of treatment he would be transferred to the neuro-psychiatric centre for that region. It was an important thing to have these mental cases treated at the general hospital in this way. One new C.O., coming fresh to a camp, found 150 of this sort of patients, and immediately telegraphed Washington he wanted these "nuts" removed—a general military hospital was not a place for "nuts," and he didn't want them around. He appealed a number of times; but, failing in his appeal, he reported that if these "nuts" were to be maintained, he wanted a ten-foot wire barricade put around their building. The barricade was not built, nor was a single ward removed. At Fort McHenry the wire was bought for a barricade but was never used. These wards cannot be distinguished from any other sort of wards. There are even no guards or wire screens on the windows. And there has been no difficulty. In the Walter Reed Hospital there is an iron wire screen of a light kind on the back of one ward. But all the other wards are open. The buildings are frame and lined with paper board. The windows are all open, and all unscreened, except for flies. There's been no trouble. At first we all thought the windows should have been screened, yet we found it was not necessary. If we have intelligent men who really understand their work and their patients, and if we have competent nurses interested in and who also understand their patients, proper attendants, and plenty of occupational therapy—have them occupied and not loafing about, absolutely idle—we find no difficulty. That has been a distinct eye-opener to all of us. A new officer came to the Walter Reed Hospital and wanted to move these wards out. We allowed the matter to drift a week or so. When Col. Bailey and I talked it over with the C.O., and asked him if he wished these patients removed, he replied, "No; these are the best run wards in the whole hospital. I am surprised." When new officers come here they spend from one to ten days on the neuro-psychiatric wards, no matter what specialists they are. They go over there to learn how to run a ward. I mention this because it does show that some advance has been made in the care and treatment of the insane. I don't mean to say that all our mental wards were run upon this basis. It all depends on the particular officer in charge. The whole effort has been to get proper officers, nurses and attendants, and then to keep the patients busy. Where difficulty did occur it was where they put patients in locked wards, with nothing to do but to think of ways in which to defeat their incarceration and force their way out.

The work abroad has been under the direction of Col. Salmon. The plan has been, after following the experience of the other