

APPENDIX No. 2

contracted it ten or fifteen years prior to enlistment, which so many have done. You asked Colonel Cameron whether he should not have had a Wassermann test. That is absolutely out of the question. It would have taken Sir Sam Hughes not months, but years, to get 33,000 men in the field, doing the Wassermann test on them all.

Q. Assuming this man to have had a Wassermann test, and assuming that the man honestly said he never had syphilis, and he breaks down as a result of his service and accelerates the tertiary symptoms, on whom should the maintenance of the man's family fall when he returns, a total disability?—A. That is a social question.

Q. We are here to try and solve it?—A. It is pretty hard to see the poor family suffer from that man's breakdown, but the man is absolutely responsible for the condition himself.

Q. If he had not gone to the front, he might probably have lived on?—A. He would have had his tertiary symptoms later—paresis.

Q. Not always?—A. Paresis always comes on early in life as a tertiary symptom. It is not a late manifestation; and as for epilepsy, loads of them come up and falsify their past diseases when asked about it. You know how keen they were to get overseas, and they enlisted, especially with the first contingent—and they deserve credit for it. For instance, a man coming up may be perfectly fit in every particular as far as the medical man is concerned; ask him if he has had any past diseases, and he says no, and yet the man may have had an epileptic attack within a month, and no man can tell it, he is the only one living that can tell it. The same with attacks of rheumatism, that give rise to this crippling of circulation early in life; I think from 90 to 95 per cent of heart cases arise from secondary complications of rheumatism. Many of these men have slight cardiac displacements before enlistment, but the strenuous work of service precipitates another attack and leaves the man crippled and disabled the rest of his days. That man should get a good remuneration, but still the nation is not responsible for the whole condition; he should have told the examiner that he had had rheumatism.

By Mr. Nesbitt:

Q. But since the conscription law came in it is the very opposite; when they tell the medical examiners that they have had all manner of diseases, from epilepsy down, the examiners do not believe them?—A. But the conditions that obtained then were very different from those now, and they would falsify anything to get over, while now they falsify everything possible to stay at home.

By Mr. Nickle:

Q. How do you think this situation should be dealt with?—A. There are so many malingerers that it is mighty difficult. The trouble is not with the average man who comes back, glad to get back, and get on his feet again and get to work; it is with the man that has no intention of doing another tap of work again; that is the trouble. You cannot have thousands of men together without having numerous men magnifying complaints. Some of us have good steady mental balance; others have not. Many of those men suffering from so-called shell shock would, under ordinary civilian life, probably never have had such manifestation, but under the strenuousness of service they suffer.

Q. You agree that they should be paid?—A. Certainly those should, but you must be very careful about how you do it. That brings me back to another thing, the revising of pensions from time to time. That must be done, otherwise you would do the nation a great injustice. A man who has 100 per cent disability to-day, in six months time may be 50 per cent, and another year he may be only 25 per cent.

Q. How long distant should the final determination be put?—A. You must revise those pensions from time to time for years, I should say.

Q. Medical men have said that two years at the outside was the maximum for revision?—A. I should think that was very bad advice, mighty poor advice.