

perfections, and we have sought to profit by those past mistakes, in planning the program for those who served in the war which has just ended.

In reviewing the development of the former program, I note that, to a very large extent, much more than in the present war, new measures were introduced by order in council under the War Measures Act, and it was not until after the war that the legislation was embodied in statutory form with the sanction of parliament. Nevertheless the parliamentary committees of 1916, 1917 and 1918 made valuable contributions.

With respect to certain of our measures we have found it necessary to follow the precedent of the former war and take action by order in council. The advantage of this procedure has been that we were able to make amendments quickly to meet new situations or to correct weaknesses discovered through administrative experience. However, with the end of the war it becomes both necessary and desirable to bring this order in council legislation before parliament and ask that it be given full statutory authority.

Civilian Administration

In the first world war, I find that even the departmental organization was set up by order in council. Both the Military Hospitals Commission in 1915 and the Board of Pension Commissioners in 1916 were created by order in council.

These two measures were historic, as they represent the first recognition of civil responsibility for the care of former members of the armed forces. Hitherto hospitalization had been the responsibility of the Army Medical Corps, and pensions had been administered by army pay officers. Other types of assistance, with the exception of land grants, were unknown and unthought of. Veteran administration was simply a minor adjunct of the military forces.

The inadequacy and inappropriateness of this type of administration in a war of large enlistments became apparent as early as 1915, when the country found itself lacking in adequate hospitalization for the stream of casualties pouring back across the Atlantic from the bloody battle fields of France and Flanders. The Military Hospitals Commission as first created was a committee of leading business men from all parts of Canada under the chairmanship of a cabinet minister, with the limited function of helping to acquire new hospital premises. Each commissioner was asked to survey his own part of the country. In order to meet the emergency, the commission took over hotels, colleges, schools, Y.M.C.A. buildings and, in some cases, private residences.

The beginnings of departmental organization arose from the need to have these premises altered, repaired and equipped for hospital purposes. Within a short time the Military Hospitals Commission had grown into a large and important government department operating the hospitals which it had acquired and outfitted.

One of the problems which gave the government of the day a great deal of concern was that of dual administration by the Army Medical Corps, which was responsible for treatment, and the Military Hospitals Commission, which was responsible for administration.

Without disparaging in the slightest degree the splendid work of the Army Medical Corps, I think there can be little doubt that the introduction of civilian administration was largely responsible for the development of new and more progressive policies. Very early in its history, the Military Hospitals Commission began to explore the advantages of occupational therapy and vocational training for the handicapped. This pioneer experiment of 1916 has since become the keynote of rehabilitation policy, not only in Canada, but almost universally.