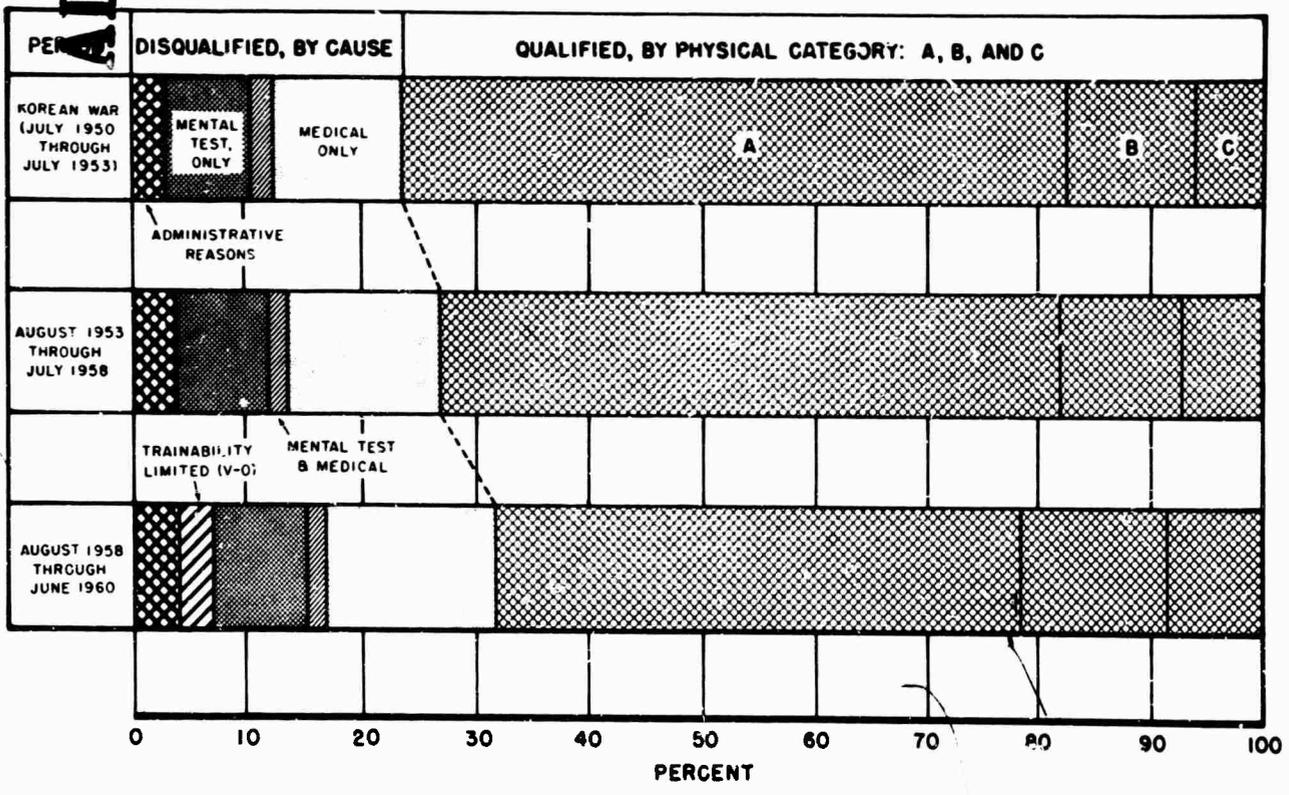


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QUALIFICATION OF AMERICAN YOUTHS FOR MILITARY SERVICE

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PERCENT DISTRIBUTION OF AMERICAN YOUTHS BY QUALIFICATION FOR MILITARY SERVICE, BY SPECIFIED PERIODS (JULY 1950 THROUGH JUNE 1960)

MEDICAL STATISTICS DIVISION, OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF THE ARMY, 1962

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I. Introduction

In discussions on health and related problems, frequent references are being made--and appropriately so--to data collected in connection with the examinations of youths for military service. Of late, these data, specifically those relating to disqualifications of youths for military service, have been widely quoted in discussions on physical fitness of American youth. When properly appraised, these data can contribute a great deal toward the general formulation of the problem of physical fitness, as well as toward certain aspects of its solution. Unfortunately, the data have been grossly--and quite misleadingly--misinterpreted.

The misinterpretations have been both statistical and conceptual in nature. First, much of the misinterpretation stems from the commonly overlooked fact that the disqualification data, which are assumed to be representative of all youths examined for military service, relate to draftees alone; that is, youths, liable for military service, who are forwarded ("drafted") by their local boards to the Armed Forces examining stations for induction processing. But draftees represent only a segment of all youths liable for military service. True, they are an important, but a rather "biased," segment, since, in addition to inductions, there are voluntary enlistments which rank first (above inductions) in manpower procurement for the Armed Forces, as well as enlistments in reserve units. As shown later, certain selective factors and certain procedural characteristics, connected with the various manpower procurement programs, tend to inflate the disqualification rates of draftees. Clearly, in order to obtain a true measure of the

qualification of youths for military service, all segments of the youth population liable for military service--not limited to draftees--must be taken into account, as is attempted in this study.

Second, these disqualification data have been commonly construed as referring to medical disqualifications alone ("failed physical") without recognizing that they also include disqualifications for mental (failure to pass the required mental tests) and administrative (primarily, moral) reasons. The number of disqualifications for mental reasons has been about as large as that for medical reasons.

Third, it has been seemingly inferred by many that a majority of these disqualified youths can be rehabilitated through a "physical fitness" program, or that most of the reasons for disqualification could have been prevented by such a program. Even when the disqualifications for medical reasons only are considered, such a general inference is not justifiable. At any rate, such a rehabilitation program would require a thorough diagnostic evaluation of the various medical defects responsible for the disqualifications.

Finally, what may be considered in the conceptual sense the most general source of misinterpretation, is the failure to realize that a basic difference exists between a "physical fitness" evaluation based on a performance test, and a "medical" evaluation for military service, which is a clinical evaluation for a particular purpose, namely, ability to withstand the rigors of military life. The athlete who has been successfully engaged professionally in some sport will be generally thought of as physically fit, but he may be found medically disqualified for military service--and there are many examples of this. On the other hand, many medically qualified persons may rank low on a physical fitness test scale. Obviously, "physical fitness" evaluations and "medical" evaluations

for military service are not to be considered synonymous; nor are they to be regarded, of course, as mutually exclusive concepts.*

II. Objectives and Plan of Analysis

The objective of this study is to present an overall evaluation of the qualification of all youths for military service. It deals hence with both disqualified and qualified youths. Such an evaluation, by considering all segments of youths liable for military service, is of primary importance by itself. In addition, however, the analysis has been so directed as to simultaneously indicate the source(s) of the prevailing misinterpretations of these data and provide the proper frame of reference, should these data be used in connection with health and similar problems, including the problem of "physical fitness."

Inasmuch as the data pertaining to disqualification for draftees for military service are the commonly quoted data, they are presented first. Data relating to applicants are considered next, followed by an overall evaluation of all youths.

With respect to the disqualified youths, the study shows the broad reasons (mental, medical, and moral) of the disqualifications--separately for draftees, applicants, and then for all youths. It presents a detailed diagnostic breakdown of the medical defects so that proper prognosis can be made of the chances for rehabilitation.

With respect to the qualified youths, the study presents certain relevant characteristics, such as the ratios of enlistees to inductees; their distributions by age; their distributions by physical category and mental group; and a diagnostic distribution of the "limiting defects" of the qualified youths in physical categories B and C.

*For this reason, the term "Qualification," rather than "Fitness," is used in the title of this paper. The term "qualification" is generic in that it refers to both "qualified" and "disqualified" youths.

The qualification of youths for military service depends, of course, on the statutory provisions regarding the general liability of youths for military service and the broader aspects of the medical and mental standards, and on the specific medical, mental, and moral standards, as determined by the Armed Forces. Therefore, prior to the actual analysis of the data, these provisions, as well as the prescribed medical, mental, and moral standards, are briefly stated as far as they are essential for the understanding of the data and their analysis.

The analysis deals basically with the post-Korean War period (from August 1953 through June 1960--a span of seven years), but includes also data from the Korean War period for comparative purposes. (For a detailed study covering the Korean War, see¹.)

iii. Statutory and Other Provisions

For the present, liability for military service has been established by the Universal Military Training & Service (UMT&S) Act (Public Law 51, 82nd Congress, June 1951), as amended. This Act requires that each male youth, who is a citizen of the United States, and each non-citizen male youth, who is residing in the United States, register with his local board (within the Selective Service System) upon reaching his eighteenth birthday. Exempt from such registration are foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, and other consular agents of foreign countries who are not citizens of the United States. Youths who are at the required time of registration on active duty with the Armed Forces or are serving in the Coast Guard, Geodetic Survey, or Public Health Service are exempt from immediate registration, but they must register upon separation from the service.

Theoretically, each registered youth ("registrant") is considered upon registration available for military service (Class I-A), until his status in a deferred or exempt classification is established. Such status is determined on the basis of a classification questionnaire (Selective Service System Form, SSS Form 100), mailed to each registrant, on which he is to supply his local board with pertinent personal information as to his education, occupation, dependency, military status, etc. Among the exempt or deferred classes are youths engaged in certain essential non-agricultural and agricultural occupations--in the interest of the civilian economy; ministers of religion, or divinity students; officials deferred by law; postponed students; youths deferred or exempt because of personal or family hardship, etc. A deferred or exempt youth is removed from the I-A classification. But, even if continued as I-A, he is not liable for military service before reaching age 18 1/2 years; in other words, he cannot be drafted by his local board before that age. However, he can volunteer for enlistment or induction before reaching age of liability, or even age of registration--the minimum age in these instances being 17 years.

A youth liable, or potentially liable, for military service has several alternatives for discharging his military obligation: He can voluntarily enlist (regular enlistment) in any of the Armed Forces (Army, Navy, Marine Corps, and Air Force); he can enlist in some reserve program, as the National Guard, ROTC, or other reserve units; or wait until drafted, namely, processed through the Selective Service System for induction. Each of these alternatives plays an important part in this general military manpower procurement. However, voluntary enlistments rank first in this connection, followed by inductions, as the Navy, Marine Corps, and Air Force

fulfill their military manpower requirements exclusively by enlistments, while the Army alone utilizes both voluntary enlistments and inductions. As to the reserve program, it has recently gained much importance with the enactment of the 1955 Reserve Forces Act (Public Law 305, 84th Congress).

The individual's choice of a particular alternative is no doubt motivated by what he considers more attractive or more advantageous from his point of view. (Enlistments, for instance, require longer terms of service than inductions, but offer better training opportunities.)

Due to these various alternatives, the qualification of draftees for military service depends in essence on the extent to which the other alternatives (outside inductions) are used by the youths for discharging their military liability. The effects are as follows: First, there is a certain "self-selection" with respect to voluntary enlistment in the Armed Forces or enlistment in the reserve unit. It seems that youths who are more or less certain that they could not qualify for military service, for whatever reason, would in all probability not apply for enlistment. Through this "initial self-selection," by itself, the draftees become to a certain degree "overrepresented" with potentially disqualified youths. Second, the established processing procedures for military service are such that most of the youths who could not qualify for regular enlistment or for any of the reserve programs are subsequently examined as draftees. Naturally, these processing procedures plus the "initial self-selection" lead to relatively high disqualification rates among draftees.

Generally stated, as a result of these various provisions, the draftees form what may be termed a "residual group," and the larger the proportions of voluntary enlistments in

relation to inductions, the higher disqualification rates may be expected among draftees. (For detailed discussions of these various provisions, see^{2,3}.)

IV. Standards of Acceptability for Military Service

Whatever his choice for fulfilling his military obligations may be, the youth must meet the prevailing medical (physical and psychiatric), mental (as determined by special mental tests), and moral procurement standards of acceptability for military service.

a. Medical Standards. The objective of the medical standards is to select individuals who are medically fit for the rigors of military service, and who are expected to remain so for a reasonable period of time. The standards are hence set up for the purpose of: (1) Eliminating individuals with medical defects of such a degree that will make it impossible for them to properly perform their military duty, or seriously interfere with such performance, and (2) excluding those with medical defects that may be aggravated by military service and eventually result in the separation of the individuals from the service. (The regulations specifically emphasize the likelihood of compensation claims against the government that may arise in this connection.)

Historically established, these standards have been geared in the main to terms of "combat duty." Individuals with certain restricting--nondisqualifying--impairments for the performance of such duty have been classified as "limited service." During World War II, such individuals were at various times either not inducted at all, inducted on a quota basis (usually 5 percent of all qualified), or had their eligibility for military service restricted by certain additional educational or occupational requirements not applicable to other examinees. Since the end of World War II there has been a certain shift from this historical orientation of medical acceptability. Though "fitness for combat

duty" naturally remains the fundamental criterion, the current underlying philosophy is that the present military service additionally demands and provides for a variety and multiplicity of tasks, about comparable to those in civilian life. As a result of this shift in orientation, the term "limited service" has been abolished, and individuals with such nondisqualifying, though restricting, defects are mostly classified in physical category C, acceptable without any quantitative or qualitative restrictions. (See "Distributions by Physical Category," section X; also^{4, 5.})

In addition to this major change in the general philosophy of acceptability for military service, there have been since the World War II important changes in the medical standards, as such. Congress has provided under the 1951 Universal Military Training and Service (UMT&S) Act that the minimum standards of physical acceptability shall not be higher than those applied to persons between the ages of 18 and 25 in January 1945 (World War II). Actually, the current standards are more liberal than in World War II.

Of the specific standards, the foremost change toward liberalization occurred in the standards and in the screening procedures of psychiatric conditions which played a major role in the World War II disqualifications.⁶ This change was brought about by a series of follow-up studies of psychiatric cases which led to a general recognition that the psychiatric standards and procedures of World War II were obviously overcautious and hence caused a considerable and unnecessary loss of potential military manpower. Furthermore, these studies also indicated that psychiatric and psychological criteria applied at the time of examination for military service generally have not proved a reliable index for efficiently predicting future behavior.⁷⁻¹² As a result, the current working hypothesis is that greater proficiency can be accomplished by observing persons with

psychiatric difficulties under military conditions, rather than by psychiatric screening at the time of their examination.

Under the prevailing standards, psychoneurosis of any degree is considered acceptable, if it has not incapacitated the individual in civilian life; also, history of transient psychotic reaction is considered acceptable, if the individual has otherwise clearly demonstrated stability.^{13,14} These were disqualifying conditions under World War II criteria. Instead of an elaborate psychiatric examination, as was done in World War II, only a coarse psychiatric screening for the purpose of eliminating obvious disabling psychiatric conditions is employed now at the examining stations.^{15,16}

There also have been changes in other specific standards. Although these changes may be important with respect to the particular diagnoses involved, they are of limited numerical significance in an overall evaluation.^{1,3}

The medical standards are topographically arranged (i.e., by whole or portions of body systems) in the Army regulations (AR 40-115, and Changes; AR 40-503, and Changes), specifying in each case the acceptable and the disqualifying conditions. They are procurement standards, and they are equally applicable to inductions and enlistments, except for venereal diseases: while uncomplicated acute or chronic gonorrhea, and likewise syphilis (except cardiovascular, visceral, or symptomatic cerebrospinal, or when causing destructive lesions), and uncomplicated chancroid are acceptable in case of inductees, the standards required that applicants for enlistment be free from any active or chronic venereal disease.^{13,14}

^{En. passant}, around 5.5 percent of the individuals examined for military service during World War II were disqualified for military service because of psychiatric conditions; the current disqualification rate for psychiatric reasons is around 2.0 percent. (See "Specific Diagnoses," section VIIIc.)

b. Mental Standards. The mental qualification for military service is evaluated by the Armed Forces Qualification Test (AFQT). This test was designed to fulfill a dual function: (1) To measure a person's ability to absorb military training within reasonable limits of time, in order to eliminate those who do not have such ability, and (2) to provide a uniform measure of general usefulness in the service of those who qualified on the test.

It is a self-administered, spiral omnibus-type test; that is, the test is arranged in cycles of increasing difficulty and each cycle contains an equal number of questions of comparable levels of difficulty in each content area. The current versions of the AFQT contain 100 questions, equally distributed among the following four content areas: Vocabulary, ability to handle words and understand verbal concepts; arithmetic, ability to reason with numbers and solve simple mathematical problems; spatial relations, ability to distinguish forms and patterns; and mechanical ability, i.e., ability to interrelate tools and equipment.^{17, 18} On the basis of their scores on the AFQT, the examinees are divided into the following five groups representing a regressive range in mental ability, from very rapid learners (mental group I) to very slow learners (mental group V):

<u>Mental Group</u>	<u>Percentile Score</u>	<u>Equivalent Correct Answers*</u>
I	93 - 100	89 - 100
II	65 - 92	74 - 88
III	31 - 64	53 - 73
IV	10 - 30	25 - 52
V	9 and below	1 - 24

*The number of equivalent correct answers is computed by subtracting from the number of questions answered correctly one-third of the questions answered incorrectly.^{1, 16}

Percentile score of 10 was fixed by Congress (1951 UMT&S Act) as a minimum passing score. (Theoretically, this minimum was intended to eliminate 10 percent of the total population within the lowest aptitude range of the distribution by mental scores.) Examinees with scores below that minimum, namely, those in mental group V, are classified as mental test failures. The Army has found, however, that an appreciable number of those in mental group IV, though they had met the required minimum requirement on the AFQT, did not possess sufficient aptitude to assimilate training in even the most basic military skills. Many of them had to be discharged later from the Army as inapt or unsuitable. Consequently, the minimum mental requirement was recently modified by an Act of Congress authorizing the President (Public Law 85-564, July 1958) to provide for screening out such persons prior to induction. Towards this end, the Army Classification Battery (ACB) tests were instituted in August 1958 at the time of examination--for medically and administratively qualified persons in mental group IV. These tests were developed to determine the person's potential usefulness in particular kinds of military jobs or assignments; specifically, in the eight major categories into which the jobs for enlisted men are grouped. A certain minimum requirement was set for the ACB tests, and those in mental group IV who fail to attain this minimum are classified as "Trainability Limited (V-O)." Though not acceptable now, persons so classified would qualify under mobilization and emergency conditions. (See³, February, 1959.)

Spanish-speaking persons examined in Puerto Rico are tested with a test in Spanish: "Examen calificacion de fuerzas armadas" (ECFA), analogous in content and in scoring to the AFQT. No ACB testing is required of these examinees.³

While these tests are, as indicated, an index of general mental and learning ability, they bear no direct relationship to the concepts of I.Q. (Intelligence Quotient) or M.A. (Mental Age). They are not to be interpreted therefore in terms of those concepts. 1, 19

c. Moral Standards. The following persons cannot qualify for military service from a moral viewpoint: (1) Those having certain criminal records; (2) those exhibiting criminal tendencies, demonstrated by frequent difficulties with law enforcement agencies, or antisocial tendencies, involving alcoholism, drug addiction, or other traits of character that will render them unfit to associate with military personnel; and (3) those who have been previously separated from the Armed Forces under conditions other than honorable or for the good of the service. Persons disqualified for military service for such reasons are classified as "administrative" disqualifications. These disqualifications include negligible numbers of aliens ineligible for military service and of persons forwarded erroneously for examination. 15, 16

Qualification of Draftees

As previously stated, "draftees" refer to youths, liable for military service, who are forwarded by their local boards to the Armed Forces examining stations (AFES) for induction processing. Prior to this processing at the AFES, a certain preliminary screening of draftees is done by the local boards. An appreciable number of draftees are disqualified by the local boards for moral reasons and for obviously disqualifying medical defects. (These disqualifications are included in the overall evaluation, section VII.)

The examination of draftees for military service at the AFES is ordinarily a two-phase procedure. The draftees are usually given first a preinduction examination to determine their acceptability for military service, followed by actual induction of the qualified preinductees that takes place sometime later (not less than 21 days after the preinduction examination). Under certain circumstances some draftees are processed for induction without a preinduction examination, namely, "direct induction." The draftees for "direct induction" are primarily volunteers for induction, but they include also a certain number of parolees and delinquent registrants.

a. Processing Procedures. Each draftee forwarded by his local board to an induction station for a preinduction examination or "direct induction" is given a mental test and a complete medical examination, irrespective of his mental qualification, if found administratively (mainly, morally) qualified.^{15, 16}

The mental testing is done by specially assigned personnel. Acceptability is determined on the basis of the scores made by the draftee on the mental tests: AFQT alone--prior to August 1958; AFQT and ACB--since then (see "Mental Standards," section IVb). The findings are reported on DD Form 47 ("Record of Induction")--a form initiated by the local boards for each draftee forwarded to the AFES, which carries the draftee's personnel data, e.g., age, occupation, education, prior military service, etc. (See section XV.)

The medical examinations are mostly done by military medical officers. Currently, neither dental officers, nor psychiatrists, nor other medical specialists are assigned to the induction stations. However, provisions are made to utilize military as well as civilian hospitals and civilian medical specialists in cases requiring consultation. The

findings of the medical examinations are reported on Standard Form 88 ("Report of Medical Examination," initiated at the AFES (see section XV:). The evaluation is in terms of the current medical standards ("Medical Standards," section IVa).

b. Preinduction Examination Results. Somewhat over 2,122,000 draftees have undergone preinduction examinations during the post-Korean War period, from August 1953 through June 1960. The results of these examinations are presented in table 1, which includes for comparative purposes corresponding results during the Korean War.

The disqualifications are shown by broad causes of disqualification: medical, mental, and administrative. The data for the period August 1958 through June 1960 include the extra "Trainability Limited (V-O)" category.

The data clearly indicate increases in the disqualification rates on preinduction examinations--from 32.2 percent during the Korean War period, to 38.2 percent for the August 1953 through July 1958 period, and to 46.4 percent for the August 1958 through June 1960 period.

These increases were caused by the more strict interpretation of the medical standards--a policy established early in 1957, and by the introduction of ACB testing in August 1958, which has resulted in the currently unacceptable "Trainability Limited (V-O)" group. Furthermore, the medical examination per se could have become more thorough due to the recent drop in the number of draftees processed, which allowed more time for each examination, and due to a closer control of the induction processing. An additional weighty factor is the recent relative increase in enlistments (in relation to inductions) which has undoubtedly further depleted the draftee groups, resulting in higher disqualification rates of draftees. All in all, there is no indication that the recent increases

Table 1. Results of Preinduction Examinations of Drafttees for Military Service

(July 1950 through June 1960)

Results of Examination	Korean War (July 1950-July 1953) 1		August 1953 through July 1958		August 1958 through June 1960	
	Number (1)	Percent (2)	Number (3)	Percent (4)	Number (5)	Percent (6)
Examined	3,685,293	100.0	1,686,609	100.0	435,604	100.0
Found Acceptable	2,496,683	67.8	1,042,216	61.8	233,355	53.6
Disqualified	1,188,610	32.2	644,393	38.2	202,249	46.4
Administrative Reasons	30,633	0.8	28,815	1.7	8,836	2.0
Trainability Limited (V-0) 2	NA	NA	NA	NA	25,480	5.8
Failed Mental Test, Only	488,848	13.3	259,018	15.4	65,450	15.0
Failed Mental Test and Medically Disqualified	119,045	3.2	48,183	2.9	13,652	3.1
Medical Reasons, Only	550,084	14.9	308,377	18.2	88,831	20.5

1 Taken from Bernard D. Karpinos, "Fitness of American Youth for Military Service," Milbank Memorial Fund Quarterly, 38: 213-247, July 1960.

2 Refers to medically and administratively qualified drafttees who passed the Armed Forces Qualification Test (AFQT) but failed to meet the minimum requirements on the Army Classification Battery (ACB) tests. Since August 1958, these additional ACB tests are given to all draftees in Mental Group IV, so classified on the basis of AFQT, and to "administrative acceptees." NA. signifies "Not Applicable."

Source: "Summary of Registrant Examinations for Induction," DA Form 316 (Reports Control Symbol MED-66).

In the disqualification rates of draftees are the result of any definite change in the medical or health status of the present youths.

The distributions by cause indicate that the disqualifications have been about equally divided between medical (physical and psychiatric) reasons and mental (failure to pass the mental tests) reasons:

18.2 and 20.5 percent for medical reasons, only;

15.4 and 20.8 percent for mental reasons (including V-O group);

2.9 and 3.1 percent for both medical and mental reasons, and

1.7 and 2.0 percent for administrative (mainly, moral) reasons,

during the periods from August 1953 through July 1958 and from August 1958 through June 1960, respectively (table 1).

The introduction of the ACB testing in the last period increased the disqualification rate of draftees by some 6 percent (table 1).

c. Induction Examination Results. Two types of draftees are processed at the time of induction: (1) Draftees who qualified on preinduction, and (2) draftees processed for "direct induction," without a preinduction examination.

Draftees who have qualified on preinduction usually undergo only a physical inspection at time of induction for diseases and injuries that may have been incurred subsequent to the preinduction examination, unless 180 (120 before 1959) or more days have elapsed since their preinduction examination. In the latter case, a complete medical examination is given. As expected, the disqualification rates among qualified preinductees given a physical inspection (table 2, column 4) are lower than among those given a complete medical examination because of "lapse of time" (table 2, column 6).

Table 2. Results of Induction Examination of Draftees for Military Service by Type of Examination
(July 1950 through June 1960)

Period and Results of Examination	Total Results		Qualified Preinductees				Direct Inductions ²	
			Physical Inspection		Complete Medical Examination ¹			
	Number (1)	Percent (2)	Number (3)	Percent (4)	Number (5)	Percent (6)		Number (7)
Korean War (July 1950 through July 1953)								
Examined	1,639,721	100.0	1,371,104	100.0	141,721	100.0	126,896	100.0
Inducted	1,557,948	95.0	1,336,411	97.5	135,032	95.3	86,505	68.2
Disqualified	81,773	5.0	34,693	2.5	6,689	4.7	40,391	31.8
Administrative Reasons	11,398	0.7	9,110	0.6	1,273	0.9	1,015	0.8
Failed Mental Test, Only	18,097	1.1	-	-	-	-	18,097	14.3
Failed Mental Test and Medically Disqualified	2,955	0.2	-	-	-	-	2,955	2.3
Medical Reasons, Only	49,323	3.0	25,583	1.9	5,416	3.8	18,324	14.4
August 1953 through July 1958								
Examined	1,020,836	100.0	479,599	100.0	306,593	100.0	234,644	100.0
Inducted	904,480	88.6	466,137	97.2	273,215	89.1	165,128	70.4
Disqualified	116,356	11.4	13,462	2.8	33,378	10.9	69,516	29.6
Administrative Reasons	8,026	0.8	1,913	0.4	3,236	1.1	2,877	1.2
Failed Mental Test, Only	39,594	3.9	-	-	-	-	39,594	16.9
Failed Mental Test and Medically Disqualified	5,155	0.5	-	-	-	-	5,155	2.2
Medical Reasons, Only	63,581	6.2	11,549	2.4	30,142	9.8	21,890	9.3

(Continued)

Table 2. (Continued)

Period and Results of Examination	Total Results		Qualified Preinductees				Direct Inductions ²	
	Number	Percent	Physical Inspection	Complete Medical Examination ¹	Number	Percent	Number	Percent
August 1958 through June 1960								
Examined	271,601	100.0	51,928	100.0	102,912	100.0	116,761	100.0
Inducted	191,050	70.3	46,914	90.7	82,458	80.1	61,678	52.8
Disqualified	80,551	29.7	5,014	9.7	20,454	19.9	55,083	47.2
Administrative Reasons	3,643	1.3	673	1.3	1,158	1.1	1,812	1.6
Trainability Limited (V-O) ³	23,794	8.8	2,161	4.2	6,401	6.2	15,232	13.0
Failed Mental Test, Only	23,824	8.8	-	-	-	-	23,824	20.4
Failed Mental Test and Medically Disqualified	3,374	1.2	-	-	-	-	3,374	2.9
Medical Reasons, Only	25,916	9.6	2,180	4.2	12,895	12.6	10,841	9.3

¹Refers to draftees who had qualified on preinduction examination but were given at the time of induction a complete medical examination, instead of a physical inspection, due to "lapse of time" (more than 120 days after their qualifying preinduction examination, until December 1958; since then more than 180 days).

²Refers to draftees examined for direct induction, without a preinduction examination (e.g., volunteers, delinquents, etc).

³See footnote 2, table 1.

Source: "Summary of Registrant Examinations for Induction," DA Form 316 (Reports Control Symbol MED-66).

Draftees who are processed for "direct" induction (without a preinduction examination) are examined as those for preinduction. It seems that the draftees for "direct induction" represent for some reasons a group better qualified medically, but worse mentally, than the preinductees.

Inasmuch as there are marked differences in the disqualification rates at the time of induction according to the type of examination (physical inspection; complete medical examination; or complete medical and mental examination), the total disqualification rates on induction naturally depend to a great extent on the relative distributions of the draftees processed for induction by type of examination. The higher the relative proportions of these draftees who are given a complete medical examination or a complete medical and mental examination, the larger total disqualification rates may be expected.

The relative ratios in the number of physical inspections, complete medical examinations (due to "lapse of time"), and complete medical or mental examinations ("direct induction") were as follows (to a base of 100):

83:9:8, in the Korean War period;

47:30:23, during the August 1953 through July 1958 period, and

19:38:43, during the August 1958 through June 1960 period.

(Note particularly the drop in the proportion of physical inspections: from 83 percent during the Korean War to 19 percent now.)

The total disqualification rates at the time of induction increased from 5.0 percent during the Korean War to 11.4 percent during the August 1953 through July 1958 period, and to 29.7 percent during the period from August 1958 through June 1960 (table 2). While there were some increases in the separate disqualification rates, the increases in

the total disqualification rates are mainly due to changes in the relative ratios of the examinations by type of examinations, at the time of induction. ² (See³, for year by year reviews of the preinduction and induction examination results.)

d. Combined Results of Examination of Draftees. The combined disqualification rates of draftees are shown in table 3. They represent the results of the examinations of draftees for preinduction, "direct induction," and induction (physical inspections and complete medical examinations).

The combined disqualification rates of draftees were, by period:

34.0 percent, during the Korean War period;

40.4 percent, during the period from August 1953 through July 1958; and

51.2 percent, for the August 1958 through June 1960 period.**

Since these are combined rates, their increases are explained by the same factors (discussed above) that have been responsible for the increase in the disqualification rates on preinduction and "direct induction" examinations, and by those factors that have been responsible for the increase in the disqualification rates at the time of induction. What was previously stated with respect to the increases in those rates, may be repeated with respect to the increases in the combined disqualification rates, namely, there is no evidence that the recent increases in these disqualification rates are due to any real change in the health status of the youths.

²Had the ratios, by type of examination, remained the same as they were during the Korean War, the total disqualification rates would have been at the time of induction 5.7 (instead of 11.4), and 13.5 (instead of 29.7) percent, for the post-Korean War periods, respectively.

^{**}The recent widely circulating statements that 5 out of 7 draftees (some 71 percent) could not qualify for military service were fallaciously obtained by directly adding the disqualification rates on preinduction and induction examinations. For example, the

Table 3. Combined Disqualification Rates of Draftees
(July 1950 through June 1960)¹

Disqualifying Cause	Percent Disqualified		
	Korean War (July 1950- July 1953)	Post-Korean War Period	
		August 1953 through July 1958	August 1958 through June 1960
Total	<u>34.0</u>	<u>40.4</u>	<u>51.2</u>
Administrative Reasons	1.3	2.0	2.4
Trainability Limited (V-0) ²	NA	NA	7.4
Failed Mental Test, Only	13.3	15.5	16.2
Failed Mental Test and Medically Disqualified	3.2	2.8	3.1
Medical Reasons, Only	16.2	20.1	22.1

¹Derived from tables 1 and 2. See "XIII. Appendix: a. Technical Notes," (1), for manner of computation.

²See footnote 2, table 1.

VI. Qualification of Applicants for Enlistment

The examinations of applicants for enlistment in the Armed Forces (Army, Navy, Marine Corps, or Air Force) are accomplished at the Armed Forces examining stations (AFES), as for draftees. At the present time, each applicant undergoes a complete medical examination, irrespective of his score on the mental test (AFQT). The results of the examinations of applicants for enlistment are by far more favorable than those of draftees (table 4).

The examinations are essentially medical. Prior to the examination at the AFES, most of the applicants for enlistment are prescreened at the respective recruiting stations of the Armed Forces by means of special mental tests. The Army, Air Force, and Marine Corps use the EST (Enlistment Screening Test), the Navy uses the AQT (Applicant Qualification Test)--an equivalent test. The minimum requirements on these tests are set at such level that all those who qualify on these tests should be able to meet the minimum requirements by the Armed Forces on the AFQT.^{20,21} Theoretically, hardly any disqualifications for mental reasons should be expected hence at the AFES of applicants for enlistments; indeed, their disqualification rates for mental reasons have been negligible, compared with those of draftees.

The disqualification rates of applicants for enlistment for mental reasons were, by period (table 4):

2.7 percent (vs. 15.5 percent for draftees; table 3), during the period

from August 1953 through July 1958, and

disqualification rate for the 1958-1960 period would be, when so erroneously computed, 71.3 percent (41.6 percent--the preinduction disqualification rate, plus 29.7 percent--the induction disqualification rate), instead of 51.2 percent when properly derived (table 3). (See "XIII. Appendix: Technical Notes," 1, for the computation of these rates.)

Table 4. Results of Examination of Chargeable Applicants for Enlistment into the Armed Forces

(August 1953 through June 1960)

Results of Examination	August 1953 through July 1958		August 1958 through June 1960	
	Number (1)	Percent (2)	Number (3)	Percent (4)
Examined	2,354,136	100.0	949,659	100.0
Found Acceptable	2,152,436	91.4	880,568	92.7
Rejected	<u>201,700</u>	<u>8.6</u>	<u>69,091</u>	<u>7.3</u>
Administrative Reasons	20,261	0.9	1,715	0.2
Failed Mental Test, Only	64,061	2.7	13,026	1.4
Failed Mental Test and Medically Disqualified	6,614	0.3	1,687	0.2
Medical Reasons, Only	110,764	4.7	52,663	5.5

Source: "Qualitative Distributions of Military Accessions and Rejections," DD-MP&R(M) 344, Office of The Adjutant General, Department of the Army.

1.4 percent (vs. 16.2 percent for draftees; table 3), during the period from August 1958 through June 1960.

The disqualification rates of applicants for enlistment for medical reasons were likewise by far lower than those of draftees (table 4). In part these low disqualification rates may be attributed to "self-selection," as previously explained (section III), and in part to the fact that a certain proportion of applicants are qualified preinductees applying for enlistment prior to induction. Compared with those of draftees, the disqualification rates of applicants for enlistment for medical reasons were, by period (table 4):

4.7 percent (vs. 20.1 percent for draftees; table 3), during the first post-Korean War period; and

5.5 percent (vs 22.1 percent for draftees; table 3), during the later period.

On the basis of the current medical, mental, and moral standards, the total disqualification rates of applicants for enlistment were, thus, by period (table 4):

8.6 percent (vs. 40.4 percent for draftees; table 3), during the period from August 1953 through July 1958; and

7.3 percent (vs. 51.2 percent for draftees, table 3), during the period from August 1958 through June 1960.

Even without considering the youths in the reserve units, these data, relating to draftees and enlistees, pointedly indicate the inadequacy of using the disqualification data of draftees as the sole basis for evaluating the qualification of youths for military service. It would be equally inadequate, of course, if the relatively low disqualification rates of applicants for enlistment were used alone for this purpose.

VII. Overall Evaluation

a. Scope. The overall evaluation of qualification of American youths for military service is shown in table 5. The data for this table were derived by combining the data obtained from the processing of draftees for induction and applicants for regular enlistment, and adjusting these data for youths fulfilling their military obligation through the various reserve units and for draftees disqualified by their local boards for manifestly disqualifying medical defects or moral reasons. (See "XIII. Appendix: Technical Notes," 2, for a complete discussion on the derivation of these data.)

b. Percent Disqualified, by Disqualifying Cause. On the basis of such overall evaluations, the disqualification rates (in percent) of youths for military service were determined as follows (table 5):

23.6 percent, during the Korean War period:

26.8 percent, during the period from August 1953 through July 1958; and

31.7 percent, during the period from August 1958 through June 1960 (since the introduction of the ACB tests). (See frontispiece and fig. 1.)

In other words, at the present time close to one-third of the youths would not meet, under the prevailing processing procedures, the current medical, mental, and moral standards of acceptability for military service.*

By cause, the overall disqualification rates were computed as follows for these three periods, respectively:

*U.S. Department of Labor, in evaluating current military requirements states: "it is estimated that about one-third of the entire male population would, if examined, be rejected by the Armed Forces" (p. 3).²² Identical statement was made by a representative of the Department of Defense in the "Hearings before the Committee on Armed Services, U.S. Senate, 86th Congress, First Session, on H.R. 2260: Extension of the Draft and Related Authorities," p. 167, March 3-5, 1959.

Table 5. Percent Distribution of Youths by Qualification for Military Service
(July 1950 through June 1960)¹

Qualification	: Korean War : (July 1950 : through : (July 1953) ² : (1)	: August 1953 : through : July 1958 : (2)	: August 1958 : through : June 1960 : (3)
Total	: 100.0	: 100.0	: 100.0
Qualified	: <u>76.4</u>	: <u>73.2</u>	: <u>68.3</u>
Physical Category A	: 58.9	: 55.3	: 46.9
" " B	: 11.5	: 10.8	: 13.0
" " C	: 6.0	: 7.1	: 8.4
Disqualified	: <u>23.6</u>	: <u>26.8</u>	: <u>31.7</u>
Administrative Reasons	: 2.6	: 3.6	: 3.9
Trainability Limited (V-0) ³	: NA	: NA	: 3.4
Failed Mental Test Only	: 7.9	: 8.6	: 8.1
Failed Mental Test and Medically Disqualified	: 1.8	: 1.4	: 1.5
Medical Reasons, Only	: 11.3	: 13.2	: 14.8

¹These data were derived by taking into account the entire manpower pool, namely, those who were examined by the Armed Forces examining stations (AFES) for induction or enlistment, as well as those who fulfilled their military liability as a member of a reserve unit (e.g., National Guard, ROTC, and other reserve units). Disqualifications by the local boards for moral reasons or for manifestly disqualifying medical defects were included in these computations. (See "XIII. Appendix: a. Technical Notes," (2) and table IX for detailed explanation on the derivation of these rates.)

²Taken from Bernard D. Karpinos: "Fitness of American Youth for Military Service," *Milbank Memorial Fund Quarterly*, 38: 213-247, July 1960 (table 5).

³See footnote 2, table 1. NA denotes "Not Applicable."

Medical reasons, only: 11.3, 13.2, and 14.8 percent;

Mental reasons, only (including V-O group since August 1958): 7.9,
8.6, and 11.5 percent;

Combined mental and medical reasons: 1.8, 1.4, and 1.5 percent;

Administrative (mainly, moral) reasons: 2.6, 3.6, and 3.9 percent.

(See frontispiece; also fig. 1.)

At the present time, around 1,200,000 youths reach yearly the age of liability for military service. If every one of these youths were examined, the following number of those youths might be expected to be disqualified on the basis of the current (1959-1960) disqualification rates:

177,000--for medical (physical and psychiatric) reasons;

138,000--for mental reasons, i.e., unable to pass the required mental tests (AFQT and ACB);

18,000--unable to meet either the medical or the mental requirements;

47,000--for administrative (mainly, moral) reasons; hence,

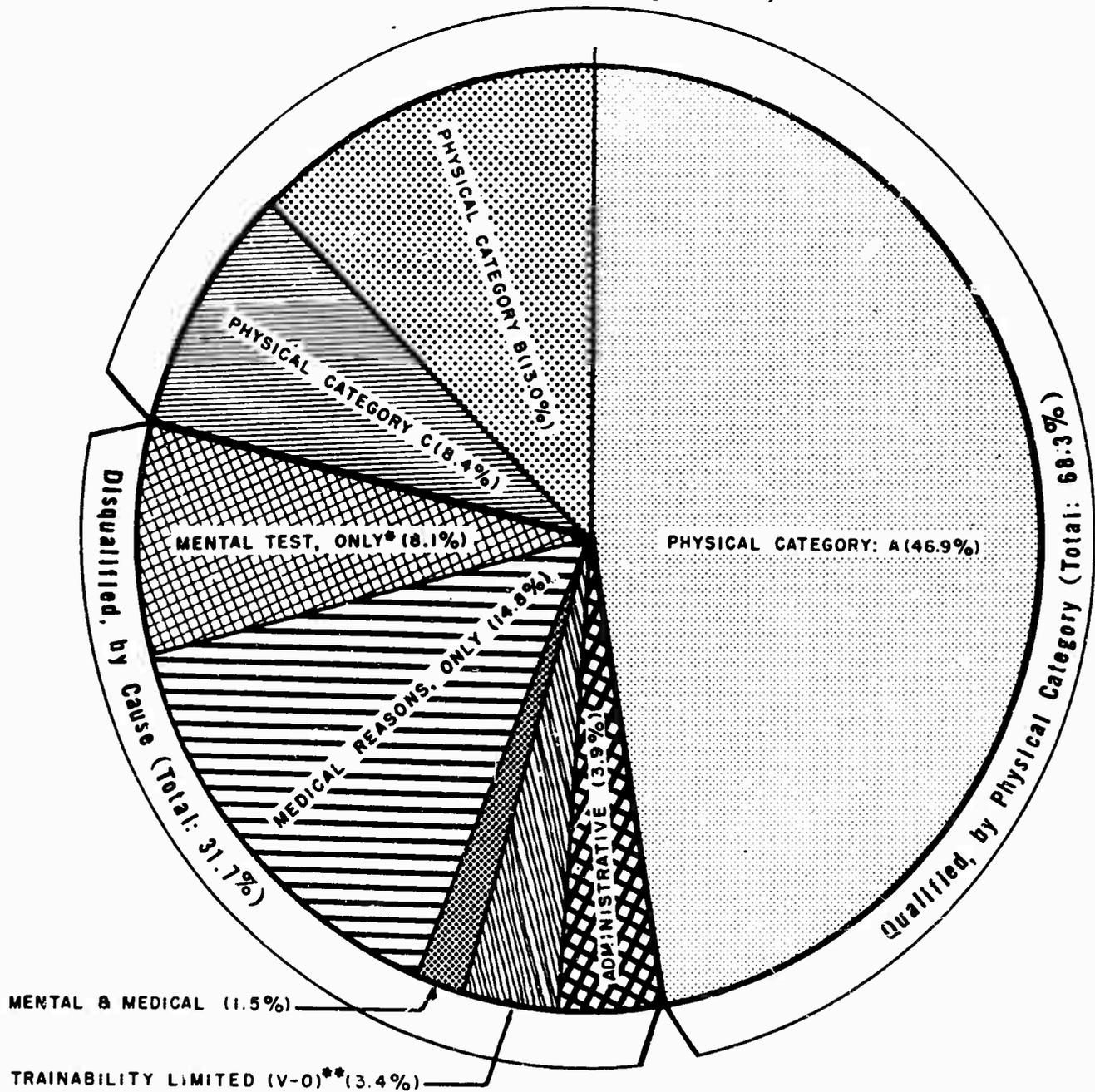
380,000--for all reasons combined.

Each of these disqualified groups presents a significant social and military liability, and among them those disqualified for mental reasons present obviously a social and military problem of not less importance than the groups disqualified for medical reasons.

c. Percent Qualified, by Physical Category. Because of the increased disqualification rates of youths for military service, the expected percent of youths who could qualify for military service have naturally decreased. As shown in table 5, the percent of youths who could qualify for military service declined from 76.4 percent in the Korean War, to 73.2 percent during August 1953 through July 1958, and to 68.3 percent during August

QUALIFICATION OF AMERICAN YOUTHS FOR MILITARY SERVICE

(August 1958 through June 1960)



*Disqualifications for mental reasons connote mainly failure to pass the Armed Forces Qualification Test (AFQT).

**Medically and mentally qualified registrants who failed the Army Classification Battery (ACB) Tests.

Fig. 1

1958 through June 1960. (See frontispiece and fig. 1.)

The distributions of the qualified youths by physical category which represent a functional evaluation of their medical (physical and psychiatric) status with respect to future military assignments--on a regressive scale from A to B to C--seems also to have become of late less favorable, as indicated by the relative increase in physical category C. But this increase appears to be due to changes in the profiling requirements by physical category, rather than to changes in the physical or psychiatric status of youths. (See "Distribution by Physical Category," section Xc, and "Limiting Defects," section XI, for detailed discussions of the physical categories and the shifts in the profiling system.)

On the basis of the current (1959-1960) distribution of youths qualified for military service by physical category A, B, and C, the following number of qualified youths may be expected in each of these categories among the 1,200,000 youths currently becoming liable for military service:

563,000, in category A;
156,000, in category B;
101,000, in category C; altogether,
820,000 qualified youths.

VIII. Medical Disqualifications

From the point of view of health and rehabilitation analysis, it is pertinent to know not only what proportion of the youths could not medically qualify for military service, but what particular defects or disorders, and how many of them, were responsible for these disqualifications. Such information is supplied in tables 6-9. These data are based on disqualifying defects found among (1) Draftees disqualified on preinduction and "direct induction"

Table 6. Distribution of Medically Disqualified Youths by Number of Disqualifying Defects

(August 1953 through July 1958)

Number of Disqualifying Defects	Number per 1,000 Disqualified Youths
Total	<u>1,000</u>
One	862
Two	118
Three or more	20

Source: These data include defects found at the Armed Forces examining stations (AFES) among draftees and applicants for enlistment, plus obviously disqualifying defects among draftees disqualified by their local boards. The disqualifying defects among draftees and applicants for enlistment at the AFES are based on sample tabulations of their medical reports ("Report of Medical Examination," Standard Form 88). The number of these forms coded and tabulated by type of examination were: Draftees: complete medical examinations, 80,000 forms; physical inspection, 17,000 forms; applicants for enlistment, 35,000 forms. The defects of youths disqualified by the local boards are reported in Section II ("Local Board Interview"), DD Form 47 ("Record of Induction"), completed by the local boards for such medically disqualified draftees. The local board data were taken from these reports, involving 33,000 forms. Altogether 164,000 medical reports were utilized. These various distributions by defect were proportionally combined ("weighted") to reflect the total manpower pool. (See "XIII. Appendix: a. Technical Notes," (2i), and table XIII, column 1.)

Table 7. Distribution of Medically Disqualified Youths by Disqualifying Diagnostic Category and Prevalence of Disqualifying Defects

(August 1953 through July 1958)

Diagnostic Category ¹	Number per 10,000 Medically Disqualified Youths	
	Distribution by Diagnostic Category (1)	Prevalence of Disqualifying Defects (2)
Total	10,000	11,587
Bones and Organs of Movement Diseases and Defects	1,571	1,745
Psychiatric Disorders	1,223	1,448
Circulatory System Diseases	1,008	1,314
Eye Diseases and Defects	974	1,260
Failure to Meet the Anthropometric Standards	650	789
Ear and Mastoid Process Diseases and Defects	628	689
Digestive System Diseases	581	630
Allergic Disorders	557	588
Infective and Parasitic Diseases	467	488
Neurological Diseases	454	488
Congenital Malformations	376	423
Endocrine System Diseases	223	239
Neoplastic Diseases	199	219
Skin and Cellular Tissue Diseases	175	201
Genitourinary System and Breast Diseases	139	163
Respiratory System Diseases (Nontuberculous)	118	132
Blood and Blood-Forming Organ Diseases	26	31
Metabolic Diseases and Avitaminoses	19	23
Miscellaneous Diseases and Defects	612	717

¹The diagnostic categories (except "Miscellaneous diseases and defects") have been arranged in descending order of the disqualification rates. The diagnostic classification is in accordance with "Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death," 1955 Edition. (See "XIII. Appendix: a. Technical Notes," (2j).)

Source: See footnote to table 6.

Table 8. Disqualification of Youths for Medical Reasons and Prevalence of Disqualifying Defects, by Diagnostic Category

(August 1953 through July 1958)

Diagnostic Category ¹	Number Per 1,000 Youths ²	
	Disqualified for Medical Reasons (1)	Prevalence of Disqualifying Defects (2)
Total	145.6	168.7
Bones and Organs of Movement Diseases and Defects	22.8	25.4
Psychiatric Disorders	17.8	21.1
Circulatory System Diseases	14.7	19.1
Eye Diseases and Defects	14.2	18.3
Failure to Meet the Anthropometric Standards	9.5	11.5
Ear and Mastoid Process Diseases and Defects	9.1	10.0
Digestive System Diseases	8.5	9.2
Allergic Disorders	8.1	8.6
Infective and Parasitic Diseases	6.8	7.1
Neurological Diseases	6.6	7.1
Congenital Malformations	5.5	6.2
Endocrine System Diseases	3.2	3.5
Neoplastic Diseases	2.9	3.2
Skin and Cellular Tissue Diseases	2.6	2.9
Genitourinary System and Breast Diseases	2.0	2.4
Respiratory System Diseases (Nontuberculous)	1.7	1.9
Blood and Blood-Forming Organ Diseases	0.4	0.5
Metabolic Diseases and Avitaminoses	0.3	0.3
Miscellaneous Diseases and Defects	8.9	10.4

¹See table 7, footnote 1.

²The total disqualification rate (1953-1958) was taken from table 5, column 2, by adding the disqualification rates of those who were disqualified for medical reasons only (13.2 percent) with the disqualification rates of those who were disqualified for both mental and medical reasons (1.4 percent)-- a total of 14.6 percent, or 145.6 per 1,000 examined youths. The disqualification rates by diagnostic category (column 1) were obtained by multiplying the total disqualification rate (145.6 per 1,000 youths) by the proportional distributions given in table 7, column 1. The prevalence rates (column 2) were obtained by multiplying the total disqualification rate (145.6 per 1,000 youths) by the distribution of table 7, column 2.

Table 9. Distribution of Medically Disqualified Youths by Disqualifying Diagnosis, and Prevalence of Disqualifying Defects

(August 1953 through July 1958)¹

Diagnosis	Base: 10,000 Medically Disqualified Youths	
	Distribution by Disqualifying Diagnosis (1)	Prevalence of Disqualifying Defects (2)
Total	10,000	11,587
Psychiatric Disorders	1,223	1,448
Psychoses	151	158
Psychoneuroses	218	270
Character and behavior disorders	606	720
Mental deficiency	248	300
Neurological Diseases	454	488
Cerebral paralysis	140	146
Epilepsy	186	199
Peripheral nerve diseases	51	57
Other	77	86
Infective and Parasitic Diseases	467	488
Tuberculosis	170	178
Respiratory	150	155
Other	20	23
Venereal diseases	14	15
Syphilis	8	9
Other	6	6
Late effects of acute poliomyelitis	243	251
Schistosomiasis	10	10
Dermatophytosis	8	9
Other infective and parasitic diseases	22	25
Neoplastic Diseases	199	219
Malignant neoplasms	17	17
Neoplasms of the lymphatic and hematopoietic tissues	11	11
Benign neoplasms	149	167
Pilonidal cyst or sinus	122	137
Other	27	30
Unspecified neoplasms	22	24

Table 9. (Continued)

Diagnosis	Base: 10,000 Medically Disqualified Youths	
	Distribution by	Prevalence of
	Disqualifying Diagnosis (1)	Disqualifying Defects (2)
Allergic Disorders	557	588
Asthma	526	552
Hay fever	11	13
Other	20	23
Endocrine System Diseases	223	239
Diabetes mellitus	164	170
Frohlich's syndrome	7	7
Other	52	62
Metabolic Diseases and Avitaminoses	19	23
Blood and Blood-Forming Organ Diseases	26	31
Eye Diseases and Defects	974	1,260
Inflammatory diseases	19	24
Refractive errors	249	292
Strabismus	180	212
Blindness, bilateral	31	50
Blindness, unilateral	169	281
Defective or insufficient vision, not specifically defined	218	263
Other	108	138
Ear and Mastoid Process Diseases and Defects:	628	689
Otitis media	342	356
Tympanic membrane defects	10	14
Deafness, bilateral	83	96
Deafness, unilateral	31	38
Defective hearing, not specifically defined	124	144
Other	38	41
Circulatory System Diseases	1,008	1,314
Rheumatic fever	52	55
Chronic rheumatic heart disease	329	341
Arteriosclerotic and degenerative heart diseases	152	158
Other heart diseases	123	184
Hypertensive disease	290	501
Varicose veins, including varicocele	40	48
Other diseases of the circulatory system	22	27

Table 9. (Continued)

Diagnosis	Base: 10,000 Medically Disqualified Youths	
	Distribution by	Prevalence of
	Disqualifying Diagnosis (1)	Disqualifying Defects (2)
Respiratory System Diseases (nontuberculous):	118	132
Digestive System Diseases	581	630
Ulcer of the stomach, duodenum, or jejunum:	180	192
Hernia of the abdominal cavity	302	323
Mouth and adnexa diseases, including teeth: and supporting structures	18	23
Other	81	92
Genitourinary System and Breast Diseases	139	163
Nephritis and nephrosis	31	35
Kidney, absence (acquired)	35	37
Other diseases of the urinary system	41	48
Hydrocele	16	21
Other male genital organ diseases (non- venereal) and diseases of the breast	16	22
Skin and Cellular Tissue Diseases	175	201
Warts	15	18
Acne vulgaris	25	30
Other	135	153
Bones and Organs of Movement Diseases and Defects	1,571	1,745
Arthritis	87	97
Spine (including neck)	19	22
Upper extremities	9	10
Lower extremities	37	40
Other sites, or generalized	22	25
Rheumatism	3	4
Osteochondrosis	49	52
Osteomyelitis and other diseases of the bone	65	70
Knee, internal derangement	119	130
Intervertebral disc displacement	32	34
Sacro-iliac joint, affection	23	26
Ankylosis of joint	44	48
Spine (including neck, but excluding sacro-iliac joint)	12	13
Upper extremities	12	12
Lower extremities	18	20
Other and multiple sites	2	2

Table 9. (Continued)

Diagnosis	Base: 10,000 Medically Disqualified Youths	
	Distribution by	Prevalence of
	Disqualifying Diagnosis (1)	Disqualifying Defects (2)
Bones and Organs of Movement Diseases and Defects, continued		
Other diseases of the joints	154	170
Curvature of the spine	97	114
Flatfoot	158	181
Clubfoot	82	90
Shortening of lower extremities	52	57
Other musculoskeletal diseases and defects:	88	105
Amputation of extremities	161	167
Fingers	73	76
Other upper extremities	38	39
Toes	8	9
Other lower extremities	40	41
Unspecified sites or both extremities	2	2
Limitation of motion	156	170
Spine (including neck)	12	13
Upper extremities	79	87
Lower extremities	58	62
Other and multiple sites	7	8
Deformities and impairments	201	230
Spine (Including neck)	24	26
Upper extremities	35	39
Lower extremities	75	83
Other multiple sites	67	82
Congenital Malformations	376	423
Nervous system and sense organs	47	58
Circulatory system	123	131
Heart	117	124
Other	6	7
Digestive system	28	30
Cleft palate and harelip	23	24
Other	5	6
Genitourinary system	46	56
Undescended testicles	27	34
Other	19	22
Bones and joints	93	104
Lumbosacral region	33	38
Other	60	66
Other congenital malformations	39	44

Table 9. (Continued)

Diagnosis	Base: 10,000 Medically Disqualified Youths	
	Distribution by Diagnosis (1)	Prevalence of Disqualifying Defects (2)
Failure to meet the Anthropometric Standards	650	789
Underheight	37	44
Underweight (except malnutrition)	186	239
Overweight	396	474
Overheight	31	32
Miscellaneous Diseases and Defects	612	717
Symptoms referable to systems or organs	185	220
Abnormal urinary constituents of unspeci- fied cause	156	202
Abnormal x-ray and laboratory findings	73	81
Other diseases and ill-defined conditions:	198	214

¹See footnote to table 7 with respect to the diagnostic classification; also "XIII.a Appendix: Technical Notes," (2) for the computation of these distributions. Source: See footnote to table 6.

examinations; (2) qualified preinductees disqualified at the time of induction (on physical inspection or complete medical examination); (3) applicants disqualified for regular enlistment; and (4) draftees disqualified by the local boards for manifestly disqualifying defects. These various defect-data were combined on a proportional basis ("weighted") so as to reflect the total youth-population. (See also Appendix: Technical Notes, "2i-2j, also footnote to table 6.)

a. Number of Disqualifying Defects. A maximum of three disqualifying defects was coded for each person disqualified for medical reasons. Of the youths disqualified for medical reasons, 86 percent had only one disqualifying defect; 12 percent had two, and 2 percent had three or more (table 6). It may be presumed from the last percentage that the percent of those with more than three defects has been indeed very small.

b. Diagnostic Categories. The percent distribution of the medically disqualified youths by diagnostic category is shown in table 7, in two columns. The first column, titled "Distribution by diagnostic category," indicates the number of youths, per 10,000 medically disqualified youths, disqualified for diagnoses within the specific diagnostic category. In other words, these numbers indicate that the specific diagnostic category was in these cases the sole, or the primary cause of disqualification if more than one defect was present. In the latter cases, the most serious defect was ordinarily selected as the primary cause of disqualification, though in some cases the selection could have been the more readily diagnosed condition. The other column, marked "Prevalence of disqualifying defects," contains primary and secondary diagnoses. Thus, for instance, psychiatric disorders were the sole or primary cause of disqualification for 1,223 among 10,000 medically disqualified youths. However, additional 225 (1,448 minus 1,223) youths had

psychiatric disorders of a disqualifying nature, but their primary disqualifying cause was obviously some other diagnosis. Altogether, the data indicate 11,587 disqualifying defects among 10,000 medically disqualified youths, resulting, of course, from the fact that some youths had more than one disqualifying defect.

As may be seen from this table (table 7), diseases and defects of bones and organs of movement were the main cause of the medical disqualifications (15.7 percent of all medical disqualifications), followed in descending order by psychiatric disorders (12.2 percent), diseases of the circulatory system (10.1 percent), diseases and defects of the eye (9.7 percent), failure to meet the anthropometric standards (6.5 percent), etc.

On the whole, this distribution by diagnostic category is of the same general pattern as that of the Korean War¹, except for the disqualifications due to "failure to meet the anthropometric standards," and "digestive system disorders." The disqualifications for anthropometric reasons are now by far more prominent; they rank at the present time fifth among the medical disqualifications, while they ranked eleventh in the Korean War. This category gained prominence because of an increase in the relative number of youths disqualified for overweight. On the other hand, disorders of the digestive system which ranked fourth in the Korean War, now ranks seventh. This is due to the drop in the disqualifications for dental reasons, as high dental standards prevailed during the first 3 months of the Korean War.¹ Since then, the dental standards provide that individuals who are well-nourished and of good musculature are acceptable if they are free from gross dental infections and have a minimum requirement of edentulous jaws supporting, or capable of supporting, serviceable full dentures. (The dental chart on the medical report is no longer completed; see section XV: Standard Form 88, item 44.)

The corresponding disqualification rates (per 1,000 youths) by diagnostic category are presented in table 8.

c. Specific Diagnoses. Detailed distribution of the diagnostic categories is presented in table 9, arranged in columns corresponding to those in table 7. The specific diagnoses shown for each diagnostic category were ordinarily chosen on the basis of their frequency, but in some cases general interest in the particular diagnosis was the determining factor. The term "Other" within a diagnostic category or subcategory includes related diagnoses, not specifically stated--usually of negligible frequency.

For proper medical evaluation, the following will be noted with respect to some specific diseases: (1) Ulcers, neoplasms, and rheumatic fever are primarily cases with history of such defects, as new cases are seldom discovered or so diagnosed upon examination; (2) blindness refers to central distant visual acuity of 20/200 or less with the best correcting lens, or to absence of an eye; (3) deafness means auditory acuity of less than 8/15 by the whispered voice test; (4) venereal disease data do not reflect its prevalence, since only neurosyphilis, and cardiovascular and visceral syphilis are disqualifying (see "Medical Standards," section 1Va); (5) active tuberculosis of any form; pulmonary tuberculosis, active within the past 5 years, and spontaneous pneumothorax of tuberculous origin are not acceptable.^{13, 14} (For a detailed study on the current prevalence of tuberculosis, see²³.)

The distribution by specific diagnoses (table 9) indicate the following main causes of disqualification within the diagnostic categories: Character and behavior disorders among the psychiatric disorders; epilepsy among the neurological diseases; late effects of acute poliomyelitis and tuberculosis among the infective and parasitic diseases; pilonidal cyst

among the neoplastic diseases; asthma among the allergic disorders; chronic rheumatic heart disease, followed closely by hypertensive disease, among the circulatory system diseases; hernia of the abdominal cavity among the digestive system diseases; overweight among failure to meet the anthropometric standards; deformities or impairments and amputation of extremities among the defects of bones and organs of movement; etc.

It will be noted that these distributions by diagnoses relate to the 1953-1958 period. No similar data are as yet available for the 1959-1960 period. Though the latter period shows an increase in the disqualification for medical reasons (14.6 percent in the earlier period, against 16.3 percent in the latter period; table 5, columns 2 and 3), it is believed that proportional distributions by diagnoses would not significantly differ from the present distributions (tables 7-9).*

IX. Rehabilitation Potentials

Two fundamental questions immediately arise in considering the problem of rehabilitation of the youths medically disqualified for military service: a. Rehabilitation for what? and b. How could such rehabilitation be accomplished?

From the medical defects involved (tables 7-9), it is apparent that a rehabilitation program confined to rehabilitation for military service alone would be of extremely limited scope. The nature of the defects and their relative proportions indicate that only comparatively small numbers of the disqualified youths could be so rehabilitated. When the broader approach is considered, that is, restoration to optimal state what is physically, functionally,

*When desired, the disqualification and prevalence rates of any specific diagnosis, comparable to those given in table 8 by diagnostic category, can obviously be computed by multiplying the numbers shown in table 9 for the particular diagnosis by .01456. For instance, the disqualification and prevalence rates of disqualifying respiratory tuberculosis would be 2.2 (=150 x .01456), and 2.3 (=155 x .01456), per 1,000 youths, respectively. See footnote 2, table 8.

and vocationally possible in the light of the defects involved, it becomes essentially a question of public policy and public health.

Analysis of the specific diagnoses also makes it clear that this is fundamentally a medical, rather than merely a problem of physical conditioning. Furthermore, as a medical problem, it will require much diversity, as psychotics obviously require different medical attention than, say, asthmatics; diabetics, than youths disqualified for tuberculosis; youths with disqualifying hernias, than youths disqualified for pilonidal cysts or for osteomyelitis, etc. In addition, some youths, though failing to qualify medically for military service, may not be handicapped in successfully pursuing their civilian occupation--requiring perhaps no rehabilitation.

It seems thus that not only the specific defects, as such, must be therapeutically appraised, but the therapy itself is to be evaluated in relation to the individual's civilian occupation and his adjustment to life. (See^{23,24} for a general discussion of this problem.)

A properly defined physical-fitness program would concern itself primarily with medically qualified youths. Those who were disqualified for military service for medical reasons require obviously different treatment. Evidently, a program of such nature would call for two distinct methodological and administrative approaches.

X Certain Characteristics of Youths Entering the Armed Forces

a. Ratios of Inductees to Enlistees. The ratios of inductees to enlistees are of great importance, since enlistments are more desirable than inductions from a military point of view. The longer terms of service required of enlistees, than of inductees, provide more

adequate time for military training; this is especially important in regard to specialized training. (The required length of service for an inductee is 2 years; the corresponding minimum for an enlistee is basically 3 years.) Furthermore, proportionally more enlistees, than inductees, reenlist in the Armed Forces upon expiration of their tour of duty. The net results are a more skilled and stable military force.

Some 904,500 draftees were inducted for military service during the period from August 1953 through July 1958, and 191,000 were inducted during the period from August 1958 through June 1960 (table 2, column 1). Altogether 1,095,500 draftees were inducted during the entire post-Korean War period.

During the same period, 2,140,300 applicants enlisted in the Armed Forces: 1,593,800 during the first period, and 546,500 during the later period. The distribution of these enlistees by Armed Force is shown in table 10.

The ratios of inductees to enlistees in the Armed Forces were 36:64, during the August 1953 through July 1958 period; and 26:74, during the August 1958 through June 1960 period. In other words, there were somewhat less than 2 enlistees for each inductee in the earlier post-Korean War period; and close to 3 enlistees for each inductee in the more recent period, by considering all Armed Forces.

Practically all inductees were assigned to the Army. It seems more pertinent, therefore, to establish the ratios of inductees to enlistees in the Army. These ratios were as follows: somewhat less than 1 enlistee per 2 inductees in the earlier period (from August 1953 through July 1958), and close to 1:1 ratio for the later period (August 1958 through June 1960).

The trend has been apparently towards a proportional increase in regular enlistments in relation to inductions.

Table 10. Regular Enlistments in the Armed Forces
(August 1953 through June 1960)

Armed Force	Period	
	August 1953 through July 1958 (1)	August 1958 through June 1960 (2)
Total	1,593,798	546,502
Army	428,226	190,290
Navy	441,295	150,943
Marine Corps	188,548	67,181
Air Force	535,729	138,088

Source: "Qualitative Distributions of Military Accessions and Rejections," DD-MP&R(M) 344, Office of The Adjutant General, Department of the Army.

b. Distribution by Age. Somewhat more than one-half (53.3 percent) of the inductees were between 21 and 22 years of age at the time of induction. The majority of the inductees (71 percent) fell within the 21-23 age-interval. Their mean age was computed as 21.8 years (table 11).

The enlistees are younger than the inductees. About one-half of the enlistees were below the age of liability (18 1/2 years) at the time of enlistment; somewhat more than three-fourths of them were below age 20. Their mean age was computed as 19.3 years (table 11). (See figures 2 and 3 for graphic presentations of the frequency distributions of the inductees and enlistees by age.)

c. Qualitative Distributions of Youths Qualified for Military Service. The qualitative distributions of youths qualified for military service refer to their classifications by mental group: I, II, III, and IV, and by physical category: A, B, and C. These distributions, cross-tabulated by mental group and physical category, are shown in tables 12-15: table 12 deals with qualified preinductees; table 13--with enlistees; table 14--with inductees; and table 15--with both youths inducted and enlisted into the Army.

(1) Distribution by Mental Group. The classification by mental group is made on the basis of the scores on the AFQT and ACB (see "Mental Standards," section IVb).

The respective distributions by mental groups I, II, III, and IV, were as follows in percent, by period (tables 12-15):

<u>Mental Group:</u>	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
August 1953 through July 1958:				
Qualified Preinductees	12.5	26.9	32.1	27.2
Enlistees	6.9	25.7	45.8	21.6
Inductees	9.7	25.5	31.6	30.8
Youths Entering the Army	9.0	25.4	37.3	26.7

Table 11. Percent Distribution of Inductees and Enlistees
by Single Years of Age

(1957 - 1958)

Age (Last Birthday)	Percent Distribution	
	Inductees	Enlistees ¹
All Ages	100.0	100.0
Under 18	0.8	21.8
18	6.9	36.5
19	7.7	19.3
20	5.6	8.9
21	17.7	4.7
22	53.3	4.4
23	5.0	2.2
24	1.8	0.6
25	1.1	0.4
26 and over	0.1	1.2
Mean Age	21.8 years	19.3 years

¹Relates to Army, Navy, Marine Corps, and Air Force enlistees. Since no published data by age were available for the Air Force enlistees, their distributions by age were assumed to be the same as those of the Navy enlistees. There is no reason to believe that this assumption could have had any material distorting effect on this distribution.

Source: a. Inductees: sample tabulations of the medical examination reports (Standard Form 88); b. Enlistees: Army-- "Regular Army Male Enlistments by Year of Birth and Term," EM-7086, Part III (Without Prior Service); Navy and Marine Corps-- "Navy and Marine Corps Military Personnel Statistics," NAVPERS 15658 (First Enlistments).

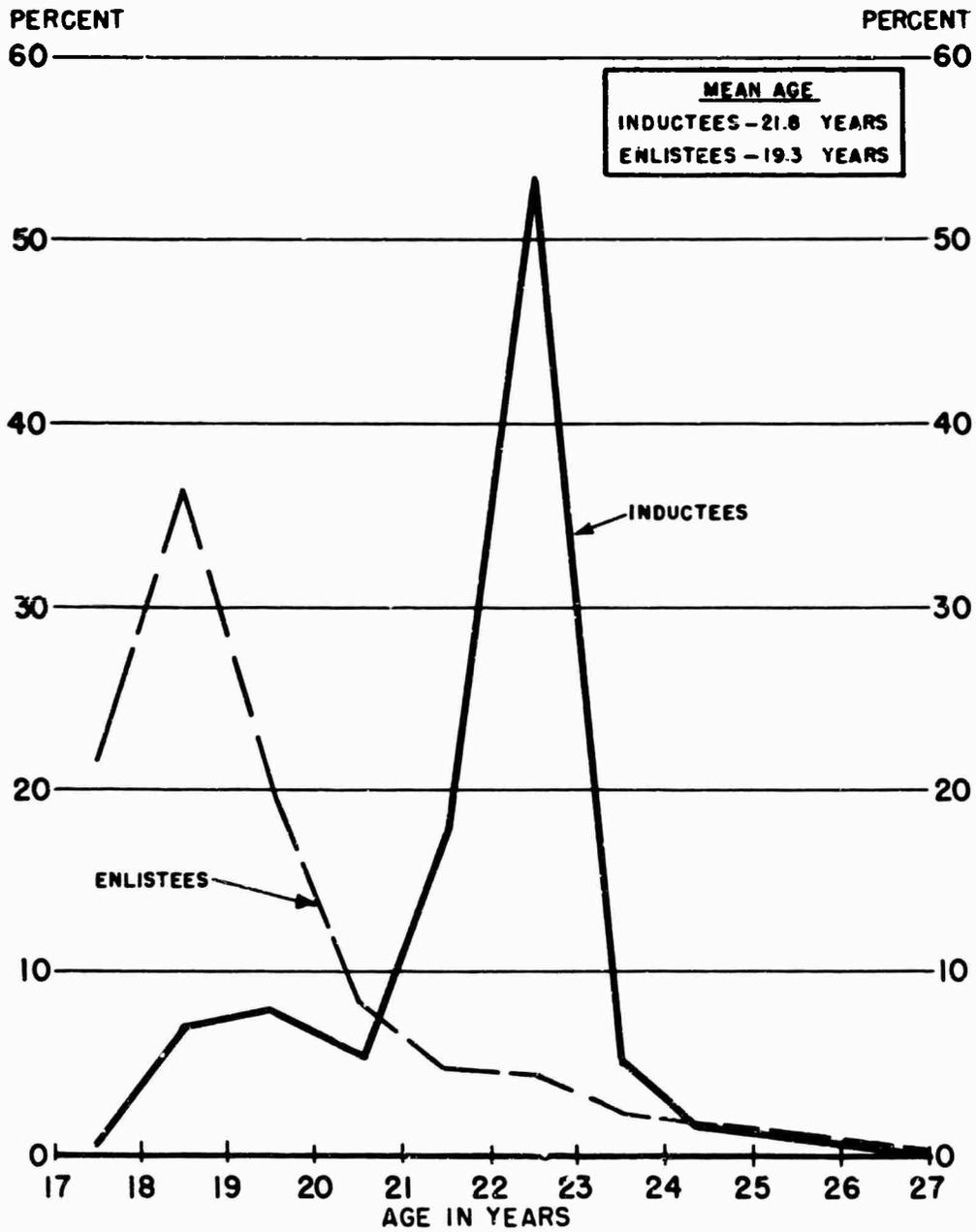


FIG. 2. PERCENT DISTRIBUTION OF INDUCTEES AND ENLISTEES BY SINGLE YEARS OF AGE, 1957 - 1958

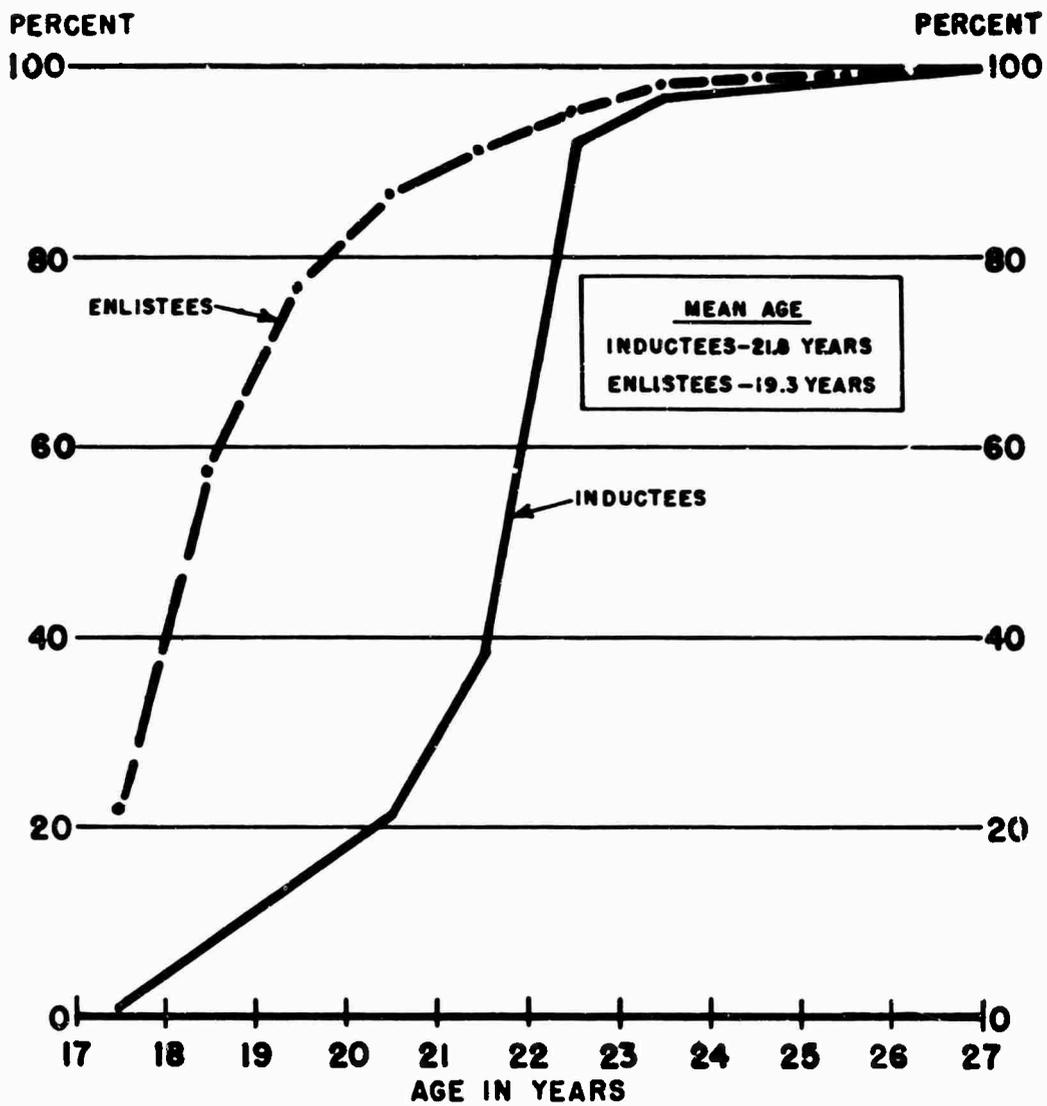


FIG. 3. GUMULATIVE PERCENT DISTRIBUTION OF INDUCTEES AND ENLISTEES, BY SINGLE YEARS OF AGE, 1957 - 1958

Table 12. Percent Distribution of Draftees Found Acceptable on Preinduction Examination, by Physical Category and Mental Group

(August 1953 through June 1960)

Mental Group	Physical Category			
	A	B	C	Total

August 1953 through July 1958				
I	8.0	2.5	2.0	12.5
II	18.1	5.0	3.8	26.9
III	22.8	5.3	4.0	32.1
IV	21.0	3.5	2.7	27.2
Administrative Acceptees ¹	1.1	0.1	0.1	1.3
Total	71.0	16.4	12.6	100.0

August 1958 through June 1960				
I	9.6	3.7	3.2	16.5
II	17.7	6.4	4.9	29.0
III	23.4	6.7	5.0	35.1
IV	14.0	3.0	2.1	19.1
Administrative Acceptees ¹	0.2	0.1	0.0	0.3
Total	64.9	19.9	15.2	100.0

¹Refers to examinees who failed to achieve the required score on the mental test(s), but were "administratively" declared acceptable by the examining psychologists.

Source: "Summary of Registrant Examinations for Induction," DA Form 316 (Reports Control Symbol MED-66), Office of The Surgeon General, Department of the Army.

Table 13. Percent Distribution of Enlistees, by Physical Category and Mental Group

(August 1953 through June 1960)

Mental Group	Physical Category			
	A	B	C	Total

August 1953 through July 1958				
I	5.1	1.1	0.7	6.9
II	20.0	3.7	2.0	25.7
III	36.9	5.8	3.1	45.8
IV	17.8	2.5	1.3	21.6
Total	79.8	13.1	7.1	100.0

August 1958 through June 1960				
I	5.6	1.9	1.1	8.6
II	20.4	5.7	3.0	29.1
III	39.8	9.3	4.9	54.0
IV	6.3	1.3	0.7	8.3
Total	72.1	18.2	9.7	100.0

Source: "Qualitative Distribution of Military Accessions and Rejections," DD-MP&R(M) 344, Office of The Adjutant General, Department of the Army.

Table 14. Percent Distribution of Inductees by Physical Category and Mental Group

(August 1953 through June 1960)

Mental Group	Physical Category			
	A	B	C	Total

August 1953 through July 1958				
I	6.2	2.0	1.5	9.7
II	17.3	4.8	3.4	25.5
III	22.8	5.2	3.6	31.6
IV	24.1	3.9	2.8	30.8
Administrative Acceptees ¹	2.0	0.3	0.1	2.4
Total	72.4	16.2	11.4	100.0

August 1958 through June 1960				
I	5.2	2.0	1.4	8.6
II	14.0	4.6	3.3	21.9
III	25.8	7.0	4.5	37.3
IV	23.8	4.9	3.2	31.9
Administrative Acceptees ¹	0.3	0.0	0.0	0.3
Total	69.1	18.5	12.4	100.0

¹See footnote to table 12.

Source: "Qualitative Distribution of Military Accessions and Rejections," DD-MP&R(M) 344, Office of The Adjutant General, Department of the Army.

**Table 15. Percent Distribution of Youths who Entered the Army,
by Physical Category and Mental Group**

(August 1953 through June 1960)

Mental Group	Physical Category			
	A	B	C	Total

August 1953 through July 1958				
I	5.9	1.8	1.3	9.0
II	18.0	4.4	3.0	25.4
III	28.3	5.5	3.5	37.3
IV	21.1	3.3	2.3	26.7
Administrative Acceptees ¹	1.3	0.2	0.1	1.6
Total	74.6	15.2	10.2	100.0

August 1958 through June 1960				
I	5.3	1.9	1.3	8.5
II	16.1	4.9	3.1	24.1
III	34.8	8.7	5.0	48.5
IV	14.2	2.8	1.8	18.8
Administrative Acceptees ¹	0.1	0.0	0.0	0.1
Total	70.5	18.3	11.2	100.0

¹See footnote to table 12.

Source: "Qualitative Distribution of Military Accessions and Rejections," DD-MP&R(M) 344, Office of The Adjutant General, Department of the Army. The data include both inductees and enlistees.

<u>Mental Group:</u>	<u>i</u>	<u>ii</u>	<u>iii</u>	<u>IV</u>
August 1958 through June 1960:				
Qualified Preinductees	16.5	29.0	35.1	19.1
Enlistees	8.6	29.1	54.0	8.3
Inductees	8.6	21.9	37.3	31.9
Youths Entering the Army	8.5	24.1	48.5	18.8

The better distributions by mental group (except for inductees) in the later period is explained by the introduction of ACB tests which eliminate a significant proportion of those in mental group IV.

In both periods, the percent in mental group I is higher for preinductees than for any other group. However, the percent of enlistees in mental group IV is smaller. The inductees indicate the poorest distributions by mental group explained by the fact that many of the better (mentally) qualified preinductees enlist apparently before induction and that youths processed for "direct induction" generally show a poorer distribution by mental group.

The inductees are assigned to the Army. However, their poorer distribution by mental group is somewhat compensated by the fact that the Army requires (since 1959) a minimum qualifying score of 31 for enlistment; in other words, applicants below mental group III cannot now enlist in the Army.

(2) Distribution by Physical Category. Certain medical defects found at the time of examination, though not considered disqualifying for military service, may impose certain functional limitations with respect to military assignments. Consequently, a profiling system has been established at the Armed Forces examining stations to identify and evaluate in a general manner such potential functional limitations. This is done in terms of the PULHES factors symbolizing the following:

P--Physical capacity or stamina: General physical capacity or stamina, and organic defects or diseases which effect general physical capacity and which do not fall under the other specific factors of the profile system.

U--Upper extremities: Functional use of hands, arms, shoulder girdle, and spine (cervical, thoracic, and upper lumbar) in regard to strength, range of motion, and general efficiency.

L--Lower extremities: Functional use of the feet, legs, pelvic girdle, lower back musculature, and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency.

H--Hearing and ear defects: Auditory acuity and diseases and defects of the ear.

E--Eyes: Visual acuity and diseases and defects of the eye.

S--Psychiatric: Personality, emotional stability, and psychiatric diseases, including history of such.

Except for the P factor, each profile factor relates either to the functional capacity of a specific organ or organs, or to a specific evaluation as the S factor. The P factor, however, is both specific and general. It is specific in that it refers to the functional capacity of parts or organs of the body, not specified under the other factors; it is general in that it is affected by the extent to which defects of any organ, including disorders of a psychiatric nature, are affecting a person's general functional capacity.

Each of the PULHES factors of a qualified examinee is graded (profiled) on a numerical regressive scale from 1 to 3: profile 1 represents functional efficiency above the average and implies no physical defect(s), or only minimal physical defect(s); profile 2, average functional efficiency, with mild nonprogressive physical defect(s); profile 3, functional efficiency below the average with moderate physical defect(s) (borderline cases). (Disqualifying defects are graded 4.)

On the basis of this profiling system, a qualified examinee is assigned one of the

following three physical categories: A, B, or C. Category A denotes no factor in the profile system is graded lower than 1; B--at least one factor is graded 2, but no factor is graded lower than 2; C--at least one factor is graded 3, but no factor is graded lower than 3.^{4,5}

The respective distributions by physical categories A, B, and C were as follows in percent, by period (tables 12-15):

August 1953 through July 1958:

<u>Physical Category:</u>	<u>A</u>	<u>B</u>	<u>C</u>
Qualified Preinductees	71.0	16.4	12.6
Enlistees	79.8	13.1	7.1
Inductees	72.4	16.2	11.4
Youths Entering the Army	74.6	15.2	10.2

August 1958 through June 1960:

<u>Physical Category:</u>	<u>A</u>	<u>B</u>	<u>C</u>
Qualified Preinductees	64.9	19.9	15.2
Enlistees	72.1	18.2	9.7
Inductees	69.1	18.5	12.4
Youths Entering the Army	70.5	18.3	11.2

Two things stand out in these ratios: a more favorable distribution of enlistees by physical category in both periods, and an apparent shift toward a poorer distribution by physical category in the more recent period, for all groups. However, as remarked above and shown later in discussing the "limiting defects," the recent shift is due to changes in the profiling procedures, rather than to changes in the medical or health status of the qualified youths.

XI. Limiting Defects

The nondisqualifying defects that are responsible for classifying individuals qualified for military service as physical category B or C will be referred to as "limiting defects." The distribution of those in physical categories B and C by limiting defects are shown in table 16.

These diagnostic distributions were made on the basis of the primary limiting defect, which could have been either the only limiting defect (graded 2 or 3), or the principal one (graded 2 or 3) whenever more than one limiting defect was present. Past studies indicate that about 12 percent of the inductees in category B and about 13 percent of those in category C had more than one limiting defect.^{4,5} The individual diagnoses shown in table 16, were selected on the basis of their frequency.

The distribution of the limiting defects (table 16) indicates that the predominant limiting defects have been eye defects, principally refractive errors and defective vision; defects of bones and organs of movement, primarily flatfoot; psychiatric disorders, chiefly psychoneurosis; and miscellaneous defects, consisting mainly of underweight and overweight.

In view of their predominance, the standards governing the profiling of these particular defects are given below:

Visual Acuity

- Grade 1: Minimum vision of 20/70 in each eye, correctible with glasses to 20/20 in one eye and 20/30 in the other. Since May 1959, the requirement has been uncorrected distant vision of 20/20.
- Grade 2: Visual acuity not less than 20/200 in each eye, correctible to 20/40 in each eye; since May 1959, uncorrected distant visual acuity of not less than 20/200 in each eye, correctible to 20/20 in one eye and 20/40 in the other eye.
- Grade 3: Minimum vision of 20/400 in each eye, correctible to 20/40 in one eye and 20/70 in the second eye, or 20/30 in one eye and 20/100 in the

Table 16. Percent Distribution of Inductees in Physical Categories F and C
by Limiting Defects

(1957 - 1958)

Diagnosis	Physical Categories	
	B	C
Total	100.0	100.0
Psychiatric Disorders	7.4	8.1
Psychoneurotic disorders	5.0	4.9
Character and behavior disorders	2.4	3.2
Neurological Diseases	0.2	0.6
Infective and Parasitic Diseases	0.5	0.7
Late effects of acute poliomyelitis	0.2	0.3
Other	0.3	0.4
Neoplastic Diseases	0.5	0.4
Pilonidal cyst or sinus	0.3	0.3
Other benign neoplasms	0.2	0.1
Unspecified neoplasms	0.0	0.0
Allergic Disorders	1.1	1.2
Asthma	0.2	0.4
Hayfever	0.8	0.7
Other	0.1	0.1
Endocrine System Diseases and Avitaminoses	0.3	0.3
Blood and Blood-Forming Organ Diseases	0.0	0.0
Eye Defects	40.9	46.2
Refractive errors	16.8	16.6
Strabismus	0.5	2.5
Blindness, unilateral	0.2	3.2
Defective vision	19.8	19.0
Other	3.6	2.9
Ear Defects	1.9	3.6
Deafness, unilateral	0.1	0.9
Defective hearingg	0.9	2.2
Other	0.9	0.5
Circulatory System Diseases	2.1	1.2
Varicose veins	0.3	0.4
Hemorrhoids	0.5	0.1
Varicocele	0.7	0.3
Hypertension	0.2	0.1
Other	0.4	0.3

Table 15. (Continued)

Diagnosis	Physical Categories	
	B	C
Respiratory System Diseases (nontuberculous)	1.2	0.8
Sinusitis, chronic	0.3	0.2
Nasal septum deflection	0.5	0.3
Other	0.4	0.3
Digestive System Diseases	1.6	3.4
Teeth and supporting structures	0.6	0.9
Hernia and potential hernia of abdominal cavity	0.6	2.2
Other	0.4	0.3
Genitourinary System Diseases	0.4	0.5
Hydrocele	0.1	0.2
Other	0.3	0.3
Skin and Cellular Tissue Diseases	1.3	1.2
Acne vulgaris	0.5	0.5
Other	0.8	0.7
Bones and Organs of Movement Diseases and Defects	30.6	16.0
Osteochondrosis	0.2	0.2
Knee, internal derangement	0.4	0.5
Sacro-iliac joint, affection	0.3	0.4
Diseases of the joint	1.2	1.5
Curvature of the spine	1.3	0.7
Flatfoot	20.4	6.1
Clubfoot	0.8	0.5
Hammer Toe	0.3	0.1
Shortening of lower extremity	0.2	0.3
Amputation of fingers	1.0	0.8
Limitation of motion	1.6	1.6
Deformities and impairments	1.7	1.6
Other	1.2	1.7
Congenital Malformations	0.8	1.2
Undescended testicles	0.1	0.3
Other	0.7	0.9
Miscellaneous Diseases and Defects	9.2	14.6
Underweight	2.1	5.9
Overweight	3.5	5.8
Other	3.6	2.9

Source: Sample tabulations of the reports of medical examination (Standard Form 88). The tabulations include 20,250 medical forms of inductees in physical category B, and 15,185 forms in physical category C.

second eye. Since May 1959, the requirement has been uncorrected distant visual acuity of any degree, if the vision is correctible at least to 20/40 in one eye and 20/70 in the other eye, to 20/30 in one eye and 20/100 in the other eye, or to 20/20 in one eye and 20/400 in the other eye.

Flatfoot

Flatfoot, as in the case of other defects of the lower extremities, is to be graded 2 if it does not prevent moderate marching, climbing, et cetera, or prolonged effort. It is to be graded 3 if it causes moderate interference with functions but allows sustained effort for short periods.

Psychiatric Disorders

Grade 2: Mild transient psychoneurotic reaction. Mild character and behavior disorders. Borderline mental deficiency. (Mental deficiency was deleted in 1959.)

Grade 3: Mild chronic psychoneuroses. Moderate transient psychoneurotic reaction. Mental deficiency, mild degree. History of transient psychotic reaction. (Mental deficiency was deleted in 1959.)

Weight

Underweight and overweight are determined on the basis of height-weight tables published in the Army regulations.*^{13, 14}

The recent changes (since May 1959) in the profiling of visual acuity will be especially noted. The visual standards were raised. Hence, many qualified youths who would have been formerly graded 1 (physical category A) are now graded 2 (physical category B). Similarly, many of the qualified youths who would have been formerly graded 2 (physical category B), are now graded 3 (physical category C). This undoubtedly explains to a great degree the recent shift in the distributions by physical category, from A to the lower categories B and C.

*A recent study²⁶ on the current height and weight of youths of military age indicates that the recruit of today is on the average about one-half inch taller and somewhat more than 7 pounds heavier than the recruit of World War II, and about 1.2 inches taller and 18 pounds heavier than the recruit of World War I.

Over one-third of the inductees in physical categories B and C (37 and 36 percent, respectively) were so classified because of refractive errors and defective vision; 20 and 6 percent because of flatfoot; 7 and 8 percent because of psychiatric conditions; and 6 and 12 percent because of underweight and overweight. Altogether, these limiting defects comprised 70 percent of the inductees in physical category B, and 62 percent of these in physical category C.

The distributions relate to inductees. No comparable diagnostic distributions are available for enlistees. However, it seems reasonable to assume that their limiting defects would in all probability be distributed by diagnosis essentially in the same manner as those of the inductees.

XII. Summary

1. Much concern has been expressed of late about the "physical fitness" of American youth. The disqualifications of youths for military service have been widely quoted in this connection as corroborative evidence. No doubt, much can be learned from these disqualification data in regard to defining the problem of fitness, in its wider implications, as well as with respect to certain aspects of its solution. Unfortunately, these data have been grossly misinterpreted, both in the statistical and conceptual sense:

(a) First, it has been overlooked, in quoting the data, that these disqualifications relate to "draftees," namely, to youths liable for military service who are forwarded by their local boards to the Armed Forces examining stations for induction processing. But these youths represent only a segment of all youths liable for military service. Several choices are open to an American youth to fulfill his military obligation, in addition to induction: he can voluntarily enlist either in any of the Armed Forces

(regular enlistment), or in some reserve program, as the National Guard, ROTC/ or other reserve units, even before reaching the age of liability (18 1/2 years of age). The prevailing manpower procurement procedures are such that most of the youths who cannot qualify for regular enlistment or for enlistment under the reserve programs are subsequently examined as draftees. Because of these processing procedures, and due to the fact that a certain "self-selection" takes place with respect to these procurement programs (outside induction)--youths with known disqualifying defects would generally not apply for enlistment--the draftees present what may be termed a "residual group," "overrepresented" with potentially disqualified youths. Consequently, a valid measure of qualification of youths for military service can be obtained only when all youths--not draftees alone--are taken into account, as was done in this study

(b) Second, these disqualifications have commonly been taken as representing medical disqualifications alone, but they also include disqualifications for administrative (essentially, moral) and for mental (failure to meet the minimum requirements on the mental tests) reasons--the proportion of disqualifications for mental reasons being about as large as those for medical reasons

(c) Third, it has been inferred that all those disqualified for medical reasons can be rehabilitated, or that their disqualifying conditions could have been prevented through a physical-fitness program. Without a diagnostic evaluation of the specific medical causes for disqualification, such a general inference is hardly justifiable.

(d) Fourth, there is the failure to recognize that a medical evaluation for military service and an evaluation of "physical fitness," based on physical-fitness tests,

present two distinct evaluations. Many "physically fit" youths may not be able to qualify medically for military service--and there are many such examples-- while many youths who are qualified for military service would undoubtedly rank low on a physical-fitness test. While these evaluations are not altogether mutually exclusive concepts, neither are they synonymous and hence require separate appraisals.

2. The present study deals with both disqualified and qualified youths. With respect to disqualified youths, it presents not only an evaluation of their disqualification rates in terms of their broad causes of disqualification (medical, mental, and moral), but it provides a detailed diagnostic breakdown of the medical disqualifications so that a proper prognosis can be made with respect to their rehabilitation potentials. With respect to qualified youth, it presents certain of their characteristics, pertinent to their appraisal as a military force.

3. The qualification of youths for military service depends on: (a) the statutory provisions, which establish both their liability and the broader standards of acceptability for such service, and (b) the specific medical, mental, and moral standards, as promulgated in special regulations of the Armed Forces. These statutory provisions and the specific standards are discussed in the text, as far as they are essential for the analysis (sections III and IV).

4. The study covers the post-Korean War period from August 1953 through June 1960. It includes, however, also some Korean War data for comparative purposes. The post-Korean War period is split into two parts: from August 1953 through July 1958, and from August 1958 through June 1960. This was done because the mental standards were raised

by the introduction of the ACB (Army Classification Battery) tests in August 1958, in addition to the Armed Forces Qualification Test (AFQT) which is the basic test. The ACB tests increased the disqualification rates of draftees for mental reasons by some 6 percent.

5. Separate analyses are presented in the text for draftees (section V), applicants for enlistment (section VI), followed by an "overall evaluation" of all youths (section VII). For draftees, the separate results of the preinduction and the induction examinations are presented first, followed by their combined results (section V). The "overall evaluation" includes all youths; that is, it includes the results of the examination of draftees and applicants for enlistment, adjusted for youths fulfilling their military obligation through reserve programs and for youths disqualified by their local boards (section VII). These results were determined (in percent) for draftees (combined results), applicants for enlistment, and all youths ("overall evaluation"), as follows:

	Percent		
	Draftees	Applicants for Enlistment	Overall (All Youths)
Qualified			
Korean War (July 1950-July 1953)	66.0	*	76.4;
August 1953 - July 1958	59.6	91.4	73.2;
August 1958 - June 1960	48.8	92.7	68.3.
Disqualified			
All Causes (Total)			
Korean War (July 1950-July 1953)	34.0	*	23.6;
August 1953 - July 1958	40.4	8.6	26.8;
August 1958 - June 1960	51.2	7.3	31.7.
Medical Reasons, Only			
Korean War (July 1950-July 1953)	16.2	*	11.3;
August 1953 - July 1958	20.1	4.7	13.2;
August 1958 - June 1960	22.1	5.5	14.8.

	Percent		
	Draftees	Applicants for Enlistment	Overall (All Youths)
Mental Reasons, Only			
Korean War (July 1950-July 1953)	13.3	*	7.9;
August 1953 - July 1958	15.5	2.7	8.6;
August 1958 - June 1960	23.6**	1.4	11.5**
Medical and Mental Reasons			
Korean War (July 1950-July 1953)	3.2	*	1.8;
August 1953 - July 1958	2.8	0.3	1.4;
August 1958 - June 1960	3.1	0.2	1.5.
Disqualified			
Administrative (Mainly, Moral) Reasons			
Korean War (July 1950-July 1953)	1.3	*	2.6;
August 1953 - July 1958	2.0	0.9	3.6;
August 1958 - June 1960	2.4	0.2	3.9.

(See tables 3, 4, and 5; also frontispiece and figure 1.)

*No complete data available.

**Includes "Trainability Limited (V-O)" group.

These data indicate the following important facts:

- (a) There are wide differences between the qualification for military service of draftees and of applicants for enlistment. For instance, in the current period (August 1958 through June 1960), somewhat over one-half of the draftees (51.2 percent) could not qualify for military service, while only 7 percent of the applicants failed to qualify. (In quoting the disqualification data of draftees as representative of all youths, their disqualification rates have been further exaggerated through simple fallacious computations. The statement has been that 5 out of 7, that is, 71 percent of the draftees could not qualify for military service, instead of 51 percent, when properly computed.) Obviously, it is as misleading to quote the disqualification rates of draftees as

representative of all youths, as it would be if the disqualification rates of applicants for enlistments were so quoted. The "overall evaluation" indicates that 32 percent of the youths would be disqualified for military service under the current medical, mental, and moral standards, and the prevailing processing procedures.

(b) The current overall disqualification rates were determined by cause as follows: 14.8 percent, for medical reasons (only); 11.5 percent, for mental reasons (only); 1.5 percent for failure to meet both the medical and mental requirements; and 3.9 percent, for administrative (principally, moral) reasons.

(c) The data indicate definite increases in each of the disqualifying causes. The increases in the disqualification rates for medical reasons (only), from 11.3 percent (Korean War) to 13.2 percent (August 1953 through July 1958) and to 14.8 percent (August 1958 through June 1960) are to be attributed to recent stricter interpretations of the medical standards, as well as to changes in the processing procedures for military service--by far more of the draftees qualified on preinduction are now given at the time of induction complete medical examinations, having relatively high medical disqualification rates, than physical inspections, having relatively low disqualification rates. At any rate, there seems to be no evidence that the recent increase in the medical disqualifications is due to any definite change in the health status of the youths. The increases in the disqualification rates for mental reasons from 7.9 to 8.6 and to 11.5, within these respective periods, are the result of the additional ACB testing. (In the "overall evaluation," 3.4 percent of the youths were classified as "Trainability Limited (V-O)" because of these tests; see table 5). There was a substantial increase in the disqualifications for administrative reasons, primarily at the local board level.

6. Detailed diagnostic distributions of the medically disqualified youths and a discussion of their defects are presented in section VIII, followed by a brief analysis of their rehabilitation potentials, section IX. Of the youths disqualified for medical reasons, 86 percent had only one disqualifying defect, 12 percent had two, and 2 percent had three or more disqualifying defects (table 6). The five leading causes of the medical disqualifications are (tables 7 and 9): diseases and defects of bones and organs of movement (15.7 percent of all medical disqualifications; mainly deformities and amputations of extremities); psychiatric disorders (12.2 percent; mainly, character and behavior disorders); diseases of the circulatory system (10.1 percent; mainly, chronic rheumatic heart disease and hypertension); diseases and defects of the eye (9.7 percent; mainly, insufficient vision and refractive errors); and failure to meet the anthropometric standards (6.5 percent; mainly, overweight). These leading causes comprise some 54 percent of all medical disqualifications. Judging from these defects, a rehabilitation program for medically disqualified youths appears obviously to be primarily a medical problem--and diversified at that--rather than merely a problem of physical conditioning (section IX).

7. There are several characteristics of the youths entering the military service that are important from a military point of view (section X). These characteristics are: the ratios of enlistees to inductees, their age, and their distributions by physical category and mental group.

(a) The ratios of enlistees to inductees are important in that such higher ratios provide for a better trained and a more stable military force (section Xa). During the period from August 1953 through June 1960, 904,500 draftees were inducted and 2,140,300 applicants enlisted in the Armed Forces. Their ratios, by period, were derived as follows:

<u>Period</u>	<u>Ratios</u>		
	<u>Total</u>	<u>Inductees</u>	<u>Enlistees</u>
Armed Forces:			
August 1953 - July 1958	100	36	64
August 1958 - June 1960	100	26	74
Army:			
August 1953 - July 1958	100	58	32
August 1958 - June 1960	100	50	50

(Derived from tables 1 and 10.)

The lower ratios of enlistees to inductees in the Army, compared with those in the Armed Forces, is explained by the fact that practically all inductees are assigned to the Army. The current data show an increase in the ratio of enlistees to inductees.

(b) The current mean age of draftees was computed as 21.8 years, and that of enlistees as 19.3 years. Somewhat over one-half (53.3 percent) of the inductees fall within the 22-23 age interval; about one-half of the enlistees are below the age of liability. (See table 11 and figures 2 and 3 for their distribution by single years of age.)

(c) The distribution of the youths by mental group is determined on the basis of the Armed Forces Qualification Test (AFQT). (See section IVb for a description of the test.) On the basis of their scores on these tests, the youths are classified on a regressive scale in 5 mental groups, from I through V. Until August 1958, only individuals within mental group V were not acceptable for military service; since then, however, individuals within mental group IV are also disqualified for military service if they fail to meet the minimum requirements on the additional ACB tests. (Youths so disqualified constitute the "Trainability Limited (V-O)" group.) These

additional tests have naturally resulted in a proportional decrease of mental group IV--the only exception being inductees for reasons explained in text--as may be seen from the following distributions:

Mental Group:	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
August 1953 through July 1958:				
Qualified Preinductees:	12.5	26.9	32.1	27.2
Enlistees	6.9	25.7	45.8	21.6
Inductees	9.7	25.5	31.6	30.8
Youths Entering the Army	9.0	25.4	37.3	26.7
August 1958 through June 1960:				
Qualified Preinductees	16.5	29.0	35.1	19.1
Enlistees	8.6	29.1	54.0	8.3
Inductees	8.6	21.9	37.3	31.9
Youths Entering the Army	8.5	24.1	48.5	18.8

(d) Each individual processed for military service is profiled, that is, he is medically evaluated from a functional viewpoint for potential assignment within the Army. Those who qualify for military service are classified as physical categories A, B, C, on a regressive scale. Physical categories B and C imply certain functional limitations with respect to military assignments. (See section Xc(2), for a discussion of the profiling system). The distributions by physical categories were determined as follows:

<u>Physical Category:</u>	<u>A</u>	<u>B</u>	<u>C</u>
August 1953 through July 1958:			
Qualified Preinductees	71.0	16.4	12.6
Enlistees	79.8	13.1	7.1
Inductees	72.4	16.2	11.4
Youths Entering the Army	74.6	15.2	10.2

<u>Physical Category:</u>	<u>A</u>	<u>B</u>	<u>C</u>
August 1958 through June 1960:			
Qualified Preinductees	64.9	19.9	15.2
Enlistees	72.1	18.2	9.7
Inductees	69.1	18.5	12.4
Youths Entering the Army	70.5	18.3	11.2

These distributions by physical category indicate a recent shift towards the lower physical categories B and C. However, this shift is due to changes in the profiling system, rather than to any changes in the health status of the youths (section Xc(2)).

8. The term "limiting defect" is used for designating the nonaqualifying defects that are responsible for classifying qualified youths under physical categories B and C. As previously stated, these classifications generally mean that these defects impose certain functional limitations with respect to military assignments. The distributions of these defects by specific diagnoses indicate that over one-third of the inductees in physical categories B and C (37 and 36 percent, respectively) were so classified because of refractive errors and defective vision; 20 and 6 percent because of flatfoot; 7 and 8 percent because of psychiatric conditions; and 6 and 12 percent because of underweight and overweight. Altogether, these limiting defects comprised 70 percent of the inductees in physical category B, and 62 percent of these in physical category C (section XI).

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a. Technical Notes. (1) Combined Disqualification Rates of Draftees.

These combined rates (table 3) were computed in the following manner:

First, the results of the preinduction examinations (table 1) of a particular period were added to the corresponding results of "direct inductions" (table 2). Thus, for instance, for the August 1953 through July 1958 period, the number of draftees examined on preinduction examinations (1,686,609; table 1, column 3) was added to the number examined for "direct induction" during this period (234,644; table 2, column 7), constituting a total of 1,921,253 examined draftees. The combined total number of disqualified draftees during this period was 713,909 (=644,393 on preinduction examinations plus 69,516 on "direct inductions;" tables 1 and 2, respectively).

Second, on the basis of the disqualification rates of qualified preinductees at the time of induction, the number of qualified preinductees who are expected to be disqualified at the time of induction was computed for all those who qualified during the period on preinduction examinations. For instance, based on table 2 (columns 3 and 5), the disqualification rate (combining physical inspections and complete medical examinations) of qualified preinductees at the time of induction was computed as 5.96 percent (or .05958 to a base of 1), for the August 1953 through July 1958 period. Since the number of qualified preinductees during this period was 1,042,216 (table 1), their expected number to be disqualified on induction was computed as 62,095 (=1,042,216 x .05958).

Third, this expected number was added to the number disqualified on preinduction and "direct induction" examinations and the derived total was divided by the total number examined. In our example, 62,095 and 713,909 were added, constituting a total 776,004 disqualified youths. Since the total of examined during this period was 1,921,253, the total disqualification rate was computed

as 40.4 percent (=776,004 divided by 1,921,253, and the quotient multiplied by 100).

The same procedure was followed in computing the individual disqualification rates by cause (table 3).

(2) Overall Qualification. (a) General. As stated in the text, several avenues are open to the American youths, not exempt from military service, to fulfill their military obligation. They can voluntarily enlist in the Armed Forces (Army, Navy, Marine Corps, or Air Force); join some reserve program, as the National Guard, ROTC, or other reserve units (the reserve program was very much expanded with the enactment of the Reserve Forces Act of 1955); or wait until "drafted," namely, processed through the Selective Service System for induction. If drafted, they are forwarded by their local board to an Armed Forces examining station either for a preinduction examination for the purpose of determining their acceptability for military service, prior to subsequent induction if found acceptable, or for "direct induction" (without a preinduction examination), if found acceptable. In either case, the examinees are fully evaluated from a moral, mental, and medical viewpoint.

If found acceptable on preinduction examination, the draftees may be either given a physical inspection at time of induction, consisting of a medical check-up for diseases or injuries that could have been incurred since their preinduction examination or missed at the time of that examination, or a complete medical examination due to "lapse of time," that is, if more than 120 days (until December 1958) or more than 180 days (after that date) have elapsed since their qualifying preinduction examination. As may be expected, the disqualification rates for medical reasons at time of induction would be higher in the case of complete medical examination than on physical inspection. (Compare columns 4 and 6, table 2.)

Youths applying for enlistment into any of the Armed Forces are likewise processed by the Armed Forces examining stations and are subject to practically the same moral, mental, and medical standards of acceptability as draftees. The disqualification rates of applicants for enlistment are by far lower than those of draftees, for both mental and medical reasons. (Compare tables 3 and IV.) The mental disqualification rates of applicants for enlistment are considerably lower because prior to examination by the Armed Forces examining stations, most applicants are prescreened by their respective recruiting stations by means of certain mental tests. The Army, the Air Force, and the Marine Corps use for this purpose the EST (Enlistment Screening Test); the Navy uses an equivalent test--AQT (Applicant Qualification Test). An applicant who passes these prescreening mental tests should be able to pass the minimum requirements on the Armed Forces Qualification Test (AFQT) used by the Armed Forces examining station for mental screening. However, some applicants are processed by the Armed Forces examining stations without such mental prescreening. Their medical disqualification rates are lower because of an obvious "self-selection"--youths with known disqualifying defects would seemingly not apply for enlistment, and because some applicants are qualified preinductees who decided to enlist instead of being inducted.

Youths applying for reserve duty are processed in the manner prescribed by the respective reserve program. It is presumed that the moral, mental, and medical requirements of these programs are about equivalent to those applied to draftees or applicants for enlistment.

Applicants for enlistment and reservists are collectively referred here to as "non-draftees."

In addition to these various types of selection for military service, a

certain selection (prescreening) is done by the local boards. In fact considerable numbers of youths are disqualified by the local boards for moral reasons and for obviously disqualifying medical defects. For the purpose of analysis, the local board prescreening will be considered as a first phase in the overall processing procedure.

Expressed schematically, a youth not exempt from military service may be disqualified by his local board. If not disqualified by the local board, he may fulfill his obligation either as a draftee or as a non-draftee. As a draftee, he may either undergo a preinduction examination--to be processed for induction later, if qualified, or he may be processed for "direct induction" (without a preinduction examination). If qualified on preinduction examination, he may undergo either a physical inspection or a complete medical examination, depending on the time that had elapsed between his preinduction and induction examination.

Since the disqualification rates differ with the type of examination, both the disqualification rates and the relative number of youths (proportions) undergoing a particular type of examination have to be evidently taken into account in an overall evaluation of qualification of youths for military service.

(b) General Probabilities. For this overall evaluation, assume the following probabilities:

d_1 --probability that a youth available for service will be disqualified for military service by his local board; hence, $(1-d_1)$ is the probability that he will not be disqualified by the local board;

r_1 --probability that a youth, not disqualified by his local board, will fulfill his military obligation as a draftee, i.e., by being processed for induction; hence, $(1-r_1)$ is the probability that he will fulfill such liability either as an applicant for enlistment, or as a reservist (National Guard, ROTC, etc.), namely, as a "non-draftee";

r2--probability that a draftee will be given a preinduction examination, prior to induction; hence, $(1-r_2)$ is the probability that he will be processed for "direct induction" without a preinduction examination;

d2--probability that a draftee processed for preinduction will be disqualified by the examining station; hence, $(1-d_2)$ is the probability that he will be qualified;

d3--probability that a draftee processed for "direct induction" will be disqualified;

r3--probability that a qualified preinductee will be given a physical inspection at the time of induction, hence, $(1-r_3)$ is the probability that he will be given a complete medical examination, because more than 120 days (until December 1958), or more than 180 days (since then) have elapsed between his preinduction and his current induction examination;

d4--probability that a qualified preinductee will be disqualified by the induction station on physical inspection, at time of induction;

d5--probability that a qualified preinductee will be disqualified on complete medical examination (due to lapse of time'), at time of induction;

d6--probability that an applicant for enlistment will be disqualified;

r4--probability that a non-draftee is an applicant for enlistment;

d7--probability that a non-draftee will be disqualified;
 $d_7=d_6r_4$.

(The last probability is explained by the fact that a disqualified applicant for reserve is not classified as IV-F--disqualified for military service--by the Selective Service System; he becomes a part of the available manpower pool to be reprocessed for military service; we are dealing here consequently with qualified reservists.)

(c) Disqualification of Draftees. The individual probabilities that a youth, not disqualified by the local board $(1-d_1)$ will be disqualified as a draftee, either on preinduction examination, "direct induction," or at the

time of induction, are obviously as follows (on the basis of (b), above):

preinduction	$(1-d_1)r_1r_2d_2$	(1);
direct induction	$(1-d_1)r_1(1-r_2)d_3$	(2);
physical inspection	$(1-d_1)r_1r_2(1-d_2)r_3d_4$	(3);
complete medical examination (due to "lapse of time")	$(1-d_1)r_1r_2(1-d_2)(1-r_3)d_5$	(4).

Hence, the combined probability that a youth, not disqualified by the local board, will be disqualified for military service as a draftee is (1 through 4):

$$(1-d_1)r_1[r_2d_2 + (1-r_2)d_3 + r_2(1-d_2)r_3d_4 + r_2(1-d_2)(1-r_3)d_5] \quad (5).$$

(d) Disqualification of Non-Draftees. The probability that a youth, not disqualified by the local board $(1-d_1)$, will be disqualified as a non-draftee is (on the basis of (b), above):

$$(1-d_1)(1-r_1)d_7 \quad (6).$$

(e) Specific Probabilities. The specific values for the various probabilities, (b) above, except for the probability (d_1) , relating to the disqualifications of local boards (to be computed later; see (f), below), are shown below separately for the periods August 1953 through July 1958 and August 1958 through June 1960. The post-Korean War period was split this way because the additional ACB mental tests were introduced in August 1958, affecting the disqualification rates. (See table I, footnote 3.) These specific probability values were:

Symbol	Values, by Period		Source: Table (No. and Column)
	August 1953 through July 1958	August 1958 through June 1960	
r_1	.4831	.4834	VI, Col. 2
$(1-r_1)$.5169	.5166	" " "
r_2	.8666	.7788	II, Col. 2
$(1-r_2)$.1334	.2212	" " "
d_2	.3613	.4559	II, Col. 3
$(1-d_2)$.6387	.5441	" (derived)

(continued)

(continued)

Symbol	Values, by Period		Source: Tables (No. and Column)
	August 1953 through July 1958	August 1958 through June 1960	
d ₃	.2963	.4718	II, Col. 3
r ₃	.6100	.3354	III, Col. 2
(1-r ₃)	.3900	.6646	" , " "
d ₄	.0281	.0549	" , Col. 3
d ₅	.1089	.1366	" , " "
d ₆	.0933	.0751	V, Col. 3
r ₄	.7832	.6796	" , Col. 2
d ₇ =d ₆ r ₄	.0731	.0510	" , Col. 3

(f) Disqualifications by Local Boards. Let N represent the total number of youths processed for military service during a certain period of time. Therefore, the expected number of youths disqualified by the local boards is (on the basis of (b), above):

$$Nd_1 \quad (7);$$

and the expected number of youths disqualified either as draftees (3) or as non-draftees (6) is:

$$N(1-d_1) \left\{ r_1 \left[r_2 d_2 + (1-r_2) d_3 + r_2(1-d_2) r_3 d_4 + r_2(1-d_2)(1-r_3) d_5 \right] + (1-r_1) d_7 \right\} \quad (8).$$

Let K signify the ratio of disqualifications by local boards (7) to the other disqualifications (8), i.e.,:

$$K = d_1 / (1-d_1) \left\{ r_1 \left[r_2 d_2 + (1-r_2) d_3 + r_2(1-d_2) r_3 d_4 + r_2(1-d_2)(1-r_3) d_5 \right] + (1-r_1) d_7 \right\} \quad (9).$$

These ratios (K) were determined as: .26848 and .24834 for the periods from August 1953 through July 1958 and from August 1958 through June 1960, respectively (table VIII, column 2). Substituting these specific values of K and the specific values of d_i and r_i from (e), above, in (9), and solving for d₁, the probabilities that a youth will be disqualified (d₁) or qualified (1-d₁) by the local boards were thus calculated, by period as:

August 1953 through July 1958: $d_1 = .0567$ (10);
 " " " " " : $(1-d_1) = .9433$ (11);
 August 1958 through June 1960: $d_1 = .0630$ (12);
 " " " " " : $(1-d_1) = .9370$ (13).

(g) Overall Qualification Rates, by Type of Examination. By expressing all probabilities in terms of their specific values ((e), and (b), above), the experience of the post-Korean War period thus indicates the following overall qualification rates, as determined by the various types of examination, per 1,000 youths (table IX):

Type of Examination	Period	
	August 1953 through July 1958	August 1958 through June 1960
Base: Examined	1,000.0	1,000.0
Qualified	731.9	683.2
Disqualified, by type of examination:		
Overall Rates	268.1	316.8
Local Boards (10,12)	56.7	63.0
Draftees: Total	175.7	229.1
Preinduction Examination (1)	142.7	160.9
Direct Induction (2)	18.0	47.3
Physical Inspection (3)	4.3	3.5
Complete Medical Examination (due to "lapse of time") (4)	10.7	17.4
Non-Draftees (6)	35.7	24.7

(h) Distributions of Disqualifications, by Disqualifying Cause and Type of Examination. The disqualification rates ((g), above) are presented in table IX by disqualifying cause. The local board disqualifications, limited to moral ("administrative") and medical ("manifestly disqualifying defects") disqualifications, indicate the following distributions by cause, by period:

August 1953 through July 1958--44 percent for moral reasons, and 56 percent for medical reasons; August 1958 through June 1960--46 percent and 54 percent for moral and medical reasons, respectively (table VII). The local board disqualification rates by cause were thus computed for the first period as 25.0 ($=56.7 \times .44$) for moral reasons, and 31.7 ($=56.7 \times .56$) for medical reasons; 28.7 ($=63.0 \times .46$) and 34.3 ($=63.0 \times .54$) for moral and medical reasons, respectively, for the second period.

The other distributions of the disqualifications by cause were determined as follows: Draftees: preinduction examination on the basis of table 1 (column 4); physical inspection--table 2 (column 4); complete medical examination--table 2 (column 6), and direct inductions--table 2 (column 8); Non-Draftees--table IV (column 3).

(i) Distribution of Medically Disqualified Youths, by Number of Disqualifying Defects and Type of Examination. The number of forms tabulated for the distributions by defects are shown in table X, by type of examination. The individual distributions of the medically disqualified youths by number of defects are shown in table XI. The combined distribution, as shown in tables 6 and XIII, was obtained by "weighting" those individual distributions by their proportions with respect to all medically disqualified youths as follows: 218:616:26:140, respectively (table XII, column 2). These distributions are limited to August 1953 through July 1958 period for which such data were available.

(j) Distributions of Medically Disqualified Youths, by Diagnostic Category and Specific Diagnosis. The distribution by diagnostic categories and specific diagnoses, as presented in tables 7-9, were derived from the individual diagnostic distributions (tables XIV-XVII) by weighting these in the same manner as was done for the distributions by number of defects, (i), above.

Table I. Results of Preinduction Examinations of Draftees for Military Service by Type of Examinee, for Selected Periods

(July 1950 through June 1960)

Period and Results of Examination	All Examined Draftees ¹		Not-Previously Examined Draftees	
	Number	Percent	Number	Percent
	(1)	(2)	(3)	(4)
Korean War (July 1950 through July 1953) ²				
Examined	3,685,293	100.0	3,492,308	100.0
Found Acceptable	2,496,683	67.8	2,380,610	68.2
Disqualified	1,188,610	32.2	1,111,698	31.8
Administrative Reasons	30,633	0.8	27,550	0.8
Failed Mental Test, Only	488,848	13.3	465,849	13.3
Failed Mental Test and Medically Disqualified	119,045	3.2	113,581	3.3
Medical Reasons, Only	550,084	14.9	504,718	14.4
August 1953 through July 1958				
Examined	1,686,609	100.0	1,523,890	100.0
Found Acceptable	1,042,216	61.8	973,365	63.9
Disqualified	644,393	38.2	550,525	36.1
Administrative Reasons	28,815	1.7	22,919	1.5
Failed Mental Test, Only	259,018	15.4	246,445	16.1
Failed Mental Test and Medically Disqualified	48,183	2.9	44,187	2.9
Medical Reasons, Only	308,377	18.2	236,974	15.6
August 1958 through June 1960				
Examined	435,604	100.0	410,987	100.0
Found Acceptable	233,355	53.6	223,611	54.4
Disqualified	202,249	46.4	187,376	45.6
Administrative Reasons	8,836	2.0	8,215	2.0
Trainability Limited (V-0) ³	25,480	5.8	24,119	5.9
Failed Mental Test, Only	65,450	15.0	63,948	15.6
Failed Mental Test and Medically Disqualified	13,652	3.1	13,322	3.2
Medical Reasons, Only	88,831	20.5	77,772	18.9

Table I. (Continued)

¹Includes both not-previously and previously examined (reexamined) draftees.

²Taken from Bernard D. Karpinos, "Fitness of American Youth for Military Service," Milbank Memorial Fund Quarterly, 38: 213-247, July 1960.

³Refers to medically and administratively qualified draftees who passed the Armed Forces Qualification Test (AFQT) but failed to meet the minimum requirements on the Army Classification Battery (ACB) tests. Since August 1958, these additional ACB tests are given to all draftees in Mental Group IV, so classified on the basis of AFQT, and to administrative acceptees. (See text.)

Source: "Summary of Registrant Examinations for Induction," DA Form 316 (Reports Control Symbol MED-66).

Table II. Ratios of Preinduction Examinations (Not-Previously Examined Draftees) to Direct Inductions and Disqualification Rates, for Selected Periods¹

(July 1950 through June 1960)

Period and Type of Examination	Number Examined (1)	Ratios (ri) (2)	Disqualification Rates (to a Base- 1) (dj) (3)
<u>Korean War (July 1950 through July 1953)</u>			
Preinduction Examinations (Not-Previously Examined)	3,492,308	.9649	.3183
Direct Inductions	126,896	.0351	.3183
Total	3,619,204	1.0000	.3183
<u>August 1953 through July 1958</u>			
Preinduction Examinations (Not-Previously Examined)	1,523,890	.8666	.3613
Direct Inductions	234,644	.1334	.2963
Total	1,758,534	1.0000	.3526
<u>August 1958 through June 1960</u>			
Preinduction Examinations (Not-Previously Examined)	410,987	.7788	.4559
Direct Inductions	116,761	.2212	.4713
Total	527,748	1.0000	.4592

¹Derived from tables I and 2.

Table III. Ratios of Physical Inspections to Complete Medical Examinations at Time of Induction (Due to "Lapse of Time") of Draftees Who Had Qualified on Preinduction Examination, for Selected Periods¹

(July 1950 through June 1960)

Period and Type of Examination	Number Examined (1)	Ratios (r _i) (2)	Disqualification Rates (to a Base= 1) (d _i) (3)
<u>Korean War (July 1950 through July 1953)</u>			
Physical Inspections	1,371,104	.9063	.0253
Complete Medical Examinations	141,721	.0937	.0472
Total	1,512,825	1.0000	.0274
<u>August 1953 through July 1958</u>			
Physical Inspections	479,599	.6100	.0281
Complete Medical Examinations	306,593	.3900	.1089
Total	786,192	1.0000	.0596
<u>August 1958 through June 1960</u>			
Physical Inspections:			
Including V-02	51,928	.3354	.0966
Excluding V-02	"	"	.0549
Complete Medical Examinations:			
Including V-02	102,912	.6646	.1988
Excluding V-02	"	"	.1366
Total:			
Including V-02	154,840	1.0000	.1645
Excluding V-02	"	"	.1092

¹Derived from table 2.

²See table I, footnote 3.

Table IV. Results of Examination of Chargeable Applicants for Enlistment into the Armed Forces, for Selected Periods

(August 1953 through June 1960)

Period and Results of Examination	Total Examined ¹		Completely Examined ²
	Number	Percent	Percent
	(1)	(2)	(3)
August 1953 through July 1958			
Examined	2,354,136	100.0	100.0
Found Acceptable	2,152,436	91.4	90.7
Rejected	201,700	8.6	9.3
Administrative Reasons	20,261	0.9	0.9
Failed Mental Test, Only	64,061	2.7	3.1
Failed Mental Test and Medically Disqualified	6,614	0.3	0.3
Medical Reasons, Only	110,764	4.7	5.0
August 1958 through June 1960			
Examined	949,659	100.0	100.0
Found Acceptable	880,568	92.7	92.5
Rejected	69,091	7.3	7.5
Administrative Reasons	1,715	0.2	0.0
Failed Mental Test, Only	13,026	1.4	1.6
Failed Mental Test and Medically Disqualified	1,687	0.2	0.2
Medical Reasons, Only	52,663	5.5	5.7

¹Includes both applicants who were completely examined (given a complete medical, mental, and moral examination) and those who were given a physical inspection. According to The Adjutant General's Office (MPPD), 11.7 percent of the applicants are given a physical inspection. This group includes primarily draftees who qualified for military service within 120 days (until December 1958) or 180 days (since December 1958), prior to their examination as an applicant. (See Table 2, footnote 1.)

²Confined to applicants (80.3 percent of all examined) who were given a complete medical, mental, and moral examination.

Source: Qualitative Distribution of Military Accessions and Rejections (DD-MP&R(M) 344), Adjutant General, Army.

Table V. Non-Draftees within Age of Liability for Military Service,
for Selected Periods

(August 1953 through June 1960)

Period and Type of Examinee	Number (1)	Ratios (r_i) (2)	Disqualification Rates (to a Base- 1) (d_i) (3)
<u>August 1953 through July 1958</u>			
Applicants for Enlistment	1,473,456	.7832	.0933
Reservists	407,887	.2168	-
Total	1,881,343	1.0000	.0731 ¹
<u>August 1958 through June 1960</u>			
Applicants for Enlistment	383,285	.6796	.0751
Reservists	180,742	.3204	-
Total	564,027	1.0000	.0510 ¹

¹Calculated by multiplying the disqualification rates of applicants for enlistments by their corresponding proportions of all non-draftees. Thus, for August 1953 through July 1958, the disqualification rate of non-draftees was computed as .0731 ($=.0933 \times .7832$); that for the period August 1958 through June 1960 as .0510 ($=.0751 \times .6796$). (See text 2b, for rationale of these computations.) The disqualification rates of applicants for enlistment are from table IV.

Sources: "Regular Male Enlistments by Year of Birth and Term," Adjutant General, Army (EM-7086); Qualitative Distribution of Military Accessions and Rejections (DD-MP&R(M) 344), Adjutant General, Army; Navy and Marine Corps Military Personnel Statistics, NAVPERS 15658; U. S. Air Force Personnel Report, SS-PS-1A; Army National Guard Monthly Strength and Active Duty Training (RCS GRSV-7(R1)); DOD Report P53.1, R37.0 (Department of Defense); Enrollment Report, (AGPB-0).

Table VI. Ratios of Draftees to Non-Draftees and Their Disqualification Rates, for Selected Periods

(August 1953 through June 1960)

Period and Type of Examinee	Number Examined (1)	Ratios (r _i) (2)	Disqualification Rates (to a Base=1) (d _i) (3)
<u>August 1953 through July 1958</u>			
Draftees ¹	1,758,534	.4831	.3856
Non-Draftees ²	1,881,343	.5169	.0731
Total	3,639,877	1.0000	.2241
<u>August 1958 through June 1960</u>			
Draftees ¹	527,748	.4834	.5058
Non-Draftees ²	564,029	.5166	.0510
Total	1,091,775	1.0000	.2709

¹Number of draftees examined were derived by combining the number of not-previously examined draftees (table I, column 3) with the number of draftees examined for direct induction (table 2, column 7). The disqualification rates of draftees are overall rates, derived on the basis of formula 5 (within brackets), 2c.

²The values of non-draftees were taken from table V.

Table VII. Local Board Disqualifications, by Disqualifying Cause
(August 1953 through June 1960)

Disqualifying Cause	Period			
	August 1953 through July 1958		August 1958 through June 1960	
	Number (1)	Percent (2)	Number (3)	Percent (4)
Total	215,955	100.0	73,686	100.0
Moral	95,020	44.0	33,557	45.6
Medical	120,935	56.0	40,129	54.4

Based on DD Form 47 ("Record of Induction"), received from the local boards for youths medically disqualified by the local boards, and on supplementary data obtained from "Statistical Digest" (A Series) published monthly by the Selective Service National Headquarters.

Table VIII. Ratios of Local Board Disqualifications to Disqualifications of Draftees and Non-Draftees

(August 1953 through June 1960)

Period and Type of Examination	Disqualified	
	Number (1)	Ratio (2)
<u>August 1953 through July 1958</u>		
Draftees ¹	666,881	-
Non-Draftees ²	137,473	-
Total	804,354	1.00000
Local Board Disqualifications ³	215,955	.26848
<u>August 1958 through June 1960</u>		
Draftees ¹	267,927	-
Non-Draftees ²	28,785	-
Total	296,712	1.00000
Local Board Disqualifications ³	73,686	.24834

¹Data obtained from table I, column 3, plus table 2, column 2.

²Obtained by multiplying the number of non-draftees by their disqualification rate (column 1 x column 3, table V).

³Taken from table VII.

Table IX. Overall Disqualification Rates of Youths for Military Service by Disqualifying Cause and Type of Examination, for Selected Periods

(August 1953 through June 1960)

Period and Type of Examination	Number Disqualified out of 1,000 Youths Examined by Disqualifying Cause					
	(1) Administrative	(2) Trainability Limited (V-O) I	(3) Failed Mental Test Only	(4) Failed Mental Test and Medically Disqualified	(5) Medical Reasons Only	(6) Total
August 1953 through July 1958						
Overall Rates	36.8	-	85.7	14.0	131.6	268.1
Local Boards	25.0	-	-	-	31.7	56.7
Draftees	8.3	-	73.9	12.8	80.7	175.7
Preinduction Examination	5.9	-	63.6	11.5	61.7	142.7
Direct Induction	0.7	-	10.3	1.3	5.7	18.0
Physical Inspection	0.6	-	-	-	3.7	4.3
Complete Medical Examination (Lapse of Time)	1.1	-	-	-	9.6	10.7
Non-Draftees	3.5	-	11.8	1.2	19.2	35.7

(Continued)

Table IX. (Continued)

Period and Type of Examination	Number Disqualified out of 1,000 Youths Examined by Disqualifying Cause					
	Adminis- trative	Trainability Limited (V-0)1	Failed Mental :Test Only	Failed Mental :Test and Medically Disqualified	Medical Reasons Only	Total
	(1)	(2)	(3)	(4)	(5)	(6)
August 1958 through June 1960						
Overall Rates	39.7	33.8	80.6	14.9	147.8	316.8
Local Boards	28.7	-	-	-	34.3	63.0
Draftees	10.9	33.8	75.5	14.2	94.7	229.1
Preinduction Examination	7.1	20.8	55.0	11.3	66.7	160.9
Direct Induction	1.6	13.0	20.5	2.9	9.3	47.3
Physical Inspection	0.8	-	-	-	2.7	3.5
Complete Medical Examination (Lapse of Time)	1.4	-	-	-	16.0	17.4
Non-Draftees	0.1	-	5.1	0.7	18.8	24.7

1Based on additional mental tests (Army Classification Battery Test) given to all draftees in Mental Group IV, since August 1958. (See footnotes to table I.) The method of computation is explained in text, 2h.

Table X. Defect Data by Type of Examination

Type of Examination	Defect	
	Primary (1)	All (2)
Disqualified		
Local Board ¹	32,910	36,890
Draftees ²		
Complete Medical Examination	79,697	94,040
Physical Inspection	16,684	18,617
Applicants for Enlistment ²	34,762	39,323
Inducted ²		
Limiting Defects		
Physical Category B	20,250	
Physical Category C	15,185	

¹The disqualifying defect data of youths disqualified by the local boards are reported on DD Form 47 ("Record of Induction"), Section II, "Local Board Interview," prepared by the local boards for each medically disqualified registrant. Some 33,000 copies of these forms were submitted by the local boards to The Surgeon General's Office in 1957 and 1958. All forms were coded and tabulated (see table XIV for distribution by diagnosis.)

²The disqualifying defects of draftees and applicants for enlistment, as well as the "limiting" (non-disqualifying) defects of the inductees in physical categories B and C are based on 50 percent tabulations of their Standard Forms 88 ("Report of Medical Examination"). The number of these forms coded and tabulated by type of examination were: a. Draftees: Complete medical examination, some 80,000 forms; physical inspection, 17,000 forms; b. applicants for enlistment, 35,000 forms (see tables XV-XVII); c. inductees in physical categories B and C, 35,000 forms (see table 16).

Table XI. Distribution of Medically Disqualified Youths, by Number of Defects and Type of Examination

Number of Disqualifying Defects	Local Board				Draftees			Applicants
	Number	Complete Medical Examination	Physical Inspection	Number	Complete Medical Examination	Physical Inspection	Number	
	Tabulated :Per 1,000	Tabulated :Per 1,000	Tabulated :Per 1,000	Tabulated :Per 1,000	Tabulated :Per 1,000	Tabulated :Per 1,000	Tabulated :Per 1,000	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	(8)							
Total	32,910	1,000	79,697	1,000	16,684	1,000	34,762	
One Defect	29,403	894	67,240	844	14,973	898	30,725	
Two Defects	3,034	92	10,571	133	1,489	89	3,513	
Three or More Defects	473	14	1,886	23	222	13	524	
Total Number of Defects	--	1,120	--	1,179	--	1,115	--	

See footnotes to table X.

Table XII. Medical Disqualifications per 1,000 Youths Examined,
by Type of Examination

(August 1953 through July 1958)

Type of Examination	Medical Disqualification Rates (1)	Proportional Distribution of 100,000 Medically Disqualified Youths (2)
Total	145.60	100,000
Local Board	31.77	21,820
Draftees		
Complete Medical Examination ¹	89.75	61,641
Physical Inspection	3.71	2,548
Non-Draftees ²	20.37	13,991

¹Includes draftees who were medically disqualified on preinduction and direct induction examinations and those who were disqualified on complete medical examination ("Lapse of Time") at the time of induction (table IX, columns 4 and 5).

²Includes medically disqualified (table IX, columns 4 and 5).

Table XIII. Distribution of Medically Disqualified Youths, by Number of Disqualifying Defects

(August 1953 through July 1958)

Number of Disqualifying Defects	Number Disqualified per 1,000 Youths	
	Disqualified ¹ (1)	Examined ² (2)
Total	1,000	146
One	862	126
Two	118	17
Three or More	20	3
Number of Disqualifying Defects	1,158	169

¹Derived from table XI (cols. 2,4,6,8) by weighting these data according to the distribution of medically disqualified youths given in table XII, col. 2.

²The data for this column were computed by multiplying the distributions in column 1 by .1456 which is the overall disqualification rate of youths (to a base=1) for medical reasons (table XII, col. 1).

**Table XIV. Distribution of Youths Medically Disqualified by the Local Boards
by Diagnosis, and Prevalence of Disqualifying Defects**

(1957 and 1958)

Diagnosis	: Primary Cause : of : Disqualification: : (1)	: Prevalence of : Disqualifying : Defects : (2)
Total	32,910	36,890
Psychiatric Disorders	5,588	6,499
Psychoses	1,731	1,805
Psychoneuroses	206	274
Character and behavior disorders	606	812
Mental deficiency	3,045	3,608
Neurological Diseases	4,547	4,810
Cerebral paralysis	1,835	1,898
Epilepsy	1,870	1,998
Peripheral nerve diseases	368	461
Other	474	513
Infective and Parasitic Diseases	3,757	3,869
Tuberculosis	1,329	1,373
Respiratory	1,175	1,193
Other	154	180
Venereal diseases	13	14
Syphilis	12	13
Other	1	1
Late effects of acute poliomyelitis	2,352	2,402
Schistosomiasis	-	-
Dermatophytosis	4	4
Other infective and parasitic diseases	59	76
Neoplastic Diseases	511	540
Malignant neoplasms	139	139
Neoplasms of the lymphatic and hematopoie- tic tissues	111	112
Benign neoplasms	177	196
Pilonidal cyst or sinus	124	139
Other	53	57
Unspecified neoplasms	84	93
Allergic Disorders	1,133	1,253
Asthma	1,093	1,185
Hay fever	25	47
Other	15	21

Table XIV. (Continued)

Diagnosis	: Primary Cause of : Disqualification: : (1)	: Prevalence of : Disqualifying Defects : (2)
Endocrine System Diseases	: 1,798	: 1,891
Diabetes mellitus	: 1,627	: 1,665
Frohlich's syndrome	: 11	: 15
Other	: 160	: 211
Metabolic Diseases and Avitaminoses	: 38	: 50
Blood and Blood-Forming Organ Diseases	: 212	: 238
Eye Diseases and Defects	: 2,113	: 2,532
Inflammatory diseases	: 21	: 32
Refractive errors	: 60	: 91
Strabismus	: 52	: 97
Blindness, bilateral	: 283	: 362
Blindness, unilateral	: 1,475	: 1,616
Defective or insufficient vision, not specifically defined	: 51	: 102
Other	: 171	: 232
Ear and Mastoid Process Diseases and Defects:	1,524	1,708
Otitis media	: 343	: 366
Tympanic membrane defects	: 25	: 31
Deafness, bilateral	: 713	: 747
Deafness, unilateral	: 37	: 54
Defective hearing, not specifically defined	: 310	: 396
Other	: 96	: 114
Circulatory System Diseases	: 1,226	: 1,465
Rheumatic fever	: 278	: 307
Chronic rheumatic heart disease	: 590	: 628
Arteriosclerotic and degenerative heart diseases	: 65	: 78
Other heart diseases	: 114	: 163
Hypertensive disease	: 110	: 189
Varicose veins, including varicocele	: 17	: 33
Other diseases of the circulatory system	: 52	: 67
Respiratory System Diseases (nontuberculous):	227	295

Table XIV. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Digestive System Diseases	952	1,090
Ulcer of the stomach, duodenum, or jejunum:	390	420
Hernia of the abdominal cavity	363	409
Mouth and adnexa diseases, including teeth: and supporting structures	31	50
Other	168	211
Genitourinary System and Breast Diseases	507	597
Nephritis and nephrosis	80	100
Kidney, absence (acquired)	337	352
Other diseases of the urinary system	68	109
Hydrocele	6	12
Other male genital organ diseases (non- venereal) and diseases of the breast	16	24
Skin and Cellular Tissue Diseases	164	212
Warts	5	6
Acne vulgaris	4	10
Other	155	196
Bones and Organs of Movement Diseases and Defects	5,608	6,266
Arthritis	241	270
Spine (including neck)	45	48
Upper extremities	11	12
Lower extremities	67	75
Other sites, or generalized	118	135
Rheumatism	6	11
Osteochondrosis	159	175
Osteomyelitis and other diseases of the bone	360	379
Knee, internal derangement	99	115
Intervertebral disc displacement	69	77
Sacro-iliac joint, affection	50	57
Ankylosis of joint	250	280
Spine (including neck, but excluding sacro-iliac joint)	47	52
Upper extremities	63	74
Lower extremities	118	130
Other and multiple sites	22	24

Table XIV. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Bones and Organs of Movement Diseases and Defects, continued		
Other diseases of the joints	193	225
Curvature of the spine	202	245
Flatfoot	121	179
Clubfoot	355	394
Shortening of lower extremities	213	237
Other musculoskeletal diseases and defects:	387	432
Amputation of extremities	1,696	1,752
Fingers	517	552
Other upper extremities	555	561
Toes	35	41
Other lower extremities	566	574
Unspecified sites or both extremities	23	24
Limitation of motion	304	345
Spine (including neck)	14	14
Upper extremities	156	183
Lower extremities	113	123
Other and multiple sites	21	25
Deformities and impairments	903	1,093
Spine (including neck)	83	98
Upper extremities	157	183
Lower extremities	323	371
Other and multiple sites	340	441
Congenital Malformations	1,430	1,636
Nervous system and sense organs	194	236
Circulatory system	281	312
Heart	256	286
Other	25	26
Digestive system	116	137
Cleft palate and harelip	98	114
Other	18	23
Genitourinary system	137	178
Undescended testicles	32	59
Other	105	119
Bones and joints	454	496
Lumbosacral region	73	84
Other	381	412
Other congenital malformations	248	277

Table XIV. (Continued)

Diagnosis	: Primary Cause : of : Disqualification: : (1)	: Prevalence of : Disqualifying : Defects : (2)
Failure to Meet the Anthropometric Standards:	585	801
Underheight	175	220
Underweight (except malnutrition)	107	207
Overweight	126	191
Overheight	177	183
Miscellaneous Diseases and Defects	990	1,138
Symptoms referable to systems or organs	243	335
Abnormal urinary constituents or unspecified cause	14	24
Abnormal x-ray and laboratory findings	3	5
Other diseases and ill-defined conditions	730	774

Source: DD Form 47 ("Record of Induction"), Section II: Local Board Medical Interview.

Table XV. Distribution of Medically Disqualified Draftees on Complete Medical Examination by Diagnosis, and Prevalence of Disqualifying Defects¹

(January 1957 through September 1956)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Total	79,697	94,040
Psychiatric Disorders	8,860	10,581
Psychoses	384	413
Psychoneuroses	2,221	2,754
Character and behavior disorders	5,739	6,737
Mental deficiency	516	677
Neurological Diseases	1,631	1,822
Cerebral paralysis	209	222
Epilepsy	634	703
Peripheral nerve diseases	298	333
Other	490	564
Infective and Parasitic Diseases	2,249	2,390
Tuberculosis	805	861
Respiratory	701	748
Other	104	113
Venereal diseases	89	94
Syphilis	45	48
Other	44	46
Late effects of acute poliomyelitis	975	1,026
Schistosomiasis	117	118
Dermatophytosis	65	77
Other infective and parasitic diseases	198	214
Neoplastic Diseases	1,721	1,937
Malignant Neoplasms	76	79
Neoplasms of the lymphatic and hematopoietic tissues	36	38
Benign neoplasms	1,473	1,670
Pilonidal cyst or sinus	1,229	1,389
Other	244	281
Unspecified neoplasms	136	150
Allergic Disorders	5,072	5,318
Asthma	4,778	4,990
Hayfever	101	113
Other	193	215

Table XV. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defect (2)
Endocrine System Diseases	1,064	1,176
Diabetes mellitus	637	673
Frohlich's syndrome	44	46
Other	383	457
Metabolic Diseases and Avitaminoses	195	240
Blood and Blood-Forming Organ Diseases	129	156
Eye Diseases and Defects	8,588	11,331
Inflammatory diseases	170	207
Refractive errors	2,549	2,981
Strabismus	1,777	2,071
Blindness, bilateral	116	289
Blindness, unilateral	781	1,855
Defective or insufficient vision, not specifically defined	2,161	2,630
Other	1,034	1,298
Ear and Mastoid Process Diseases and Defects:	5,048	5,563
Otitis media	2,832	2,950
Tympanic membrane defects	73	81
Deafness, bilateral	381	512
Deafness, unilateral	302	372
Defective hearing, not specifically defined	1,163	1,328
Other	297	320
Circulatory System Diseases	9,018	12,321
Rheumatic fever	309	330
Chronic rheumatic heart disease	2,735	2,831
Arteriosclerotic and degenerative heart diseases	1,267	1,332
Other heart diseases	1,087	1,727
Hypertensive disease	3,000	5,362
Varicose veins, including varicocele	436	510
Other diseases of the circulatory system	184	229
Respiratory System Diseases (Nontuberculous):	1,011	1,125

Table XV. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Digestive System Diseases	5,316	5,763
Ulcer of the stomach, duodenum, or jejunum:	1,699	1,822
Hernia of the abdominal cavity	2,753	2,961
Mouth and adnexa diseases, including teeth: and supporting structures	129	150
Other	735	830
Genitourinary System and Breast Diseases	1,045	1,233
Nephritis and nephrosis	249	279
Kidney, absence (acquired)	120	130
Other diseases of the urinary system	385	436
Hydrocele	141	190
Other male genital organ diseases (non- venereal) and diseases of the breast	150	198
Skin and Cellular Tissue Diseases	1,565	1,804
Warts	140	164
Acne vulgaris	207	255
Other	1,218	1,385
Bones and Organs of Movement Diseases and Defects	13,023	14,451
Arthritis	780	867
Spine (including neck)	173	202
Upper extremities	89	94
Lower extremities	358	384
Other sites, or generalized	160	187
Rheumatism	32	36
Osteochondrosis	427	466
Osteomyelitis and other diseases of the bone	414	454
Knee, internal derangement	1,250	1,354
Intervertebral disc displacement	309	329
Sacro-iliac joint, affection	229	250
Ankylosis of joint	312	338
Spine (including neck, but excluding sacro-iliac joint)	105	113
Upper extremities	84	90
Lower extremities	117	127
Other and multiple sites	6	8

Table XV. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Bones and Organs of Movement Diseases and Defects, continued		
Other diseases of the joints	1,618	1,773
Curvature of the spine	845	990
Flatfoot	1,635	1,853
Clubfoot	571	626
Shortening of lower extremities	390	434
Other musculoskeletal diseases and defects:	673	815
Amputation of extremities	533	556
Fingers	428	445
Other upper extremities	18	20
Toes	60	63
Other lower extremities	27	28
Unspecified sites or both extremities	-	-
Limitation of motion	1,494	1,616
Spine (including neck)	127	142
Upper extremities	748	798
Lower extremities	563	614
Other and multiple sites	56	62
Deformities and impairments	1,511	1,686
Spine (including neck)	199	215
Upper extremities	258	279
Lower extremities	597	653
Other and multiple sites	457	539
Congenital Malformations	2,815	3,187
Nervous system and sense organs	347	435
Circulatory system	944	1,010
Heart	905	966
Other	39	44
Digestive system	206	216
Cleft palate and harelip	166	173
Other	40	43
Genitourinary system	370	441
Undescended testicles	243	292
Other	127	149
Bones and joints	699	798
Lumbosacral region	323	385
Other	376	413
Other congenital malformations	249	287

Table XV. (Continued)

Diagnosis	: Primary Cause : of : Disqualification: : (1)	: Prevalence of : Disqualifying : Defects : (2)
Failure to Meet the Anthropometric Standards:	6,376	7,707
Underheight	279	324
Underweight (except malnutrition)	1,361	1,749
Overweight	4,511	5,392
Overheight	225	242
Miscellaneous Diseases and Defects	4,971	5,935
Symptoms referable to systems or organs	1,685	1,985
Abnormal urinary constituents or unspecified cause	1,160	1,599
Abnormal x-ray and laboratory findings	660	753
Other diseases and ill-defined conditions	1,466	1,598

¹Includes draftees who were medically disqualified on preinduction and direct induction examinations and those who were disqualified on complete medical examination ("Lapse of Time") at the time of induction.

Source: "Report of Medical Examination," Standard Form 88.

Table XVI. Distribution of Medically Disqualified Draftees on Physical Inspection by Diagnosis, and Prevalence of Disqualifying Defects

Diagnosis	: Primary Cause : of : Disqualification : : (1)	: Prevalence of : Disqualifying : Defects : (2)
Total	: 16,684	: 18,617
Psychiatric Disorders	: 2,658	: 3,148
Psychoses	: 192	: 197
Psychoneuroses	: 1,082	: 1,258
Character and behavior disorders	: 1,272	: 1,558
Mental deficiency	: 112	: 135
Neurological Diseases	: 679	: 710
Cerebral paralysis	: 46	: 46
Epilepsy	: 335	: 342
Peripheral nerve diseases	: 63	: 66
Other	: 235	: 256
Infective and Parasitic Diseases	: 590	: 614
Tuberculosis	: 283	: 293
Respiratory	: 267	: 277
Other	: 16	: 16
Venereal diseases	: 159	: 170
Syphilis	: 128	: 139
Other	: 31	: 31
Late effects of acute poliomyelitis	: 80	: 81
Schistosomiasis	: 11	: 11
Dermatophytosis	: 17	: 17
Other infective and parasitic diseases	: 40	: 42
Neoplastic Diseases	: 443	: 461
Malignant neoplasms	: 14	: 16
Neoplasms of the lymphatic and hematopoietic tissues	: 14	: 14
Benign neoplasms	: 369	: 385
Pilonidal cyst or sinus	: 329	: 342
Other	: 40	: 43
Unspecified neoplasms	: 46	: 46
Allergic Disorders	: 1,753	: 1,782
Asthma	: 1,673	: 1,694
Hayfever	: 41	: 49
Other	: 39	: 39

Table XVI. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Endocrine System Diseases	270	277
Diabetes mellitus	159	161
Frohlich's syndrome	13	15
Other	98	101
Metabolic Diseases and Avitaminoses	3	5
Blood and Blood-Forming Organ Diseases	16	19
Eye Diseases and Defects	655	956
Inflammatory diseases	40	54
Refractive errors	100	138
Strabismus	160	187
Blindness, bilateral	6	18
Blindness, unilateral	88	240
Defective or insufficient vision, not specifically defined	97	110
Other	164	209
Ear and Mastoid Process Diseases and Defects	838	1,097
Otitis media	565	593
Tympanic membrane defects	40	231
Deafness, bilateral	66	74
Deafness, unilateral	49	60
Defective hearing, not specifically defined	65	78
Other	53	61
Circulatory System Diseases	2,063	2,190
Rheumatic fever	100	104
Chronic rheumatic heart disease	791	794
Arteriosclerotic and degenerative heart diseases	150	151
Other heart diseases	297	321
Hypertensive disease	591	675
Varicose veins, including varicocele	58	62
Other diseases of the circulatory system	73	83
Respiratory System Diseases (Nontuberculous)	312	337

Table XVI. (Continued)

Diagnosis	: Primary Cause of Disqualification: (1)	: Prevalence of Disqualifying Defects
Digestive System Diseases	1,536	1,623
Ulcer of the stomach, duodenum, or jejunum	761	777
Hernia of the abdominal cavity	543	567
Mouth and adnexa diseases, including teeth and supporting structures	72	84
Other	160	195
Genitourinary System and Breast Diseases	318	371
Nephritis and nephrosis	111	122
Kidney, absence (acquired)	14	14
Other diseases of the urinary system	119	128
Hydrocele	26	35
Other male genital organ diseases (non- venereal) and diseases of the breast)	48	72
Skin and Cellular Tissue Diseases	295	357
Warts	38	54
Acne vulgaris	18	20
Other	239	283
Bones and Organs of Movement Diseases and Defects	2,640	2,882
Arthritis	226	269
Spine (including neck)	86	98
Upper extremities	16	17
Lower extremities	92	112
Other sites, or generalized	32	42
Rheumatism	2	7
Osteochondrosis	98	105
Osteomyelitis and other diseases of the bone	177	183
Knee, internal derangement	377	385
Intervertebral disc displacement	145	148
Sacro-iliac joint, affection	86	88
Ankylosis of joint	29	32
Spine (including neck, but excluding sacro-iliac joint)	9	9
Upper extremities	7	7
Lower extremities	12	15
Other and multiple sites	1	1

Table XVI. (Continued)

Diagnosis	: Primary Cause : of : Disqualification: : (1)	: Prevalence of : Disqualifying : Defects
Bones and Organs of Movement. Diseases and Defects, continued	:	:
Other diseases of the joints	219	227
Curvature of the spine	157	164
Flatfoot	270	306
Clubfoot	98	100
Shortening of lower extremities	95	111
Other musculoskeletal diseases and defects	136	179
Amputation of extremities	83	84
Fingers	80	80
Other upper extremities	-	-
Toes	3	4
Other lower extremities	-	-
Unspecified sites or both extremities	-	-
Limitation of motion	130	161
Spine (including neck)	14	21
Upper extremities	48	58
Lower extremities	49	63
Other and multiple sites	19	19
Deformities and impairments	312	333
Spine (including neck)	64	64
Upper extremities	69	69
Lower extremities	132	136
Other and multiple sites	47	64
Congenital Malformations	541	568
Nervous system and sense organs	107	111
Circulatory system	107	112
Heart	100	100
Other	7	12
Digestive system	51	51
Cleft palate and harelip	24	24
Other	27	27
Genitourinary system	138	143
Undescended testicles	93	96
Other	45	47
Bones and joints	116	120
Lumbosacral region	71	74
Other	45	46
Other congenital malformations	22	31

Table XVI. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Failure to Meet the Anthropometric Standards	185	219
Underheight	5	5
Underweight (except malnutrition)	99	121
Overweight	52	63
Overheight	29	30
Miscellaneous Diseases and Defects	689	1,001
Symptoms referable to systems or organs	441	503
Abnormal urinary constituents of unspecified cause	133	158
Abnormal x-ray and laboratory findings	141	144
Other diseases and ill-defined conditions	174	196

Source: "Report of Medical Examiner," Standard Form 88.

Table XVII. Distribution of Medically Disqualified Applicants for Enlistment
by Diagnosis, and Prevalence of Disqualifying Defects

(September 1955 through June 1957)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Total	34,762	39,323
Psychiatric Disorders	3,131	3,728
Psychoses	77	77
Psychoneuroses	382	502
Character and behavior disorders	2,567	2,999
Mental deficiency	105	150
Neurological Diseases	393	406
Cerebral paralysis	36	40
Epilepsy	187	189
Peripheral nerve diseases	72	76
Other	98	101
Infective and Parasitic Diseases	877	917
Tuberculosis	385	395
Respiratory	344	352
Other	41	43
Venereal diseases	87	91
Syphilis	44	45
Other	43	46
Late effects of acute poliomyelitis	286	296
Schistosomiasis	2	2
Dermatophytosis	62	72
Other infective and parasitic diseases	55	61
Neoplastic Diseases	619	656
Malignant neoplasms	32	32
Neoplasms of the lymphatic and hematopoietic tissues	1	1
Benign neoplasms	457	491
Pilonidal cyst or sinus	359	383
Other	98	108
Unspecified neoplasms	129	132
Allergic Disorders	1,575	1,635
Asthma	1,466	1,521
Hayfever	18	19
Other	91	95

Table XVII. (Continued)

Diagnosis	: Primary Cause of Disqualification: (1)	: Prevalence of Disqualifying Defects (2)
Endocrine System Diseases	418	456
Diabetes mellitus	127	132
Frohlich's syndrome	42	42
Other	249	282
Metabolic Diseases and Avitaminoses	32	36
Blood and Blood-Forming Organ Diseases	55	61
Eye Diseases and Defects	3,969	4,984
Inflammatory diseases	96	118
Refractive errors	1,138	1,302
Strabismus	916	1,057
Blindness, bilateral	65	102
Blindness, unilateral	243	653
Defective or insufficient vision, not specifically defined	1,150	1,278
Other	361	474
Ear and Mastoid Process Diseases and Defects:	3,078	3,200
Otitis media	2,282	2,333
Tympanic membrane defects	53	55
Deafness, bilateral	128	153
Deafness, unilateral	107	112
Defective hearing, not specifically defined	318	353
Other	190	194
Circulatory System Diseases	4,910	5,726
Rheumatic Fever	186	188
Chronic rheumatic heart disease	1,666	1,704
Arteriosclerotic and degenerative heart diseases	1,162	1,190
Other heart diseases	671	852
Hypertensive disease	1,045	1,576
Varicose veins, including varicocele	111	127
Other diseases of the circulatory system	69	89
Respiratory System Diseases (nontuberculous)	482	518

Table XVII. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Digestive System Diseases	2,070	2,171
Ulcer of the stomach, duodenum, or jejunum:	264	271
Hernia of the abdominal cavity	1,413	1,468
Mouth and adnexa diseases, including teeth: and supporting structures	132	156
Other	261	276
Genitourinary System and Breast Diseases	503	564
Nephritis and nephrosis	120	125
Kidney, absence (acquired)	81	86
Other diseases of the urinary system	158	160
Hydrocele	89	107
Other male genital organ diseases (non- venereal) and diseases of the breast	55	86
Skin and Cellular Tissue Diseases	972	1,055
Warts	70	76
Acne vulgaris	208	233
Other	694	746
Bones and Organs of Movement Diseases and Defects	3,775	4,187
Arthritis	185	208
Spine (including neck)	38	42
Upper extremities	35	35
Lower extremities	85	101
Other sites, or generalized	27	30
Rheumatism	8	8
Osteochondrosis	83	87
Osteomyelitis and other diseases of the bone	154	170
Knee, internal derangement	277	297
Intervertebral disc displacement	23	25
Sacro-iliac joint, affection	16	20
Ankylosis of joint	60	68
Spine (including neck, but excluding sacro-iliac joint)	16	16
Upper extremities	16	16
Lower extremities	23	29
Other and multiple sites	5	7

Table XVII. (Continued)

Diagnosis	Primary Cause of Disqualification: (1)	Prevalence of Disqualifying Defects (2)
Bones and Organs of Movement Diseases and Defects, continued		
Other diseases of the joints	339	357
Curvature of the spine	396	451
Flatfoot	481	545
Clubfoot	306	330
Shortening of lower extremities	145	155
Other musculoskeletal diseases and defects:	199	260
Amputation of extremities	150	155
Fingers	120	121
Other upper extremities	4	4
Toes	17	21
Other lower extremities	9	9
Unspecified sites or both extremities	-	-
Limitation of motion	459	485
Spine (including neck)	21	22
Upper extremities	274	286
Lower extremities	140	150
Other and multiple sites	24	27
Deformities and impairments	494	566
Spine (including neck)	46	51
Upper extremities	89	99
Lower extremities	153	174
Other and multiple sites	206	242
Congenital Malformations	1,379	1,479
Nervous system and sense organs	136	157
Circulatory system	755	783
Heart	730	758
Other	25	25
Digestive system	86	88
Cleft palate and harelip	71	73
Other	15	15
Genitourinary system	153	178
Undescended testicles	120	145
Other	33	33
Bones and joints	173	190
Lumbosacral region	39	46
Other	134	144
Other congenital malformations	76	83

Table XVII. (Continued)

Diagnosis	: Primary Cause of : Disqualification: : (1)	: Prevalence of : Disqualifying Defects : (2)
Failure to Meet the Anthropometric Standards:	2,850	3,409
Underheight	83	92
Underweight (except malnutrition)	1,777	2,193
Overweight	962	1,096
Overheight	28	28
Miscellaneous Diseases and Defects	3,674	4,135
Symptoms referable to systems or organs	792	906
Abnormal urinary constituents or unspecified cause	1,559	1,825
Abnormal x-ray and laboratory findings	477	502
Other diseases and ill-defined conditions	846	902

Source: "Report of Medical Examination," Standard Form 88.

XIV. References

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XV. Forms and Reports

1. Individual Forms.

(1) DD Form 47. This form ("Record of Induction") is initiated by the local boards for each draftee ordered to the Armed Forces examining stations for induction processing (see reproduced form). The obverse side of the form is filled out by the local boards; the reverse side is filled out by the induction stations after examination. If a draftee is disqualified by the local board for obviously disqualifying medical defect(s), these defect(s) are stated in Section II of the form, and a copy of the form is forwarded directly to the office of The Surgeon General, Department of the Army. These data were used for obtaining the diagnostic distributions of the youths medically disqualified by the local boards (table XVII).

(2) Standard Form 89. Prior to the medical examination at the Armed Forces examining stations, the examinee is required to complete Standard Form 89 ("Report of Medical History"). The medical information reported on this form is used by the examining physician as a reference when conducting the medical examination (see reproduced form).

(3) Standard Form 88. The medical findings are reported on this form ("Report of Medical Examination") (see reproduced form).

(4) Copies of these forms (DD Form 47 and Standard Forms 88 and 89) are forwarded to the office of The Surgeon General, Department of the Army, on each disqualified draftee and on each draftee inducted in the Army. Copies of Standard Forms 88 and 89 are also received for each applicant disqualified for enlistment. The data abstracted and coded

from these forms are those shown on the "Transcription Slips" (see reproduced forms). The coded data are put on punchcards. The diagnostic distributions of the disqualifying and limiting defects of draftees, as well as of the disqualifying defects of applicants for enlistment, presented in this study, were tabulated from these punchcards (tables XIII - XVI).

b. Reports.

(1) DA Form 316 (MED-66). This report ("Summary of Registrant Examinations for Induction") is prepared each month by each Armed Forces examining stations on which the results of preinduction and induction examinations of draftees are summarized. The disqualified examinees (on preinduction, or at the time of induction) are distributed by broad causes of disqualification: administrative, mental, medical, and mental and medical. The draftees qualified on preinduction examination are distributed by mental group and physical category. The results of the induction examinations are shown separately by type of examination: physical inspection, complete medical examination ("lapse of time"), and complete mental and medical examination ("direct induction"). Induction stations which process draftees from local boards in more than one state prepare a separate report for each state. Copies of these monthly reports are submitted to the office of The Surgeon General, Department of the Army. The general data relating to draftees were taken from these individual reports, as indicated under "Source" in the footnotes to the corresponding tables.

(2) DD Form 557. This form ("AFES Qualitative Distribution Report of Male Enlistments, Inductions, and Rejections") is prepared

by each Armed Forces examining station, for each calendar month. It includes all "chargeable" enlistments, inductions, and applicant rejections. The term "chargeable" refers to men, 17 years of age or older, who have not previously served in any of the Armed Forces or, if served, their length of service is less than 6 months, since September 1940. The term "applicant" refers to individuals who volunteer for enlistment and are forwarded to the Armed Forces examining stations by the service of their choice for mental and medical examination. The results of these examinations are cross-distributed on the report by mental group and physical category. The monthly report "Qualitative Distribution of Military Accessions and Rejections" (DD-MP&R(M) 344) prepared by the office of The Adjutant General, Department of the Army, is derived from these reports, submitted by the Armed Forces examining stations. The general data, relating to applicants for enlistment are taken from the Adjutant General's reports, as indicated under "Source" in the footnotes to the corresponding tables.

RECORD OF INDUCTION		Form Approved Budget Bureau No 27-7002 A	DO NOT DEFACE THIS STAMP	
SECTION I - GENERAL (Local Board Will Prepare From Latest Information Available)				
1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER (To be assigned by Induction Station)		
3. HOME OF RECORD (Number and street or rural route - if none so state - city or post office, county and state) (To be assigned by Induction Station)		3a. CURRENT ADDRESS		
4. SELECTIVE SERVICE NUMBER	5. DATE OF BIRTH DAY MONTH YEAR	6. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	7. DEPENDENTS a. NO CHILDREN UNDER 18 b. OTHER DEPENDENTS (Exclude wife, if married, and children indicated on Item 7a)	
8a. PRIOR MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", Complete Items Below)				
8. ARMED FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD	9. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> US <input type="checkbox"/> RES <input type="checkbox"/> NG	10. SERVICE NUMBER	11. DATE OF ENL. IND. APT. AND OR ORDER TO ACTIVE DUTY	12. DATE OF DISCHARGE OR RELEASE
13. CHARACTER OF DISCHARGE OR SERVICE			14. REASON AND AUTHORITY FOR DISCHARGE OR RELEASE (Cite appropriate service regulations)	
15. PRESENT CIVILIAN TRADE OR OCCUPATION (Type of business)				16. LENGTH OF EXPERIENCE YEARS MONTHS
EDUCATION				
17. GRADE OR YEAR COMPLETED (Enter through all grades or years successfully completed) (Exclude trade or business schools)		18. ELEMENTARY AND HIGH SCHOOL		
		COLLEGE		
		POST GRADUATE		
19. PLACE OF BIRTH	20. IS U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	21. IF NOT A U.S. CITIZEN		
		22. DATE OF ENTRY INTO U.S. FOR PERMANENT TEMPORARY RESIDENCE	23. ALIEN REGISTRATION RECEIPT CARD NUMBER	24. FOREIGN COUNTRY OF WHICH CITIZEN
25. IF NATURALIZED CITIZEN, GIVE DATE, PLACE, COURT OF JURISDICTION AND NATURALIZATION NUMBER				
26. CONVICTED OR ADJUDICATED OF CRIME OTHER THAN MINOR TRAFFIC VIOLATION (If "Yes", specify crime, date, location of court and sentence) <input type="checkbox"/> YES <input type="checkbox"/> NO		27. NOW IN CUSTODY OF LAR <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", IS NECESSARY RELEASE OR WAIVER ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	28. CONSCIENTIOUS OBJECTION <input type="checkbox"/> CLASS I-A-O <input type="checkbox"/> CLASS I-O	
29. PREVIOUSLY EXAMINED AND NOT ACCEPTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", indicate the following) (Check one) <input type="checkbox"/> NOT ACCEPTABLE OR PREINDUCTION <input type="checkbox"/> NOT ACCEPTABLE DR INDUCTION <input type="checkbox"/> NOT ACCEPTABLE DR ENLISTMENT				
SECTION II - LOCAL BOARD MEDICAL INTERVIEW				
30. PHYSICAL DEFECTS (To be completed by Local Board)	31. LIST ALL DEFECTS AND DISEASES CLAIMED BY THE REGISTRANT AND ANY DEFECTS OR DISEASES WHICH THE REGISTRANT MAY HAVE, AND WHICH ARE KNOWN TO THE LOCAL BOARD (If no defects, indicate by "None")			
	32. ARE ANY OF THE DEFECTS OR DISEASES LISTED IN ITEM "31" ABOVE INCLUDED IN LIST OF DEFECTS (Per 1627, SS R4e)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	33. REGISTRANT OR AFFIDAVIT REFERRED TO LOCAL BOARD MEDICAL ADVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
34. STATEMENT OF LOCAL BOARD MEDICAL ADVISOR (To be completed if Item 33 is "Yes")				
35. FINDINGS a. <input type="checkbox"/> REGISTRANT DOES NOT HAVE DISQUALIFYING DEFECT(S) CLAIMED b. <input type="checkbox"/> REGISTRANT HAS THE FOLLOWING DISQUALIFYING DEFECT OR DEFECTS (Specify the principal disqualifying defect first, list all other defects in order of significance, and attach affidavits or statements)				
36. REMARKS				
37. DATE	38. PLACE	39. SIGNATURE OF LOCAL BOARD MEDICAL ADVISOR (When Item 36c is "Yes")		
		40. SIGNATURE OF MEMBER OR CLERK OF LOCAL BOARD (When Item 36c is "No")		

SECTIONS III THROUGH X OF THIS FORM WILL BE FILLED OUT AT INDUCTION STATION																		
SECTION III - MEDICAL DETERMINATION										SECTION IV - ORDER OF RESERVANTS SERVICE PREFERENCE								
<small>NOTE: Changes in physical profile or physical category on SF 88 will be entered on separate lines under original determination.</small>																		
10. DATE	PHYSICAL PROFILE SERIAL					PHYSICAL CATEGORY					11. PLACE ORDER OF PREFERENCE NUMBER IN BOX							
		P	L	L	R	E	S	A	E	C		E						
											<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY						
											<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD						
											<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> NONE						
SECTION V - MENTAL DETERMINATION																		
12a. TEST - FORM - SCORE										APQT MENTAL GROUP		I	II	III	IV	V	<input type="checkbox"/> ADMINISTRATIVELY ACCEPTED	
12b. OTHER TEST(S)																SCORE		
																<input type="checkbox"/> QUALIFYING <input type="checkbox"/> NONQUALIFYING		
SECTION VI - MORAL DETERMINATION																		
13. RESERVANT HAS BEEN PERSONALLY INTERVIEWED AT TIME OF:																		
a. <input type="checkbox"/> PREINDUCTION - REVEALED COURT ADJUDICATION ON CONVICTION <input type="checkbox"/> YES ⁸ <input type="checkbox"/> NO NAIVER: <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/> NOT PROCESSED																		
b. <input type="checkbox"/> INDUCTION - REVEALED COURT ADJUDICATION ON CONVICTION <input type="checkbox"/> YES ⁸ <input type="checkbox"/> NO NAIVER: <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/> NOT PROCESSED																		
⁸ Except minor traffic violations. REMARKS:																		
SECTION VII - DETERMINATION AT PREINDUCTION EXAMINATION																		
14. THE QUALIFICATIONS OF THE ABOVE NAMED RESERVANT HAVE BEEN CONSIDERED IN ACCORDANCE WITH THE CURRENT REGULATIONS GOVERNING THE ACCEPTANCE OF SELECTIVE SERVICE RESERVANTS AND HE HAS THIS DATE:																		
a. <input type="checkbox"/> FOUND ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES																		
b. <input type="checkbox"/> FOUND NOT ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES FOR THE FOLLOWING REASONS:																		
ADMINISTRATIVE: <input type="checkbox"/> MORAL <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER ADMINISTRATIVE (Specify):																		
<input type="checkbox"/> TRAINABILITY LIMITED (T-O)																		
<input type="checkbox"/> FAILED APQT ONLY <input type="checkbox"/> FAILED APQT AND MEDICAL																		
FAILED MEDICAL ONLY: <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> OTHER MEDICAL																		
DATE			PLACE															
TYPED NAME, GRADE, AND ORGANIZATION OF CO OF INDUCTION STATION						SIGNATURE												
SECTION VIII - DETERMINATION AT INDUCTION EXAMINATION																		
15. TYPE OF EXAMINATION (Check one):																		
<input type="checkbox"/> PHYSICAL INSPECTION <input type="checkbox"/> COMPLETE MEDICAL EXAMINATION (Due to lapse of time) <input type="checkbox"/> COMPLETE MEDICAL AND MENTAL EXAMINATION (Delinquents, parolees, volunteers, etc.)																		
a. <input type="checkbox"/> FOUND ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES																		
b. <input type="checkbox"/> FOUND NOT ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES FOR THE FOLLOWING REASONS:																		
ADMINISTRATIVE: <input type="checkbox"/> MORAL <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER ADMINISTRATIVE (Specify):																		
<input type="checkbox"/> TRAINABILITY LIMITED (T-O)																		
<input type="checkbox"/> FAILED APQT ONLY <input type="checkbox"/> FAILED APQT AND MEDICAL																		
FAILED MEDICAL ONLY: <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> OTHER MEDICAL																		
DATE			PLACE															
TYPED NAME, GRADE AND ORGANIZATION OF CO OF INDUCTION STATION						SIGNATURE												
SECTION IX - DISPOSITION OF INDUCTEE BY ARMED FORCES																		
16. THE QUALIFICATIONS OF THE ABOVE-NAMED INDIVIDUAL HAVE BEEN CONSIDERED IN ACCORDANCE WITH CURRENT REGULATIONS GOVERNING THE ACCEPTANCE OF SELECTIVE SERVICE RESERVANTS AND HE HAS INDUCTED INTO:										17. DATE OF INDUCTION								
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> AIR FORCE																		
AND ORDERED TO REPORT TO:																		
a. ORGANIZATION				c. LOCATION				d. DATE										
18. INDUCTION STATION AT WHICH INDUCTED																		
TYPE OR STAMP OR NAME AND GRADE OF INDUCTION OFFICER						SIGNATURE OF INDUCTION OFFICER												
SECTION X - FINGERPRINTS OF RIGHT HAND (Fingerprint impressions will be made in this space in the case of every person inducted)																		
1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE														

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION	
7. SEX	8. RACE	9. TOTAL YRS GOVT SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT	
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)						

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER							HAD TUBERCULOSIS	
MOTHER							HAD SYPHILIS	
SPOUSE							HAD DIABETES	
							HAD CANCER	
BROTHERS AND SISTERS							HAD KIDNEY TROUBLE	
							HAD HEART TROUBLE	
							HAD STOMACH TROUBLE	
CHILDREN							HAD RHEUMATISM (Arthritis)	
							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER
		DIPHTHERIA			TUBERCULOSIS			RUPTURE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION
		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VENEREAL DISEASE
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS
		SINUSITIS			JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING	
		WORN GLASSES			BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
		WORN AN ARTIFICIAL EYE			HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
		WORN HEARING AIDS			BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
		STUTTERED OR STAMMERED			HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
		WORN A BRACE OR BACK SUPPORT			HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?		26. ARE YOU (Check one)
							<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC B INABILITY TO PERFORM CERTAIN MOTIONS C INABILITY TO ASSUME CERTAIN POSITIONS D OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give age at which occurred)
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINIC PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsustainability)
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE _____ SIGNATURE _____

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
--	------	-----------	---------------------------

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, state and State)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AHC ADDRESS				16. OTHER INFORMATION	
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (7/10/6)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umns; enter "NE" if not evaluated.)	AB- NORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Inf. & ext. canals) (Audiology usually under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel mov- ements, upgaze)	
	28. LUNGS AND CHEST (Include breaths)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Female only) (Check how done) <input type="checkbox"/> VAGINA <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth								X—Missing teeth				(S.N.)—Fixed bridge, brackets to include abutments					
/—Nonrestorable teeth								XXX—Replaced by dentures									
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
I																	E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
H																	T
Y																	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY				46. CHEST X RAY (Place, date, film number and result)			
B. ALBUMIN		D. MICROSCOPIC					
C. SUGAR							
47. SEROLOGY (Specify test used and result)		48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESCE			56. TEMPERATURE										
57. BLOOD PRESSURE (Arm of heart level)						58. PULSE (Arm of heart level)															
A SITTING		B RECURRENT		C STANDING (3 min.)		A SITTING		B. AFTER EXERCISE		C 2 MIN AFTER		D. RECUMBENT		E AFTER STANDING 3 MIN.							
SYS		DIAS.		SYS		DIAS.		SYS		DIAS.		SYS		DIAS.							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION													
RIGHT 20'		CORR. TO 20'		BY		S.		OX		CORR. TO		BY									
LEFT 20'		CORR. TO 20'		BY		S.		OX		CORR. TO		BY									
62. METEOROPHOBIA (Specify distance)																					
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CORV. CT		PC		PD							
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED									
RIGHT				LEFT								CORRECTED									
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION									
70. HEARING				71. AUROMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV		/15 SV		/15		250 250		500 510		1000 1004		2000 2044		4000 4006		6000 6144		8000 8100			
LEFT WV		/15 SV		/15		RIGHT		LEFT		RIGHT		LEFT		RIGHT		LEFT					
73. NOTES (Overhead) AND SIGNIFICANT INTERVAL HISTORY																					

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)										76. A. PHYSICAL PROFILE											
										P		U		L		N		E		S	
77. EXAMINEE (Check)										B. PHYSICAL CATEGORY											
A. <input type="checkbox"/> IS QUALIFIED FOR																					
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER										A		B		C		E					
79. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE											
80. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)										SIGNATURE											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY										SIGNATURE						NUMBER OF ATTACHED SHEETS					

**TRANSCRIPTION SLIP
INDUCTION EXAMINATION RECORDS BRANCH**

CARD COL.	CODE FOR EACH CARD FIELD									
1-6	BLOCK NUMBER - SEE TRANSMITTAL LABEL									
SELECTIVE SERVICE NUMBER										
7-17	STATE		LOCAL BOARD		YE OF BIRTH		ORDER NUMBER			
18-24	BYE COM	AGE	SEX	STAT	OCCUPATION					
25-29	EDUCATION	C-Y	COM OBJ	PREV SER						
30-34	MENTAL TEST SCORE		TYPE EEAR	PREV CASE						
35-44	MONTH OF EXAMINATION L B OR PREP INDUCTION			STATION		RACE	RAY	SERO		
45-47	FIRST DEFECT									
48-50	SECOND DEFECT									
51-53	THIRD DEFECT									
54-58	HEIGHT					WEIGHT				
59-62	BLOOD PRESSURE									
	SYSTOLIC					DIASTOLIC				
63-71	VISION									
	W/D CORR					W CORR				
	RIGHT	LEFT	RIGHT	LEFT						
72-80										
CODER					VERIFIER					

DISQUALIFIED

OTSG FORM 1000
1 APR 19
REPLACES SS FORM 81, 1 SEP 66, WHICH MAY BE USED.

TRANSCRIPTION SLIP
INDUCTION EXAMINATION RECORDS BRANCH

CARD NO.	CODE FOR EACH CARD FIELD									
1-6	BLOCK NUMBER - SEE TRANSMITTAL LABEL									
7-17	STATE		IDENTIFICATION NUMBER							
18-24	SIZE COR	AGE	WAR STAY	OCCUPATION						
25-29	EDUCATION		CIT	CONC OBJ	PREV DISO					
30-34	MENTAL TEST SCORE			TYPE EXAM	SERV YRS					
35-44	MONTH OF EXAMINATION			STATION		RACE	RAY	SERO		
45-46	PROFILE		PHYS CAT							
48-53	FIRST DEFECT			PROFILE FACTOR RATING						
54-59	SECOND DEFECT			PROFILE FACTOR RATING						
60-65	THIRD DEFECT			PROFILE FACTOR RATING						
66-70	HEIGHT		HEIGHT							
71-74	BLOOD PRESSURE SYSTOLIC DIASTOLIC									
75-80	VISION W O CORR R CORR RIGHT LEFT RIGHT LEFT									
	CODER					VERIFIER				

INDUCTED

OTSG FORM 1000-1
 1 APR 59
 REPLACES SF FORM 619,
 1 SER 59, WHICH MAY BE
 USED. SMO 674805

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XVII. Acknowledgments

A great number of persons have been involved in this study--many knowingly and far more unknowingly. First, there are the devoted (largely, financially uncompensated) members of the local boards within the Selective Service System and the personnel of the Armed Forces examining stations (the physicians; the psychologists; the commanding officers and their personnel), who have been faithfully carrying out the tremendous task of the processing of youths for military service. It is through their efforts that the basic data for this study were made possible. Second, there are the employees within the Office of the Surgeon General, Department of the Army, conscientiously and comprehensively fulfilling their responsibility for coding and tabulating the data. To all these persons who made these data available for analysis, the author is greatly indebted.

In addition, many persons were helpful in the compilation and analysis of the data and in the preparation of the manuscript. Among these, the author wishes to acknowledge his deep gratitude to the following persons, by agency:

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