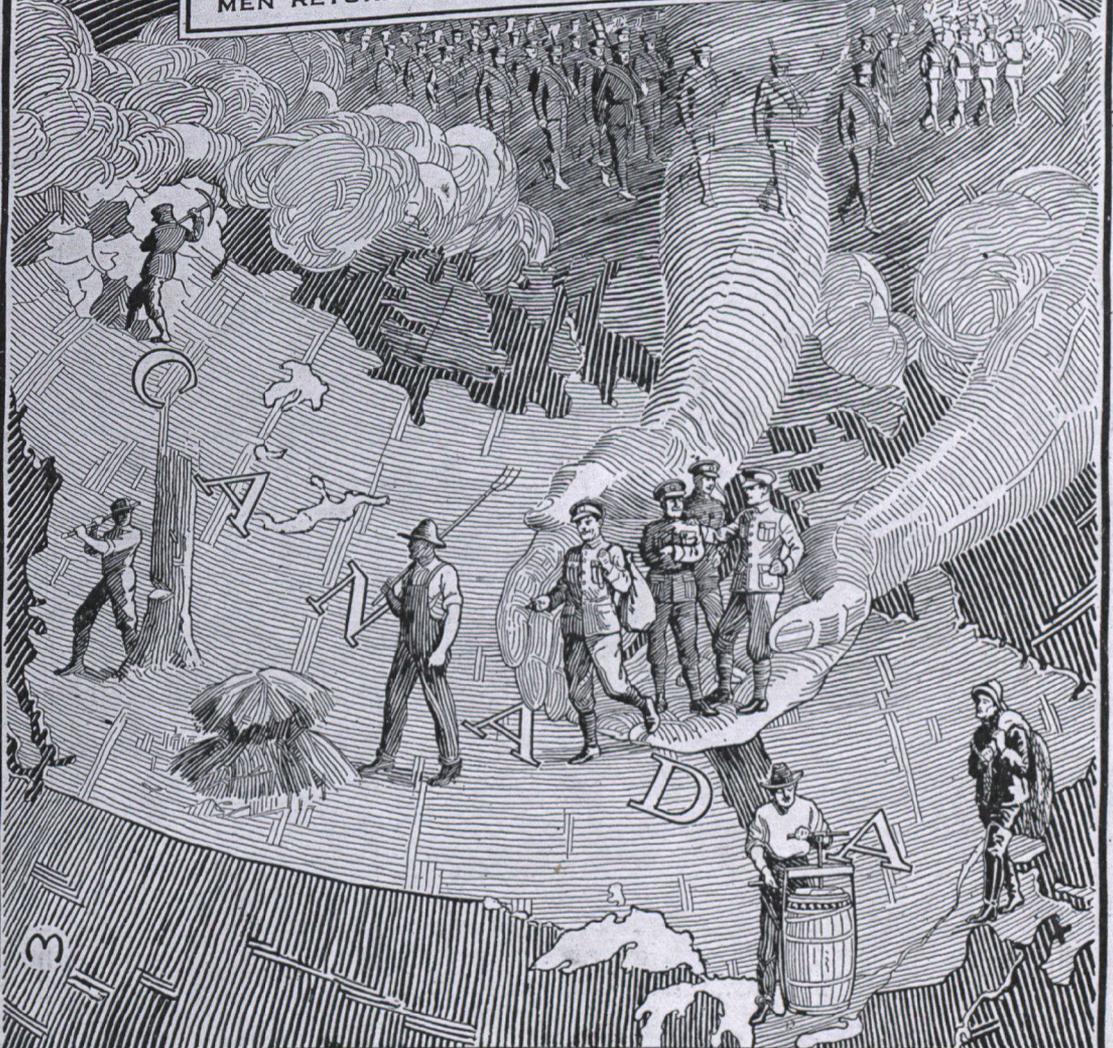


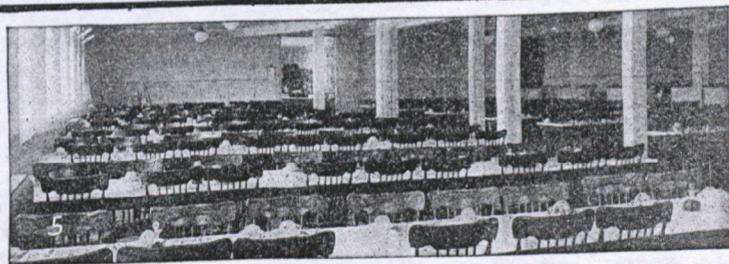
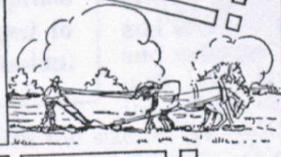
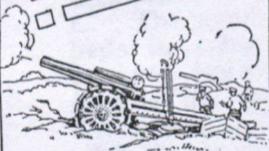
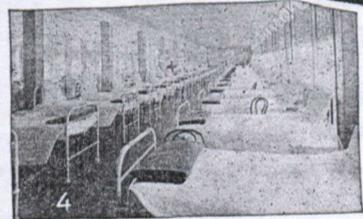
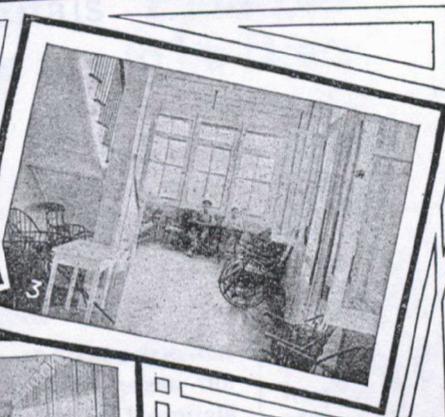
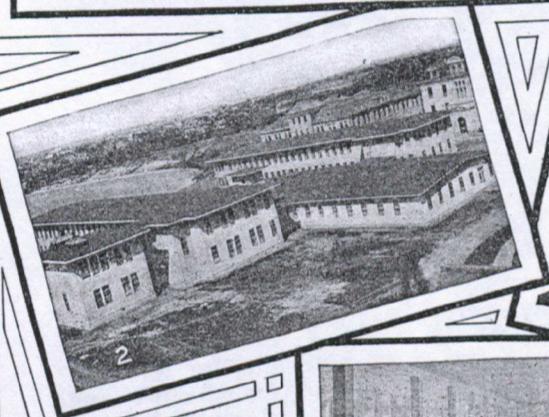
RECONSTRUCTION

THE COLD FIGURES OF ENLISTMENT INDICATE THE MAGNITUDE OF THE WORK OF RECONSTRUCTION—RECONSTRUCTION OF THOSE WHO ARE MAIMED, AND RECONSTRUCTION OF OUR INDUSTRIAL AND SOCIAL ORGANISMS TO MAKE PLACE FOR THE MEN RETURNING DURING AND AFTER THE WAR



BULLETIN - - - MARCH, 1918
PUBLISHED BY THE INVALIDED SOLDIERS COMMISSION, OTTAWA, CANADA, FOR THE INFORMATION OF ALL INTERESTED IN THE WELFARE OF CANADA'S RETURNED SOLDIERS

MANITOBA MILITARY CONVALESCENT HOSPITAL



- 1.— Grounds and buildings of former Provincial Agricultural College, Tuxedo Park, Winnipeg, now in process of development as a thousand bed Military Convalescent Hospital.
- 2.— New wings erected by Military Hospitals Commission at Manitoba M.C.H. to contain wards, dining-room and kitchen facilities.
- 3.— Sun room in which patients read, play cards and rest.
- 4.— Interior of standard ward.
- 5.— Interior of dining-room.

RECONSTRUCTION

BULLETIN PUBLISHED BY THE INVALIDED SOLDIERS COMMISSION FOR THE INFORMATION OF ALL INTERESTED IN THE WELFARE OF CANADA'S RETURNED SOLDIERS

COMMUNICATIONS SHOULD BE ADDRESSED TO:
INVALIDED SOLDIERS COMMISSION,
22 VICTORIA ST., OTTAWA.

Present Hospitals Enlarged and New Ones are to be Built

Exclusive of discharge and clearing depots, the Military Hospitals Commission has 12,291 hospital beds available for returned soldiers. The discharge depot accommodation is approximately 2,300 making the total number of beds 14,591.

Of this 14,591 there are 10,205 beds in buildings taken over and remodelled as hospitals by the M.H.C. The number of beds in structures erected from the ground up by the Commission is 2,795, while the accommodation at the disposal of the Commission in institutions under other management, general hospitals, etc., is 1,591. The Commission's present building program includes 3,925 beds in new buildings now under construction, some of which will be ready for occupation almost immediately. Owing to the unit plan of construction adopted by the M.H.C. 1,850 beds can be added to existing buildings at a minimum of short notice, thus making the total accommodation in present contemplation 20,366.

At the present time accommodation is abreast of requirements and the expansion is planned sufficiently far ahead to keep pace with any possible influx of new cases.

ESQUIMALT ENLARGED
Esquimalt Military Convalescent Hos-

pital, where accommodation for only 110 patients exists at the present time, is to be expanded into a 300 bed centre. A standard ward wing containing 150 beds is to be built, and additional space is to be obtained in some of the existing build-

ings by erecting a separate dining and kitchen pavilion. A central heating plant is to be added to this hospital and a separate building for hydro and electro-therapy and massage is to be included. A recreation hall commensurate with the size of the institution is another part of the modern and complete convalescent hospital which will shortly stand on this attractive site.

Stop-Press Notice

Since this issue of Reconstruction was prepared for the press the name of the Military Hospitals Commission has been changed to the Invalided Soldiers Commission.

WILL HAVE 1000 BEDS

The Manitoba Military Convalescent Hospital, Tuxedo Park, Winnipeg, is to be enlarged to a thousand bed institution. Additional ward accommodation to the extent of 300 beds is being given by the erection of two new standard wings west of the existing standard wings and north of what was formerly known as Roblin Hall. Heated corridors connect the new wings with the dining pavilion and with Roblin Hall, which has been extensively altered by the installation of equipment for the administration of electrical treatment, remedial baths, etc.

With the additional accommodation expansion in other directions at Mani-

toba Military Convalescent Hospital becomes necessary. A separate women's residence building for nurses, masseuses, dietitians, and others, is to be built.

A recreation hall with seating accommodation for 900 in the auditorium is to be built at the west side of the campus close to the gate. The usual facilities for concerts, dances, bowling alleys, canteen, gymnastic games, etc., will be provided, as in the recreation halls erected at other M.H.C. hospitals.

The Administration Building, portions of which are now put to a variety of uses, is to be placed largely at the disposal of the vocational training branch. The only other feature remaining in this building will be the administration offices themselves.

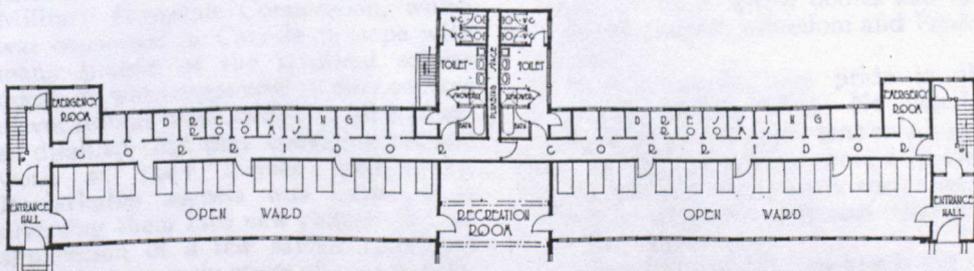
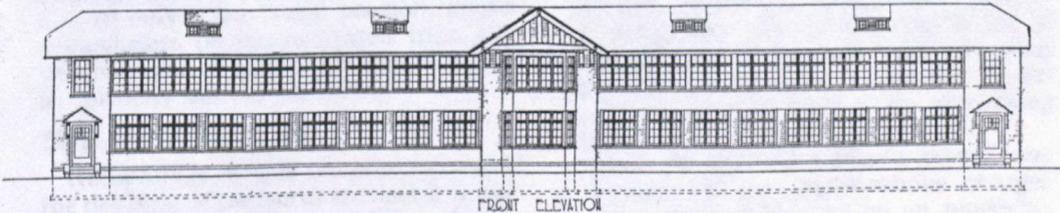
ORTHOPEDIC HOSPITAL

In purchasing the National Cash Register property in Christie Street, near Dupont Street, Toronto, the Military Hospitals Commission laid the foundation for what will probably develop into one of the largest military hospitals in Canada. It is also probable, owing to the increase in the number of orthopedic cases, that this, instead of the Davisville Avenue institution, will be the Commission's chief orthopedic centre.

The buildings as they are at present will accommodate about 400 patients, but plans are being prepared for the erection of two new stories which will increase the accommodation to between 800 and 900 beds. There is sufficient land to enable the Commission to erect large additional temporary accommodation, and there is every likelihood that a hospital of 12,000 or 15,000 beds may ultimately stand on this site. Plans for the adaptation of the property to military hospital purposes are being made with all speed by the Commission's Works Branch.

The property consists of about seven acres on which exceedingly durable and up-to-date buildings have been erected. These were inspected and approved for hospital purposes by the Military Board of Medical Consultants.

The purchase of this property was a new departure for the Commission, but the type of building and the character of the site were such that after careful examination the conclusion was reached by the Commission that the entire premises could be sold after the war for more than has been paid. The cost to the country of this vast hospital accommodation would thus be practically negligible.



Industrial Canada Cannot Afford To Lose Workers by War Injuries

Industrial accidents in this engineering age have been responsible for the injuring and crippling of hundreds of workers whose plight has been the subject of economic discussion for many years past. Workmen's Compensation Acts have been passed in four or five provinces of Canada providing prompt money remuneration and free medical attendance by a system of equalized taxation against employers and employees in all industries of like character. This was thought prior to the war to be the last word in provision for workers injured in the performance of their duties, and was regarded as a sound economic measure.

The war, however, has produced cripples on a scale with which Canada has never before had to grapple. Free medical treatment by the Army Medical Corps and a system of money pensions were arranged as a matter of routine, but these measures are, of course, neither original nor new.

Pension is based on physical disability, which often has very little relation to industrial incapacity. Thus, a man with a comparatively slight injury, entitling him to only a fractional pension, might nevertheless be incapacitated from the peculiar type of work by means of which he formerly earned his living.

THE NEW FACTOR

Recognition of this circumstance and the devising of measures to meet it is one of the striking developments of the present war and its aftermath. The Military Hospitals Commission, which was organized in Canada to cope with many phases of the returned soldier question, was empowered to offer courses of vocational re-education to all soldiers so disabled that they could not resume work at their former occupations. Remarkable success was achieved in diverting them into new callings by the application of a few salient principles learned at an early stage of the venture.

The outcome promises to be something of an industrial and economic revolution.

Hitherto the crippled worker has been a dead weight on society, an asset turned into a liability, a producer of wealth

converted into a non-productive pensioner. This was as true of industrial as of war cripples. It was adopted as a principle in almost all big industries of Canada that the cheapest way to dispose of a crippled worker was to pension him off and get rid of him. Any attempt to continue to employ him in his shattered condition was felt but to invite further accident both to the man himself and to his fellow workers.

CAN STILL BE ASSET

A new light has been shed on the subject, however, and it has been demonstrated up to the hilt that even very serious disabilities, such as the loss of an arm or a leg or both eyes, must no longer be regarded as the termination of the man's productive career.

When Canada resolved to send half a million men overseas, the national conscience was stirred with the responsibility thus cast upon it to be just, and even generous, with those who undertook to sacrifice everything for the national welfare. When some of them were returned to Canada incapacitated for further military service and, consequently, less able to bear the brunt of the battle for bread against their stronger competitors, a unanimous expression of resolution to do everything possible for these men was heard.

Life in an "old soldier's home" was deemed by the organizations charged with responsibility, to be an unworthy reward from this country for the sacrifice made by those whose bodies had stood between Canada's freedom and Prussian tyranny.

British people take pride in their economic independence. No man likes to be a pauper or dependent on a pension for his existence, even though he recognizes his just right to financial recompense for an injury sustained while doing his duty by others.

It was foreseen that the number of men who, under the old standard, would have been cast-offs and condemned to eke out their existence on military pension, or to spend the remainder of their days in institutional surroundings, was going to

be very large. Canada is a young country and could not afford the loss of this great asset. The best brains of the country were brought to bear on the question and the methods pursued by other nations faced with the same problem were studied closely. There can be no doubt that the solution has been found, that this dead loss can be avoided, that Canada's industrial progress can be materially aided instead of impeded by the disabled veterans.

Those employers who have had the program fully explained to them have been convinced, and all that is needed for the successful carrying out of the scheme is the co-operation of the industrial organizations of the country—the manufacturers, the transportation companies, the merchants, the agricultural interests and all other employers.

EVERY MAN SURVEYED

The vocational training branch of the Military Hospitals Commission has established a procedure by which every convalescent soldier passing through hospital is interviewed with a view to ascertaining whether or not he is debarred by his injuries from returning to his former civilian occupation. If he is so debarred the Commission undertakes to train him for some new means of earning his living.

The number of men who must be re-educated for new occupations because their disabilities prevent them from returning to their former means of livelihood, is, fortunately, only about one tenth of all men passing through the Canadian Military Convalescent Hospitals. Individual consideration is given each case. As a primary consideration the man's peculiar disability must be considered. Secondly, his natural aptitude and interests must be studied by the vocational counsellor who interviews him with a view to recommending a course of training. Of vital importance, in a great many cases, is the man's previous occupation, it having been found that in the vast majority of instances there is another line of work

industrial education and experience are of assistance to him in his new occupation thus increasing his chances of success. A complete face-about, while not impossible to achieve even for a man fairly well on in years as soldiers' ages go, is unsettling and often leads to dissatisfaction and unrest.

A man's disability may make it easier to train him for a certain occupation, but employment in that work might not be easy to obtain. The labour market is closely watched by the vocational counsellors. Here again the value of training a man for an occupation closely allied to his former one works out well. Most firms are willing to take their old employees back after their return from the front and, even though they may be disabled from working at their former benches, there is usually another corner of the same shop where work can be found for the disabled man if he is given proper training.

In the interest of those who had no such special openings for them, the Military Hospitals Commission has undertaken a survey of all the principal industries of the country by means of which valuable detailed information in tabulated form will be made available, and through which it is expected that the employers of the country will be educated to the opportunities within their reach of conserving an important unit of Canadian man power.

MUST EDUCATE PUBLIC

The surveys have shown that there are a multitude of opportunities for disabled men to train for technical occupations requiring real skill. A man with his right arm off is not eligible for all kinds of work, but there are hundreds of skilled jobs for which he is eligible, and all that is necessary in order to assure him of getting work is to have those occupations listed and to educate the public up to the point where they will realize the necessity of making way for the crippled men.

In a book entitled "Re-education," George Edward Barton deals with this

be done by a cripple, in a short time the well man would feel much as the small boy feels about something that girls can do; that is, he respects the work itself but, taking pride in the fact that he is a boy, he cannot be induced to do it himself. There are plenty of occupations for the crippled, for the blind, even for the insane, which being done by them, will release a stronger worker for some

which cannot afford to lose his valuable services. The Military Hospitals Commission is seeking to obtain the cooperation of employers all over the country in its scheme of rehabilitation, and already a large measure of success has been attained.

Can there be any doubt that what is practical in regard to war cripples is practical in regard to industrial cripples,



The commercial class at Ogden Red Cross Military Convalescent Hospital, Calgary, occupies a former bar-room. Note the man in the foreground learning to write with his left hand.

other line of production without interfering with the amount of product."

It having been demonstrated by national agencies that a disabled man can do profitable work if a small sum of money is spent in re-educating him, employers generally will, no doubt, realize that both as individuals and in the aggregate they have been sacrificing valuable assets when they permitted competent and experienced workers to drop out of the Dominion's industrial army because of injury, or, in individual cases, out of the employ of the shops where they formerly worked.

The fundamental thing at the present

and that a revolutionary economic measure has been achieved?

Unlike some of the belligerent countries, Canada has decided that the pension of a soldier shall be based purely on physical disability and in offering re-education the Government is not seeking to reduce its pension bill. There will be, however, a great saving from the fact that the man will be a producer adding to the national prosperity instead of a mere pensioner. From the standpoint of the war cripple in Canada re-education and pension are not alternative, although other countries have deemed that pension should be reduced

Dearth of Qualified Masseurs in Canada Met by Establishment of M. H. C. Training School



Massage as a profession was practically unknown in Canada when war broke out. Consequently, when it became necessary for a proportion of the wounded soldiers to be cared for within the Dominion by the Military Hospitals Commission, the number of trained masseuses and masseurs was inadequate.

Through the co-operation of Lieut.-Col. Mayes, Director of the Canadian Army Gymnastic Staff, the services of Lieut. (then Sergt.-Major) Kendall were obtained by the Commission, and a school was started at Whitby under his direction. The first plan was to train returned soldiers for this profession, but an insufficient number was obtained. The doors were accordingly opened to women.

One class, composed about equally of returned soldiers and women, was graduated from the Whitby School, and a second class was opened at Hart House, Toronto, with about eighty students. No appeal for students was made except by notifying Dr. Margaret Patterson, whose co-operation brought more applications than could be accepted.

Fifty graduates of the first class are now scattered all across Canada, and are giving universal satisfaction. The course has been somewhat broadened in the second class, and it is hoped that even better results will be achieved from the sixty odd who will probably qualify. When the present class is

graduated in February, another will probably be begun. Plans are being laid to supply the ever increasing demand for qualified masseuses and masseurs, and to maintain the standard of efficiency at a point in keeping with the latest developments in this important science.

Massage as a remedial method has increased in popularity greatly during the past few years, and the young women and returned soldiers who have volunteered for service in this way are qualifying themselves for what should prove a lucrative means of livelihood.

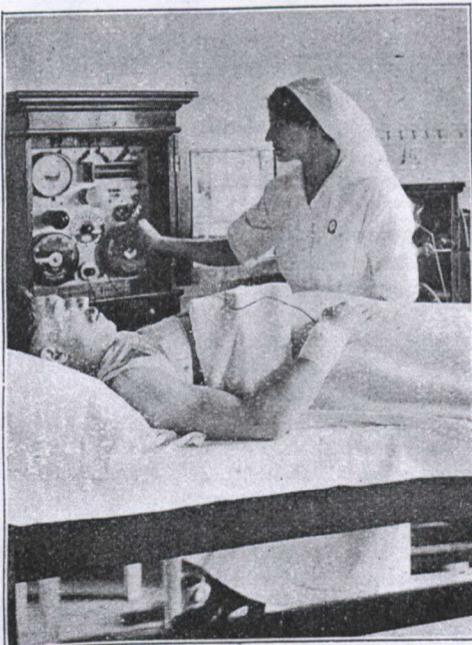
The course lasts for six months, but the present class may have a further six weeks' instruction in the re-educational work conducted by Dr. Edward A. Bott in the same building. This method of overcoming disability is individual in its application and consists chiefly of the employment of a piece of apparatus with which a patient practises his remaining fraction of a specific movement until the fullest possible degree of power in the movement is recovered. The encouragement of an understanding friend who must take pains with each individual case is considered to be necessary to the success of the treatment. It is contemplated that the masseuses shall be given sufficient instruction to qualify them for this work.

During the regular session of the school classes last from 9 a.m. to 4 p.m. Among

the subjects taught are practical massage, anatomy, physiology, electro-therapy and remedial gymnastics. Each day's work, however, begins with a half hour of strenuous physical training. Practical massage is hard work, and the student who hopes to achieve success must take a thorough course of muscle building exercises for his or her own benefit. In a busy hospital a masseuse may put in five or six hours a day at practical massage, and she must be strong enough to give every one of her ten or a dozen patients equally thorough treatment.

The terms upon which the pupils enter the school are interesting. During the time of instruction the pupils receive \$25 a month allowance. They sign an agreement to serve for one year after graduation in any part of Canada where they may be sent by the Military Hospitals Commission. They do not receive their diplomas until the end of that year. During their working time they receive pay at \$55 a month and when living quarters are not provided they also receive 75 cents a day subsistence.

All the graduates of the first school of fifty are still attached to the Commission and they are serving in many of the seventy odd hospitals conducted by the Commission from Halifax to Victoria.



Demonstrating application of ionic treatment.

POETRY HELPS THE CURE

Talented Military Patient is Author of Clever Lines

Sgt. W. M. Mounfield, a military patient at Mountain Sanatorium, Hamilton, Ontario, has published a small volume called "Lines of a Lunker." Its dozen or more pieces deal in different ways, all optimistic, with the life of the soldiers during the convalescent months spent in the sanatorium. One, "Take the Cure," is described by the medical officers as a valuable appeal for earnest effort on the part of the patient to follow the rules of the game. It has been a great help in keeping up the "will to get well" so greatly emphasized in sanatorium work. In semi-humorous ways he "puts across" the truth that tuberculosis is an enemy which can be defeated by a wary and patient fighter.

The quality of verse of which Sgt. Mounfield is capable is illustrated by the lines "To a Friend," which are here reproduced because of their message to the public generally.

* TO A FRIEND

Our room is cheerful, large and light;
The nights are cool, the days are bright;
But something not exactly right
We seemed to feel
Until you came in yesternight
To wish us weal.

The friendly frankness of your face,
The kindly act, the deed of grace,
The smiles which light the darkest place
Wherein you go
Help us in this most trying race,
As well we know.

Could you but know the good you do
As you your daily tasks pursue,
And to your Duty only true,
Avoiding strife,
It would supply an interest new
In this your life.

Your smiles sincere our spirits buoy;
Your very presence gives us joy;
If, blundering, we in aught annoy
We'll make amends;
So, when no graver cares employ,
Come, see your friends.

* Copyright Canada 1917.
W. M. Mounfield.

Statistics Dealing with Work of Rehabilitating Returned Men

Approximately 35,000 soldiers have returned to Canada from England and France to date.

Of these 20,458 have been transferred to the Military Hospitals Commission Command for further treatment.

At the latest computation there were 11,584 men on the strength of the Command.

The number of discharged soldiers who have received treatment in Canada is, therefore, approximately 8,000.

There is, however, always a margin of men whose treatment has been concluded, who have been medically boarded for discharge, but who are still on the Command because the routine of preparing documents for discharge has not been completed.

On the date at which there were 11,584 on the strength of the Military Hospitals Commission Command there were the following number of men attached to the strength of the respective units:

"A" — 1,095	"G" — 1,343
"B" — 1,176	"H" — 611
"C" — 961	"I" — 912
"D" — 2,671	"J" — 1,333
"E" — 145	"K" — 691
"F" — 646	

TUBERCULOSIS FIGURES

Complete figures in respect of the number of tuberculosis cases with which the Military Hospitals Commission has had to care are herewith analyzed up to December 31, 1917.

Up to that date the Commission had cared for 2871 tuberculosis patients. Of these 1983 had been overseas and the other 888 had been culled out from Canadian training camps. Of those under treatment on December 31, 1180 had been overseas and 225 were camp cases, making a total of 1405 on the strength of the Command at that time.

The number of patients discharged or died up to December 31 was 1466. Of these 803 had been overseas and 663 had not been out of Canada.

The number of discharges in proportion to the number of deaths is vastly greater. This is shown by the figures

for the month of December when 169 were discharged, 15 died, and 3 were stuck off the strength for deserting or refusing further treatment. The month of December was not abnormal in this respect. If anything, the number of deaths was proportionately higher than usual.

These figures indicate that the methods of treatment pursued in the sanatoria conducted by the Military Hospitals Commission are successful.

AMPUTATION CASES

At the last date (Jan. 15) on which records were complete 1,051 Canadian soldiers suffering from amputations had been returned to Canada. Of these 266 had been discharged; others were still being cared for in the military convalescent hospitals.

A classification of the amputation cases shows that 328 men have lost arms, of whom 111 have been discharged. The leg amputation cases total 723, of whom 568 are still in hospitals. Further classification shows that of the men still in hospital, 73 lost arms below the elbow and 144 arms above the elbow. The number of men still in hospital who lost legs below the knee is 194 and the number having amputations above the knee is 374.

VOCATIONAL TRAINING

The vocational training branch of the M.H.C. has 3143 returned soldiers under instruction. Of this number 944 are taking vocational re-education courses because of disabilities which prevent them from resuming their pre-war occupations. To date 1863 such courses have been granted. Of these 133 have been completed, 186 have been discontinued or rejected, and 600 have been deferred until the completion of convalescent treatment.

There are 2199 men taking vocational courses designed to be of therapeutic value as well as of practical use upon their return to civil life.

The courses offered have increased in variety from 37 to 97 during the past year. The instructor staff totals 259.

In addition there are many patients receiving occupational training at such light occupations as basketry, weaving and embroidery. Ten paid instructors in this work are assisted by numerous volunteers.

HOSPITAL AT SARCEE

Calgary to have New 300 Bed Establishment.

On a quarter section of the Sarcee Camp site the Military Hospitals Commission has decided to erect a 300 bed military convalescent hospital with the capacity for expansion to a 600 or even 900 bed hospital as occasion may require. A spur of the Calgary street car line is to be extended to the hospital for the purpose of transporting patients and supplies.

A commanding site, overlooking the Elbow River, has been chosen and in planning the arrangement of the standard units, which go to make up the new hospital, the Commission's architect has departed in some details from the block plan of other institutions. The administration building faces the east. The wings, instead of flanking it, lie at the rear with the sun-rooms at the ends of the wards facing north and south respectively.

The dining pavilion stands to the north and is connected with the wards by a heated corridor.

A standard recreation hall with ground floor facilities for vocational training is, as usual, one unit of the group.

The adjacent acreage is so extensive that expansion to an unlimited extent is possible.

VANCOUVER DEVELOPED

Additional ward space and treatment facilities are being provided at the hospital of the Military Hospitals Commission in Vancouver by making extensive alterations in the upper story of the Shaughnessy Military Convalescent Hospital. 150 beds are being added. Small buildings for the accommodation of vocational training at both Shaughnessy and Fairmont hospitals are also being erected. Adjacent to the Military Annex of the Vancouver General Hospital a building is being erected by the Military Hospitals Commission for the accommodation of the hydro-therapeutic equipment, pur-

chased some time ago from funds raised voluntarily for No. 5, B. C. Base Hospital and diverted by general consent to the other purpose. In such close proximity to the Military Annex, where cases requiring active treatment are centred, this equipment should do excellent service.



Former newspaper sketch artist studies colour work under tutelage of M. H. C. instructor. The vocational training officers seek to select courses which will be of the most practical value to the individual soldier.

TORONTO OFFICE IS MOVED

Headquarters of "D" Unit, M.H.C.C., have been moved from 1 Queen's Park, Toronto, to the Keens Building, Spadina Avenue. The impossibility of further expansion in the limited quarters at Queen's Park was responsible for the move to a larger office building. The artificial limb factory conducted by the Military Hospitals Commission has been established in the same building.

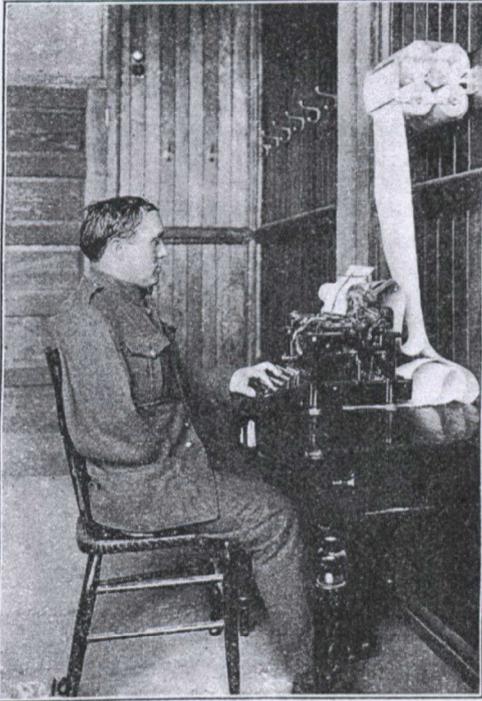
All Canadians should be co-workers towards converting the deplorable "debtor" balance of war into the "credit" balance of renewed prosperity.

Restoration, though an end and ideal as applied to men maimed by war, must be regarded as but a half-way house when applied to men and to conditions which are improvable.

MACHINERY DESIGNING

Recognition of Crippled Operators is Urged by Trade Paper.

Attention is drawn in an editorial in "Machinery" to the fact that in the designing of most machines the manufacturer has always had in mind operators with both hands and feet. The problem of fitting into civilian life the many thousands of soldiers who have suffered the loss of one or more arms and legs in all the different countries is of sufficient magnitude, the editorial holds, to justify designers of machinery in contriving devices whereby certain machines can be operated and controlled by men with one or more limbs



Feeding device for typewriter operated by man with one arm.

off. The operating appliances are usually fairly simple and alteration in them need not make radical changes in the machine itself.

"Electrical control probably offers the best solution," says the writer, "as push-buttons that may be worked by either foot or by an arm stump could be readily adjusted to suit the convenience of almost any cripple who is able to move himself about.

"The problem of designing machinery for the use of cripples will never be of greater importance than now; and it should receive immediate attention from designers, because the number of industrial cripples created each year is great, and the number created by the war will be enormous. Machinery should be so designed that the industrial as well as the war cripples will be able to continue earning an honourable and self-respecting livelihood."

PAID FOR LOSS OF TIME

Item of Interest to discharged Men Having Artificial Limbs.

A rate of allowance has been fixed by order-in-council for discharged soldiers coming from their place of residence to the Military Hospitals Commission's artificial limb factories for repairs to their artificial limbs. One central factory where all artificial limbs for Canadian soldiers in need of them are manufactured has been established at Spadina Avenue, Toronto. The first of a series of branch factories for purposes of fitting and repairs has been opened at Winnipeg, and others are being arranged as required at each of eight or ten centres throughout the country.

As the Government is responsible not only for the issuing of the original limbs but for their maintenance through the entire lifetime of the soldier it frequently becomes necessary for the discharged men to visit the nearest of the Commission's factories. As discharged men they are not under the jurisdiction of the M.H.C. Command, and the Commission until January 4, 1918, had no authority to recompense them for loss of time or travelling expenses. The Government has now authorized the Commission to pay the following scale of allowances in respect of any men called in for re-examination at a hospital or for repairs to or supply of artificial limbs and their appliances:

Return transportation first-class with sleeping berths if necessary.

\$1.10 per day allowance for time absent from home, plus \$1.50 for each night spent at a hotel and 50c for each meal absent from home. This makes a total allowance of \$4.10 a day plus transportation.

The scale is the same as that granted

by the Board of Pension Commissioners when a pensioner is called into a centre for re-examination.

RE-ATTESTATION RULING Treatment is Free providing Disability Due to Service.

No distinction exists between discharged soldiers who have been overseas and those who have not in respect of their rights under P.C. 508, the order-in-council designed to permit the re-attestation for treatment of discharged soldiers suffering a recurrence of disability due to service. The point frequently arises in outlying districts, and confusion has occurred once or twice due to imperfect understanding of the order. The man is entitled to re-attestation whether he has been overseas or not, so long as the disability from which he suffers is certified by the medical officer to be due to service.

GIFT FROM DOUKHOBORS Present Ten Tons Jam to Western Convalescent Soldiers.

A gift of 20,000 pounds of jam has been received by the Military Hospitals Commission from the Doukhobors, the Christian Community of Universal Brotherhood at Brilliant, B.C., for the convalescent soldier patients in the western hospitals and sanatoria.

War is against the tenets of the Doukhobor faith, and exemption from military service was promised them by the Canadian Government when they came to the west from Russia to settle.

In the Doukhobors gift are 7,500 pounds of strawberry jam, 7,500 of raspberry and 5,000 pounds of various other kinds including peach and plum. The fruit all came from the Kootenay district, and the jam was made in the Doukhobors' own model factory, which is noted for the purity of its products.

MONT BLANC EXPLOSION M.H.C. Hospitals at Halifax Rendered First Aid.

Due to the Mont Blanc explosion certain arrangements of the Military Hospitals Commission in respect of the reception of returned soldiers arriving by transport and hospital ship from

England had to be altered. The Commission was, however, enabled to perform important service in caring for many of the civilian victims of the disaster.

Pier 2, where the Commission had its reception hospital and clearing depot established, was badly wrecked as to its windows and interior equipment. The structure, owing to its substantial nature, withstood the shock well. Fortunately the building had been cleared of a recent shipload of arrivals just the day before and only one man was seriously hurt.

The Camp Hill hospital, which was beyond the height of land and not within a direct line of the shock, was not seriously affected by the explosion. There were 270 military patients in Camp Hill and Pine Hill convalescent hospitals, but when the disaster occurred orders were given that these should be transferred to Sydney at once. A large proportion of them were accommodated at Moxham and Ross Hospitals in Sydney and the others were taken care of in various ways at the same city. The medical and nursing staff at the Military Hospitals Commission's institutions administered to the soldiers during their absence from the Halifax institutions.

CARED FOR INJURED

Provision was made at once for the accommodation of the civilian injured at the Camp Hill and Pine Hill hospitals. Although the Camp Hill hospital was not quite finished and was intended, when finished, to accommodate only 600 men, room was found for 1400 civilian patients, while at Pine Hill 200 civilians were taken in. The staff and equipment of the hospitals were placed freely at the disposal of the relief workers and valuable assistance was rendered. The two institutions continued to care for their civilian charges for several weeks until other arrangements could be made.

Owing to the demolition of the partitions and equipment at the clearing depot, arrangements were at once made for the delivery of the next three hospital ships and transports at other ports. One ship arrived at New York and the staff from the discharge depot at Quebec was sent down to make the usual arrangements for their reception. Twelve hundred men, as well as women and

children, were on this ship and in view of the fact that only three days' notice of the transfer to New York was given remarkable success in fulfilling the necessary routine was achieved. Two other ships arrived at St. John, N.B., but Pier 2 is now sufficiently restored to perform its function.

When the news of the disaster reached Ottawa, the Commanding Officer of the Military Hospitals Commission Command, left for Halifax at once and cooperated with the local officials in placing the services of the Commission at the disposal of those in charge of relief.

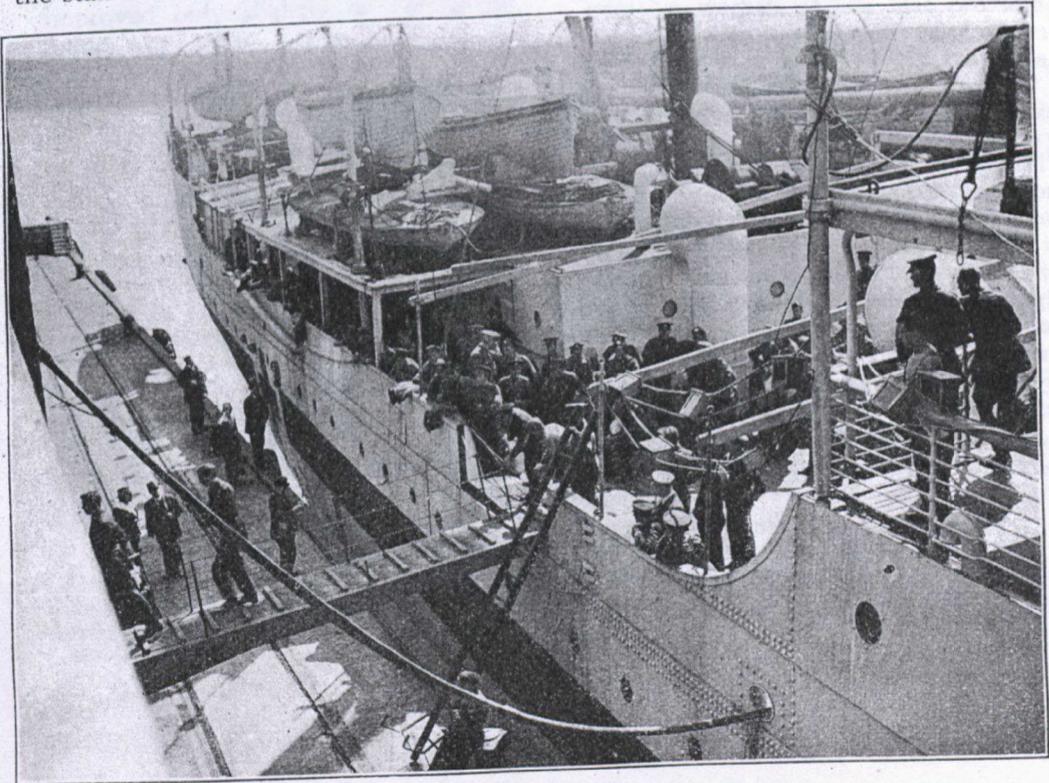
At Camp Hill hospital was a splendidly equipped kitchen arranged for cafeteria service methods. The Military Hospitals Commission's dietitians from nearby institutions came into Halifax at once and with the local dietitian at Camp Hill and the staff from Pier 2 contrived to serve about 4500 meals a day to the homeless and hungry destitute. Prior to the disaster the institution had been feeding fewer than 300 people and the increased amount of work imposed on the staff and facilities was enormous.

ONE SOLDIER'S ATTITUDE

"What are you going to do when you are discharged," a middle-aged patient in one of Canada's military convalescent hospitals was asked. "Do?" he echoed. "I'm going to do what any sane man of my age would do. I'm going straight back to work. This is just marking time in one's life, like having to go to a wedding on one's busiest mail day. I'm not going to exploit the war as a means of getting a living, or do any fool thing like that. I am going straight back to my office, I am. I know exactly where I turned down the page of my sales book when I came out—it was page 79—and I'm going to start it again at page 80."

FORT QU'APPELLE SAN.

Soldier patients suffering from tuberculosis are now being cared for at the new provincial sanatorium at Fort Qu'Appelle, Saskatchewan. Provision for vocational training has been made by the M.H.C.



Military patients disembarking from hospital ship at Canadian port of arrival.

FUNCTIONAL RE-EDUCATION

Functional re-education, a science little studied before the present war, has been firmly established, not only in Canada but in several of the European countries, as a therapeutic method of prime importance in conserving and restoring the physical and mental powers of disabled soldiers.

Experimental and research work begun in the psychological laboratory of the University of Toronto was recognized a year ago by the Military Hospitals Commission as having achieved positive results. Through the kindness of the trustees of the Massey estate the vast accommodation at Hart House, a new and magnificent addition to the University group of buildings, was made available for the establishment of a training centre. Big strides have been made since that time. Of the first two hundred cases handled one hundred and fifty have improved satisfactorily, fifty of these having been greatly benefited after eight or ten weeks' work. The other fifty improved only slightly or not at all. Some were cases not suitable for re-education, and others were prevented by outside causes from continuing treatment.

SCOPE OF TREATMENT

The term "functional re-education" covers a number of specific graduated exercises used as a means of improving such conditions as derangement or destruction of normal voluntary functions. It is recognized as a means of hastening the convalescence of many types of disability, such as, limitations of joint movement and of muscle strength resulting from contractures, adhesions, and scars, paralysis from damage or disease of the nervous system, and physical or mental disturbances appearing in conditions of "shock." The conception of the range of disabilities to which functional re-education methods may be applied is continually enlarging.

restored by the use of these to otherwise unused stumps until the manipulation of artificial limbs becomes possible.

In an article contributed to the War Supplement of the 'Varsity (the undergraduate publication of the University of Toronto) Dr. Edward E. Bott, in charge of the work at Hart House, stated that the principles of functional re-education as developed at the Military Hospitals Commission's training centres might be described under four heads as follows:

METHODS ARE DISTINCT

"First, the standpoint is curative rather than occupational. The aim is to restore a broken man to his normal condition as completely and as quickly as possible. The special measures used toward this end are distinct from, but are undertaken in conjunction with such other post-operative treatment as may be required, for example, massage, electro-, hydro-, thermo-therapy and curative workshops, the last providing a patient with such manual employment as is expected will call his particular disability into action.

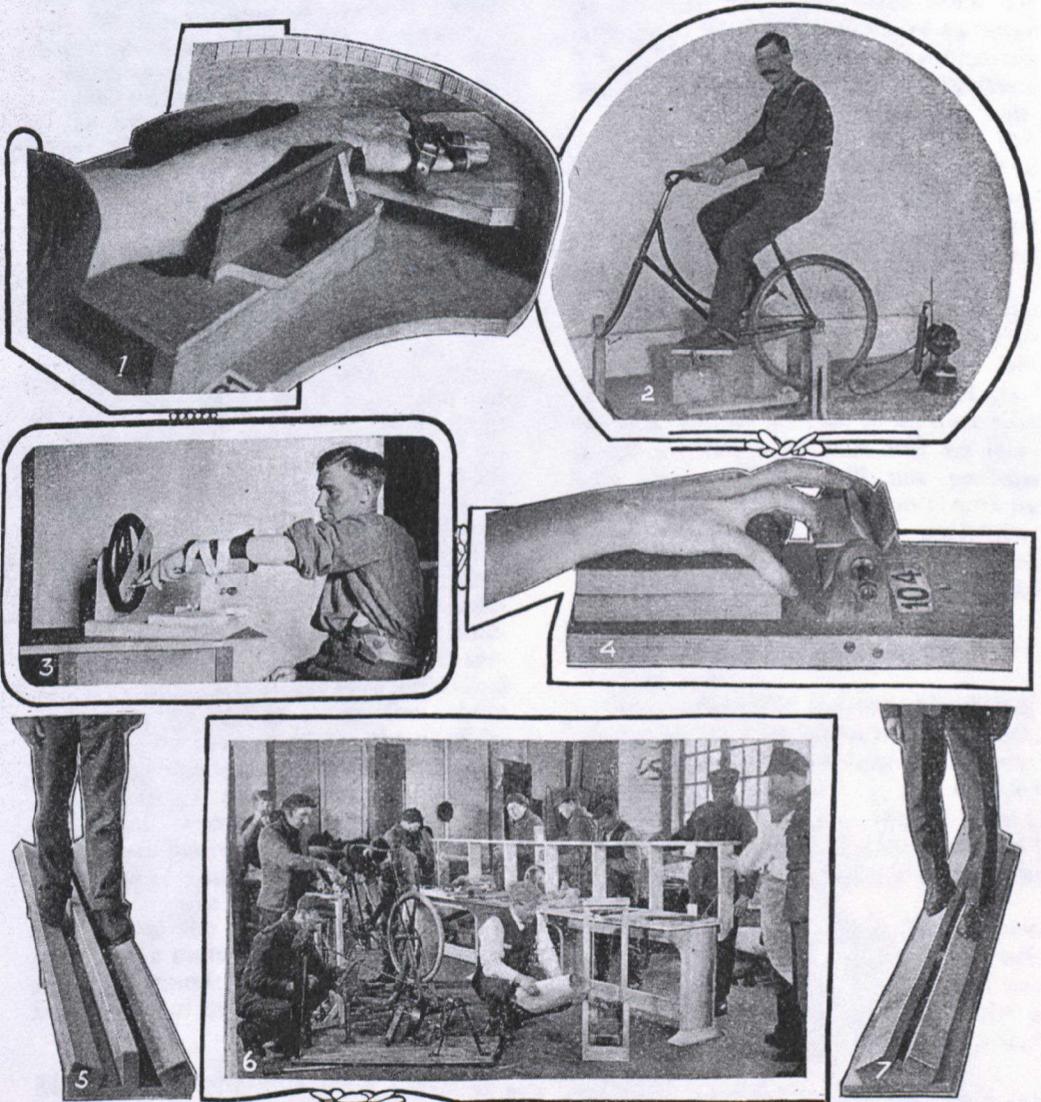
"Secondly, the procedure is psychological. In the restoration of voluntary functions 'cure' is equivalent to 'control'. An attitude of intelligent co-operation and of determination to improve must first be inspired in a patient. He is urged to be his own doctor even while he is being guided and assisted through each step of his treatment. Individual direction by skilled and tactful operators is essential. Simple mechanical appliances for bringing specific disabilities into operation are indispensable and the appliances are fitted with metrical devices which record and stimulate daily performance by appealing to the eye or the ear. In this way a patient is brought face to face with his incapacity and is encouraged to use his whole power to overcome it. The psychological basis

watches his improvement from day to day, and aims at a consistent recovery.

"Thirdly, the treatment is self-educative. When a patient has learned to wrestle with the severer points of his case for forty minutes each day the habit of self-treatment at frequent intervals during the day soon grows. Point by point his disability is taken in hand and mastered, and the danger of neglecting

the restoration of finer co-ordinations is overcome.

"Finally, re-education is a mental tonic. The attitude of indifference or depression which patients frequently exhibit in commencing treatment is usually characteristic of their general outlook. Under such circumstances it is easier to gain a man's confidence by doing something for his present condi-



Functional re-education apparatus devised by M.H.C. staff of experts at Hart House and manufactured at the Commission's own industries, Guelph.

- 1. — Apparatus for wrist movements.
- 2. — Sliding pedals on a bicycle frame enable a man with one good leg to force the movements of a weaker one.
- 3. — Apparatus for improving circumduction of wrist.
- 4. — Finger tread-mill.
- 5. — 7. — Walking frame for weak and injured ankles.
- 6. — Manufacturing the apparatus at Guelph.

tion, than by discussing his future welfare. The spirit of accomplishment and of sustained initiative which re-educational methods foster during the period of convalescence is an important contribution toward the larger task of rehabilitation."

The program of the Military Hospitals Commission in respect of functional re-education has been to employ Hart House as a centre for the development of methods capable of standardization and for the training of medical officers and of male and female lay operators.

Apparatus is used extensively in the re-educational work and this has had to be devised and improved piece by piece labouriously and with the utmost care. Following a report made by Professor R. Tait McKenzie of the University of Pennsylvania, who was invited by the Military Hospitals Commission to make an inspection of physiotherapeutic methods in the Canadian Military Convalescent Hospitals, a standard set of twenty pieces of apparatus was approved. Sets were manufactured at the Commission's industries at Guelph and are to be distributed to the various hospitals.

A number of sergeant instructors are already receiving instruction in curative games and gymnastics, and the present pupils in the Military Hospitals Commission School of Massage, who will soon graduate, will be given a further practical course to qualify them for functional re-education work. These sergeants and masseuses will give individual assistance to the patients for whom treatment is prescribed by the medical officers in the various hospitals.

Hitherto all the treatment given by functional re-education methods has been administered at Hart House where three floors have been laid out for the purpose. Arm and finger cases are treated on the second floor, feet and legs on the main floor while in the basement a gymnasium for curative games has been equipped.

MESSAGE FROM OVERSEAS

Officer Tells People at Home to
"Get the Vision."

"The question of the moment is, what shall life to the returned and returning

thousands be? If those at home are still divided by petty issues, if the outlook upon life is narrow and dwarfed, then, it may be that the pressure will be too great and men will slip back into the grooves of the pre-war days," declares a young British Columbia officer overseas writing to a Western religious paper.

"They will come back bigger men with larger views. Some ideas have been scrapped but new ones have taken their place. Life has been hard; work has been dirty; temptation has been as never before; but they conquered all difficulties and withstood most of the temptations.

"They do not want petting or sympathy—it would seem to them like childishness if it were displayed. But to be genuinely welcomed, not for themselves but for the work they have tried to do, will be appreciated by the most modest man amongst them.

"It will take some time before they are able to settle down to every day routine. Nothing will seem, in fact nothing will be the same. Life out yonder has been so intense, so earnest that things for the most part will be fearfully tame. They will not perhaps attend your churches. Don't criticise them if they fail in this particular. This is the time of flux and only the Church and people who are prepared to exercise patience, and that even to the breaking point, will win the hearts of these men.

"The religion of the trenchland may not be all that 'orthodoxy' would wish, but it has taught men how to live, nay fitted them for death. It has enabled men to brave dangers untold with a 'divine' content. And that Religion! So simple but so impressive in its simplicity.

"Platitudes? Sink them for all time. Don't mistake joviality and lightheartedness for levity—it has a purpose and was necessary 'out there'—it is merely a veneer and underneath are the deep soul qualities.

"If only you at home can catch the vision of the trench democracy, the spirit of the front line trench religion—and catching it, act—then the future will be glorious."

QUESTION AND ANSWER PAGE

- Q. 1.—I have tuberculosis and spent two months in a Sanatorium under the M.H.C., after my return from Overseas, leaving because I felt pretty good and was tired of treatment. I now find I cannot carry on at work, but I don't want to have to re-attest for treatment as I hear other civilians are being treated at M.H.C. Sanatoria?
- A.—The Military Hospitals Commission does not admit civilians to its Sanatoria. The civilians you refer to were admitted before it was decided that none but re-attested men should be admitted. If you re-attest you will receive full military pay and allowances during the period of your treatment, but if you desire treatment as a civilian you will have to pay for it out of your pension.
- Q. 2.—I have an artificial limb made for me by the M.H.C. factory in Toronto. It does not fit well and I cannot use it with comfort. I want to get a new limb from a maker in the States who says he can give me a better and lighter limb. Will the Commission pay for such a limb?
- A.—No, but the Commission will make your present limb fit. The present discomfort may be due to a change in the size or shape of your stump, as often happens. If you will report to a local medical officer, and he finds that your limb does not fit you will at once be sent, at the Commission's expense, to the nearest point where you can meet a fitter and have your limb adjusted. All the best features of other limbs have been incorporated in the one manufactured at the Commission's factory, and the fitters employed are experts, some having been specially brought from the States.
- Q. 3.—I have been forced to re-enter an M.H.C. Hospital for treatment owing to sickness originating on service. Why is it that I cannot draw pay and allowances at once?
- A.—The finding of the Medical Board recommending you for treatment must be approved by the A.D.M.S. District before the M.H.C. paymaster can issue pay and allowances. If a pay day passes before the A.D.M.S. District approves your re-attestation the paymaster is authorized to issue you a cheque before the next pay day if the approval arrives in the interim.
- Q. 4.—I am a pensioner and I would like to know if there is any provision made to pay for funeral expenses in case of my death.
- A.—As yet there is no provision made to pay funeral expenses of discharged and pensioned soldiers, but this question is now receiving the consideration of the Government.
- Q. 5.—I enlisted on the 7th September, 1915, and proceeded to England on the 19th October. Owing to an injury received while there I was returned to Canada on the 15th January, 1916, and discharged on the 22nd of that month. Am I entitled to receive Post Discharge Pay?
- A.—The Order-in-Council authorizing the Post Discharge Pay states that a man must have had six months' continuous service in the C.E.F., a portion of which was performed overseas. The dates you give do not bring you within this classification.
- Q. 6.—I am Canadian born, but I enlisted with the Imperial Forces at the beginning of the war, and saw two years' service in France, Belgium and Gallipoli. At my request, I was sent to Canada after my discharge. Am I entitled to any consideration from the Military Hospitals Commission, or the Board of Pension Commissioners in case of a recurrence of my disability?
- A.—In case of recurrence of disability you should write to the officer paying Imperial Pensions, Butterworth Building, Ottawa, supplying him with a certificate from a physician to the effect that, in his opinion, your disability is the result of service. Original responsibility for the treatment of men discharged from the Imperial Army does not rest with the Canadian Military Hospitals Commission, but arrangements have been made between the Imperial and the Canadian authorities whereby, at the request of the officer paying Imperial Pensions, the Military Hospitals Commission will give hospital or sanatorium treatment to Imperial Army men in Canada.

M. H. C. UNIT ADDRESSES

Unit	Territory	Headquarters
"A"	Western Quebec	302 Drummond Bldg. MONTREAL
"B"	Nova Scotia and Prince Edward Island	HALIFAX, N.S.
"C"	Eastern Ontario	Golden Lion Block, KINGSTON, ONT.
"D"	Central Ontario	Keens Bldg., Spadina Ave., TORONTO, ONT.
"E"	Eastern Quebec	Savard Park M.C.H. QUEBEC, P.Q.
"F"	Western Ontario	Ottaway Ave., LONDON, ONT.
"G"	Manitoba and Western Ontario	N. Dame Inv. Bldg., WINNIPEG, MAN.
"H"	Saskatchewan	McCallum Hill Bldg. REGINA, SASK.
"I"	Alberta	203 Beveridge Block, CALGARY, ALTA.
"J"	British Columbia and Yukon	ESQUIMALT, B.C.
"K"	New Brunswick	FREDERICTON, N.B.

A Veteran's Harvest of Vegetables



At the Ogden Red Cross Military Convalescent Hospital, as well as at other institutions under the M. H. C., part of the vocational training takes the form of vegetable growing on a nearby plot. The above illustration shows the success achieved by one patient at Ogden, where each man desirous of taking the course is given a separate plot of his own to cultivate under the guidance of a competent instructor.