THE CONVALESCENT DEPOT AS A PERMANENT PEACE ORGANIZATION.

By Major G. R. Painton.
Royal Army Medical Corps.

A short time ago we read in the Journal of the Royal Army Medical Corps an admirable account of one of our convalescent depots, operating during the last stages of the war. It was one of many and formed part of a "convalescent centre," and as such, was actually the "specializing" of a "general idea" for the treatment and disposal of the soldier who was slightly wounded or not seriously ill, during the period when the enemy's submarine activity was at its maximum intensity.

It was an idea brilliantly conceived and ably carried out and is one of the outstanding administrative successes of the war.

As an onlooker one is said to see most of the game, and as that unhappy position was my lot, a first rush into print in the shape of the above remarks will it is hoped be pardoned.

One has a right to expect a sympathetic reading from every one except, perhaps, the finance department, with which all of us can sympathize. I will put it to the economist now, that a well run convalescent depot will help to produce more quickly than any other means a working-fit soldier out of a recently sick one—provided of course that the importance of the convalescent interval between these states is admitted—without any great demand on the treasury's purse.

In war, the momentous questions of transport, morale, physical fitness, time and money, had to be considered in dealing with the convalescent, almost in this sequence of importance; and though this sequence may be reversed, or altered, one presumes to say that the importance, at present at any rate, still exists as far as physical fitness, morale, transport, time and consequently money are concerned.

In peace as well as in war there always exists a gap between the genuine hospital patient and the physically, mentally and morally fit soldier. Into this gap drift the "light duty" and "excused duty seven days" cases, the man excused wearing boots or puttees, and the "attend hospital" type of soldier, there to be a nuisance to their company-serjeant-major and bad examples in the barrack-room.

In this gap they fend for themselves, away from medical supervision, and with the obvious and ready rejoinder if they are warned for any fatigues. It is the nursery of the lead-swinging cult, and the lucky escape from that necessary discipline which is so irksome to the lazy soldier.

I am one of those who consider that no sick soldier should go back to his battalion from hospital until he is quite fit for his regimental physical training and his guards and route marches.
This gap was cleared periodically in terms of one or other of the sub-paras. of 392 King’s Regulations.

It is believed that many soldiers disappear from the army after much money has been expended on their training, etc., because of the absence of control over them while they are in this gap between the medical officer and the physical training instructor.

Many cases are invalided home from foreign service or lost to the army altogether, for example: the so-called D.A.H., who is often a victim of diagnosis, and who might have been saved.

How often have we heard the unit company officer say, “I don’t know what to do with Private X., the doctors won’t invalid him and yet he does no work and falls out on all marches and is such a bad example to the rest of the men.” Well, it ought to be possible to send that man somewhere where he can be watched and exercised by the medical officer. It ought to be possible to send him there direct from his regimental medical officer without admission to hospital.

The weedy recruit too, not quite up to regimental physical training, should have a modified course given him by those who make a study of his type. He should come direct from the regimental medical officer after consultation with the physical training expert.

All such cases mentioned above should filter through to a convalescent depot, in addition to the soldier convalescent from some illness for which he has been in hospital.

Beside the physical side one must put the mental or moral side. A convalescent mind is plastic for all sorts of impressions, and the impressions to be avoided by the young convalescent mind are found in plenty in the “gap.”

Healthy and regulated exercise, and healthy and regulated amusement, are essential to the young man who happens to have got ill, and who may be a future regimental sapper-major or the battalion’s bad hat, according to the care devoted to this period of his service.

A properly constituted command convalescent depot, with a system of recreational training which can be evolved in a short time, in any command, by the right type of officer of the corps, would bridge the gap.

It would be welcomed by the officer commanding the battalion and by the superintendent of physical training. It would be in close and sympathetic touch with both these officers.

It is not proposed in this article to suggest a system nor define an establishment, but merely to raise the principle of the convalescent depot in peace.

It would not be a hospital. It would be a depot. Though some cases would require modified rationing the convalescent soldier would have pay and privileges just as when he is with his battalion. It would be organized on some system of convalescent companies with Royal Army Medical Corps company officers and would have a small sick-bay and one
or two specialists such as a masseur and a physical training instructor of the Royal Army Medical Corps. It would have also an education and entertainment department. Its cost would be small; the soldiers' training would be continuous, and it would dovetail in the work done by the staffs of the superintendent of physical training and the army educational officer. It would lessen invaliding, and increase efficiency, by bridging this gap which I personally am convinced is harmful to all those who get into it, and would endeavour to return the soldier to his battalion physically fit for duty and mentally and morally improved.

From the above one would expect, and in fact it does happen that the convalescent depot, in peace, is the place where one finds the bad type of soldier, the lead-swinger, the mentally deficient, the mild neurasthenic, and the man of weaker moral fibre. One would be compensated for the failures or modified successes among this class by the results one should get among the debilitated young soldiers and the recruits brought below standard by their illnesses. Unfortunately it also seems to be a fact that the good types, the types one wants in a convalescent depot, prefer to go back direct to their units from hospital. This is of course a matter for the officer commanding the hospital to decide and insist on. I would lay stress on the necessity of this insistence.

That brings one to another factor in the question of possible success or failure of a convalescent depot in peace; the officers in medical charge of troops and in the hospitals will have to learn when, and how, the convalescent depot can help them in their care for the soldier.

I am one of those who believe, and in this, my friend Major Dinwiddy, Superintendent Physical Training, Egyptian Expeditionary Force, is with me, that a closer liaison between the medical officer and the physical training expert, and the fostering of the true sporting spirit among all ranks, will go a long way to solve many difficult and obvious questions of the present day soldier. A convalescent body and mind is one that should be the special study of the medical officer and a convalescent depot has that object in view.

The establishment allowed in Egypt is:—
1 Officer Commanding,
2 Medical Officers,
1 Adjutant,
1 Quartermaster,
1 Warrant Officer,
1 Quartermaster-serjeant;
3 Serjeants,
4 Corporals,
11 Privates,
7 Natives (sanitary personnel),
10 Natives, cooks and waiters.
4 Night Guards (Ghaffirs).
Discipline.—This is the most interesting subject in a convalescent depot. As stated previously, patients coming here are often not of the good moral type but in addition it is a fact that it is most often a convalescent spirit that inhabits the convalescent body. Each act of discipline must be studied as the act of a convalescent patient and the training back to normal made a special point of, not only by the officer but by the Royal Army Medical Corps company-serjeant-major and non-commissioned officers. Lectures are given to the officers and non-commissioned officers with the object of making them students of the mentality of the soldier they have to deal with.

There are many factors at play—away from regimental control, down for a loafing three weeks' holiday at the seaside, under the command of doctors, a man recovering from an illness is suffering also from weakening of the normal upper control over his lower centres, and therefore his reflexes—(which include his passion and temper reflexes)—are accentuated to a greater or lesser degree.

To apply indiscriminately or unthinkingly the big sticks of King's Regulations or Military Law to these cases is often a calamity to the man and his subsequent army career.

I do not mean that men should not be punished or that discipline in a convalescent depot should be relaxed. On the contrary, one must insist on obedience to instructions and suppress any tendency to vice with the firmest determination, but one must be far more subtle and considerate than with the fit man.

There is no "Montessori" method for this, and we must all be students as well as masters.

We have a detention ward to enable men to reflect on any advice they may have ignored. Men can be taken out of khaki and put in hospital blue. The canteen can be put out of bounds for them, passes can be curtailed, confinement to camp given in certain cases. The Army Act allows deprivation of pay, and one can withhold weekly payment if considered advisable and beneficial to the convalescent soldier. The Army Act is used, but only after careful thought, and with the convalescent depot's object in view—the physically and morally fit soldier.

Pay.—Pay was mentioned. I say right away that the convalescent soldier should not have his full regimental pay withheld: that is, the normally convalescing soldier. But if a man overstays his pass, stays out at night, gets drunk or likewise misbehaves himself, then the withholding of pay is one of the best medicines we have at our command.

Discipline and pay fit into each other in the jig-saw puzzle. As an interesting case, so far, one may mention one of a few. A private in the best all round sporting unit in Egypt, who was an invalid to U.K. His weakness was for alcohol; nothing seemed to be able to stop him; confinement to camp he ignored; deprivation of pay he countered by selling sheets and anything he could lay his hand on. His mentality
was studied. He had been deprived of altogether about six weeks' pay and had willingly submitted to personal charges for loss of kit of all kind. He was talked to and put into hospital blue. Next day he was gone again and two days later apprehended by the Military Police in khaki. He had apparently sold his blue, recovered his khaki in some way and lived on the proceeds for two days. He was then put into the detention ward, and there, with a shirt and with ample blanket warmth, he made many and ingenious efforts to obtain his freedom. By this time he was a wreck physically and mentally. Entirely out of condition and with a soaker's countenance and a chronic cough. He began to recover with alternate fatigue duty, rest in bed and suggestion, and always absence of alcohol. His face began to clear up, a smile came instead of a scowl when one said he was looking better. He asked to get more interesting jobs of work; and one month later he was as keen as mustard on getting back to his battalion and not being invalided. He had undergone all sorts of punishment which only seemed to make him worse and narrowly escaped court-martial. Some will say he ought to have had it. We disagree. The man is well under way to physical and moral recovery.

As amusements we have the N.A. and A.F.I., a St. George's hall with a cinema, which was started by a grant of £50 from Major-General Sir F. R. Newland, boating and seine-net fishing, billiard competitions, concerts, gardening and all the usual home games, etc., found so successful in a convalescent depot during the war.

We have a miniature air rifle range and a weekly pool prize and intersection competitions. The air rifle is a B.S.A. air rifle No. 2 and is accurate up to fifty yards range. The men pay half a piastre for a target and seven pellets.

There are intersection cups and an inter-company cup. With these we try to compete with the flesh-pots of Alexandria.

A sense of humour is essential in dealing with the British soldier.

The types of patients received and the reaction of certain types to treatment and average duration the patients stay in the depot, and some other statistical facts, we intend to submit when the summer wave of endemic illnesses is past.

Running through all will be three evil factors with which we have to contend.

(1) The poor type of soldier wants to come for a rest, the good type wants to go back to his unit when discharged from hospital.

(2) The proximity of a town of the Alexandria variety.

(3) Innate propensity of native employees to steal (and in which one regrets to say, they are often assisted by a type of British soldier) and the waste of energy required to cope with theft.

One anticipates many modifications and one hopes for many additions as one gains experience and these will be given in a subsequent report.

This convalescent depot is divided into two convalescent companies.
"A" and "B," with Captain H. G. P. Armitage and Captain C. F. Burton, M.C., as company commanders.

It has accommodation for thirty officers and 500 other ranks and is almost self-supporting, as will be seen from the Royal Army Medical Corps establishment allowed.

A company commander's report on the administration of his company is now given.

The detail of guard duty and method of paying out, etc., are common to both companies and call for no particular description.

NOTES ON THE ADMINISTRATION AND AIMS OF A COMPANY IN A CONVALESCENT DEPOT, BY CAPTAIN C. F. BURTON, M.C.

(1) Administration.

(a) Constitution.—The company was equipped for a minimum of 200 patients, sub-divided as far as possible into sections of eighteen.

Each section was accommodated in either a portion of a hut or in E.P.I.P. tents, and a convalescent non-commissioned officer placed in charge. The figure 18 as constituting a section was taken as the normal accommodation of three E.P.I.P. tents. Sections were numbered with the letter of the company from I to IX with separate sections for non-commissioned officers and company night duties.

A separate dining-hall was allotted to each company in which the sectional arrangement was maintained at tables, each seating eighteen men.

Attached to the company was a small "sick bay" of six beds, in which special cases were treated for forty-eight hours or less.

Latrines, recreation-hut, and dressing-room, as well as bathing and disinfecting arrangements, came under depot administration and were common to companies.

A company office was found necessary not only for the usual routine administration but also for record purposes.

(b) Establishment.—During the period under review the company was to all intents and purposes self-supporting, as the only permanent personnel available were the officer-commanding company and one serjeant Royal Army Medical Corps as wardmaster. The essential employments after three months' experience are tabulated in Appendix I. It must be understood that these employments were within the company only, and were in addition to details which had to be found from companies to supplement the permanent staff of the depot.

Employments within the company were changed weekly as far as numbers would admit.

Depot employments included guards, fire-pickets, storemen, and depot fatigues, and were as a rule detailed by companies in turn.

Employed convalescents were not excused recreational training. This was optional for guards.
(c) Routine.—Companies received new arrivals for one week in rotation. The new arrival passing from the depot central admission and discharge department to the receiving company office, where all particulars including trade were registered, and thence to his section.

Bedding and hospital equipment according to scale was issued from store on day of arrival. Patients, as far as possible, were placed in No. 1 Section on admission, from which they graduated according to progress.

All new admissions were seen the day following arrival by the company officer, examined and categorized into one of the following:

- **Category A.**—New arrivals and patients in their first week. Excused all duties and recreational training. Not available for employment. The category included debilitated and anemic patients until well enough for promotion to:

- **Category B.**—Patients in their second week and those capable of moderate exercise. Available for light duties and recreational training.

- **Category C.**—Patients in the latest stages of convalescence fit for heavier exercises, guards, etc.

- **Category D.**—Fit for discharge to duty.

The minimum stay under this scheme was three weeks and the average stay about five. It follows from what has been already said that, as a general rule, sections were made up of men of the same category, i.e., the higher the number of the section, the higher the category and vice versa.

This fact proved of use in the graduation of recreational training.

Categories were reviewed by the company commander twice weekly and altered or not according to progress. Two discharge days were fixed weekly—Wednesday and Friday.

Category C were considered for discharge on the previous Monday or Wednesday to allow especially for the notification of units concerned and the necessary depot arrangements as regards rations, railway warrants, etc., to be made.

The daily routine for the months in question, January to March, is detailed in Appendix II. Company standing orders which included this routine were read out to all new arrivals the day following admission, when the aims and special points of the depot were also explained.

(d) Pay and Discipline.—During the period under review patients in convalescent depot were paid according to the following scale:

<table>
<thead>
<tr>
<th>Category</th>
<th>Pte.</th>
<th>Corp.</th>
<th>Serjt.</th>
<th>W.O. 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>&quot;</td>
<td>50</td>
<td>&quot;</td>
<td>75</td>
</tr>
</tbody>
</table>

This system served to make employment and proper performance thereof a privilege, especially as passes were granted in a greater proportion to employed patients.

Although this may appear to penalize patients in category A—the
hardship entailed was not so severe as it would seem. The question of
the payment of convalescent soldiers is one that is likely to give rise to
controversy when it is considered that the wants and routine life of the
convalescent soldier differ very little from those of the normal soldier,
the regulation governing the pay of patients in hospital can hardly be
said to apply. It has been proved by experience that a fixed weekly pay
day and fixed amounts give better results than intermittent and varying
payments at the discretion of the units concerned.

Discipline in a company of men drawn from so many different units
proved to be one of the greatest problems of the officer commanding the
company, chiefly because he had to depend almost entirely on non-com-
missioned officers from amongst the patients themselves. The impression
that regimental discipline ceases on admission to a medical unit was
unfortunately noticeable not only amongst the young soldiers but also
amongst the younger non-commissioned officers.

The company commander was invested with the powers of a company
officer.

Recreational training, provided the strictest discipline was insisted
upon, proved of great value in introducing some degree of esprit de corps
and moral amongst the men.

Passes were granted at the discretion of the officer commanding the
company from 14:00 hours to 20:00 hours.

(c) Medical Treatment, Feeding, and Recreational Training.—As decided
recently by the authorities, only those cases requiring the minimum of
medical treatment were to be chosen for transfer to a convalescent depot.
This decision appears to have been justified, as medical treatment beyond
tonics would undoubtedly interfere with the desired routine, and so with
the desired result.

Roughly speaking, transfers received during the months in question
resolved themselves into two main groups:

(1) Medical.—Including debility following malarial fever, typhoid fever,
dysentery, and pyrexia of unknown origin, subacute gastric conditions and
diarrhoea, anæmias and D.A.H.'s—the latter as a supervening disease.

(2) Surgical.—Including post-operative debility and large proportion
of semi-cured injuries, chiefly of the joints. Healed septic conditions.

Of the medical group, a large majority showed a concurrent affection
of the heart, usually temporary, but of far greater importance from the
convalescent point of view than the original disease.

Among the surgical group the post-operative cases appear to give the
most satisfactory response to graduated exercise.

On the primary medical examination the weight and general condition
of all admissions were noted in those cases in which the heart was found to
be affected, special attention was paid to the pulse-rate and exercise toler-
ance and these cases were carefully watched during progress.

The sick-bay was in most constant demand for the recurrent malaria
case, who as a general rule was able to be replaced in category A after forty-eight hours. Normally no case requiring more than forty-eight hours in the sick-bay was retained in the depot.

Treatment resolved itself into tonics, oil and malt, quinine and those minor dressings which would not prevent a patient continuing the ordinary routine of his category.

Feeding.—Up to the time of writing, a convalescent depot has been considered as a dieted hospital in which patients on ordinary diet draw a hospital ration with any extras that may be ordered. From the experience gained, the normal hospital diet appears to meet the case; with the exception of fresh vegetables and bread, both of which were increased as dining-hall extras.

As patients were permitted to use the canteen, the question of allowing the purchase of beer to certain classes had to be considered. It was not found advisable to allow alcohol to such cases as malarias, young soldiers with so-called D.A.H., or cases in which the digestive system was affected. To control the issue of alcohol at the depot canteen, A.F. I 1220 of each patient was marked according to whether he was allowed alcohol or not. A record was kept under charge of the non-commissioned officer in charge of the canteen.

This system was by no means infallible as certain types of men obtained this alcohol in spite of precautions.

The issue of soup, bread and jam, or cheese at the evening meal, was found to be popular. Cocoa in lieu of soup was tried but without great success.

Recreational Training.—It is difficult to speak of results under this heading, as the system evolved has not yet had a fair trial. Taking into consideration the average young soldier’s inherent mistrust of physical training, a scheme of organized recreational games was instituted. This was divided into two groups, A and B, with the object of making the exercise involved progressive.

A group comprised a section of lighter games as laid down in recreational training, the weekly programme used is attached in Appendix III.

Group A was confined to men of Nos. 1, 2 and 3 sections, excluding categories A, unless voluntary and sanctioned by the medical officer.

Group B contained the higher sections, each group being under the instruction of a trained non-commissioned officer, the whole under the personal supervision of the company commander.

Games were played to time-table (Appendix III), allowing as a rule three minutes exercise to two minutes rest.

Special cases, i.e., heart affection and joint cases, were watched and moved from one group to another when necessary without letting the patient know the reason for the move.

A strict attention was paid to discipline during games and the maintenance of sections so as to foster the spirit of competition. With this
object in view, an intersectional cup was presented weekly for the best all round section in the company and an intercompany cup once monthly.

Not the least important part of convalescent training proved to be healthy occupation of the mind by cinemas, concerts, books, and a fully-equipped recreation-room.

It was found at the beginning that, with a certain type of young soldier it was with the greatest difficulty that he could be persuaded to leave his hut or tent during the best hours of the day. The weather during the months of January to March did not allow of the benefit of sea-bathing.

(2) Aims.

(1) To cover the latent period between sickness and health in the most profitable way.

(2) To insure medical supervision of the soldier during this period.

(3) To reduce wastage and unnecessary invaliding.

These objects appear to be easily obtainable, but from the company point of view, as long as the best type of young soldier is allowed to return to duty on discharge from hospital, and the bad type sent to convalescent depot, the work of the company must suffer.

The fact that during the past three months an average of one-third of the company was employed on necessary duties which interfered with training, must of necessity have militated against results.

APENDIX I.—EMPLOYMENT OF PATIENTS WITHIN THE COMPANY.

<table>
<thead>
<tr>
<th>Nature</th>
<th>Period</th>
<th>N.C.O.s</th>
<th>Other ranks</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Orderly Serjeant</td>
<td>7 days</td>
<td>1</td>
<td>-</td>
<td>A.G.</td>
</tr>
<tr>
<td>In charge of Company Messing</td>
<td>21 &quot;</td>
<td>1</td>
<td>-</td>
<td>A.G.</td>
</tr>
<tr>
<td>Medical Officer’s Orderly</td>
<td>21 &quot;</td>
<td>-</td>
<td>1</td>
<td>A.G.</td>
</tr>
<tr>
<td>Company Clerks</td>
<td>7 &quot;</td>
<td>1</td>
<td>1</td>
<td>N.A.G.</td>
</tr>
<tr>
<td>Section Commanders</td>
<td>7 &quot;</td>
<td>-</td>
<td>4</td>
<td>A.G.</td>
</tr>
<tr>
<td>&quot; Orderly Men</td>
<td>7 &quot;</td>
<td>As required</td>
<td>-</td>
<td>N.A.G.</td>
</tr>
<tr>
<td>N.C.O. in charge of Game Group</td>
<td>21 &quot;</td>
<td>-</td>
<td>2</td>
<td>A.G.</td>
</tr>
<tr>
<td>Dining Hall Orderlies</td>
<td>7 &quot;</td>
<td>-</td>
<td>2</td>
<td>N.A.G.</td>
</tr>
<tr>
<td>Game Orderlies</td>
<td>21 &quot;</td>
<td>-</td>
<td>2</td>
<td>A.G.</td>
</tr>
</tbody>
</table>

Note.—A.G.: Available for games.
N.A.G.: Not available for games.
Depot employment to be found alternately by Companies every 7 or 21 days.

N.C.O.s ... ... ... ... ... 5
Other ranks ... ... ... ... ... 44
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APPENDIX II.—DAILY ROUTINE COMPANY, JANUARY TO MARCH, 1921.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.30</td>
<td>Réveillé</td>
</tr>
<tr>
<td>7.00</td>
<td>Roll Call</td>
</tr>
<tr>
<td>7.45</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8.30</td>
<td>Medical Officer's inspection</td>
</tr>
<tr>
<td>8.30</td>
<td>Skin inspection</td>
</tr>
<tr>
<td>8.40</td>
<td>Quinine Parade</td>
</tr>
<tr>
<td>8.45</td>
<td>Company Orderly Room</td>
</tr>
<tr>
<td>9.00</td>
<td>Sick Parade</td>
</tr>
<tr>
<td>10.25</td>
<td>Fall in</td>
</tr>
<tr>
<td>10.30</td>
<td>Recreational training</td>
</tr>
<tr>
<td>12.15</td>
<td>Dinner</td>
</tr>
<tr>
<td>14.00</td>
<td>Voluntary games</td>
</tr>
<tr>
<td>15.30</td>
<td>Intersection competition</td>
</tr>
<tr>
<td>16.00</td>
<td>Tea</td>
</tr>
<tr>
<td>18.00</td>
<td>Supper</td>
</tr>
<tr>
<td>21.30</td>
<td>Roll Call</td>
</tr>
<tr>
<td>22.00</td>
<td>Lights out</td>
</tr>
</tbody>
</table>

Officer Commanding, Depot Inspection, 11 a.m., Monday. Bathing Parade: Sundays and Wednesdays.

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APPENDIX III.

<table>
<thead>
<tr>
<th>Day</th>
<th>Group A</th>
<th>Group B</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A, A1, A2</td>
<td>A3, etc.</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>Relay Race, Overhead</td>
<td>Bucket Ball</td>
<td>No single game in Group A will last more than three or four minutes without a rest</td>
</tr>
<tr>
<td></td>
<td>Under and side passing</td>
<td>Wrestling for Pegs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maze</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Whip to the Gap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Into the Ring</td>
<td>Wrestling</td>
<td>Fall in 10.25 a.m. Games commence 10.30 a.m.</td>
</tr>
<tr>
<td></td>
<td>Jump Ball</td>
<td>Tug o'War</td>
<td>Games finish 11.30 a.m.</td>
</tr>
<tr>
<td></td>
<td>Circle touch Ball</td>
<td>King of the Island</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Jumping the Bag</td>
<td>Basket Ball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulling over the Boundary</td>
<td>Medicine Ball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crows and Cranes</td>
<td>Fox and Goose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dodge Ball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>Relay Race (as Monday)</td>
<td>Jump Ball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Changing Places</td>
<td>Basket Ball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maze</td>
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