

Returned soldiers and  
the medical profession

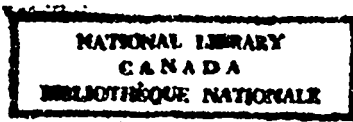
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## RETURNED SOLDIERS AND THE MEDICAL PROFESSION

CANADIAN physicians and surgeons come in contact with returning soldiers in many ways. They meet, not only as physicians and patients, but as fellow-soldiers, fellow-citizens, and friends. In Canada, members of our profession have an unusually honoured position and have great influence in the formation and control of public opinion; for that reason, it is very desirable that an exact appreciation of the conditions under which discharged, often disabled, soldiers return to their homes should be general among us.

The war has created in Canada many needs, insufficiently provided for by preëxisting social organization. Public and private energies have produced a number of new bodies designed to meet those needs and, on the whole, the situation has been well met. In providing for the needs created by the return of our soldiers it is vital that the thing best for them and best for Canada be secured; the medical profession can do much towards generalizing a knowledge of what is the best thing that can be done by Canada for her returning soldiers.

The republican ideals of France and Great Britain are, in many ways, similar to those of Canada. The old world has been living for two and a half years in a situation which we are only commencing to feel with clear seriousness and it has adopted measures of astonishing uniformity for coping with that situation. Consequently, it is possible for Canada to gain much advantage by a consideration of measures found desirable and adopted in France and in the Mother Country. Both have introduced legislation coördinating and extending the activities of private, semi-private and public bodies preëxisting or established to care for returning soldiers. Canada has done likewise. In addition to the Canadian Army Medical Corps, which is responsible for the active treatment in the field of invalided soldiers, the Military Hospitals Commission and the Board of Pension Commissioners have been created, by the Dominion Government, to aid in caring for returning, disabled Canadian soldiers and sailors. Their work is supplemented by the Provincial Commissions which, at present, are mainly occupied



with providing employment and in otherwise assisting the replacement of returned soldiers in civilian life. The part played by the Red Cross Societies, and by the whole-hearted coöperation and assistance of private persons whose position has enabled them to help, can not be omitted from a recital of the measures by which the well-being of our disabled soldiers and sailors is being secured.

The powers of the Military Hospitals Commission are exceedingly broad. To it have been confided most matters concerning the welfare of disabled and discharged soldiers with the exception of pensions and the provision of employment. That it is realizing its responsibilities actively is apparent to everyone who reads its Bulletins; copies of them may be obtained on application to the Secretary of the Commission in Ottawa.

To the Board of Pension Commissioners for Canada has been confided the responsibility of administering the legislation by which Canada gives to her disabled men pensions of unequalled generosity.

By their personal influence, no less than by their professional services, the medical men of Canada can do much to assist these bodies, and the many semi-official, official and private bodies coöperating with them, in securing adequate provision for returning Canadian soldiers. For the convenience of presentation, the processes by which a wounded, or otherwise disabled soldier or sailor, is cared for and returned to his home may conveniently be described in five divisions: they are—

1. Active medical and surgical treatment.
2. Functional reëducation.
3. The provision of artificial appliances.
4. Vocational reëducation, and
5. Establishment in civilian life.

Although these five divisions are named, they are not, in reality, separate processes; nor can strict lines be drawn between them. All are intimately inter-connected and must often be active coincidentally during the progress of a disabled man from active service to reinstatement in civilian life.

Active medical and surgical treatment is secured to Canadian soldiers requiring it by the Canadian Medical Service. The exigencies of war make it impossible for Canadian soldiers always to be cared for by members of the Canadian Army Medical Corps. Injured soldiers are cared for, first of all, by the Medical Corps unit responsible for the area in which they have received their injuries. So it happens that Canadian soldiers often receive first aid, and

are for some time, in units and hospitals, maintained by medical Services other than their own.

It is quite unnecessary to publish anything in the *CANADIAN MEDICAL ASSOCIATION JOURNAL* concerning the personal equipment, organization, or work of the C.A.M.C.; its readers have been informed constantly of these things month by month since the beginning of the war. The system by which men disabled in France are cared for and brought to England is well-known. Well-known, also, are the hospitals in which disabilities of an ordinary type are cared for. Less well-known are the institutions established for the purpose of dealing with injuries and diseases of an unusual nature. The large numbers for which the Medical Service cares have made necessary the establishment of hospitals to care for men whose affections require special treatment.

Among the most interesting of these special hospitals are the orthopædic centres to which men severely, often permanently, disabled by wounds are sent for final treatment. In them, secondary operations made necessary by adherent scars or nerves, by unsuitable stumps, by persistent infection or similar conditions are performed. To them go, also, men suffering from deformities which operation or continued treatment may remove. Very useful work has been done by the first of the orthopædic centres established by the Canadian Army Medical Corps at Ramsgate.

Functional reëducation is a term under which may be grouped all of the means adopted to secure the persistence of a maximum of normal function to an injured part; in military, as in civilian practice, judicious reëducation is advantageously commenced after an injury so soon as it is possible to do so. Usually, however, it is not until a patient reaches an orthopædic centre that functional reëducation is really commenced. The treatment by which the functional reëducation of each case is accomplished is most carefully selected. The French orthopædic centres are equipped for active and passive mechano-therapy, for treatment by galvanic, static, Faradic, and high tension electric currents, by vibration, by bathing, by blasts of hot air, by baths of many kinds, by coloured lights, and by massage, gymnastics, and exercises of various sorts.

European opinion is almost unanimous in insisting upon the prime value in functional reëducation of active movement, commenced and controlled by the patient. At first, the exercises given are simple ones, such as those used in the reëducation of tabetics; these are also of great benefit to men who are awkward

and unaccustomed in their movements after an amputation or long confinement in bed. Gymnastics and more violent exercises follow; they, with the employment of machines worked by the patients themselves have quite superseded the use of passive motions obtained by machines driven by motors.

The curative value of properly-selected and properly-graduated work has been recognized everywhere. Work, when controlled by physicians, has not only a high therapeutic value in accustoming disused and damaged tissues to their function; but it has also a high psychic value. While work reaccustoms muscles to action, it reaccustoms minds to the idea of self-supporting labour. It is for this reason that hospitals,—in all of the great warring nations,—provide facilities for work, often under the auspices of a voluntary society; in this way patients, always under the control of physicians, may engage actively in occupations by which remuneration may be earned. In some of the French hospitals supplies are made for the government by patients who are paid for their work; they make magnesium lights, and do simple machine work such as the stitching of towels or of comfort bags. Not the least of the advantages, offered by a system such as this, is the opportunity which it affords *the officials concerned with vocational reëducation to recognize a patient's aptitude*; it facilitates the making of a sound and early choice of a new occupation for a disabled man who should not attempt to resume the employment which he followed before he became a soldier.

The provision of artificial legs, arms, and other appliances is an important matter; about 3 per cent. of the Belgian wounded have lost limbs and at the middle of 1916 there were about 50,000 men in France who had suffered amputation. The French estimate that about 1 per cent. of their wounded will require an artificial appliance of some sort.

The obligation of the State to provide appliances for one of its disabled soldiers is but a part of its obligation to use every means for bringing his disability to an irreducible minimum. The State must supply any appliance that may be necessary and should maintain it in repair; the appliance supplied must be of the highest quality and the one most apt to the purpose. Much has been learned concerning artificial appliances since the commencement of the war; not, perhaps, so much in the discovery of new devices as in a wider realization of the fact that the best appliance is the one which is most useful to the man who wears it. The best artificial leg, for example, is by no means necessarily the most expensive one, the

best-looking one, or the first choice of the man, inexperienced in such things, who is to wear it.

In order to secure uniformity and high excellence in the artificial appliances supplied to disabled men and kept in repair for them by the Government, France has requisitioned all artificial appliances made by her manufacturers; and the Government has established a series of types of artificial limbs, etc., which alone may be supplied. In this way, while a wide choice is left to orthopædic surgeons in the selection of artificial appliances, all the evils of commercialism have been avoided.

The continental governments supply, broadly-speaking, two main types of artificial limbs to their mutilated soldiers. There is the rough, strong arm or leg for heavy work and the more or less elaborate one for lighter employment; the chief use of the latter type of limb is that it disguises a loss. In limbs which are often supplied, a combination of the two types is effected, so that a man has a useful, strong instrument for work and, by the addition of an appropriate attachment, is able on occasion to dissimulate his loss. The more elaborate mechanical limbs, such as the arms enabling an armless man to strike matches, take off his hat, etc., are, at present, useful especially for those engaged in light employment and for those who have lost both arms.

In Australia, since the dependence of a disabled man upon his artificial appliances is recognized, those who have lost arms or legs are supplied with duplicate limbs so that they will have always one in reserve, ready for use, should the other be broken. The French Government is providing for the repair of the thousands of artificial appliances which its people will wear for half-a-century to come by the establishment of manufacturing orthopædist throughout the country. Men receiving artificial limbs will be given a fraction of the cost of their appliances annually with which to keep them in repair.

In its own workshops, the French Government produces artificial limbs at a cost of less than one-third of the usual retail price. The Canadian Government has also established a plant for the manufacture of artificial limbs in connexion with the large Central Military Hospital for returned soldiers at Toronto. The advantages of having a workshop, in connexion with an institution where there are large numbers of men requiring prosthetic appliances are obvious. Such an arrangement ensures the delivery of properly-fitting appliances to their wearers within a reasonable period and makes it easier for the surgeon to be certain that his directions have been followed by the makers of artificial limbs.

Vocational Training is the term applied to the instruction given to disabled men in order to prepare them for the occupations to which their aptitudes and social circumstances make them most suited. In France, it has been estimated that about four-tenths of one per cent. of the wounded will require vocational re-éducation; since it will be inadvisable for them to follow their former employments.

It is extremely important, from every point of view, to ensure an opportunity to be self-supporting to every disabled man. The after history of those who have received monetary compensation, alone, for injuries incurred through industrial accidents shows that the rehabilitation of an injured man cannot be secured by the mere payment to him of a sum of money. Disabled men who receive money alone, and are not assured an occupation, almost always deteriorate and lose their social position. For that reason, the rehabilitation of an injured soldier cannot be secured by bringing his disability to an irreducible minimum and by the payment to him of a pension; to discharge its indebtedness to him his country must, in addition, make him employable, by appropriate reëducational training, if military service has deprived him of his occupation, and must help him to find employment.

The selection of an occupation suitable for him is of paramount importance to a disabled man. His choice must not be made lightly. He must be guided and assisted by those expert in the estimation of abilities and in the advising of vocations. The aim must always be to select for a disabled soldier an occupation in which, by superior training and knowledge, he will be able to support himself, in spite of his physical handicap, in competition with sound workmen. It is a difficult thing to do, since a mutilated man can never be the physical equal of one who is sound; for that reason, it is necessary to furnish a disabled man with knowledge sufficient to give him an assured position. Often, it is possible to make a man capable of directing others by giving him further instruction in an occupation already familiar to him; he is then, consequently, placed in a position either to become an overseer or an employer of labour.

It is essential that the occupation of a disabled man should be carefully chosen. Past experience makes it certain that the present spirit of gratitude and sympathy towards disabled soldiers will not always survive. It will diminish, and perhaps disappear, in a few years after the war when the economic struggle once more becomes keen. Competition will be acute, then, and unless a disabled man

has chosen his occupation wisely and is master of it his position will be most unfortunate.

It is by no means necessary for all disabled men to receive vocational training; but, when it is necessary, training should commence early so that a habit of idleness may not be formed. There are many whose occupations or social circumstances make it advisable for them to return to their homes and to their normal activities so soon as may be. No disabled man, less fortunately situated, should be permitted to return to his home until he has been placed in a position where he is capable of supporting himself. It must be remembered that only those with expert knowledge can accurately estimate the capacity of a disabled man for a given occupation; consequently, only they can wisely advise a disabled soldier in his choice of an occupation. To do so requires an intimate knowledge of the state and probable trend of the labour market in the locality where the soldier intends to live, of the operations performed in an occupation and both of the way in which a soldier's injuries interfere with the performance of that operation and of means by which that interference can be removed or avoided. Such knowledge is possessed by those constituting the Disabled Soldiers' Training Boards established by the Military Hospitals Commission for the purpose of assisting soldiers in their choice of occupation and for the purpose of directing and controlling the instruction received by disabled soldiers.

Functional reëducation, vocational training and the provision of artificial appliances are complementary processes; consequently it is advantageous that they should be carried on, coincidentally, in a single institution—in a centre of reëducation. The Central Military Hospital at Toronto is an example of such an institution; there are many with similar functions in France. In them French soldiers are measured for and supplied with artificial appliances while they are undergoing functional reëducation and vocational training. In this way, all of the operations connected with the return of a man to civilian life proceed concurrently and uninterruptedly without loss of time until he is ready to return to civilian life.

A certificate of capacity is given to soldiers who have satisfactorily received vocational training. The utmost care is taken in maintaining a high standard of efficiency in those to whom certificates are granted, in order that employers may feel safe in relying upon the competence of those possessing them. In France, every effort is made to enable disabled soldiers to go directly from a

centre of reëducation to an employment. It has been found that, if they do not find remunerative occupation so soon as they are ready for it, they are apt to become discouraged and to accept their incapacity as a permanent disability, instead of as a stimulus to unusual effort.

At first, in France, as in England, disabled soldiers were loathe to undertake a course of vocational training which involved a stay of several months in an institution. The advantage gained by the training was soon appreciated, however, and, in France, that disinclination has disappeared. Now, the situation is quite changed and men ask for and insist upon receiving the instruction provided for them. They have come to appreciate everything which secures renewed independence to them. The most successful of the Institutions devoted to vocational training are residential and are strictly regulated; it is found that men, far from resenting discipline, welcome and are anxious to maintain regulations when the advantage of them is understood.

While France commences the vocational training of disabled soldiers in hospitals and has established special "centres of reëducation" for that purpose, full use is made of educational institutions already existing. Unfortunately, the number of disabled men who can be taught in existing technical schools is not very large; if a considerable proportion of those attending these schools are disabled soldiers the ordinary running of the institution is interfered with and made impossible. Arrangements have also been made by which disabled men may obtain instruction through apprenticeship or employment in business houses. In order to stimulate disabled men by example and to prove to them that men disabled like themselves can be successful the teachers instructing disabled soldiers are, as far as possible, themselves chosen from among disabled men.

It is fully realized that one of the most important of the functions of a centre of reëducation is to secure a proper outlook and a spirit of cheerful hope to its inmates. Depressed by suffering and overcome by a knowledge of their incapacity they are often downcast; they are prone to believe that they can never again be self-supporting. Since the importance of a proper mental attitude in wounded soldiers is recognized; every effort is made in the French hospitals—by the counsel of physicians and nurses, by pictures posters and instruction of all sorts—to spread the knowledge that men, though disabled, can by appropriate reëducation become self-supporting. Every means is taken of informing men in hospitals of



the measures designed for training them, for—when it is necessary—making them employable, for providing employment for them and for pensioning them in accordance with their incapacities. Very important is it to let it be known that men undergoing vocational reëducation are paid for their work.

“Establishment in civilian life” is the title given to the last of the five divisions under which the processes by which a disabled soldier is cared for and returned to his home are described. Under this heading fall, in addition to pensions and the providing of employment, such matters as the settlement of returned soldiers upon the land, the establishment of means by which returned soldiers requiring capital or credit for the commencement of farming or other activities may obtain it; these things do not exhaust the list of matters to be considered in connexion with the establishment in civilian life of returning soldiers.

At present, it is difficult neither in Canada nor in France for returned soldiers to find employment. There is much more work to be done than there are hands to do it. Both nations have made it easier for returned soldiers to find employment by a decree that Government employment, other things being equal, always shall be given to returned and disabled men or to their dependents. That such a preference should exist is just. Nevertheless, it seems very unadvisable that any machinery, such as a system of employment agencies, established for providing returned soldiers with employment should deal with returned soldiers alone. Whatever machinery is used, should be employed in providing employment for all citizens, whether they are returned soldiers or not. Should it be otherwise, the tendency will inevitably be to consider returned soldiers as a class by themselves. Although such an understanding would have no ill effect at present, it could not fail but be detrimental to returned soldiers in the future; when the war is over they must find employment in competition with men who are whole. If they find employment through machinery other than that used by sound men, the tendency—because of their incapacity and its consequent pension—will be to treat pensioners as an inferior class of labour to be hired at rates less than those earned by ordinary workmen.

The system by which France expects to meet the problem of finding employment for the thousands of men who must be returned to civilian life at the end of the war is very similar in its organization to the system of employment bureaus existing and operating in Great Britain under the Board of Trade. The essential feature

of that system is that it possesses branches throughout the country which are closely in touch with one another; these branches advance transportation to men who are travelling towards employment.

Soldiers who are entering upon civilian life will often require assistance in order that they may be established, ready for work, in a workshop or on a farm. The artisan will require tools, material, and money to secure his subsistence until his business is established; similarly, the farmer will need help in purchasing live stock, tools and seed before he can commence to live by his land. The French, with admirable foresight, have made arrangements by which men undergoing reëducation are enabled to earn money so that they may have a small capital when they leave the centres of reëducation. Proposals have also been made to create a special bank for the purpose of providing financial assistance to soldiers who will require it on their re-entrance to civilian life.

France has made arrangements by which the cost of accident and life insurance and of similar services, where price depends upon normal probability, will not be increased to disabled soldiers. It is necessary that some such arrangement should be made, since employers will hesitate to engage partly disabled men who, by reason of their incapacity, are more liable to accident, and for the same reason will suffer more severely from a given injury than would a man who was sound. An excellent illustration is supplied by the case of a man who has lost an eye. A one-eyed man is more exposed to accidents than one who has two eyes, and if a one-eyed man loses the eye remaining to him the accident which deprives him of it leaves him not one-eyed but totally blind.

Pensions, purposely, are mentioned last among the matters discussed under the "Establishment in Civilian Life". They are mentioned last to emphasize the fact that though pensions are often discussed, they are in reality a very small and comparatively unimportant part of the procedure by which a soldier is rehabilitated. From the point of view both of the disabled man and of the State, the importance of his pension is as nothing compared with the importance of securing an ability and an opportunity to be self-supporting to a soldier who has been incapacitated by military service.

The principles governing the granting of a pension are clear. France, a democratic country like our own, has expressed them well. She is fighting a national war in which each of her citizens has equal interest; therefore, all personal detriment resulting from war should be equally distributed among her citizens. Pensions

are awardable to disabled men in direct proportion to the extent of the incapacity caused by their service. The amount of the pension received by a man who is totally disabled must be sufficient to support him and his family in decent comfort. The amount of pension awarded to a partly disabled man depends entirely upon the degree of his incapacity; it is in no way influenced by his social position or earning power. A pension is the inalienable right of the individual to whom it is awarded; it can be diminished for no reason other than a lessening of the incapacity in respect of which it is granted. Since pension is awarded to a man because of an incapacity resulting from military service, it is reasonable that pension be refused to a man who has been incapacitated by his own wilful misconduct or viciousness. For the same reason, pension is denied to a man who unreasonably refuses some simple treatment by which his incapacity might be reduced or removed.

In France, as in Canada, the value of the pensions granted is greater than ever before. One of the reasons which has supported the increase in the amount granted to pensioners is the conviction that it is desirable to avoid the construction of homes for old soldiers. It is, of course, inevitable that there will be a small number of discharged soldiers who, although receiving pensions, will be incapable of looking after themselves entirely and can find no place in existing institutions or with friends. Such persons will be those violently insane and those requiring constant attention for other reasons; for them, it may be necessary to establish special institutions. The vast majority of French pensioners would not consent to become inmates of any institution established for them; the soldiers serving in the armies of France are men accustomed to home life; the soldiers for whom past generations established *Les Invalides* were professional soldiers who had spent most of their lives in barracks, and had never had homes of their own. It is much more in accordance with modern social organization to give disabled soldiers a pension of an amount sufficient to secure them decent comfort in their own homes or as boarders and lodgers in private families.

While it is desirable that private benevolence should have an opportunity of assisting men returned from our armed forces, it is quite certain that the unorganized activity of individuals and of small incoördinated societies inevitably results in unnecessary waste and in useless expenditure of the national resources; consequently, French legislation controls the activities of private societies and individuals. Persons and societies are permitted to accept

contributions for purposes connected with the war only when they have received permission to do so from the Government. It is, moreover, probable that a central body will be organized in each Department of France to have the sole control of all activities connected with the care of returning soldiers and with similar matters.

In France, certain individuals, by generous subscriptions and other means, are endeavouring to secure a personal following among the members of returned soldiers' societies in order to further private political ends; but the whole country is so closely bound together in unity of purpose that there seems to be no danger of ex-soldiers uniting in organized societies in order to secure privileged advantage to themselves by political action. None the less, wounded men will be strong in insisting upon their rights. For that reason—in Canada as in France—there should be an accurate appreciation in the national mind of exact'y what those rights are.

#### CONCLUSION

Canada is fighting a national war; for that reason the detriments incurred by Canadian soldiers should be distributed as equally as possible among all Canadians. Only the rehabilitation of men who have suffered personal detriment by reason of their service is considered here; discussion of the equalization of economic detriment is avoided.

To secure the equitable return to civilian life of men who have been disabled by their service is a work of large dimensions. It can be accomplished best under the control of specialized agencies each closely connected with the field of its responsibilities. Since the rehabilitation of disabled men is a temporary operation, permanent machinery should not be created for effecting it unless a permanent use for that machinery exists; therefore, existing institutions and public services should be employed in caring for disabled men whenever it is possible to do so. While private benevolence may be advantageously employed it should find no essential place in providing the gladly-given advantages which disabled men receive as a right from their fellow-citizens.

All measures adopted for returning disabled men to civilian life should tend to place them, in the best and quickest manner, in an independent position in civilian life; any delay in doing so dependent upon administrative difficulties, is inadmissible. Matters important in the reinstatement of a disabled man in civilian life are, active medical and surgical treatment, functional reëducation,

provision of artificial appliances, professional reëducation, provision of pension, assistance to employment, advancement of capital, settlement upon the land, etc. All of these matters have been alluded to in preceding paragraphs.

There remains one matter so far undiscussed: that is the recognition, by soldiers and public alike, of the Military Hospitals Commission, the Provincial Commissions, and the Board of Pension Commissioners, as bodies entrusted with the duty of watching over the interests of discharged soldiers. It is desirable that every Canadian should realize that these bodies are trustees appointed to care for returned men. They serve returned soldiers and sailors. It is their duty and aim to voice the needs and to watch over the interests of returned men with all of the emphasis that their responsibilities enable them to give. The problem of securing the proper return of discharged and disabled men to civilian life will be made less difficult if a knowledge of the duties of these bodies and of the measures by which disabled men are cared for become general. There cannot be a proper frame of mind and a right understanding of their position among returning men unless they and the general public are familiar with the measures by which the personal and social rehabilitation of disabled soldiers is secured; there must be a general appreciation among Canadians, not only of that which Canada owes her disabled soldiers, but of that which a disabled soldier, still a citizen, continues to owe to his country.

In Canada, the medical profession can perform a work of great public value by constantly endeavouring to spread a proper understanding of these matters. Soldiers and civilians alike should realize that it is not only to the advantage of disabled men to accept all that treatment and training can do for them; but that it is their duty to do so. Canada owes them rehabilitation and reinstatement in civilian life; but they, like every Canadian, owe their country a willingness and an endeavour to be self-supporting to the extent of the capacity that remains to them.

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