

his report or receive instructions. Facts which his papers would reveal at a glance need not be rehearsed; it is more impressive for the interviewer to show the possession of such knowledge than to elicit it. Man to man contact, eye speaking to eye, has in it a power which should not be distracted by the filling in of forms. From this standpoint the initial interview is a first and invaluable step in treatment. With the constructive phase of the interview we shall deal later. Our present point is the importance of what may be described as the unspoken communication. This does not imply pauses of silence, but it does mean the exercise of a fertile and appreciative imagination which reads the background of the patient's past accurately. This fact is impressed upon the patient by the nature of the programme outlined for him.

In the training of civilian workers for functional reeducation we have been impressed by the advantages of dwelling on certain features of the veteran's mental outlook. That the veteran is different from the civilian is immediately recognized, but failure to understand how and why is disconcerting and invites indulgence in sentimentality. On the other hand, to give students a critical curiosity about this side of the case stimulates close observation, assists in adjustment to the needs of the individual and adds immeasurably to the interest in the work.

This pedagogy must pierce below generalities to a study of individuals. The attitude of a patient depends not merely on what he was before enlistment, but on what branch or branches of the service he has been in and the conditions and length of his service and hospital experience. The outlook of an infantryman differs from that of an aviator, as a counter-battery artilleryman's does from that of a naval cadet off a submarine chaser. A patient's attitude is not simply a product of his hurt or of his hospital environment, but of his whole service. It is habits of thought that make problems of re-adjustment, and for this reason the ultimate cause of "hospitalization" should be sought not in hospitals, but in certain unavoidable features of combatant service. This may be illustrated in an abstract way from the experience of the healthy infantry recruit.

Whether he be a draftee or a volunteer, his first job is to learn to be a soldier. To say that this means he loses his individuality and initiative is less accurate than that it means a narrowing down of the motives upon which he may act. "How little", writes a soldier from France, "the outside world understands what our lives are like. In the outside world there are standards of freedom and politeness; in all personal matters a man has the power of choice. He is at liberty to make or ruin himself. He washes if he so desires; if he prefers to go dirty he does not wash. Within reason, as far as is compatible with the earning of his daily bread, he sleeps as long as he wants. . . . With