was clearly able to fashion persuasive arguments specific to the hospital, the clinician, the university and the Rockefeller Foundation as required.

Currie undertook all these challenges while he faced slander regarding his leadership in the war. The strain contributed to his early death at the age of 57. Currie's funeral is considered to be the most elaborate funeral ever held in Canada. The cortege stopped at the McGill campus, where the coffin was transferred to a horse-drawn gun carriage. The implication was clear: McGill was Currie's last posting. Similarly, the procession was led by McGill's academic staff in gowns, which symbolized Currie's estimation that his achievements at McGill were his most significant (Figs. 1 and 2). Sir Robert Borden questioned whether the elaborate ceremony, which was greater than those for Sir John A. MacDonald and Sir Wilfrid Laurier, was deserved, remarking that history would be the judge.¹

Penfield's initial idea of a multidisciplinary approach was to learn all the specialties himself.⁵ The McGill environment favoured partnership of specialties in spaces that integrated research into clinical practice. This was clearly promoted by Currie and his star team, and it remains the

aspiration for Canadian medicine today. Currie's gift deserves to be recalled at a time when the scale falls too heavily to the side of service over research. Almost a century later, we believe history has answered Borden's question.

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References

- 1. Hyatt AMJ. General Sir Arthur Currie: A Military Biography. Toronto (ON): University of Toronto Press; 1987. pp 136-46.
- 2. Sadler RM. Wilder Penfield, Sir Arthur Currie, and the Montreal Neurological Institute. *Can J Neurol Sci* 2018;45:221-6.
- 3. Hanaway J, Creuss R, Darragh J. McGill Medicine (Volume 2). Montreal (QC): McGill-Queen's University Press; 2006. pp 103-28.
- 4. Beckett A, Harvey FJ. No. 3 Canadian General Hospital (McGill) in the Great War: service and sacrifice. *Can 7 Surg* 2018;61:8-12.
- McAlister V. No specialty alone: the Wilder Penfield strategy. Can J Surg 2014;57:221.

Correction: Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective

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The article, "Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective," which is part of the "Mobile Trauma Care Close to the Point of Injury" supplement published for the Canadian Forces Health Services and released online on Nov. 11, contained some text from an earlier version of the manuscript on pages S224-5. The affected section, "Determinants of health and domains of well-being: more than just medical care" has been updated in the online version. We apologize for this error.

Reference

1. Besemann M, Hebert J, Thompson JM, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective. *Can J Surg* 2018;61(6):S219-31.