dered unfit in the service.

We excluded 56,000 men in our examinations. There were 5,000 epileptics; 1,950 simple nervous cases; 9,000 cases of psychoneurosis; mentally defective, 18,000; constitutional inferiors, 4,000. There were 12,412 treated in base hospitals. Cases of syphilis of the nervous system were common. Cases of narcotic addiction were much rarer than was anticipated.

Col. Colin K. Russel, C.A.M.C., said it was difficult for him to discuss the address: he could not criticize the work done by the United States medical service. The Canadians were rushed into the war and took everybody in so far as mental symptoms were concerned. We had no national committee of mental hygiene. The United States had 750 neuro-psychiatrists at the end of the war. Canada hadn't seven trained neurologists at the beginning of the war. He thought not more than one or two psychiatrists signed on. The United States had cleared out 56,000 culls; Canada had cleared out very few—a few imbeciles. He did not think there had been a very large number of men returned on account of these defects. We had mental defects—precox cases returned—quite a number of them; but quite a number of these carried on as soldiers and had done well, having borne their share of being gun fodder. When the war was declared, Canada had to have an army, and had to have it quick. There were no mental specialists at all. When they arrived in England they had to co-operate with the British Army, and use the British hospitals. In France they came under the R.A.M.C., who had control of everything. In 1916, following the example of the French Army, special shell-shock centres were established in the casualty clearing stations. When a man was returned from the front line for a disability which was not definite, the medical officer was not permitted to put down a diagnosis of shell-shock or anything else—merely N.Y.D.N. Such a man was sent to a shell-shock centre. He may had had paralysis of both legs, or become mute, or perhaps was trembling all over. The history of his case was given. Following treatment in these centres, 70 or 80 per cent. of the patients were returned to duty. The other 20 to 30 per cent. were sent to the base. Fifty per cent. of these returned to some sort of duty. The other half were discharged as not fit for duty in france. In England, in the latter part of 1915, special hospitals for orthopedic and neurological cases were established at Lambeth. These were carried on until the latter part of 1917, when it was decided to move to Buxton. Following this there were some other centres established or hospitals were chosen with neurological wards. In Canada, since the Army Medical Corps has