

Supply—Veterans Affairs

Specialist's opinion—dated April 18, 1947

"If one excepts acute fracture dislocation, there is no case of spondylolisthesis which is 'acquired'.

These cases are either congenital defects in the isthmus or by the alternative theory, fractures occurring at birth. This defect is very frequently accompanied by other congenital anomalies. It is possible, however, to have displacement forward of the body, in cases with defects in the isthmus, as the result of trauma. Usually, however, the process seems gradual. I have not been able to observe any connection between the degree of displacement and the symptoms of which the patient complained.

Many of the men complaining most bitterly, showed merely the defects without displacement.

This condition would appear much more prevalent than we at first believed. The improved X-ray technique now shows defects which would otherwise be missed. While the most common displacement is that of L. V. on sacrum, the displacement may occur elsewhere. I have seen L. IV on L.V. several times.

In the cases with displacement of body L.V. on sacrum clinically, the prominent shelf of the upper end of the sacrum and the local hollow just above are characteristic. Also the approximation of rib margins to iliac crests."

Specialist's opinion—dated July 31, 1947

"Most recent investigation indicates that the lesion leading up to spondylolisthesis is a separation of the neural arch probably caused by birth trauma. For this reason it is probably best to speak of the forward slipping as a congenital lesion. Pain usually occurs in periods of stress such as one would encounter in the army age period or in heavy work. A single relatively minor trauma may also start the syndrome of pain. True traumatic spondylolisthesis without any pre-existing bone lesion is extremely rare and is caused by a violent trauma, definite history of which will necessarily be readily available. So that a soldier may claim aggravation when he develops pain in the presence of spondylolisthesis if he can give authentic evidence of not having had pain previous to service."

Having read the record of various remarks of the hon. member for Nanaimo, the hon. member for Lanark, the hon. member for Kamloops and the hon. member for Vancouver South, I find it necessary to explain the policy of the department with regard to the medical treatment of non-service conditions. Firstly, the department does not charge a veteran \$9 a day. The only exception to that rule is where a veteran or any other citizen is taken ill in the vicinity of one of our hospitals, is admitted as an emergency case, and is able to pay.

Secondly, the \$9 rate is charged when the department admits a person to hospital at the request and expense of another government, another federal department, or some other agency. This rate is subject to variation; it represents neither profit nor loss to the department. It is the department's average hospital patient-day cost as last computed,

[Mr. Gregg.]

and I believe that hon. members will find on inquiry that it closely approximates the cost of treatment obtained privately; that is ward rate, plus extras, plus medical, surgical and special nurse services.

Thirdly, free treatment is provided to a veteran who is a pensioner or a war veterans allowance recipient, or who served in a theatre of actual war and who meets the means test. Such free treatment is provided under a recent amendment for chronic, as well as acute conditions, except tuberculosis and mental disease, for which the province is responsible, alcoholism, and drug addiction. Even these conditions are not excepted in the case of a war veterans allowance recipient; he has complete coverage and no means test. Furthermore, if the veteran's income is less than \$13 a month, an allowance of \$5 a month for comforts and \$8 worth of clothing may be supplied.

Fourthly, the hon. member for Nanaimo spoke of the personal welfare of the old soldier who comes into a hospital built for the express purpose of looking after him. These men pay something toward their quarters and rations. They feel they are paying their way; it is good for their morale, and my observation is that they like the arrangement. But they do not pay \$9 a day; they pay \$30 a month, and then only if their income is at least \$43 a month and is not required for maintenance of dependents.

Finally, if hon. members wish more detail than I have given in this brief sketch, they can find it in our office consolidation of the treatment regulations or, if they prefer, any of my staff who are handling these matters from day to day would be glad to discuss it as fully as may be desired.

If it is the wish of the committee I should be glad to submit treatment regulations at the hospitals on that point. I should like to place them on *Hansard*.

Some hon. MEMBERS: Agreed.

Mr. GREGG: They are as follows:

Re: Treatment Regulations and Hospital Costs
A. Treatment Regulations

The following treatment regulations apply to veterans apart from those who are pensioned and receive treatment for their pensionable condition.

1. A veteran is treated for any condition arising in the first year post-discharge from the service.

2. He is eligible for treatment for any condition while in receipt of training allowances from the department.

3. He is treated for any condition if he is a war veterans' allowance recipient.

4. Domiciliary care, including treatment is given for all veterans with meritorious service where such care and treatment are indicated.