

—A. I think that is a proper kind of argument. The service is not responsible for the causation; it may be responsible for the aggravation.

Q. Then is the aggravation accelerated under stress of military service, provided it has been particularly arduous?—A. Assuming that malnutrition, which I think is the central point, has some influence in causing an unduly early development of the symptoms,—which is not my experience of the matter—then I would say that may possibly be a consideration.

Q. As a military man, suppose a man interested said he had not syphilis, or did not know that he had it, and the man examining him on attestation did not know he had the disease, do you think the man should be taken as physically fit at the time of enlistment?—A. I think he was fit at the time of enlistment.

Q. Then why should he be paid for the aggravation?—A. Because although the service had nothing to do with the origin of the disease, there may have been aggravation because of service, and this applies particularly to the nervous system.

Q. Could not the medical man have discovered the disease if they had a Wassermann test?—A. I suppose he might, but it would not be feasible to have a Wassermann test made in every case.

Q. Is it not up to the Government to do it?—A. It is not for me to say.

Q. If the Government leave undone that which they might have done to discover the disease, and having had no Wassermann test, they would not pay the man or his family, should they not pay him for entire disability?—A. You mean to say, they would have rejected him if they had known it.

Q. If they did not reject him while knowing it should they not pay him the entire disability?—A. I think it is arguable.

Q. Is it defensible?—A. I think it is partly defensible. The matter is not sufficiently clear-cut in my mind to answer it categorically.

Q. In regard to estimated disability, how do you medical men arrive at the percentage of disability that a man suffers?—Suppose a man comes back with his right hand off, how do you determine what his percentage of disability is?—A. That has been determined as a matter of accumulated experience, not only medical experience, but actuarial experience, and there are certain percentages established in connection with the loss of certain members. I do not know that these are actually correct in individual cases, but it is the only way you can arrive at it on an average.

Q. Do you refer to workmen's compensation?—A. Yes, and insurance companies, and accident insurance companies.

Q. Do you think those tables are accurate in reference to practical conditions?—A. I think on the average they are accurate, not accurate as far as the individual is concerned.

Q. Do you think they are too low, or too high?—A. I suppose, being of a compassionate disposition, I am inclined to think they are too low.

*By Mr. Nesbitt:*

Q. According to my experience I think in some instances they are far too high, and in others far too low.—A. I think that is true.

*By Mr. Cronyn:*

Q. The average is perhaps never fair to the individual?—A. Quite right; it is presumably not exact in the individual case.

*By Mr. Sutherland:*

Q. Do I understand you to say that a man's disability is fixed by his ability to earn a living, not by his physical disability?—A. That is the pension disability, which is awarded on the common ground of his ability to earn a living in the world's open market. It does not seem to be a rational or proper basis but it is the only one that is available in practice.