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ROYAL COMMISSION

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THE ASSESSMENT OF WAR SERVICE DISABILITIES.

Minutes of Evidence.

Taken at

MELBOURNE, MONDAY, 15TH SEPTEMBER, 1924, AT 10 A.M.

PRESENT: Dr. C. Bickerton Blackburn, O.B.E. (Chairman)
Dr. H.S. Newland, C.B.E., D.S.O.
Dr. A.V.M. Anderson,
Dr. H. Sandford Jackson,
Mr. W. W. Giblin, O.B.

JOHN CLAYTON, (President of the Sailors' & Soldiers' Fathers' Association of Victoria), SWORN AND EXAMINED:

BY THE CHAIRMAN: You are the President of the Sailors' & Soldiers' Fathers' Association of Victoria?--Yes.

There is no Federal body?--No. We have an association in each State, and we work together.

You are representing for the time being the various States before us?--
Yes.

I believe you desire to give some evidence before the Commission relative to whether the present method of determining the degree of disability due to war service or aggravated by it, is adequate?--Yes.

As to our representative interests, our Victorian Association has 12,000 members, and if you multiply that number by about 1.7 you will get an idea of the soldiers who are actually members of the Organization in Victoria. Dealing with the question of the objects of the Repatriation Commission, the first part of the evidence will be bearing on the question of the adequacy of the present system. We feel that the responsibility of the Repatriation Commission is to see that the soldier gets all that was intended to be given to him by the people (pre-war, so to speak), and by the Government. We feel it ought not to be necessary for the soldier to have to dig out the merits of his case. The Department have, or are supposed to have, the whole of his history, and we feel that their primary duty is to say "This digger is entitled to certain considerations by reason of these facts;" he of course, having put in his application. The pamphlets which the Department issued show that very clearly because they gave very full information as to what a soldier was entitled to; but of course they only reached very few of the diggers, and, there are many diggers at the present time, who, through ignorance, have really not even applied for pensions. We feel that that ignorance should protect the digger and that he should not be required to fight for what it was intended he should receive. The Commission have a knowledge which no one else has got, even the digger himself; and we feel that they should stand in the place of his father and say what he is entitled to. We recognize that there are very many anomalies, and there must necessarily be, in a service such as that, but we feel that they are best known to the Commission and the digger should be able to be certain that the Commission will see that he gets the benefit of all that he is entitled to. When the Commission was first asked for it was desired that it should be on broader lines, and without the restrictions by which you gentlemen have been limited. In support of that I wish to put in the resolutions adopted by an interstate

conference of the Soldiers' Fathers' Association. Similar resolutions to those were presented to the Minister in 1923. A conference was held at the end of February, 1924, and on the 1st March we presented these resolutions to the then Minister, Mr. Crawford, and the Commissioner, Colonel Fling. The first resolution was as follows:

PRE-WAR DISABILITY AND PENSIONS:

"That in view of the unsatisfactory application of the pensions section of the Repatriation Act, the Government be asked to appoint a Royal Commission to inquire into certain questions relating to pensions, medical treatment and re-establishment needs of the ex-service men and their dependants, particularly in regard to pre-war and post war origin of disability, and that all soldier organizations be asked to co-operate in bringing this about.

The second resolution is one that I shall have occasion to refer to several times; It is as follows:

INSPECTION OF MEDICAL FILES:

In view of many decisions by the Repatriation Commission under which the Returned Soldiers (who have been for long periods on the decisions of medical boards, receiving pensions) have been deprived of their pensions on the grounds that their disabilities are not due to or aggravated by war service, this conference requests that the Minister for Repatriation will direct that the pensioner or someone properly deputed by him shall have an opportunity of inspecting the medical file of such pensioner with a view to ascertaining the grounds upon which the pensioner is deprived of his pension, which in many cases is his only means of existence.

The third resolution was in regard to the Board of Appeal:

"This Conference again urges upon the Minister for Repatriation in view of the nature of many of the decisions given by the Repatriation Commission that arrangements be made by which such decisions may be made the subject of appeal to some honorary Board of Appeal upon which the Returned Sailors' & Soldiers' League of Australia and the Sailors' & Soldiers' Fathers' Association of the State shall be represented."

When submitting these resolutions the attention of the Minister was called to them. We mentioned cases more illustrative of the difficulties the soldier had to contend against. It was pointed out that a man's pension had been stopped and that he had not even a knowledge of the reason for the action. I wish to make it clear that this

is not a suggestion that the public have a right to see any man's files, but we thought that he, or at his request, someone of a representative character may have the opportunity to consider ~~the files~~ ^{them}. Before I have finished my notes I think you will find one of the difficulties which are consequent upon the files not being available at the present time.

The interest in this matter was so keen that a conference of soldier organizations was held in this city. That conference consisted of representatives of sixteen organizations who are mentioned at the beginning of the page containing the resolutions which I now hand to the members of the Commission. They concentrated their remarks on two resolutions, the first being in regard to the Appeal Board:

"This conference again urges the Minister for Repatriation in view of the nature of the decisions given by the Repatriation and War Service Homes Commission that arrangements be made by which such decisions may be made the subject of appeal to the Minister or to some honorary Board of Appeal upon which both sexes and the Returned Sailors' & Soldiers League of Australia and the Sailors' & Soldiers' Fathers Assn. shall be represented.

The next resolution refers to the medical files:

In view of many recent decisions by the Repatriation Commission under which the Returned soldiers (who have for long periods on the decision of medical boards been receiving pensions) have been deprived of their pensions on the ground that their disabilities are not due to or aggravated by war service, this conference requests that the Minister for Repatriation will direct that the pensioner or some one properly deputed by him shall have an opportunity of inspecting the medical file of such pensioner with a view to ascertaining the grounds upon which the pensioner is deprived of his pension, which in many cases is his only means of existence.

That these were not idle requests can be proved by looking through the names of the organizations represented which included practically every soldier organization working in this State. These resolutions were arrived at after a very fair amount of consideration and with a good knowledge of the working of the Commission. The same difficulty has apparently

existed in the other States, for on the 19th June, 1924, Mr. Coleman asked the following questions in the House of Representatives, to which the answers are also set out:

- (1) "Are returned soldier applicants for war pensions entitled to see the files dealing with their cases, including the medical reports of the examining doctors?"
- (2) "If not, will he instruct the Deputy Commissioners for Repatriation to permit of the perusal of the files by the applicants referred to?"

Answer:

- (1) All such files are confidential and it is considered very undesirable that files should be made available for perusal except by the departmental officers authorised to deal with the cases. However, if an applicant ~~X~~ calls personally at a branch office of the Repatriation Department arrangements are made for a responsible officer to discuss fully the contents of the file with him.
- (2) See answer to No. 1.

I want to say that no file in that Department should be confidential as against the man, so, in the first instance, that file is for his good or for his detriment. If for his good, there can be no harm, and if it means deprivation of a portion of his pension, surely he is entitled to know all that is in it? We quite recognise that there are things in those files which will not be to the man's benefit if they were made public property. No one asks for that, but we do contend, when the facts which are contained in those files are the facts upon which that man is deprived - and as I will show you directly very seriously deprived - of whatever pension he may be receiving, surely he is entitled to know those facts instead of knowing only the bitter result which he hears afterwards. We feel ~~XX~~ rather keenly on this. We have had this point brought before us on several occasions and we have had to discuss it with the Minister. "If an applicant ~~XXXXX~~ calls personally at a Branch office of the Repatriation Department arrangements are made for a responsible officer to discuss fully the contents of the file with him." My comment on that is, that, firstly, there is the impossibility in a large number of cases of the applicant calling at all at Branch offices. Much of this work is done by application in the first instance,

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followed by local boards. Many do not even get the benefit of the local board, but have to depend on correspondence. To say that a digger has to call at a branch office when a responsible officer will discuss the question with him, we wish to point out with considerable earnestness, does not attain the end and I am sure that my colleagues who have given evidence here will support me in this view that the digger is entitled to know everything that is in his file with regard to himself. This matter was discussed on several occasions, and at last (I say "at last" because it was as late as June, 1924,) the matter came up in the House. Mr. Coleman said:

* ~~He~~ emphatically protest against the Department's attitude which shows conclusively that returned soldiers are not getting a fair deal. A man goes before the Repatriation authorities and submits himself to a medical examination; his pension claim is turned down, and he is not given an opportunity to peruse the evidence against him.

Dr. Earle Page: He can see the file.

Mr. Coleman: According to my interpretation of the Departmental reply, he is not allowed to do so. The departmental officers are permitted to discuss its contents with him.

Dr. Earle Page: If the honorable member reads the previous sentence of my reply he will see the exact position.

Mr. Coleman: If the Minister will assure me that a returned soldier, an applicant for a pension, is permitted to peruse his file, I shall have no more to say on that subject.

Dr. Earle Page: There is no objection to an applicant seeing his own file.

I would point out to the Commission that up-to-date that has not been given effect to. It has been one of the difficulties that we witnesses on behalf of the soldiers have had to face, in as much as while we quote as best we may the decisions of the Commission we have actually not seen the files upon which those decisions have been given nor do we know what is actually the reason for the decision beyond what we get by letter. Mr. Coleman went on to say:

"I am glad to receive that assurance. What influenced me in bringing this matter before the House was the case of a returned soldier which came under my notice last week, who was examined by the repatriation medical authorities, and two doctors who examined him refused to acknowledge that

his condition was due to war service. He is suffering from neurasthenia, or shell-shock as colloquially understood, as well as aphonia or loss of voice, a functional nervous disorder, in medical parlance, that, according to the file in this case, may be attributed to venereal disease, or causes other than war service. This man has a splendid war record with the artillery, and is undoubtedly of high moral character. Owing to his nervous condition, and owing to loss of voice, he cannot continue his habitual occupation. He was examined and submitted to the Wassermann test. Although two doctors found that there was a weak reaction to syphilis, the third stated that his condition could not be due to venereal disease and recommended him for a small pension, admitting that the strain of war was responsible for his condition. When the case was dealt with in Melbourne, for some mysterious reason, the third doctor's views were overlooked. This returned soldier should not only be permitted to see his file, but also have the power to appeal against the Department's decision, and to submit medical and other evidence in refutation of the slander made against his character."

I am going to ask later on, if it is agreeable to you, Mr. Chairman, that you shall have all the facts^{and files} that have been quoted by the soldier witnesses produced, and that we may as regards a very few of them have the opportunity of being re-called. There are two cases in particular which I will cite later on and which will impress you with the fairness of that request. We have stressed these points because of their applicability to the first portion of your Commission. That is: "Is the present method of determining whether the ex-soldier's disability is due to,^{or} aggravated by war service, adequate to decide the origin or degree to which it is aggravated." We feel very strongly, that, good as it is from the departmental point of view, it certainly is not adequate to ascertain the real facts from the point of view of the soldier. We say that it cannot be adequate if the soldier does not know the grounds upon which he has been deprived of a pension. I will tell you of one case which I intend to cite, of a man who was receiving a full pension for three and a half years under awards by medical boards. He received a notice that his pension was cut off as being not due to war service. I think that will impress the Commission as being sound justification for that man being

allowed to see how, on the decision of some one or more persons, he was left absolutely penniless. That case is directly in point, and I will give you the details later. I can personally state that the absence of that information has restricted us very materially in submitting our case to you. The particulars that we are submitting to-day are not in that complete or exact form that I, personally, with some experience in this matter, would have liked; but we are dependent upon the knowledge such as we can get as to the facts ~~affixing~~ in many of these cases. I quite recognise that a multiplicity of files is not going to influence the Commission, ^{except} /as to whether the principle is a general one or a not. I take it that a few files pertinent to the question at issue will be sufficient for the Commission to form a judgment on. For that reason I am only asking for five or six files to be produced because we are not able to produce more. However, I think the view will not be held that these cases are quite exceptional ones, but that they are indicative of many others.

BY THE CHAIRMAN: The Commission wants of examples of cases. We quite recognise that the facts are not isolated,?--So long as you give us credit for that.

If you say they are not isolated examples, then we are quite prepared to accept your statement?--Thank you, very much, Mr. Chairman.

I may say that our Association strongly supports the evidence given by Major Didden and Mr. Gillett. Those gentlemen from the nature of their positions have good opportunities of getting information, perhaps better than we have. We strongly support the cases they have submitted and the arguments based upon them. In Mr. Didden's evidence he referred to the case of a Mr. Jones. We strongly support ~~them~~ in the view that ~~they~~ put forward and I will not labor the matter by touching on each case. We strongly approve of the way the cases were put by those two gentlemen as showing the difficulty the soldier

has got to contend with. Again, I would like to impress upon the Commission the ignorance of the man. I will not say anything about his temperament, because you will know more of that than I do, but I will say that on many occasions I have had put to me "Oh ... the ^{Repatriation} Commission. I am going to drop it." They have felt that they could not get satisfaction and have said "I am not going any further! That is no exaggeration. I know many cases where the digger has dropped his case and refused to proceed with it because he seems to be up against an impossible position. I do not say he is right. We would have to take each file to show that. I am only pointing out that it is the feeling of many of the diggers; and their cases have, therefore, not been followed up. A large number of the men, of course, are not able to follow up their own cases. We would like to stress that and to say that it is the solemn duty of the Commission, to act, wherever a soldier is suffering from a disability, either personal or financial, and to absolutely dig out the man's case and ascertain the cause of his suffering. To say that it is not due to war service and leave him there, is not helping him at all. We have a right to ask that before they give a decision which will materially affect a man's interest they shall say "Your disability is not due to war service, but is due to" I will show in one case, which will be brought before you later, where we have been faced with this answer? "Yes. It is all right, but it might have occurred through so and so." I think you will agree that such a statement coming from a person in the position of a judge should not be accepted. Surely the digger is entitled to know from the man who condemns him, what he is condemning him for. So far as that point is concerned, it may be very difficult. I, as a doctor, find it extremely difficult to say what was the cause of a certain disability from which a man is suffering. I may

be able to say from his history that it may be due to certain illnesses, but it is not always possible to say what was the cause of the illness?--- Thank you, Mr. Chairman. The witnesses from the Repatriation Commission say that they always give the man the benefit of the doubt. I am out to contradict that, and your own remarks support me because in a case such as you speak of surely there should be only one decision and that should be in favor of the soldier.

I think you misunderstood me. In many cases where a doctor sees a patient he might be able to judge from the history of a certain series of illnesses, and say that the illness the man ~~X~~ now suffers from ~~x~~ was not due to that series of illnesses, or that particular work or action that the man had taken, but the doctor might not be able to tell him what was the cause of the illness. Your point was that you thought in each case in which it had said that the man's illness was not due to war service, the Department ought in fairness to the man tell him what it was due to?---Certainly.

From a medical point of view it is not always possible to say what is the cause of an illness, but the illness might be of such a nature that if you knew what illnesses the man had had over a certain period, you could say that this particular illness could not be due to any of those illnesses.* You might still be able to say it is not due to a certain thing, and yet ^{not} be able to say what it was due to. I do not say it would apply in all cases, but it could not be accepted that because a man was told that his illness was not due to a certain cause, therefore the doctor who said that ought to be able to tell him what was the cause?---I follow you, and I agree with you. I want to put to you now that if you change from your position to the position of the Commissioner of Repatriation; there is no doubt as to the man's present condition; there is no doubt as to his inability to work, or that he is suffering from some

disability. He says: "That is due to my war service at a certain time or under certain circumstances." The Repatriation Department, if they are not able to say that that man's statement is untrue should surely give him the benefit of the doubt. That is the point I want to stress; especially when the Commission tells you, not only in evidence here, but from the statement of the Minister, that the soldier always gets the benefit of the doubt. It is because it is not our experience that we are stressing this point to-day.

In submitting our case to you we are really left to a criticism of the results rather than the method by which those results have been arrived at. That is one of the reasons why we propose to ask you, in certain cases, to give us the opportunity of recall. Whilst thanking you for the opportunity you have given us of seeing the evidence already tendered, you can appreciate the fact that there has been very little time to go through it. Therefore I am only in a position to refer to a few parts of the evidence here and there. First I will refer to a statement by the Repatriation Commissioner at page 7 of the transcript, and after what I have said I think you will appreciate his answer:

"Would you take any notice of a statement made by a soldier under those circumstances?---Yes. If he could furnish any proof or give any information in regard to which inquiries could be made, every effort would be made to establish his claim."

I am afraid the experience is that efforts are largely made to dispute his claim. I say that with no unkindly meaning, but simply from the results which come before us.

"You would give him every opportunity to put his case forward?---Yes, in fact we would assist him in every way."

I am sorry my experience does not bear that out, and to that extent I must dissent from the evidence given by the Chairman of the Commission. On page 8 the following passage occurs:

"The Commission relies entirely upon the medical evidence as to whether there was any disability prior to enlistment?---Almost invariably. Still in numerous cases we override the medical opinion and grant a pension."

To me, with my small knowledge, that is still less within my ken.

I certainly have no knowledge of that. The passage proceeds:

"Have you laid down any definite standard in regard to different diseases as to what shall be considered to be aggravation as the result of service?--The Act precludes soldiers from receiving a pension if syphilis is the cause of the trouble, but where a man has had front line service, fighting service, we take it that that service has aggravated his condition, and we accordingly grant a pension. But if a soldier's trouble is due to syphilis and he has had no front line service, to worry or aggravate his syphilitic condition, then we would not feel justified in granting him a pension under the provisions of the Act."

There are two cases which we will put before the Commission in direct contradiction to that evidence.

As far as that evidence is concerned, the Commission would be quite prepared to accept the statement that you do not generally agree with it. We do not think it is really will be necessary for you to controvert each detail of the Commissioner's evidence. If you told us that you think his evidence is not consistent with your experience we are quite prepared to accept that without any need for your actually going through the whole of the Commissioner's evidence in detail. ?--I am glad to have that assurance. You will not mind me saying that some soldiers have had the experience of being told "But what is his evidence against the doctor?" We are not in it, and it is for that reason that I have given you more detail than I otherwise would have done.

We should like as many details as you wish to give us, but as far as the general evidence given by the Commissioner is concerned, if you think it errs as compared with your experience, we are prepared to accept your statement?--I will refer to one passage on page 22 of the transcript as follows:

"Have you ever known of a case where a claim has been made after seven years?--We had a case where we felt convinced on the facts that the death of the man was due to war service, but luckily he had no dependants. But if he had left a wife or children the case would have been a hard one, because the Act would have stood in the way of the payment of a pension."

That is one case in which the man, fortunately, died; but what about the many converse cases where the men have lived, but have not got the benefits.

That was a case in reference to section 407---Yes, but the same course of reasoning will apply, whatever particular portion of the administration is being dealt with/. I only want to show you why we feel it necessary to dissent from the action of the Commissioner and we claim that although we are only lay men we have a right to be heard even as against professional men with their greater knowledge.

This Commission got the impression from the Chief Commissioner in that particular respect, that he thought it was a defect of the Act, and that when the Act was being submitted it would be altered?--Exactly.

He seems to be quite in accord with the opinion that that seven years' case was not a satisfactory one?---Then whose duty was it to see that the Act was amended? The man was dead.

The Chief Commissioner definitely expressed the opinion that the first time the Act was submitted it was his intention to get it altered to deal with such cases? --I have noted that point. We want to strengthen our position in that respect; the Commission have the first and best knowledge and they would have been the persons responsible for amending the Act if the Act needed to be amended. There has been ample time since then for the Commission to act. Their job is to look after the soldier and therefore if the Act were defective the amendment should have come from the Commission. Without being at all hyper-critical, and amending act would have been brought up quickly enough if the effort had been the other way. I say that with due consideration. If you look at the regulations, (we do not get an opportunity of being present at the rulings many of which are regulations in effect), you will see how the Commission follow up those points. I still want to stress the fact that I do not think they realise that their first duty is

to see that the digger who only fought (he did not "argue the point" then), should be looked after properly.

I wish now to submit certain facts in regard to a case to which considerable importance has been attached. It is one which you have had before you, but was mentioned from another point of view. I refer to the case of the man Holland. I have a personal knowledge of the case myself in part, but we want to submit the evidence in regard to Holland's case because of the circumstances connected with it. Unfortunately the evidence can only be given best by another witness who was supposed to be one of the representatives from the League. You decided the other day¹, for reasons perfectly sound, that you were restricted in the extent to which you could call witnesses. I want to put this to the Commission: This case will be one of the most striking that you will have any knowledge of in connection with your inquiry, and I may say that because of what took place in the House it probably was a big factor in the appointment of this Commission. The case has been discussed in Parliament and I believe it was referred to in the debates of Friday last. I will put in the passage from "Pansard" later. We therefore ask you, apart from any other principle you^{may} lay down as to sub-representation to allow us to tender the evidence in regard to Holland's case without encroaching upon any principle that may be involved. The witness could come as a colleague with me, if you like, or in any way you choose.

Do you want Holland to come here himself?--No. Holland cannot come. He is ill in bed with T.B. Mr. Ratcliffe is the man I referred to.

He has been associated with Holland for years, has worked with him and has slept in the same room with him. He and I have had the privilege of endeavoring to work up this man's case.

Cannot you give us the facts of the case?--No.

I would like to point out to you that this case was brought before us the other day, and whilst we are very glad to receive any information that has a bearing upon the methods of the Commission, we have

no power whatever to give a ruling as to what is to be done. We are not an appeal board in any sense in these cases. We can only use the cases as illustrations of the administration of the Act. I should have thought that you would have been able to tell us sufficient of the case to illustrate whether it has a bearing on the Act without it being necessary for any other person, who knows the man better, to give evidence. I cannot see how having a third person to give evidence before us apart from yourself, will make any difference. It does make a difference in so far as this Commission has distinctly told the other States that second party representatives will not be heard, but only Federal representatives or representatives of bodies that are not favorably situated. If we take the evidence of this witness in the case of Mr. Holland we would have to depart from the principle we have laid down in regard to all the other States?--You will not be departing from that principle by granting my request. I am not asking you to receive another witness from Victoria, but I am asking you to receive another witness from the League. Mr. Dibden would, no doubt, have furnished you with this particular matter had he been concerned with it. All I can tell you is that the matters which we wish to bring before you are not as to the merits of Holland's appeal. I quite appreciate that this Commission is not going to touch upon the merits of any appeal that is brought before it, and we would not ask you to do so. What I wish to do is to show you that the method of administration as carried out in this case is certainly not adequate and that is why we are bringing it directly under your consideration, consistently with your instructions. There were certain personal interviews that Mr. Ratcliffe and I had with the Commission which all bear on the method of administration.

We quite recognise what you have done, and I do not know of any other case in which I might have what may be termed the audacity to put it to the Commission, but I do certainly hope that you will

allow the evidence in Mr. Holland's case to be submitted, in view of the facts.

We would be glad if you will submit the evidence?---I cannot submit it, I can only supplement it.

Do you mean to say that there is only one man in the world who can submit evidence as to the manner in which Mr. Holland's case has been dealt with?---There is only one man in the world who can submit evidence as to the way Mr. Holland has been dealt with by the Repatriation Commission.

The man who knows the evidence can communicate it to you and you can communicate it directly to us? ---I will not say I have the ability to put it before you. This case has already been put before you ex parte from the Commission. Dr. Courtney gave evidence in regard to it. In the short space of time since then it has been found that some of Dr. Courtney's evidence will be challenged.

Will you now go on and give us what evidence you have about the case?---

I do not propose to touch that case at all unless the Commission can see its way to hear the evidence. My evidence must necessarily be supplementary to that of the man whom I worked with and who carried out a great deal of the work.

You have no evidence to give on the case?---Not to-day.

Will you go on with your next evidence now and we will leave Mr. Holland's case for the present?---If you will reserve that case so that I may ask you about it later on. It will be necessary, if you should decide to hear Mr. Ratcliff, to get authority from the Mental Department for him to attend. He gave up the whole of last Thursday hoping that he would have been called. I wish to make a further reference to the evidence of Mr. Chief Commissioner Semmens at page 15 of the transcript, where the following passage is recorded:

Your Commission is entirely free from any political pressure of any kind?---From political instruction, yes.

But from pressure?---You get pressure by members of Parliament who want you to do things, of course. You always will; but it has no effect.

You may have pressure by individual members of Parliament; but as Repatriation Commissioners you ~~you~~ have absolute power. You are not hampered in any way by political pressure?---No. We are entirely free. "

There is a case which I will refer to later on that will raise a doubt on that point.

claim
"A man makes a certain ~~case~~ and expects to get a certain percentage of pension, and the report goes with a recommendation from the local medical officer to your office, and the claim is turned down. Who turns it down? ---Apparently you refer to the case where a local medical practitioner makes a recommendation in favor of the man. He has not got the man's file, or his medical or army history before him, and it goes to the State office. Two doctors at the State office sit on the appeal."

Will you kindly take a mental note of that in regard to other cases?

"They are doctors who have not dealt with the case previously."

At page 17 he refers rather fully to that case. I will quote a case later on which will not support that view, but I will not labor the point at present. The question of the Medical

Advisory Board procedure is dealt with at length on pages 17 to 19. We urge that that Medical Advisory Board shall deal with all cases that are of serious importance, ^{or} to the detriment of the soldier. I know this sounds a somewhat big request, but the decisions given in a case will be cited directly to show the benefit obtainable from that Medical Advisory Board; but, if I remember rightly, it is not called into action except as a sort of final Court of Appeal, or very nearly so, at any rate. We urge that the Medical Advisory Board should be brought into action in many cases, because, if the soldier does not follow up his case with some persistency, he is "wiped off the slate." In the case I will quote you such action saved the man and made a wonderful difference. I will now quote some of these cases and I would again ask that when you have got the files and have considered them, we may have an opportunity of being re-called before you in connection with those files.

BY THE CHAIRMAN: And what do you mean by having an opportunity of coming before us again in connection with those files?--I have not got the files. I have not seen the official files. I am giving you to a certain extent an ex parte statement. If one had the opportunity of referring to certain papers on the files we would be able to support our case.

This Commission is very anxious indeed to do anything that we can in the way of investigating cases. If you indicate the points that you want us to investigate in the files we can do so. I do not see how five Commissioners can refer to the files at the one time, while you may be giving evidence. But if you tell us the points you wish to make, you may rely on the Commissioners giving full attention to them when we have the files before us. It would be to no advantage and practically impossible to carry out an inquiry in which we had a large number of files here and tried to investigate them while you were asking questions. If you will give us the points which you would like us to investigate we will undertake to do so?--That is what I am asking. In the event of anything striking you as being wrong in our evidence we ask to be given the opportunity of meeting you. I personally would like to correct any wrong statements that may have crept in.

This Commission has to weigh the evidence brought before it. You make certain statements. Insofar as those statements are correct we will be guided by them; but you say that you do not know some things. Supposing you say that a certain document is not on the file and we find it is; that is all part of the evidence that this Commission has to sum up when it is making its investigation. We do not want to have to bring witnesses back and point out that a certain ^{thing} believed to be a fact in a certain case is not a fact. Otherwise this Commission would be

unending. It is our duty to sum up the evidence that is brought before us, for or against. If you ^{submit to} ~~send~~ us any evidence that you have with regard to those files we will give it due attention when we have the files before us?--I recognize your difficulty but it is only in case things arise when you see the files, and if you think it to be necessary, then we ask that you will give us an opportunity of being heard.

Certainly. We will then re-call you?--Thank you. That is the point I wished to bring before you. In dealing with these cases it will not be necessary for me to mention the name or regimental number of the soldier.

No. Just number them, Case 1, and so on?--The first document I tender is in connection with Case 1, and is a statement made under oath by the soldier, and submitted to the Department as far back as 1922. It is as follows:

"I desire to ask for further consideration of my application for restoration of pension, and wish to submit the following facts in support of this request, and of the fact that my present condition has been brought about or greatly accelerated by the severity of the conditions connected with my service.

Up to the date of my enlistment I had for many years been in perfect health and free from any weakness or inability to fully carry on my work. I had no knowledge whatever of any disability which would render me unfit for active service at the front. Certificate from my last employer as to 4 years service with him attached.

Service with Navy.

~~During my service in the Australian Navy~~ I served in the Australian Navy for a full term of 5 years from 6th July, 1904, to 10th July, 1909, and produce herewith clean discharge. I was one of three out of twentyfour men selected and passed as medically fit for a diver.

As you gentlemen know that is a severe examination.

Service in Australia.

During my 6 months' service in Australia I was in the following camps in New South Wales, viz. - Show Grounds, Dubbo, Bathurst, La Perouse, Show Grounds (second time) and Liverpool.

I enlisted on 10th May, 1916. In August I was made Corporal, in October I was Instructor in the Show Grounds Camp, and in November was promoted to Q.M.S. at Liverpool, and embarked as Q.M.S. with 6th reinforcements of the 33rd Battalion.

My camp service was very strenuous and the conditions were bad. I was in camp at Dubbo and was transferred to Bathurst, the Dubbo camp was subsequently broken up being too low lying. I was sent to Bathurst Camp, and whilst there that Camp was flooded and it also was broken up for the same reason.

My ill only illness in Australia was whilst in La Perouse camp. I was in hospital for 4 days for an illness which was diagnosed as Gastritis. I understand that this illness is now referred to as the first symptoms of my present disability."

He is suffering from locomotor ataxia.

"It was not so diagnosed at the time, and if it so appears in any medical file I claim that I should have been discharged as medically unfit."

While the man was in this camp four men were dropped down with something like colic. The water supply had been recently laid on and it was generally credited to a sort of poisoning or something of that sort arising from the water.

"Service overseas.

I embarked at Sydney on the "Baltana" on 27th November, 1916, and on arrival at Devonport was in hospital there for 3 or 4 weeks, my illness being again diagnosed as Gastritis. I was then sent to Periam Downs and from there to Durrington on Salisbury Plains.

I worked at Durrington in the Quartermaster's office and stores from February to 4th May, 1917, when I was sent to Hospital with an attack of Gastritis, and remained there till early in July. I was then sent to Westham camp and boarded for Australia.

The fact of his not being sent forward was accounted for by his special services and his ability in the position he occupied. When his illness came on.

"It was whilst in hospital on Salisbury Plains (Devon Hospital) in July 1917, fourteen months after my enlistment that my illness was first diagnosed as Tabes Dorsales."

I arrived in Sydney at the end of October, 1917, and was sent into the Fourth A.G.H. at Randwick, and remained there until the end of April, 1918, when I was discharged from the A.I.F. and granted full pension.

I remained in hospital there until July 1918 when I was transferred to Prince Alfred Hospital and remained there till February, 1919, when I became an out patient.

Whilst in Prince Alfred hospital towards the end of 1918, as far as I can remember, I was again boarded and my full pension confirmed.

I continued as an out patient from February 1919, until early in 1920, during which time I was living at Ashfield and Summer Hill, Sydney, and in the country at Mittagong, and attending the Repatriation Doctor at Bowral.

In March 1920, I was for the third time boarded (at the Repatriation offices in Sydney) and full pension for self, wife and child was again continued.

In January, 1921, I went into hospital at Bowral for a few weeks.

On the 1st April, 1921, I was for the fourth time boarded in Sydney, and in June, 1921, I received word that the pensions of self, wife and child were cancelled, but no reason was then given for such cancellation. I was unable to work. I sold off our home and went into Bowral Hospital. My wife went to live in Sydney and is taking in boarders to keep herself and child.

(Continued on page 28c.)

"I was again in Bowral hospital till the end of September, 1921. I came to Victoria at the end of September to go up country to Yackandandah and stay with my brother to endeavor to pick up my condition. I then stayed for about five months at Warragul at my sister's place, under treatment. I then came to Melbourne and applied for admission to Caulfield Hospital but was refused.

Whilst in Randwick and Prince Alfred hospitals, blood tests were made on two separate occasions, each of which gave negative results.

Subsequently, while in the Prince Alfred hospital a lumber puncture was made which gave a positive result.

I urge my claim to have my pension restored on the grounds that :-

There was no evidence, medical or otherwise, of any pre-war unfitness or physical disability; on the contrary my naval service and civilian service showed me to be thoroughly fit.

If there were any pre-war weakness, it was accelerated by my exceptionally severe service in camp.

If my illness in camp at La Perouse were, as is now claimed, evidence of pre-war disability, as now diagnosed, I should not have been allowed to continue camp service or embark on active service.

That there was no medical evidence of any permanent disability during my service in Australia or my service in England until July, 1917, which was fourteen months after my going into camp.

That the payment of full pension and its continuance over several periods of review extending over three years and examinations by three medical boards, justify my claim that my present disability is due to or aggravated by my service with the Australian Imperial Forces."

BY THE CHAIRMAN: Any special comments you wish to make as you are detailing these cases I think will be of assistance to the Commission when they are considering the matters you are putting before them?---I will make any special comments as I put the cases to the Commission. I wish to specially comment, in connection with this case, on the matter of the overseas service of this soldier. It was not through illness but on account of being kept back for duty that he was not sent away with his reinforcement. The man was at Perham Downs and Durrington early in January, and therefore he had the fog end of the winter at those places. This is one of the cases I referred to as illustrating two or three of the difficulties we have. The next

case, which was equally difficult, had a different result. I was closely associated with the case, and for that reason I desire to read it through to the Commission. It is in relation to No. 2031, Air Mechanic, A.F.C. The case has been made out in appeal form, and is as follows :-

"I hereby appeal against the decision of my claim for War Pension, which has been reduced to the rate of £2-2-0 for fortnight.

My ground of appeal is that I am suffering from disability consequent on or aggravated by War Service.

That such disability is not consequent on or aggravated by any act of my own.

That I have on two separate occasions on discharge from the A.F.C. been granted full pension but that on each occasion owing to my having to return to hospital I have not had occasion to draw same. On a third occasion I was declared 100% disability.

That I am at present totally incapacitated owing to my disability and according to my medical history permanently so.

In support of my appeal I submit herewith statements as to my general health and occupation pre-war, my military service, my medical treatment in England and in Australia and my Repatriation experience.

I appeal for a grant of full pension consequent upon total and permanent incapacity and that it may be made retrospective.

I have only to add that I have not received any medical sustenance or any other monetary allowance whatever except the temporary pension of 30/- per week granted for my wife and myself."

PRE-WAR EXPERIENCE.

"I was born at Irvingtown, Ireland, in 1884.

As a lad I held the swimming championship of the public Schools of Glasgow for 5 or 6 years, and later held third position in the championship of Scotland, and Swimming contests for the years, from 17 till 20 years of age.

I was married at the age of twenty. Between this and my attaining the age of 25 years, I was in continuous employment as Motor Mechanic in Glasgow and Greenock, and for the three years following I was in business in Greenock as Motor and Marine Mechanical Engineer.

In 1912 at the age of 28, I arrived in Australia, and from the date of my arrival until my enlistment in 1917 at the age of 32 years I was in perfect health, with the exception of three days' illness from ptomaine poisoning.

MILITARY SERVICE.

"Having special mechanical experience I endeavoured to enlist in the Australian Flying Corps, and to do this was required to pass special medical examination and technical and practical tests in Motor Engineering. Owing to the lack of vacancies I was unable to enlist until 1917 when I was admitted to the Flying School at Point Cook as Air Mechanic.

I left Australia on August 8th, 1917, and arrived at Windover and served there and at Leighton - At the latter place I was employed in the building of the first Australian Airodrone, and on its completion I was attached to "A" Flight, as Flight Mechanic. My duties comprised the tuning and testing of machines in flight, the swinging of propellers and testing and maintenance of engines generally.

The conditions under which we worked were exceedingly strenuous, for the earlier part of the time necessitating a 3-mile walk from my billet to Airodrone. The whole of this period was spent in the open often up to the knees in mud and snow.

The swinging of propellers on occasions was carried out 100 times a day and in all weathers, and with a wind velocity from the propeller of 120 miles an hour. We worked 7 days a week at high pressure to meet the demand for pilots. The urgency of this work at times took me into the air for over an hour at a time clothed only in working overalls. At times I have landed almost frozen.

INVALID EXPERIENCE.

Whilst at Leighton in 1917, I was for a week in hospital at Rebecin suffering from rheumatism. In April 1919 I was sent to the A.F.C. Hospital at Tedbury with nephritis. I was attended by Captain McKee and other medical men. After six weeks' treatment the regulations there required a blood test. I was granted Armistice Leave. On my return from leave I was informed that blood test showed positive. I was then sent to Bulford Hospital, but was refused admission owing to absence of any signs of disease, and was then sent to Parkhouse Convalescent Hospital. On arrival I was examined by Dr. Cooke who stated he could not understand why I was sent there. I was detained there for 13 weeks and given maximum treatment, viz., weekly injections of mercury during the whole time. At the end of that time I was sent to Sutton Vaux for two or three weeks awaiting embarkation. Embarked on 8th August, 1919, in transport "Argyllshire". On the second day out I was sent to hospital suffering from Jaundice. My condition became so bad that it was desired to put me ashore at Capetown, but I refused.

I was in hospital all the voyage, and taken from the ship on 20th September, 1919, direct to Caulfield hospital still suffering from Jaundice. After some weeks, internal pains and bladder trouble appeared, and my case was diagnosed as Locomotor Ataxia. I was discharged from Caulfield on 7th January, 1920, and discharged from A.I.F. with about 30 days' leave and granted full pension.

About twelve days after I collapsed and was removed in ambulance to Caulfield and again put on the strength of the A.I.F.

"I was in hospital till May, 1920, when I was again boarded and recommended for transfer to Brisbane and again granted full pension. Owing to non expiry of leave the Department could not transfer me and I was sent back to Caulfield. I was again reinstated in the A.I.F., and was then transferred to Brisbane.

For four months I was an outpatient in Rosemount hospital under special treatment till the end of the Winter of 1920, when after special examination by Major Houston and Dr. Duhig (M.O. of the transport on which I was returned to Australia) I was again transferred to Caulfield (in October 1920) as an out patient, and so remained until 31st March, 1921. On that date I was again boarded at Caulfield and again (the third time) discharged from the A.I.F. with 100% disability, and I believe again recommended for full pension.

Under orders I continued as an out patient until May, 1921. On expiry of my leave I made application for pension and owing (as I understood) to the absence of some of my papers I was sent for medical examination at the Repatriation Department. Three weeks later I received intimation for the first time that my disability "was not due to war service" and that my pension (which as before stated had been granted as full on the recommendation of three medical boards, spread over a period of eighteen months) was cancelled "as from date of grant". "Whatever date that meant was not explained.

This decision cut me off from further treatment at Caulfield and I was compelled to obtain my subsequent medical treatment at the Melbourne Hospital under Dr. Sewell and up to the time of his decease, Dr. McIver.

During my illness I have been under the attention of the following medical staff, viz.-

At Tedbury	Captain McKee
At Parkhouse	Major Cooke
On transport	Major Lethbridge, Capt. Duhig and Major Dr. Power
Since arrival	Col. Walter Summons
	Major Cole
	Col. Strangways
	Col. Murray
	Captain Steele
	Major Irvine
	Col. Sir Jas. Barrett (for eyes)
	Col. Cusack
At Brisbane	Dr. Houston
Private	Dr. Morris, Dr. McIver, Dr. Makaddie and Dr. Sewell

On appeal against the decision cancelling my pension I was again medically boarded and on 18th August last I received a notice that I had been "Granted a war pension at the rate of £2-2-0 per fortnight.

Prior to this decision I was medically examined by Dr. Courtney for employment and was turned down and refused sustenance because I was totally unfit for any employment.

I am still in that condition."

That man's condition is as stated. He is permanently disabled, and on any day he may have to be home in bed. I wish to emphasize the mention in the statement of the examination referred to, where the man states "Under orders I continued as an out-patient until May, 1921." On expiry of my leave I made application for pension and owing (as I understood) to the absence of some of my papers I was sent for medical examination at the Repatriation Department. We would like to know who made that examination, and whether it was carried out in accordance with what this Commission has been informed by the Repatriation Department is their regular practice in connection with an appeal. I have reason to believe that that examination was made by one doctor only. On the testimony of one doctor, if that is the case, the whole of the previous decisions by the medical boards have been upset, and this man deprived of a pension. I mention this as having a bearing on the system of administration, and as we have not seen the files, we would certainly like to know who made the examination referred to.

BY THE CHAIRMAN: Do you know if the files were asked for in all these cases by the claimants?---It is an invariable rule that we cannot see the files. I have been with the soldiers to the departments, and we have not seen the files.

Do you know whether the files were asked for in these cases?---In general terms, yes, but I could not give you a copy of any written application. The administrative offices are extremely courteous to us, but we are continually met with - and properly so. I suppose - the remark "Sorry, Mr. Clayton, but we cannot disclose the medical files."

BY DR. JACKSON: Do you know, of your own knowledge, that the files have been asked for and refused in the cases you are now referring to?---I do not know that I can say that they have been refused. Then you do not know?---That is the answer, but that conveys too strong a meaning. As to how far it is necessary to qualify that

answer, I have received straight-out refusals when I have asked to see the medical files.

BY THE CHAIRMAN: You cannot answer the question of your own knowledge, as to whether the files were actually asked for in these cases?---I cannot answer that with anything in writing. I have been refused in these particular cases, and I have been with the soldiers and made inquiries. Another point I wish to ~~mention~~ refer to in this last case I mentioned is contained in the second last paragraph of the statement, when the soldier states "On appeal against the decision cancelling my pension, I was again medically boarded, and on 18th August last I received a notice that I had been "granted a war pension at the rate of £2-2-0 per fortnight". First of all, the man's pension was stopped. If that man had not been a fighting man, and had not been assisted in his application, he would have been without a pension from the time he was examined by, I think, the one medical officer, despite the fact that all the previous boards decided he was a full pension case. A further point I wish to emphasise is that if on that testimony the man were granted half pension on a case which is very definitely shown throughout ~~of~~ the file as being one of total incapacity, how can the system be adequate if it allows of a man being granted a half pension for total incapacity, and then, when the matter was followed up, on the action taken the man was granted a half pension, and to-day he is receiving a full pension. I put this case to show the view we hold of the present system from the point of view that it is not adequate to get at the real facts of the case, and to decide to what extent a man's disability is due to war service.

I will now deal with case No. 3, which refers to No. 5147 of the 8th Battalion. In this case the man suffered from an injured spine. The soldier was reported on and boarded on 24th January, 1924, and the decision was "Disability refused". The man was then in Caulfield hospital, and it was arranged that he was to be transferred. In fact, the date was fixed on which the man was

to be removed from the Caulfield hospital because his disability was not due to war service. The P.M.O. was sent for, and he recognised the necessity for the provision of a leather jacket and other appliances, and the man was not removed on the date which had been fixed, and he was allowed to remain in the hospital for possibly two or three weeks while matters were progressing. Mr. J. McNeill, M.H.R., I think Mr. Edgar, M.L.C., and I, amongst others, used our best endeavors in this case. On 17th May Mr. McNeill received a letter from the Minister which states: "With reference to your representations on behalf of Case No. 5147, 8th Battalion, I have to advise you that following upon the recommendation of the Medical Advisory Committee, the Repatriation Commission has decided to give Mr. the benefit of the doubt and to accept his present disability as due to war service." I urged just now that any case of importance should go to that Advisory Committee under any conditions, before the work of the Repatriation was finished. In this case that would not have happened, and the boy would have been taken out of the Caulfield hospital although suffering with an injured spine, and he would have been allowed to shift for himself but for the efforts put forward on his behalf by outsiders, - and that fact is clearly shown by the letter I have read. The Medical Advisory Committee in this instance did the right thing, and that boy should have been granted a full pension in reply to his first appeal. In citing the case, I ask this Commission to give earnest consideration to the question of the lack of adequate means, as is indicated, until outside interference of a particular character takes place.

Case No. 4 deals with No. 1120 of the 5th Pioneers. This man is suffering from trench feet. I have obtained that information from the soldier. This is one of the cases where, if the files could be seen, one would be able to tell the soldier whether he had a case or not. This man is being treated for trench feet to-day. I know that because I have seen his cards.

Necessarily, to an extent, the soldier is disabled, but the department cannot recognise his disability, and they state it is not due to war service. If "trench feet" is not due to war service, I will be very much surprised. The amount of the disability is comparatively small, but, at the same time, the boy has had to accept a reduced rate of wage in his employment because his disability prevents him from following the particular section of work he was engaged in prior to the war.

I had three other cases, but, for the reasons I have already mentioned, I am not able to quote the particulars.

If you let us know the names of the individuals, we will ^{look} ~~xxxxxx~~ at the files?---If I cannot give you any definite particulars, I will not ask ^{the} Commission to do that.

The Commission will be glad to look at the files in connection with any case you mention. If the secretary is given the necessary particulars, the Commission will look at the files?---I omitted to mention one matter in connection with the first case I have quoted, that is that when the matter was before Parliament on 4th June last some remarks were made by Dr. Page, which I desire to quote in order to strength the consideration of the Commission on these points. On page 1063 of Hansard of 4th June, 1924, Dr. Page is reported to have said, in relation to this case:-

" I am indebted to the Hon. Member for Batman for drawing my attention to this case. I confess that a perusal of the files to enable me to prepare a reply to the Hon. Member disclosed stupidity in the handling of the matter that was beyond my ability to comprehend. It had been held, on the one hand, that this man was not entitled to a war pension because his invalidity had not been caused by war service; while on the other hand he was refused an invalidity pension because his invalidity had occurred outside of "Australia."

We have cited these cases in support of the view that the present method of determining whether an ex-soldier's disability is due to or aggravated by war service declines to decide the origin or degree. We contend that if these means are to be adequate, they should be self-supporting and self-contained, without the necessity for any external assistance, legal or otherwise. I mention that because I could cite cases where it was

necessary to put matters into the hands of the law - with satisfactory results. We submit that these cases justify the 'digger' in asking for the power to inspect his file, and, as the 'digger' personally in very many cases has not, perhaps, the ability to understand the departmental files, if he so wished someone on his behalf or in his present should be given the opportunity to inspect them. We also think these cases strengthen our request for an appeal board. I do not want to multiply military appeal boards, but I think it will be admitted that there are phases in certain cases, such as those which have been cited, where a lay man could be of material use - especially a trained mind - on a reference board of some kind. We have asked for that provision. It does not meet with the approval of the department, and the Minister has expressed himself accordingly. We feel that, but for the action which was taken in these cases, the soldiers concerned would have been hopelessly left. I wish that the members of the Commission could see the individuals concerned in the three cases I have mentioned. No doubt, you have seen infinitely more cases than I have, but these three cases are so exceptional that I am sure they would appeal to you.

In the time at my disposal, I have not had an opportunity to go right through the evidence given by Mr. Cornell, but I have seen some of it, and, with all due respect to the witness, we differ/ from the statements made. We say that the statements which have been put before this Commission are the principles laid down on paper, and we say, with due respect, that those principles are not carried out. It is to attain that end, that we desire the further opportunities we ask for. As a bearing on that, on page 122, Mr. Cornell stated: "There seems to have been an impression that a large proportion of the examinations were made by local medical officers, but I think I am safe in saying that considerably over 90 per cent of the examinations are made by the departmental medical officers". I would like to know if that applies to country cases. I think interesting

We know that, but we do not think that the 'waster' should be accepted as representing the type of the returned soldier. We feel that the 'digger' should be given more consideration in that regard, and better opportunities for supporting his own views. The 'digger' was accepted after several examinations and practical tests. Is he not entitled to the claim that his disability is due to or consequent upon war service, until the department can show that that is not the position? The cases I have cited will, perhaps, show better than I can state exactly what we have in mind. If I am suffering to-day because of something, surely I am entitled to know what that is. If the department say it is not through war service, and I say that it is, surely I am entitled to be shown ~~why~~ how it could not possibly be due to war service and that it is due to something entirely different. The professional opinion is given that the disability is due to a man having done so-and-so, and surely we are entitled to know those particulars before the man's case is finalised? Take that case of Locomotor Ataxia which I have cited. If the earlier sicknesses, which are now relied upon as evidences of the disability, were as stated, the man should not have been allowed to remain in camp, let alone to be sent overseas and serve for seventeen months, but when he broke down, he was told his disability was not due to war service. What chance has the man? did

I ~~mean~~ intend making reference ~~now~~ to several points in connection with Holland's case, but unfortunately I cannot do that at this stage. After the Commission has given consideration to that question, we may have to submit our points in some other way.

With regard to the earlier examinations, we all know what took place in Melbourne. We went down to meet the boys at the Bridge, and we knew that if we were not smart in getting round to St. Kilda Road they would have gone through, and we would have missed them. The boys necessarily did not want to go in for a medical examination, and what happened was that ~~the~~ a boy

was asked: "Well, how are you?", to which he would say: "I am all right, and I want to get home". That early examination really meant nothing in a large number of cases, and it should be considered as not having been made. Of course, the examination is on record, and it has been stated to this Commission that the soldier did not make complaints when he was being discharged, and he only found his disability afterwards. I think one witness went out of his way to say that some of the boys said they were all right on one day, but on the next day they were at the department putting in a claim for a pension. That may have been the case with a few, but it was not so with the majority, and the boys only became acquainted with their disabilities when they began to suffer.

I think I can assure you that this Commission is satisfied that the medical examination on return was not of any value?---Thank you. In connection with section 40 of the Act, while it appears to be liberal as regards time, there are cases where that limit should not be enforced. If it is necessary to amend the statute, I think we have the right to look to the Commission to suggest either an extension of that period or the granting of discretion to the responsible officers to depart from that time limit when the circumstances warrant such action. I admit you have to wait for seven years after the man's discharge, and that that is a long period to go back, but I can quite conceive that disabilities have been existing which may prove fatal to a man even after the seven years has elapsed. I put the position with some diffidence to you medical gentlemen, as you know the position, perhaps, better than I do, but I think that the provisions of section 40 should be made more elastic, or that someone should be given the opportunity to grant an extension when necessary.

I do not know whether I have the right to ask it, but I hope this Commission will express itself favorable to the two submissions we have put forward, that is the right of the man

or his authorized representative, to inspect his personal file, and the creation of some system of appeal, with lay representation. In connection with the lay representation, we submit what I think will be recognised as being right and fair, that is that the soldier and the soldier's father, through their two organizations, should have representation on some board of appeal.

In the short time at my disposal I have not been able to put our case as fully as I would have liked, and I can only hope that you will be able to secure the knowledge which we have not been able to give you, and that you will keep the soldier in mind to see that he is not placed in a position where he will be dependent upon himself or his deputies; and that he will receive all that is necessary from the hands of the Commission.

The question as to whether the pensions paid in respect of children should be increased is perhaps one for Parliamentary action, and I do not know whether it comes within the scope of this Commission, but we have a number of applications in that regard.

BY THE CHAIRMAN: The amount of pension which should be given to each child does not come within the scope of this Commission?--Perhaps that is so, but I would like the Commission to know what we think of that question. I have a case in mind where a man is paying out of ~~his~~^a comparatively small pension, 8/- per week for milk for one child, and he is only drawing 5/- per week in that regard.

In connection with the matter of rules and regulations, we know and can handle the Act, and we can buy copies of the regulations; but the regulations are the work of the Commission, and we feel that there should be some opportunity of dealing with those regulations before the Commission. In addition, there is in existence a book of rulings. We are not officially supposed to know that there is such a book, and, of course, its

contents are unknown to us. However, we do know that when we submit a case we are told that under ruling Number so-and-so, the matter is prohibited. To illustrate my point, I will quote the case of a man with a single amputation, who filed an application for an advance to enable him to carry on a poultry farm. The man had all the necessary qualifications in that he was disabled, not able to follow his work, was receiving a pension, but he had gone in for vocational training for a period. Previous to the war he was a farmer, and on his return he had gone to Kyabram where he had been doing vocational training for a time, with one leg instead of two, and we put in an application for an advance of £50. Our application was refused on the ground that the period was more than 12 months from the date on which the man had been discharged, but he had been under the control of the Repatriation Department for fifteen months. The man was refused the money, but he was put on to a poultry farm. The amount of money necessary to do that had to be given - it is practically a gift - by a private individual who had some regard for the 'digger'. That man gave me a cheque for fifty pounds odd in order to give the 'digger' a start. Although your investigation is limited strictly to the matter of pensions, and on that account, ~~although~~ ^{but} I should not perhaps cite these cases, I do so to help convey to the minds of this Commission that the administration is not on behalf of the 'digger' but on behalf of the department. That should not be the position. I do not accuse anyone of personal animosity, but we have the results, and we ask this Commission to secure us some relief.

BY DR. NEWLAND: Where it is shown on review of a pension that the Repatriation Board or the Commissioners are satisfied that a pension has been wrongly given to a man, although the man had been receiving the pension for, say, two years, do you suggest that the pension should be continued?---In the abstract, no; but I have yet to conceive that three duly constituted medical

boards shall decide that a man is totally disabled and entitled to a full pension, and that, so far as we know, those decisions shall be overridden by the evidence of one doctor who has ^{no} ~~never~~ knowledge of the man in question. The previous boards would have the man before them, but the single doctor would have no knowledge of the man. In the case I mentioned, that doctor only saw the man once.

In the case you speak of, the review was inconsistent and should not have been decided upon, but I am assuming the opposite position?--When the Advisory Committee dealt with the case they altered the decision. I say that pensions should not be reduced, except by the decision of the highest body possible. I think you will agree with me that we took the right action, seeing that the circumstances were so extreme.

I merely asked the question that, where it was shown that a former decision was wrong, would you have any objection to the error being corrected at any subsequent date by a competent authority?---I would have to be convinced that it was an error.

What they have to determine is definitely laid down in the Act, that is the connection of a disability or the aggravation of a disability with war service. They have to determine whether the actual disability is due to other than war service. You would like the Commissioners to state exactly what the disability was due to when they are satisfied it was not due to war service?---How can the Commissioners be satisfied that a disability is not due to war service if they do not know what it is due to?

I think it is possible to determine the matter myself?---With due respect I dissent from that as a plain fact. We will admit that the man's head was not blown off by a shell, and that he had not lost a leg, but the men I have mentioned are disabled. Two of the men I have referred to have gone through hell while sitting with me at times.

The point I was asking in regard to is this; that ^{it} is laid down in the Act that the Commission has to determine the connection of the

disability with war service. They might say the disability was not due to war service. In many instances it is not possible to say what the disability was due to, but you say it is always possible to state what a disability is due to?--I do not say that, but, if it is impossible to say what the disability is due to, do not penalise the man.

THE WITNESS WITHDREW.

CHARLES ARTHUR COURTNEY:

SWORN:

BY THE CHAIRMAN: I understand that you have been asked to submit some evidence in connection with the medical files which have recently been discussed in Parliament, and in connection with which cases it is probable that evidence will be submitted to the Commission. Are there any comments you desire to make in addition to the matters contained on the actual file. We will take case No. 9 which deals with No. 8603, 1st A.G.H. Have you any special comments in regard to that case?--No.

Have you any comments in connection with case No. 10, No. 2476, 21st Battalion?--This case illustrates the difficulty of ascribing to war service the death of a man, which was due to constitutional causes. In this case it was decided that war service had no connection with the death. Case No. 11, which refers to No. 5173, 4 M.C. Bn, is one of death following a specific disease which is not regarded as due to nor aggravated by service. In this case the infection arose subsequent to service, although prior to discharge from the army.

The disease was contracted after the soldier had finished his service, but before he was actually discharged, and he subsequently died as a result of the disease?--Yes. The summaries of the other cases are not yet ready, and these cases consist of the following: No. 12, a mental case due to specific disease, following infection after service; No. 13, a new claim arising subsequent to service, which was regarded as not being attributable to service; No. 14, a T.B. case in which the submission by the State branch was questioned on the ground of the credibility of the claimant.

Case No. 15 deals with a claim for death which was regarded as not due to war service, and in which the medical evidence was disagreed upon.

The other cases on which you are going to submit/precis are those which were selected at random by the Commission?---Yes. I desire to add a case, which will be known as No. 222. It illustrates the non-attributability of a disability from war service. I submit a statement concerning the number of pensions for T. B. cases, and these are shown in their different classifications. The statement is interesting from the point of view of the numbers in the different classes in the different States. For example, with class A and lower rates, in one State, where there are 700 odd patients, there are 167 in that class, but there are 325 for another State, where there are fewer patients.

What is the pension for "Class A" and lower?---\$2-2-0 per week personal. That class naturally contains all the patients not in our institutions, and it also contains the men who are not in institutions, but are on class "A" rates or lower rates.

You say that \$2-2-0 per week is the rate for class "A"?---Yes.

Is that a special rate?---No. The special rate is \$2-10-0 per week. The \$2-2-0 is the ordinary rate of pension for schedule 1, which coincides with class "A".

BY DR. ANDERSON: Is the difference due to the class of case or the method of classification?---It is due to a difference in the classification and the method of administration, that is there is a closer co-ordination between the sanatoria and the department.

The greater difference seems to be with the numbers in "D" class?---The statement shows the difficulty of obtaining uniformity. As with any figures, you can easily read too much into these figures.

BY THE CHAIRMAN: I suppose it might be largely a question of individual standard and as to when a man is allowed to leave a

sanatorium?---Yes.

Some people might let a man out much earlier than other people, and ^{the opinion of} the person in control of the sanatorium would not be reflected in the number of patients in "D" class?---That is one point which my statement illustrates.

As a general rule, I suppose a departmental officer in the various States, to a certain extent, decides whether a man should be in a sanatorium or not?---Yes. We endeavour to have that officer the one who is conducting the sanatorium. We endeavour to make that officer responsible, but we cannot do so where he is not on our own staff. The statement also shows that comparatively few men on £2-2-0 per week or less are not in institutions. There are 2,441 all told, and of those 327 not in "A", "B", "C" or "D" class, receive £4 per week as being hopelessly ill. That class is not subject to any review. They have no hope, and they are all in the totally and permanently incapacitated class, just as any other invalid. We do not put any into that class now, but class "D" gives the same amount of pension and brings the patients for review once a year.

The figures are different in some respects, especially with the last item that is T & I. pensions?---The total of 456 includes all permanently incapacitated soldiers from all causes, some of which are T.B. cases. I also submit the minutes of the Advisory Committee, as some of these cases are mentioned in those minutes. I have some remarks to make in regard to routine, and certain evidence which has been given, and I desire to deal with the question of permanent pensions and the assessing, and other phases of the question.

BY THE CHAIRMAN: The Commission would prefer that you attend at a later stage to deal with those matters, and there is a number of questions which the Commission wish you to answer, and they can then be dealt with.

SITTING SUSPENDED FROM 12.30 TO 2.30 P.M.

ON RESIDING AT 2 P.M.

GRACE WILSON, MATRON, C.B.E., and R.R.C. SWORN: EXAMINED:

BY THE CHAIRMAN: I understand you are the secretary of the Returned Nurses Association?--No, but I am representing that body today.

Is there any Federal body connected with that association?--No, there is a separate body in each State.

Is there any evidence that you can offer the Commission with reference to the inquiry we are now making into the question of whether the present means of assessing the disability of returned soldiers, and whether that disability is due to war service or aggravated by it, are satisfactory?--I have no definite evidence to give, but, from what I have seen I would say that the work has been very fairly done, and the claims very extensively inquired into.

Do you think that the nurses are very well satisfied with what has been done?--Yes. Of course you will always get one or two persons who will say things, but I think, on the whole, it has been very fair and very good.

Since you have returned from the war, have you had any ~~experience~~ experience with returned men?--For a year after I came back I was at Rosemount Military Hospital, Brisbane, but since then I have been in civil positions.

You have not had any actual experience of returned men since you came back?--Not since 1920, but the sisters I do come in contact with.

It has been suggested to this Commission that the present arrangements for obtaining medical advice, and having the claims of the men inquired into by the present departmental medical officers are not all that might be desired, and that it might be better to appoint some form of Appeal Board with other medical authorities on it. Would you say, as far as the nurses are concerned, that they are satisfied on the whole with the

present arrangements?--Frankly, I would.

BY DR. JACKSON: Have you any knowledge of claims for compensation made by nurses under the Repatriation Act?--~~Yes~~ Any that I have known have not been refused, and they have always had a very fair revision. I do not know of any case here, but I have been told that in one of the States, at any rate, even for six months after they are married they allow the compensation, or that they do not call them up for review for six months afterwards.

As far as you know, and you can speak ^{some} with authority the nurses are quite satisfied with the way the Act has been administered with respect to their claims?--Yes, as far as I know.

BY DR. AMERSON: You say you have heard one or two grumblers. Has there been any substance in those complaints?--There has not been anything definite, and the grumbles have been from people we have known abroad. There ^{are} some people who grumble at most things. There has been nothing that one could definitely act on.

THE WITNESS WITHDRAWS.

for
GEORGE ADLINGTON SYME, R.N.R.: SWORN: EXAMINED:

BY THE CHAIRMAN: You are a member of the Medical Advisory Committee of the Repatriation Department, I understand?--Yes. I understand that that committee mainly advises on matters of principle?--Yes, and on individual cases also.

Do you think there would be any difficulty in extending the functions of the committee in the direction of making them more in the nature of an Appeal Board?--It is, in a way, the Appeal Court as regards any medical matters.

Some evidence has been given which indicates that it is the rule now that it is only in types of cases where the Repatriation Commission wants evidence that they are brought before the Advisory Committee?--Yes, but any individual case, as to which the Commission is in doubt is referred to the Medical Advisory Committee for their opinion, and, as far as I know,

that opinion has always been accepted.

It has been suggested that there should be an Appeal Board in each State, and that a soldier claimant should have the right to nominate a referee on that Board. There ^{has} ~~has~~ been two suggestions made, one that he should have the right to select a referee from a panel of doctors appointed by the Department, or, secondly, that he should have unrestricted choice. Do you think there is any need for such a Board?--- Would that be the final Board of Appeal?

Apparently so, in the State?--If the Department were not satisfied they could still have the Medical Advisory Committee or some other final Board of Appeal. ~~Yes~~ This is only my personal opinion, but I do not think it would be advisable that that should be the final Court of Appeal if the claimants would have the right to nominate their own referees.

Do you consider that the medical officers in the Department to whom cases are referred perform their duty with the detached air of a referee?--As far as I can gather, they do.

You do not think there is any reason to suggest that they observe a departmental attitude rather than the attitude of a referee purely and simply as between the claimant and the department?--I do not think so, in fact, I rather think there are some cases where they have been favourable to payment and the Advisory Committee has recommended differently.

Do you consider that the Repatriation Commission have always allowed full weight to medical cases?--As far as I know, they have.

In cases which have ultimately come before the Advisory Committee, where the opinion of the Repatriation Commission has been reversed, has there been any attempt to block the appeal as far as you know?--Not as far as I know, but I am not in a position to say.

Nothing that you have seen has lead you to feel that the previous refusal has been due to anything but an honest difference of opinion?--No.

You do not consider there is any greater severity in reviewing pension cases now than formerly?--I do not think so, in fact

~~as far as I know~~ in regard to some cases, such as ^{tubercular} ~~tubercular~~ cases, there has been very much more consideration shown of late than formerly. We have extended the period over which we would accept responsibility.

One witness suggested it would be an advantage if the schedule system were extended further, - that there would be a wider range of definitions in regard to disabilities?--I do not think so. I think the more you extend it in that way, the more difficult it becomes. We arrived at the conclusion that we had to take every case on its absolute merits.

Do you think that the want of detail in the medical record and the exact state of health on a soldier's discharge ^{have} ~~has~~ increased the difficulty of assessment?--It has in some cases.

If a satisfactory form, such as is required for insurance, were filled in, much of the present difficulty and discontent in this connection would not have arisen perhaps?--I do not know about the discontent, but it would certainly help the work of the Medical Advisory Board very much.

With regard to assessing the element of aggravation in the matter ^a of pensions, one witness indicated that rather extreme leniency was exercised in the case of men who had had front line service as against those who had not had that experience, and that there was an attempt ~~to~~ made to block the latter in favour of the former. Have you ever seen anything of that policy?--The Advisory Committee have always taken into consideration the kind of service that the man has had. If it is obvious from his record that a man has been exposed to condition ~~a~~ under which he might be liable to tuberculosis or ~~has been exposed to excessive strain~~ ^{and so} ~~under~~ so developed neurasthenia, that it is always taken into consideration on the merits of each individual case.

You have never seen any indication of an attempt to treat the pensioners who were in the front line service more favourably than any others?--No. It is a question purely of the actual service that a man has had, and the likelihood of producing the condition which it is alleged was produced whilst on

service.

BY MR. ANDERSON: You think that the soldiers get a fair deal from the Department?---I think so. I do not think the department has ever done anything in the way of not accepting our decisions and we always give the man the benefit of any doubt there is.

BY THE CHAIRMAN: Has anything occurred to you that you would like to volunteer to the Commission?--Many of these cases are exceedingly difficult to deal with, and one of the difficulties is the want of record. These men come up now with a claim that there is a certain condition from which they are suffering as the result of war service, or that it has been aggravated by war service, and there is nothing whatever in their war ~~xxxxxx~~ ^{history} or ~~xxxxxx~~ medical history to indicate that there was a probability that this particular condition was acquired by war service or aggravated through it. That is from the want of any record. You cannot get the records now, and I do not see how that is going to be altered.

As far as your impression goes in all such cases, the claimant gets the benefit of any doubt?--Yes. Of course there are some cases where, after very careful inquiry, and sending for further returns, we are not satisfied. We only see the papers and we do not see the men themselves. We ask for further information from the local referees or local medical men, and after getting that, we sometimes decide against the man.

BY MR. NEWLAND: And sometimes against the department?--Yes. These cases are very difficult, and we go through them over and over again, trying to arrive at what we think is a just and fair decision.

THE WITNESS WITHDREW.

ANNIE ALFREDSON WOODBURN. RE-CALLED AND FURTHER EXAMINED:

BY THE CHAIRMAN: We have recalled you, to-day Mrs. Woodburn, as you said you would like to complete your evidence?--I have two cases to submit to the Commission, ^{each} ~~one~~ of which I consider to be one of an inadequate pension. The soldier's official papers are in the Repatriation Department. His regimental number is 79 of the First Light Horse field ambulance. He enlisted in August, 1914, embarked in October, 1914, returned May, 1915, and was discharged in April, 1917, and was suffering from hemorrhage of the bowels and dysentery and also the after effects of appendicitis. The pension granted was £4:4:0 per fortnight and was reduced this year to £2:16:0 per fortnight. He has a wife and six children to support. To give the weekly figures, there is the man's weekly pension of £1:8:0, wife £1:4:0, children £1:4:9, making a total of £3:14:9 for eight persons. I know the people concerned in this case. They are quite worthy and respectable and there are no features of any impotence or anything like that. I have known the case for over 12 months. It seems to me that £3:14:9 is not adequate to feed and clothe a soldier's children, who, possibly if it had not been for the war would have been in good circumstances. He is totally disabled and his certificates are held by the Repatriation Department, certified by Dr. William Moore of Collins Street, and Dr. Worch. His last ~~xxx~~ medical examination was three months ago. This pension, I consider inadequate. In the next case, a soldier aged 35, regimental number 2485, of the 24th Battalion, he embarked on the 29th September, 1915, on the "Osterley" and returned on July 25, 1916, suffering from rheumatic fever. He was a patient in the Caulfield Hospital for months. He came home and was again sent to the Caulfield Hospital with rheumatic fever after being home for some months. He had another attack in 1923. In March 1924, Dr. Descauf of Chelsea, after examination, certified to a tubercular condition of the lungs. The pension is 14/- weekly. He has a wife and

five children. He was up before the doctor about a month ago. At time of enlistment he weighed 12 stone 8 lb. I appealed to Mr. Lilywhite of the State War Council who granted him a pension of 10/- a week for eight weeks, and the Ladies' Benevolent Society granted them 10/- per week in groceries ever since.

I consider these are two cases in which the pensions are inadequate to live upon. I am sure that anyone here will consider that 14/- weekly must be supplemented by someone. Many of the cases that I have brought before the authorities have been remedied. Mr. Clayton may have many others that he can bring before you.

THE WITNESS REINTERVIEW:

JAMES MICHAEL SMOGANS: RE-CALLED AND FURTHER EXAMINED.

BY THE CHAIRMAN: I am personally rather in doubt as to what is the meaning of the term "The general labor market." When a medical referee is asked the question, "What is the value of this man in the general labor market, what, exactly, do you wish your referee to interpret by that?--I do not ever remember the Commission asking that question. I know from the correspondence in connection with the files that certain medical officers in the various States use that expression and take it into consideration. I can only assume what their idea is. I have assumed that they do not consider the man's ability to do any particular job, say to act as a clerk or accountant, or a carpenter, but on the ^{general} general labor market, in ~~any~~ rough and ready sort of work. So far as the Commission is concerned I do not remember our having raised that question in any case.

Do you think it would be advisable to either leave that question out when the referees are consulted or to have some definition of it? There are various ways in which one may interpret it. You may mean "What ~~is~~ chance would this man have if he were sent down to offer his labor in the general market?" He may have none?--Personally I cannot see any difficulty in understanding what it meant. I have assumed that the medical men and others who have used the expression meant the ability of the man to engage in the average odd jobs that he is offered as a laborer.

Would you imagine that a man, disabled to the extent of 60 per cent or 80 per cent through heart disease would be of any value on the general labor market?--Not in the hard labor market; I should say not.

You have qualified it by the word "hard". That is a point I want to be informed about. When the term "general labor market" is used, is it meant that if you were assessing this disability and you decided that a man with heart disease was anything over 60 per cent disabled, that this term "general labor market" would include a market for him?--We do not use it. We do not work on it. Some of the doctors do.

When a case is submitted to you from a branch and that term is used, and you understand that that medical officer has assessed the man on the general labor market, it must have great importance to you, because you are trying to decide what the value of that man is. The doctor has assessed him on what he says is his value on the general labor market, and unless there is a uniform understanding by what is meant by that, it may be prove very difficult of interpretation?--As I have stated previously, in most cases we adopt the medical recommendation of assessment. If the doctors in arriving at that medical recommendation of assessment take the man's ability in a certain laboring work

I do not know that it is necessary for us to thoroughly understand what is in their minds.

It must be very important for the different medical officers to understand it: because it seems to me one man might consider that a soldier who had 60 per cent disability for heart disease might have some value in the general labor market and another doctor might consider he had no value.?
--We did not introduce the ~~the~~ brace or the procedure for considering it.

It was purely medical?
--It was.

The next term we wish you to deal with is "negligible wage". Is that term also purely medical - - "Not able to earn more than a negligible wage"?
--No. I cannot say that.

Is there a definite standard for that?
--No. The procedure is that every case for a totally and permanently incapacitated person under the second schedule goes to the Commission. We consider every case on the facts and on the merits of the case. We endeavor to make it as uniform as possible by dealing with them all ourselves.

When people refer to a person as not being able to earn more than a negligible wage, is there a precise standard adopted by medical officers as to what is meant by it?
--No, there are no instructions in that regard.

I mean as to what is actually by this "negligible wage".?
--The reports that come to us show what a man can earn, is earning, or can earn, and we decide whether, in our opinion, that is a negligible percentage of a living wage. I understand that evidence has been given to you by one medical officer that he considers 30/- or anything under 30/- a week would be a negligible percentage of a living wage. No such instructions have been issued and I cannot agree with that. I have spoken to my colleagues about it, and we feel that those words are in the Act and were not of our drafting. Under that you could not say that 30/- or 35/- per week is a negligible percentage of the living wage, and if it were taken into consideration in that way

as stated by the medical officer who gave the evidence here, you would have to regard anything under £2:8:0 as negligible. He said in the case of a married man and a wife, but if you take a single man £2:8:0 is not negligible. He instanced a case of a soldier with a wife getting E3 pension between them. That is 100 per cent pension. He said if a man gets 30/- that would bring him up to a living wage. He said "I consider anything under that negligible." As the single man gets 18/- less you would have to add 18/- to the 30/-.

(CONTINUED ON PAGE 317)

BY THE CHAIRMAN: As a matter of fact there is no definition *of* that? When medical officers in the various States record that a man is unable to earn more than a negligible wage, they may have different standards in their own minds?---Yes. Do you think it would be desirable to have a definition?---We have not seen the necessity for it, but it might be advisable.

With regard to the question of eligibility. It was suggested by one witness that there should be a definition of the standard of eligibility for pensions and an adherence to it?---There is, under the Act. A man is either eligible or not eligible under the Act.

In reference to the difficulty of defining whether a man's illness is due to or aggravated by war service, one witness thought there should be a standard. I understand that a man is or is not eligible, but there seems to be a difficulty in determining whether he is or not?---I was using the word "eligible" as it occurs in the Act. I think the main difficulty is in deciding whether a man's disability is or is not due to war service.

One witness hoped that this Commission would decide that there should be a standard and a strict adherence to it?---It would be a wonderful thing, but I do not think it could be done.

I thought you would agree that that would be difficult?---Yes.

Have you any idea of any clear direction in which the standard of eligibility should be extended, as in the case of venereal diseases? Is there any other direction ~~in~~ which ~~it~~ has occurred to you, in which there was not a clear indication?---No, I consider that, subject to anything which may manifest itself as time goes on, my experience has shown that the present regulations, rulings and instructions amply provide for a soldier or any other eligible person getting all he is entitled to under the present Act.

With regard to the arrears of pensions. It has been suggested that the limit of six months that is allowed in most cases is not

sufficiently elastic?---You mean the arrears as defined by the Act?

Yes. The question has been raised before the Commission that it was a hardship?---I have not given any thought to that.

Perhaps you would like to speak about that tomorrow?---I would like to consider it.

I am asking you these questions about matters that have been raised by various witnesses, and on which I thought you, as Commissioner, might be able to assist. Another matter that has been referred to has been with regard to the number of recommendations of the State Board rejected at Headquarters during the last twelve months. Have you had time to look into that?---Yes, I have some data that was given to me as I was leaving the office, but the information has not been given exactly in that way.

I do not think I have asked you about any definite way. It was suggested that a great many applications were rejected, and we wanted some evidence one way or the other?---This information shows the percentage of appeals to the State Board to the total number of pensioners, 5.6. (These figures are for the financial year ended 30th June, 1924.) There were 4,097 appeals, 1521 were granted and 2576 were disallowed. Were they granted or disallowed by the branches?---By the Boards. All the Boards, including your Board?---No, they would be the State Boards only.

What we are particularly anxious to know is the number of those from that came in the State Board with favorable recommendation that were not accepted by the Commission?---I feel certain that information could not be ascertained without going through every file in the Commonwealth, but I shall ask whether it could be got without all that searching.

Some have said that a great many were rejected, others that a small number were dealt with in that manner, and we wanted some

information on the matter?---On returning to my office the other day from this Commission I asked for that information. We had to wire to the various States, and the data I have was prepared this morning from replies to these wires; but I have not it with me. However, if I am not called before the Commission again I shall arrange for someone else to give those figures.

Do you not want to be called yourself?---No; I wanted to avoid being called this afternoon, because of another appointment. Another question that has been discussed before the Commission is whether it would be advisable to permit a claimant, on a question of appeal, to ask for his case to be submitted to the Advisory Committee, as against the present practice of the Commission submitting the case?---In that event the medical Advisory Committee would be unable to do anything else. You think that if such permission were granted it would be widely used in frivolous cases?---Yes. In the great majority of appeals the medical evidence is so overwhelming that it is quite unnecessary to submit the matter to the Board. What about allowing the branches to suggest that cases in which they were in doubt might be submitted?---Each branch would have its doubts about its own cases, but after all the Commission in Melbourne would have to decide whether or not it would submit the matter to the medical Advisory Committee. The point that has occurred to me is that one of the special grounds of discontent seems to be that a pensioner has gained the impression that the branch was favorably disposed to his pension, and then the Headquarters have rejected it. It has been suggested that there might perhaps be less discontent if they knew they had been referred to the Advisory Committee in each case; and I am asking you, from your experience of appeals, whether that would mean a great increase in the work?---Yes, I think it would mean such an increase that the present Advisory Committee could not hope to cope with it.

Ques. I am only referring to cases in which a man knows that his appeal has been favorably considered by the State Board, but rejected by Headquarters?---Untruths are often told by certain weak-kneed people to get rid of claimants; they have been informed that a favorable recommendation has been forwarded when it has not. That is often done by clerks in the office, but we get the blame.

That is a matter that cannot be avoided, but I am referring to definite cases in which a man has appealed, and where it has been rejected at Headquarters. Would it mean a great increase in the work of the Advisory Committee, where it was a question of medical opinion, if it were referred to them; would the number of cases that would have to be referred be very great?--- I thought you asked whether, if the State Board recommended that they go to the Advisory Committee --

I suppose there are cases in which the State Board advises a certain course which is not approved by the Repatriation Commissioners. That would be a question where medical evidence was not of any particular value. But, there have been many suggestions before this Committee about difficulties in regard to appeal Boards and so on because of the differences in medical opinion. I am suggesting where the State Board sends on a recommendation on certain medical evidence obtained by them, which they have supported, and the Commissioners, after getting their medical evidence, differed - whether it would mean a great increase in the work of the Advisory Committee if such cases were referred to them?---I think it would increase the number very greatly. We are endeavoring to ensure that every case which justifies it is referred to the Medical Advisory Committee, and I think I can say with reasonable certainty that they recommend the acceptance of 60 per cent. of cases submitted to them. At some meetings, of course, they may not recommend more than two.

I am not asking these questions because I am committed to that policy, but because they have arisen out of the evidence. It has been suggested that the evidence of Dr. Gordon indicated that the fact that he had been specially interested in limbless soldiers provided them, as it were, with a friend in Court, and that they received better treatment than other people. Do you think that is a fact?---Not at all.

I do not say he meant to imply that, but it has been suggested that his evidence indicated it?---The position is that Dr. Gordon's official connection with the Department, apart from his acting on Boards, is the handling of limbless men as our technical advisor in the work of the Artificial Limb Factory. He handles amputation cases, which are nearly all schedule cases with schedule pensions, and there is no question of a difference of medical or any other opinion.

With regard to the re-examination of patients who have appealed, is it the intention of the Board that there shall ^{always} be a re-examination when the appeal is on the ground of ill-health; apart from any other qualification, that the Commission expects that the man will be re-examined?---Not if it is soon after his previous examination, unless it is the first appeal. Take a case in point: a man is reviewed by a country centre or a Metropolitan area and his pension is reduced on the grounds, right~~ly~~ or wrongly, that his disability has decreased and his health has improved. He appeals and is examined again; but if he keeps on appealing he is not necessarily examined every time he appeals.

If he has been re-examined once on the subject of his appeal, he is not re-examined every time?---That generally ends it so far as his medical examination is concerned, unless a specialist is called in.

If a man has been examined and his pension is reduced, and he appeals against it, as a rule he is re-examined once?---Yes.

Has an instruction been given to all examining medical officers of the Department that a patient is always to be told when a reduction in his pension is being recommended?--No. It was discussed within the last month in connection with a request from one Association, that the reduction of the pension should not operate until a certain time after the examination. We considered the matter and pointed out the difficulties, but stated that the doctors should be ~~told~~ able to tell the men, when they examined them for review purposes, what they proposed to recommend. One disadvantage pointed out by an administrative officer was that it would make a man feel discontented and so on, but the advantages were that it would let the man see the necessity of getting work. The Association that brought the matter up was a branch of the T.B. Association, and it was considered by one member of the Commission that if the man were told by the doctors, he would be able to look for work. That would be when a T.B. man had so improved in health that he was to be reduced from one class to another, and it would be advisable for him in his health interests to get work. That was recommended either by the D.P.M.O. or one of my colleagues, and I am informed that the instruction went out. That they were to be told?--Only the T.B. men.

We have been told that the advice of the medical man that a pension should be reduced is not always acted upon, so that if the men were told he might get a surprise. The medical man's advice is taken in regard to increases but not always in respect to reductions?--That is so.

Another suggestion has been made that a pensioner should be notified when his pension was classified as permanent. Are there any difficulties in the way of that?--I think it is customary to do it, but perhaps not in those words. One difficulty is that if some men are told that their pensions have been made permanent - that is, there would be no further review unless

something special arose - they may go away, and even if they unexpectedly get worse of their disability later they will not come back.

You think it is advisable to keep in touch with them?---Yes, in their own interests.

In regard to partially blinded soldiers, what allowance, if any, is made if a man who has lost one eye through war service goes blind in the other eye through natural causes; is there any difference made in his pension?---I shall answer that in this way: not long ago the Partially Blinded Soldiers' Association asked the Minister for an increase in pension for the loss of one eye owing to war causes. The Minister asked the Commissioner for a report, and as Chairman I discussed the matter very fully with the members of the Medical Advisory Committee, sitting as a Committee. I also asked them (not at the request of the partially blinded soldiers, but my colleagues and I thought it advisable) to consider whether after a man had lost one eye owing to the war, and the other eye became impaired or was lost, any alteration should be made in his pension. Their recommendation was that the present schedule rate of 50 per cent. for the loss of one eye was quite ample; but that in the event of the other eye becoming impaired through any cause, and that impairment was not correctable by glasses, that second impairment should be taken into consideration. The Commission adopted that view and on the 15th. August a letter was sent to that effect to the Secretary of the Returned Soldiers' League. (It was sent to him because he introduced the Deputation of partially blinded men to the Minister.) We also notified all States accordingly, that they could send applications to the Commission.

THE WITNESS WITHDREW.

DR. CHARLES ARTHUR COUNTRY: SWORN: EXAMINED.

BY THE CHAIRMAN: I understand that you have some statements in regard to some of the evidence that you wish to make?---First, concerning the question of permanent pensions, the number of really permanent pensions is comparatively few - only a few hundred - because even a permanent pension is only permanent so long as the condition for which it was assessed remains permanent. It is always open to review if the condition deteriorates. For example, amputations are permanent pensions which are never reviewed and are not subject to alteration. It is not favorably regarded medically to assess pensions permanently for reasons that have already been stated. There are also administrative reasons. Sometimes a disability for which a permanent pension would be provided turns out to be not due to the war at all. For instance, a man has some fingers off his hand and gets a pension for a time, until it transpires that it was a pre-war disability. If it were a permanent pension it could not be altered, but as it is, it is promptly reviewed. For other reasons it is not wise to grant permanent pensions; nor is it always wise to state definitely for what time a pension is assessed. To do so may mean harm to the man or to the department. If a man is told that his pension will not be reviewed for two years he will probably stay away for that time, no matter what happens to him, or he may go to another country - to New Guinea, or some other places, where he is not accessible. Difficulties result in that way. To leave the pension indefinite keeps it open and does not do much harm. There is a class of soldier to whom this is very worrying, but that is caused largely by indefiniteness and a lack of knowledge of the principles of pensioning. For example, some men regard pensions as charity - wrongly - and will not touch them; others regard them as a reward for service. I heard a member of Parliament say in Parliament that, seeing a man's father and brother had done such good service, the

family had done so well, that he ought to get a pension. That shows an indefinite comprehension of what pensions are really for. Our real difficulty is not with the soldier but with the people who advise him. They are ready to put him on the back and tell him he ought to get a pension, forgetting that the pension is a compensation commensurate with the disability; and instead of urging the soldier to lessen his disability, and therefore his pension, they take the other view. To a neurotic class of soldier that is very harmful, but it is not ^{un}common. The bulk of the soldiers whom I have examined - a great number - are keen to ask when they will get better and go off the list. There is a hardship on them being called to attend at a place on a certain day, and most of them are anxious to get off the pension list. However, they are not all of that type. Regarding the T.B. pensioners, they are told when they are going to be reduced. I have told many myself, and persuaded them that it was the best thing for them. Of course, men who make a commodity of their disease do not like being reduced at any time. The connection between getting better and getting ~~work~~ ^{work} leads to the misunderstanding that getting work means lessening the pension. The same principles of pensioning seem to me applicable to tuberculosis. As in other diseases, the amount of pension should be commensurate with the extent of the disability. It can be safely said that every tubercular soldier will be permanently pensioned to the extent that he will never be regarded as free from some incapacity. Of course, that does not apply to the pre-enlistment cases or cases for which all responsibility is dropped, but it does refer to cases which are the responsibility of the Department, and they can rely - on a million to one chance - that they will always get some percentage of pension. The great majority will always receive two guineas or over. As a matter of fact, I do not

think 15 per cent. of the 2,400 pensioners receive less than two guineas per week personal pension at present. That is not likely to decrease because the tendency of tuberculosis is to increase a man's disability as he gets older, and we find that the bulk of the men are advancing from the full ordinary pension of two guineas to classes A, B, C, and D. There is always a great difference in men and even in States in this respect: if some men are told that they were class B for the last six months, they are very disappointed if they are not class A for the following six months, and to put them on class C or D is to give them a knock-down blow. They are hopeful of improving and getting married, their civil ambitions are keen, and if they are told they are not fit, it has a great mental effect on them. On the other hand, there is the type of man who regards his pension as the Country's share of keeping him for life, and he is not too keen to lose it. All these are quite understandable, and they are reasonable to the men, but they have to be combated in the soldier's mind; and we find that in those States where there is a close connection between the Department and the sanatorium treatment, we get more successful results in getting men to work than where that is not the case. As regards the permanency of pensions, I do not think I have any more to say than has already been said, but I am always open to answer questions on the matter.

Are there any persons who have had pensions given them for tuberculosis, who are not receiving them now - apart from odd cases in which they were given by mistake - who have got well?---There may be .001 per cent., but I do not know of them.

It was mentioned that one or two cases had been granted a pension in 1920 or some other time and it was subsequently decided the trouble was not due to war service. I am not referring to that type of case, but to ^{those} ~~those~~ in which it was decided by

the Department that the man was entitled to the pension,
but is not now receiving one because he is supposed to be as
well that he does not need it?--I do not know of any case.

(CONTINUED ON NEXT PAGE)

BY THE CHAIRMAN: I am speaking of cases where it was decided that it was due to service?---"here are no cases of that nature. Concerning alcoholism - which comes in with tuberculosis a great deal, but not solely - the departmental practice was in earlier times to grant treatment for a period of 12 months after discharge to a man who was so alcoholic as to be deemed an inebriate. The department gave the man the opportunity of receiving treatment at the different resorts in the States, not because the man's condition was the result of war disability, but the atmosphere of the times led men astray, and they were given a chance to pick up. The man was given no pension or sustenance while under treatment, so it was not accepted as a war service disability. A large percentage of the men treated in that way made good, and I know quite a number of men who, 5 or 6 years ago were dissolute or drunken, are very good citizens to-day. It could be said in some cases that war service indirectly caused some young men to drink; but in many cases war service merely gave men who were already heavy drinkers a supply of pocket money and an opportunity to indulge. After they had been discharged twelve months, ~~affix~~ however, that privilege was not extended except in the case of a few T.B. people who, even now, are sent to a home of that nature. It is not really the heavy-drinking alcoholic who is our trouble, because he is a drunkard and is known to be such. That type of man is impossible in an institution as he ruins it for other people, and he has to be put out. We make arrangements, if possible, to transfer that man to a civil institution, where we pay for his maintenance. As a rule, the recalcitrant patient does very well in a civil institution because the mental atmosphere is different, and, in addition, he knows that if he is put out of that place his last hope is gone. Our trouble is the man in the sanatorium or out on a pension who drinks fairly constantly, but not enough to make him a marked drunkard. That man will go back to a sanatorium with two or three drinks in him, and carrying perhaps five or six bottles. He will hide the bottles, and for a week

FR/1-a 328. C. A. COURTNEY, 15/9/24.

or two there is an outbreak of drinking which cannot be traced. No one is drunk enough to be obnoxious, but the position is made difficult. That class of alcoholic is our chief trouble. A percentage of the men who have been accepted lately as attributable to war service, since going into a sanatorium have turned out to be merely drunkards, and there is a great chance that their tuberculosis is not due to war service, but to their drinking habits since the war. It is impossible to know all these facts before the men are accepted. We would not accept a man of drunken and dissolute habits now as being due to war service, as the other factors count far more than the war service. The question of how to deal with these men is not an easy one. Some of these men are not very far advanced in tuberculosis, and if they become steady they would have a good chance of improving. If you put them out into the street, it means they will go down for a certainty, but to keep them in a sanatorium means that you are spoiling the sanatorium for other people. We rely chiefly on the personality of the medical officer of the sanatorium and the other medical officers with whom the man deals, and also the general tone of the sanatorium to keep the man straight. In a percentage of cases, there is a good result obtained, but, of course, there is no such result, with other cases. Another difficulty with the T.B. man is that he is a menace to the public. At one time there were seven or eight men in an advanced state of tuberculosis, receiving £4 per week pension, and they were travelling from W.A. to N.S.W. and back again. They would come here and drink themselves out of an institution, and then they would be admitted to an institution in another State, which they would drink themselves out of, and then they would move on again, and the State authorities practically accused us of spreading tuberculosis, which was true to a minor extent. That is a danger we have. Then there is the question of appointing trustees for these men. The position of trustee for^a drunken, tubercular soldier is a very invidious

one. Trustees have shown me piles of letters written by soldiers, accusing them of every possible crime, just because the soldiers could not get money from the trustees. The number of these cases is rapidly diminishing, because I think most of the champions have now passed away. However, I have no doubt that within the next ten years there will be many applications received from tubercular soldiers, in which cases the great trouble will be from drink. This is a very difficult problem from our point of view. It may be interesting to the Commission that 500 soldiers applied for treatment for tuberculosis in whom the first manifestation of tuberculosis occurred subsequent to three years after they were discharged. These men went for three years without noticing any tuberculosis. Of those claims, 78 were rejected, and the balance accepted.

The 500 claims were made in what period?---Since we extended the period from two years up to and over three years. Even under the instructions limiting the two years, many men were accepted although they had gone three or four years, and in one case seven years, because the two years' limit was not a rigid rule. It was more of a suggestion which was thought to be a fair thing. Out of the 500 who applied with the first definite evidence of tuberculosis, showing three years after discharge, only 78 applications were refused?---Yes. We dealt with case No. 501 about a fortnight ago.

The position is that 422 out of the 500 receive a pension?---Yes.

In the Victorian sanatorium they have had 155 new patients within the last two years, that is men who have not been in before and who have never previously received treatment. It makes it difficult to say for how long a sanatorium will continue. I would like an indication from this Commission as to a time limit, or for the Commission to suggest the conditions that an applicant must fulfill before he will be considered eligible. It is somewhat invidious to suggest these things, but it seems to me that there should, by now at any rate, be some strong and

definite connection shown between the war and the tuberculosis, and a connection which is established by not only constitutional evidence but the direct evidence of independent people. I do not think the benefit of the doubt is quite a fair thing, because the thing begins with a doubt and is essentially doubtful. After all, the doubt has to be defined. With tuberculosis, we are faced with a big question.

Another big question on the same lines is that of a specific disease. It has not been suggested so far that we should take a specific disease when it arises, in the same way as when it arises in civil life. Whether the fact that a man was a soldier in 1914 is going to count as a material factor in the G.P.I. he will receive in 1935, is something which will require consideration. No other country will deal with this question, but it may be worthy of consideration, because we are more generous than other places. It seems to me to be a question of whether sound, scientific sense is going to develop into a liberal generosity which will wipe out the medical element. These are very difficult questions.

Concerning the rejection of recommendations from State officers, the headquarters has information which is not available to State branches. There is a headquarters file for the men whose cases have been dealt with at headquarters, and that file sometimes contains material evidence which will cause a decision to be altered. On that file also are communications which come to us from different people who write direct, so it is not altogether a question of turning down a claim on the same evidence that it was recommended on. There is sometimes evidence of a different nature.

Is that evidence indicated to the State branches. If a case came from a State branch for review, would the branch be informed that you did not agree with their decision because of the additional evidence in your possession?---The branches would be informed sometimes, but that would not be the general rule.

If the State officer were not informed of that additional evidence, would he not be put in rather an awkward position?---Sometimes the State branch is informed and sometimes it is not. Sometimes the report of the specialist is sent to the State branch for information.

In your opinion, is there any reason why the State medical officer should not be told of the position?---No.

Can you indicate any reason to the Commission why the practice of informing the State branches should not be adopted?---There is no reason why it should not be adopted, and it has been regarded as unnecessary in some cases. That is the real position. There may be evidence at headquarters which is not in common with the State recommendation, and the recommendation from the State may be varied. What may be taken as being credible in the State may not be so regarded at headquarters, that is in the way of symptoms and the statements of the men generally. The practice in the States differs, as some States search for evidence and put the position very clearly. In other States, such a complete search may not be made. It is not expected that a consultant will go through a very big file, because that may take two or three days. There is just the question of a doubt as to what facts were judged as being sufficiently valuable to put in front of the consultant. Although a case which has been accepted by the State may be turned down by headquarters, it does not mean that is done through lack of evidence, and it may be that the work is not done on the same lines. Sometimes a case may be sent back for further search to be made. However, we take ample care to see that the soldier does not suffer. Some States send forward some cases merely as a pro forma in order to obtain an opinion. They think these cases will be turned down, but they want to be certain on the matter.

With regard to the examining of a man who appeals, that matter is left to the D.M.O. in the State. If that officer thinks the last examination was too remote or too indefinite, he can bring the man in for examination. In many of these cases,

the condition of a man is stationary, and nothing would be gained by an examination. There is never any refusal to hold an examination which is necessary to illustrate the facts of a patient's condition.

With regard to the question of fitness on enlistment and the examinations when in camp, if we had to work on the assumption that every man was fit on enlistment, the results would be so obviously wrong that I think the position would be ridiculous. I think the only way to be fair to the men and to the country is to take each case on its merits. As a matter of fact, in one sanatorium over 50 per cent of the men could enlist to-morrow, provided they were anxious enough to tell lies, and were not given a very strict examination. It has also to be remembered that when a man was enlisting, and if he had been refused two or three times, he got wise to the position and knew what he had to say. Again, a man who has appealed for a pension on several occasions knows what questions he will be given. As I said last week, we have to remember that there were all sorts of men in the army.

Concerning the question of the negligible/^{amount} of the living wage, we will take the case of men with, say, heart disease or kidney disease, or amputations, which make it impossible for those men to earn very much. Dr. Featherstone spoke of the Problems Committee, and it was for that type of man that that committee was instituted. These men, although seriously ill, might have an aptitude for some particular walk in life. The Problems Committee makes every effort to get these men into a position which they can fulfil. Take the case of an illiterate man who has one leg off below the knee and one arm off; it is certain that man can do some work from a medical point of view. The man has a normal head, leg and limb, and he can get about. If he had the ability of a clerk he could get a job fairly easily, and there would be no trouble. But, if the man were mentally sub-normal or very illiterate, he could not obtain a job, nor be taught anything. Perhaps he could do the work of a watchman on

a wharf, or carry out the duties of a tally-clerk, but those particular jobs are very few in number, and the employers of that type of labor would sooner employ a healthy boy than a damaged man, and so that avenue of employment is practically closed. If the man has a good handy, useful wife, she may be able to ease the situation by running a small shop. Men have been started in shops, and in other lines of business, because their wives were helpful women. Some men have applied to get off their total and permanent pension of £4 per week and to be put into business rather than have nothing to do. The Problems Committee is the machinery by which we hope to deal with these men satisfactorily, but it is faced with a very difficult problem. In Victoria, we are very fortunate to have a very suitable man at the head of the Problems Committee, and the business men who assist him are most helpful. Naturally, there is more scope in Melbourne and Sydney than, say, in Hobart and Perth for such a committee, but still we find the public very helpful, and a large body of people give these men a chance. In spite of that, the question is exceedingly difficult. In assessing a man who is 75 per cent cardiac and deteriorating, the man is assessed for a period, that is for the ensuing six months or twelve months, but, if during the last half of that period he is going to be 95 or 100 per cent the man is put on a total pension straight away.

The question of the general labor market was discussed with the Chief Commissioner. When a medical opinion is being sought, the question as to what is the value of the man in the general labor market is often asked. Can you inform the Commission as to ~~whether~~ whether there is a general understanding amongst medical assessors as to the meaning of that term?--When I was in the State department I also took that question to mean whether the man was capable of earning money. We will take the case of a man who has lost an arm and a leg - is he capable of earning money. I would always ask the Problems Committee to look at the man with me, as it is not purely a medical question. I

can guarantee the heart of the man and his transport, and that he can do certain things, but the question is, what is the earning ability of the man.

That is one answer to the question, but I was looking at the matter from another point of view. Supposing the following case is put to a consultant: "What do you think is the condition of this man's heart; do you say it is aggravated by or due to war service, and what is the man's value in the general labor market?" What would the consultant take that to mean?---I do not think it is a fair thing to ask the consultant that question.

I understand that question is asked, and it seems to me that, unless an understanding on the matter were arrived at, the question should not be asked. If I were dealing with a heart case which I found to be 80 per cent disabled, my interpretation of the question would be that the man was of no value in the general labor market. I take the general labor market to mean that the man would offer his services at the general labor bureau?---Then you might find the man was earning \$1,500 a year as a leader-writer.

That is so, and I think that there should be some understanding as to what the question really does mean. I desire to know how to interpret the question; what is the value of the man in the general labor market, not a special labor market. To many people that would convey the meaning; what would the man receive if he offered his labor in the general market?---When the question is asked of a medical man we expect a medical answer. If the answer is that the man is ~~only~~ capable of working only one day a week it practically means that the man is not able to do any labor at all.

For that reason I think there should be a definition laid down as to what is meant by the general labor market. If the man could only work on one day in the week, that would imply a special market?---Before a pension is granted, questions are asked in

regard to the earnings of a man. A man may not be any good in the general labor market, but he may be earning money in special work. However, these cases in Victoria are all put before the Problems Committee.

The Commission is anxious to know what is meant by that question, and we desire to ascertain whether a general interpretation can be given?---The interpretation which comes from Victoria is a recommendation by the Problems Committee and the doctor that the man cannot be employed.

With regard to the information contained on the forms, the damage, of course, was done between 1915 and 1920. There was the rush of men coming back, and the Commonwealth Treasury who were administering the pensions made the form very simple. The forms were filled up so hurriedly that they were not of much value in many cases. The Medical Board on discharge, which should have been the most important feature of the lot, became merely ~~far~~ farcical in many cases. It was not until 1922-23 that the position was really altered, owing to the rush of examinations and the scanty information obtained, but now we are receiving much fuller reports. I doubt very much even had there been a fuller form to fill in whether the results would have differed, owing to the rush with the men. When there is a number of forms to fill in, and a lot of questions to answer, they are generally done carelessly and are practically useless. We are now examining men for tuberculosis. They have been up before several medical boards, and you find the remarks "Lungs clear; heart clear; condition good." It is very questionable whether it represents any more than a very hurried examination or the statement from the patient. The doctor can only examine a man according to the co-operation given by the man. If the man makes no complaint of a cough, or shortness of breath, or anything indicating chest trouble, the chances are that the man is not going to be examined for chest trouble. We have found right from the start with Repatriation that many medical men

would not take up the position of local medical officer, because there was so much writing to be done and so many forms to be filled in. That is the reason why the Repatriation Department made the pension form "X" as simple as necessary, and trusted to the medical examiner to put in all the details called for. I doubt whether you could get any more than that ~~if~~ even with an insurance examination form. Of course, they do not restrict themselves to form "X" now, and a lot of extra particulars are required.

Is there anything further you wish to state at this juncture?--No.
It is probable that the Commission will recall you to give further evidence at a later stage.

THE COMMISSION AT 4.30 ADJOURNED UNTIL NEXT DAY
TUESDAY, 16th SEPTEMBER, 1924, AT 10 A.M.