

the Syme's amputation can fit into the appliance. Our limbs are constructed in such a way that we have a contour in the calf of our leg. When they take the measurement for our prosthesis they take a measurement of your good leg, the upper extremities and the knees so that the two legs will be in conformity. But, on a Syme's amputation you do not. You have a lump—and that is your prosthesis—and modified boot. Dr. Crawford could tell you more about the fitting of the appliance. However, we are not satisfied that the Syme's appliance is being looked into and modified. As has been mentioned this morning, the department is investigating the Syme's amputations. However, gentlemen, I would like you to bear this point in mind. As I said before, if you bump your elbow, there is this constant pound, pound, pound, and you are going to feel a terrific pain there. That is the same with any amputation case. You have a constant pounding.

The CHAIRMAN: Would Dr. Crawford like to say a few words.

Dr. J. N. B. CRAWFORD, M.B.E., E.D., M.D. (*Director General, Treatment Services*): Mr. Chairman, I would like to say a few words with respect to Syme's.

First of all, as I indicated to Mr. Carter a few minutes ago, it is not the function of the treatment branch to assess disabilities in terms of percentage; this is purely a function of the Canadian pension commission. However, doctors in treatment institutions are seeing these amputees all the time and, willy-nilly, we have drawn some private conclusions of our own as to, perhaps, some bad measurement that has been applied to individual cases of amputation. Therefore, we welcomed the request of the War Amputations of Canada, in their October meeting, to assist them in gathering data, which might be informative, as to what kind of disability was brought out by a Syme's amputation.

As Mr. Bell has told you, at the last meeting of my advisory board of medical research, we approved the expenditure of funds to pursue a research project in the next fiscal year on a follow-up of amputations of all kinds. We hope data will emerge from this which will enable us to draw some conclusions as to what happens to Syme's amputees, compared with other amputees. Now, of course, the findings will be available to the Canadian pension commission, and what use they make of them is a matter they will have to decide. However, I think you should know that this research project has been approved. We have a capable man in charge of it, and we are looking with considerable interest to the potential results.

With respect to the Syme's prosthesis itself, I think I should tell you that Canada is rather peculiar among the nations of the world in its advocacy of Syme's amputations. A few years ago Syme's amputations were frowned on internationally because it was felt the results were bad for the very reasons which have just been expounded a minute ago—that there is this pound, pound, pound; and that this was not a good type of amputation. However, our results with it were pretty good in Canada. I think you would be proud to know that the Canadian Syme's prosthesis which we use, is now internationally famous and recognized. We do a better job in Canada of making a prosthesis of this particular type than anybody else in the world. People all over the world are copying what we do in connection with the Syme's prosthesis; so, it is a matter of some pride.

Now I shall try to explain the Syme's amputation. Perhaps in some cases it is not an ideal type of amputation, but we feel that it is important to conserve as much tissue as we can. We have come a long way in the development of prosthetics, particularly the plastic prosthetic which is fairly new, in correcting to the greatest extent possible the disability which results from this type of amputation.

The CHAIRMAN: Thank you.