

the Record Office wanted was the names, location and dates of admission and discharge of the patients, what the Historical Recorder wanted was the conditions of disease. Both desired to have the daily casualty lists as complete as possible. The difficulty was that with hundreds of hospitals scattered all over the United Kingdom, in charge of men and women who had, in most cases, little knowledge of Army conditions and Army Returns, and further were provided with inadequate clerical staffs, it demanded repeated correspondence on a large scale before the War Office instructions began to take effect.

It is not necessary to follow the full development of the Canadian Casualty Lists—all that is necessary is to explain how the Medical Historical Recorder had of necessity to interest himself in them. And with this, other correspondence bearing upon the distribution of Canadian patients in hospital fell to him. Thus in June, 1915, he was appointed, not A.D.M.S. Records, but *A.D.M.S. in charge of A.M.D.2*, i.e., of all matters connected with hospitalisation from the side of the patient.

As A.D.M.S. (A.M.D.2), therefore, he is responsible for the following:—

1. Statistics of incidence of disease in the C.E.F., including special reports called for from time to time regarding particular diseases.
2. Weekly return of (a) officers, (b) N.C.O.s. and men sick and wounded, in
 - (1.) Canadian Primary Hospitals.
 - (2.) Canadian Special Hospitals;
 - (3.) Canadian Convalescent Hospitals;
 - (4.) British Hospitals in the different commands.

This weekly return is based upon numerical returns received direct from hospitals in Great Britain. Examples of this weekly return, and of the consolidated return, are herewith forwarded as Appendix 1.

3. Monthly analysis of casualties of different orders affecting the C.E.F.

The example of this monthly analysis is herewith forwarded as Appendix 2. It is made for the use of the D.M.S. as a tally of the work done by the clerical staff and of the returns received, as giving a general knowledge of the incidence of disease, month by month.

These analyses will constitute the basis upon which the full statistics of the campaign will eventually be built.