

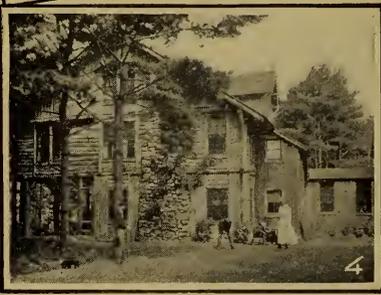
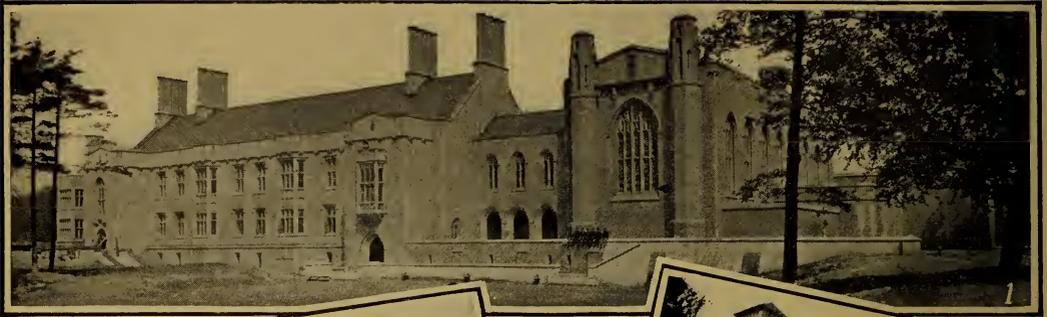
# RECONSTRUCTION

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 - - - - JANUARY, 1918

PUBLISHED BY THE MILITARY HOSPITALS COMMISSION, 22 VITTORIA ST., OTTAWA, CANADA, FOR THE INFORMATION OF ALL INTERESTED IN THE WELFARE OF CANADA'S RETURNED SOLDIERS



1. — Hart House, home of M. H. C. massage school and functional training work.  
 2. — Ontario Military Convalescent Hospital, Cobourg, Ont., showing additional ward wings erected by M. H. C.  
 3. — Grant Hall and Arts Building, Queen's University, Kingston, now used as a Military Hospital.  
 4. — Mrs. Kip and soldiers playing croquet at her Leek Island summer hospital for returned soldiers.  
 5. — Balfour Military Sanatorium near Nelson, B.C.  
 6. — Fairmont Military Convalescent Hospital, Vancouver, B.C.

# RECONSTRUCTION

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

COMMUNICATIONS SHOULD BE ADDRESSED TO:  
THE SECRETARY, MILITARY HOSPITALS COMMISSION,  
22 VICTORIA ST., OTTAWA.

JANUARY, 1918

## Previous Discharge no Bar to Right of Re-Education

Under order-in-council power has been given the Military Hospitals Commission to train for new occupations returned sailors and soldiers disabled in such a way that they can not re-engage in their former work. Thus a miner with an arm off, a blacksmith with spinal injury, or a textile factory employee with tuberculosis is clearly entitled to be taught a new method of earning his living.

A procedure for ascertaining whether or not a wounded or invalided soldier is capable of returning to his old trade, has been established. Improvements in the procedure have been made several times until now it is considered to be impossible for any man returning to Canada in need of re-education to be overlooked. A standing order exists that every convalescent soldier must be interviewed by the vocational officer of the M. H. C. C. unit to which he is attached, and a form made out. This form constitutes a complete survey of the man from the industrial standpoint.

When the form is reviewed, and it appears from the information therein that a man is likely to need re-education, he is interviewed by a vocational coun-

sellor and a medical officer, whose duty it is to consider the line of industry for which his aptitudes, previous training and remaining abilities qualify him. Their report goes before a committee known as a Disabled Soldiers' Training Board, which consists of the district vocational officer, a medical officer and a man preferably drawn from the branch

of industry which it would appear is most interested in this man's vocational future, but in every case a man acquainted with local industrial conditions. Sometimes after a board has been sitting it is thought wise to seek the advice of a man connected with some other line of trade or industry, and the board in such cases always does so. This board, after an interview with the soldier, makes the selection of the course of training to be given.

The foregoing outlines the method of procedure for awarding courses of re-education. Before it was completely developed soldiers possibly eligible for re-education may have been discharged. Indeed in the very early days there can be no doubt that some of the first contingent men were not afforded the same opportunities as are

### MCMXVIII

*To the patients on its hospital rolls,*

*To the undiscouraged wounded training for new civilian occupations,*

*To the discharged soldiers of the Canadian Expeditionary Force,*

*To the brave fighting men over-seas, and*

*To the families of all such*

*The Military Hospitals Commission, its members and staff, wish a brighter New Year and the realization of their most cherished hopes.*

available for those returning now.

The Commission has decided that these shall not be overlooked. An opportunity for vocational re-education is open to every returned soldier who comes within the order-in-council—that is, who is so disabled that he cannot work at his old trade. The vocational training branch is at the present time searching all back files and in conference with the Pensions Board is making a thorough canvas so that every man who was not fully interviewed in regard to his possible need for re-education may have the opportunity presented to him.

A personal letter explaining what the country is willing to do is being sent to every discharged soldier who has not been so interviewed. In addition, where it appears from the man's file that there is an obvious possibility of his needing re-education, a personal interviewer will be sent out to find him and, if necessary, bring him before a Disabled Soldiers' Training Board. This field work is being done in geographical sub-divisions.

It is now well known that a discharged soldier who is undergoing a course of

re-education receives from the Military Hospitals Commission paymaster a monthly pay cheque for the support of himself and his family. This will apply also to soldiers already discharged who may come back for re-education.

The fullest co-operation of all people who may know of soldiers coming within the class above described is requested by the Military Hospitals Commission in order that their needs may be brought to the attention of the vocational officers. Every discharged soldier who believes that he is entitled to re-education should either apply in person to the nearest branch office of the Commission, or write to the Vocational Secretary at Ottawa.

## NUMBER TAKING COURSES

The number of men who were in attendance at the vocational training classes of the Military Hospitals Commission on November 12th was 3356. Of these 1201 were receiving courses of re-education for new trades, their disabilities having debarred them from earning their living at the occupations they followed before the war.



*Pte. Ferguson showing Lieut.-Gov. Brett, of Alberta, his prize garden patch at Edmonton Military Convalescent Hospital. Pte. Ferguson not only won the competition from among the students in the Commission's garden class, but his exhibit of vegetables took first prize in competition with the professional vegetable growers of central Alberta at the annual exhibition of the Edmonton Horticultural Society. Pte. Ferguson's brother has a farm near Edmonton and the two men are going into partnership. The veteran will take charge of the truck gardening and his brother will look after the grain fields.*

## WORK OF ST. DUNSTAN'S

### Canadian Blinded Soldiers Praise Old Country Training Methods.

Suggestions have been frequently received by the Military Hospitals Commission from Associations and others as to the desirability of establishing a school for blinded Canadian soldiers at some point in the Dominion. The Commission has seen no reason, however, to make any change in the policy already decided upon of having all blinded Canadian soldiers treated in Sir Arthur Pearson's Institution, St. Dunstan's Hostel, Regents Park, London, England.

When some newspapers intimated that a proposal to establish a special institution in Canada for blinded Canadian soldiers had been made, the Commission received a very strong protest from three Canadians who had passed through St. Dunstan's and are now holding good positions in Canada in consequence of the training they received in that institution.

For the training of the small number of blind men who returned to Canada without passing through St. Dunstan's, or who have become blind or potentially blind in Canada, provision has been made at the Halifax School for the Blind, where five men are at present as wards of the Military Hospitals Commission.

### SOLDIERS GIVE REASONS

The letter of protest signed by the three blinded soldiers was addressed to many newspapers and magazines, as well as to the Commission. A copy of it follows:—

"Dealing with the question of the return of blinded soldiers to Canada for training here, we ask permission to place our views on this important matter before your readers.

"We are ourselves blinded Canadian soldiers who have been trained at St. Dunstan's Hostel for Blinded Soldiers and Sailors, London, and we feel that we are qualified to express an opinion on this subject.

"To many people the proposition of training our own blinded soldiers in Canada seems to be a good one. The cry of 'Canada for the Canadians' on general principles is a good one, but where it concerns us blinded soldiers it is an altogether different matter. The idea that a newly blinded man is helped by being taken to his home and associating with well meaning but generally over sympathetic friends and relatives before he has had time to get a real grip on his new life under the proper sort of teaching such as is found at St. Dunstan's is in our opinion a very bad beginning.

"One of the great factors in the success attained

by St. Dunstan's is that the newly blinded man immediately on his arrival in hospital is brought into touch with that wonderful organization. Confidence and hope are inspired from the start. This would be impossible were the man to be brought home to Canada, where at the present time no properly equipped place for training blinded soldiers is to be found, and the period that returning men would have to wait for the completion of an institution adequate to their needs would be a period that should be spent in intercourse with their fellow blinded soldiers and among sighted people who understand them.

### BECOME NORMAL CITIZENS

"The training in many branches given at St. Dunstan's is, of course, the best that can be had in the world. But there is another side at St. Dunstan's perhaps not generally appreciated, but a side that means quite as much, if not more, to a man cut off in his prime from the light. To quote Sir Arthur Pearson himself, 'St. Dunstan's is a place where blind fellows are taught to become normal citizens.' Social activities, amusements and sports in which the blind mingle freely with the sighted are constantly enjoyed by the blind soldiers training in London, and these opportunities could not be found anywhere in Canada. This side of the St. Dunstan's training is the key stone to the blind soldier's future.

"A similar movement to that now spoken of was started in Australia some months ago and about ten of their blinded soldiers were taken back to Australia to be trained in blind institutions second to none in the world for the civilian blind. The result was so unfortunate and the soldiers so unhappy that they were returned to St. Dunstan's to complete their education.

### WOULD BE BAD POLICY

"At present there are twenty-two Canadians at St. Dunstan's and ten others have graduated. At least fifty per cent will remain in England where their homes are. We do not think it would be good policy to try and build up an institution in Canada for the few others who will lose their sight before the end of the war, even if such an institution could be found that could give them anything like the start which they can now get at St. Dunstan's.

"If you want to do a real service to the blinded soldiers, by all means keep them in England, till they are given the right start in the new life.

"Thanking you, Mr. Editor, for the use of your columns for the expression of our views on a matter which we know has the sympathy of all your readers, we are

"Yours very truly,

E. A. BAKER,  
Captain, Can. Engineers

B. MAYEIL,  
Q.M.S., P.P.C.L.I.

A. G. VIETS,  
Lce-Cpl., P.P.C.L.I.

"Toronto."

# Convalescent Soldiers Royally Entertained at Voluntarily Maintained Summer Hospitals

A delightful break in the routine of convalescent home life was afforded several hundred returned soldiers during the past summer by the kindness of generous individuals. In the Thousand Islands, at Chaffee's Locks, at Cap-à-L'Aigle and at Winnipeg Beach citizens with the desire to do some act of kindness for convalescent soldiers provided summer resort accommodation for a few who were considered by the Military Hospitals Commission's medical officers as capable of deriving benefit from the opportunities afforded for recreation.

In addition, Dr. and Mrs. Pilgrim opened their home in the Barbadoes for a limited number of returned convalescent officers last winter. Between twenty and thirty such made the trip

were mild cases of shell shock for whom no better treatment could be afforded than a quiet period in the country. Altogether between twenty and thirty could be accommodated at a given time, and the usual period for a man's stay was two or three weeks, although in exceptional cases a month was sometimes granted. Miss Richardson brought a medical officer and trained nurses to the place and paid them herself, as well as supplied the whole cost of running the convalescent summer resort for the two years.

The opening of the Chaffee's Locks place came about at the request of Miss Richardson's late brother, an officer overseas, who, upon observing the number of shell shocked soldiers in England and France, urged his sister to do something for that class of cases in Canada. Men from the Toronto, Kingston and Montreal hospital units were among those who enjoyed the benefits of her splendid hospitality.

## AT QUEBEC AND WINNIPEG

At Cap-à-L'Aigle, near Murray Bay, Quebec, Mr. Harold Kennedy, of Quebec and London, maintained a cottage where about fifteen convalescent soldiers at a time were able to enjoy summer resort advantages.

Later Mr. A. T. Campbell of Toronto, and the other residents of Cap-à-L'Aigle held a meeting and raised a fund for the maintenance of another cottage where about twelve men at a time were the guests of the summer colony.

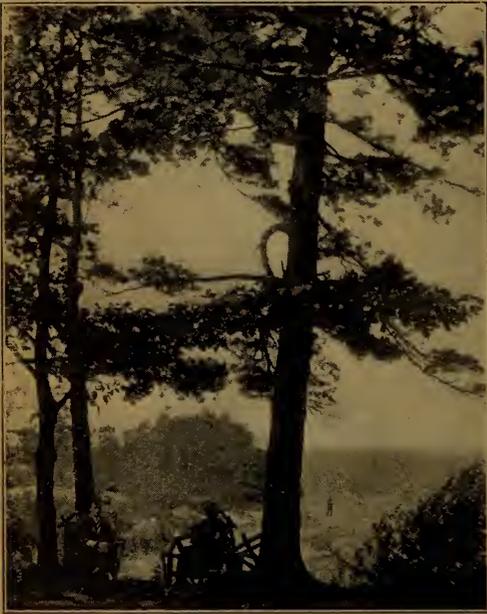
At Winnipeg Beach the Returned Soldiers' Association of Winnipeg provided a summer camp for patients from the Manitoba M.C.H., but in this case the Commission paid 60 cents a day subsistence for the boys sent there. A great many patients from the Manitoba unit enjoyed a vacation at this camp, as well as a number of discharged soldiers, whose maintenance was provided entirely by the Association.

In many other cases people, wishing to give convalescent soldiers the advantage of their own summer homes, by permission of the Military Hospitals Commission, entertained selected cases in smaller numbers with great benefit to the boys.

Mrs. Ira A. Kip's Island in the St. Lawrence was the largest of these summer homes placed at the disposal of the Military Hospitals Commission, and special interest attaches to it from the fact that Mrs. Kip is an American. Almost immediately after the United States entered the war, Mrs. Kip, whose home is in South Orange, N.J., offered to entertain from forty to sixty soldiers at a time at Leek Island, opposite Gananoque. Mrs. Kip offered to bear the entire expense herself and to conform to the highest requirements of the Military Hospitals Commission in regard to the treatment of the patients. Her offer was accepted upon an inspection of the premises being made and between two and three hundred soldiers altogether visited the Island during the summer.

## PATIENTS BENEFITTED

Without exception the men returned to the Commission's convalescent hospitals with their weight increased, their appetites restored, their



*A bit of the shore at Mrs. Kip's Leek Island summer hospital for returned soldiers.*

by the Royal Mail Steam Packet Company (which supplied the transportation freely) and experienced a marked improvement in their health and spirits from the royal entertainment they received in the little Island Colony. Dr. Pilgrim is a medical man.

At Chaffee's Locks Miss Agnes Richardson of Kingston has opened her summer home for two years to selected convalescent patients of the Military Hospitals Commission. The residence at Chaffee's Locks on the Rideau Lakes was remodelled and enlarged by Miss Richardson for this purpose. She also brought in an adequate supply of pianos, canoes, rowboats, fishing tackle, athletic equipment, gramophones and an automobile. Many of the boys assigned to this place

eyes clearer, and the determination to make speedy recovery keener than ever before.

Leek Island is about eighteen or twenty miles from Kingston, the headquarters of "C" hospital unit. The fleet of launches belonging to the Island handled the transportation problem in a manner highly satisfactory not only to the Commission, but to the boys themselves. Even the seriously disabled were able to enjoy to the fullest extent the trip in the large passenger launch with its commodious cabins.

Leek Island has one hundred acres, of which thirty are under cultivation, affording a generous supply of fresh farm products. About ten more acres are cleared, but the spacious lawns are well supplied with shade trees. The rest of the Island is bush, and the rocky shore has just one or two sheltered spots where a sloping sandy beach allows good bathing.

The group of buildings in which the patients, their hostess and her staff resided were of uniform rustic style, a series of substantial log palaces of varying sizes. The main building had room for about forty beds. Another twenty beds were installed in an upper story of the boat-house which was remodelled in the spring into quarters as attractive as the imagination could conceive.

A power plant took care of the light and water question. A series of smaller log houses were used as individual residences for Mrs. Kip and the nurses. The doctors resided on a house boat the property of a neighbouring islander—Mr. Otis Cutler of New York. Visiting officials of the M.H.C. remaining over night were quartered in the guest chamber of the house boat.

#### WHOLE FAMILY IN WAR

Mrs. Kip, the hostess in this hospital de luxe, is a niece of the famous ex-Governor Flower of New York. Her husband is president of the Duratex Company of New York. Their two sons and their son-in-law were among the first volunteers to join the United States forces when the republic entered the war. Mrs. Kip's daughter was one of the nurses who assisted in caring for the soldiers. Mrs. Kip herself took entire charge of the commissariat on the island.

The annals of the rich are full of donations of large sums of money, and Mrs. Kip's undertaking must have cost a small fortune, but distinction attaches to her gift, for the management of the dietary department in an institution feeding approximately one hundred people a day means work. Mrs. Kip was on the job from May to October.

Associated with Mrs. Kip was a gentleman whose contribution to the welfare of the two or three hundred soldiers who were fortunate enough to be selected for visits to Leek Island was evidence of genuine unselfish humanitarianism. Dr. Mefford Runyan of South Orange, N.J., a great surgeon and the leading medical practitioner of the Oranges, the great society colony in New Jersey, spent the summer at Leek Island as the chief medical officer in charge of the patients' welfare. Dr. Runyan abandoned a practice reputed to be worth thousands of dollars a month in order to perform this military service from which he was barred by the United States Army regulations because he was a year or two over age. Several other doctors spent periods of varying lengths assisting Dr. Runyan, and the medical officers of "C" Unit state that the prog-

ress of the convalescents was not interrupted by the break in continuity of treatment.

Mrs. Kip gave her doctors every chance to make good, for she went to the expense of equipping a first class modern operating room in the large dormitory, and supplied every detail of apparatus and equipment that a physician or surgeon could possibly require.

The help on the island consisted almost entirely of Japanese, some of whom were veterans of the Russia-Japan war and a strong comradeship sprang up between these men and some of the Canadian veterans of the campaign in Flanders.

Mrs. Kip is prepared to entertain even a greater number of Canadian soldiers at Leek Island next year than she did this.

## RE-EDUCATIONAL CENTRES

Special Equipment\* has been Installed  
by M. H. C. at Selected Points.

In carrying out its vocational re-education powers the Military Hospitals Commission has provided as wide a variety of courses as possible at all centres. The policy has been adopted, however, of developing centres of re-education with special equipment at important points as follows, Halifax, Montreal, Toronto, Guelph, Winnipeg, Calgary and Saskatoon.

Provision for a centre of re-education in British Columbia is under consideration, and at Fredericton, N.B., more workshop and class room accommodation than will be required for the simple convalescent vocational training is being provided in the fine vocational building now under construction there.

Centres of re-education for agriculture are being developed at Guelph, Winnipeg, Saskatoon and at Olds, Alta., where the Provincial Department of Agriculture placed one of its agricultural high schools at the disposal of the Commission.

## MUST EDUCATE PUBLIC

"There is no economy in using a whole man for work that a part of a man can do as well. If we can train the public, or persuade the uninjured man, that it is hardly respectable to do work that can 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 other line of production without interfering with the amount of product."—George Edward BARTON, in "Re-Education."

## GOVERNMENT COOPERATES

Premier Foster of New Brunswick Meets  
M. H. C. Officials.

Thorough co-operation between the provincial government and the vocational training branch of the Military Hospitals Commission in New Brunswick has been assured. At a conference attended by Premier Foster, Mr. T. B. Kidner, vocational secretary of the M. H. C., Prof. F. H. Sexton, district vocational officer for the Maritime Provinces, Major W. J. Osborne, officer commanding returned soldiers in "K" Unit, and Capt. Boyd, the newly appointed vocational officer for that province, the Premier expressed himself as greatly pleased with the Commission's work, and promised every assistance in his power. Capt. Boyd is a returned officer with wide training in technical lines. A special building for vocational training and recreation is being erected at the new Fredericton military convalescent hospital.

## MCGILL AIDS CONVALESCENTS

Further facilities of the engineering faculty of McGill University have been placed at the disposal of the Military Hospitals Commission's vocational officers in Montreal. The electrical laboratory, the steam laboratory, and a draughting room, with the services of instructors, were made available in October to returned soldiers in need of re-education.

## TEXT BOOK FOR PATIENTS

Doctor who Recovered Writes to Others  
Having Tuberculosis.

A popular text book for the use of patients suffering from tuberculosis is being distributed through the sanatoria of Canada where returned soldiers are being restored to health by the Military Hospitals Commission. The book was written by a member of the medical profession, Dr. D. McDougall King, an Ottawa physician, who spent nearly four years in sanatoria as a patient. He writes as a patient to other patients, but his medical knowledge qualifies him to discuss the situation as no layman could do. A military vernacular is employed and this, together with the fact that the whole work is absolutely popular and entertaining in style, should make it attractive to the soldiers.

In placing it at their disposal the Military Hospitals Commission is accepting the advice of tuberculosis experts who maintain that permanence of the cure effected in the sanatorium depends upon thorough education of the patient in regard to his responsibilities to himself and his fellow men after discharge.

## IMPERIAL PENSIONERS

Vocational Training may be Given in  
Canada.

Arrangements have been made between the Imperial Pensions office and the Military Hospitals Commission to extend to the disabled soldiers discharged from the Imperial forces the advantages of medical treatment and vocational training given the Canadian soldiers through the Military Hospitals Commission, provided that they were disabled in the present war and such treatment or training will improve their condition.

The hospital equipment and vocational training facilities established by the Military Hospitals



*Embroidery kills time for convalescent tuberculosis patients who are compelled, as a part of their cure, to remain in a reclining position.*

Commission will be open to them without restriction. The only point of difference between the Imperial and Canadian men will be that as soon as a man starts treatment or training, the appropriate allowances will be issued to the Imperial army men weekly by the officer paying Imperial pensions from Ottawa, and will continue as long as the man is receiving treatment or training. The allowances for the Canadian soldiers are paid monthly.

Effort is being made to reach all men of this class. Attention is drawn to the fact that all cases should first be brought to the notice of the officer paying Imperial pensions at Ottawa. The case will then be forwarded to the Military Hospitals Commission in Ottawa and steps will be taken immediately for training or treatment.

## CANADA AND AUSTRALIA

Among the provisions for repatriation of Australian soldiers passed by the Australian Federal Parliament a few months ago were an employment bureau for returned soldiers, curative workshops for convalescent patients, trade schools for the re-education of men so disabled that they could not follow their old trades, permanent homes for the few who are incurably helpless, sanatoria for tuberculosis, a government factory for the manufacture of artificial limbs, with branches in all parts of the country for future adjustments, etc. Senator Millen, in introducing the bill, stated that Australia had determined to lead the world in solving this problem. It should be a source of pride to Canadians that not a single method was proposed which had not already been put to the test in Canada.

## POPULAR LECTURES GIVEN

### Recognized Authorities Talk to Convalescent Soldiers.

The importance of good citizenship is emphasized in a new phase of activity conducted for the benefit of the patients in Canada's military convalescent hospitals. Lecture courses have been arranged in which writers, professors, public men of note, scientists and specialists in many lines of endeavour will address the boys on questions of public interest. This is regarded as a semi-social feature with a definite value, both to the men and to the country in which they are going to be such a powerful body of citizens. Debating societies have also been organized in many homes for similar purposes.

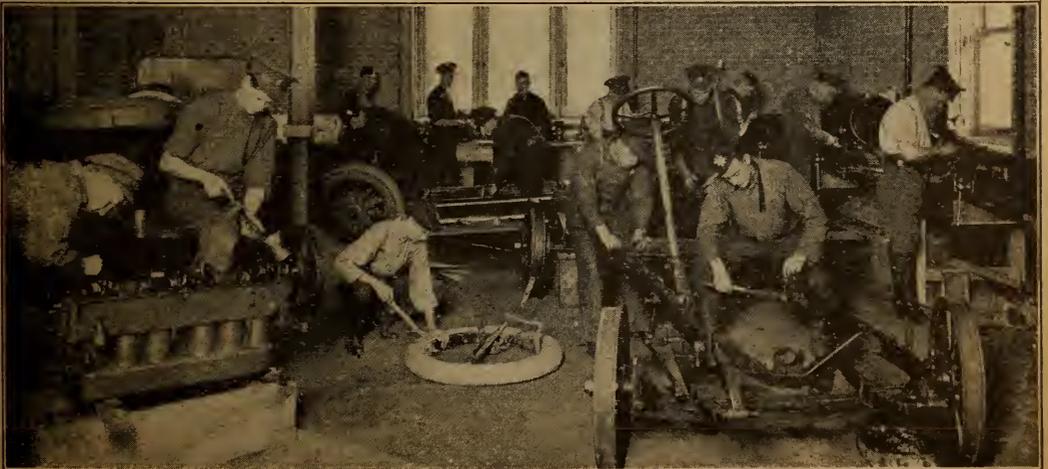
## GIFT FROM THE CHILDREN

The rural school children of Ontario, out of money raised at their fall fairs, presented the Military Orthopedic Hospital at Toronto with a big motor 'bus in which to carry the soldier-student-patients to and from the schools where their vocational training classes are held.

## LIST VOCATIONAL OFFICES

Communications to the vocational training branch of the Military Hospitals Commission should be addressed to the Vocational Secretary, 22 Vittoria Street, Ottawa, or to the nearest of the following District Vocational Officers:

- Prof. F. H. Sexton, Nova Scotia Technical College, Halifax, N. S.
- Capt. R. T. MacKeen, 307, Drummond Bldg., Montreal, Que.
- Capt. G. H. Boyd, Military Hospitals Commission, St. John, N. B.
- W. J. Warters, 908 Notre Dame Investment Bldg., Winnipeg, Man.
- Dr. J. C. Miller, 208 Beveridge Bldg., Calgary, Alta.
- Prof. H. E. T. Haultain, Rooms 30-34, 229 College St., Toronto, Ont.
- G. L. Sprague, Hamilton Technical and Art School, Hamilton, Ont.
- Lieut. W. B. Pennock, Military Hospitals Commission, London, Ont.
- Major F. A. Good, The Armouries, Kingston, Ont.
- Lieut. R. S. Kennedy, Military Hospitals Commission, Ottawa, Ont.
- F. M. Riches, Military Hospitals Commission, Regina, Sask.
- G. H. Deane, Military Hospitals Commission, Esquimalt, B. C.



All branches of automobile mechanics are taught to returned soldiers in vocational training class at Montreal Technical Institute.

# Canada's Method of Facing Debt to Soldiers Who have Lost Limbs in Battle is Described

A factory for the manufacture of such artificial limbs as may be required for members of the C.E.F. suffering amputation injuries is maintained by the Military Hospitals Commission. Three times the improvements and expansions in the work of this institution have necessitated moving into new and larger premises. The most recent move was to a newly completed warehouse building in Spadina Ave., Toronto, where adequate provision can be made for any degree of future expansion. A branch has been opened at Winnipeg within the past month, where experts trained in the parent factory can meet patients on the rolls of western hospitals and fit them for limbs, the set-ups for which will be manufactured at the main factory in Toronto.

Considering the number of Canadian soldiers who have been wounded in action, the number who have been submitted to major amputations is remarkably small, due no doubt to the splendid work of the advanced dressing posts of the Red Cross forces. To date the number of amputation cases reported is still under 700. The Military Hospitals Commission has accepted the responsibility on behalf of the Government of Canada to provide such artificial limbs as are required and to maintain them during the lifetime of the soldier.

## PUBLIC OWNS FACTORY

For the purpose of living up to this responsibility several conditions made it necessary for the Commission to establish its own factory. Many privately owned factories were making limbs of different standards, but, owing to the condition of the market for this commodity before the war, none had very great capacity for production. The government's access to all the best patented features of any or all of these types of limbs made it inadvisable to place a contract with one factory, and ordinary business sense forbade buying different types of limbs from many different factories scattered all over the country to be distributed by one agency. The market price of artificial limbs also is based on sales conditions, which are very slow. The cost to the country of limbs manufactured in the Commission's own plant is that of labour and material only.

The very best arms and legs yet devised anywhere in the world are provided by the Commission. The materials used in the limbs are the best obtainable; skimping is not tolerated in the least important factor.

In fitting the limbs patience is necessary to insure a maximum of comfort for the wearer. Experts at this art pay close attention to the slightest irritation or discomfort reported by the wearer, whose limb is never finally finished until every undesirable feature has been eliminated. A civilian who for some time has used an artificial leg similar to the one provided by the Military Hospitals Commission has been engaged to demonstrate to the boys the possibilities of its use. From his achievements it is hoped that the soldiers will derive confidence, and that their determination to persevere in practicing will ultimately lead to success.

What can be done is indicated by the fact that this man can run, box, dance and walk as well as a proficient exponent of any of these arts who may have two sound legs. The demonstrator has made a study of the potentialities of artificial legs and is familiar with such incidents as that where a man on two artificial legs, one beginning above the knee and the other below the knee, ran 100 yards on a Chicago track in 15 seconds.

Splints, braces, orthopedic shoes and other Orthopedic apparatus are also manufactured by the limb factory with the same care as that used in the making of the limbs.

## WHAT ARM CAN DO

At the present time the Commission issues an artificial arm with a working hook which is capable of holding a knife, fork, or pen, and by which a man can dress himself, eat or write as well as with his own hand. It holds tools and picks up articles. It is known as the utility hook, and one man working in the factory served his time and became a journeyman plumber with a similar tool. The hook can be exchanged as desired by the wearer for a gloved hand with a workable thumb. With this dress hand a man can hold an umbrella or a valise, or carry his coat on his arm comfortably.

Before long the Commission will be issuing a hook capable of holding like a vise anything that can ever be held in a man's hand. Even a polished chilled steel bar cannot be made to slide in the viselike grip of this hook.

The artificial legs are made of a variety of willow taken from two trees of the willow family, both of which are exotics. They were brought to America from Europe and have naturalized themselves over the eastern states and Canada, until they are now more plentiful than the native willows. These are the Brittle Willow and the Golden Osier, both well-known lumber trees of Europe. This wood, when absolutely dry, weighs about twenty-six pounds to the cubic foot; it is tough, does not split readily and works well in the tool. The wood is cut into bolts about 22 inches long and bored through the center in order to season without checking. It is barked and the ends are painted and the bolts are then left to season in the shade in the open air for two years. After this the bolts are kiln dried and are kept bone dry till they are delivered to the man as an artificial limb. At the factory in Toronto there is a large dry kiln on the premises for that purpose.

## SYSTEM OF MEASUREMENT

It is the practice of the factory to work the wood up into rough legs and to put these in stock in sizes on a basis similar to the methods of stocking boots. Several lengths of legs, allowing for variations above and below the knee, all have their respective size numbers, and six sizes of feet are also accounted for.

When a man is sent by the Medical Officer to be fitted for a limb, his measurements are taken and the stock limb most nearly approximating his measurements is tried on. The top of the

artificial leg is then hollowed with special tools made for that purpose, and in above-knee amputations the stump leg is fitted into the socket until the patient bears his weight on the pelvic bones, virtually sitting down on the leg and walking. In the case of below-knee amputations the weight is carried, when possible, partially on the end of the stump and partially on the bones of the knee.

After the man's stump has been fitted into the rough leg, the patient wears his new limb around the hospital until it has become quite comfortable, trimming being done on the inside to remove unevennesses as suggested by the patient.

#### RAWHIDE PROTECTS WILLOW

As soon as comfort is attained the limb is hollowed out as thin as possible and wet raw-hide is drawn tightly over the outside and attached to the wood with glue. This, when hardened, protects the limb from splitting, and strengthens the leg so that instances have been known where the wood had been badly shattered and the limb still retained its shape. A coat of paint finishes the exterior, and the interior is surfaced with a high grade, shiny wood oil varnish, the most resistant varnish material known.

Boots to fit the artificial feet are made in the branch of the factory devoted to Orthopedic shoe making. A man who has devoted a life time of study to the making of Orthopedic shoes is in charge of this branch, and the surgeons refer many cases of fallen arch and other foot deformities to him for treatment.

It has been found that a man wearing one artificial leg places such a great strain on the other, especially in the early stages, that a special shoe is required. The patients are measured and fitted with boots designed to prevent weakness developing in the one good foot remaining. Every upper is fitted.

It should be understood that many different kinds of artificial arms are made, both in this country and the United States, under patent protection. The Government of Canada has access to all patents, and no better arm is being turned out anywhere than that with which the Commission is equipping its returned soldier

patients. At the same time every effort is being bent to the perfection of new ideas which might improve upon existing features of the limbs turned out by any and every factory in the world.

While the soldiers requiring artificial limbs are still on the strength of the Military Hospitals Commission Command, their needs in this respect are automatically taken care of by the hospital authorities. The after-discharge needs are also provided for. In addition to the branch factory opened in Winnipeg several other branches will be opened in a half dozen or more central points throughout the country, so that breakages in artificial limbs supplied by the Military Hospitals Commission will be repaired and new limbs will be issued, as required, free of cost to the soldier so long as he lives.

Men who have incurred disabilities in army service which require appliances such as orthopedic shoes, trusses, spectacles, rubber bandages and belts, will have such an annual credit established with the Board of Pension Commissioners as the Military Hospitals Commission estimates will cover the annual cost of such appliances purchased in the open market. The man is notified that he may purchase appliances to the amount of the credit where he chooses and render accounts to the Board of Pension Commissioners, the Board, however, reserving to itself the right to refuse to permit the use of appliances which have been found to be unsatisfactory. At the end of the year any balance remaining in the hands of the Pensions Board shall be remitted to the man himself.

#### LIMBLESS SOLDIERS EMPLOYED

The artificial limbs and their repairs will be taken care of in the Government's factories, but with minor appliances, this arrangement is thought to be the most satisfactory both to the men and to the Government.

In the factory several returned soldiers are being taught various branches of the art of making artificial limbs and orthopedic shoes, in order that soldiers sent to the factory may have the utmost confidence that men who have themselves gone through their experience are ministering to them.



*Pupils at Military Hospitals Commission's massage school receiving physical training to qualify them for their arduous occupation.*

## FIRST NATIONAL EFFORT

Fight Against White Plague has been Stimulated by War.

Tuberculosis is a disability among soldiers for the treatment of which the Military Hospitals Commission is responsible. A national benefit accrues from the obligation cast on the Dominion to fight this disease in the army, as over a thousand beds have been permanently added to the country's sanatorium accommodation. More aggressive methods of combating the disease



*Pavilion of 32 beds erected by M. H. C. at Mowat Sanatorium, Kingston, Ont.*

than any hitherto employed have been devised and put into operation by the Commission and its staff of experts.

Between twelve and fifteen hundred military patients are being treated for this disease in Canada at present, and for the first time a central authority endowed with the powers of a government department has supervision over the whole field. Military sanatoria are operated at North Wiltshire, P.E.I., Kentville, N.S., River Glade, N.B., St. John, N.B., Lake Edward, Que., Ste. Agathe des Monts, Que., Kingston, Hamilton, London, Kitchener, Ont., Ninette, Man., Regina and Prince Albert, Sask., Frank, Alta., Tranquille and Balfour, B.C. A few of the sanatoria are still under civilian management, but the number of military patients cared for even at these is greatly in the predominance, and the Military Hospitals Commission is responsible for their welfare.

### M. H. C. BEARS THE COST

The thousand or more beds referred to in the opening paragraph represent an actual increase of accommodation. In some cases an arrangement was adopted whereby the Military Hospitals Commission bore half the cost of making permanent increases to the sanatorium, the new pavilions to become the property of the institution as soon as their military use is no longer necessary. The cost of caring for the military patients is, of course, borne by the Military Hospitals Commission.

At least four new sanatoria have been opened by the Commission with a total accommodation of 300. There was no institution for the care of the tuberculous in the Province of Saskatchewan until the Military Hospitals Commission took over the Earl Grey School, Regina, and by means of suitable additions converted it into a sanatorium of 60 beds. Since then another building has been remodelled for a similar purpose at Prince Albert, The Laurentide Inn sanatorium at Ste. Agathe, the Balfour sanatorium on Kootenay Lake, and the Frank Sanatorium, Alta., all former tourist hotels, also represent new additions to the country's sanatorium accommodation.

The military situation in regard to this disease

has brought about other beneficial results. Medical officers in charge of sanatoria have already been brought together on two different occasions to confer with the Medical Superintendent of the Military Hospitals Commission in regard, not only to military phases of the handling of tuberculous soldiers, but to the purely therapeutic problems involved. Questions of diagnosis, treatment, record keeping, etc., have been discussed freely at round table conferences attended by specialists gathered from all parts of the country, and unlike association meetings the benefits were instantly felt by regulations based on the highest common factor of medical judgment found at the conferences.

The authority of the Commission has made the result of these conferences practical and an advisory committee to the Commission's medical department has been created to assure a continuity of the benefits of the conferences.

A monthly leaflet containing news items and observations of interest to all the sanatorium officers is circulated as another means of maintaining close contact among all the sanatoria.

### OCCUPATION AIDS RECOVERY

Vocational training as an aid to the recovery of sanatorium patients was given its first real test by the Military Hospitals Commission and the results have been highly satisfactory. By the use of vocational training a graduation from the rest cure to working conditions which patients must face after discharge is made possible under conditions where the medical officer can control the amount of exercise.

Workshops and class rooms have been built or otherwise provided for at all of the sanatoria where military patients are treated and instructors are engaged so that the employment originated for medical reasons may be of as much practical benefit to the patient as possible. For those who are approaching discharge woodworking, motor mechanics, typewriting and other fairly active occupations are permitted under the guidance of the doctors.

Patients whose condition is such that they are still obliged to remain in reclining positions for



*Complete sanatorium under canvas at Kentville, N.S., which admirably coped with an emergency situation last summer.*

most of the day, are instructed in occupations which, while not so practical, nevertheless serve to occupy the men's minds and hands, thus improving their mental tone and creating an interest in life which weighs all on the side of rapid recovery. The spectacle of a great hulking soldier reclining in an Adirondack chair working a flowered centrepiece seems incongruous, but the man compelled otherwise to remain inactive welcomes even this opportunity to occupy himself.

## HOSPITAL RECREATIONS

### Room and Equipment for Entertainment of Patients Supplied.

For the same reasons which have prompted universities to maintain athletic departments, the Military Hospitals Commission has encouraged and fostered the recreational life of the returned soldiers in its institutions. One of the largest rooms in every hospital is known as the recreation hall. Here are to be found billiard tables and apparatus for all kinds of indoor games. If there is a large enough room a moving picture machine is usually provided, and arrangements have been entered into with various film distributing agencies to supply institutions with picture plays. Concerts in which outside talent entertains the soldiers are events of frequent occurrence in all the hospitals, but the officers encourage, as far as possible, the inmates to get up their own programmes.

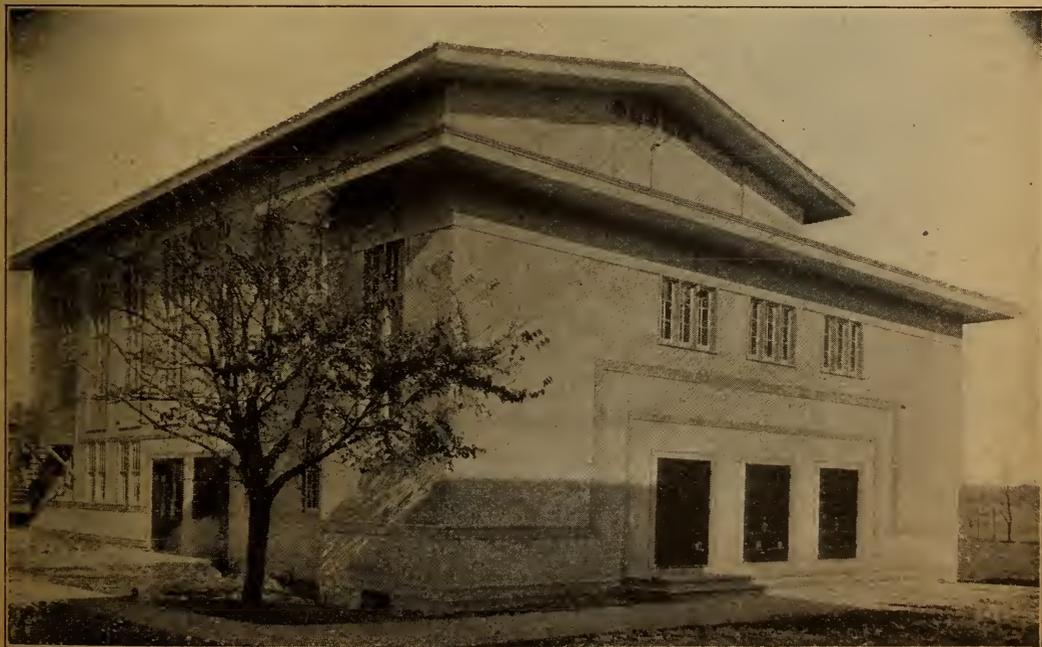
Nearly all the hospitals are situated on spacious grounds where outdoor games can be enjoyed. Baseball, football, tennis, golf, cricket, hockey and other sports have proved exceedingly popular even with the crippled men. Indeed medical officers say that the efforts put forth by the disabled in games are responsible for many

instances of remarkable recoveries. In the excitement of competition men will unconsciously make movements which in dispassionate moments they would have considered impossible.

Where new hospitals have been erected, or where existing buildings taken over did not afford accommodation for recreation, the Commission has erected special buildings to accommodate this phase of the institutional life. At Whitby there is a substantial brick theatre which seats twelve hundred. In the basement are located four bowling alleys. At the Orthopedic Hospital, Toronto, a recreation hall seating five hundred with bowling alleys and billiard rooms has also been erected. Indoor and outdoor games for all seasons are provided.

The Commission has received a large measure of co-operation from individuals and private clubs and societies which have contributed gymnastic apparatus, footballs, baseballs, gloves, bats and all kinds of indoor games for the amusement of the boys.

Recreation, not amusement, is the ideal of the Commission's officers in the encouragement given. The development of the men's own active characteristics, rather than an attitude of passive acceptance of the efforts of others to amuse them, is felt to be more beneficial to the boys and to the country at large afterwards.



*Recreation building of type erected at Cobourg, Guelph, North Toronto, Fredericton, and other institutions of the Military Hospitals Commission.*

## TWO PROCESSES DESCRIBED

### Vocational Training Branch of M. H. C. has Dual Function.

The work of the Vocational Training Branch of the Military Hospitals Commission may be classified under two headings, but there is all the difference in the world between the objects aimed at in these two main classifications.

Under the order-in-council from which the Military Hospitals Commission derives its power, authorization is given to re-educate for new means of livelihood such sailors and soldiers as by reason of their disabilities incurred on service are unable to resume their former occupations.

Experience has shown that only about 10 per cent. of all the men passing through Canadian Military Convalescent Hospitals require re-educ-



*Returned soldiers learning gas engine operation at Calgary Technical Institute.*

ation. In behalf of these the Commission spares no endeavour to restore the earning capacity enjoyed before the war. This is often most successfully done by improving the man's knowledge of his former trade in such a way as to qualify him for another and a less strenuous branch of work in the same industry.

The first great class of vocational training which the Military Hospitals Commission is empowered to carry on is, therefore, vocational re-education, and its benefits are limited to those designated in the order-in-council.

The second great classification is occupational treatment. This is accessible to all patients in the convalescent hospitals, and the men are urged to avail themselves of it for medical reasons.

When the medical officers recommended that some form of occupation should be provided for convalescents in order to loosen up their muscles and to keep their minds occupied, vocational training was the method adopted because it would also serve to reawaken the soldiers' interest in civilian life and occupations and give them an opportunity of improving their educational qualifications or earning capacity. In the classes maintained for all convalescents no effort is made to teach new occupations, although it might conceivably happen that a man could in the short period of his convalescence learn sufficient about some subject to qualify him for a different means of earning his living. It cannot be said too emphatically, however, that this is only incidental and not the object of the work.

In preparing the disabled for new occupations a wide variety of vocations are aimed at, everything from agricultural pursuits to hand-loom operation appearing in the category.

On the other hand, for occupational purposes a half dozen classes are sufficient to give every man an opportunity of deriving some benefit. Commercial subjects and general education, simple carpentry, metal working, gardening, and automobile mechanics are standard subjects found in almost all convalescent homes. For men, such as tuberculosis patients, who are confined to bed, fancy work and embroidery, basketry and weaving provide restful occupation which has proved astonishingly interesting to the soldiers.

For the limited number of men who are likely to be permanently incapacitated from active exertion, some of the art hand crafts, such as basket-making, clay modelling and handloom operation, have been employed with success as vocational re-education. The Handicraft Guild is impressed with the possibility of a certain number of men earning a good living at these arts.

## LETTER FROM LORD BRYCE

The Right Hon. Viscount Bryce, O.M., Chairman of the Imperial Board of Inventions, and formerly British Ambassador to United States, writes as follows to a friend connected with the Military Hospitals Commission:—

"Your account of the work that is being done for the wounded soldiers is very interesting, and cannot but arouse warm sympathy. There is no class of cases, among all those who are suffering by this war, that makes a stronger appeal. Think of the man who, having fought valiantly for his country and a righteous cause, goes back to Canada and finds himself — after the excitement of the war is over and men are turning to other things — left at a loose end, his former occupation gone, or he perhaps disabled to resume it. There can be no work of truer helpfulness than to find for him, and to train him for, some art or trade which he is capable of following, and whereby he may earn his living, occupy his hands and thoughts, and maintain himself in manly independence.

"Hearty good wishes for so excellent an enterprise."

## ILLUSTRATED LECTURES

M. H. C. Supplies Lantern Slides and  
Lecture Notes Free of Charge

Lantern slides illustrating the operations of the Military Hospitals Commission are lent, free of charge, to ministers and other respon-



*Bed patient in Royal Victoria Hospital, Montreal, operating hand loom.*

sible persons who are willing to co-operate by showing them.

Slides are in all cases accompanied by explanatory notes, giving sufficient information for the lecturer's use. Particularly in rural communities where no hospitals are located did similar slides showing the methods of restoration of the wounded prove of interest last year.

Applications, giving if possible alternative dates, should be sent as follows:

- Nova Scotia.*—Sec., Returned Soldiers Employment Committee, Metropole Bldg., Halifax.
- New Brunswick.*—Sec., Returned Soldiers Aid Commission, 49 Canterbury St., St. John, N. B.
- Prince Edward Island.*—Sec., Returned Soldiers Comm., Parliament Bldg.
- Quebec.*—Branch Sec., Military Hospitals Commission, Drummond Bldg., Montreal.
- Eastern Ontario,* up to and including Belleville and Pembroke.—Slide Dept., Military Hospitals Commission, 22 Vittoria St., Ottawa.
- Ontario,* West of Belleville.—Branch Sec., Military Hospitals Commission, 1 Queen's Park, Toronto.
- Manitoba.*—Sec., Returned Soldiers Manitoba Commission, 185 Lombard St., Winnipeg.
- Saskatchewan.*—Sec., Returned Soldiers Commission, McCallum-Hill Bldg., Regina.
- Alberta.*—Sec., Central Provincial Committee of Military Hospitals Comm., McLeod Block, Edmonton.
- British Columbia.*—Sec., Provincial Returned Soldiers Commission, Parliament Bldg., Victoria.

## BOSTON IS INTERESTED

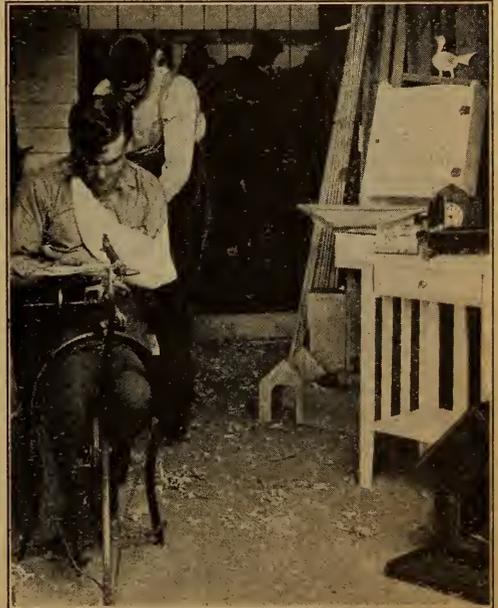
T. B. Kidner, Vocational Secretary of the Military Hospitals Commission, addressed a technical audience at the School of Social Service, Simmons College, Boston, on November 15th. His subject was "Vocational Re-education of Canadian Soldiers". Among others who took part in the series of lectures on after-the-war problems arranged by this college were Frank B. Gilbreth of Providence, R. I., whose motion studies have gained him international fame, and Herbert J. Hall of Marblehead, Mass., a specialist on occupation for invalids.

## TRAINING THE BLIND

Figures are Given of Results at St.  
Dunstan's Hostel.

From the beginning of the war to the end of September (according to the English War Pensions Gazette) 774 totally blind soldiers and sailors have been taken to the Blinded Soldiers' and Sailors' Hostel, St. Dunstan's, Regent's Park, and its annexes, of whom 298 have been discharged. Of this number 257 have been fully trained and have set up for themselves, and the remaining 41, owing to mental or physical disability, left without being set up.

Of the 774 admitted to the Home 32 were Canadians. Of these about twelve have been returned to civilian life in Canada on a self-supporting basis.



*One armed veteran learning to operate the fretsaw in vocational training shop at Esquimalt Military Convalescent Hospital, B.C.*

# Board of Pension Commissioners for Canada Explains New Regulations Recently Adopted



*Lieut.-Col. R. H. Labatt of London, Ontario, saw active service in the North-West Rebellion and took the 4th Battalion C.E.F. to France in 1914. On being invalided home he was appointed as one of the three members of the Board of Pension Commissioners.*

*Commander J. K. L. Ross, R.N. C.V.R., of Montreal, chairman of the Board of Pension Commissioners, served for two years in command of a destroyer on the North Atlantic. During this time the chief duty was escorting transports.*

*Maj. J. L. Todd, C.A.M.C., of Victoria, B.C., the third member of the Board, after his service overseas, was seconded to the Pensions and Claims Board, for whom he made an investigation of the manner in which France returned her soldiers to civilian life.*

A detailed account of the changes made in the pensions regulations applying to members of the C. E. F. is given in the following paragraphs. These pension regulations were amended by Order-in-Council, on October 22nd, 1917.

The amendments made are far-reaching in their effect. They provide for an increase of pensions and allowances to and in respect of soldiers and sailors holding the lower ranks, that is to say, ranks up to and including the rank of Sub-Lieutenant in the Canadian Navy and Lieutenant in the Canadian Expeditionary Forces.

The most important changes provide for increases in pensions and allowances. These changes will be considered as having come into force on April 1, 1917, and in this way all pensioners will be entitled to an extra cheque covering the difference between the pension paid since April 1, and the date on which the adjustment is made. The changes will affect the pensions of soldiers and sailors and their children, their widows and children, their orphan children, their dependent parents and their younger brothers and sisters. The total increase in the amount payable by Canada for pensions and allowances will be approximately forty per cent. At the present time the annual expenditure involved is about five million dollars a year. With the increases now authorized Canada's bill will be over seven million dollars during the fiscal year.

A second change made is only slightly less

important. It provides that disabilities shall be divided into twenty classes instead of six classes, with a difference of only five per cent in disability between classes instead of twenty per cent, so that, in future, disabled men will be certain to receive a pension based directly on the disability which they suffer.

Those holding the rank of Sub-Lieutenant in the Canadian Navy and Lieutenant in the Canadian Expeditionary Forces, or a lower rank, will be entitled in all cases to a twenty-five per cent increase in pension. Owing to the increase in the number of classes a large number of cases will be increased above twenty-five per cent. For instance, a private disabled seventy-five per cent has been receiving a pension of \$288 per annum, that is to say a Class 3 pension, which class includes all those disabled between sixty and seventy-nine per cent. He will now receive \$450 per annum, that is to say a Class 6 pension, which class includes all those disabled between seventy-five and seventy-nine per cent. He is thus entitled to a much larger increase than the flat increase of twenty-five per cent. Only in a few cases will soldiers and sailors be entitled to no additional increase beyond the flat increase of twenty-five per cent.

Up to the present time no additional allowance for a married disabled pensioner has been made. It was considered that in this way the unmarried man was better treated than the married man. The amendment, therefore, provides for an additional allowance for the married disabled man,

based on the degree of the man's disability. This allowance amounts to \$8 per month for a totally disabled soldier or sailor, forty cents less per month being paid for each decrease of five per cent in disability.

Under the old Pension Regulations only those pensioners receiving a pension for a disability of sixty per cent or more were entitled to allowances on account of their children, and no distinction was drawn as between the allowance for the children of those sixty per cent disabled and those totally disabled. Under the new Regulations a man totally disabled and a man with only a five per cent disability will receive an allowance for each child, but the allowance will be graded in accordance with the disability. For example, the totally disabled pensioner will be entitled to \$8 a month for each of his children; the man disabled eighty per cent will be entitled to \$7; the man disabled sixty per cent will be entitled to \$6; and the man disabled fifty-five per cent will be entitled to \$5.50 and so on in descending amounts, so that the man disabled five per cent will be entitled to 50 cents per month for each of his children.

The allowance for helplessness which is granted to those totally disabled who are, in addition, helpless in so far as attendance to their physical wants is concerned, has also been increased. In the future the maximum allowance for helplessness will be \$300 instead of \$250.

The widows of those holding the rank of Sub-Lieutenant in the Canadian Navy or Lieutenant in the Canadian Expeditionary Forces, or lower ranks, will be entitled to a flat increase of twenty-five per cent pension, thus the widow of a private who previously received \$384 per annum will now receive \$480 per annum.

The increase in the allowances for her children, should she have any, will be thirty-three and one third per cent. Thus a widow with four children will receive \$40 a month for herself and \$32 per month for her children instead of \$32 per month for herself and \$24 per month for her children.

A flat increase of thirty-three and one-third per cent has been made in the allowances for orphan children. They will receive \$16 per month each instead of \$12 per month each.

Under the new Regulations dependent parents will receive the same pension as widows. Instead of \$24 per month the dependent parent will now receive \$40 per month being a flat increase of sixty-six and two-thirds per cent.

A very large number of cases have come up in which the eldest boy of a family had been supporting his mother and his younger brothers and sisters and continued to support them until he died on service. With regard to his younger brothers and sisters he might almost have been said to take the place of a father in their respect. Under the old regulations these cases were not provided for, but the amended regulations provide that for dependent brothers and sisters under the ages of sixteen or seventeen

years the same allowances shall be provided as are provided for children. Thus, a younger brother who has been dependent on a private will receive \$8 per month if one of his parents is alive and \$16 per month if both his parents are dead.

It has been found that in a number of cases the children, owing to the drunkenness or misconduct of their pensioned father or mother, have been deserted or are not being maintained by him or her. The Pension Commissioners have, therefore, now been authorized to pay the allowances for these children, as well as part of the pension, to a guardian or administrator so that the children will have a fair chance of becoming useful citizens.

Other amendments have been made, merely for the purpose of making the Regulations more clear and in no way affecting the spirit of the Pension Regulations. It is thought that the new Regulations will relieve most of the cases of hardship which have come to light.

## BOARD OF PENSION COMMISSIONERS

### HEAD OFFICE:

Union Bank Building, OTTAWA,  
Telephone Queen 4345.

### DISTRICT OFFICES:

BARRIE, Ont., 7 Toronto Bank Building.  
CALGARY, Alta., 500 Leeson & Lineham Block.  
EDMONTON, Alta., 312 McLeod Block.  
HALIFAX, N.S., 405 Dennis Block.  
HAMILTON, Ont., Bell Telephone Building.  
KINGSTON, Ont., Merchants Bank Building.  
LONDON, England, 13 Berners St., Oxford St., W.I.  
LONDON, Ont., 53 Bank of Toronto Building.  
MONTREAL, P.Q., 306 Drummond Building.  
OTTAWA, Ont., 614 Union Bank Building.  
QUEBEC, P.Q., 500 Merger Building.  
REGINA, Sask., 611 McCallum & Hill Building.  
ST. JOHN, N.B., 43 Canada Life Building.  
TORONTO, Ont., 59 Yonge Street.  
VANCOUVER, B.C., Elysium Hotel, Pender St. W.  
VICTORIA, B.C., 504 Union Bank Building.  
WINNIPEG, Man.,  
702 Notre Dame Investment Building.  
\*BRANDON, Man., City Hall.  
\*CHARLOTTETOWN, P.E.I., 14 Cameron Block.  
\*SASKATOON, Sask., 178 Third Avenue South.  
\*SYDNEY, N.S., Post Building.

\*Representative.

The above offices have been opened to assist pensioners and prospective pensioners in all matters relating to pensions and these offices will be always willing to advise returned soldiers or their dependents in all other matters to the best of their ability.

If you do not live near one of our District Offices the local Canadian Patriotic Fund office will be glad to advise you.

Pensioners are requested to quote their pension number in all communications.

# QUESTION AND ANSWER PAGE

- Q.—A soldier is killed, or dies on active service, and leaves a mother whose husband has deserted her. Is that mother entitled to pension?
- A.—Yes, if it can be proved that the son was her main support during his lifetime.
- Q.—In the case of a widowed mother entitled to pension who has only been in receipt of Assigned Pay, from what date does pension begin?
- A.—From the first day of the month next succeeding the month in which the casualty occurred.
- Q.—If an applicant for pension consults a lawyer as to the preparation of documents necessary to support claim to pension, will the Board of Pension Commissioners pay the fee which the lawyer may charge for the work?
- A.—There is no need for an applicant for pension to go to a lawyer, since the District Offices of the Board of Pension Commissioners will prepare the documents, free of charge. The District Offices prefer to do this work themselves as they know that the documents will then be prepared correctly.
- Q.—If a disabled soldier or widow of a deceased soldier is able to supplement his or her pension by earning a living does he or she thereby forfeit the pension, or is it in any way diminished?
- A.—No; earnings in no way affect the amount of pension.
- Q.—I am from Saskatchewan and interested in farming, and it is my intention when I get back to settle down. I would like to know if a man who has homesteaded gets a grant of land and what assistance he gets?
- A.—A copy of the Soldier Settlement Act 1917, which provides for grants of land to returned soldiers as well as loans not exceeding \$2,500, is being sent to you by mail. The Soldiers' Settlement Board under this act may make provision for Agricultural Training Stations for returned soldiers and other arrangements for settling the men on the land. The Board has not yet been appointed, but it is expected that this will be done early in the new year.
- Q.—Several times since my discharge I have had a recurrence of trouble due to my disability incurred in France. What I want to know is, do I have to pay my own doctor's bill or can I send it in to some branch of the Government for payment?
- A.—The Military Hospitals Commission is not empowered to pay unauthorized accounts from private medical practitioners except in very special circumstances. If you report to the Commission's local Officer Commanding, or to a member of the staff of the A.D. M.S. for your district, arrangements will be made to give free medical treatment. If you have to go to a hospital you will be re-attested on military pay and allowances.
- Q.—I am a pensioner. I have been reported by the B.P.C. Medical Board of Review as requiring treatment. For reasons of my own I do not wish to accept treatment. Can I refuse?
- A.—Yes, but you would be unwise to do so. If your disability increases beyond the degree at which your pension now stands the B.P.C. may refuse to increase your pension on the ground of your neglect or refusal to take treatment. Upon coming in for treatment you will be re-attested on military pay and allowances.
- Q.—I am a returned disabled soldier, unable to do hard work. I understand that I am entitled to vocational re-education, but I have four children, all under twelve, and my wife has deserted me. What am I going to do about my children?
- A.—Under the present regulations of the Commission during the period of re-education you will receive the following allowances:—for the maintenance of your family, \$53 per month less any pension allowed by the Board of Pension Commissioners; for yourself, subsistence in an institution or \$30 per month subsistence allowance, also \$8 per month spending money, or a total of \$91 per month for yourself and family, including your pension.

## RECURRING DISABILITIES

### Procedure *re* Assistance should be Followed Closely by Discharged Men

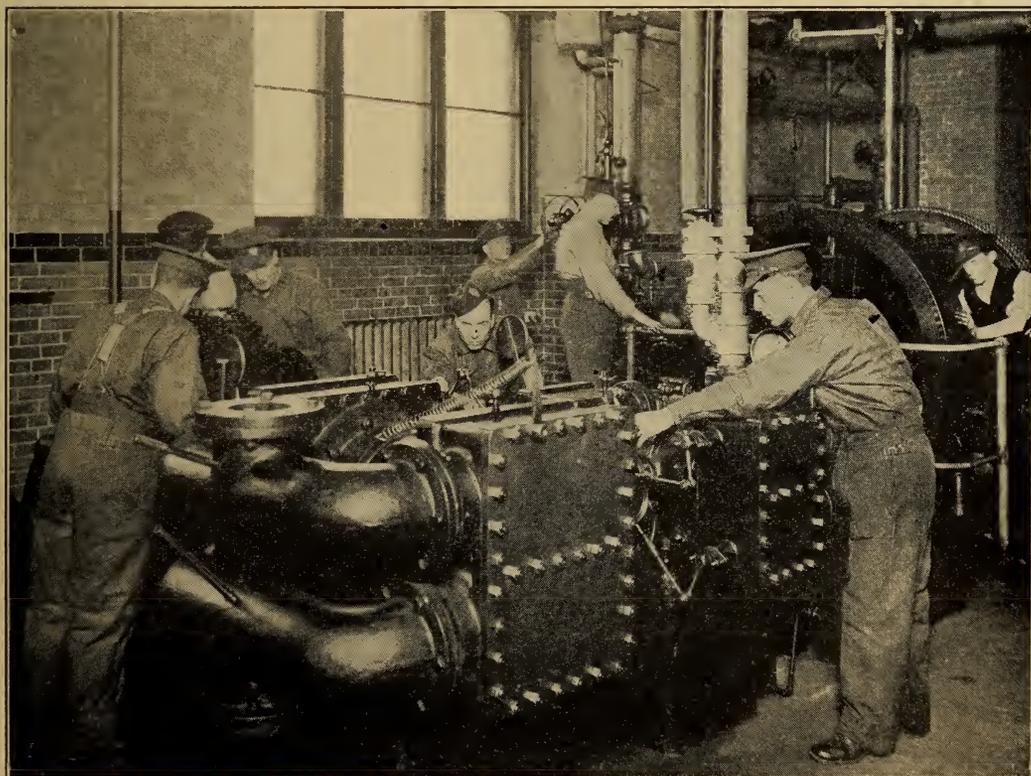
The Government has made provision so that any discharged soldier who suffers a recurrence of a disability due to army service can receive treatment from a military medical officer free of charge, and if his condition requires hospital care he can be re-attested and replaced on pay and allowances until he has been put in shape again.

The Military Hospitals Commission makes this statement to correct the impression which seems to have gained much circulation that a discharged soldier can go to any medical practitioner as a civilian and receive treatment, or enter a hospital as a civilian, and then forward the bill to the government for payment.

The Commission will not be accountable for unauthorized bills for medical service.



*Fishing is a recreation in which many convalescent soldiers can indulge. This German carp was caught by a convalescent tuberculosis patient at Byron Sanatorium near London, Ont.*



*Returned soldiers studying thermodynamics in McGill steam laboratory.*

# 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 - - - - JANUARY, 1918

PUBLISHED BY THE MILITARY HOSPITALS COMMISSION, 22 VICTORIA ST., OTTAWA, CANADA, FOR THE INFORMATION OF ALL INTERESTED IN THE WELFARE OF CANADA'S RETURNED SOLDIERS