

difficulty in that connection—and one always sees the difficulties—is that we make C category men in the army. That is to say, you take in a B man; if the training is stiff enough he may become a C man involuntarily. Therefore you cannot take in too many C men at the bottom, so to speak; you have to be careful in your selection. The rule we are following just now is that we take in fifteen per cent B1 men. That is as far down as we are going, except in connection with employment for special services, clerical services and sedentary occupations or technical services of the nature indicated by my hon. friend in regard to clerks.

The last question is a difficult one to answer, because I cannot make any statement about policy. The suggestion offered by the hon. member was very broad; in a word, I think it was that the dependents of soldiers should receive free medical treatment.

Mr. BENCE: Not necessarily; but it seemed to me that some sort of scheme might be worked out. I am not going to enter into any controversy over the question of free medical service; it was just a suggestion that I thought the minister might consider.

Mr. RALSTON: I realize that. This matter was before defence council only three weeks ago, not in connection with dependents in the cities or towns but in regard to those in isolated places where it was difficult to get medical assistance. Some conclusions were reached at that time which now are being put into effect; I am afraid I cannot give them offhand, but to some extent at least they will alleviate that situation. I cannot say that the system is applicable generally, but I have made a note of my hon. friend's suggestion to see if any further extension can be made.

Mr. GREEN: In that connection, has the army made any survey to see whether or not more doctors are being taken in than are required, and also to see whether there is any overlapping as between the army medical service, the naval medical service and the air force medical service? It does seem that in some centres there are more of these military hospitals than are required.

Mr. RALSTON: I do not think that would be possible. I thought my hon. friend was going to say there might be more medical officers than were required.

Mr. GREEN: More hospitals and more doctors.

[Mr. Ralston.]

Mr. RALSTON: All I can say is that this is a matter in connection with which I think we have taken pretty forward action. We have accepted the offer of the Canadian Medical Association and its associated society in the province of Quebec to participate actively on a board which has been formed and which has been making a survey all across Canada in connection with this very matter. I believe the Canadian Medical association are fully alive to the desirability of conserving the supply of doctors and seeing to it that the armed forces are not unduly served in that respect, at the same time recognizing the need for doctors for the army, the navy and the air force. On that board are the director-general of medical services (army); the medical director-general of the navy; the director of medical services (air); the medical assistant to the deputy minister of pensions and national health; the medical director of the Department of National War Services; a representative of the director of national selective service, and five representatives from the Canadian Medical association, who compose the Canadian medical advisory committee of that association. As I have it here, that makes three service men, three from civilian departments and five from the Canadian Medical association. They are making a survey, which I think is fairly well completed now, into every nook and cranny of this dominion to ascertain not only the number of doctors available but also the needs of the locality. They take in the medical profession, the nurses and the dental profession as well; they consult with the civilian authorities to ascertain the civilian needs, as well as the army needs, and so on. In connection with that survey they have included the medical profession; all branches of public health—that is the provincial branches as well as the dominion—all hospitals, the nursing profession, dentistry, medical schools, medical research, industry, urban municipal organizations and rural municipal organizations. I need not go into that in detail, but I assure hon. members that the survey is such that it will see to it that the three services have not more doctors than they need, and at the same time that civilian needs are adequately met.

Mr. GREEN: I think many doctors who were just too young to serve in the last war, as well as others still younger, consider that it is their duty to get into the forces, and they may have brought some pressure to bear in order to be allowed to get in. Most of us, I am sure, know of doctors who have had very large practices and who have felt it their duty to go into the service and give up those practices. They go into the forces and then