

*By the Chairman:*

Q. In connection with a disease that is progressive in its character, either heart trouble or tuberculosis that you have spoken about, does the local medical board themselves make any inquiry into the past history of the patient when conducting the examination, or do they depend so far as the past history is concerned on the boards that have been held while the man has been serving in the ranks?—A. Our boards depend to a large extent on the previous boards ; the history is given.

Q. Is there any reason why you do not inquire into the past history if the disability is one which, from its nature, would suggest that it might have existed prior to enlistment?—A. There is no reason, sir, except that it is on his documents that it originated at such and such a time, and they work on that assumption.

Q. Suppose you have a case come before you of acute heart trouble, which from its nature is arterial sclerosis, that has not developed suddenly, but is usually a matter of months, if not of years, and when you find a man suffering from that shortly after entering the army would you, as chief of the medical board, not inquire into his past medical history before recommending a pension?—A. It seems to me in that case it would not be exactly a medical history; it would be a working history.

Q. Would you not inquire as to what had been his condition prior to enlistment?—A. Yes.

Q. Do you in such case?—A. Invariably. When I say I do, I am not sitting on the board.

Q. I mean the boards under your supervision?—A. Yes. I make a point to visit them until I know them.

Q. What inquiry would you make? How would you deal with a case of that kind?—A. Find out from the man what his occupation was, how long a day's work he performed, and how many days he was off, if any. If the man was working at an occupation that required a fit man, and with no loss of time—if he were doing a full day's work when he joined the army and was now only doing half a day's work, I would say it had all occurred on service.

Q. Is that your view of what it should be or your interpretation of the present regulations?—A. That is my view of what it should be.

Q. I am rather dealing with how you treat cases under the present regulations.—A. I endeavour to have our boards treat them the way I think they should be treated.

Q. As far as the boards under you are concerned you are acting on what you think the law should be, rather than on the strict interpretation of the law?—A. Well, they are a little elastic.

*By Mr. Nickle:*

Q. Still the regulations do lay down that there are two classes of condition for which a man gets pension; one is the aggravation of a disability on service or due to service, and the other is a disability incurred subsequent to service.—A. The medical board is supposed to know nothing about pension regulations.

Q. You are not furnished with a copy of the regulations?—A. We are not furnished with the basis on which the B.P.C. instructions are built.

*By the Chairman:*

Q. If the pensions are granted on the basis of the medical board's report, should not the medical board have a knowledge of the pension regulations and secure the necessary information to enable the Pension Board to grant the proper pension under the regulation?—A. I think if the medical board knew all the side lines of the pensions we would get better boards—if they knew the why and wherefore—why we want this or that.

Q. Is it your view that fuller instructions should be given to the medical board than they have?—A. Yes.

[Dr. D. J. McKay.]