

than had been first expected and their disabilities have disappeared. The approximately 400 new cases per month arise mainly in departmental hospitals. The principal source of these cases is from among veterans entitled to treatment for an exacerbation of pensionable disabilities or otherwise entitled to free treatment from the Department for conditions not connected with the Service.

Table 12 shows the rehabilitation status of registered disabled veterans as at Nov. 15, 1947, in accordance with the extent of their disabilities, as measured by the Canadian Pension Commission.

### 12.—Rehabilitation Status of Seriously Disabled Veterans According to Percentage of Entire Disability as at Nov. 15, 1947

NOTE.—Veterans are registered only when their disability in relation to their experience, education and other factors presents a problem in occupational adjustment. This table covers all veterans whose disabilities are assessed at 75 p.c. and over, and a constantly decreasing proportion of those whose disabilities are assessed at lower percentages.

Item	Not in Receipt of a Pension <sup>1</sup>	1 to 24 p.c. Pension	25 to 49 p.c. Pension	50 to 74 p.c. Pension	75 to 100 p.c. Pension without helplessness allowances <sup>2</sup>	75 to 100 p.c. Pension with helplessness allowances	Total
Registered..... No.	5,966	4,277	7,680	5,601	5,568	269	29,361
Status—							
Employed..... p.c.	40.31	72.97	79.86	77.91	53.75	55.39	65.26
Unemployed..... “	5.05	6.08	4.52	5.00	5.48	6.69	5.15
Receiving treatment, training and other services..... “	50.31	15.50	11.37	12.74	34.97	30.11	24.79
Rehabilitation not feasible..... “	0.92	0.94	0.60	1.14	3.09	5.58	1.34
Unknown..... “	3.41	4.51	3.65	3.21	2.71	2.23	3.46
<b>Totals..... “</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

<sup>1</sup> Includes cases in which entitlement has been conceded but where disability has not been assessed pending completion of medical treatment, as well as cases of non-pensionable disability. <sup>2</sup> Does not include the war blinded.

While almost any kind of assistance might be important in the rehabilitation of a given case, the following rehabilitation services are those that experience has proven to be generally the most important: (1) medical treatment, including medical rehabilitation; (2) provision of artificial limbs, braces, appliances and similar devices including hearing aids; (3) vocational guidance; (4) vocational, technical, or university training; (5) maintenance allowances; (6) assistance towards securing suitable employment; (7) land settlement; (8) job placement; (9) medical, social and vocational after-care. The provision of these services calls for the careful co-ordination of the skills of many professional and semi-professional workers; physicians, surgeons and nurses; physical and occupational therapists; rehabilitation officers and instructors; limb and brace fitters; psychologists and social workers, to name but a few.

Disabled persons do not face common problems. Only a rehabilitation program that can be modified to meet the needs of each individual is suitable. The doctor co-ordinates the medical aspects of the patient's rehabilitation, and gives direction as to how the patient's medical condition may affect his social and vocational re-establishment. The Department has long recognized that it is just