

(A) provided the overweight is not so excessive as to interfere with military training" (Form 75). And, by the way, medical advisory experts probably should not try quite so hard by means of brilliant illumination, particularly clean cards, etc., to make the registrant read the second line instead of the top letter. It costs the government a lot of money in round-trip transportation.

Third: In regard to the examinations at camp, I wish to suggest an experiment which should not be impracticable if handled with diplomacy. It would be illuminating, it seems to me, if a certain number of recruits could be independently examined at camp by three camp surgeons, or groups of surgeons, whose opinions should be separately recorded and kept secret from one another and from the recruit until each has completed his work and recorded the result, including his recommendation. Forty recruits would give easy percentages and could be examined by one surgeon easily in one day. When there is a group of examiners a hundred recruits, taken just as they come, would answer still better. They could be reexamined by the other surgeons the same day or on successive days. Rejections could be based on the results of the three examinations, passed on by a qualified board or judge. After sufficient trials such a scheme might become part of the regulations.

An occasional exchange of camp surgeons, so that the three examinations might be made by men regularly attached to two other camps in addition to the examiner connected with the local cantonment, would add interest to the plan and its results.

The present method of selection at camp by means of examining units, comprising approximately ten members, each examining in his own specialty, with a second examination by another similar unit when a question arises, is of course highly satisfactory if there is no flaw in the efficiency of the personnel. My suggestion would furnish a means of control on the latter. Three independent examinations of men as they arrive at camp would tend to keep every examiner up to his work in the knowledge that his results will be checked up in comparison with the others. The opinion of a man of strong personality, when known, is prone to influence his successor. The third examination eliminates the possibility of an even division of opinion.

I really believe that some such modification of the present procedure would work out advantageously. When Local, Medical Advisory, and District Boards have worked many hours in some cases to classify and induct a soldier, it seems to be putting too much responsibility on one man at camp, to leave the final decision practically entirely to him. And this remark applies with special force where the recruit has been detected in malingering and his medical examination papers bear a statement to this effect.

The claims of the registrant deserve due consideration. Errors on the part of boards and medical examiners are possible in the highly complex work of the draft. The foregoing suggestions are modestly offered in the hope that they may be of interest and possibly of some value for the good of the service.

J. MILTON MABBOTT, M.D., New York.

"RECONSTRUCTION AND REHABILITATION OF THE TUBERCULOUS SOLDIER"

To the Editor:—Dr. Banks' letter (THE JOURNAL, Aug. 24, 1918, p. 681) criticizing my paper entitled "The Reconstruction and Rehabilitation of the Tuberculous Soldier" requires some comment. It was not the intention of the writer to belittle in any way the valuable work being done by the Bureau of War Risk Insurance. It is true that discharged tuberculous soldiers are being looked after medically by the Bureau of War Risk Insurance, but my not calling attention to this fact was no greater an oversight than my failure to mention the American Red Cross, National Association for the Study and Prevention of Tuberculosis, the National Home for Disabled Volunteer Soldiers, and the Soldiers' Home, Washington, D. C., which are all doing equally commendable work in this line. However, from Dr. Banks' own statement it would appear that the activities of the Bureau of War Risk

Insurance must be largely confined to financial matters, for he himself says that patients are treated in hospitals belonging to the Public Health Service and civilian sanatoriums, while the training proper is in the hands of the Board of Vocational Education. What is left for the Bureau of War risks but to pay the bills for such service, and to provide the compensation to which the patients are entitled under the law? It would not appear that there are at present any adequate accommodations for the large number of tuberculous patients now cared for by the Army if they were at once discharged as Dr. Banks desires. Fort Stanton is filled already to overflowing, and the capacity of the combined sanatoriums of the country, deducting the beds needed for civilian patients (and some of the sanatoriums have waiting lists) would not be sufficient to receive the cases of tuberculosis now under treatment in Army hospitals.

The word "reconstructed," perhaps used a little too freely in my paper, probably led to misapprehension. The Surgeon-General expects to hold tuberculous soldiers only until they are cured or as nearly cured as can be expected, and then turn them over to the Bureau of War Risk Insurance and the federal Board of Vocational Education. The training while in the service is more to give employment and avoid mental depression than to teach completely some useful trade.

If Dr. Banks had been better posted concerning the policies of the Surgeon-General and what is being done and has been done for tuberculous soldiers in the Army, he would have been saved considerable anxiety, and his remarks would have been more temperate. The purpose of transferring cases diagnosed as tuberculosis to Army tuberculosis hospitals is threefold: (1) To minimize mistakes in diagnosis; (2) to save men for the service, as a certain percentage of these patients will be returned to duty, and (3) to help the patient arrest his disease, and in so doing teach him how to take care of himself and the necessary precautions to prevent spread of infection. After this is accomplished, the diagnosis established and it is apparent that the patient will never return to duty, although there may be no absolute authority for retaining him in the military service, every endeavor will be made to have him voluntarily remain under treatment as long as such treatment is necessary. This is not militarism, but a conscientious effort for the good of the patient and the public as well, which should have the hearty support of the bureau which Dr. Banks represents.

E. H. BRUNS, M.D., Washington, D. C.
Lieutenant-Colonel, Medical Corps, U. S. Army.

KNOWLEDGE OF THE COMMUNICATION OF DISEASES BY MOSQUITO BITES

To the Editor:—About forty years before Manson suspected, and Ross proved, that malaria was conveyed by a suctorial insect, the information that the mosquito was capable of doing such a thing was imparted by barbarians to a civilized man, and by him it was scornfully published, and perhaps read by others in the same spirit. Witness this footnote to the first chapter of "First Footsteps in East Africa," written by Richard F. Burton in 1856:

The mosquito bites bring on, according to the same authority, deadly fevers: the superstition probably arises from the fact that mosquitoes and fevers become formidable about the same time.

The "authority" was "the people" at Zayla, in Somaliland.
LEO NEWMARK, M.D., San Francisco.

Acute Suprarenal Insufficiency in Infectious Diseases.—At a recent meeting of the Medico-Surgical Society of Greece, A. Portocalis reported the death of four soldiers with apparently pernicious relapsing fever or malaria with symptoms of acute suprarenal insufficiency of the choleriform and algid type. In each he found the suprarenals the seat of old tuberculous lesions. Evidently under the influence of the intercurrent disease these old lesions had flared up into an acute and fatal phase. This latent Addison's disease can thus be transformed into a pernicious form by intercurrent erysipelas, typhoid or relapsing fever and malaria.