

Dr. Emil Frankel of New Jersey told the meeting.

When these have failed, he said, force may be necessary to prevent interruption of treatment and the possible spreading of infection.

Dr. Frankel, who is director of the division of statistics and research of the New Jersey Department of Institutions and Agencies, reported that the problem is serious in his state. Of 1,000 tuberculosis patients leaving the 14 state and county sanatoria during the six-month period ending December 1, 1941, more than 34% did so against the advice of the physician.

A few of the reasons for early depart-

ture, Dr. Frankel said, are worry over problems at home, "old-fashioned homesickness," dissatisfaction with care, and economic factors.

To combat these influences, he said, each patient must be considered as an individual case and his problem solved on a case-work principle together with the physician, the clinic and sanatorium; the procedure to be carried through by a competent social worker.

When all other methods fail, he concluded, the law must be used as an extreme measure to require the restraint of tuberculous persons with careless hygiene habits.

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who are specialists in such fields of medicine as heart disease, lungs, eyes or mental ills donated their services on advisory boards and examined all men suspected by local board physicians of having defects. The careful, conscientious examinations by these volunteer physicians, it was felt, not only served to keep on important civilian war jobs men who would have failed in the Army, but also prevented frauds by men who might have tried to feign defects they did not have.

Physicians who thus donated their services examined the men in the evening or other "spare time" and did not leave their regular jobs or neglect their practice.

With the Army taking over the whole job, a substantial increase in the number of Army physicians serving on induction boards will be necessary, the American Psychiatric Association points out.

"It is highly doubtful," the editorial states, "whether a sufficient supply of trained psychiatrists exists to provide suitable examiners for the increased number of induction boards."

Moreover, the Army induction boards will not have the advantage local physicians have of availability to local records such as police records or commitments to mental hospitals to aid in determining the mental fitness of the men. They won't know whether a man is known at home as a drunk or a trouble maker, is "queer" or "gets spells." They wouldn't have time to study such records even if they did have them.

"The cost of neuropsychiatric (nervous and mental disease) casualties is staggering," declared the psychiatrists. "The proposed change threatens to increase the proportion of unfit selectees, with untoward financial consequences after the war and for a generation thereafter.

"Furthermore, with the increase in mechanization of the armed forces the actual danger and risk caused by the presence of men who may suddenly become acutely psychotic is far greater than ever before; not only loss of efficiency, but actual danger are sequels of inadequate selection, a fact which is recognized in those countries in which psychiatric selection has not yet been developed."

"The President," they conclude, "has already shown an interest in the value of psychiatry as a means of increasing military efficiency and reducing military casualties. The *Journal* hopes that he will act to prevent this costly backward step."

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PUBLIC HEALTH

# New Plan of Examining Draftees Called Costly and Dangerous

## American Psychiatric Association Warns of Danger If War Machines Are Manned By Men Likely To Go Insane

**W**ARNING of the dangers of having combat airplanes or tanks manned by men likely to break mentally under the strain of battle and become suddenly insane, the American Psychiatric Association, through its official organ the *American Journal of Psychiatry*, condemned the new plan for examining drafted men as "undesirable, unsound and costly."

By this new plan, local Selective Serv-

ice Board physicians will serve only as a "coarse screen" for weeding out the obviously unfit. Beyond this, the whole load of eliminating those physically or mentally unable to stand up under the responsibilities and strains of military life and combat is to be borne by Army induction boards.

Under the previous plan, not only did local Selective Service Board physicians examine the selectees, but local physicians

