

Railways and Canals, Immigration and Colonization, Agriculture, Labour, the Secretary of State, the Minister of Soldiers' Civil Re-establishment, the Minister of the Interior and Indian Affairs, the Vice-Chairman of the Reconstruction Committee, and a Minister without Portfolio.

## **PART II.—RE-ESTABLISHMENT OF RETURNED SOLDIERS.**

First and foremost of the great reconstruction problems which first the Cabinet and later the Reconstruction and Development Committee of the Cabinet, had to solve was that of the re-establishment of the returning soldier in civilian life in a position not less favourable than the one which he had given up to serve his country, thus minimizing the financial sacrifice made by the soldier and at the same time contributing towards the restoration of the productive forces of the country. Since the soldiers who during the war returned from overseas came back wounded or at least unfitted for active service, the problem of their re-establishment in civil life first presented itself as a problem of hospital treatment. The first work in soldiers' civil re-establishment was, therefore, naturally performed by the Military Hospitals Commission. This Commission was established under Order in Council of June 30, 1915, to deal with the provision of hospital accommodation and convalescent homes in Canada, for officers and men of the Canadian Expeditionary Force who returned invalided from the front.

### **MILITARY HOSPITALS COMMISSION.**

The commission, under the presidency of The Honourable Sir James A. Lougheed, P.C., K.C.M.G., undertook the provision of convalescent hospitals and homes for men returning invalided from the front. Houses for these purposes were offered, usually rent free, by many patriotic citizens. Gradually hospitals and convalescent homes were opened and arrangements were made with general hospitals, tuberculosis sanatoria, provincial hospitals for the insane and other institutions, for the reception and care of those who were returning disabled from overseas. By the beginning of 1917 the commission had accommodation for about 1,500 patients. During that year approximately 10,000 beds in 40 centres in nine provinces were made available, mainly in buildings of modern, yet inexpensive construction, equipped for the proper care and treatment of patients.

The most difficult and insistent problem which the Commission had to face was the provision of accommodation for men suffering from tuberculosis. In the hurry and rush of the early months of mobilization large numbers of men who had been passed as fit were found to be suffering from this disease in various stages. They lived in every province. It was necessary therefore to arrange for their care in every province. Through the co-operation of Provincial Governments, municipalities and local anti-tuberculosis associations with the Commission, extensions to existing sanatoria were erected, towards the cost of which the Provinces contributed. Provision of this class of accommodation involved far more than the mere erection