

The low number of patient days at immigration hospitals, in contrast with the number of beds, is explained by the fact that these hospitals must maintain a sufficient number of beds to accommodate any sudden influx of patients whose treatment demands immediate quarantine.

15.—Accommodation and Movement of Patients in National Health and Welfare Hospitals, 1948

Type of Hospital and Location	Bed Capacity ¹	Personnel		Movement of Patients ²			
		Salaried Doctors	Total	In Residence Beginning of Year	Ad-missions During Year	In Residence End of Year	Total Patient Days During Year
	No.	No.	No.	No.	No.	No.	No.
Quarantine and Immigration—							
Halifax, N.S.	24	1	5	10	244	8	5,076
Saint John, N.B.	9	1	—	—	—	—	—
Quebec, Que.	218	7	151	83	632	109	36,220
Victoria, B.C.	81	2	15	—	—	—	—
Sick Mariners—							
Lunenburg, N.S.	15	1	2	3	55	2	974
Sydney, N.S.	35	1	22	6	173	8	2,788
Leper—							
Victoria, B.C.	19	2	6	1	—	1	365
Indian Health Service—							
Maliseet, N.B.	6	3	3	3	102	3	633
Oshweken, Ont.	48	2	18	24	650	20	9,830
Manitowaning, Ont.	14	1	9	8	192	3	—
Sioux Lookout, Ont.	64	—	34	—	27	22	366
Fort William, Ont. ⁴	21	—	9	20	14	20	7,650
Selkirk, Man. ⁴	50	1	27	41	58	43	16,814
The Pas, Man. ⁴	164	2	92	94	205	150	47,522
Pine Falls, Man.	20	1	13	6	456	8	4,197
Hodgson, Man.	38	1	18	2	389	22	4,438
Brandon, Man. ⁴	254	3	138	246	153	248	88,581
North Battleford, Sask.	65	1	27	—	507	19	5,059
Edmonton, Alta.	442	8	251	416	627	438	149,599
Gleichen, Alta.	45	1	7	13	587	18	5,855
Brockett, Alta.	11	—	4	—	196	2	1,210
Cardston, Alta.	47	1	14	19	1,374	19	9,483
Morley, Alta.	12	1	3	5	255	5	1,577
Sardis, B.C.	108	2	100	38	110	93	30,293
Nanaimo, B.C.	220	3	147	198	145	201	72,042
Miller Bay, B.C.	150	3	106	152	155	159	56,380
Totals²	2,180	46	1,219	1,389	7,306	1,621	556,952

¹ Excluding bassinets.

² Excluding newborn.

³ Excluding one Indian hospital in Manitoba and one in Saskatchewan which did not report.

⁴ Tuberculosis patients only.

PART II.—PUBLIC WELFARE AND INCOME SECURITY*

Public welfare, traditionally and constitutionally a Provincial Government responsibility, has in recent years, as a result of the new concept of social security, been shared by the Federal Government, e.g., Unemployment Insurance following amendment of the British North America Act, and Family Allowances. In 1944, the Department of National Health and Welfare was established to promote social welfare in matters over which the Federal Parliament has jurisdiction, except for services administered by other Federal Departments, such as the welfare of Indians and Eskimos and welfare services to veterans. The duties of the Department

* Except as otherwise indicated, this Part has been revised by the Research Division, Department of National Health and Welfare, under the direction of G. F. Davidson, Ph.D., Deputy Minister of National Welfare.