

a sliding scale set by the treasury board; and to any veteran, provided we have the beds available—and provided that the total cost of treatment is paid for by him or by some other agency.

We also administer in our branch certain treatment and other allowances. We also supply treatment to certain wards of the federal government at the request and expense of the appropriate department, and in special cases to individuals at the request and expense of some responsible agency when suitable facilities are not otherwise available, and when it is in the public interest to do so.

We carry on these activities in hospitals owned and operated by the department, or in pavilions or special wards in connection with community hospitals, or thirdly in community hospitals under the doctor-of-choice plan.

We know that the standard of treatment we provide is good and we believe that our operations are conducted efficiently. You will be inquiring into this matter of efficiency when you examine the details of our estimates for 1959-60.

You are being asked to approve estimates of \$55,489,366 for the operation of treatment services for the next fiscal year.

This represents a decrease of approximately \$3 million from the amount requested for similar operations last year. In the face of the rising costs of labour and supplies, this saving has been brought about by an anticipated increase in revenue due to participation in the federal-provincial hospitalization plans in those provinces where such plans exist.

Our total estimate is made up of five major items: operation of hospitals and administration, \$46,264,751; medical research and education, \$350,000; hospital construction and maintenance, \$4,811,370; prosthetic services, which are now operated through the branch, \$1,211,245; treatment and other allowances, \$2,850,000.

In the sum requested for operation of hospitals and administration, the amount of \$32,632,487 is requested for salaries and wages.

The total patient load of the department has remained relatively constant in numbers for the past three years, but the pattern of the load has changed considerably.

As the patient population becomes older and more feeble, more and more in the way of nursing care is required. Diagnostic facilities have become more complex and require more people of different scientific disciplines to carry them out. I am referring here to the tremendous upsurge in interest and the requirements for bio-chemical investigations in our hospitals. They are very complicated manoeuvres.

The onset of the federal-provincial hospitalization plan has created a requirement for a somewhat larger clerical staff in our hospitals. In spite of all this, the total increase in personnel of the treatment branch is only 58 over last year.

These 58 positions have been obtained by deleting some less essential positions, and by obtaining positions from other branches in the department.

The overall strength of the department as a whole remains at last year's level. The increase in the salaries object has been brought about largely by reclassifications and statutory increases.

Now, without a doubt, members of the committee will wish to participate in a detailed examination of our estimates for next year.

Mr. SPEAKMAN: Mr. Chairman, while it is still fresh in my mind: there was a question which I asked the deputy minister the other day, and which I was asked to defer, in order to address it to Dr. Crawford.

I am not clear as to the reason for there not being any sub-district office in Whitehorse. I would like to know what the patient load is there, and the