EXPERIENCES IN THE MUSTERING OFFICE.

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When I was first assigned to duty at the Base Hospital in Camp Lee there was more need for an ophthalmologist on the examining board at the mustering office than in the wards of the hospital and so I gladly accepted a temporary assignment to that work. It became almost a permanent duty and but for the influenza epidemic I fear that it would have been. However, that did rescue me and now it is possible to look back on the work done there and realize the good it did both the men examined and the examiner.

First, before telling especially of the work done by the "Eye Board," I want to tell you something of the mustering office at this camp. It was under the direction of Major Balderston, who was formerly located at Evanston, and it was he who made it the model office of the army. He worked out a system whereby the recruit, who entered a plain citizen, emerged a fully equipped soldier or was sent home as unfit for the army within eight hours time. The men were brought to the building by their sergeant and were called in companies of fifty. They undressed in the latrine, put their clothes in a barracks bag, took a shower bath and then were started through the mill. First their family history, finger prints and name and age were recorded. Then they were weighed and measured. After these preliminaries they were ready for their examination by the various boards, surgical, medical, orthopedic, dental, nose, throat and ear, eye, heart, lungs and neuropsychopathic. At the end were the vaccination experts, the men being given the typhoid, paratyphoid, colon bacillus and small-pox vaccine. Each board recorded its findings on the history sheet without recommendation unless the men failed to pass any of the tests. In the latter case the board or boards recommending rejection filled out a form telling in what way the man failed to meet the requirements and advised the Chief Medical Examiner to reject him. This recommendation was always approved, so that the decision of the examiner on any board was final.

Having successfully passed all the boards the man went from that building through a runway to the Quartermaster's

department and there he was equipped with all of his soldier clothes, his civilian clothes being packed and sent to his home.

One of the most interesting parts of the examination was in the shoe department. Here expert shoemen fitted each man. Two heavy wool socks were placed on the foot and the length and size over the ball of the foot were measured. Then a shoe corresponding to these measurements was fitted to the foot. The man stood up with a weight of fifteen pounds on his shoulder, standing on one foot. The properly fitting shoe was one inch longer than the foot and allowed the leather to be picked up in the fingers over the ball of the foot without there being a decided wrinkle. The average shoe was about a nine and a half in length with a D width. One man took a sixteen on an E width. That shoe had to be made to order. Colored men always took a much larger shoe than the white men.

The number of rejections were rather high considering that the recruits were supposed to have been carefully examined by the local boards. About 17 per cent were rejected when I first went there. Later the rate became about 21 per cent and in one draft it was almost 25 per cent. This was no doubt due to the conflicting rulings issued to the local boards. Towards the end of the war Lt. Col. Billings prepared a pamphlet for the local boards giving better instructions than had been previously issued and had the war continued the rejection list would probably have been much lower.

Each board or department had at its head a man who had made a special study of that work. In the camp at Lee we had two examination buildings, thus necessitating two complete examining boards. It was my good fortune to be in charge of the eye work in one of these buildings. I had four clerks to keep the records. These were all enlisted men, being usually what was known as "Domestic Service Men," they having some physical defect that kept them from overseas service but being educationally fitted for office work. Then there was an optometrist and two enlisted men to test the vision and the chief clerk of the board whose duty it was to fill out the blanks when a rejection was recommended.

To qualify for acceptance the men had to have at least 20/40 vision in one eye and 20/100 in the other or have not less than 20/100 vision in both eyes if one could be corrected to

20/40 or better. When the vision was less than 20/40 the optometrist tested them for glasses.

We found that sometimes the vision could be improved with glasses so that the men could pass and yet that there would be a serious pathological condition present in the eye. So we made it a rule to always ophthalmoscope all cases with 20/60 or less vision.

The daily average of men examined was 750. Of these about a third had to be ophthalmoscoped and that was my work. The direct method of examination was used practically always. Of course most of the cases showed simply a refractive error. Next in number came traumatic and exudative choroiditis, then traumatic cataracts. Practically every condition except glaucoma was seen. We had several cases of conical cornea. Floating bodies in the vitreous were numerous.

One rather common disease was an inability to see with one eye. In a large per cent of the cases this condition was remedied by a lecture on the folly of trifling with the United States Government and a little massage of the nerves and muscles in the back of the neck. These "fakers" were the hard part of the work. They made it necessary to examine them most carefully to be absolutely positive that they were faking.

When we found a normal eye we then had recourse to various tests for malingering. One of the most simple and efficacious was to place a plane lens over the supposedly bad eye and a convex lens of six dioptres over the good eye and to then have the man read with both eyes open. He almost invariably fell for it, thinking that he was reading with his good eye. However the number of malingerers was comparatively small. In a draft of 10,000 men we would probably have about a hundred who were so persistent in their faking that it was necessary to make note of it on their service records while many more who attempted it were easily convinced of the error of their way and would own up and promise not to try it again and no record was made against them.

I remember one morning the first eight boys were unable to see with either eye more than 20/100. Lenses failed to improve the vision at all. The ophthalmoscopic findings were all negative. A lecture on faking failed to produce any results. They were all from Lynchburg, W. Va. In these cases sympathy worked wonders. One boy was singled out and I gave

him a heart to heart talk telling him how sorry I was that he and the other boys had suddenly lost their vision. I sympathized with him so much that he finally broke down and admitted using something in his eyes so as to keep him from seeing. Then a lecture brought the others to time. I was unable to find what they had used or where they secured it. The latter fact could probably have been forced from them but time was too valuable to waste on a third degree examination.

In detecting and causing the men to confess that they had been trying to fake we used many tests and frequently had to threaten court martial and a sentence of from five to ten years on the rock pile at Leavenworth.

However, as already mentioned, the number of malingerers was small. Usually they were among the foreign element, the Italians being especially addicted to it, and the ignorant boys from the farms, mines and mills of Virginia and West Virginia. Seldom did we have any trouble with the northern boys. Among the southern boys I believe it was frequently due to ignorance rather than to a real desire to escape service. A remarkable feature was that a faker was practically unknown among the colored boys from either the North or South. What few there were came from the North.

Many very interesting cases and conditions came under my observation. Some of them are worthy of more than passing mention and will be considered in a subsequent article.

ATTENTION, ALL HOMEOPATHS!

In a special number of the *Practitioner,* February, 1919, Dr. Hector MacKenzie advocates using morphine and heroin in a cough mixture, solution of ammonium citrate with a small quantity of ipecac for the treatment of bronchitis, poultices, stupes, and similar applications to relieve the pain on breathing, and alcohol, strychnine, digitalis, strophanthus, caffeine, and camphor as stimulants. In the same issue, another distinguished authority, Dr. W. W. Wynn, specifically warns the practitioner against the use of alcohol because it is depressant and against digitalis because it is a heart poison. Our real hope lies in the establishment of sound lines of specific treatment. Can you beat it?