

8-9 GEORGE V, A. 1918

Q. And these examining boards know the percentage that is fixed by the Pension Board?—A. Yes, they have their regulations issued by B.P.C. for guidance of medical officers.

Q. What do you think of the forms that are supplied for asking these questions so as to give the central board an exact idea of the man's condition?—A. I think if they combined the last three changes in the forms, they would probably have a fair form, but there has not been one yet, to my mind that is satisfactory; they all have obvious errors in them.

Q. How many boards have you?—A. There is one at the central convalescent home, one at Guelph, and one at district depot, three in London, and one at Guelph, that are dealing with men for discharge.

By Hon. Mr. McCurdy:

Q. Does the personnel of these boards change?—A. Yes.

Q. Frequently?—A. Quite frequently.

Q. Would you advise a standing medical board?—A. Yes, we cannot keep them now.

Q. Why?—A. \$3.75 a day, I can go out and make that after supper.

Q. What would you think of Surgeon General Keough's opinion with reference to the qualifications for a member of the board? Would a man be suitable as a medical practitioner, if he had not been on active service?—A. That is going to work two ways—a man on a medical board deteriorates professionally every day that he is on it. He has nothing to do with the treatment or care of cases.

Q. Would you say that the medical service is not attractive to the medical man?—A. Not at all, quite the reverse.

Q. Has the member of the medical service the opportunity of choosing his own occupation?—A. Not so; he would do better if the man is satisfied that he is getting a fair deal, than if the man is in on a job that he does not like and knows that he is going bad every day.

Q. In order to meet that difficulty, would you suggest the formation of standing medical boards?—A. There is this difficulty, it depends entirely upon the army, and the rank; you may have a member, just a man who is a junior lieutenant, and above him he has a captain and a major, and the major is the president or the head of the board. I find in our district that it is largely a question of money. They cannot live on the money that they receive. We have men who go home for the week-end and make as much money in private practice, from Saturday until Monday morning as they do all the rest of the week.

Q. Would you approve having a civilian on the board, a man of experience as has been suggested?—A. I do not think it would be satisfactory on account of his not knowing what the man has been through, and military documents would not be of much value to him. It takes an ordinary man who has been in the army and not on medical boards three months before he is much good at all.

By Mr. Redman:

Q. You said you thought the board which examined the soldier was more qualified to fix the rate than the central board?—A. Yes.

Q. Do you think there would be danger of inconsistency among the different boards if that system were adopted? I suppose one might act on certain principles and another might adopt other principles?—A. Not if they followed out the B.P.C. instructions which are quite specific.

Q. Do you consider those instructions sufficiently specific to obviate that danger?—A. Not entirely.

Q. Do you think they could be made sufficiently specific?—A. We have had this experience up there; a man will frequently drop in and complain his pension is not