

which the organization had been set up and, of course, having received that commendation, no one is going to deny it. With regard to medical and hospital services, the importance of cooperation and coordination was stressed, and the principle was laid down that the necessity for care of men above category E should be under the Department of National Defence, that is, until they are placed in a lower category. The Department of National Defence accepts that responsibility, but it has at the same time used, as suggested by the committee, existing hospital accommodation of the Department of Pensions and National Health or civil hospitals. The return of March, 1942, showed the distribution of military patients as being 72.59 per cent in national defence hospitals, 12.04 per cent in pensions and national health hospitals, and 15.37 per cent in civil hospitals.

Then the committee really reiterated that recommendation, that the principle be recognized that the medical services of national defence should be responsible for medical and hospital care of all men in the forces until they are placed in category E.

There was a recommendation that the subject of medical care and hospitalization of men above category E be referred to the interdepartmental committee for further study and report. The report is that the interdepartmental committee has met on several occasions where the different services, including pensions and national health, have hospital facilities and when increased accommodation has been necessary, to study these situations. Just to dilate a little on that matter of the interdepartmental committee on medical services, the report I have is that subsequently to the presentation of the report the interdepartmental committee has been meeting more frequently than in the past. They have held twelve meetings from November 30 to April 22. Although the committee was first appointed for a specific task, it is now in fact becoming to all intents and purposes a permanent committee, and all questions of an interdepartmental nature are referred to the committee at the instance of any director or senior officer of any one of the services. If there are any questions in which civilian interests are involved, representative civilian authorities are called in and consulted. Generally speaking, however, the matter brought before the committee is of a technical and administrative nature involving the three services only.

The committee has had under its constant consideration a review of the system of medical and hospital care in the services. Inspecting officers are continually travelling

[Mr. Ralston.]

over the country in order to see that the men of the forces are receiving proper medical care in the services hospitals and that the hospitals themselves are efficiently administered.

The redistribution of existing hospital facilities between the Department of Pensions and National Health and the departments of national defence has not yet been fully worked out, but certain steps in that direction have already been taken. For instance, the army has taken over 200 beds from the Department of Pensions and National Health in Toronto, to operate as a convalescent hospital, and the naval service has taken over from that department the Rockhead hospital at Halifax. Before any hospital project is undertaken by the services, consideration is always given by the committee to existing hospital facilities. The situation is carefully studied, and none of the services proceeds with any such project unless it is found necessary to do so.

I want to add that special attention is given to this matter of hospitalization and medical services generally. A month or two ago the adjutant-general adopted the policy of having liaison officers in his own department representing the various branches of the service. One of those officers, in the person of Lieutenant-Colonel Lebbetter of Yarmouth, Nova Scotia, was appointed special assistant in connection with the matter of medical services. Lieutenant-Colonel Lebbetter works in close cooperation with the director-general of medical services, but if anything comes up in the adjutant-general's office with respect to medical services Colonel Lebbetter, or it may be the artillery officer, or the signals officer, or the infantry officer, is there to act immediately as liaison officer between the adjutant-general and the director-general of medical services, or the chief of the particular branch concerned.

Mr. HARRIS (Danforth): Would the minister feel disposed to direct that minutes of the meetings of this interdepartmental committee be kept as a matter of record? Up to the present that has not been done; there are no minutes of what has occurred.

Mr. RALSTON: I am surprised to hear my hon. friend make that statement, and certainly I see no reason at all why minutes should not be kept.

Mr. HANSON (York-Sunbury): Before the minister leaves this question of hospitalization, I should like to ask him what is the ratio of hospital beds required, we will say in Canada, to the number of men on active service. I was surprised to learn recently that it is considered necessary to have beds