

(a) the applicant for pension concerned and such persons as may be employed by him to present a claim on his behalf before the commission or an appeal board thereof;"

The departmental regulations make all such information available to the persons mentioned above unless the imparting of such information would be contrary to the public interest or that the former member of the forces or his dependents would be prejudiced thereby. The decision as to whether neuropsychiatric cases or any other cases have their records made available to them or not depends on whether good or harm would come to the veteran by his obtaining this knowledge. If it is for his good these records are made available.

3. Question—Does this arrangement give the psychiatrists a strangle-hold upon the medical profession?

Answer—From the answer to question 2, it will be seen that this is not so.

4(a) Question—In order for the psychiatrist to exercise over the veteran such fearful power as is indicated in questions 2 and 3, is it necessary merely for the psychiatrist to label the veteran a "psychotic"?

Answer—It will be seen from the answers to questions 2 and 3 that "such fearful power" is not exerted over the psychotic veteran.

4(b) Question—If a psychiatrist labels a man as having "emotional instability", will that fact also deprive the man of pension rights?

Answer—If a psychiatrist diagnoses a medical condition as being "emotional instability", this does not deprive a man of pension rights.

5. Question—Do psychiatrists use what is called the pentothal test?

6. Question—What is the nature of this test?

7. Question—Do psychiatrists use what is called the truth serum test?

8. Question—Is there any difference between the pentothal and the truth serum test?

9. Question—If so, what?

Answer 5, 6, 7, 8, 9. Either sodium pentothal or sodium amytal (intravenous barbiturates), sometimes spoken of "truth serums", are used occasionally as part of the psychiatric treatment, as injections to permit the subject to recall rapidly memories which he may have repressed and may be interfering with recovery; they permit him to talk more freely about his trouble than would be the case otherwise. In each instance the patient receives an explanation of what will occur and he is never forced to submit against his will.

10. Question—Does the patient under the truth serum test go into a sort of trance, a state somewhat resembling hypnosis?

Answer—No.

11. Question—While the patient is in that state, can the psychiatrist make the patient answer questions according to the way they are framed, thereby causing the patient to say almost anything he, the psychiatrist, may desire the patient to say?

12. Question—Can the answers of the patient obtained in such a trance be used to defraud the veteran patient of his rights to pension and proper treatment?

Answer 11-12—There is no trance. The psychiatrist cannot make the patient say anything he pleases.

13. Question—Was this very technique employed against certain Hong Kong veterans so to deprive them? For instance, were Hong

Kong men who survived the terrible tortures and privations of Japanese prison camps told in their examinations that they were not suffering from those most harrowing experiences but that they were suppressing childhood fantasies and fears?

Answer—No treatment techniques were ever employed against any veteran. No matter who the veteran may be and regardless of where he may have served, he is given the best treatment that can be obtained in Canada. Obviously if suppressed childhood fantasies and fears are playing a role in the illness of a Hong Kong veteran, then these things must be dealt with. Otherwise, he is not receiving good treatment. The stresses that he underwent as a prisoner are given major consideration.

14. Question—Did Doctor J. P. S. Cathcart, while in office as a sort of official psychiatrist for the Department of Veterans Affairs, publish the following statement?

"Popular belief to the contrary, mental diseases are not common hazards of war even for men in the field. If a man is mentally sound on entering the army, navy or air force he runs no greater risk of having his faculties upset than if he continued in civilian life."

Did he declare the belief that wartime service brings mental upset is unfounded and arises from ignorance fostered by ill-advised propaganda?

Answer—Dr. J. P. S. Cathcart, at that time (1940) chief neuropsychiatrist for the Department of Pensions and National Health, was interviewed by a reporter of the *Ottawa Morning Journal* and the statement quoted was published on April 18, 1940, as part of the interview. Dr. Cathcart's chief intention in this interview was to point out that as a result of studies made of enlisted men in the Canadian army during the first great war and comparable figures among the civilian population for a similar age group, there was no increase of the incidence of mental disease under war conditions.

15. Question—Did the Department of Veterans Affairs for a time base the treatment of veterans policy upon the principle laid down in that pronouncement, namely, that psychosis or neurosis was automatically a pre-enlistment disability?

Answer—No statement was ever made to the effect that a psychosis or neurosis was automatically a pre-enlistment disability and accordingly no policy could be laid down along these lines. When these illnesses occurred, treatment was supplied according to the individual case requirement.

16. Question—If so, for how long a period and between what dates was this principle used as the basis for departmental treatment of veterans?

Answer—See answer to question 15.

17. Question—If not, when and by what pronouncement was the principle and the policy announced in Cathcart's statement changed?

Answer—Since the policy never existed, this question does not apply.

18. Question—How many veterans' cases were disposed of by the department on the basis of pre-enlistment neurotic or psychotic disability during the period throughout which the Cathcart principle was in use by the department?

[Mr. Gregg.]