

## 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.*

### 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 psychopathy, 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 psychoneuroses, 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, sulkiness, sluggishness, discontent, lonesomeness, depression, shyness, suspicion, overboisterousness, timidity, sleeplessness, lack of initiative and ambition, personal uncleanliness, stupidity, dullness, resentfulness to discipline, nocturnal incontinence, sleepwalking, recognized queer-ness, suicidal tendencies (bona 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 "imbecile" 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 abnormalities of mood are shown by episodes of unreasonable elation or depression which tend to recur without obvious connection with events. Persons who are known to be so mercurial in their reactions 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 nursing care because of morbid excitement or depression should be rejected.

GROUP IV. *Psychoneurotic Disorders.*—Psychoneurotic disorders 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 often so dramatic that 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 compelled to carry out.

The examiner should look for hysterical stigmas, such as cutaneous anesthesia (especially hemianesthesia); contractions of the visual fields, and so on; phobias; morbid doubts and fears; attacks of anxiety; compulsions, and hypochondriasis. He should compare 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 personality difficulties chiefly characterized by signs and symptoms of systemic disease—respiratory, gastrointestinal, cardiac, genitourinary or cutaneous. These include many examples of asthma, urticaria, "neurasthenic states," neurocirculatory asthenia, "effort syndrome," 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. 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 accustomed 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 persons actually suffering from 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. 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.

Paranoiac 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 supernatural 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 skillful at concealing 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 or toward fellow registrants should suggest the possibility of paranoia.

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

conditions is the impression of queerness. 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. 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 medically incredible and bizarre. Questioning such persons on intimate personal matters often leads to great embarrassment, confused speech or actual blocking of thought, so that they do not know what to say.

Salient Deviations: These are indifference; apathy; withdrawal from the environment; ideas of reference and persecution; feelings of the mind being tampered with or of the thoughts being controlled by hypnotic, spiritualistic or other mysterious agencies; hallucinations of hearing; bodily hallucinations, frequently electrical or sexual; meaningless smiles, and, in general, inappropriate emotional reactions and a lack of connectedness in conversation. There may be sudden emotional or motor outbursts. The examiner should get the history of the family life and of the school, vocational and personal career.

GROUP VI. *Conditions Due to Chronic Inebriety.*—As evidences of alcoholism, one should look for suffused eyes; prominent 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 handwriting; 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 withdrawn, 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 contracted by morphine and dilated by cocaine. All habitual drug takers are liars. They do not drink, as a rule, and are inactive sexually. 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," "blowers" and "cokie." 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 anomalous reaction of the pupil, facial tremor, speech defect in test phrases and in slurring 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 effect left by it does not prevent a satisfactory fulfillment of military duties. Examples of such conditions are paralysis of a few unimportant muscles following poliomyelitis; slight unilateral 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.

Existent organic nervous disease should always disqualify for military service. For example, neuritis of one or many nerves, while capable of recovery without resultant defect, is none the less a cause for rejection as long as it exists. The following organic nervous diseases are mentioned specifically, as they are the ones which frequently present few symptoms and may pass undetected by even the most skilful examiners:

**Multiple Sclerosis:** The symptoms are intention tremor, nystagmus, absence of abdominal reflexes and increased tendon reflexes. The scanning speech may be mistaken for stammering. There is no history of pain, but sometimes there is a history of urinary disturbance.

**Progressive Muscular Atrophies and Dystrophies and Syringomyelia:** One should look for atrophies in the small muscles of the hand and in the muscles of the shoulder girdle, with fibrillary twitchings. These plus anesthesia for heat and cold (scars on the hands from cuts and burnings) suggest syringomyelia. The history usually furnishes few data, although reference may be made to awkwardness. There is no history of pain. Syphilitic spinal disease imitates these conditions closely.

**Epilepsies:** There may be deep scars on the tongue, face and head. The voice is frequently characteristic. If one has the history alone, which may include incidents called faintness, dizziness or spasms of the face or of an extremity, one should verify by correspondence with physicians if practicable.

**Hyperthyroidism:** This is a nervous disease in its effects. There are persistent tachycardia, exophthalmos, tremor and an enlarged thyroid. There is a history of general nervousness.

7. In addition to the foregoing conditions, there are certain groups of symptoms which should be carefully investigated. They may not by themselves be sufficient for an exact diagnosis, but they generally indicate that the nervous system is seriously diseased and totally undependable for any continuous service.

**General Symptoms.**—These include abnormal attitudes, postures, contractions, contractures, deformities, atrophies or hypertrophies, marked kyphosis, scoliosis or lordosis, vasomotor or trophic disturbances, abnormal bodily and facial distribution of hair and abnormal distribution of fat.

**Station and Gait.**—A spastic gait, a scissors gait, marche à petits pas, cerebellar ataxia, a grotesque, histrionic or dancing

gait, steppage, waddling, a bizarre gait, a nondescript gait (as seen in hysterical conditions), festination, propulsion, retropulsion, lateropulsion or loss or diminution of the normal automatic associated finer movements in walking may be observed.

**Abnormal Coordination.**—This is shown by the Romberg sign, cerebral and cerebellar ataxia, nonequilibratory ataxia, dysmetria and adiadokokinesis.

**Abnormal Motility.**—There may be abnormal motility of the eyes, face, mouth, neck or large joints.

**Abnormal Involuntary or Spontaneous Movements.**—Tremors, intentional or otherwise, nystagmus, fibrillation, choreic movements, athetosis or spasm may be noted.

**Abnormal Reflexes.**—Various reflex abnormalities may be present throughout the body (Babinski, Oppenheim, Gordon or Chaddock sign; grasping and groping reflexes; ankle clonus).

**Sensory Abnormalities.**—There may be hypesthesia, hyperesthesia, paresthesia, analgesia, thermesthesia, altered vibratory, joint, tendon or position sense, defective localization or defective stereognosis.

**Evidence of Pathologic Change in Cranial Nerves.**—This includes areas of tenderness over the calvarium and postencephalic and posttraumatic syndromes.

8. The Army is one of the elements of national defense, and its present mission is one of preparation for an offensive-defensive type of warfare. It is in no sense a social service or a curative agency. It is to be considered neither a haven of rest for wanderers nor a corrective school for misfits, ne'er-do-wells, feeble-minded persons or chronic offenders. Furthermore, it is neither a gymnasium for the training and development of the undernourished or undeveloped nor a psychiatric clinic for proper adjustment to adult emotional development. Therefore, there is no place within the Army for physical or mental weaklings, potentially psychotic or prepsychotic persons or behavior problems. Men who present behavior problems in the civilian community will certainly present intensified problems in the service.

9. While the aforementioned facts are brought to the examiner's attention, he is enjoined to interpret them not as a basis for lightly rejecting men for military service but rather as points on which to evaluate them with a view to eliminating the unfit and retaining those capable of satisfactorily performing the duties of soldiers.

## 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 NYA workers made by local practicing doctors and dentists who have been employed by the National Youth Administration to do this work. The records 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<sup>1</sup> 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 NYA 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.

1. The National Youth Administration Contributes to the National Health, J. A. M. A. 115: 2185 (Dec. 21) 1940.

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 56 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 carious teeth, while physicians reported only 47 per cent.

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

Tonsillectomy 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.

Venereal disease treatment was recommended for 2 per cent. If a youth is already under treatment for a venereal 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. 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 some 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 WAR DEPARTMENT

The following additional medical reserve corps officers have been ordered to extended active duty by the War Department, Washington, D. C.:

ANDERSON, Milford Xerxes, 1st Lieut., Los Angeles.  
ARNESON, Charles Albert, 1st Lieut., Fargo, N. D.  
AXELROD, Harold, 1st Lieut., Brooklyn.  
BAKER, Norman Ludlow, 1st Lieut., Chicago.  
BALL, George Lindsay, Captain, Washington, D. C.  
BARRETT, Richard Henry, 1st Lieut., Rochester, Minn.  
BARTLETT, Walter Merritt, 1st Lieut., Benton Harbor, Mich.  
BEERNINK, Ernest Henry, Captain, Grand Haven, Mich.  
BERMAN, Leonard Stanley, 1st Lieut., Washington, D. C.  
BISHOP, Harold Francis, 1st Lieut., Valhalla, N. Y.  
BOSS, Myron Theodore, 1st Lieut., Baltimore.  
BROWN, Charles Howard, 1st Lieut., Beverly Hills, Calif.  
BURFORD, Edgar Humber, Captain, St. Louis.  
BURRAGE, William Champlin, 1st Lieut., Boston.  
CHALLMAN, Samuel Alan, Captain, Minneapolis.  
DAVIS, Fenimore Edison, Captain, Ann Arbor, Mich.  
DELEHANTY, John Thomas, 1st Lieut., Lattimer, Luzerne County, Pa.  
FIENBERG, Robert A., 1st Lieut., Westfield, Mass.  
FISHER, Roy Lee, Captain, Frederick, Okla.  
FRENCH, Adam James, 1st Lieut., Ann Arbor, Mich.  
GOLDBERG, Solomon, Captain, Pittsburgh.  
HARWELL, Carl Mallory, Jr., 1st Lieut., Memphis, Tenn.

#### 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:

ALLEN, Howard H., 1st Lieut., Greensboro, Vt., Fort Devens, Mass.  
ANDERSON, Donald L., 1st Lieut., Caribou, Maine, Fort Devens, Mass.  
ANDERSON, Fred A., 1st Lieut., West Roxbury, Mass., Fort Devens, Mass.  
ANTOS, Chester J., 1st Lieut., Salem, Mass., Fort Devens, Mass.  
ARCHAMBAULT, Rene F., Captain, Barre, Vt., Fort Devens, Mass.  
BARD, Henry H., Captain, Pittsfield, Mass., Camp Edwards, Mass.  
BARRETT, Charles G., Captain, Amherst, Mass., Fort Devens, Mass.

ISLER, Nathaniel Charles, Captain, Jeffersonville, Ind.  
KING, Albert Terrence, 1st Lieut., Salem, Ore.  
KREFT, Alfred John, 1st Lieut., Des Plaines, Ill.  
KROTCHER, Lester Clayton, Captain, Twin Falls, Idaho.  
LEA, Joseph Davis, 1st Lieut., New Orleans.  
LEFFINGWELL, Forrest Emmett, Captain, Montebello, Calif.  
McLOUGHLIN, Christopher John, 1st Lieut., Rochester, Minn.  
MALTRY, Emile, Jr., 1st Lieut., New Orleans.  
MILLER, Samuel Lewis, Captain, Cheboygan, Mich.  
NACHTMAN, Howard Frank, 1st Lieut., Portland, Ore.  
NEIBRIEF, Milton Nelson, 1st Lieut., Brooklyn.  
NOONAN, Thomas Robert, 1st Lieut., Rochester, N. Y.  
PLUM, John Bernard, 1st Lieut., Grand Rapids, Mich.  
POWERS, Pierce William, 1st Lieut., St. Louis.  
REEVES, David Lander, Captain, Los Angeles.  
RICE, Dale Arthur, 1st Lieut., Meadville, Pa.  
SEID, Sidney E., Captain, Chillicothe, Okla.  
SMITH, Eugene, 1st Lieut., Waterloo, Iowa.  
SPENCER, Newton Carman, Major, Toledo, Ohio.  
STADLER, Harold Erwin, 1st Lieut., Iowa City.  
SUGAR, Samuel Jacob Nathan, 1st Lieut., Washington, D. C.  
TANNER, Henry Seiver, 1st Lieut., Indianapolis.  
THATCHER, Donald Sheldon, 1st Lieut., Milwaukee.  
WHITEHEAD, Duncan, Captain, Leominster, Mass.  
WOLPAW, Sidney Elmer, 1st Lieut., Cleveland Heights, Ohio.  
YOUNG, John D., Jr., 1st Lieut., Lexington, Ky.

BOTAMINI, Joseph T., 1st Lieut., Burlington, Vt., Fort Devens, Mass.  
BROWE, John H., 1st Lieut., Hartford, Conn., Fort Williams, Maine.  
BURGIN, Leo B., Captain, Brookline, Mass., Fort Devens, Mass.  
BUTTLES, Roy V., 1st Lieut., Burlington, Vt., Fort Devens, Mass.  
CAHILL, Francis P., 1st Lieut., Cambridge, Mass., Manchester, N. H.  
CAMPBELL, Kenneth D., 1st Lieut., Somerville, Mass., Manchester, N. H.  
CASE, Edward P., Lieut. Col., West Hartford, Conn., Fort Adams, R. I.  
CHOATE, Paul M., 1st Lieut., West Barnet, Vt., Fort Devens, Mass.  
CLARK, Benjamin F., Captain, St. Johnsbury, Vt., Fort Devens, Mass.  
CLEMENT, Howard R., 1st Lieut., Boston, Camp Edwards, Mass.  
CURTIS, Sprague, 1st Lieut., Westfield, Mass., Fort Devens, Mass.  
DENNING, Walter S., 1st Lieut., Brookline, Mass., Fort Devens, Mass.  
DeWITT, Reginald F., 1st Lieut., Plymouth, N. H., Fort Devens, Mass.  
EASTMAN, Cyrus D., 1st Lieut., Monroe, N. H., Fort Devens, Mass.

ESTABROOK, John S., 1st Lieut., Brandon, Vt., Fort Devens, Mass.  
 FINKS, Henry, 1st Lieut., Portland, Maine, Bangor, Maine.  
 FROMER, John L., Captain, Brookline, Mass., Fort Devens, Mass.  
 GALLERY, Daniel F., 1st Lieut., Fall River, Mass., Manchester, N. H.  
 GENCARELLI, Alphonse F., 1st Lieut., Hartford, Conn., Fort Devens, Mass.  
 GINGOLD, Thomas L., Major, New Haven, Conn., Fort Banks, Mass.  
 GLADSTONE, Arthur, 1st Lieut., Burlington, Vt., Bangor, Maine.  
 GODDARD, Philip A., 1st Lieut., Morrisville, Vt., Bangor, Maine.  
 GOERGEN, William P., 1st Lieut., Danbury, Conn., Bangor, Maine.  
 GOLDSBERRY, John J., 1st Lieut., Worcester, Mass., Fort Dix, N. J.  
 GOODRICH, William, 1st Lieut., Bridgeport, Conn., Fort Devens, Mass.  
 HAMMER, Joseph, 1st Lieut., Wellesley, Mass., Bangor, Maine.  
 HARWOOD, Clarence W., 1st Lieut., Burlington, Vt., Fort Devens, Mass.  
 HARWOOD, Clifford B., 1st Lieut., Whitingham, Vt., Fort Devens, Mass.  
 HERSEY, Thomas F., 1st Lieut., Hamden, Conn., Fort Devens, Mass.  
 HOBBS, Milford L., 1st Lieut., Burlington, Vt., Camp Edwards, Mass.  
 ISENSTEIN, Charles, 1st Lieut., Dorchester, Mass., Camp Edwards, Mass.  
 JORESS, Mark H., 1st Lieut., Lynn, Mass., Camp Edwards, Mass.  
 LAKE, Fredric D., 1st Lieut., Springfield, Mass., Fort Devens, Mass.  
 LEVIN, Harold M., 1st Lieut., Burlington, Vt., Bangor, Maine.

LEVIN, Spencer E., Captain, Roxbury, Mass., Fort Devens, Mass.  
 LEVINE, David I., 1st Lieut., Weymouth, Mass., Camp Edwards, Mass.  
 MAHONEY, James P., 1st Lieut., Burlington, Vt., Fort Devens, Mass.  
 MELLION, Jacob, Captain, New Britain, Conn., Camp Edwards, Mass.  
 MERRIAM, Philip G., 1st Lieut., New Britain, Conn., Fort Devens, Mass.  
 MILLSTEIN, Hyman, 1st Lieut., Southwest Harbor, Maine, Fort Devens, Mass.  
 MONROE, Willys M., Major, Pittsfield, Mass., Camp Edwards, Mass.  
 MONTGOMERY, Eugene P., 1st Lieut., Boston, Camp Langdon, N. H.  
 PERLEY, John R., 1st Lieut., Lakeport, N. H., Fort Devens, Mass.  
 RABNOWITZ, Henry, 1st Lieut., Brockton, Mass., Camp Edwards, Mass.  
 RADCLIFFE, Ernest J., Captain, Amherst, Mass., Bangor, Maine.  
 SKELTON, Alton B., 1st Lieut., Winchendon, Mass., Camp Edwards, Mass.  
 SMITH, Joseph, Captain, Providence, R. I., Manchester, N. H.  
 TIMMERMAN, Frederick W., 1st Lieut., Morrisville, Vt., Fort Devens, Mass.  
 TUCKER, Arthur S., 1st Lieut., New Haven, Conn., Camp Edwards, Mass.  
 TUOHY, Edward L., 1st Lieut., Cambridge, Mass., Camp Edwards, Mass.  
 TWADELLE, Frank J., 1st Lieut., Wellesley, Mass., Camp Edwards, Mass.

FOURTH CORPS AREA

The following additional medical reserve corps officers have been ordered to extended 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 :

ANTONAKOS, Theodore, 1st Lieut., Winston-Salem, N. C., MacDill Field, Fla.  
 ASLING, Clarence W., 1st Lieut., Nashville, Tenn., Camp Croft, S. C.  
 AUERBACH, Stewart H., Captain, Augusta, Ga., Camp Wheeler, Ga.  
 BAILLY, Thomas E., 1st Lieut., Augusta, Ga., Camp Davis, N. C.  
 BANNIS, John Adam, 1st Lieut., Birmingham, Ala., Fort Bragg, N. C.  
 BARKOFF, Samuel A., 1st Lieut., New Orleans, MacDill Field, Fla.  
 BASS, Beaty Lee, 1st Lieut., Winston-Salem, N. C., Fort Bragg, N. C.  
 BLACK, Charles L., 1st Lieut., Couthatta, La., Camp Polk, La.  
 BLEECKER, Philip B., 1st Lieut., Memphis, Tenn., Fort Bragg, N. C.  
 BODDIE, James B., Jr., 1st Lieut., Nashville, Tenn., Fort Benning, Ga.  
 BOMBET, Charles N., 1st Lieut., Baton Rouge, La., Fort Benning, Ga.  
 BOSTWICK, Jackson L., 1st Lieut., Jacksonville, Fla., Fort Benning, Ga.  
 BOURKARD, Ernest Richard, 1st Lieut., Miami, Fla., Camp Davis, N. C.  
 BOWEN, Jack H., 1st Lieut., Jacksonville, Fla., Fort Bragg, N. C.  
 BRANNEN, Frank S., 1st Lieut., Chattanooga, Tenn., Fort Bragg, N. C.  
 BYRON, Robin Adair, 1st Lieut., New Orleans, Fort Bragg, N. C.  
 CASH, Ralph Louard, 1st Lieut., New Orleans, Fort Bragg, N. C.  
 CHAMBERS, John M., Jr., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.  
 COOLEY, Beamon S., Jr., 1st Lieut., Birmingham, Ala., Fort Barrancas, Fla.  
 CROFT, Theodore C., 1st Lieut., Jacksonville, Fla., Camp Livingston, La.  
 DANIEL, Rollin A., Jr., Captain, Nashville, Tenn., Camp Forrest, Tenn.  
 DODSON, George D., Jr., 1st Lieut., Chattanooga, Tenn., Camp Croft, S. C.  
 DOWELL, James W., 1st Lieut., Pineville, La., Camp Croft, S. C.  
 DOZIER, Horace B., 1st Lieut., New Orleans, Camp Croft, S. C.  
 DURHAM, Bon M., 1st Lieut., Augusta, Ga., Camp Croft, S. C.  
 DYER, John Lewis, 1st Lieut., New Orleans, Camp Blanding, Fla.  
 ELLIOTT, Cecil B., 1st Lieut., Gainesville, Ga., Fort Bragg, N. C.  
 ELLIS, Frank F., Jr., 1st Lieut., Birmingham, Ala., Fort Bragg, N. C.  
 FARRAGUT, Loyall David, Captain, Jonesboro, Tenn., Camp Forrest, Tenn.  
 FARRAR, Taylor, 1st Lieut., Shelbyville, Tenn., Camp Forrest, Tenn.  
 FISHER, William G., 1st Lieut., New Orleans, Fort Bragg, N. C.  
 FITZGERALD, William J., 1st Lieut., New Orleans, Camp Davis, N. C.  
 FUNK, Barclay, 1st Lieut., Alexandria, La., Camp Polk, La.  
 GRAY, Cyrus L., Jr., 1st Lieut., Durham, N. C., Camp Claiborne, La.  
 GREEN, Arthur W., 1st Lieut., Memphis, Tenn., Fort Bragg, N. C.  
 GREEN, Daniel M., 1st Lieut., Memphis, Tenn., Camp Blanding, Fla.  
 GREEN, James A., 1st Lieut., Atlanta, Ga., MacDill Field, Fla.  
 GREENBERG, S. A., 1st Lieut., Florence, S. C., Camp Polk, La.  
 GRIMES, William H., Jr., 1st Lieut., Colquitt, Ga., Fort Bragg, N. C.  
 HARRIS, Reuben Rhys, 1st Lieut., Birmingham, Ala., Camp Blanding, Fla.  
 HARVARD, Bell M., Jr., 1st Lieut., New Orleans, Fort Benning, Ga.  
 HASPEL, Robert B., 1st Lieut., New Orleans, Fort Benning, Ga.  
 HENDERSON, Hiliary H., Jr., 1st Lieut., Birmingham, Ala., Camp Livingston, La.  
 HENRY, Blondy S., 1st Lieut., Memphis, Tenn., Camp Davis, N. C.  
 HERBERT, William C., Jr., 1st Lieut., Spartanburg, S. C., Camp Forrest, Tenn.  
 HICKS, David Y., Jr., 1st Lieut., Augusta, Ga., Camp Wheeler, Ga.  
 HILL, Thurman K., 1st Lieut., Nashville, Tenn., Camp Livingston, La.  
 HILLARD, Irving R., 1st Lieut., Jackson, Tenn., Fort Bragg, N. C.  
 HOLLIMAN, Henry D., Jr., 1st Lieut., Atlanta, Ga., Fort Jackson, S. C.  
 HOLLOMAN, Walter G., 1st Lieut., Monroe, La., Camp Wheeler, Ga.  
 HOLMES, Verner S., 1st Lieut., McComb, Miss., Camp Forrest, Tenn.  
 HOLT, Benton B., Jr., 1st Lieut., Charleston, S. C., Fort Jackson, S. C.  
 HORN, Phillip Webster, 1st Lieut., New Orleans, Camp Blanding, Fla.  
 HUBBARD, George B., 1st Lieut., Nashville, Tenn., Camp Forrest, Tenn.  
 HUTTON, Vernon, Jr., 1st Lieut., Nashville, Tenn., Fort Jackson, S. C.  
 JACKSON, Truxton L., 1st Lieut., Nashville, Tenn., Fort Bragg, N. C.  
 JEANES, James Gregg, 1st Lieut., Clinton, S. C., Camp Davis, N. C.  
 JERNIGAN, Sterling H., 1st Lieut., Atlanta, Ga., Fort Benning, Ga.

KALMON, Edmond H., Jr., 1st Lieut., Nashville, Tenn., Camp Davis, N. C.  
 KELLY, Alex R., Jr., 1st Lieut., Augusta, Ga., Camp Davis, N. C.  
 KUNTZ, William M., 1st Lieut., New Orleans, Camp Claiborne, La.  
 LAMBETH, Samuel S., III, 1st Lieut., Durham, N. C., Fort Bragg, N. C.  
 LANE, Thomas H., 1st Lieut., Fairfield, Ala., Camp Livingston, La.  
 LEVIN, Harold B., 1st Lieut., Atlanta, Ga., Camp Blanding, Fla.  
 LEWIS, Lawrence C., Jr., 1st Lieut., Tuskegee, Ala., Camp Blanding, Fla.  
 LOVE, William G., Jr., 1st Lieut., Atlanta, Ga., Fort Benning, Ga.  
 LOWENSTEIN, Sol L., 1st Lieut., Nashville, Tenn., Camp Livingston, La.  
 LYLE, Philip Lewis, 1st Lieut., Clarksville, Tenn., Camp Polk, La.  
 MACPHERSON, Ford J. A., 1st Lieut., Iberlin, La., Camp Shelby, Miss.  
 MCCOOK, Walter W., Jr., 1st Lieut., Shreveport, La., Fort Bragg, N. C.  
 MAGNE, Jacques A., 1st Lieut., New Orleans, Camp Polk, La.  
 MARTIN, George H., 1st Lieut., Anguilla, Miss., MacDill Field, Fla.  
 MASON, James M., III, 1st Lieut., Birmingham, Ala., Fort Bragg, N. C.  
 MASTERS, ELIAS W., 1st Lieut., Anderson, S. C., Fort Jackson, S. C.  
 MICKAL, Abe, 1st Lieut., New Orleans, Fort Bragg, N. C.  
 MILLER, John M., 1st Lieut., Augusta, Ga., Fort Bragg, N. C.  
 MITCHELL, Charles B., Major, Mississippi A. & M. College, Camp Shelby, Miss.  
 MITCHELL, George J., 1st Lieut., Meridian, Miss., Camp Blanding, Fla.  
 MONTAGNET, J. M., Jr., 1st Lieut., New Orleans, Camp Forrest, Tenn.  
 MORROW, Arch S., 1st Lieut., Jacksonville, Fla., Fort Bragg, N. C.  
 MOTTY, Jules Stell, 1st Lieut., New Orleans, Camp Davis, N. C.  
 MURPHY, Robert J., Jr., 1st Lieut., Durham, N. C., Fort Bragg, N. C.  
 NETTERVILLE, Rush E., 1st Lieut., New Orleans, Camp Croft, S. C.  
 NICHOLS, Ralph Gibbs, 1st Lieut., Knoxville, Tenn., Camp Polk, La.  
 NILES, George A., Jr., 1st Lieut., Atlanta, Ga., Camp Davis, N. C.  
 PARKS, Lorenzo Lynn, Major, Jacksonville, Fla., Headquarters 4th Army Corps, Jacksonville, Fla.  
 PARNELL, Homer S., Jr., 1st Lieut., New Orleans, Camp Polk, La.  
 PARROTT, John H., 1st Lieut., Camp Shelby, Miss., Fort Benning, Ga.  
 PASTERNAK, Morris, 1st Lieut., New Orleans, Fort Jackson, S. C.  
 PATTERSON, McLeod, 1st Lieut., New Orleans, Camp Croft, S. C.  
 PEPE, John Luke, 1st Lieut., New Orleans, Fort Jackson, S. C.  
 PETERSON, Bedford F., 1st Lieut., Bolivar, Tenn., Camp Wheeler, Ga.  
 PHILLIPS, Benjamin J., 1st Lieut., New Orleans, Fort Jackson, S. C.  
 PHILLIPS, James B., Jr., 1st Lieut., Chattanooga, Tenn., Camp Croft, S. C.  
 PINSON, Harry D., 1st Lieut., Augusta, Ga., Camp Croft, S. C.  
 PIZZOLATO, Philip, 1st Lieut., New Orleans, Camp Croft, S. C.  
 POLITES, Nicholas, 1st Lieut., Wilmington, N. C., Camp Polk, La.  
 POLLARD, Edward V., 1st Lieut., Parsons, Tenn., Fort Bragg, N. C.  
 POPE, Madison R., 1st Lieut., Charleston, S. C., Fort Bragg, N. C.  
 RAGGIO, Francis W., Jr., 1st Lieut., New Orleans, Camp Wheeler, Ga.  
 RAGSDALE, William E., Jr., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.  
 RANCK, Edward Buford, 1st Lieut., Atlanta, Ga., Camp Forrest, Tenn.  
 RAVENEL, Joseph A., 1st Lieut., New Orleans, MacDill Field, Fla.  
 RAY, Russell B., 1st Lieut., Memphis, Tenn., MacDill Field, Fla.  
 RHAME, Delmar O., Jr., 1st Lieut., Clinton, S. C., Camp Livingston, La.  
 ROBINSON, Edward B., Jr., 1st Lieut., Birmingham, Ala., Camp Blanding, Fla.  
 SCHONLAU, James W., 1st Lieut., Shreveport, La., Camp Forrest, Tenn.  
 SILBERMAN, Donald J., 1st Lieut., Birmingham, Ala., Camp Claiborne, La.  
 SIMMONS, William G., 1st Lieut., Emory, Ga., MacDill Field, Fla.  
 SMERZNAK, John J., 1st Lieut., Concord, N. C., Camp Livingston, La.  
 SMITH, Harold M., 1st Lieut., Savannah, Ga., Camp Wheeler, Ga.  
 SPITZBERG, R. H., 1st Lieut., Mobile, Ala., Camp Forrest, Tenn.  
 STANDER, Alvin A., 1st Lieut., Baton Rouge, La., Camp Davis, N. C.  
 STELLING, Frank H., III, 1st Lieut., Augusta, Ga., Camp Croft, S. C.  
 STERN, Henry M., 1st Lieut., New Orleans, Camp Davis, N. C.  
 STEWART, James B., 1st Lieut., Milledgeville, Ga., Fort Benning, Ga.  
 STILLMAN, Sidney, 1st Lieut., New Orleans, Fort Bragg, N. C.  
 SUARES, John C., 1st Lieut., New Orleans, Camp Croft, S. C.  
 TALBOT, Roy Dudley, 1st Lieut., New Orleans, Fort Bragg, N. C.  
 TATUM, Roy Carroll, Lieut. Col., Salisbury, N. C., Med. Rep. 1st M. A., Knoxville, Tenn.  
 THOMAS, Henry W., 1st Lieut., Atlanta, Ga., Fort Bragg, N. C.  
 THOMAS, Herbert H., 1st Lieut., University, Ala., Fort Bragg, N. C.

THOMAS, Paul J., 1st Lieut., New Orleans, MacDill Field, Fla.  
 THOMPSON, Samuel B., 1st Lieut., Fairfield, Ala., Camp Polk, La.  
 TIMMERMAN, William B., 1st Lieut., Hartsville, S. C., Camp Wheeler, Ga.  
 VARINO, George A., 1st Lieut., Monroe, La., Camp Davis, N. C.  
 VARNER, John B., 1st Lieut., Memphis, Tenn., Fort Bragg, N. C.  
 VINSANT, Lowell E., 1st Lieut., Knoxville, Tenn., Fort Bragg, N. C.  
 VORDER BRUEGGE, Colin F., 1st Lieut., Memphis, Tenn., Camp Wheeler, Ga.  
 VUNK, Raymond H., 1st Lieut., Charleston, S. C., Fort Bragg, N. C.  
 WARD, Leamon M., 1st Lieut., New Orleans, Fort Bragg, N. C.  
 WEBB, George M., 1st Lieut., Tallulah, La., Camp Livingston, La.  
 WHITLEY, James R., 1st Lieut., Chattanooga, Tenn., MacDill Field, Fla.

WHITWORTH, Clyde W., 1st Lieut., Clarkesville, Ga., Camp Livingston, La.  
 WILKES, William A., 1st Lieut., Augusta, Ga., Fort Bragg, N. C.  
 WILLIAMS, Claiborne, 1st Lieut., Nashville, Tenn., Elementary Flying School, Tuscaloosa, Ala.  
 WILSON, Issac R., Jr., 1st Lieut., Charleston, S. C., Fort Bragg, N. C.  
 WILSON, James A., 1st Lieut., New Orleans, MacDill Field, Fla.  
 WILSON, John McQ., 1st Lieut., Memphis, Tenn., Camp Shelby, Miss.  
 WILSON, Shelburne D., 1st Lieut., Mountain City, Tenn., Fort Benning, Ga.  
 WYATT, Charles N., Captain, Greenville, S. C., Camp Forrest, Tenn.  
 YANCEY, Cyril T., 1st Lieut., New Orleans, Fort Bragg, N. C.  
 YOUNG, John D., 1st Lieut., Atlanta, Ga., MacDill Field, Fla.

### SIXTH CORPS AREA

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

ACOCKS, James R., 1st Lieut., Houghton, Mich., Selfridge Field, Mich.  
 ALBI, Raphael W., 1st Lieut., Lake City, Mich., Station Complement, Camp Wheeler, Ga.  
 ALBIN, Meyer S., 1st Lieut., Cadillac, Mich., Station Complement, Camp Wheeler, Macon, Ga.  
 ALLEGRETTI, Joseph E., Captain, Chicago, Station Complement, Camp Croft, S. C.  
 AXEL, Ben John, 1st Lieut., Madison, Wis., Station Complement, Fort Jackson, S. C.  
 BACHHUBER, Edward A., 1st Lieut., Mayville, Wis., Station Hospital, Fort Sill, Okla.  
 BENISON, Arthur L., 1st Lieut., Edmore, Mich., Station Complement, Camp Wheeler, Macon, Ga.  
 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.  
 BRAND, Ashley M., 1st Lieut., Chicago, 210th Corps Area (Antiaircraft), U. S. National Guard, Fort Sheridan, Ill.  
 BROOKS, Levis C., Captain, Freeport, Ill., 27th Division, Fort McClellan, Ala.  
 BROWNELL, Paul G., 1st Lieut., Detroit, Station Complement, Fort Jackson, S. C.  
 CHRISTENSON, Albert W., Lieut. Col., Rockford, Ill., Savanna Ordnance Depot, Proving Ground, Ill.  
 CITRON, Robert R., 1st Lieut., Peoria, Ill., 24th Infantry, Fort Benning, Ga.  
 CLAUDON, Dann B., 1st Lieut., Jefferson, Wis., Station Hospital, Camp Grant, Ill.  
 CLAXTON, Wilbert T., 1st Lieut., Britton, Mich., Station Hospital, Fort Sill, Okla.  
 DIETRICH, Hervey W., 1st Lieut., Madison, Wis., Medical Detachment, 7th Cavalry, Fort Bliss, Texas.  
 DUDLEY, Erwin F., Major, Decatur, Ill., 11th Station Hospital, Fort Custer, Mich.  
 DUNN, Marion F., 1st Lieut., Waukegan, Ill., Infirmary, Medical Replacement Center, Camp Grant, Ill.  
 EGGERS, John F., 1st Lieut., Sycamore, Ill., 27th Division, Fort McClellan, Ala.  
 ESPEY, Hugh S., 1st Lieut., Zenia, Ohio, Station Complement, Camp Croft, S. C.  
 FALICK, Mordecai L., 1st Lieut., Detroit, Station Complement, Fort Jackson, S. C.  
 FEIGELMAN, Meyer J., 1st Lieut., Detroit, Station Complement, Camp Wheeler, Macon, Ga.  
 GLOSS, Kenneth E., 1st Lieut., Crystal Falls, Mich., Air Corps Basic Flying School, San Angelo, Texas.  
 HALE, Claude E., 1st Lieut., Marshall, Mich., Station Hospital, Fort Sam Houston, Texas.  
 HANNAN, Kenneth D. L., 1st Lieut., Prairie Du Sac, Wis., 27th Division, Fort McClellan, Ala.  
 HANSEN, Harvey C., 1st Lieut., Battle Creek, Mich., 24th Infantry, Fort Benning, Ga.  
 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.  
 HUTCHISON, William A., 1st Lieut., Chicago, Station Complement, Selfridge Field, Mich.  
 IVKOVICH, Paul, 1st Lieut., Ewart, Mich., Station Complement, Camp Croft, S. C.  
 KANTER, Myron F., 1st Lieut., Chicago, Station Complement, Camp Davis, N. C.  
 KNAPP, Joseph L., 1st Lieut., Traverse City, Mich., Station Complement, Camp Croft, S. C.

LIVINGSTON, A. Edward, 1st Lieut., Denver, Station Hospital, Fort Sill, Okla.  
 LOGSDON, Robert E., 1st Lieut., Mount Sterling, Ill., Station Hospital, Fort Sill, Okla.  
 LONGWELL, Charles W., 1st Lieut., Nashville, Ill., Station Hospital, Fort Bliss, Texas.  
 LOOMIS, Frederic G., 1st Lieut., Waterloo, Iowa, Station Complement, Camp Shelby, Miss.  
 MILLER, Harold A., 1st Lieut., Saline, Mich., 23d Evacuation Hosp., Fort Custer, Mich.  
 MAERCKLEIN, Arthur G., Captain, Union Grove, Wis., Station Complement, Camp Davis, N. C.  
 MOORE, Gregory P., Captain, Cadillac, Mich., 94th Engineer Battalion, Fort Custer, Mich.  
 MUMLER, William C., 1st Lieut., Chicago, Station Hospital, Fort Sheridan, Ill.  
 MUSSELMAN, Merle M., 1st Lieut., Ann Arbor, Mich., Station Hospital, Fort Bliss, Texas.  
 NESBITT, William E., 1st Lieut., Alpena, Mich., Station Complement, Camp Wheeler, Ga.  
 OLTMAN, Diedrich L., 1st Lieut., East Moline, Ill., Station Hospital, Fort Sam Houston, Texas.  
 OSBORNE, Charles E., 1st Lieut., Vicksburg, Mich., Station Complement, Camp Wheeler, Ga.  
 PALERMO, Amiel L., 1st Lieut., Chicago, Station Hospital, Fort Bliss, Texas.  
 PERNWORTH, Paul H., 1st Lieut., Venice, Ill., Scott Field, Ill.  
 PHILLIPS, Francis J., 1st Lieut., Detroit, Station Complement, Camp Croft, S. C.  
 POINDEXTER, Marlin H., Jr., 1st Lieut., Milwaukee, Station Complement, Camp Croft, S. C.  
 PRZYGOCKI, Stanley F., Captain, Chicago, Station Complement, Camp Davis, N. C.  
 RICHARDS, Francis L., 1st Lieut., Kearney, Neb., Station Complement, Camp Davis, N. C.  
 RICKETTS, Frederick J., 1st Lieut., Sadorus, Ill., Selfridge Field, Mich.  
 RODHOLM, Ansgar K., 1st Lieut., Chicago, Station Complement, Camp Croft, S. C.  
 ROSE, Frederick E., Captain, Millstadt, Ill., Station Complement, Camp Wheeler, Ga.  
 ROYER, Clark W., 1st Lieut., Battle Creek, Mich., Station Hospital, Fort Sam Houston, Texas.  
 RUDENS, Maurice C., 1st Lieut., Chicago, Station Hospital, Fort Sill, Okla.  
 SEIDMAN, Leon H., 1st Lieut., Chicago, Station Complement, Camp Croft, S. C.  
 SHABART, Elmer J., 1st Lieut., Fort Sheridan, Ill., Station Complement, Camp Wheeler, Ga.  
 SHAPIRO, Maynard I., 1st Lieut., Chicago, Station Complement, Fort Jackson, S. C.  
 SHULMAN, Herbert, 1st Lieut., Madison, Wis., Station Complement, Camp Croft, S. C.  
 SIBRANS, William A., 1st Lieut., East Detroit, Mich., Station Complement, Fort Jackson, S. C.  
 SIEGEL, Irving, 1st Lieut., Chicago, Randolph Field, Texas.  
 SIMENSON, Raymond S., 1st Lieut., Valders, Wis., Medical Replacement Center, Camp Grant, Ill.  
 TARRE, Harold I., 1st Lieut., Chicago, 24th Infantry, Fort Benning, Ga.  
 THORNBURG, William M., 1st Lieut., DuQuoin, Ill., Station Hospital, Selfridge Field, Mich.  
 THORNTON, John C., Jr., 1st Lieut., Brownsville, Tenn., Station Hospital, Fort Sill, Okla.  
 TIMRECK, Harold A., 1st Lieut., Beaverton, Mich., Station Hospital, Fort Sam Houston, Texas.  
 WIENER, Israel, 1st Lieut., Detroit, 24th Infantry, Fort Benning, Ga.  
 WILLIAMSON, Edwin M., 1st Lieut., Detroit, Station Complement, Camp Wheeler, Ga.  
 WOOD, Cordelle A., Major, Waukesha, Wis., 5th Division, Fort Custer, Mich.  
 WORDEN, Robert W., 1st Lieut., Chicago, 207th General Hospital, Camp Livingston, La.

### 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 surgeon, 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.