

## APPENDIX No. 2

high enough, and we have submitted the file with the man to three different boards quite independently; one board did not know the man was before the other board, and those boards varied 5 per cent in different cases.

Q. Have you been able to get in your district sufficient satisfactory medical officers to constitute your board?—A. No, we have not had a full supply of qualified men, qualified as to medical board ability.

*By Hon. Mr. McCurdy:*

Q. I understood you to say that this service on medical boards was unattractive?—A. Very much so.

Q. Does it follow that you cannot get your best men to act on medical boards?—A. We can get them to act, but this last week we have had three returned men upon boards, one for a year and a half, and another four months, and another about eight months; one of them was made sanitary officer of the district, and another went to another district on three months' surgical course, and another one is acting as medical adviser to the Pension Board. Our three best men practically were taken away.

Q. Is it too much to say that the tendency is for the better men to withdraw from the medical board, and to leave you with poor medical officers on the board?—A. Yes, except for the elderly men. They remain.

*By Mr. Sutherland:*

Q. Is there a feeling of dissatisfaction among the men on the boards that they are not getting sufficient remuneration for their services?—A. Yes, quite so.

Q. Is it possible they would not take the same interest in the work as if they were better paid? They would be better satisfied perhaps if they were better paid?—A. A man who is satisfied will work better than a man who is dissatisfied.

Q. Is there a possibility of a soldier coming before a board not receiving the consideration to which he would be entitled on account of the members having that feeling of dissatisfaction?—A. No, I do not think so. I think while the men are on the boards they discharge their duties; they are conscientious; they do their best.

*By Hon. Mr. McCurdy:*

Q. But glad to get off the board?—A. Yes, and jump at something else. These men all expect to get back to practice as soon as the war is over, and they do not want to remain on the board.

Q. The result is the boards are constantly changing?—A. When I say constantly changing, we keep the present man on until we have a better man to replace him, if possible, and we invariably try to have two strong men on the board and one man for educational purposes.

*By Mr. Redman:*

Q. Would you not require experts to handle some of the cases that come before you?—A. Quite so. All our men in our convalescent homes are assigned to certain medical officers. If a soldier is troubled with his eye, ear or nose, he is sent to a specialist for that ailment or if a man has lung trouble he is sent to the lung specialist, and so on.

Q. You said you thought the man who had seen active service overseas would be of more service on the board than the man who had not been overseas?—A. Yes, everything else being considered. We have had men who have been all through the course and up to the front and they have have been absolute failures on medical boards.

Q. Do you think any board should ever be constituted without having on it a doctor who had been overseas?—A. I think it desirable that men be dealt with by overseas doctors.

Q. Would they not be better qualified to understand the nature of the man's disability?—A. Quite so. He knows what the man has been through, and he is