

countries—to get treatment as far to the front as possible. We were informed that here in Canada and in England the great difficulty was that there were no men at that time—two years ago—or very few, who understood the so-called shell-shock cases. Your men were brought back to the base hospital and referred from hospital to hospital, and finally back to Canada, by which time they were chronics—paralyzed, mute, deaf, etc., with much lessened chances of recovery. We tried to get our officers as near the front as possible and to get these men as soon after their attack as feasible. We had special base hospitals for nervous and special hospitals for mental cases. In addition there has gone over with each division a division psychiatrist; all these men were examined. He went through the training camps and to the front. He was in pretty close touch with the various individuals in the unit. As the division went into action the division psychiatrist organized his field hospitals along with the other divisions immediately back of the front, and into these hospitals the nervous and mental cases were immediately sent. At our first big fight we hadn't been organized, owing to the bickerings and difficulties incident to partial organization, and a considerable number of cases were sent back to the base hospitals. That one attack was an object lesson to those in authority, and Col. Salmon was asked to go ahead and welcome to any authority or organization he wanted. From the advanced field hospital 65 per cent. of these patients were returned to duty in thirty-six hours. Thirty-five remaining patients went to the base hospital wards. Twenty of these returned to duty in ten days. The remaining fifteen were sent to a special neuro-psychiatric hospital, and fourteen returned to duty in thirty days. We have two and a half million men over there, not all on active footing; but now that the war is over we have over 300 of these mental cases remaining on the other side, including shell-shock and insane. Other cases may develop as time goes on. We are planning for the care of the returned men. They will all pass into Virginia or New York State. Here we have a clearing house for returning patients and any patients needing mental treatment are sent to a particular neuro-psychiatric hospital, and they are gone over again, and, if all right, they can be discharged. In case a man is suffering from a neurosis he is helped along by the idea that the quicker he recovers the quicker he will get home. Many of them may relapse unless kept close track of; and so it has been found important to make treatment accessible at all times wherever they may be. The National Committee, therefore, co-operates with the Surgeon-General's office, and are planning with