

APPENDIX No. 6

there was a dollar or two of a difference, and Vancouver was about the same. It amounted to practically \$60 a year.

Mr. CALDWELL: I would like to ask Miss Jaffray in regard to tubercular cases. I think the reference was that some of the soldiers had not been treated quite right, or something of the kind.

Miss JAFFRAY: I think, in many cases to-day of active tuberculosis, if pressure were brought to bear and reports followed up, there would be many cases actually attributed to service in France. It is the most pathetic side of all my work, to come across the report of a man who first appears at the clinic for a chest examination, only to find out that he is an active case. In cases like that we get right after them from the social service standpoint, and link the thing up, if we can, with the assistance of our chest doctors and the Eligibility Board, with the man's service. It is difficult in many cases, and many cases are not covered and those cases are, of course, civilian cases. As you know, the period allowed after discharge is, I think, a year. Some of the cases have been taken on that have broken down after one or two years, but they are only very few.

Mr. HUMPHREY: May I ask if you have come in contact with many different opinions as to attributability? Could you give a percentage?

Miss JAFFRAY: I would not like to give any percentage; in fact I could not, but I think you could secure the statistics from our doctor, Dr. A. W. C. Caulfield. Our doctors are very sympathetic towards those cases, and actually know the conditions. We may be disabled, but I think to be without your lungs or your eyesight is the worst thing that could happen.

Mr. HUMPHREY: May I also ask the officers if, in their association, they have very much difficulty in the adjustment or readjustment of their pensions cases, in any way? Do you carry on a branch of that nature?

Mr. MYERS: I must say that we have always received the fairest treatment from the Commissioners. There have been cases where the assessment has been wrong and while I believe myself that the assessment and the method of assessment is not altogether fair to the man to-day, I venture to say that in any cases that we knew were really dependable cases in any way at all, we always got a square deal from the Commissioners, always.

Mr. KNOX: When you use the word "assessment," do you mean the assessment of the disability?

Mr. MYERS: Yes, what I meant is this: A man is assessed at his value in the labour market. At least in this country we arrive at his disability in accordance with his ability in the labour market. Now, that is a very debatable matter, the labour market. A man would be 100 per cent disabled who had lost two limbs above the knee, or two arms. A man with one arm would be a partially disabled man. Now, what we complain of in that connection is, that in going through the scale of awards that are made in this country we find that in most cases—there is an exception, but in most cases, our rate of assessment is lower than in other countries. For instance, I might cite to you the case of a man who has a leg off below the knee. Every country in the world except Canada gives that man 50 per cent disability. In this country, we give him 40 per cent. Now, it may be said that we have a sliding scale for that. If the amputation comes within four inches of the knee, he gets from 45 per cent up to 60 per cent, but there are few men, very few men, who get the benefit of that. There is the case of the left arm amputation in this country. It is higher than in Great Britain, for instance. But take the case of the man with two legs off, one above the knee and the other below the knee. In this country, they figure him to be a 90 per cent disabled man. However they figure him to be a 10 per cent fit man I do not know. Through no stretch of imagination have I