

of treatment service in the department, to tell us what geriatrics is, and then let him introduce Dr. Wilson Totello how it operates in the Department of Veterans Affairs; principally, I think, at the moment, in British Columbia. Will you please come up here gentlemen, so we can get your remarks on the record?

Mr. CRUICKSHANK: He is a good man.

Dr. W. P. WARNER, (Director General, Treatment Services, Department of Veterans Affairs): Mr. Chairman, for some time we have thought that there is a gap between the time the treatment was given and the time that a man was put back into civic street with the greatest opportunity; and that applied mostly to the upper age group, who include class 6 and 5-B. Now then, for some years nothing much happened until we were fortunate enough to get Dr. Wilson, who is a professor in geriatrics, which is the care of the aged and the ageing, and for some unknown reason we picked on British Columbia as the best place to introduce it.

Dr. Wilson has started a new work which we feel is fundamental in looking after veterans, and he is really tied up with what you are talking about, V.V.A. particularly. Without further ado I present to you Dr. Wilson.

Dr. Wallace A. WILSON, (Adviser in Geriatrics to Director General of Treatment Services, D.V.A.): Mr. Chairman and gentlemen, I am as Dr. Warner has told you, adviser in geriatrics to the Ministry of Veterans Affairs, and I am fortunate enough to serve on the Pacific coast. And this is our story. I hope I can tell to you, in what I know is the short time you have, what I consider to be our progress in the field of geriatrics, more the treatment of the ageing and the aged, as far as it refers to our veterans in the Vancouver area.

As Dr. Warner has said, the question of more adequate care of the older aged veteran has been one that has been troubling me for some time; so he discussed this matter with me and it was decided we would start in to do something in the Vancouver area, since I happened to have my office there. Now, we thought that it was a good thing to start off with to do a survey of some 500 class 6 patients in our institution in the Vancouver area. Now, the class 6 patients, as you know, are the older aged veterans who for one reason or another have not been able to carry on outside and we have taken on their care in our class 6 institutions. Now, primarily, the man is admitted to class 6 because he is considered to be physically or mentally incapable of looking after himself outside. So we started in to make this survey. We had a team of medical men and social service workers, and every man in our class 6 institutions was completely examined and was interviewed and his problems were discussed with him by medical and social service workers, and where necessary by psychologists; and then we gathered together our results and what we had gathered together was to us very interesting. We found, for instance, that there were a great many men in our Class 6 institutions who were not there from choice, that they had come in, a very considerable number of them, not because they were physically and/or mentally incapable of looking after themselves outside but for a great many reasons—sociological, economical, family trouble and so on, inability to find accommodation to live in, inability to get a job and so on, but who were, according to our standards, quite capable of looking after themselves outside if certain conditions were made right for them outside.

We found also that under our present system of caring for these men, taking them in and letting them sit around and not do anything, that there was a very definite psychological deterioration in these men. They had done everything else they could before they ever came in. They came into our Class 6 institutions sort of as a last step and as a "court of last resort" and when they walked in, the door was closed, as far as they were concerned, on them returning to the community in which they had lived and that was bad for them morally, mentally and physically.