sentative of neuro-psychiatry on the division headquarters staff to whom our arguments and data might be presented directly without having to pass through the hands of junior officers of low rank in the army. By some luck, such an officer was appointed to headquarters staff. Then every other specialty wanted to get on, but the psychiatrist was the only one who slipped through. This was very helpful in controlling conditions in the camp. This department was responsible for the mental health of the camp, just as the sanitary division was responsible for the sanitation. In order to acquaint the line officers with what we were trying to do, a special circular was gotten out and issued to them. Originally these mental cases were known in camp parlance as "nutty." I do say we were looking for "nuts." When this circular was issued it was found we were not only looking for nuts, but misfits—men maladapted, and who had been found impossible even after a long period of training. Had we asked these line officers if they had any insane they would have said no. If we should go and say have you any damn fool in your company or any fellows that can't keep step after all this time, or a bunch of fellows who are the butt of jokes, who are poor sticks in general, and you can't do anything with them—men who are constantly getting into all manner of difficulties—there would have been hardly a commander but had some. We did not assume that these people were necessarily defective. We looked them over and we found that quite a few were better excluded. After a company commander found that we could assist him in getting an A1 company—for every company commander wanted his to be the best in the camp—he would confess that he was having all kinds of difficulty with some of his men, who spoiled the whole thing. He couldn't get rid of them. But when we came and told him they did not belong he was relieved. The next problem was to establish centres for the treatment of those individuals who became ill. It was arranged to provide thirty-bed wards, known as neuro-psychiatric wards, in the base hospitals. It was soon found that facilities were not adequate. So the camp hospitals came to be used for temporary care and emergency treatment, using these neuro-psychiatric centres—centres of from 100 to 200 beds in connection with the general hospitals established in some area of dense military population. A case of insanity occurring in a camp or cantonment would be taken to the emergency hospital—not to guardhouse for arrest—brought for temporary care at the base hospital, where soldiers suffering from all other forms of illness are treated. There he would be treated and possibly returned home if found permanently unfit, or if he required a longer period