

I wonder if that is purely a generalization, or whether that is in actual fact the case, because from what the chairman said there are other factors which come into play. I would like to have that cleared up.

The CHAIRMAN: In other words, is it possible to have a 100 per cent pension with one amputation, one leg?

Mr. CARTER: Yes.

The CHAIRMAN: Is that what you had in mind?

Mr. CARTER: That is what I am driving at.

Mr. BELL: Mr. Chairman and gentlemen, I think we are both right, Mr. Anderson and ourselves. It is our understanding that amputations are clearly assessed: they are 40 per cent, 50 per cent, 45 per cent and 60 per cent. In the case of an above knee amputation, for example—just above the knee; the lower third, as they call it—it is automatically 70 per cent. The majority of our below knee amputations, with the exception of the Syme's, are 50 per cent. Some of them are 55 per cent, and some of them are 60 per cent, depending upon the condition of the stump, the type of surgery and so on. But the majority are 50 per cent if they are below knee, except the Syme's, which is sometimes also known as disarticulation of the ankle—you do not have the use of the ankle, but the surgery was through and the stump worked, and so on. They are 40 per cent. We think they should be 50 per cent like the other below knee cases, because—

Mr. CARTER: You do not see much difference between losing an ankle and losing an inch above the ankle?

Mr. BELL: We see no difference.

Mr. CARTER: No; I do not see any difference either.

Mr. CLANCY: I would like to get back to this question. A 100 per cent pensioner gets \$1,800 and \$600 for his wife. Is the allowance for a wife scaled down according to the percentage of the pension? I mean, if a man gets 50 per cent pension, does he get \$300 for his wife, or does he still get the \$600?

Mr. BELL: It is less.

Mr. ANDERSON: Whatever the percentage of the pension is, that is the rate.

Mr. CARTER: That is the allowance.

Mr. WEICHEL: Mention was made of the amputation below the knee, and they say it does not matter where it is. The president, Jack Johnson, of the Toronto branch has his foot off, and I would say that in 25 years he has probably had more trouble with that than I have had with a seven inch stump. I think the argument there would hold up quite well.

Mr. BELL: As a point of information, we have asked the department, and they have agreed, to re-examine our Syme's cases, to take a look at the Syme's cases and tell us if in fact the Syme's is less disabling than other below knee amputations. This will take time, but they will carry out a study of our Syme's cases.

Mr. WEICHEL: We have to wear the harness and everything else just the same as the other chap.

Mr. BELL: Yes.

Mr. McDONALD (*Hamilton South*): What is the derivation of the term "Syme's"?

Dr. CRAWFORD: I can answer that question. Syme was the name of the Scotsman—a bad word on March 17—who first introduced this type of amputation, which ever since has been known as the Syme's amputation.