

on the occupations in which they have been engaged. The third object is, in case a man is not able to carry on his previous occupation, to re-educate him in some other occupation for which he is fit, so that he will not become a burden to society.

Since this work has been begun, and up to the middle of January of this year, vocational training during convalescence has been given to—

538	patients in	Quebec.
141	“	the Maritime Provinces.
348	“	Ontario.
105	“	Manitoba.
101	“	Saskatchewan.
122	“	Alberta.
148	“	British Columbia.

The Commission in pursuing this policy, has, as far as possible, attached to every convalescent home, a staff of competent teachers for the purpose of carrying on this work, and has even, where the same is advisable, built special vocational instruction buildings as additions to the convalescent homes. At the Mowat Sanitarium, Kingston, and the Mountain Sanitarium, Hamilton, excellent buildings for vocational training have been completed, and since the meetings of this Committee began, buildings are being erected at North Toronto (Military Orthopædic Hospital), Halifax, N.S. (Camp Hill Hospital), Esquimalt and Resthaven Hospitals, B.C. At Winnipeg, at the old Agricultural College, the machinery hall, 100 feet square and three stories high, will be devoted entirely to vocational training and the re-education of the seriously disabled men. Plans are also made for vocational buildings at other centres.

In the early stages of this work, the Commission was confronted by the reluctance of the soldiers to receive vocational training on account of the fear they entertained that if their earning power was thereby increased, their pensions would be decreased. As a result of this experience which was duplicated by the experience of Britain and France, an Order in Council was passed, very fittingly, declaring that the pensions of returned soldiers would not be decreased on account of their increased capacity to earn through their vocational training.

The range of vocational training and re-education adopted by the Commission has been very wide indeed, extending to such subjects as, woodworking, shoe-making, gardening, poultry-raising, farming, motor-mechanics, massage, telegraphy, book-keeping, basket-making, sign-painting, typewriting, shorthand, mechanical drawing and other occupations, full details in regard to which can be found from page 84 to page 160 in Volume II of the evidence taken before the Committee.

Fortunately, so far, very few blind soldiers have returned to Canada, and those who have come back have been educated in the work of massage and typewriting, and have shown great progress in those occupations.

The teachers employed in the various convalescent homes, except in the province of Ontario, are employed directly by the Commission. In that province for constitutional reasons put forward by the Provincial Government, teachers have been employed by the Provincial Soldiers' Aid Commission, but subject to the approval of the Hospitals Commission.

It is only fair to say that a considerable amount of voluntary assistance in teaching in the various schools has been given by patriotic persons, and that the Commission has adopted the policy of using the returned soldiers who showed proficiency in various lines of education as instructors in their institutions, and remunerating them therefor.

The policy adopted in regard to vocational training is to allow the convalescent to some extent to choose the occupation in which he shall receive training, guided of course, by the officials of the Commission. For the purpose of deciding general questions as to the most suitable training to be provided in a locality, the Commission asked the Provincial Commissions to appoint an Advisory Committee on Training. (See page 3, Bulletin No. 2, M.H.C.) These Advisory Committees usually include:—