During the period of dual administration invalided members of the forces were transferred to a military unit known as the military hospital commission command. They were not discharged from the forces, but remained soldiers until their medical treatment was completed. In the circumstances, no problems with regard to hospital allowances arose. The invalided soldier continued to receive his military pay, and his dependents continued to receive separation allowance and the assistance of the Canadian patriotic fund.

When a soldier who had been discharged required subsequent treatment for a disability caused or aggravated by service the arrangement was that he would be reattested as a member of the C.E.F., thus returning to the pay and allowances which he had received during his former service.

Treatment Allowances

In February, 1918, however, the government decided that discharged members of the forces who broke down as the result of service disability and required further treatment were no longer to be reattested but were to be cared for by the new Department of Soldiers' Civil Re-Establishment. As a sequel to this the Department of Soldiers' Civil Re-Establishment was authorized to pay a civilian scale of allowances to its veteran patients equivalent to the pay and allowances paid by the Department of Militia and Defence at the time of discharge, but with the addition of certain allowances for dependents, replacing the patriotic fund allowances which terminated with discharge. In the event of the patient being granted out-patient treatment an amount equivalent to the army subsistence allowance would become payable.

In February, 1919, the department was given authority to provide treatment for disabilities not due to service to a discharged member of the forces within twelve months after his discharge, but the regulation did not authorize the payment of hospital allowances for such treatment.

In September, 1920, the rate of hospital allowances was divorced from the military scale of pay and allowances and placed on an absolute basis, which would not change with possible changes in army pay, but would be under control of the Department of Soldiers' Civil Re-Establishment. Very shortly afterwards, however, it was found that in some cases the new schedule resulted in a patient receiving less than he would have received had he been reattested as a member of the forces at the rank held at the time of his discharge. Accordingly in 1920 a new regulation was enacted requiring that his pay be supplemented to the amount that he would have received as a member of the forces.

Two years later the treatment regulations were again completely revised and allowances were put on a daily basis comparable to the monthly rates formerly in effect. Those new regulations, for the first time, contained definitions of disability attributable to or aggravated by service, and of similar important phrases.

Prior to this date the determination of whether or not a veteran was entitled to treatment for a condition attributable to service was made by a board of medical officers. By this new consolidated code of treatment regulations, dating from April 1, 1922, the ruling of the Board of Pension Commissioners became the determining factor. If a condition was attributable to service it was pensionable. If it was pensionable treatment could be given.

The new order in council did away with provision for the treatment of non-service related disabilities. In 1923 this was modified by giving the deputy minister power to authorize treatment for a condition with respect to which there is a possibility that the condition might be considered attributable to service although reasonable proof was not obtainable. If subsequently it should be found that the condition was due to service the department was authorized to pay allowances.