hospitals, after they are ready for training or at least for Base Duty, or after they are obviously cases for discharge from the Service.

They are moved aimlessly from hospital to hospital, with no satisfactory records of their condition accompanying them—the knowledge acquired of the patients in one hospital is largely lost to the second, and must be obtained afresh before the medical staff of the second hospital can begin successfully to treat their patients.

It cannot be too strongly insisted that prolonged hospital life alone, under the existing conditions, would lead, even in a healthy individual, to deterioration, and that its enervating influence over sick and wounded soldiers cannot be over-estimated.

It is almost impossible successfully to train up a soldier made flabby mentally, morally, and physically by prolonged hospital stay, and this should be borne in mind before advising minor operations that are not absolutely essential.

These conditions, which have been to a large extent ignored, explain the defects of the present hospital administration.

Thus at Canadian convalescent hospitals we find:—

(1) Unsuitable admissions.

(a) Cases obviously for discharge as permanently unfit, where condition cannot be materially improved by convalescence, e.g., heart cases with fairly good compensation, men at middle age with persistent rheumatism, men with defective vision or hearing, cases of nephritis persisting after many months' treatment in active treatment hospitals.

(b) Cases with the diagnosis still in doubt, where such diagnosis should obviously have been made in the primary hospital, with the greater facilities available—e.g., suspected tuberculosis or epilepsy.

(c) Soldiers from the battalions with slight ailments, who could be satisfactorily treated in brigade hospitals.

(2) Undue retention of cases long ready for final disposition, either for training, base duty, or discharge as permanently unfit.

(3) Purposeless transfers to other hospitals.

(a) To Epsom Convalescent Hospital for preliminary training of men of middle age with some slight disability precluding training for full service.

(b) To Buxton of stout rheumatics over 40.

(c) To any other hospital of cases which could equally well be disposed of in the first convalescent hospital.

The various convalescent hospitals were visited, and at least 20 per cent. of the cases seen were ready for Physical Training, Base Duty, or