

ORIGINAL CONTRIBUTIONS

PHYSICAL TREATMENT OF WOUNDED SOLDIERS.

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INCE the first year of the war a comparatively unknown branch of medicine has sprung into prominence. Not as rapidly or as prominently as should have been, but after a hard struggle is at last forcing recognition.

Towards the middle of 1915 a number of casualties of graver types were convalescing. The wounds were healed, but the disabilities remained. These disabilities were the result of many causes. Direct destruction of tissue, injuries to nerves, joints and also disabilities of nerve function or joint function due to indirect causes, and lastly purely functional disabilities without visible traumatism.

The realization of what could be done in the way of curing these cases developed very slowly. These convalescents were sent to convalescent hospitals. An instructor of physical training and bayonet fighting was sent to instruct these casualties. He had, however, had no instruction in anatomy and was only trained to harden a fit man.

Naturally these instructors did not appreciate the conditions of a wounded man. In some cases men who had been doing work in the line of physical development previous to the war were obtained, but these were very few in number and belonged to various schools, such as the Swedish, German, Danish or individual schools, such as Sandow's. There was no system common to all and each one could not see the benefits of the other schools. As an army instructor stated, he "used to put the men through till they dropped, not realizing how much harm I might do."

In some of the gymnasia the men were given most severe exercises. The instructors did not know the bad results of an over-tired muscle. The medical officers, with very few exceptions, looked with more or less contempt on such disorganized effort, and very often were afraid to send a case of serious disability to the gymnasium, not knowing what treatment he would receive and realizing that he would be treated by incompetent instructors and not overlooked by competent medical officers. The patients were sent to the gymnasium. The disability in many cases was diagnosed and prescribed for by an instructor who was not a medical officer, and could not tell whether the disability was organic or functional.