

stenosis, or regurgitation, or stated as "organic murmurs," it is coded as a defect and ranks next to hernia and venereal disease in order of importance. Cardiac hypertrophy or dilatation, whether slight or marked, is always considered a defect. Tachycardia is considered only when characterized as "constant," "persistent," or by any other term that shows it to be of a permanent character and not from nervousness as a result of the physical examination.

In considering defects of the lungs, "râles," "dullness over lungs," "bronchial breathing," "rough breathing," etc., are not taken as defects. If the man is rejected or discharged from the Army for any of these physical signs, it is considered a defect. If any of the physical signs are found to fit in with any previous illness with other parts of the examination, such as underweight, poor physical development, persistent cough, hemotysis, etc., then the symptoms for which the man was rejected or discharged are coded as near as possible as a definite disease. Asthma, tuberculosis, and similar diseases are always considered major defects.

Diseases of the genito-urinary organs, like syphilis and gonorrhœa, are always considered major defects and rank next to hernia in order of importance. Varicocele is not coded a defect unless it is said to be "marked," "large," or "with symptoms." Hydrocele is always coded as a defect. Atrophy of the testicle is not considered, but defects such as monorchism, cryptorchidism, or hypospadias are always coded.

Hemorrhoids are considered only when "external," "large," "bleeding," or "painful." Small epithelial or skin tabs are not coded. Fistula in ano is always a defect.

All degrees of flatfoot are coded as defects. Hallux valgus is considered a defect, but overriding toes are not unless they are of such severity as to be a cause for rejection, and pronated feet only when "marked" or "severe." Weak, flaccid and spastic feet or similar conditions of the feet whose function can be restored by treatment are not considered.

VI. GROUNDS OF REFERENCE TO MEDICAL ADVISORY BOARDS.

The medical advisory boards were devised as a result of the experience of the first selective draft and became effective

with the second draft after the induction of about 527,100 men.

The organization of the medical advisory boards is indicated by the following extracts from the Selective Service Regulations of November 8, 1917. In these Regulations section 29 reads:

Each State shall be carefully districted with due regard to communication and hospital facilities for the erection of a number of medical advisory boards computed with a view to the equitable and practical distribution of the work of reexamination as provided herein and to the convenience of registrants and economy to the Government in sending registrants before such boards.

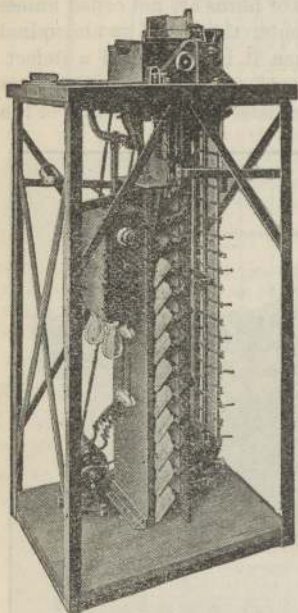


FIG. 4.—Sorting machine: Cards are set on the metal platform (A); the motor (B) causes the cards to be automatically fed into the machine by a "feeder" (C). As the punch holes of a single column of figures come in contact with an electric needle, the cards are sorted and carried by a card-conveying belt (D) into the collecting boxes (E). Each box is numbered to correspond with the series of figures that appear on the punch card.