

During the fiscal year 1957-58, several amendments were made to Treatment Regulations. Among the more important were those pertaining to Sect. 13, where eligibility with respect to war service and financial circumstances was aligned with the applicable section of the War Veterans Allowance Act. Also, upward adjustments were made in travel and other allowances paid to veterans required to report for examination or treatment by the Department or the Canadian Pension Commission. Effective Jan. 1, 1958, the Department obtained authority to pay for the services of non-departmental physicians at a rate up to 90 p.c. of the pertinent provincial minimum tariff. This change eliminated the DVA Schedule of Fees previously in effect.

The role of DVA hospitals under the Federal-Provincial Hospital Insurance Plan was agreed upon after discussions with representatives of the Department of National Health and Welfare and with the provincial governments concerned. Departmental hospitals will be recognized for the provision of insured services to veterans and arrangements have been made to pay, on behalf of veterans who are WVA recipients, any premiums necessary to have them insured under the Plan. Co-insurance charges, where they apply, and medical and surgical costs will be the responsibility of the Department. The Veterans Treatment Regulations remain the authority for the treatment of veterans (and others) in DVA institutions and elsewhere under Departmental aegis, regardless of whether or not the hospitalization is at the expense of the Hospital Insurance Plan.

**Dental Services.**—Dental treatment is provided for those pensioned veterans whose disability would be alleviated by such treatment, for War Veterans Allowance recipients, and for other persons whose health care is the responsibility of the Department, such as Royal Canadian Mounted Police personnel and members of the Canadian Forces. Treatment is also provided at the request of other governments. The Department employs 37 full-time dentists, one half-time dentist and two dental consultants, specialists in their fields, on a part-time basis. Twenty dental clinics are maintained in Departmental hospitals and centres, 18 of them on a full-time basis. Elsewhere the services of private dentists on a "fee-for-service" basis are utilized. Treatment provided by the Department in the fiscal year 1957-58 consisted of 101,486 operations for 18,594 patients.

Training courses for Departmental dental surgeons in the various specialties of dentistry have been sponsored by the Department since 1948. Many Departmental dentists have given instructional clinics at various national and regional conventions, participated in the research programs of their respective hospitals, and assisted the dental colleges by part-time lecturing.

**Prosthetic Services.**—The administration of Prosthetic Services is now under the jurisdiction of the Director General of Treatment Services, assisted by a Prosthetic Services Advisory Committee consisting of medical, orthopaedic, and engineering authorities and a representative from the War Amputations of Canada.

The Services provide prosthetic and orthopaedic appliances as well as sensory aids to Canada's disabled veterans, and conduct a service for maintaining such appliances. Service is available to other departments and governments on a repayment basis. During the 1957-58 fiscal year, 71,485 patients received 135,723 appliances or repairs to appliances.

Twelve main centres and six sub-centres located in or near DVA hospitals or district offices are the points of contact for the disabled veterans and others requiring appliances and service. A factory located in Sunnybrook Hospital produces stock parts and is a central stores depot for the other centres. A research section at that hospital has made effective progress in the production of a mechanical hand and cosmetic glove, a roto-wrist below-elbow arm and a plastic above-knee shin. Work is also continuing on the above-elbow arm prosthesis with automatic locking device and shoulder suspension, the below-knee plastic prosthesis with solid-ankle cushion-heel foot and on other devices. Information is freely exchanged with prosthetic research workers in other countries, particularly the United Kingdom and the United States.