

more particularly to the anxiety states than to the conversion hysterias. If all the private soldiers who complain of the milder degree of resistance to the trenches, which so many of these men show before the actual hysteria begins—if all these men were allowed to go back into rest camps there would probably be very little army left. On the other hand, the officers who break down with anxiety conditions, if they are good officers and of value to the army, are men who would be loth to leave their duty unless ordered to do so. It goes without saying that all forms of comfort and distraction, particularly the presence of palatable food and drink, are of importance from a medical standpoint in the present war as they never have been before. Where every factor seems to operate in making it hard for the soldier to maintain his adaptation—his pleasure in the service—it is essential that his difficulties should be reduced to a minimum, and that, on the other hand, he should be furnished with every possible means for giving him that pleasure which would distract his mind from all that is unpleasant and horrible around him.

Finally, when men are sent back to rest camps in order to recover from their fatigue it would be highly desirable that they should receive an examination before they return to active duty again. As has been shown in a number of cases in this report, the prospect of returning to duty, when recovery has not been complete, is frequently the occasion for utter discouragement and consequent collapse. In a war that may last for years an extra week or even an extra month of absence from the trenches is less loss to the army than is that which is occasioned by the protracted convalescence which follows only a week, perhaps, of efficient service. Here again then the problem is reduced to a question of adapting individual treatment to the military necessities which consider all men alike.