

240 had syphilis. Not a single man of them who had not developed the disease as a result of direct exposure. We had no examples in the thousand cases where the disease was contracted in any other way than by being exposed.

*By Mr. Nesbitt:*

Q. Apparently in the army they treat that disease successfully?—A. The treatment they are obtaining and the review of these cases and the examination made of them before discharge, shuts out the possibility of a syphilitic patient being discharged to civil life. I understand it is the custom to examine in England all men who have had syphilis, by the blood test, before allowing them to return to Canada, so that practically all such men are examined. Our practice in connection with the hospital is that if on a man's medical history sheet he has had venereal disease, either syphilis or gonorrhoea, we submit him to a blood examination for syphilis before he is discharged. We have to have a negative blood test. If he has a positive blood test he is given further treatment before discharge.

*By Mr. Power:*

Q. You never discharge a man suffering from syphilis?—A. No. We have discharged one or two, but we put it on the form. One case I call to mind absolutely refused treatment. When a man refuses treatment we put it on the sheet that this man has had such and such a disease, for which he refused treatment.

*By Mr. Nesbitt:*

Q. The Board of Pension Commissioners recommend that when men refuse treatment their pensions should be stopped until they consent to take treatment?

*By the Chairman:*

Q. "Unreasonably refuse" is the way they put it. What do you say as to that?—A. I think the Board of Pension Commissioners are justified where the refusal is unreasonable. If the man has a condition which is remediable without undue exposure. In that case I think the withholding of the pension is justifiable.

*By Mr. Nickle:*

Q. Do you think that the man should be compelled to have an operation?—A. If he has a condition that should be remediable by operation without undue risk, and he refuses to take that operation, I think that pension should be withheld.

Q. What do you mean by "undue risk"? One chance in a thousand?—A. If the man has a condition which is remediable with the use of any general anaesthetic there is a minimum of risk in the case of a man going under chloroform or ether and there is no greater risk under those circumstances than in an ordinary case of illness.

Q. Put it in this way that if the man's condition is such as to justify the step, if he can take the anaesthetic and stand it, he should take it?—A. Without putting a man's life in direct danger.

*By Mr. Nesbitt:*

Q. What about tubercular patients that are sent to tubercular hospitals, where they are surrounded by tubercular people who are very likely in a very advanced stage of the disease, would you say that a man suffering but slightly from tubercular trouble should be sent there?—A. In a properly run sanatorium he runs no danger at all. He is safer there, very often, than he would be in his own home.

Q. Do you think these medical boards could be strengthened by the Government's taking advantage of the services of older civilian practitioners in the various districts till normal medical conditions could be restored?—A. I think it could. I think that is one thing that is needed, and many boards, men who have had experience for a number of years in practice and who know from that experience the outcome of the average case of chest trouble, heart trouble, kidney trouble and things of that sort.