

wounded soldiers from all countries are mixed together—British, Canadian, Australian, New Zealand, South African, etc.—and it is only when they reach the convalescent stage that they are sorted out and sent to the separate convalescent homes maintained in England by each of these countries. Practically all our patients reach us (via Bromley) from the British “active” hospitals. We thus feel the effects of all the fighting which goes on in France and Belgium whether the Canadians be actually engaged in it or not.

During the past twelve months, patients have been reaching us in a much earlier stage of their convalescence than during the first twelve months of our work here. Though we have very few cases of men who are actually confined to bed, still, owing to the number of those receiving dressings, it is now more like an “active treatment” hospital than a convalescent home. In 1916 the proportion of men requiring dressings was only about 40% of the total number of patients in the home at that time, whilst the number of those receiving massage was as high as about 50%. On account of the very heavy fighting in which all sections of the Imperial Forces took part during the spring, summer and autumn of 1917, there was, unfortunately, a very large number of wounded, the pressure from the “active” hospitals increased and, as a consequence, men were sent us at an earlier stage in their convalescence. During the summer and autumn of 1917, the proportion of patients receiving dressings rose to as high as 90% or 95%, whilst the number of those receiving massage fell to 20% or 25% only of the total number of men in the Home.

During the past twelve months, 1,001 men in all have been discharged from the Home. Of these 574, or 57%, were sent to training camps for physical training and thereafter to rejoin their regiments, or, if unfit for further active service, then to perform light duties at the base camps or as orderlies in the military hospitals. 204 or 20% were sent to other hospitals for operations or other special surgical and medical treatment. 223 or 22% were returned to Canada, either for further treatment in the convalescent homes there, or for final discharge from the Army as unfit for further service. The proportion of those returned to Canada this year has been greater than last, the chief reasons being that there are now a sufficient number of men in low categories to perform all the necessary duties at the base camps and hospitals in England, and further, there is now much greater accommodation for patients in the convalescent homes in Canada, where their treatment can be continued nearer their own homes, and where at the same time they can be receiving the necessary training in new trades or occupations. It should be clearly understood that these figures bear no relation whatever to the total number of men wounded,

as it is only the most seriously wounded men who are sent to convalescent homes in England. The slightly wounded men, who form by far the greatest portion of the casualties, are treated at the base or field hospitals in France and returned thence directly to their regiments. The wounds in the recent fighting have been mostly caused by rifle or machine-gun bullets, which, as a rule, are quickly healed and not so serious as the terrible wounds caused by shrapnel and high explosive shells in the first year or two of the war.

The greatly increased price of all articles required has been a most serious matter in the cost of running the Home. Medicines and surgical dressings have increased since pre-war days by about 200%; bed linen, men's under-clothing and nurses' uniforms by about 100%; cost of repairing furniture, utensils and buildings by about 100%; wages to meet the higher costs of living by about 100%; the principal articles of food have also increased by about 100% on an average. The increased cost of food has been the most serious item. Although some of the principal articles such as bread, meat, sugar, margarine, potatoes have increased by about only 100% on an average, others such as fresh, dried and tinned fruits have increased by 150% or 200%. There are now national schemes of rationing in force for sugar, meat, bacon, butter and margarine, for all of which articles both civilians and hospital patients are strictly rationed as to quantity. The prices of all these articles have also been fixed by the Food Controller, as well as those of most of the other principal articles of food. These arrangements should prevent any further rise in prices, but the German submarine menace still continues, although now less serious, the world shortage of food also continues, so that prices are likely to remain at their present high figure, the shortage of food is likely to increase, and other articles will have to be added by degrees to the national rationing scheme.

In these times of expensive fruits and vegetables, our garden has proved of more value than ever to the Home. During most of the year, by careful arrangement and cropping, our capable Head Gardener is able to produce enough fresh vegetables every day for all the men, and there is also quite a good supply of peaches, apples, pears and other fruit. The grounds continue to be kept in good order by the patients, so that our own gardeners are able to concentrate all their time on the production of vegetables and fruit in the vegetable garden.

The healthy recreation of the men continues to be well cared for. During the summer months the extensive grounds and lawns provide scope for exercise in various forms, and for games such as tennis, bowls, croquet, etc. During the winter months we carry through a