

he had taken. He was denied benefits although he was entitled to them. He was denied them because he had a disorder of his respiratory system as a result of his service.

Whether the original diagnosis was wrong or whether the recent diagnosis was wrong should have been no concern of this veteran's at all. He was disabled because of his service. I can go through case after case. You can imagine the worry and the financial difficulties that these veterans go through because of unjust decisions of this commission.

I am going to read you part of a review of this veteran's file which I believe will show that his disability was a result of contact with mustard gas during service. This fact was recorded and not in dispute by the pension commission. I further believe that the file reveals that he has suffered from 1917 to the present time as a result of his disability.

The evidence on the file reveals that there was damage to his respiratory system. I think it can be safely said that all these facts are recorded and acceptable to everyone. A difference of opinion does seem to exist in diagnostic records of certain members of the medical profession as to what the disability should be called. One opinion or diagnosis is tuberculosis, the other is chronic bronchitis and emphysema. One could be wrong, but to a layman such as myself this point seems incidental and could be termed in common vernacular as splitting hairs in relation to the damage or disability. It is interesting to note that subsequent medical examinations of the veteran have never recorded a positive symptom of tuberculosis.

I would suggest the commission should give greater consideration to the basic fact of disability, the respiratory system, of this veteran as a result of war service than to the term the members of the medical profession wish to use in regard to this disability. It is conceivable that the original diagnosis could be wrong, as I understand most of the lung conditions in world war I were diagnosed as tuberculosis and treated as such. The medical treatment I assume produced desired results regardless of the medical term used to record the disability.

The purpose of my letter is to require as to the proper procedure I should follow to have the commission consider the ruling that would apparently clarify this situation to the satisfaction of all concerned.

To me the matter is quite simple. As I previously stated, I am not too much concerned with the recorded medical term of this veteran's disability but rather the fact that he has a respiratory disability as a result of his services which is giving him trouble and for which he needs and has needed medical care and treatment.

Am I correct in assuming that the same care and consideration would be extended to the veteran for his respiratory condition as a result of war service if the original diagnosis had been phrased in the same terms as the more recent medical opinions?

My point is pension entitlement should be given for a respiratory disability caused from contact with mustard gas. Late developments from the disability, such as chronic bronchitis and pulmonary tuberculosis are related conditions which could be expected. Does the commission consider the rules are so rigid and binding that they require higher authority before they can rule there is some doubt as to the original diagnosis?

Here is another case in regard to a veteran who enlisted in Canada for service in world war I in the flying corps. He was accepted as physically fit,