

from \$430 to \$540 a month had been paid many thousands of dollars of hospital allowances to the point where he considered that an abuse existed.

P.C. 91 put all hospital allowances for former members of the forces below the rank of army captain and equivalent ranks in the other services on an equal basis, namely, that payable to a private soldier. Hospital allowances for officers of the rank of army captain and upwards were placed on the basis of 100 per cent pension, less \$30 a month representing maintenance while in hospital. Since the former treatment allowances for private soldiers were based on the same formula and, since pensions for all ranks below captain were the same, the real effect of this change was to base all treatment allowances on 100 per cent pension less \$30 a month.

P.C. 91 introduced certain other important changes. The custodial care provision had hitherto related only to those who were considered to be permanently totally disabled. Such treatment was now made available to those whose total disability was regarded as a temporary condition.

There has always been a reluctance to repay to a veteran medical expenses privately incurred, but by P.C. 91 the department was authorized to make such reimbursement when it was subsequently held by the Pension Commission that the condition for which private treatment had been given was pensionable.

The authority to grant treatment to a pensioner for a non-pensionable condition was broadened to include not only those presently in receipt of pension but those who had at any time previously been in receipt of pension. The regulation that such treatment might be given when the pensioner was unable for financial reasons to provide treatment at his own expense was clarified by defining the income limits applicable. The man was considered to be eligible if his income was lower than that which a private soldier would be paid as hospital allowance for treatment for a pensionable disability.

Provision was made also for the first time for limited dental treatment, and this was broadened in 1939.

In 1939 also the class of those eligible for active treatment for non-pensioned conditions was broadened to include any veteran who had seen military service in a theatre of actual war. Hitherto this benefit had been related to pensioners of those who had formerly been in receipt of pension.

Such were the broad principles governing the medical care of veterans when war broke out again in 1939.

HOSPITAL ADMINISTRATION

This is an appropriate context in which to mention the department's experience in connection with hospital administration. In the emergency of 1915 and 1916 the Military Hospital Commission acquired premises in many cases not ideally suited for hospital purposes. Some of them, such as the Balfour Hotel on Lake Kootenay, were remote from large centres of population. Others, such as the former Fairmont School in Vancouver (which became known as Shaughnessy Military Hospital) were non-fire-proof buildings hastily converted into hospitals.

As the war receded into the background many, but not all, of these institutions were closed. In order that patients might have the benefit of the services of the leading specialists in all branches of medicine the policy of concentrating our hospitals in the larger centres of population was gradually adopted. Institutions remote from the large cities were closed although, in some cases, the buildings may have been physically better adapted for hospital purposes than some of those retained. The advantages of the best medical care were