into vessel *B*, which is situated at a lower level (for example, bottle *A* on a table, and vessel *B* on the floor).

As some of the fluid is exhausted from *A* by siphonage, a negative pressure results, sufficient to aspirate fluid through

the needle into bottle *C*. Then the needle is inserted and the clamp removed from 1 and the aspiration is begun. Bottle *C*, and then *A* begin to fill with chest fluid, but simultaneously *A* is being emptied into *B* by siphonage. This will keep up until the fluid reached by the needle has been exhausted.

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STITCH FOR CLOSING SKIN WOUNDS

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So far as I have been able to learn, no description of a stitch I am using at the Indianapolis City Hospital for clos-

ing skin wounds has yet been published. It consists of a series of mattress-on-edge stitches, as in the accompanying illustration, made continuous by looping the suture as in a buttonhole stitch instead of tying as in the interrupted mattress-on-edge.

Military Medicine and Surgery

THE EXAMINATION OF REGISTRANTS

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When the first draft started, it was entirely a new experience to the people of this country. The rules and regulations were so drawn as to place the carrying out of the provisions of the act in the hands of the people; in fact, the act itself forbade any one connected with the military establishment to have anything to do with the execution of the draft. The personnel of the boards, local and district, was made up of civilians, both lay and professional, none of whom had had any experience in the selection of men for the Army. Practically all of the members of the boards labored under the disadvantage of having no opportunity to acquaint themselves with the work to be done until they were appointed to the positions and ordered to proceed at once with the draft. It is no wonder, then, that things did not go at all times as smoothly as they should have gone; it is no wonder that there were differences of opinion and even a lack of harmony between the various boards, which a better understanding of the work to be done would have avoided. However, notwithstanding these facts, and in spite of the further facts that the law and the rules and regulations in many instances were vague and uncertain in their terms, the results in the main were quite satisfactory. Naturally we, as physicians, are most interested in the medical aspect, or the physical fitness or unfitness of those whom we were called on to examine. It should be understood that the question which the physician is to determine when a person presents himself for examination is not what ailment, if any, he may have, but whether he is fit or unfit to do military service. These are not necessarily synonymous, for there are certain ailments which a person may have and still be fit for military service; and, on the other hand, he may be unfit for service without there being any special physical disability. It is not always an easy matter to decide whether or not a certain condition really unfits one for service, nor are the rules and regulations definite and clear on the subject. Much is necessarily left to the judgment of the examining physician.

When physicians are taken from civil practice and asked to decide military questions, with which they have had no experience and for which they have had no time to prepare themselves, it is not surprising that a certain number of mistakes in judgment are made; the average physician is not an expert in all branches of medicine, and therefore he may fail to recognize a condition which, to another more experienced in that particular line, would be apparent. Again, it is not always an easy matter to detect malingering; and unless one is familiar with all the tricks and frauds to which some resort in order to escape military service, one will occasionally be deceived. There are still other points which should be taken into consideration; for instance, during the first draft many examinations had to be made very hurriedly on account of pressure of time; and perhaps overzealousness on the part of some examiners may have led to the acceptance of some risks that ought to have been rejected.