

The increased facilities required are being provided by such new hospital construction as has been completed; the taking over of hospitals no longer required by the Services; and the admission of Departmental patients to Service hospitals still functioning.

The continuing patient load of the Department will be made up of (a) pensioners requiring treatment for their pensionable disability, and (b) non-pensioners with service in a theatre of war. These groups are made up of ex-service men from the War of 1914-18 totalling about 110,000 and from the War of 1939-45 numbering about 700,000. It is estimated that approximately 12,000 beds will be required for the continuing needs of the Department's hospital services.

The total hospital construction program of the Department represents an estimated expenditure of \$36,000,000. Treatment facilities may be divided into four groups: (1) active treatment; (2) active convalescent (health and occupational centres); (3) special treatment centres, including tuberculosis; (4) veterans' homes.

Active Treatment.—In the first group, the construction of the new permanent hospital at Halifax of 250 beds is well under way. The Naval Hospital at Sydney, N.S., a 250-bed unit, has been taken over and is being operated by the Department for general treatment.

Plans are in preparation for the erection of a wing to provide additional operating room, X-ray, laboratory and recreational facilities at the Lancaster Hospital, Saint John, N.B. A large section (500 beds) of the 800-bed Military Hospital on Queen Mary Road at Montreal, Que., is being taken over by the Department. At Toronto, Ont., construction is going forward on the \$10,000,000 Sunnybrook project, the first section of which is almost ready for occupancy. Half of the Army hospital at Malton, Ont. (250 beds), is being converted to active treatment and contract has been let for the construction of a 300-bed mental infirmary at Westminster Hospital, London, Ont. The new wing of 276 beds at Shaughnessy Hospital, Vancouver, B.C., has been opened, and the 150-bed chest pavilion is nearing completion. The new 220-bed hospital at Victoria is also almost ready for occupancy.

The necessity to provide additional beds quickly left certain institutions inadequately serviced by such other facilities as operating rooms, laboratories, X-ray and out-patient services. In most of the active treatment hospitals, alterations and additions are being proceeded with in order to enlarge these facilities.

Active Convalescence.—The over-all plan for active convalescence provides seven Health and Occupational Centres across Canada. For the Halifax, N.S., area, a large section of the Navy base at Cornwallis is being converted to provide 300 beds.

At Saint John, N.B., a 100-bed Health and Occupational Centre is nearing completion. For the Montreal area, a 200-bed centre at Senneville, Que., is well under way and is expected to be occupied in the autumn of 1946. Until this new construction is ready the Army facilities at Huntingdon, Que., are being utilized to provide convalescent service. The 200-bed Rideau Health and Occupational Centre at Ottawa, Ont., is functioning almost to capacity, and at Toronto, Ont., the first 150-bed unit at Divadale is complete and on the second, a 300-bed unit at Sunnybrook, construction has been commenced; the convalescent facilities at Malton, Ont., are being utilized until the Health and Occupational Centre at Sunnybrook is completed. A 200-bed Health and Occupational Centre at London, Ont., will be ready by midsummer. At Winnipeg, Man., the construction of a 200-bed unit has been commenced and the Army facilities at Portage la Prairie