., 1st Lieut., Chattanooga, Tenn., Camp Croft, S. C.
PENSON, Harry D., 1st Lieut., Augusta, Ga., Camp Croft, S. C.
PIZZOLATO, Philip, 1st Lieut., New Orleans, Camp Croft, S. C.
POLLIES, Nicholas, 1st Lieut., Wilmington, N. C., Camp Croft, S. C.
POLLARD, Edward V., 1st Lieut., Parsons, Tenn., Camp Croft, S. C.
POPE, Madison R., 1st Lieut., Charleston, S. C., Camp Croft, S. C.
RAGGIO, Francis W., Jr., 1st Lieut., New Orleans, Camp Croft, S. C.
RAGSDALE, William G., Jr., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.
RANCK, Edward Hudson, 1st Lieut., Atlanta, Ga., Camp Croft, Tenn.
RAVENEL, Joseph A., 1st Lieut., New Orleans, MacDill Field, Fla.
RAY, Russell B., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.
RICE, Dehnou, Jr., 1st Lieut., Clinton, S. C., Camp Croft, S. C.
ROBINSON, Edward B., Jr., 1st Lieut., Birmingham, Ala., Camp Croft, Tenn.
SCHONAU, James W., 1st Lieut., Shreveport, La., Camp Croft, Tenn.
SILVERMAN, Donald J., 1st Lieut., Birmingham, Ala., Camp Claiborne, La.
SIMMONS, William G., 1st Lieut., Emory, Ga., MacDill Field, Fla.
SMERZAK, John J., 1st Lieut., Concord, N. C., Camp Croft, S. C.
SPITZBERG, R. H., 1st Lieut., Mobile, Ala., Camp Croft, Tenn.
STANDER, Alvin A., 1st Lieut., Baton Rouge, La., Camp Davis, N. C.
STERN, Henry M., 1st Lieut., New Orleans, Camp Croft, S. C.
STEWART, James B., 1st Lieut., Jacksonville, Ga., Camp Croft, S. C.
STIDHAM, Sidney S., 1st Lieut., New Orleans, Camp Croft, S. C.
SUARES, John C., 1st Lieut., New Orleans, Camp Croft, S. C.
SUOTE, Joe Dudley, 1st Lieut., New Orleans, Camp Croft, S. C.
TATUM, R., 1st Lieut., Gainesville, Fla., Camp Croft, S. C.
SIXTH CORPS AREA

The following additional medical reserve corps offi-
cers have been ordered to extended active duty by the
Commanding General, Sixth Corps Area, which
comprises the states of Illinois, Indiana, Michigan:

ALEGRETTI, Joseph E., Captain, Chicago, Station Complement, Camp Croft, S. C.
AXEL, Ben John, 1st Lieut., Madison, Wis., Station Complement, Fort Snell, O. H.
ACHURCH, Edward A., 1st Lieut., Mayville, Wis., Station Hospital, Fort Snell, O. H.
BERKELHAMER, Ralph C., 1st Lieut., Chicago, Station Complement, Camp Davis, N. C.
BUSCAGLIA, Chris J., 1st Lieut., Ypsilanti, Mich., 11th Station Hospital, Fort Custer, Mich.
BRANKE, William M., Captain, Chicago, 21st Corps Area (Antiaircraft), U. S. National Guard, Fort Sheridan, Ill.
BROOKS, Lewis C., Captain, Freeport, Ill., 22nd Division, Fort McClellan, Ala.
BROWNELL, Paul G., 1st Lieut., Detroit, Station Complement, Fort Crockett, S. C.
CHRISTENSON, Albert W., Lieut., Col., Rockford, Ill., Savannah Ordnance Depot, Proving Grould, Ill.
CFORDON, Dean B., 1st Lieut., Jefferson, Wis., Station Hospital, Camp Grant, Ill.
CLAXTON, Wilbert T., 1st Lieut., Britton, Mich., Station Hospital, Fort Snell, O. H.
DREITZER, Hervey W., 1st Lieut., Madison, Wis., Medical Detachment, 7th Cavalry, Fort Bliss, Texas.
DUDLEY, Erwin F., Major, Decatur, III., 11th Station Hospital, Fort Custer, Mich.
DONNELSON, Marion J., 1st Lieut., Waukegan, Ill., Infarmary, Medical Replacement Center, Camp Grant, Ill.
ECKERS, John F., 1st Lieut., Seymour, III., 27th Division, Fort McClellan, Ala.
ESPEY, Hugh S., 1st Lieut., Xenia, Ohio, Station Complement, Camp Croft, S. C.
FALTIC, Mordencel L., 1st Lieut., Detroit, Station Complement, Fort Crockett, S. C.
FIEGELMAN, Meyer J., 1st Lieut., Detroit, Station Complement, Camp Croft, S. C.
GOSLING, Kenneth E., 1st Lieut., New York, Station Complement, Fort Crockett, S. C.
HANNAH, Kenneth D., L., 1st Lieut., Prairie Du Sac, Wis., 27th Division, Fort McClellan, Ala.
HARPER, Jesse T., Captain, Detroit, Station Hospital, Fort Custer, Mich.
HORA, James L., 1st Lieut., Chicago, 27th Division, Fort McClellan, Ala.
HOROWITZ, Samuel F., 1st Lieut., Bay City, Mich., Station Complement, Camp Croft, S. C.
IVANKOVICH, Paul A., 1st Lieut., Evart, Mich., Station Complement, Camp Croft, S. C.
KANTER, Myron F., 1st Lieut., Chicago, Station Complement, Camp Croft, S. C.
KNAPP, Joseph L., 1st Lieut., Traverse City, Mich., Station Complement, Camp Croft, S. C.

AVIATION MEDICINE

The Los Angeles County Medical Association devoted its
May 29 meeting to a discussion of aviation medicine. Dr. Isaac
H. Jones opened the discussion; other speakers participating in
the discussion were Lieut. Col. Ernest F. Harrison, flight
surgeon, U. S. Army Air Corps; Comdr. Joel J. White, flight
surgeon, U. S. Navy; Lieut. Comdr. John H. Korb, flight sur-
geon, U. S. Navy, and Dr. Robert W. Langley.

MEDICAL OFFICERS WHO DESIRE TO ATTEND MEETINGS

The War Department has announced that officers of the
medical department who desire to attend meetings of any
of the national societies pertaining to their profession will be
permitted to attend these meetings on detached service status
and without expense to the government, provided their services
can be spared.