

PHYSICAL TRAINING, WITH ESPECIAL REFERENCE
TO THE TRAINING OF CONVALESCENTS.

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PHYSICAL training has for many years been an integral part of the general training of troops. The soldier has, indeed, often been cited as an example of the good which must arise from a proper care and respect for the body. Lord Roberts was himself an exponent of this form of argument, holding, rightly enough, that the training received in the Army improved a man's physique, and, therefore, also his character.

The present Army councillors are in no way less keen than their celebrated colleague, and there is indeed a unanimous consensus of military opinion in favour of physical training. Equally, governments and civil authorities have often enough paraded healthy opinions, even carrying through apathetic Parliaments health-promoting bills innumerable. In spite of this, and in spite of an ever-increasing pressure of public opinion coming from the ranks of labour, very little has been actually accomplished. Physical training is still, in the minds of many, associated solely with gymnastic apparatus, or connected in some way with a certain class of quack advertisement. In the Army itself the high priests of physical training are the instructors of the gymnastic staff, and the set exercises, which in the general confusion are called Swedish, are, as it were, the prayer books of the true believers.

The *fons et origo mali* lies at the door of the medical profession. As there is no Minister of Public Health, so is there no Chair of Physical Training. The medical profession, in spite of certain sporadic warnings, still insists that its chief function is the cure of, and not the prevention of, disease. Medical gymnastics remain as a side-show, and not so long ago the chief professor to whom numerous doctors resorted was an ex-performer from the music-hall stage. Passive movement and massage stay suspect by the old school, or at best are relegated to those things which you may study if you please during the off hours of professional education.

This is the prologue. Is it any wonder the play itself should prove a thing of shreds and patches? It is well, then, if we admit

at once that the bulk of us know very little about physical training, and less about medical gymnastics, as only by a preliminary confession of scientific ignorance can we be saved from irresponsible theories and the dogma of a false empiricism.

It would be undesirable to disclose the percentage of casualties which eventually return to the firing line, but my experience of the German medical profession would lead me to suppose that in this, at any rate, our enemies are no better off than we are. We are naturally more athletic than they, and our love of games has saved to the Adjutant-General many thousands of fairly trained troops. It is with the hope that he may be saved many more that I am confining this article to the lines along which my present work lies—namely, the physical training of convalescent soldiers.

Here may I be permitted to issue a warning? The coming of peace will not abolish the convalescent soldier. To those of us who have been privileged to do what we can to make our heroes fit the remark should have a very special significance. There will be a huge number of convalescents and chronics on our hands at the close of the War. What are we going to do with them? Now there is one thing perfectly certain. If we propose to leave their cure to Nature a very large percentage of these men will never again be fit for full civil employ; the man-power of the nation will be thereby considerably diminished and the cost of pensions considerably increased.

Morally and economically it will be our duty to cure completely as many of them as possible. It will take perhaps a year or more, during which time the patient should remain under military discipline, and should receive proper treatment carried out on a scientific basis, under a system to be laid down. The tendency will be to let the men drift back into civil life in order to save expense. In the long run it will not save expense, but will prove a source of public discontent and be for years a heavy charge on the community. These men will be nearly useless in the labour market, and their own disabilities will, by undermining their resistance to temptation, drive large numbers into the ranks of intemperance and crime. The matter cannot be taken too seriously, as all experience points conclusively to the evils which spring, like fungus growths, from distempered states of physical health.

It is a lamentable fact to realize that nearly every one of us is miserably unfit, but it must be realized before we can devise a means of cure. The principal reason why we are thus unfit is because we do not like the methods of training suggested to us.

We have no time for them—the customary excuse ; we really mean they bore us or actually annoy us. This psychology of the subject must always be borne in mind, since *pleasure* is one of the four essentials of physical culture. Exercises which are permanently distasteful to the patient may be written off as useless. I am writing now of set exercises, not naturally, of duties, which are often enough distasteful. Equally, exercises designed to achieve purely mechanical results need not be liked.

FOUR ESSENTIALS.

The four essentials of physical training are: *pleasure, exercise, balance and rest*. There are numberless other hardly less necessary fundamentals, as, for instance: cleanliness, abstinence, concentration ; but for our purpose the four mentioned will form a sufficiently solid foundation for our detailed superstructures.

Pleasure.—It follows that we must have in any system a basis of pleasure. Convalescents must *like* their treatment. I have already remarked on the Briton's love of games, and have therefore interwoven into the system now being advocated for all big training centres one compulsory game. This is the game called at The King's Lancashire Military Convalescent Hospital, *Ballee*. The name given to it by Messrs. Slazenger, who are the makers, is *Gusto*. *Gusto* was invented especially for physical training, and now after much experiment and alteration remains, in my opinion, the best game existing for hardening off a man. The rules may be obtained from Messrs. Slazenger, who also supply the requisite apparatus. *Gusto* is inexpensive, it can be played indoors and out, and it does not require any elaborate preparation of grounds or playing fields. It is free from the dangers of football, and it promotes a more perfect development of muscle, a better "wind" and a quicker eye than other games. It is easy to learn, although rather difficult to play really well. It was first played at the Windsor Forest Institute of Physical Culture, and was being introduced to the notice of London clubs and gymnasia when the advent of War put a stop to its development. *Gusto* has now been made a compulsory game at some of the convalescent hospitals, and is daily proving its great value. It would be well if this game were made a part of the physical training of all troops and also of all sailors. It could be quite easily played on most of our larger vessels of war. *Gusto* is, however, only one variety of exercise, and is only suitable for those who are past the first period of their convalescence.

Exercise.—When we come to deal with other less active movements, like free exercises, it should be remembered that all set movements have their accompanying mental effects. Upward movements have an exhilarating effect, downward movements a depressing effect. One movement is, therefore, not as good as another, and medical officers should be careful only to select suitable exercises.

Exercises are suitable or the reverse, according to what result is required. It is impossible within the limits of this article to give details, nor should it be necessary, provided the medical officer is the person responsible for the selection of the exercises. Exercise must be graduated to the state of health of the patient. If the reader will study the schedule of compulsory work he will see how this is done.

Within the limits of fatigue a muscle contracting a certain number of times rapidly produces the same effect as contracting an equal number of times slowly. It follows that to get quick results you must employ quick contractions. In other words, the pace of the exercises is important. In the camp this means that the quicker the exercises the more rapidly do you discharge your patients. Every individual has his limit of speed, beyond which rapid fatigue supervenes. Major Tait Mackenzie, Professor of Physical Training at the University of Pennsylvania, U.S.A., and now in medical command at Heaton Park, very rightly insists on this. As Major Tait Mackenzie is one of the very few who can afford to advise us on physical training, we should be doubly careful to remember this point.

There are other reasons why rapid movements are desirable. They produce perspiration and they improve "the wind." Rapid exercises should not be taken while in uniform, hospital clothing, or while wearing boots. Keep, therefore, a supply of running kit and of rubber shoes, and see that after profuse perspiration every man has a hot douche, followed by a cold shower and friction. If the water be not available the rubbing down can always be done. *Do not rub tired muscles in a direction away from the heart.* I have often noticed the "seconds" of boxers making this mistake.

It is a natural instinct of most convalescents to do nothing. Their treatment in a general hospital if anything determines them in the belief that rest is the only essential of physical training. On no account let this opinion become fixed. If it be advisable for them to do nothing—it very rarely is—let that nothing be done under orders and as part of their treatment. It is possible that some

cases only need "loafing" and fresh air, but never let the patient think so. It would, perhaps, be safer if medical officers also never thought so. Do not let special forms of treatment, like massage or electrical therapeutics, interfere with exercise parade. This can be arranged by keeping cases under these treatments out of the advanced sections (see Schedule), or by having the treatments in the afternoons.

Neurasthenics are a great source of anxiety in convalescent hospitals. They require special exercises, the principle of which should be that they are short, quick, and followed by complete rest, lying down. Never keep neurasthenics standing about, and, as far as is practicable, squad them separately from others. It is as well to give all neurasthenics a preliminary four days of intestinal lavage, (modified Plombières treatment).

A man, like a horse, walks and runs on his feet; but although it be a commonplace to say a horse-trainer attends most carefully to his patients' hoofs, it is quite exceptional for a man-trainer to do so.

Military regulations lay down certain recommendations with regard to the care of feet, which in my experience are rarely observed.

Begin always with the idea that you cannot train a man at all unless his feet are sound. Watch, then, for dirt, for flattening, for corns, for sore places, for deformities of all sorts. In addition to the various remedies employed, attend particularly to the dryness of the socks, especially in cases of trench feet.

Flat-foot, because of its frequent occurrence, is one of the most expensive diseases in the British Army. It is especially liable to begin while convalescent from "frost-bite" and rheumatism. Recollect, too, that a man who has been bedridden for a long time while recovering from any disease or from wounds, is very prone to flat-foot. Make a note, therefore, of the time a patient has been actually kept in bed; if for more than a fortnight be exceedingly careful about the amount of exercise ordered, and see that he does not stand about. Special feet exercises should be given to all these cases.

There are many instances of feet which look flat, but which do not give rise to adverse symptoms. A simple test as to whether the arch has gone or not is to make the patient stand on his toes with the feet pointing forwards and inwards (test each foot separately).

A too prolonged route march when the men are insufficiently trained may easily result in several arches collapsing. Skipping

exercises in shoes strengthen the arch, and it is worth remembering that boys who have stopped growing cannot safely be exercised in stockinged or bare feet. Be careful also of permitting men to run barefooted on the sands after sea-bathing. There is no exercise for the muscles of the back better than digging. This also hardens the hands. The tug-of-war is another useful way to harden the hands and strengthen the back.

Rheumatism and myalgia are very common diseases in the Army. They are also very serious and require the most careful consideration by medical officers if a speedy cure is expected.

Make a rule of examining afresh the teeth of every rheumatic patient, and begin by remedying any defects, such as caries and pyorrhœa. It will be found on inquiry that the rheumatism usually began in the trenches—began, in fact, when the patient was having little or no exercise. Exercise all cases of rheumatism before trying any other form of treatment. We have had very remarkable results in this hospital by adopting that rule. Short sprints with jumping (and much groaning) should be tried, if possible getting up a sweat quickly. Unless care be taken it will be found that rheumatics tend to gravitate to the electro-massage department, forming there a kind of permanent sediment very difficult to remove. All of us have our pet ways of treating rheumatic affections; I would only ask that they should not be put into operation until exercise has been tried and has failed.

There are several classes of cases for which exercise is contra-indicated. I will instance: All recent wounds of the head that have penetrated the dura, or even reached the inner table; and valvular disease of the heart. The head cases frequently do well until they reach Section 3. Then they recommence with dizziness and headaches. It is doubtful whether much can be done—in the time—for them, but we are now trying ionization to the nape of the neck, both in these and in the "shell shock" and "blown up" cases. Our data is at present insufficient to form an opinion.

The treatment of valvular disease of the heart by exercises is too technical for the average convalescent hospital. The exercises and baths have to be extremely nicely graduated, and the time taken would be too long to make it worth while attempting. It is possible that something might be done in command depots. This is a class of case which may require treatment on a large scale after the War. On the other hand, "irritable heart" can be safely treated by exercise, provided the patient's tobacco can be strictly limited. But, here again, extremely nice gradation is necessary. A man

with an irritable heart very soon reaches his speed limit. Smoking should be forbidden absolutely for all patients during one hour before breakfast, dinner and tea.

The Army dietary is a difficulty when we have to deal with convalescents recovering from nephritis. Modified diets should not, save in very exceptional circumstances, be ordered in convalescent hospitals; they might be with propriety in command depots, and, indeed, in these institutions a dieted section should be arranged. I have laid down the rule here that if a patient still has albuminuria ten days after admission he is to be returned to his original hospital.

Balance.—The third essential of physical culture is balance. A subdivision of balance is style. Other things being equal, a well-balanced body means a well-balanced mind, and a good style while on parade or at exercise means a good soldier. The relationship between balance, style and character is intimate: as one improves so do the other two. This is of enormous importance in the training of convalescents.

There are very few men who are really panting to return to the inferno at the Front; there are very few men whose character does not tend to deteriorate under the stress of severe wounds or disease, accompanied by prolonged hospital life. All officers should bear this in mind, and no system of physical training which leaves it out of account should be considered.

The soul of a soldier is not something apart from his body, nor is it something which does not matter. The body is the instrument of the soul, and the soul, through the brain and mind of a man, is influenced by his body. You cannot make music on a cracked piano, you cannot make a soldierly character out of a cracked body. We are now approaching the holy places of physical training, and, like all mysteries, they are not understood by the mass.

Balance does not mean standing on one leg, although that is a valuable exercise. Balance is poise, it is the fine co-ordination between nervous substance and muscular substance which results in stability. To the practical instructor it should mean the absence of sloppiness and the vast importance of not being content with a badly done exercise. I can do no more here than insist on this aspect of physical culture being studied. It should be our pride to discharge from our care men who are physically better; it should be our greater pride to discharge them morally better also. Fortunately the one follows on the other, if our four essentials are constantly kept before us and demanded of our instructors.

This question is so closely bound up with rhythm, musical co-ordination, dancing (especially in the ballet)—all tremendous subjects—that I have left it unelaborated.

Rest.—Rest means mental and physical relaxation. It may mean lying down on a bed, it may mean playing a game of billiards. Whatever it means it should, during compulsory hours, be taken under orders. Compulsory hours are those between réveillé and dinner time, during which the troops should, as it were, be continuously on parade.

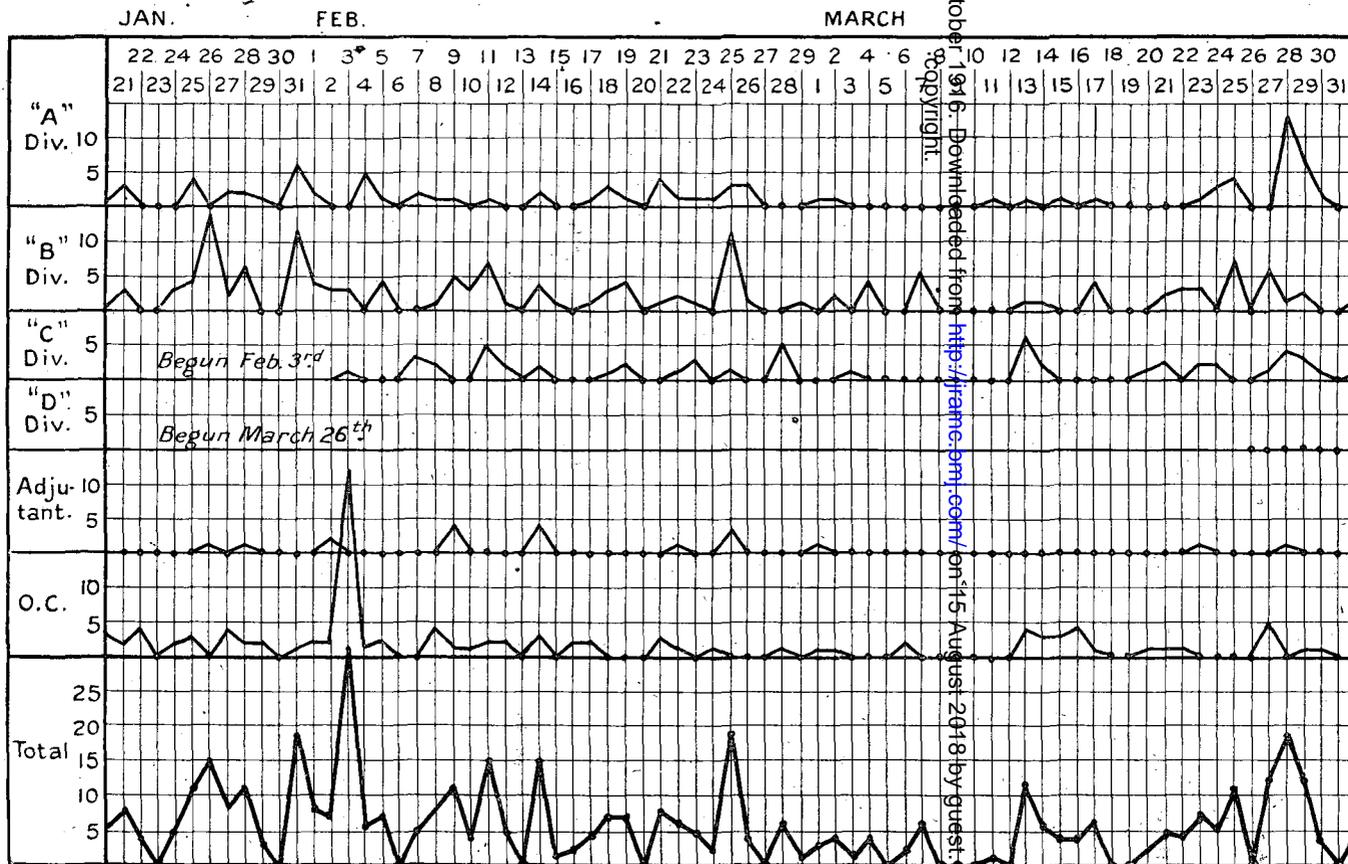
After the dinner-hour it is best to let a man do exactly as he pleases until bedtime, but we should endeavour to arrange for his pleasure various healthy amusements. We have found that six-a-side football matches, run on the League principle, are very well liked, and they have the advantage of being sufficiently exhausting. Only men in Sections 3 and 4 (see Schedule) should be allowed to play football without a medical officer's permit. Ballee matches can be arranged in the same way.

Below will be found some remarks on administration and organization, together with some of the charts used in the Record Office. At the end is the Schedule to which we work. It should be understood that where no description of what a man should be doing is given it means that during such times he is having special treatment, is resting, or is on fatigues. The organization of the staff is given in the form of genealogical trees, as it is hoped in this way to show most easily the administrative relationship of one official to another. It is, of course, remembered that the officer commanding is a doctor.

May I, in conclusion, offer an apology for the somewhat disjointed arrangement of the article? There are a great many points connected with physical training which I have not touched. I have endeavoured rather to emphasize what is unusual than to labour what is obvious.

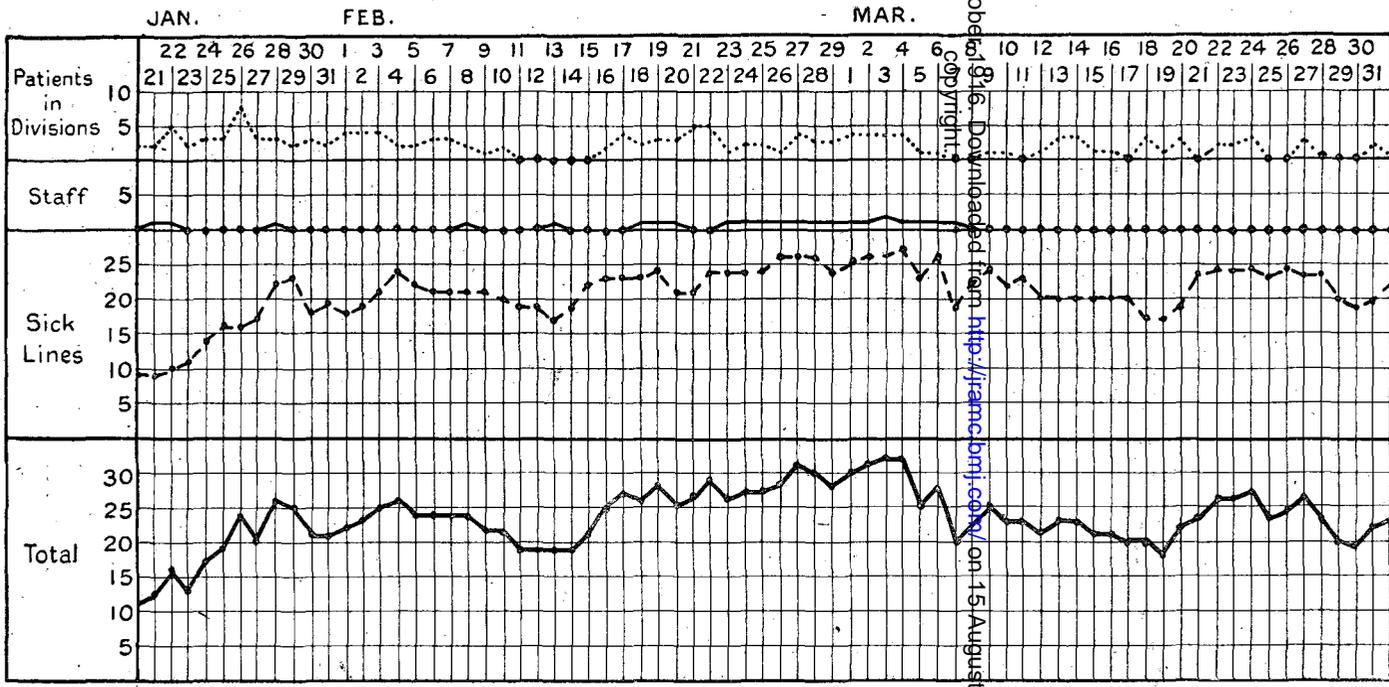
The close relationship between mind and matter is knowledge of hoary age, but its adaptation to the training of both mind and body is very far from being fully appreciated. Compulsory exercises as practised in the Army are usually slow, with us they are usually rapid. We grade men by their health, not by their rank or regiment, and we insist that the medical officer should be the expert, and not the "professor" of gymnastics.

I have said nothing about rhythm, nothing about the effect of music on training, nothing about the hundred and one subjects which lie on the borderland between physical training and ordinary



Discipline (for checking Regimental Officers).

This shows the divisional discipline. Any undue rise or the absence of any cases from divisional orderly rooms is at once seen, and explanations, if necessary, demanded.



Sickness.

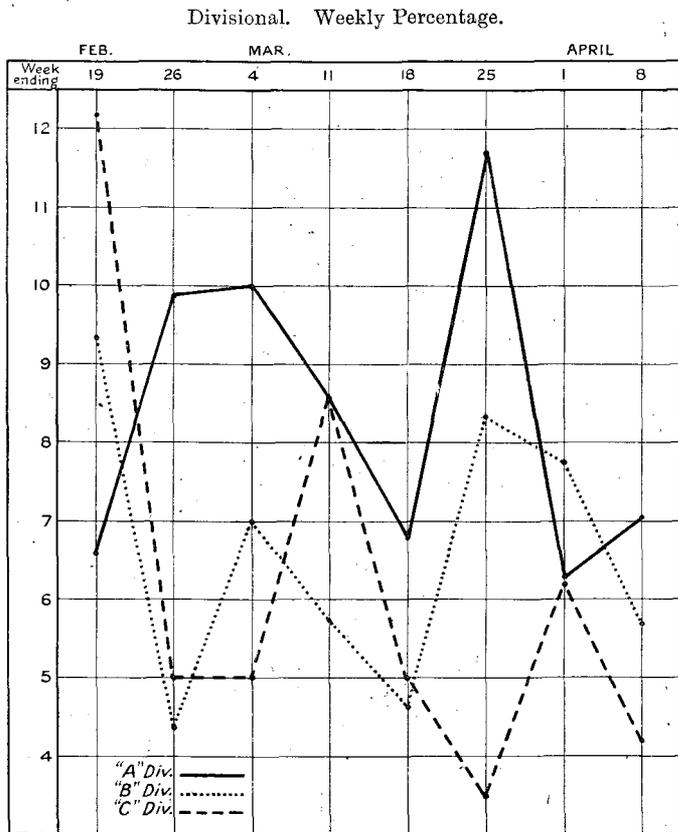
This shows the incidence of local illness:—i.e., patients who are in bed in barracks, staff who are in bed in barracks, the number in sick lines, and the grand total. The trend of the general health can be seen at a glance.

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Netterville Barron

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medical and surgical treatment. All these things will bear much and careful thought, and all are matters of real urgency, both for civilian and soldier. In short, if I have succeeded in convincing my readers that I have left a good deal unsaid I shall have gained



Discharges (for checking Medical Officers).

This shows the *percentage* of men discharged fit by each division per week. Any particular fall is noted and the medical officer concerned sent for to explain. Equally, medical officers can be congratulated on making a good return.

There are numerous other charts, but the examples given will sufficiently explain the system.

my chief point. After all, it is that which is yet to learn which leads us onwards.

I would wish to acknowledge my indebtedness to Miss E. Chynoweth, Secretary of the Record Office, for her preparation of the charts and for other work.

NOTES ON GUSTO.

The rules of gusto as published do not contain any reference to a certain aspect of this game which should be noted by all physical training experts.

Gusto when played under the circumstances obtaining in temporary military camps serves its purpose admirably. For special class-work there is a development of it which should always be added. The decisions of the referee, who should whenever possible be the instructor, are given by whistle. Immediately the whistle sounds every player remains absolutely still in a balanced pose until the decision is given. The pose should not be pre-meditated, but should be such as can most easily be held following on the position of the body and limbs when the whistle went. The balance should be taken practically instantaneously and maintained without any swaying of the arms or shuffling of the feet.

ORGANIZATION AND ADMINISTRATION.

Divisions.—All men on admission are passed, according to accommodation available, into divisions. This is for *administrative* purposes only.

Sections.—They are immediately examined by the medical officers of divisions (500 men to a division), and posted to a Section—1, 2, 3, and 4. This is for *training* purposes only.

(1) *Section 1.*—The worst cases; namely, cases which are likely to require six or more weeks' training. The *average* length of time required to train a man is one month (31.5 days), which means that many require a considerably longer period.

(2) *Section 2.*—Cases which, although in better health, will yet take a month or six weeks to train.

(3) *Section 3.*—Men requiring only three or four weeks; and

(4) *Section 4.*—Men who are practically well, but not *hard*.

Armbands.—Sections are distinguished by armbands: (1) White; (2) pink; (3) light blue; (4) dark blue.

Convalescent Serjeants.—Convalescent serjeants, while not required to wear hospital clothing, must, however, wear the armband of the Section to which they are posted.

Medical Examination.—Men are examined by divisional medical officers by Sections—Sections 1 and 2 on Mondays, Tuesdays, Thursdays and Fridays; Sections 3 and 4 only on Wednesdays and Saturdays.

At these examinations a man is moved up, or occasionally put back, from section to section as his condition indicates. These examinations are conducted under special instructions with the greatest care, and doubtful cases are brought up before a Standing Medical Board, which sits under the commanding officer every Tuesday. At this Board the commanding officer, in consultation with his medical officers, decides whether a man be in his proper section or whether there is no prospect of training him in a reasonable time. In this latter event he is sent back to the hospital which transferred him to the convalescent camp.

A man cannot be discharged to furlough until he has passed through Section 4. Three days before he is due for discharge he is paraded before the commanding officer, who then decides whether his discharge shall stand or whether he still requires further training.

A man who has passed through Section 4 is practically bound to be fit, so that in practice it is very rare for the commanding officer to disagree with a medical officer's opinion of a man's "hardness."

The more advanced a section the less general fatigues a patient has to do. Section 1 is made up of patients who are often too feeble for fatigues, therefore Section 2 gets most to do; Section 3 less, and Section 4 practically none. Consequently, a man is biased towards progress to a higher Section. As the men progress in sections the work becomes faster and lasts longer. Running and jumping are much practised, both for improving the wind and for finding out weak spots.

Discipline.—The utmost possible freedom is allowed to all ranks, and as the actual training is over by the dinner-hour they have the afternoons and evenings to themselves—but only provided the discipline is good. If a man be brought up before the officer in command he is reverted to hospital rules, which means that he cannot leave camp, and in the case of a serjeant has to wear hospital clothing. There has been practically no trouble with discipline.

It will be noticed that the amount of compulsory "work" varies from three-quarters of an hour to three hours. Section 4 has three hours' strenuous exercise under supervision every morning except Sunday. This, with the extra amount put in voluntarily in the afternoons, is found quite sufficient.

Sections 2, 3, and 4 are divided further into sub-sections, according to the health of the men. *Sub-sections* are commanded

by patient N.C.O.'s, *Sections* by staff N.C.O.'s. A man passing from sub-section to sub-section does not come before a medical officer.

Patients requiring massage or electrical treatment are not advanced beyond Section 2 until the treatment be no longer necessary. A special medical officer is appointed to the electro-massage department. It is his duty to report to divisional medical officers when he considers a patient has had sufficient massage, etc.

Record Office.—A very perfect system of checking the work of regimental and medical officers is in operation, culminating in the Record Office. Here are kept all the particulars of "results," which are daily entered on large and simple charts. For example, a medical officer can tell at a glance how the "results," that is, the discharge rate, of his division compares with the "results" of another division. Similarly, a regimental officer can tell whether the discipline of his division is relatively good or bad. All officers have to attend the Record Office to study the charts twice a week. Specimen charts are given as a guide.

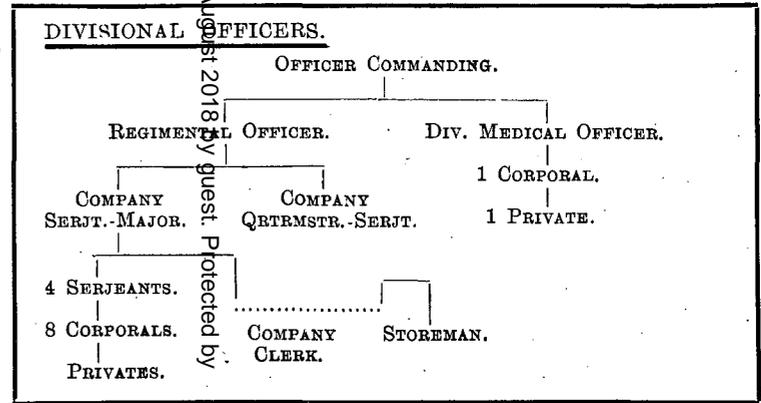
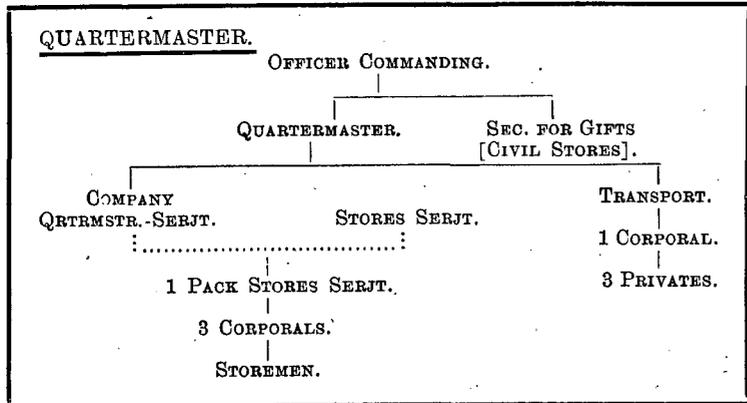
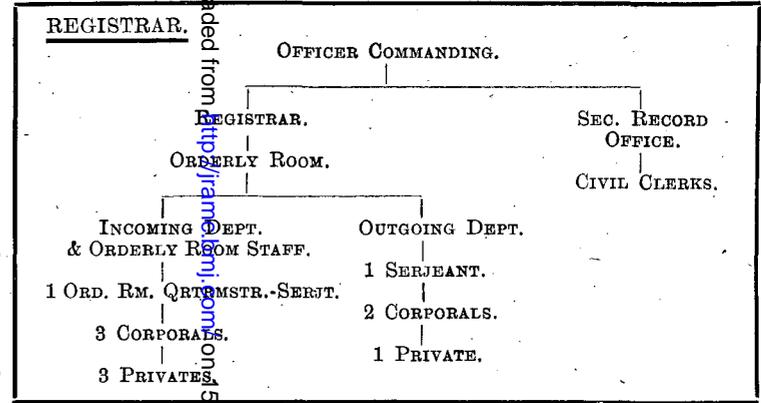
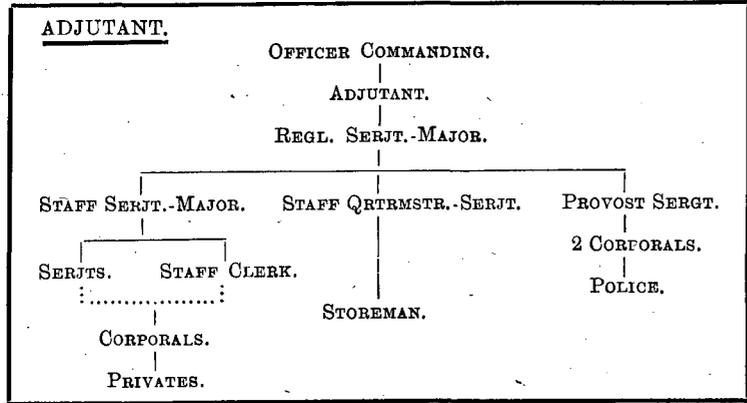
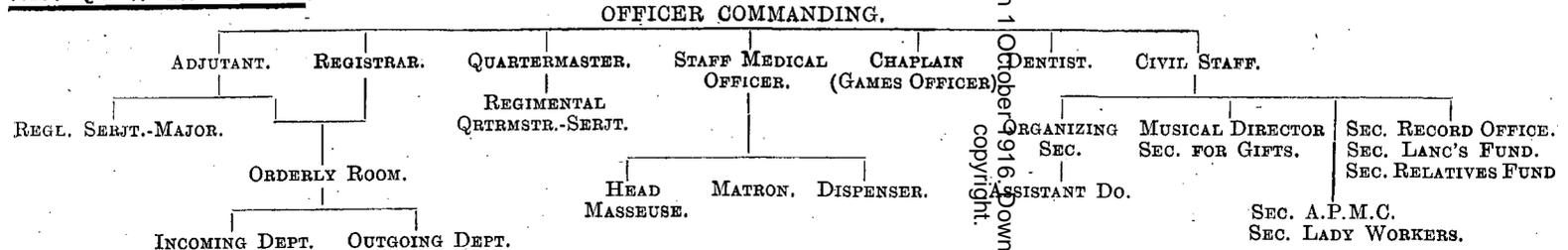
TO SUM UP.

Our efforts are directed to producing a hard and fit man in the shortest possible space of time. This is best done by gradually, but rapidly, *increasing the speed of his work*, omitting apparatus work altogether and reducing the amount of time spent on route marching. Provided the feet are properly hardened, to which we attend, a man trained on this system will always outlast the ordinary marcher. There are, naturally, many points not covered in the above report, particularly those arising through individual peculiarities.

Some patients are too old for very fast work, although *for their age* they may become fit enough. Special sub-sections are devoted to these. Others have maladies which necessitate particular treatment. Still other cases are treated in our sick lines (this is a separate hospital altogether, although officered by our doctors).

Trench feet cases attend daily at the Central Dressing Station, where their feet are thoroughly dried, and then rubbed with equal parts of lin. belladonnæ and tinct. iodi. Dry socks are then put on. Beyond this and the insistence on the repeated drying of the socks it is best to leave trench feet alone.

HEADQUARTERS STAFF.



ADMINISTRATION.

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FOR THE PURPOSES OF THE SCHEDULE —

MARCHING	means route marching—slow to fast.
PHYSICAL TRAINING	Swedish drill, boxing, skipping, free exercises, etc.
RUNNING	sprinting, distance running (road or cross country).
SCOUTS' PACE	trotting and walking alternately.
JUMPING	generally long, sometimes high, jumping.
REST	actual rest—namely, a man has to keep quiet or lie down on his bed if so ordered.

N.B.—All exercise which makes a man really sweat has to be taken in "civil kit."

SECTION 1.

6.45 a.m.	.. ..	Réveillé.
8.0	.. ..	Breakfast.
8.30	.. ..	Make bed. Clean barrack room.
9.0	.. ..	—
9.30	.. ..	Medical inspection.
10.0	.. ..	—
10.30	.. ..	—
11.0	.. ..	Marching, 11.0 a.m to 11.45 a.m.
11.30	.. ..	—
1.0 p.m.	.. ..	Dinner.
5.0	.. ..	Tea.
Total work, $\frac{3}{4}$ hour.		

SECTION 2.

	No. 1 Sub-section (fast squad)	No. 2 Sub-section (slow squad)	No. 3 Sub-section (residue of Nos. 1 and 2 Sub-sections, with bad physical defects)
6.45 a.m.	Réveillé	Réveillé	Réveillé.
8.0	Breakfast	Breakfast	Breakfast.
8.30	Make bed. Clean barrack room	Make bed. Clean barrack room	Make bed. Clean barrack room.
9.0	.. ..	.. ..	.. ..
9.30	.. ..	Medical inspection (except on Wednesdays and Saturdays; then time occupied by skipping.)	
10.0	.. ..	.. ..	.. ..
10.30	.. ..	.. ..	.. ..
11.0	Marching, 1 hour	Marching, $\frac{3}{4}$ hour	Marching, $\frac{3}{4}$ hour only.
11.30	Physical training, half hour (till 12.30 p.m.)	Physical training, half hour (till 12.15 p.m.)	—
1.0 p.m.	Dinner	Dinner	Dinner.
5.0	Tea	Tea	Tea.
Total work, $1\frac{1}{2}$ hour		Total work, $1\frac{1}{2}$ hour	
Total work, $\frac{3}{4}$ hour.			

Note.—All massage and treatment, as far as possible, to be finished in time for parade at 11 a.m. No heart cases are posted further than Section 2. Cases requiring massage or major dressings are not posted beyond Section 2.

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SECTION 3.

	No. 1 Sub-section (fast squad)	No. 2 Sub-section (medium)	No. M. 3 Sub-section (modified training for men over training age, and with physical defects)
6.45 a.m.	Réveillé ..	.. Réveillé ..	.. Réveillé.
8.0 ,,	Breakfast ..	.. Breakfast ..	.. Breakfast.
8.30 ,,	Make bed. Clean bar- rack room	Make bed. Clean bar- rack room	Make bed. Clean bar- rack room.
9.0 ,,	Scouts' pace, and phy- sical training	Scouts' pace, and phy- sical training	—
9.30 ,,	Road running ..	Ball ..	.. Physical training, marching, and ball.
10.0 ,,	Rest ..	.. Rest —
10.30 ,,	Route marching (till 11.45 a.m.)	—	.. —
10.45 ,,	.. —	.. Route marching (till 11.45 a.m.)	—
11.0 ,,	.. —	.. —	.. (Duration of work, 2 hours.)
11.30 ,,	.. —	.. —	.. —
1.0 p.m.	Dinner ..	.. Dinner ..	.. Dinner.
5.0 ,,	Tea ..	.. Tea ..	.. Tea.
	Total work, 2½ hours ..	Total work, 2 hours ..	Total work, 2 hours.

Medical Inspection.—9.30 a.m. Wednesdays and Saturdays. (*Wednesdays* :
Marching, 11.0 a.m. to 12.30 p.m. *Saturdays* : Marching,
11.30 a.m. to 12.45 p.m.)

SECTION 4.

	No. 1 Sub-section (fast squad)	No. 2 Sub-section (medium squad)	No. 3 Sub-section (slow squad)	No. M. 4 Sub-section (modified training for men over train- ing age, and with physical defects)
6.45 a.m.	Réveillé ..	.. Réveillé ..	.. Réveillé ..	.. Réveillé.
8.0 ,,	Breakfast ..	.. Breakfast ..	.. Breakfast ..	.. Breakfast.
8.30 ,,	Physical drill ..	Physical train- ing	Physical train- ing	Physical training.
9.0 ,,	Digging ..	.. Digging ..	.. Digging ..	.. Walk.
9.30 ,,	Rest ..	.. Rest ..	.. Rest ..	.. Rest.
10.0 ,,	Games, sprint- ing and gusto	Games, sprint- ing and gusto, <i>modified</i>	Slow running ..	Physical training.
10.30 ,,	Games, sprint- ing and gusto	Games, sprint- ing and gusto, <i>modified</i>	Ball ..	.. Rest.
11.0 ,,	Rest ..	.. Rest ..	.. Rest ..	.. Marching (till 12.30 p.m.).
11.30 ,,	Marching (till 12.30 p.m.)	Marching (till 12.30 p.m.)	Marching (till 12.30 p.m.)	Marching (till 12.30 p.m.).
1.0 p.m.	Dinner ..	.. Dinner ..	.. Dinner ..	.. Dinner.
5.0 ,,	Tea ..	.. Tea ..	.. Tea ..	.. Tea.
	Total work 3 hours	Total work, 3 hours	Total work, 3 hours	Total work, 3 hours

Medical Inspection.—9.30 a.m. Wednesdays and Saturdays. (*Wednesdays* : Omit
10 a.m. to 10.30 a.m. parade. *Saturdays* : Omit 10 a.m.
to 10.30 a.m. parade.)