4. Scrutiny and correction of Canadian Casualty Lists, with more especial reference to correct diagnosis. (From August 1st to August 19th, 65 corrections and 128 cases of diagnosis wanted were reported to the Officer in charge Records. In the two casualty lists for the 18th and 19th of August, the numbers were 16 and 10 respectively).

   It will be obvious from a study of the daily Canadian casualty lists (hereto appended as Appendix 3) that a mere scrutiny of the contents cannot yield results, i.e., it is an impossibility to take each day's issue and hunt back in the previous casualty lists since May, 1915, and see whether each casualty in turn has appeared upon those lists. There was no other course but to make an analysis of the lists by developing a card index. That card index now consists of cards for between 100-120 thousand individual officers and soldiers. The index is used in two ways—(1) to see whether the patient has already been carded, or whether this is a new entry, and whether if not a new entry the details given tally with those given in the earlier casualty list or lists, and (2) for making up the analytical ledgers of sepa .te diseased states, i.e., when all the new cards made from the casualty list of one day have been written out, they are brought together and sorted according to disease, and now each case is entered in the analytical ledger according to disease.

5. Correspondence and reports regarding state of health of individual patients in hospital.
6. Correspondence regarding transfer and disposition of patients from British to Canadian hospitals.
7. Correspondence regarding hospitalisation of officers, offers of convalescent homes for officers, etc.
8. Visits to officers in hospital in London.
9. Correspondence regarding Medical Boards.
10. Standing Medical Boards upon officers in British hospitals in London area (and in special circumstances upon men in the same area).
11. Sanitation.
12. Correspondence regarding publication of medical papers.
13. Correspondence regarding pathological material.

All these matters came strictly under A.M.D.2. Yet other matters which used to come under this department (e.g., distribution of Medical History Sheets: arrangements of Medical Boards for those seeking renewal of pension, etc.), are now undertaken by other departments—Records, Pensions, and Claims Board, etc.