The Re-Establishment of the Returned Disabled Soldier

The Invalided Soldiers' Commission of the Federal Department of Soldiers' Civil Re-establishment, has been organized for the purpose of treating discharged men who have a recurrence of physical disabilities incurred or aggravated in the service of their country, and also for the purpose of training for new occupations men who through their disabilities cannot resume their former work.

The work of the Vocational Branch of the Commission is embraced under two heads:—

(1) Occupational Therapy.

(2) Industrial Re-training.

OCCUPATIONAL THERAPY: The object of this work is primarily to provide suitable and interesting employment to men undergoing treatment in order to shorten their convalescence, and, secondarily, to give them the opportunity of receiving training which will assist them in making a comfortable livelihood after they are discharged to civil life.

Bedside occupations are being carried on in most of our Military Hospitals under the direction of the Vocational Branch of the I.S.C., and is proving of unquestionable benefit. When our disabled men are approaching the stage of convalescence, it is considered very important to get them interested in some light form of occupation. Most men, if they have lain in bed for two, three, four, or more months with nothing to do but be cared for by kind friends, will grow indolent and impatient, and when the time comes will look askance on any offer to teach them a new trade. On the other hand, if some sort of light occupation is given them and increased as their recovery progresses, occupation becomes so customary that to go on to a new trade is simply a natural progression.

Bedside occupational therapy not only bridges the period throughout convalescence to the time of the patient's discharge with interesting and varied working problems, but it seeks also to benefit the patient himself through remedial motions made unconsciously by him while his mind is absorbed in the process of some productive occupation; therefore, the object of the treatment is very important and has a direct bearing on the choice made for the occupation of the individual.

Patients suffering from crippled hands find in the use of plasticine modelling an excellent means of producing deft movements, while Basketry is made a remedial factor in finger, wrist and hand injuries.

Occupational therapy must be as truly therapautic as it is occupational. Diversion alone does not attain to the end that each and every "aide" should have in view.

The following are a few of the occupations which are given to the patients: Needlework, basket-making, beadwork, weaving, painting, drawing, stenography, book-binding, wood-carving, etc. The success of the aides who are in charge of the bedside and ward occupation, will naturally depend on their ability to select some occupation interesting to the patient and to change it often enough to prevent monotony.

CURATIVE WORKSHOPS: The curative workshops, which are established in all of our convalescent hospitals, are proving a great boon to the men. The work helps them to get fit more quickly. Men who have been in the hospitals for a long time have lost all habits of active life. These curative workshops go a long way towards helping men to use their injured limbs; for instance, a man with a badly injured hand who starts work in a carpenter's shop at first does most of the work with his sound hand, but gradually begins helping the sound hand with the injured one, thus unconsciously improving it.

Men in convalescent hospitals attend classes in woodworking, machine-shop work, mechan-