

than under the present system. I put the suggestion to other returned soldier associations; I discussed it informally with the members of an association at a convention, and I was told it would not be popular with the soldiers to place ex-soldier patients in civilian hospitals. In the hospitals under the department they have the comradeship of their own friends; they have returned soldier doctors, nurses and orderlies; they are treated as a class by themselves. I do not believe it would please the ex-soldiers if I were to adopt the suggestion of my hon. friend, although I admit it was strongly pressed upon me by a returned soldiers' organization, so he is by no means alone in his view.

Mr. MacNEIL: Is it not true that practically all those now in the hospitals are there solely for the purpose of actual remedial treatment, as determined by departmental medical authorities, pursuant to P.C. 91?

Mr. POWER: Not quite all. Not half.

Mr. MacNEIL: Is there any substantial number in the hospitals merely because they require domiciliary care?

Mr. POWER: The number is 378, to be exact, and my hon. friend must remember that we have a number of mental cases.

Mr. GREEN: How many veterans, both in-patients and out-patients, received treatment in these departmental hospitals during the last fiscal year?

Mr. POWER: The number runs from 2,300 to 2,500 every day in the year. I do not think it went over 2,500. It goes up in the winter and down in the summer.

Mr. GREEN: The figures given in the report of the department, page 27, show 2,212 in-patients and eight out-patients, or a total of 2,220, as at March 31, 1937. Was there a smaller or a larger number on March 31, 1938?

Mr. POWER: I think there is a difference of about 100. In 1937 there were 2,220; in 1938, 2,105. These consist of the three major classifications: general treatment, tubercular, and mental. I have not the total here; we have to add those in other hospitals, provincial mental hospitals. In British Columbia I believe there are about ninety-eight; they would not be included in this figure. And there are some in Saskatchewan.

Mr. GREEN: In view of the fact that the numbers are decreasing, yet we still have the hospitals and the staffs, would it not be

possible to extend hospital treatment to men who are not pensioners, although they have gunshot wounds, and also to recipients of the war veterans' allowance?

Mr. POWER: A large number of these are being taken care of now.

Mr. GREEN: But some provision could be made for them.

Mr. POWER: I do not want to make any regulations which would restrict any chance I may have of doing this. I prefer to carry on as we have been doing and allow as many as possible in under the present regulations. I think we are doing that fairly successfully.

Mr. GREEN: Has the minister the figures for the last few years showing the number of admissions and cost of care of patients and of hospital allowances?

Mr. POWER: It is in the annual report every year, but not yet available for this year.

Mr. McCANN: How do your costs compare with civil institutions?

Mr. POWER: They are lower than the average for civilian institutions. It does not cost us any more to look after our own patients than it would to put them in civilian hospitals.

Mr. McCANN: Is it not a fact that there are many in these hospitals who are not under treatment but who are there more for the purpose of having a home?

Mr. POWER: Yes; 378 of them.

Item agreed to.

Miscellaneous grants—Grant to the Association des Medecins de Langue Francaise de L'Amerique du Nord, \$5,000.

Mr. PELLETIER: For how many years has this grant been made to this association?

Mr. POWER: They do not meet every year; it is about every second year.

Mr. PELLETIER: How many times has a grant been given to this association?

Mr. POWER: I know they had it about 1934 and 1936. I cannot say whether they had it in 1932.

Mr. PELLETIER: What is the purpose of this grant, and what services are these people performing?