

Dr. CLARKE: It would not amount to more than the average cost of the hospital patient. Probably \$2 to \$2.25 a week, which is not expensive. It should be in the care of people who are trained in the treatment of those cases, and there is not the slightest doubt that the medical fraternity who have special experience would be quite willing to give their services free.

The CHAIRMAN: There would be no difficulty in a place like Toronto?

Dr. CLARKE: No trouble at all. For example if such an institution were anywhere near our General Hospital I would be very glad to oversee the equipment and supervise it gratuitously, because it is a matter requiring special knowledge, there is no question about that.

The CHAIRMAN: Do you think one would be necessary in every province?

Dr. CLARKE: In every province.

The CHAIRMAN: Do you think it would be better than to have one large one at some central point?

Dr. CLARKE: Yes, no doubt about that.

Mr. MACDONALD: Have you seen many cases, such as you speak of, requiring treatment?

Dr. CLARKE: Yes, a good many, and then there is a class of case that will have to be attended to and which will require a great deal of consideration because the trouble is not recognized on the private soldiers when they enlist. One of the worst diseases is that of general paresis, which is spoken of as general paralysis. This is a common disease among soldiers, it is syphilitic in its nature and generally takes a period of from five to twenty years in its development. A good many soldiers were sent up to a clinic which I have in the hospital and I found among them a great many cases of this kind; of course they contracted that disease long before they went into the army, but it is a question that will have to be considered as to how far provision will have to be made for them.

Mr. MACDONALD: Could the disease be detected by a careful medical examination when enlisting?

Dr. CLARKE: It could by a special examination, but not by an ordinary examination. You cannot detect it in the early stages unless you have a blood examination. It seems to me that it is a very live question as to what should be done in this regard.

Mr. NESBITT: Do these fellows you spoke of last require prolonged treatment?

Dr. CLARKE: No, fortunately their career is very short; they, ordinarily, do not live more than two or three years after the disease has developed. I have had soldiers come to me and I wondered how they ever passed. Then there are soldiers that are mentally defective, a great many of them are below the ordinary standard; I have found some of them to have a mentality of not more than seven or eight years, in fact I spoke to one the other day and asked him what he was fighting for, and he said he was fighting in the war between the Germans and the United States, and he was fighting for the United States.

Mr. MACDONALD: Would you be in favour of making provision in the pension scale for the men who are defective mentally or partially defective?

Dr. CLARKE: Why not, they are as much entitled to consideration as the others?

Mr. MACDONALD: Are they entitled to be in a class different to the others?

Dr. CLARKE: No, they might come in the total disability class.

The CHAIRMAN: That would be for mental disability in consequence of the strain to the nervous system in actual service. Supposing a man were simply in camp, you would take it for granted in that case that there was some predisposition, some previous cause; that would be different to the case of a man who had suffered a shock in action?