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ROYAL COMMISSION

on

THE ASSESSMENT OF WAR SERVICE DISABILITIES.

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Minutes of Evidence

Taken at

MILBURN, FRIDAY 12TH SEPTEMBER, 1926. AT 10 A.M.

PRESENT: Dr. G. Bickerton Blackburn, C.B.E. (Chairman)  
Dr. H. L. Howland, C.B.E., D.S.O.  
Dr. A. V. A. Anderson,  
Dr. E. B. Sanford Jackson,  
Dr. W. W. Giblin, C.B.

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GEORGE WILFRED GILBERT, RE-CALLING AND FURTHER EXAMINED:

BY THE CHAIRMAN: You have several other cases which you wish to bring before the Commission?---Yes. On the question of a man suffering some injustice because of the fact that he declined to re-enter a sanatorium for further treatment, I desire to quote Case No. 30. This man had had previous treatment in sanatoria and was receiving on discharge a special rate of pension for 12 months of £4 per week. Upon being reviewed on 15/2/24 his pension was renewed for a further two months. Why the two months I am at a loss to understand., for the reason that pensions are reviewed in all T.B. cases in either six or twelve months. He was advised that it was

totally separate from doctors who had previously examined a soldier because he may have appealed eight or nine times) the practice is still in existence in Victoria. Where a man has appealed on several occasions the file is referred to one of the A.D.M.Cs. who decides whether it is necessary for the soldier to be examined by the Appeal Board or not. So that the question of a man being examined or getting a different Board is dealt with by a medical officer of the department. My association made representations on this matter in June of last year to the Commission and suggested that the personnel of an appeal board be constituted in such a way that no doctor acted on it who had previously examined the soldier. The Chairman of the Commission, without discussing the matter with his colleagues, said "This does not appeal to me as being desirable." Col. Pilney, one of the members of the Commission said: "Might I point out that it was invariably the custom in Western Australia when I was Deputy Commissioner - as far as practicable."

On the question of fitness, I have been asked by Major Didden to follow on with something that he omitted to put forward at the time. He dealt with the three examinations, on enlistment, in the training camp, and before the soldier was drafted to his unit; but we both feel that the matter has not been gone into sufficiently. In cases where no pre-existent condition can be shown by medical evidence I contend that the onus is on the department to prove that such a condition did exist, and is not on the soldier. I speak from experience at the recruiting depot in Melbourne and I would say that from the end of 1915 when I was on duty in the room where recruits were examined, the examination was very strict. There is one case in this connection which I do not desire to put in, for a personal reason, but which I will refer to. Mention was previously made of a man who did



not disclose a pre-war disability. I agree with Major Didden that he should not receive a pension for that condition unless it has been materially aggravated. In this case the soldier said "I suffered from T.B. prior to enlistment. As a matter of fact I had previously been discharged from the A.I.F. suffering from T.B." He was examined by two doctors who said: "We can find no signs of T.B. nor do we consider that you have ever had it." He was next attested for active service and later did develop T.B. He received full pension for that disability for two years. I am going to show <sup>by means of</sup> in this case the varying methods adopted by the Department in assessing his pension.

BY THE CHAIRMAN: Did this man serve abroad?---No.

He never went out of Australia?---No. He received a full pension for two years. It was then reduced to half, and subsequently on his admission to a sanatorium it was increased to double. It was reduced to two-thirds after leaving the sanatorium, and later was again reduced to one-third. He appealed. He was examined by the M.B.O. of the State (Dr. Courtney) and another doctor, and was increased to half rate. He was again reviewed and reduced to one-third, <sup>and</sup> at subsequent interim reviews the Board recommended the one-third rate, but his pension was cancelled. That can be proved by evidence. He appealed again and his pension was restored at one-sixth rate. I think this case proves conclusively that the methods vary considerably.

In regard to State Boards, evidence has been given by members of State Boards that their powers are not restricted, and that they have the right to call for medical evidence and have assistance from the officers of the Department in arriving at their recommendations. There is at least one member of the State Board who said to me personally six weeks ago, that in his opinion the functions of a State Board

or the powers of a State Board may be likened to a rubber stamp. That is quite a recent statement.

That is a statement of what somebody else said to you? And can hardly be accepted by this Commission as evidence. Yes, but I carry it further by stating that this member expressed his views to the Commission when Colonel Simmons was visiting his State. The member of the State Board felt that the Board did not have sufficient power and he made a suggestion to the Chairman with a view of some remedy being brought about.

That concludes the cases I have to submit. There are one or two points I would like to refer to; I touched briefly on the question of certain cases where men who were suffering from T.B. were at the same time addicted to alcohol. In isolated instances the department have accepted the condition of alcoholism as due to war service. They have admitted the men to inebriate homes and have paid for treatment in very isolated cases; but, it has been done. If that is so where no other physical condition existed, we think that sympathy at least might be displayed regarding the pensions of men suffering from T.B. who are addicted to drink. I realize that this is a difficult problem, but I think the pension might be safeguarded and some scheme evolved which would get the man away from his drinking habits. We are always anxious to see a man who is suffering from the drink habit better his ways, and I may say that cases have been brought under the notice of the Commission by officers of my association with a view to a remedy being applied.

The cases I have submitted are not isolated instances, but are fairly general, and have been taken from the various States to prove the contention. During the last four years my Association have dealt with a large number of appeals and it is significant that many thousands of pounds have been gained for our members as the result of representations made.

If that is so (and evidence is available to prove it) the methods of the department have not been conducted in such a way that the soldier has received a square deal.

I desire to add that I have no wish to unfairly criticize the administration but I have simply been actuated by the motive of bringing about measures that will safeguard the interests of the members of my association.

Can you assist the Commission by any suggestion in regard to the question of alcoholism? In discussing the question in your Association have you come to any conclusion as to what remedy should be adopted to check patients from indulging in excessive alcohol when it is injuring their health?-- Yes. I would say that a man addicted to alcohol should not be receiving treatment in a sanatorium where other men not so addicted are receiving treatment.

Right  
Should not it be the case that probably while he was in the sanatorium would be the time when he would not be able to abstain?--It is quite notorious that they have got alcohol. Evidence on that point can be obtained from medical officers of the Department.

That would be to the advantage of people who do not take alcohol; but what can be done for the man who does take alcohol? Have you any suggestion to make on his behalf?--To take him away from the other patients in that sanatorium and perhaps put him into an inebriate home for a period, or place him in a special ward apart from others and under closer supervision and restraint. You think that some special medical powers should be given to the Board to put these men under restraint?--Yes. I say the man is not competent to look after himself, and the Department should have power to place him under restraint.

The exercise of such powers as you described is a question that has been keenly debated by the Legislature of this country as well as other countries. You realize it is not a new question but one that has been troublesome for a very long time?--I

quite understand that. My Association is alive to the position.

You suggest that some special act should be passed to deal particularly with alcoholic soldiers?--- Exactly; whether they be suffering from T.B. or from any other disability.

As to appeal cases, you have said in many instances they were not re-examined. I take it that one would have to realize that there would be an many different kinds of appeal cases. For instance there might be an appeal case on a question that did not involve examination. It may be the case of a man appealing against the amount of his pension where there was no question as to his health having deteriorated or improved during the time?---I quite appreciate that.

You are only referring to cases where it was apparent from the data available that a re-examination of the patient's health might have made a difference?---Exactly, and I quoted instances where drastic representations had been made.

Q:-----In regard to permanency of pensions; your idea was not that the special pension should be permanent, but in the event of a T.B. patient being apparently restored to full health, and being, as far as one could say, arrested in the ordinary sense of the word and showing no signs of the disease, if he had had T.B. and it was recognised to be due to or materially aggravated by war service, such a man should remain on his pension for life? ---Exactly.

That pension would be £212/6 per week?--- Yes. In regard to the permanency of pensions I have no desire to put my views before the Commission at this stage. Dr. Earle Page, the Treasurer, assured me personally that the matter had been submitted to the Commission not to ascertain whether our request for permanent pensions is justified, but, as the Commission is constituted solely of medical men he desires an opinion from it regarding the degree of permanency. I therefore desire to ask you now, Mr. Chairman, whether you will give me an opportunity

of addressing the Commission at a later stage in regard to permanent pensions. I do not want to touch upon it this morning.

Yes; That will be quite all right?--I understand that the Treasurer is to communicate with you on the matter to-day or to-morrow.

In speaking of cases where there has been a difference of opinion between the private medical practitioner in dealing with T.B. cases and recommending permanency, and the departmental medical officers, when a case comes before the Commission, you expressed the view that you thought men in private practice were really better able to judge whether the claimant's disease was due to war service or not?--No, Mr/Chairman. What I said in that connection related to men who were making a claim for pension and who had been under private treatment and not receiving treatment from the department prior to the date of the claim.

You did not mean to say that the private man would be in a better position to give an opinion from his observation of the patient whether the disease was due to, or aggravated by, war service?--I would say, in that particular type of case, where a man had just made a claim and had received treatment <sup>from</sup> a private medical officer, the latter would be in a better position than the departmental officers, seeing that they had no previous knowledge of him.

In regard to Case No. 13: you said that the man in private practice was in a better position to judge whether the disease was due to or aggravated by war service, than the departmental medical officer?--Yes.

What was your opinion based on?--Because the man had been under the private doctor for treatment for some time and that doctor would be in a better position to say just how long the condition had existed. That was the point I was stressing at the time; The department had not seen the man. He had

not at that stage claimed for a pension or for treatment, but the Department often has very much more data before the private practitioner saw him. They would have certain advantages, granting that they admitted everything that the private doctor stated as at the time he treated the man, they would still be in a position of knowing certain data which the private man would not have?--- Quite so.

Have you a personal knowledge of instances where a request has been made to be finally submitted to the Advisory Committee and permission refused?---No.

You do not know of any specific instances?---No.

In suggesting that the soldier should have the right to do so, it seems reasonable in some cases; but at the same time you will admit that there would have to be a certain amount of supervision as to the type of case?---It should not be a limited permission but wide enough to bring the case before the Advisory Committee?---Undoubtedly, but I think the Commission should see whether the request of the soldier to have his case reviewed by the Advisory Committee is justified or not.

You will agree with what has generally appeared before this Commission, that it is a very difficult matter to solve these problems in cases where some men have told deliberate untruths at the time they were leaving, with the result that their data put through afterwards would be incorrect. ?---I freely admit that.

You do not know of any case where a special request to have a case brought before the Advisory Committee has been refused?---No.

Do you know of any cases in which the soldier has been receiving the full rate of pension and others, to all intents and purposes eligible for special pensions have not been granted them?---I have quoted certain cases in which that applied.

You suggest that in the case of the Appeal Board the outside medical officer should be nominated by the man?---Yes, that is if three members are to be appointed to the Board.

In making that suggestion you realize that it rather implies that the medical officers of the Department are not referees but they represent the department.. The evidence brought before us by the medical officers so far has indicated that the medical officer has tried very hard to act as a referee. So, if it happened in your State that the medical officers really were acting as referees and giving an honest opinion in no way biased in favor of the Commission, and you also had a nominee of the soldiers on that appeal board, would not the balance be rather against the department? There would be the soldier's representative on one side with the other officers trying to act as referees. Might not it lead to friction and disagreement?--Perhaps it would, in some instances.

What would be the advisability of having on the board a nominee to represent a certain view, unless it were definitely admitted that the medical officers had been acting in a way they should not act, that is to say acting from a purely staff point of view?--I quite see your point.

BY DR. JACKSON: Has your Association at any time at any meetings definitely discussed the establishment of an inebriate home exclusively for tuberculous soldiers?--No. We have not discussed the question of establishing a home for inebriates. And would you put the T.B. soldiers in amongst the others?--No. I suggested that a special ward might be set apart for T.B. inebriate soldiers.

You would have your T.B. soldiers confined to that ward?--Yes. Would you allow them out for exercise?--That is a medical aspect of the matter that I personally do not feel open to touch upon. Did your Association finally decide that that method of treatment should be adopted?--We have never arrived at any definite conclusion.

BY DR. NEWLAND: Would not the establishment of such a separate ward

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for the treatment of I.R. alcoholic soldiers militate against the soldier going into such a ward? He would still remain a free agent to say whether he would submit to the sanatorium treatment or not? & Do not you think that would create a prejudice in the soldier's mind against sanatorium treatment if he knew he was going to be segregated in such a ward?---It would make him realize that a definite offer was being made to break him of his habit. When I made the suggestion that amended legislation should be brought about, I felt that the man would have to do certain things compulsorily, whereas at present it is a question of exerting his own will.

Still, you would introduce what does not exist at present in the Expiration Act, an element of compulsion in dealing with alcoholic soldiers?---I understand that; but in the interest of the men's health and of the community generally, it would be necessary.

The whole point of that difficult problem is whether you can exercise compulsion or not?---That is so.

Supposing a soldier had the right of appeal to the Advisory Medical Committee in such cases, would not that render it unnecessary to have these appeal boards in the different States, which you suggest?---Only that I think such an appeal board if it was constituted should sit in the various States and should have the opportunity, where necessary, of interviewing and examining the soldier.

That is really why you advocate the appeal board in each State, simply because it may give the soldier access more conveniently than if you had one medical advisory committee in Victoria? ---Exactly.



BY DR. GIBLIN: With regard to the proposed appeal board in each State; there already exists the machinery for appeal boards in each State consisting of medical officers outside of the department. Does not that existing appeal board satisfy the requirements that you have suggested?---In what way does the present appeal board fill the position?

Speaking of my own State, and I presume it exists in other States, the present appeal board consists of two medical practitioners who have not dealt with the case before. They have the case presented to them with all the papers and the details. They make their own examination afresh, of the case. They come to it with perfectly open minds and are able to give a conscientious opinion, being two returned medical officers knowing the conditions that the men worked under and whether the service was likely to have produced the condition for which the soldier is suffering. Is the appeal board that you suggest an improvement upon the existing mode of procedure?---No. It would be just the same board, but the policy adopted in your State is not general throughout the Commonwealth. I am advocating exactly what exists in your particular State.

In regard to alcoholism; I think we are all agreed that it would be a most desirable thing that men suffering from T.B. who <sup>are</sup> addicted to alcohol should be placed under some restriction for the benefit of their two complaints. The difficulty is to find some method of overcoming the objection to the loss of liberty which the men would have to submit to. Do I understand that your association, which really better understands the mental attitude of men affected with T.B., would welcome that compulsion of members?---The members themselves would not welcome it, but we would welcome it in the interests of the men.

BY DR. ABBEHOOD: Do you know of any case in which the pension of a T.B. patient has been reduced without a medical examination?---From memory, no.

necessary for him to re-enter the sanatorium and to report at the office of the department in Adelaide on the 20th March, 1924. He reported on the 15th March and said he was willing to go into hospital but because of business reasons he could not report until the 29th March. I admit that he failed to report on that date. The Department reduced his pension to £44:0 per fortnight from two months later than 15/2/24, which would be 15/4/24. (I am not sure of the dates.) He reported to the Department on the 6th June and was re-admitted to the sanatorium on the same day. I say that the man was in need of sanatorium treatment and that he should have followed the advice of the Department. That is supported by the fact that he was admitted to bed on his admission and as far as I knew is still in bed.

The reduction in his pension did not take effect till 15 or 16 days after the date on which he should have reported to the Department<sup>before</sup>---He did report five days after the date fixed by the Department, on the 15th March. The action of the Department in refusing this man's pension was, irrespective of whether he should have received further treatment or not, illegal and not in conformity with the legislation. That is not my own personal contention but a legal opinion I have obtained. On the question of legality, I wish to mention one case that happened in 1921: the Victorian Branch of the department cancelled the pension of a man who was suffering from billharzia and refused to enter the repatriation hospital for treatment. The Victorian Branch of the department cancelled his pension. I saw the file and a minute was <sup>recorded</sup> ~~to~~ from the Commission subsequently that the action of its branch in cancelling that pension was harsh and arbitrary, and that the Commission had no power to cancel that pension. I say that that is definite evidence that the Commission admitted that it had no power to cancel a pension on the ground of refusing to accept treatment.

In reference to cases that have been passed but not

Is your association satisfied with the physical examination given by the departmental officers in T.B. cases?---No. I will qualify myself in that connection by saying that it was the policy of the Treasury Department when examining soldiers suffering from T.B. to give each case a full investigation. The method adopted was as follows: He was clinically examined by X-ray, sputum tests, and the von Pirquet test; that was continued for some little time after the Repatriation Department took the soldier over for pension purposes, but it is not being done to-day excepting in rare instances.

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Is that one of your reasons for advising a different kind of Appeal Board?---Yes.

You spoke about the amount of drinking existing amongst tubercular patients. Do you think that it is rather excessive?---Only in very rare instances.

You do not think that the percentage of alcoholics amongst tubercular patients is greater than that amongst ordinary patients?---No, and I find that the men who are addicted to alcohol are more or less mental cases. We have a number of combined T.B. and mental cases.

BY THE CHAIRMAN: In what respect particularly have you observed that the examination of tubercular patients now is different?---We claim that it is not thorough enough. Each case was previously given a thorough investigation on every review.

The description which you gave of what was done in the first place seemed to be very satisfactory and thorough, so that perhaps you can mention some respects in which the present examination differs?---I see no reason why the same system of tests as that adopted by the Treasury Department should not be carried out by the Repatriation Department.

What are the tests which are not carried out?---Unless it is specially desired by the medical officer, a sputum test is not made when a case is reviewed. An X-ray examination is not made, nor is a Von Pirquet test made.

The Von Pirquet test is not made on each review?---No.

Of course, that is purely a medical question, but I should explain that if a Von Pirquet test is once made, and it is discovered that the patient is tubercular, it is no advantage to go on making the test. In fact, it is regarded as rather a bad policy?---Then it would it not be advisable for the man to have a sputum test on each review.

It might very often be very desirable, but if there were no question that a man still suffered from active tuberculosis, it would be rather redundant to make the test again. Another aspect is that in some cases it might be desirable to deliberately not make the test

again, because my personal experience is that it is often very depressing to a patient to tell him that he still has the complaint. There is no particular merit in giving full details every time, because hope is very often a great factor in the treatment?---May I give another reason why I think that the investigation should be more thorough. I understand it to be quite notorious that T.B. cannot always be detected with a stethoscope. Since that is the examination made at the time of the review, would it not be advisable to have the test made again?

Speaking generally, it would depend upon the result of the review. If the review shows that a patient is very much better, and his pension is about to be reduced, I think that every possible test should be carried out to establish the fact that the man is really better?---There seems to be a feeling in the minds of certain officers of the Department that our members do not appreciate the Sanatorium treatment, or that after having been admitted, and having received 12 months treatment, they are very averse from going back. I wish to have that impression removed. I think that if the investigation were more thorough, and the matter put to the man in a different way, it would be in his own interests. The patient requires something more than merely being told about his complaint.

You mean that when the man leaves the Sanatorium, is reviewed, and the doctor comes to the conclusion later that he is worse, and should go back, he should carry out further tests to try to bring the position home to the patient?---You must bear in mind that when a man is reviewed, he is only reviewed for pension purposes. It is not altogether the policy of the Department to review him for the purposes of treatment.

You gave an instance of a man who had been advised to go back to the Sanatorium. I take it that the doctor was of opinion that he was worse, so that he must have made a sufficient examination to satisfy himself that he was really worse?---There is another reason why I consider that the test should be more thorough. Only

on Wednesday last, Dr. Drake put it to me that in the morning you can obtain physical <sup>signs</sup> ~~signs~~ with the stethoscope that T.B. is active, but probably the same afternoon you cannot get them. There is no doubt that the physical signs vary a great deal in certain cases, but you illustrated the case of a man who was better, and whose pension was going to be reduced. You said that a sufficient examination was not carried out?---The disease may still be active, although the signs are not detected with the stethoscope.

You indicate that a patient who is considered active is at times pronounced inactive, without any other examination than a stethoscope examination?---Yes.

BY DR. NEWLAND: Would you be satisfied if the tests were made in every case where the pension was about to be reduced?---I contend that they should be made for a dual purpose, namely, for assessing the pension, and for treatment.

You are concerned more particularly with the question of pension?---Yes.

You say that before a reduction is made tests should be employed?---Yes.

BY THE CHAIRMAN: With regard to the question of the Field Board, you said that in some places the system which Dr. Giblin mentioned as being carried out in Tasmania was not adopted?---That is so.

Sometimes it is not adopted because a consultant's opinion is obtained.

Do you think that your men are satisfied with the opinions which are obtained in that way, or do they consider that they do not get a fair deal from the consultants?---Cases are only referred to consultants in very rare instances.

But you would not take exception to it being done, instead of a Field Board being established, where it was felt by the Department that on a particular point a special opinion should be obtained?---Ye indicate that we are in favor of that method, we have for years past made representations that in all cases of reduction the soldier should be examined by a specialist only.

What do you mean by a specialist?---A doctor who makes a specialty of tuberculosis. It has been said, whether justifiably or not I do not know, that some men possess a greater knowledge of tuberculosis, from actual years of experience, than does the ordinary

practitioner.

That must be very largely a question with regard to the original diagnosis, etc. It must often be possible for a departmental officer, who is a man with a very wide experience, and who has usually been to the war, to say whether a man whom he saw six months ago is now better. The specialist would only be able to give an opinion as to whether the man had tuberculosis or not, and could not say whether he was better. The departmental officer has records which he is able to compare with the present position of the patient?---After all, it is a medical matter, and I am not stressing it from a layman's point of view.

What you really wish us to understand is that in cases of doubt as to whether a man is really tubercular, you would like a specialist's opinion?---Yes, and also as to how long the T.B. may have existed.

That is not in cases of review?---No good purpose would be served by referring such a case to a consultant.

We shall give you an opportunity of coming before us again, if you desire to produce the further information which you have mentioned ---

THE WITNESS WITHDREW.

THE CHAIRMAN: Before proceeding with any further evidence, I desire to make a statement with regard to evidence being brought before this Commission. We are earnestly desirous of obtaining any evidence which may be of value to us in arriving at a decision upon this question, but, as Australia is such a big country, it was suggested by me before the inquiry opened that evidence from the different States should be submitted to the various Federal representatives of the different soldiers' bodies in this State. Therefore, the Commission is desirous that evidence should be produced through these channels. Though it will deny no one the right to give evidence in his own case if it is likely to be of value, the Commission does not want any

second parties to bring evidence of cases, except through the recognised channels. It is obvious that in view of the number of States in the Commonwealth it might be considered somewhat unfair to the local bodies in the other States if we received evidence from local bodies in this State only.

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HENRY ROBERT HARRIS GLEW.

Secretary of the Blinded Soldiers Association of Victoria, and Commonwealth Representative, sworn and examined:

BY THE CHAIRMAN: I understand that there is no Federal body of your organisation?---No. We have tried on several occasions to form such a body, but there is one dissenting State. As far as you have been able to ascertain from the other States, they are quite prepared to allow you to submit their evidence?---I have not been able to go quite so far as that. On Tuesday evening, at a meeting of our Committee, we did not feel that we had any ground for giving evidence. I notified your secretary to that effect on Wednesday, but he asked me to come along and satisfy the Commission as to our position.

Have you endeavoured to ascertain from the other States whether they have any evidence which they wish you to submit?---No. There is, however, one matter which is general, but it is now before the Federal Treasurer. It is the question of paying £1 weekly as an attendant's allowance, and we are at present awaiting a reply. On Tuesday evening, we thought that it would be better to see what developments occurred before giving evidence before this Commission, but your secretary asked me to state our position to you.

The point before the Treasurer is whether the amount allowed for an attendant is sufficient?---There is at present no amount allowed for an attendant.

Apart from that question, so far as you are concerned, you are satisfied that the present method of determining the disability of soldiers is adequate?---Yes, up to date.



And there is no other question which you would like to bring before the Commission?---No.

You have submitted the other matter to the Treasurer, and it is at present under consideration?---A letter has been written asking Dr. Page to receive a deputation on the matter, but he has at present no data before him.

It appears to me that the question of whether or not an attendant should be allowed to a man who is blind is certainly within the scope of the Commission in regard to determining the degree of disability, so that if you have anything to say on that question we are quite ready to hear it?---The question of the assessment of pensions on disability is O.K., but most of the blinded soldiers in Australia have got to go round from place to place, and they are obliged to pay for an attendant. When a man receiving the special rate of pension has met all his domestic obligations, and other little necessities, he has nothing left to pay for an attendant. The only men who are in a position to meet the cost are the unmarried men, of whom there are very few.

What is the actual pension rate?---The second schedule rate is £8 per fortnight. The lowest amount which I have known to be paid for an attendant is £1 per week, which is a pretty big amount for men who are obliged to be out from week to week. Our case before the Treasurer is that it is necessary for the men to get about, and, as the wives have their domestic duties, and, in many instances, families to look after, they have no time to attend to their husbands. A few men are fortunate enough to be able to leave their children with good neighbors or friends, so that their wives are able to look after them, but not many men are in that fortunate position. In New South Wales, the blinded men are carrying on a little co-operative business, and from what little they make they pay their attendants £1 per week; but in addition to that amount, they incur a good deal of expense in regard to meals and travelling. Speaking generally,

the men find it pretty hard to meet their extra expenses. That is one of the principal reasons why we are asking the Federal Treasurer to grant an allowance to the blinded soldiers in Australia.

You think that, taking all things into consideration, a man who is blinded is not less than £1 per week worse off than other people, because he has to have special assistance in getting about?---That is the position.

A married man receives an extra allowance?---Yes. There is an allowance for wives and families provided in the Repatriation Pensions Act. Another point is that in the British Isles and all other dominions, the soldiers who lost their sight in the war are all in receipt of an attendant's allowance, over and above the pensions rates, which, of course, places them on a better footing than the Australian blinded soldiers.

Do you know the amount of the allowance?---I understand that the blinded soldiers in Great Britain receive 15/- per week, in South Africa £1, in New Zealand £1, and in Canada 15/-, in addition to other special allowances granted by the Canadian Government.

Do you know what are the blinded soldiers pensions in those countries? ---I cannot say for certain, because my figures are not of recent date. I know that in most of the countries the amounts have been increased. From a little further information received within the last few days, I understand that the flat rate of pension for blinded soldiers in Great Britain is £3 per week, and there are increases on account of rank. I believe that the pension rates in Canada are £3 for private soldiers, with increases for non-commissioned and commissioned officers.

You do not know that any country has such a high or higher rate than the £8 per fortnight paid here?---I have cabled New Zealand to ascertain the pension rates and allowances there, but, up to the present, the reply has not come to hand.

Is there any other matter which you desire to bring before us?---That is the principal point.

Otherwise, you think that, on the whole, the blinded soldiers are satisfied?---I may add that in regard to determining the disability, the various associations in the Commonwealth are definitely guided by the advice of the Repatriation Department. In Victoria, for instance, the eligibility for membership is based upon the finding of the Repatriation Department, because we take in any man who has been resident in Victoria for a period of 12 months, and who has lost his sight while on or as a result of war service with the Royal Australian Navy or the Australian Imperial Forces in the great war, provided that he is on the rate of pension to which a blinded soldier is entitled. In regard to men who, from time to time, come under our notice as being eligible for membership, we in Victoria, and I feel sure that the other States do the same, obtain all necessary information from the Repatriation Department.

THE WITNESS WITHDREW.

HENRY CONNELIUS GLEAGAN, Secretary of the Limbless Soldiers Association of Victoria, and representing the Commonwealth Council of the Association, sworn and examined:

BY THE CHAIRMAN: What is the position of your Association?---We are purely a Victorian Association, but we have a Commonwealth Council, and I appear on behalf of that body, although I have only obtained very meagre details from the other States. I desire to make the position of the organizations in the various States quite clear to the Commission. The West Australian Association is known as the Returned Maimed and Limbless Men's Association of W.A., and it admits a proportion of maimed and seriously disabled men, but I can say nothing as regards these men, because I do not know their cases. In New South Wales, until recently, the Association admitted a proportion of maimed and one-eyed men. The one-eyed men in that State have not a separate

organisation, unless it has been recently formed. At the annual meeting of the Limbless Men's Association, it was decided that a recommendation from the Commonwealth Council, which met earlier in the year, should be adopted. That recommendation was that membership should be restricted to men who were amputation cases, so that exactly what is the position with regard to men who have lost an eye, or suffered other serious injury, I do not know. With the exception of those two States, the Associations comprise purely limbless men, and while I have not a specific direction from the Council, I am authorised by the different States. I have had a letter from every Association.

Saying that you can bring forward any matters?---Yes.

Do you think that the present method of determining the degree of disability due to or aggravated by war service, in regard to limbless men, is adequate?---Speaking particularly on behalf of our own organisation, we are very well satisfied with the method adopted by the Department. We have had very fair and reasonable treatment at all times, and, although we have not always obtained everything for which we asked, we are satisfied with what we have received. The anomalies which have been brought forward by us have always received satisfactory attention, and the decisions have been quite acceptable to us. We have at all times been very careful to make our requests as reasonable as possible, and we have not adopted the attitude of saying "We want £5; let us ask for £10". We have kept our requests down, and therefore we think that we have received consideration, and we are satisfied with the treatment obtained from the Commission. Provided that that treatment is continued, we shall be satisfied.

Have any of the bodies with which you have communicated asked you to bring forward any special matters?---I had word from Western Australia regarding the case of a man who lost a leg through tuberculosis. It is a case which the Repatriation Commission held is not caused by the war, and I have given your secretary

reported I wish to refer this Commission to Case No.31. This member enlisted on the 5th January, 1916, and was discharged in June 1919. He had good service in France for some considerable time. He was wounded and gassed on the same day. He was admitted to the casualty clearing station and subsequently to hospital in England for the wound. He lost his voice as the result of being gassed and he did not regain it till two months later. He subsequently developed T.B. and was returned to Australia suffering from that disability. He returned on the 26th November, 1918, and after having a few days' leave, being still a soldier, he was admitted to the repatriation sanatorium. I was present when he was admitted. When he was discharged in June, 1919, he received full pension for T.B. That pension was reduced in 1920 to 45/-. that being the three-quarter rate at the time. In May, 1924, he was further reduced to 25/-. I saw this man personally yesterday morning and have not made any representations yet regarding the further reduction. He is one of the finest types of men I have ever met. I lived with him as a fellow patient at the sanatorium and I have sufficient confidence in him to believe that his story of being gassed is correct.

Is his general health good?---He maintains that he has been under private treatment at a country town not far from Melbourne for some considerable time. Yesterday I asked for reports from the doctor stating his definite pension condition at present. I do that in all cases, in order that we may have medical evidence to support us. I will not receive the doctor's reports for a day or two.

Do I understand you to say that the Department do not admit that he was gassed? Or do you contend that they have not given him sufficient allowance for his being gassed?---Exactly.

Does the department admit that he was gassed?---I cannot say that. I would like to know. It would be interesting to know whether any

particulars of it. I would like to have the opportunity of being recalled later, possibly on Monday morning, as I have received a telegram from a man in Queensland, in which he states that he is writing me.

If there is any other matter which you desire to bring before us, and you advise the secretary, you shall certainly have an opportunity of being heard?---As far as I can estimate, I think that the letter will reach Melbourne on Saturday afternoon. In your Association, have you been seriously concerned with the question of alcoholism in some cases?---We have in some cases, but I am glad to say not in a large number.

It has been said by at least one witness that it might be advisable to introduce some system of compulsion in order to segregate such men, and try to break them of their habits. Such a matter has not been discussed by your Association?---No, it has not, because the injury which a man has to suffer before he can become a member of our Association is very obvious, and, at this stage, there are very few men whose wound has not healed completely. Therefore, I do not think that the men have been seriously affected. The fact that they have a leg off has not made them any worse.

THE WITNESS WITHDREW.

CHARLES ARTHUR COUNTRY, Principal Departmental Medical Officer, Department of Repatriation, sworn and further examined:

BY THE CHAIRMAN: In the House of Representatives last night, a case was mentioned which it was considered should be brought before this Commission. You have some particulars in reference to that case?---Yes. It is the case of a man who enlisted on 8/1/17, and was discharged on 6/12/17. The date of his birth was given by him on his attestation paper as 1873, but subsequently he gave the dates of 1855, 1857, 1864 and 1869. He was boarded in England about September 1917, his disability being stated as over age, origin prior to enlistment. On enlistment he stated that his age was 44½, but he then said that his age was 60. The answer to the question, "To what extent has his earning capacity lessened in the general labor market", was "Not at all". In reply to the question, "Is the disability the result of military service, etc.", the answer was "None of these". He was recommended for return to Australia, and on 21/11/17, the doctors on the transport "Borda" reported, "Disability over-age, emphysema, complained of nothing. Discharged as permanently unfit. Present incapacity, nil". Then the final Medical Board, on his discharge on 7/12/17, said "Discharge recommended, over-age, incapacity nil." He was re-examined on 26/11/19, when it was stated "Present condition due to constitution and age, not aggravated by military service".

Was there any notice of further illhealth?---There was no notice between 1917 and 1919.

And at the examination in 1919 there was no record of any illness not previously recorded?---No. On 10/12/19, Colonel Miller examined the man at the Military Hospital, and stated that as far as he could ascertain the bronchial condition was not present before the claimant went on service, and was directly the result of service abroad. Eight or nine months after leaving the A.I.F., the man joined the Home Service, and as a Home Service man he was treated in the Military Hospital at MLeod. On 4/2/20, the

Permanent Medical Referee Board stated "This man could only have been in Britain for a few months, and those summer months, as he enlisted on 8/1/17, and was boarded as unfit, for over-age, in August. He complained of nothing on his discharge. In our opinion, his present condition is not due to war-like operations." Then on 1/3/20, he was examined at Caulfield by a Military Board, with a view to ascertaining his fitness or unfitness for continued service in the Home Service. His condition was regarded as aggravated by war service, and his incapacity assessed at 75 per cent. On 9/3/20, the Military Board were asked a special question, which was answered "Both the members consider the disability of the abovenamed ex-soldier was aggravated by his service". On 17/6/20 the Military Board at the Caulfield Hospital recommended that the case be reviewed by the Repatriation Department. When the man entered Caulfield on 13/11/19, he was admitted from duty, with disability, asthma. He was previously a patient with asthma, and the medical notes taken at the time say "Now has a recurrence. Lately very short of breath, especially at night. Losing weight, etc. X-ray shows: Lungs; Calcifn. 1st rib, cartilages and general peribronchial fibrosis with marked hilus involvement. Numerous confluent soft shadows at both apices inside 1st rib circle. There are signs of further similar peripheral involvement on r. side on 2nd intercostal space antly. Several calcifd. or caseating glands in L. hilus shadow - nodular peribronchial thickening, marked on Rt. side throughout left field (appearance of TB off both apices with R. side more involved than L. side). Sputum, negative. The history which the man gave of his illness was that he arrived in England in April 1917. He was torpedoed just before reaching Plymouth (on the Ballarat), and shortly afterwards got cold, but was not in hospital. He was boarded after about five months training, and returned to Australia. He has never been well since. Never had colds before enlistment. Now complaints of shortness of breath on exertion. Precordial pain and attacks of asthma, last attack, four weeks ago. Heart sounds poor; occasional dropped beat. Lungs: emphysema, few expirat. rhonchi". The man re-



remained in hospital getting XAXAX vaccine treatment, and then he was transferred to a convalescent home. He was discharged to civil life with a disability of 80 per cent, aggravated by war service.

BY MR. GIBLIN: What was the date of discharge?---It was 26/6/20. Then the case was placed before the Minister in this way: "The medical reports from the Caulfield Hospital dated 3/2/20, 6/3/20 and 16/3/20 referred to elsewhere, and also in special report to the Deputy Commissioner, Repatriation Department, are already in the file, and have been considered. The following notes are made on those reports:- On 8/7/20 the Departmental medical officer noted inter alia that his Ballarat experience did not harm him, and caused no disability, and he needed no treatment. Only within the last few weeks has it been mentioned by him as a cause of illness, and only to the medical officer at the Caulfield Hospital. Medical opinions formed two and a half years after discharge, on ex parte statements of claimant, are not necessarily considered of much value. It is significant that no mention is made by applicant re s.s. Ballarat, and his immersion in the sea until March 1920, and also that he was never admitted to hospital for treatment at any time during his A.I.F. service, and not until 18/8/18, i.e. eight months subsequent to his discharge. His training in England was continuous for five months until debility due to age (which he then stated to be 60 years) caused him to be marked unfit. In his written appeal on 7/1/20, he attributes his disability to 'damp quarters abroad and continuous wettings on service; was on Ballarat when it was sunk'. There is no mention of being thrown into the sea. No Medical Board with access to all the files has considered this man's disability as due to or aggravated by his service, and from this point of view the Boards who examine him on completion of service were in the best position to judge the effect of that service, and his discharging medical board papers are definite and clear on this point. Over 12 medical officers have thus stated that war service has not injured him, and only two to the contrary. The honorary consultants to the State office, a purely civil body to whom the case was

referred on 10/12/19, stated his disability to be due to age, 64, and constitution. The Pension Appeal Board rejected his claim, and on further appeal to hospital opinion being desired, the Departmental medical officer wrote, 'The honorary consultants are regarded as much more valuable and definite than a hospital report in these aggravation cases, and it would be inadvisable to reverse the usual procedure of appealing from hospital opinion to the consultant opinion'. The next routine opinion is the principle departmental medical officer's, and this I do not recommend on account of the definite and unanimous opinion of the consultants. This man stated on 18/6/20 that he joined the Home service especially to get treatment for his ailments'. Since then the man has become worse, and the Department has been pressed to accept him as a material aggravation by war service. That is the question now at issue.

BY THE CHAIRMAN: Since 1920, has this man's case been before the Department, and been refused?---His claim was rejected.

On 20/6/20, he was given 80 per cent aggravation?---That was a recommendation. This case represents very clearly the difficulties of the position prior to 1920. Up to that time, the men were treated by the Defence Department, their pensions were assessed by the Commonwealth Treasury Department, and their repatriation was effected by the Repatriation Department. Things were very strenuous then, and it was generally difficult to get any co-ordination. That accounts for a good deal of the trouble in this connexion. The Defence Department would examine and assess a man's disability without his repatriation papers, and you will remember that Dr. Miller stated that as far as he was able to say the man's condition was due to war service. But he had no papers to guide him. When the Repatriation Department took over, the claim was rejected, and it has remained rejected. Then the matter was complicated by the fact that the man applied for an invalid pension. His claim was that it was due to chronic illness due to service overseas, but illness which originates outside Australia does not entitle such a man to an invalid pension. The invalid pension authorities

believed the man's statement on the point, but the Repatriation Department disbelieved it, so that the man was disentitled to a pension by both departments. However, the Repatriation Department made him a special compassionate allowance which came to about 15/- per fortnight more than the invalid pension would have been.

What was the date of that allowance?---I do not think that there was much of a gap.

It was somewhere near the 1920 recommendation?---Yes.

BY DR. ANDERSON: Has that compassionate allowance been continued?---Yes.

The point is purely, is this man's present health the result of his service in the A.I.F. The balance of medical opinion on the file is that it is not. A statement upon the matter was made for the Treasurer in May of this year. It set out all the information which I have placed before you. These are the essential facts of the case.

We shall be able to obtain access to your file?---Yes.

BY DR. JACKSON: What service in the front line did this man have?---He was never out of England. He was there for about three months, in May, June and July. Then the authorities found that he was debilitated, and they boarded him.

What is his true age?---I do not know. We have a <sup>fiction</sup>various of 18 years in his statements.

BY THE CHAIRMAN: He has never been able to produce a birth certificate?---No, but piecing things together, we find that he is well over 60. Of course, once a man tells a lie to a Board for a certain purpose, it rather taints his statements.

BY DR. NEWLAND: This man is 60 now?---No. He was 60 when he was boarded in 1917.

BY DR. JACKSON: At one time, he declared himself to be 69?---Yes. What we take to be the correct age was that which he stated himself when he was boarded. The Examining Board then said, "He states that he is 60, and he looks it."

is he a native of this country?---I really do not know, but I do not think so.

THE WITNESS WITHDREW.

SITTING SUSPENDED FROM 12.25 p.m. UNTIL 2.p.m.

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MEET BEGINNING AT 2 P.M.

RICHARD JOHN FORREST (Officer in charge of Pensions, New South Wales) STONE AND STAVIER:

BY THE CHAIRMAN: You are the officer in charge of the Pensions section of the New South Wales branch of the Repatriation Department?---  
Yes.

Can you give the Commission some information in regard to the practice notifying adopted in interviewing pensioners when they are required to appear for review?---We have a notice which we send out in two classes of statements, the metropolitan area and the country area. The metropolitan area is practically within a radius of <sup>5</sup>/<sub>10</sub> miles of the G.P.O. Sydney, and the country area would extend to the outlying districts. In the metropolitan area we send out a notice to them to appear at the head office for medical review seven clear days ahead. In that notice there is a proviso "Should you be unable to attend or are residing in the country, please notify this office when further arrangements will be made for your review." It was the practice in the metropolitan areas to send out notices 14 days ahead; but we found that many men did not turn up for review and when they were eventually called they said they had forgotten about the notice because it was so far ahead. We found that by giving seven clear days' notice ahead we had a better results by the men attending at the appointed time. If a man fails to attend for review after he receives that first notice which is sent to the address recorded on his file, he is given another opportunity to attend for review; but before sending the second notice to the same address we get hold of the last pension receipt which he has signed for his money, using the address on that receipt to ensure that we are sending the notice to the right address. Very often a man will not / notify the department that he has changed his address, but through the post office system whereby he signs

for his money, his latest address is shown on the receipt. We send the notice to that latest address. If he fails to attend <sup>is</sup> the payment of his pension only ~~is~~ suspended. We find that quite a number of men go to the post office to draw their pension and the notice of suspension of pension sent to the postmaster informs the man that he is required to attend at the office for review. He then goes along and his review is arranged, and the suspension of his pension is removed.

And he gets the arrears?---Yes It is only a temporary suspension. Then there is the next class of man who has been suspended for over one month and does not come along. If he is a married man his wife is communicated with to see if she knows why he has not attended for review. If we get no response his pension is cancelled. That places before the Commission the exact position, which is different from what was pointed out yesterday.

Another point is that if a man notifies us that he is in the country and cannot attend payment is not suspended but goes on until such time as a suitable appointment can be arranged for in the country for him to be examined at the nearest town, or, if there is a travelling board or visiting that area his period of review is extended in order to meet the man, not to meet the department. In country cases the majority in New South Wales are dealt with by the travelling medical board system. I should say in the vicinity of 90 per cent of the cases for review in the country areas are dealt with by the travelling board system. The medical officer from the department has the necessary medical documents abstracted from the man's file into a subsidiary file. He has all the relevant medical history. He takes that along with him and sees the man, who answers certain questions. The result of that system has been that many men who were in urgent need of treatment or have required treatment, have been brought to Sydney for special treatment after our medical officers have seen the man. Previously he had just

gone on automatically attending for pension review.

Do you notify the man in the country that the travelling board is coming?

---Yes. They get 14 clear days' notice in the country because in many of the outlying districts the mail is not so frequent as in the city.

What steps are taken in these cases?---Exactly the same as in the metropolitan cases. We give them a full opportunity to state why they did not attend for review.

It must sometimes happen that with the travelling board going to a distant part of the country and a man not turning up after notice, that a considerable time will elapse before the Board attends there again?---In such cases they are referred to the assistant departmental medical officer with those facts pointed out to him, and, from the nature of the man's disability he will probably say "Extend review for further period till the next board." That is when he would probably consider from a medical standpoint that the disability would not be likely to change or where, if necessary, certain questions are detailed to be sent to the L.M.O. to examine the man/.

In regard to eye-cases: if a man has lost the sight of an eye he is not called up for review in New South Wales at all unless he has some other additional disabilities which are not considered permanent or stationary. There is a schedule rate provided by the Act and schedule disabilities do not require the attendance of the man at the office for review. If at any time he states that his condition is becoming worse and asks for a review, the review is always arranged for. He is encouraged to report other sicknesses?---Exactly. We often find men reviewed for example in six months, and in three months they write in and say they want a medical review as they are going "down hill". All those cases are referred to the medical officer first. From the point of view of a lay man wherever a medical matter is concerned it is always referred to the

record of this man being gassed can be obtained. It so happened that he was evacuated on the same day as he was gassed and wounded, and was sent to hospital on account of the wound. He did not develop T.B. until long after.

I am not quite clear in my mind yet what the position is in regard to his being gassed. It seems to me that this man, on the evidence was admitted as being T.B. when he came back, and that the war service took the responsibility for his being tubercular. --- That is so.

What particular point do you want to make with regard to the gassing?

In this particular case it seems to be thoroughly admitted that his T.B. condition was due to war service, whether he was gassed or otherwise? --- I would like to know whether there is any mention in this man's record of his being gassed, because he states that each year he has shown blood stains when coughing, and that he had a hemorrhage in May last. They have reduced him from the full rate of pension to the three-quarter rate.

If you were dealing with another member of your Association who had never been gassed but undoubtedly contracted T.B. at the war, those symptoms as to whether he coughed up blood or not would equally apply in the reduction of his pension? --- I have not submitted the case and therefore I am at somewhat of a disadvantage; but does the Department consider that this condition may have been P.T.B.? Since the man has been seriously ill and the doctor in the district where he now resides has treated him for this hemorrhage in May last, it does seem significant that he should have been reduced to 25/- per fortnight.

BY MR. JACKSON: You bring that case before us under the heading of "Cases gassed but not reported?" --- I queried whether the case was reported. I cannot say definitely whether it was reported or not.



medical officer first for his direction. HE It is not a note taken by any clerk or officer, but when a man states that his condition is becoming worse it is always referred to a medical officer. The basis of that system of review is set out in ruling B415 in the book of rulings dealing with the cancellation of pensions.

Do you know any other conditions under which pensions are cancelled under this particular rule and rule 397---They would not be cancelled unless there was no disability existing. There might be another case where a disability which was previously accepted in the early days for pensions was then found to be not due to war service.

But not in any way as a penalty?---No.

This is more or less of a penalty?---That is so.

There is no other way that that is used as a penalty?---No.

It is either decided that there is no disability or that it has been wrongly granted in the first place?---Yes. In regard to the increase of pensions to married men when they go into hospital for investigation or treatment; There is a sustenance allowance paid to a married man with family which is equivalent to a pension of 100 per cent rate from the date which is admitted. It was mentioned that his pension automatically went to 100 per cent, but it is the ordinary pension plus sustenance allowance made up until four weeks, and, when the four weeks' period is passed and he is remaining in hospital longer, the pension is increased from the day after his admission - which is an adjustment of sustenance. It is really the same thing, although the wording is different. A single man gets his pension retrospectively increased if he is there a month or over.

On the question of 100 per cent pension, £414.0 per fortnight and also the special rate of pension of £8 per fortnight, there is an intervening provision for cases where ex-soldiers are temporarily or totally incapacitated; that class of case is dealt with in repatriation regulation No. 89 E.A. That

regulation provides for an allowance in addition to his pension of not exceeding 20/- per week, with the proviso:

"That such allowance shall be payable only from the day following the date of expiration of the period of three months aforementioned."

He has to be considered totally and temporarily incapacitated.

Regulation 89 L, following 89 K, makes an extra allowance including the earnings of his wife and family up to the full £4:4:0 per fortnight.

Do you think these rulings 89 K and 89 L have been a distinct advance on what had been inferred previously?---Yes.

S And a definite boon to the soldiers?---Exactly. Another point I would like to mention is in regard to military records. In connection with Army form B. 179 we have heard about making wrong statements and so on. There is a form which has not been mentioned, B. 103, which is a record of the man's service showing dates of admission to hospital and actual service. Then there is Army form B. 178 which refers to the soldier's medical treatment in hospital while on service.

In regard to T.B. cases in New South Wales, the T.B. reviews are conducted for pension purposes; but in many instances the question of further treatment or investigation has been pointed out, and a man sent into hospital, definitely conducted for pension purposes; but the question of medical treatment in every case is gone into. Dr. Benjafield will give you some further information on that point.

In regard to appeals: Where a man lodges an appeal it is usually against the reduction of his pension or the suggestion that his disability is not due to war service; and, when one medical officer, or, in the case of a new patient, two medical officers have examined the man. On receipt of his written appeal all the papers are referred to the senior medical officer, and in many instances he directs that further information should be obtained and the man be medically examined by the

medical board. In no instance is a man examined on appeal by the same medical officers who have previously dealt with his case. It is always two other doctors.

What does the appeal board consist of?--Two medical officers of the Department and if in their opinion an outside specialist's opinion is required, they are referred to special boards. Eye-cases are sometimes sent to a special board of oculists in Macquarie Street, or, according to the class of case, to the medical officers concerned.

You have two medical officers of the Appeal Board who are not necessarily the same; it depends on who saw them before?--Yes. We have appeal committees and the medical officers change across from one committee to another to see the different men. If one doctor who has seen the man before is sitting on the Board, he changes across with another doctor so that he does not see the same man. No man is examined on appeal by any doctor who saw him at the last examination.

In regard to local medical officer's reports, as to the existence of incapacity, it frequently happens that if the local medical officer's assessment is not considered to be uniform with the assessments prevailing throughout the State, before the reduction is effected, the local medical officer will be communicated with and asked certain questions which will emanate from the senior local medical officer. So that every reasonable care is taken to ensure that the local medical officer's views are placed before the State Board before a reduction is recommended.

On the method of assessment, I will mention two cases, wherein the British authorities differ completely from the Australian methods.

In an assessment of from 6 to 14 per cent of indeterminate duration the British authorities give a man 104 weeks and as a final gratuity they give him £20. Under our regime that man would

would go on indefinitely. There they cut the man down to two years, and then give him £20 to finish,

They give him his pension for two years and then a bonus of £20?---Yes.

If a man had the same disability in the A.I.F. under our scheme he would get his rate of pension permanently as long as he lived.

In what class of cases is that?---That is from 6 to 10 per cent. Where they have a disability of from 15 to 19 per cent in Great Britain the man is granted 156 weeks' final award plus a terminal gratuity of \$40.12 I mention these two types of cases to show you the method of assessment by the Imperial authorities for a permanent disability as compared with the Australian system.

They attempt to finalise them?---Yes. They are not so generous in their finalisation as the Australian Department is. The latter continues the man on indefinitely.

THE BYRNES WITNESS:

ANNIE ADELBORN WOODBURN, DEPOSE AND EXAMINED.

BYRNE CHAIRMAN: You are President of the Australian Imperial League of Sailors and Soldiers' Womenfolk?---Yes.

It is not a Federal body?---No. It is a Victorian body.

You wish to give us evidence on their behalf?---Yes. I will speak from memory, but I can forward papers if necessary.

We shall be glad to have any assistance you can give us?---I find that my council is called upon to help in many cases where the disability is not considered to be the result of war service but something which has developed since. The case in point is that of a man who was invalided home suffering from rheumatic fever. He has twice been in the Caulfield Hospital suffering from the same condition. Now he has developed tuberculosis.

The doctors say that it may not be the result of war service. Knowing the case as I do, and speaking as a lay woman and not as an expert, I think there are many cases similar to this which are the result of lowered vitality caused through their war service which makes the men prone to these complaints. This man's pension is 28/- per week for himself and he has a wife and five children. How can any man suffering from T.B. and not able to do anything, live on 28/- per week for himself and support a wife and five children besides himself? The fact that his injury is not due to war service is hindering him from being placed in soldier institutions such as Mount Park. He is dependent on the help we give him and the kindly help of the State War Council who have been most generous. I have verified and investigated this case myself. It is my candid opinion, truthfully and sincerely, that the uncertainty of these pensions and the overhauling of the patient, constitute a nightmare to these men and their wives and children. They are clothing their children and supplying them with food as well as they can, but there is always the uncertainty hanging over their heads of what may happen if their pensions are discontinued. They will not be able to live. As one gets older these disabilities grow. The patients are unfit to battle for themselves and it is this uncertainty which keeps them down. The possibility that their pensions may be lowered is a continual worry to them because they do not know how they are going to live and educate their children. Our council tries to do everything we can in the way of helping in such cases and when the case is beyond us we appeal to the State War Council who have been most generous to us in the past, but who are not, are not, unfortunately, working now. As to the Repatriation Department, I have always had the utmost courtesy and kindness shown me. When I have dealt with Col. Ryan of the State Repatriation Branch, he

has been most courteous and has investigated cases and helped in very many of them.. I wish to say that in appreciation. I hope you will think over what I am saying so sincerely and from the depth of my heart. The uncertainty of these pensions being reviewed from time to time and the dread of their being reduced is a nightmare to the men.

Is Mont Park at T.B. sanatorium?---Yes. There is a soldier stationed there. The man I am speaking of is not an inmate. Up to now it has been considered that the T.B. is not the result of his war service, but I am inclined to think it is.

Do you know many cases where it appeared to you that the patient ought to be having attention for a disability which the Department does not see its way to grant?--Such a case as I have quoted.

Do you know of many such cases?---There a few cases that have come under our notice that we think may be the result of war service. If you will grant me permission I will come in with facts and correspondence with regard to the cases.

Certainly; if you have any evidence you would like to bring before us we shall be glad to hear it, but I think you will have to have it ready early next week because the Commission is not likely to be sitting very late next week?--I was 20 miles away this morning and I only got the notification at a quarter to ten, so you will see that I did not waste much time in getting in.

If you can bring us any further information next week we shall be glad to hear it?--I shall be glad to do so.

BY MR. GIBLIN: From your experience of the Repatriation Department and their methods, do you think if they were able to grant a pension to this man that you have mentioned, that they would do so? They endeavor to find out all about the cause

of the man's invalidity and what has brought about his disease?---Yes.

From what you have seen of their methods, do not you think they would endeavor to grant a pension to this man if he was legally entitled to it?---I should like to state what I would prefer to see in this connection. I really think there should be a medical man appointed for soldier interests apart from the medical men already acting. That is what the Soldiers' Fathers' Association and the congress which has been sitting for two years now has urged, - a medical authority for soldier interests, apart from the Repatriation Department. We interviewed the Minister, Dr. Earle Page for the same thing. I think that should be inaugurated. Doctors differ on many of these questions, and when one visits these patients and you know what the disabilities are it makes one inclined to think that if had those men not had to endure such a physical and mental strain they would have had reserve force or power to enable them to fight these disabilities, and they would not be so pre-disposed to them. It is my humble opinion that the physical and mental strain the men were called upon to endure in many cases, although medical opinion may differ, were the cause of their loss of vitality. In any case, I think they should be given the benefit of the doubt.

THE SIGNED STATEMENT:

VIVIAN BENJAMIN, (Departmental Medical Officer, M.C.V. Repatriation Department) SWORN AND EXAMINED:

BY THE CHAIRMAN: We have called you here because we are anxious to get the views of a medical officer associated with the Branch operating at a distance from headquarters. First of all, will you tell us of any difficulties you have met with owing to the fact that you are acting at a distance from headquarters?---Our main difficulty is that those of us who see a case and form an idea not only from the records of the case as to the man's eligibility, but who have an opportunity of gauging his credibility from the statements he gives to us, are at a disadvantage because when that case is seen not only by laymen but by medical officers in Melbourne, they are unable to see eye to eye with us, not having had the advantages that we have had. In supplying our information to them we find it quite impossible to put everything on paper, and cases are turned down, not from wilful neglect but from difficulty and resultant misunderstanding, I think, in Melbourne.

Are there many such cases?---The aggregate number would not be very large, but it is sufficient to warrant one mentioning it. The headquarters staff have no data available apart from what you have?---No. We have exactly the same files.

It is simply a question of your judgment based on your examination of the files and then their judging from your report and the files?---Yes/.

What is the most common type of case met with?---Mostly new applications for pensions after the lapse of several years/where in many cases the records are fairly incomplete, but mainly where the patient himself gives the history of troubles since discharge, but is unable to get actual confirmation from



medical men.

Cases where you have examined a man and have formed an opinion that he has a claim but he has not very much to substantiate it. <sup>Exactly</sup> In such cases is it the custom for headquarters staff to simply turn the case down or do they often refer it back for further information?---2 The cases are mostly turned down, but occasionally they are referred back. I may add that in these cases, as in practically all cases that are turned down, the men usually appeal and then we <sup>always</sup> send the cases out ~~away~~ for a consultant's opinion where there is a difference between ourselves and headquarters.

In such cases where the claim has been turned down and you have referred to the consultant and the consultant has supported your opinion and it is sent up again, is it accepted? --- Usually it is accepted.

So that the refusal to receive the case at headquarters in the first instance would be done with the appreciation at headquarters that there would practically be an appeal?---Yes. Yes usually let the applicant thoroughly understand that he can appeal in such a case?---Yes.

If a man has come up with what appears to you to be a fairly good case and you send it on and it is turned down, you take care that the man will not go away in ignorance of the fact that he can appeal?---That is a matter for the clerical officers. They do not automatically tell them that they can appeal.

So that it might ~~mean~~ <sup>happen</sup> that a man who was a smart man in town well up in the ways of getting on, might get an appeal through, whereas a man who was rather slow witted and living in the country might go away thinking that the matter was ended?--- Yes.

BY MR JACKSON: Appeals have never been refused if they have been asked for by the soldiers?---No; except in cases where it is very obvious that the man has no claim. Occasionally a

trivial and frivolous appeal comes in, when the papers are endorsed "No object for further medical examination. These cases are quite uncommon but it is considered that it would be obviously a waste of money to go any further with them.

BY THE CHAIRMAN: You classify these as frivolous appeals?---Yes.

BY MR. HURLAND: When you get an application for leave to appeal you re-consider the case?---Always.

And either grant it or leave the decision to the Commission?---We cannot grant a my pensions. We have no power to do so. We can only make recommendations. When an appeal comes in it is submitted to one of the senior medical officers, usually one from another section. If he thinks it is entirely frivolous he says so, in other cases he gives a direction as to what method is to be adopted. If it is a metropolitan case the man is brought in and sent before two medical officers other than those who saw him previously. The medical officers are entirely different. If they are in any doubt we work a consultation system in the office. They will come to me either my senior assistant or to me, and we will talk the case over. If we are still in doubt we will send the case to hospital for investigation by the Visiting medical officers or the consultant, as the case may be. The final recommendation is based on all the information that is collected.

What happens if you cannot make a recommendation?---I don't know of any such case. Occasionally when a case happens to be more or less a matter of policy and one or two of the medical officers do not touch it, I personally make a recommendation, if I am dealing with it.

BY MR. ANDERSON: Does it sometimes happen that you have an unfavorable opinion of a claimant and the Commission forms a favorable opinion?---Yes that happens occasionally.

In such instances the Commission's verdict stands?---Yes. Once or twice we have pointed out errors of pathology, but beyond that we do not concern ourselves with them.

But that is not really the reason you brought it before us?---No; there is the connection of his being gassed.

The Department has never raised any obstacle on the score of his not having been gassed?---There has never been any necessity so far as my organization is concerned. He only came to me yesterday/.

You seem to have the idea that they based their action upon the fact that he had not been gassed?---I come now to cases headed: "Files submitted to Medical Advisory Committee." It seems to me that the Commission is the only authority for the submission of cases for the Medical Advisory Committee. It would be fairer and more equitable if the soldier had the opportunity of asking that his case be so submitted. In certain instances applications for pension have been rejected by the Department, and for some reason, (probably owing to reports made) the case has been referred to the Medical Advisory Committee.

The case in question is No.29. The member himself claimed the pension and his claim was rejected. The South Australian branch of our organization made a claim on his behalf. That was also rejected. Subsequently the matter came to me, and, whether it was as a result of my representations or not I cannot say, the case was referred to the Medical Advisory Committee. The reply of the Department is as follows:

"With reference to previous correspondence relative to the case of the above-named, I have to inform you that this case has been re-considered by the Commission which has reversed its previous decision in view of an opinion expressed by the Medical Advisory Committee that ..... should be given the benefit of the doubt and his I.B. condition accepted as a departmental responsibility."

I contend that the Department had the opportunity of giving that man the benefit of the doubt. They had all his relative particulars in the file. The Commission had two opportunities prior to the case being submitted to the Board, but it did not give him the benefit of the doubt. That man then received his pension.

BY THE CHAIRMAN: Your relations with headquarters are quite cordial?  
---Quite.

You never have any feeling that where claims have not been substantiated at headquarters there have been any other grounds than simply those of an honest difference of opinion?---No. Is there anything else that you can suggest which may be useful to us in determining this question?--- Unfortunately, I do not know how much evidence you have had already.

We would like as much information as you can give us particularly in reference to the work of a State branch?---In methods of assessment; when we took over the pensions I got out a schedule of assessments for fixed disabilities such as ankylosis of joints, damaged nerves, united fractures, and so on. I gave it to Mr. Smith, your Secretary, in case it will be of any use to the Commission. We use that schedule in all those types of cases, and we thus get uniformity.

Is it a New South Wales basis of assessment, or is it utilized generally?  
---It is a schedule of our own. I submitted it to a conference we held here, but whether it is being used elsewhere I do not know. I produced a copy of my schedule of disabilities.

You use this schedule as a basis for guiding you and to enable you to get uniformity?---Yes.

That is used in such cases<sup>as</sup> are not mentioned in any of the recognized schedules?---Yes.

Have you found that satisfactory?---Quite.

As far as you can judge from cases that have drifted over from other parts, you have found that your basis is somewhat comparable?--- We have had some differences of opinion on ankylised knees, and ankylised hips, where I think I place it somewhat higher than other people. I look on them both as very serious disabilities in the labor market.

I suppose occasionally cases have come under your notice in New South Wales in which your basis of assessment is in conformity?---One

does not see any of them because when the pension is granted is permanent and we never see them again, from a medical point of view.

You hold the opinion that it is definitely of value to have a schedule scheme as far as these disabilities are concerned?--- Yes. I do not know that we have ever had an appeal from it, and I consider that proves the soldiers are satisfied. There is another class of case which I think is of interest, namely men with physical conditions such as heart, and so on, who we say are 75 per cent incapacitated theoretically, but who are unable to work. Many of these men are not going to get any better. In fact, they will probably get worse. We are somewhat concerned as medical men as to whether we should not anticipate this and recommend at least some of them for the special pension rate.

Do you mean organic diseases of the heart, and where there is no question that they will not get back?---Yes. It has not been the practice in the past to put them on the special rate because theoretically they have some value on the general labor market. But we find that it does inflict some severe hardship on certain of those men. A man whose work is clerical or consists of some of the lighter forms of work, can carry on, but the laboring man who has not the intelligence to get into other work certainly cannot carry on. He lives on his pension. He may get a living allowance in addition because he is unable to obtain employment, but that does not help out the family loaf.

BY DR. GIBLIN: What does it amount to if he is granted 80 per cent incapacity and the living allowance?---He would get somewhere about \$21.60 per week, the man and wife.

BY THE CHAIRMAN: Would not his wife get an allowance in any case?---No. She does not get an additional allowance in that case. She gets

her fractional pension but she does not get any addition to her pension. It is only an addition to his pension.

His pension is \$23.10 per week, he gets 80 per cent of that, then he gets the living allowance, and there is his wife's allowance?---It is the living allowance that makes it up to \$23.10.

His living allowance brings up to \$23.10 per week?---Yes.

And the wife's allowance would be additional?---Yes, 14/6d.

Do you reckon a laborer with a bad heart, assessed 80 per cent incapacity, is of any value in the labor market?---He is of some theoretical value. You cannot class him as totally incapacitated. I am talking about the comparatively early stages of his condition, not when he is "down and out".

You would not mark a man who had heart condition and was 80 per cent incapacitated as of no value in the labor market?---No. We put him on a special pension then. The man may go through the Lewis exercise test quite satisfactorily although I always point out that there is a risk of death if they do it.

You would use your own judgment in such a case and get special opinions as to whether the man was fit to be put on the general labor market at all?---Yes. That is done frequently.

The examining medical officer would be satisfied that a man was fit to take up some work?---To be of some value on the labor market, not necessarily 100 per cent efficient.

But, supposing he was a general laborer, that he was able to take up some work in the general labor market?---Yes. Those men are quite fit for certain jobs, if they can get them; for instance, watchmen and that class of work. But it is quite out of the question for them to get such jobs because they are all filled up.

What is your interpretation of the general labor market?---The general labor market covers all classes of work that that man should be able to do. If he were a wharf laborer such a man is

well equipped to take on work as a watchman on the wharf. He has all the knowledge of it and he could do it if he could get such work. The general labor market is not the specific market for that man's own particular occupation, but, as it states: "The general labor market."

If you say this man is fit for the general labor market you do not intend that to mean that he can go into the labor market and take any job that is coming along?---No.

You mean that he can take some specially easy jobs, if they come along?

---Yes. In these assessments they take into consideration the classes of work the man is qualified for, and from those are taken the jobs that he cannot do. It is a mental process. One does not go right through the list every time. It is used in <sup>gauging</sup> assessing his assessment of pension. I think you will find that that system is ~~adapted~~ adopted by the insurance companies in assessing their liabilities.

I was thinking more particularly about the heart cases that you have mentioned. There are many cases that are not heart affections, but it is hard to conceive what place a man with 80 per cent heart incapacity can have in the labor market, if he is as nearly right out as 80 per cent. *When a*  
Then a man is marked 80 per cent, he is generally about 60 per cent.

They are given a very big benefit if the doubt as far as we can grant it.

You are inclined to think that you could settle such a man on a special pension right away?---Yes.

Then the question arises, at what stage is he to be put on a special pension?---We realize that. We have raised that question among ourselves and have discussed it and we have found a great deal of difficulty in arriving at what was the proper thing to do. In most of these cases we send them to the hospital for assessment or comment by the visiting medical

officer or someone there and we find their opinions vary just as much as our own.

It practically comes to this, that instead of waiting till the man becomes unfit for the general labor market before putting him on a special pension, you would ~~xx~~ prefer to come to a determination before that?---In selected cases, of course.

You have to lay down some rule as to what particular stage, short of absolute unfitness, should be fixed upon?---Yes.

That difficulty might be got over by making some more definite definition of what was meant by the general labor market?---Yes.

It would be better to standardise that a little more?---Yes.

The general labor market is subject to different interpretations by different men?---Yes. We have been working up till now under an instruction that special pensions shall be given only to those men whose potential earning capacity was definitely negligible. The actual wording is "who are unable to earn more than a negligible percentage of living wage." That is the definition that was laid down in 1918.

You would like that definition laid down?---To cover some of those cases where the prognosis was bad and where a man's equipment for life is such that it is impossible for him to do anything, with his disabilities added. I think you may have already seen instances of such cases of misocarditis or endo-carditis, where cases have been prolonged before the disease manifested themselves. I gave Mr. Smith, your secretary, a note of these cases in Sydney. I would ask that they be taken notice of because I think we are going to get more of them in the future.

We will examine the files when we get them, but we would like your personal ideas?---The first of these cases was that of a man who died in the Sydney Hospital from malignant endo-carditis. On post mortem examination they found symptoms that endo-carditis had lighted up and calcified the valves, and so on. Attention



was then called to some correspondence in the British medical & journal on these soldiers' hearts. Dr. Parkinson goes into the question and deals with these cases briefly. Subsequently he collected three or four more cases which have occurred recently in Sydney, one or two of whom have died, and one or two being still alive. In these instances it is often very difficult to connect the cases with war service. The men have gone on for years without seeing any symptoms and then the disease has suddenly flared up and they have gone out. Dr. Parkinson thought that the experience of these men might be of considerable value to the Repatriation Commission in that particular class of case.

Has that type of case been specially brought before the Advisory Committee?---I do not know. There is also the question of cases of sub-acute carditis which have been recognized to be clearly amongst soldiers' conditions.

(CONTINUED ON PAGE 249.)

Do you think that there is a tendency on the part of the Department not to recognize that complaint?---I realize that it is very difficult for the Commission to arrive at a decision in such cases. There is very often practically no history either of service, or the period prior to service. I do not touch these cases, but I am speaking on Dr. Parkinson's information. The question has been raised in various parts of the world where the cases are now occurring.

I do not think that there is any question that sub-acute malignant endo-carditis has been fairly common in soldiers who have done war service, but the point is whether it is not already accepted by the Department?---I have not seen the results of any of the cases.

Have you had experience of any such cases which have been put to the Department, and not been accepted?---There has only been one case which has come to the Commission so far. This has not come forward as a class of case.

It is probable that such cases will become fewer?---No, we have had all our first cases within the last 12 months, and some of the men must have been discharged for 6 or 7 years.

But there is a limit to the length of time for which such a complaint can survive?---Yes. Then Mr. Forrest reminds me of the question of T.B. reviews. I heard what he said, and I think that he has covered most of the ground. In such cases, two doctors see every case of a T.B. special pension for review, and if it is considered that either hospital investigation or treatment in hospital is desirable, the patients are always asked to go to the hospital. We do not force a T.B. patient into an institution, if he does not want to go. Personally, if I see any of the cases, I always tell them if I intend to recommend a reduction of pension, and an instruction has now come through that that must be done. In assessing for either continuation or reduction, the medical officers always have a frank talk with the patient. He is not only assessed on

physical signs, but is asked what he finds himself able to do. It is not by any means uncommon for men to say, "I think that it is fair to reduce my pension, as I can work".

You think that in some of the other cases, insofar as their continued progress towards recovery was concerned, it might be an advantage if the special pension were continued for a little while after they were able to work?---We do that.

How long do you continue it after a man is, in your opinion, able to return to work?---It depends entirely upon the individual, because cases vary considerably. A man may say "I am having a try to work", and he looks fairly fit. Suppose that he is a class C. man, which is a full special pension. We allow him to stay on that pension for a while, to see how he manages. It is not a hard and fast rule that because a man is trying to work we must reduce him.

If it be said that a man's disease is arrested, it does not mean that he automatically loses his special pension?---If he leaves the hospital, having a good arrest, and being quite fit for work, he is given the ordinary full pension, and not the special pension.

Possibly, if such a man were left for a longer time on the special pension, he would become heartened, and feel that he had not to worry about having to get his work in hand at once. It might consolidate his cure, as it were?---Unfortunately, the special pension has rather worked the other way. When a man is in receipt of the special pension, and leaves the Sanatorium, he is very much too apt to loaf about, and go back instead of ahead. If he is a married man with one child, he gets £5/6/- per week, and he is liable to say "There is no need for me to work". I am afraid that the special pension rather tends to push that type of man down the hill.

When those men reach a certain stage, it is always pointed out to them that physical work is good for their disease?---Always, and in the Sanatorium, they are supposed to be doing grade work,

and to have lectures on the necessity for it.

They are encouraged and helped to find work?--Yes.

It has been said that when a man becomes tubercular as a result of the war, it might be reasonable to leave him on the pension, even when he gets better?---The secretary of the T.B. Association in New South Wales has had several talks with me on that point, and I have told him quite frankly that whether it is policy or otherwise is no concern of ours from a medical point of view, but that medically, when a man has a complete arrest, there is no reason why he should remain on full pension permanently. It is very nice from his point of view, and from a sentimental point of view, but, otherwise, one does not see the necessity for it.

You think that there is no reason why he should not go back to the position of a man in civil life?---No, unless the pension is regarded as compensation for injury received in the past, looking at the matter from the medical aspect of his earning capacity, and his future health.

As far as you know, it is always impressed upon these cases of tuberculosis that as long as the disease is active they are a danger to the community?---Always.

How would you set about dealing with a patient who had tuberculosis in a very active state, and who refused to enter a Sanatorium?---In the first place, I would tell him that under the Act he could not get a special pension. That is usually quite sufficient.

BY DR. GIBLIN: There is a minimum period of six months?---Yes.

Has that been lengthened?---It was lengthened temporarily, but it has gone back again.

BY THE CHAIRMAN: After a man had been in a Sanatorium for six months, and had gone out again, how would you deal with him?---The certification of menace to public health is left to the superintendent of the Sanatorium, or the last institution in which the man is located, and that gentleman usually covers himself by saying that the patient has a sufficient knowledge of his disability to render him not a menace to public health.

It is a very difficult question.

Is there anything else which you desire to mention?----Of course, the same position applies to the T.B. alcoholic cases, who are a menace to public health. In such cases, either we say that a man cannot be certified as not a menace to public health, or, if we recommend the special pension, we ask that a trustee be appointed to administer it.

What would be the exact effect of your saying that a man cannot be classified as not a menace to public health?---The special pension is refused. Even after discharge from a Sanatorium, it is usually refused when we make that statement.

You can very easily certify that a man is a menace to public health?

----Yes. I may say that almost invariably such men are single. I understand that the question of independent boards to deal with pension appeals has been raised here. Personally, I have always been a very strong advocate of that system, and we have utilised it to some extent in New South Wales, with the concurrence of the Commission. I do not suggest that those Board should see every appeal case, as most of the cases can be dealt with quite satisfactorily either by my own officers, or those officers with the advice of the consultants or the visiting medical officers; but there always remains a certain number of cases, some with good claims, and some with no legitimate claims, where finalisation can only be reached by an absolutely independent board. Sometimes we have been able to get that board, and sometimes we have not, but when we have had it, it has always been satisfactory.

On the occasions when you have not been able to get the board, what has prevented you?---Sometimes headquarters has considered the cost to be too great. I have in mind the case of a man at present in the Lidcombe Hospital, who is probably a case of petit mal. His case has been going on since about 1916. He is one of the men who is commonly described as having a dual personality, and he is a most difficult and extraordinary case. I asked that a special board, comprising

BY THE CHAIRMAN: They referred it to the Advisory Committee on their own initiative when he appealed from. There was no suggestion from you or the member that it should go to the Advisory Committee?---No. This case was going on for some considerable time and without doubt the soldier concerned suffered an injustice by loss of pension. I think there can be no doubt that in this particular case the value of an opinion given by the Medical Advisory Committee <sup>was</sup> such as to cause the interests of the soldier to be safeguarded. That would apply in other cases. If that is so, why is it that a larger number of cases are not submitted? Would it not be more fair and equitable if the soldier had the opportunity of asking that his case be submitted? The department might say that to bring every man before the Board would necessitate him travelling from, say, Western Australia to Victoria; that is no reason why the principle which I advocate here now should not be adopted. I suggest that the remedy lies in the creation of an appeal board in each State. In support of my claim I would refer you to the evidence given by Dr. Gordon. He made it quite clear that he was interested only on behalf of the limbless men. He said that in a great number of cases he had made representations to the Department, and subsequently pensions were approved or increased, as the case may be. The limbless men have a more or less set disability; yet it is necessary for some outside influence to be brought to bear in order that their claims would be recognized. My suggestion for a solution of this problem is the creation of an appeal board with one outside medical officer, giving a balanced representation, if anything, a trifle in favor of the department. I take a line from the evidence of Dr. Gordon, who was, as he said, interested only on behalf of limbless men. He stated that in a number of cases he had made representations to the Department and subsequently their claims for increases

Sir John McPherson and two others, should be appointed, but the request was not granted, and I was instructed that an outside man and one of my officers should see the patient. I believe that the matter is coming up again now, but until something such as I have described is done, I do not think that we shall ever reach finality.

The man has been seen by a specialist?---Yes.

The specialist has expressed an opinion?---Yes, but he was a man who had seen him in the early days of his illness.

BY MR. JACKSON: What opinion did the specialist give?---He said that the case was bad.

BY THE CHAIRMAN: I take it that the question at issue was whether the illness was due to war service?---No, the man was receiving a pension, which I may say was on very doubtful eligibility, but he wanted a special pension, and made other complaints. I have had sheaves of letters from him.

The disease is recognised as being as a result of war service?---Yes.

The question at issue is whether he has petit mal?---In his case, there are a lot of complaints of injustices done to him by doctors and other people. I think that the man should be seen by a special board, which would say "Now we have finished with you absolutely, and we will not take any further notice of letters". I am just quoting that case as an illustration, but there have been one or two other cases where I think that an independent board would have been advisable.

The conclusion which I draw is that you think that, as branch departmental officers, you should have a freer hand in appointing special boards?---Yes, I do.

Have you any other points?---There is the question of notification to pensioners of the period for which their pension is granted, for which I think should be done. If a man is granted a permanent pension, I do not see why he should not be told.

He is not told at present?---No.

What is he actually told?---Mr. Forrest informs me that a man is told

that he is continued for an indefinite period; but that does not convey much to the average man. He does not know what it means. He thinks that he may be called up for review. Do you know what it means, because, apparently, even a permanent pension can be re-assessed if the pensioner is better. A permanent pension does not necessarily mean one for life?--- Practically, it does.

I understand that a permanent pension may be reviewed in a year, if a man <sup>is</sup> comes very much better, and it may be reduced?---Only in very exceptional cases.

Might it not harm a man to tell him that he was pensioned for life?--- I had not thought of that aspect, but we could schedule the cases, could we not. For instance, such disabilities as lost limbs or fingers are definitely permanent, and we could certainly tell these men.

They would simply be told that they were indefinitely pensioned?----

Yes; but a good many men, even of our own class, say to me "When am I coming up for review". I look up their file, and I find that they have been granted a pension indefinitely. When I tell them, they say "But we do not know what that means".

You think that it would be better to be more precise?---Yes. Even when a man is granted a fractional or full pension for a period, I think that he might just as well be told.

Then again the question arises that he may get worse; he may be misled?----We could put in a proviso. I may say that frequently, in the pension reviews which I do, I tell the men. I do not see why we should not be frank with them, when we know that the recommendation will go through without any question. When giving evidence in Sydney before a select committee last week, I found that the impression existed that when we were dealing with appeals, we demanded certain answers from the men, and would not listen to anything else. That impression is rather general, though I need hardly tell you that we give the men



every possible opportunity and help in regard to their cases. If there is any hiatus in a man's evidence, we invariably point it out to him, or if there is a gap of some years in our records, we always ask the man if he can supply anything in the way of certificates from medical men, or evidence from friends as to illhealth. Thereby we help a man through with his case, and it is an unwritten law that we must look for evidence rather in favor of a man than against him. On the question of local medical officers and their assessments, when we first took over the pensions, all the reviews were done by local medical officers, and viewed in our office by one or other of the assessment medical officers. In quite a number of cases, though not a large proportion, on the descriptions given by the local medical officers, the assessments appeared to be absurdly high. I am now speaking of four years ago. These assessments were altered in the office. Subsequently, when we instituted our travelling medical boards, we found that our own officers agreed in the main with the local medical officers, and adjustments were made, I think, in every case. But I may mention that the exceptions in the case of local medical officers are pretty awful. We know most of the men, and we know who are reliable, but when they are unreliable, they are pretty bad. I recall a case of ordinary review, where the man's description was such that when one of my officers brought it to me, we sent an urgent wire for the man to be sent into hospital. He arrived in hospital the picture of rude health, except that he admitted that he was recovering from a bout of alcoholism lasting for a month. Taken all round, however, the only assessments of local medical officers with which I personally disagreed were under assessments, and not over assessments. I do a few districts right in the back country, and in every instance I have found that the local medical officer who under-assesses is a non-retained man. I do not know how we are going to get all through the back country to look after the men, but at least

50 per cent of the men I saw there were under-assessed. One man who should have had a straight out special pension was getting 50 per cent.

I suppose that when you were away, you were a travelling medical board?

----Yes.

And you also send other medical men out?---Yes.

I suppose that you utilise the travelling medical board especially in the districts where you are not quite conversant with the position of the local medical officer?---I do certain portions of the back country because it happens to be convenient to me. One would like to do the whole of it, because I think that we could pick up quite a number of cases of men who have been under-assessed, but I doubt whether it would be possible to do the whole of that country. When the men may be notified to attend, they may have to travel 50, 60 or 100 miles. At present, they are notified to call upon the local medical officers in the nearest towns. They are not given a specific date.

I take it that one of your great difficulties in assessing soldiers disabilities is that you have not any form showing a thorough medical examination of the men from head to toe at any time since their enlistment?---Exactly.

If you had such a form, an enormous amount of money would be saved? ---Yes.

Do you think that even at this late hour, if such a form were available in the case of every soldier, it would save the country a great deal of money in the future?---I very much doubt it, because it would not be possible to get the men along to be examined. The men with whom we have the difficulty are not those who are under our eyes, but those who so far have made no claim.

Apart from that fact, there are unrecorded disabilities appearing in the cases under your observation?---Yes, but I think that most of these are accepted. Very few are rejected. Certainly a general overhaul of the whole of the pensioners alive today

would be of value in the future, but I rather doubt if the cost of it would be worth while. It would be very expensive. But pensioners are very expensive for many generations?---They cannot go for more than one generation, can they. Some of them can go for 50 or 60 years, but those will be mostly the amputation cases. Not many of the medical disability cases will live that long.

Is there anything else which you desire to place before us?---I do not know whether it is within the province of this Commission to consider the case of those men who definitely cannot be accepted as suffering from war disabilities. Those men have been soldiers, and are now totally disabled. I see a fairly large number of such men, and they agree that they cannot be accepted as war disabilities, but it seems to me that some provision better than the invalid pension should be made for them.

That point is really not within the province of this Commission, because, once it is decided that a case is not a war disability, the duty of this Commission ceases ---

BY DR. JACKSON: You spoke about T.B. alcoholics, and suggested that the affairs of such men should be taken care of by the public trustee?---Not the public trustee.

You would appoint a special trustee?---Yes, generally a friend, or someone known to be reliable and willing to undertake the duty.

There is a special provision for that in the regulations.

Is it not used?---Yes, quite frequently. It is regulation No.7.

BY THE CHAIRMAN: That seems to give a very wide power?---Yes.

BY DR. JACKSON: Do you think that it would be right if it were done in the case of every alcoholic T.B. case?---Yes, and it is done in the big majority of that class of case in our State.

It is in the interests of the public as well as the patient?---Yes.

BY THE CHAIRMAN: The power seems to be very final. I do not know how many pensioners we pay under trusteeship, but it is a large number. I refer especially to mental cases, and other

men with war disabilities who drink to excess. Almost invariably their pensions are put in trust.

What sort of people are generally appointed?---They vary from parsons to policemen. There is an investigating officer who looks into the question, and finds a suitable trustee.

BY DR. JACKSON: The Trustee is sometimes the wife?---Where she is reliable, it is always the wife.

BY DR. NEWLAND: Who appoints the trustee?---The Deputy Commissioner in the State.

BY DR. GIBLIN: With reference to the appeal board which you suggested, how do you think that it should be constituted?---I think that there should be a special board for each set of cases. I mentioned previously that I was recently giving evidence before a Select Committee, and my personal suggestion was that the matter should be left to the man and myself, as we could decide upon a suitable medical board. I think that in the case of a final appeal the man should have some choice. We are thus safeguarded very much better, because each member of the board must be acceptable to both parties. The man is not given an absolutely free choice, nor is the Department. We may say "What about Dr. Smith", but the man may reply "I do not like Dr. Smith". Each should have the right of rejecting the other's nominee. Quite frequently, when we have outside cases, which we get fairly frequently, I ask the man "Will you go to Dr. so and so", and he says "Yes". Then there is no difficulty. Sometimes I ask the man to nominate a doctor, and they generally nominate someone who is quite acceptable to us. Of course, I think that such boards would probably see two or three cases at a time, but I do not think that any difficulty would be met in regard to the appellants' concurrence.

BY THE CHAIRMAN: Might you not make rather a difficult position for yourselves. It appears to me that even in the medical profession there are a few men who do not come up to the full standard of morality which we desire, so that if a patient

definitely asked for such a man, you would be placed in rather a difficult situation?---I think that there could be a compromise. We could have a list of men who were acceptable from which the patient could choose.

You think that it would be reasonable, in cases of appeal, to have a panel of men, who, in your opinion, were capable of dealing with particular ailments, so that you could say to a patient, "You can have any one of these doctors"?---Yes, we could do that.

I think that it would overcome the difficulty?---Yes.

Such a panel would probably give satisfaction?---Yes.

BY DR. GIBLIN: The man could choose one member of the panel, and you could choose the other?---Yes. Of course, if we had a panel, the man could have free choice. There would be no objection, and he would be more satisfied.

BY THE CHAIRMAN: You would not always need two doctors?---No, it would depend upon the case.

Very often the Department would be quite satisfied to take one man, without incurring the expense of having two men?---Yes.

The probabilities are that if you selected such a panel, you would be quite prepared to accept the opinion of one member of it?---Yes. We do that quite frequently. I think that we probably send three or four cases a week to men entirely outside the Department.

BY DR. ANDERSON: In regard to the question of sub-acute malignant endocarditis, I wondered whether you referred to the possibility of the disease on which a new disease arose as being malignant endocarditis occurring during war service?---I presume that is the case. I do not profess to know much about the point, but one of my doctors asked me to bring up the question. The file has been submitted showing some of the cases.

In a general way, you do not think that there is any other special class of case which should come under the second schedule. You mentioned a heart case?---Any possible case may be under the second schedule.

But you would not like to specify those cases?---We would specify the whole range of diseases.

But they are allowed for already by the term "permanently and totally incapacitated"?---Yes. The cases to which I have referred are those which do not quite come up to the inability to earn more than a negligible percentage of the living wage, but in which the men, through force of circumstances, are unable to get work, and will be permanently unable to do so.

THE COMMISSION AT 3.55 P.M. ADJOURNED UNTIL MONDAY,  
15th SEPTEMBER, 1924, at 10. A.M.

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or grants of pension were approved.

BY THE CHAIRMAN: In fairness to Dr. Gordon, I should fancy that that is a wrong impression on your part. The impression he gave me was that he was specially interested in limbless men, not that he was only interested in them. It is rather an unfortunate expression, unless you really mean that he gave you to understand that he had no interest in others? ---I did not hear his evidence; but it appears to me to be significant if he was specially interested.

I understand what your point is, but I did not want it to appear in the evidence that the impression conveyed to me was that Dr. Gordon was interested only in the limbless men. I gathered that he had been attached to the limbless soldier section of the work, and that being his special line, he was specially interested in them?---May I put it this way, that Dr. Gordon was specially interested in the limbless soldiers. The limbless soldiers had the benefit of the services of Dr. Gordon. I suggest that the creation of an appeal board in each State consisting of three members, one of whom shall be an outside officer -(that is, not an officer of the department). In this manner equally balanced representation will be obtained, but, if anything, on the side of the Department.

BY DR. HOWLAND: Are they to be medical men?---Soldierly medical men. To qualify myself further I would say that the soldiers through the R.S.S.I.L.A. should have the right to submit a nominee.

The next heading I wish to deal with "Aggravation": Dr. Featherstone said that the Department placed great importance on B 179. Through my experience I have found that the statements made by some soldiers before that particular Board in England prior to disembarkation were not correct. One of our members who frankly admitted that he was "swinging the lead" to get back to Australia had himself diagnosed as "T.B." at the time. He then said: "I lost an uncle and two sisters through consumption." When that statement

was made his uncle was alive and had never had any illness during his lifetime. Further than that the soldier had never had a sister. These relatives, therefore, could not have died of T.B. The information contained in that B 179 is on record in the man's file. It may so happen that the Board believed the story told by the man then, and not the correction of it when he returned to Australia. This man admitted to me that the statement was a deliberate lie. I know that his uncle did not suffer from "T.B." and that he never had a sister.

There is also the case of illnesses that may arise whilst the man is in England prior to disembarkation or during his return to Australia, or during the period that he is in hospital prior to discharge from the army/. So that I contend B 179 is not conclusive evidence of the physical condition of the man at the time of discharge. A notorious instance is that of the epidemic of pneumonic influenza which occurred on a well-known transport when out of a total strength of 1,000 men 100 were affected.

On the subject of acceptance, Dr. Courtney referred to Case No. 1 in evidence and stated that the man enlisted in 1917, and was discharged in 1919. He only served in France and had no illness to speak of. He lodged a claim in 1922 and he was accepted as a war invalid. If that man served in France and had no illness to speak of, and made a claim three years after discharge, on what ground did the Department grant his pension? Was it because of his service in France? and if so, is it not illogical that other men who had better service were not successful in their applications for pension? In this connection I would like to make it perfectly clear that I am not criticising the Department, but I am desirous of obtaining information.

Regarding Appeal cases I wish to say that the evidence given by the Chairman of the Repatriation Commission does not



appeal to me as being in accordance with facts. He said: that the applicant was invariably examined or re-examined. I contend that in the cases I have submitted, it is not the rule. In 1920 when the Commission assumed control of the Department an application may have been reviewed and a representation made. Before any arrangements were made for his appeal to be dealt with the file was referred to one of the A.B.M.C's. of the Department who would say whether it was necessary for the soldier to be examined by the Appeal Board. From actual experience I can say that there were thousands of men who in 1920 and 1921 appealed and were never given the opportunity of being further examined by the Appeal Board. That evidence is available to the Commission should it be necessary. In cases where men were examined in those days by medical men in the country, known as Commonwealth Medical referees, the files before being submitted to the State Board were also referred to the A.B.M.Cs. of the Department <sup>and</sup> without seeing the man but just on a perusal of the file, representations were made, still further than those recommended by the Commonwealth Medical referees. That is to say, that if the Commonwealth medical referee suggested a reduction to three-fourths, I have known cases where the reduction has been made to one-fourth, merely on the evidence contained in the file so that men who suffered a reduction may have appealed but were not, in certain instances, given an opportunity of being re-examined.

You referred particularly to 1921 in your remarks in regard to the time when the aggravation clause <sup>was introduced</sup> ~~was introduced~~, when a large number of cases first came under review. Do you think the same thing applies at present? ---No. I will say that the methods adopted to-day show a considerable improvement; but even now (and this touches on the evidence given by Dr. Courtney in which he said that it would be difficult to constitute an appeal board consisting of as a personnel that would be