

APPENDIX No. 2

By Mr. Sutherland:

Q. He would be in a weaker condition having undergone an operation?—A. He had this duodenal ulcer with hemorrhage which required an operation and a serious operation—gastro enterostomy.

By Mr. Cronyn:

Q. Could it be explained by his returning to service too soon after the operation?—A. He might have as a result of the operation some weakening of the muscles, and then if a big strain were thrown on the muscles that might bring it about. There is one document which is missing from a medical point of view. That is the case history while in the hospital. If we had that we could express an opinion better.

By the Chairman:

Q. Then the next matter is that of Lieut.-Col. Bradbury. What do you say as to any opinion you have to express as to the degree of disability based on the file there?—A. A man with angina pectoris has a high degree of disability. He is anywhere from 60 to 80 per cent at least disabled in the common labour market.

Q. Is there any data upon which you could form an estimate as to whether that disability existed in whole or in part prior to enlistment?—A. A basis for it, undoubtedly, but the basis for angina pectoris is usually some arterial disease—arterio sclerosis. It is a matter of rather slow development, a matter taking from months up to years to develop. So that the basis for the attack existed there, though, from the medical evidence presented on the record the first attacks occurred one year after he went into the service. From what I can gather from the documents he enlisted November, 1915, and the first attacks of angina pectoris began November, 1916. There is a note there that in August, 1916, the blood pressure was 170, and that shows that he had arterial disease in August, to a rather marked extent.

Q. Is there anything from the actual description of the disease contained in the file from which you could estimate how long the trouble antedated enlistment?—A. There is nothing in the files.

Q. Is there anything in the nature of the disease which would enable you to estimate it?—A. I have just said that in the case of a man fifty-eight years of age arterial sclerosis always underlie angina pectoris and the development of that disease is a matter of years or months. It does not develop in a few weeks; it might be five or it might be ten years.

By Mr. Nickle:

Q. In your opinion, to use your own expression, did the basis for the complaint exist in Colonel Labatt's case prior to joining the Canadian forces?—A. I can see nothing in the medical history itself to indicate that, such as we have it on the file. But this man has had appendix trouble, and a duodenal ulcer of many years' standing, but there is nothing at all on the file to show that he had cardiac disease.

Q. Does that indicate nothing in regard to his heart, or physical condition, that he would not be a fit man?—A. He certainly was not a fit man if he had some trouble with his appendix and a duodenal ulcer. Under those conditions no man could pass him as fit, but there was nothing about cardiac disease.

By Mr. Power:

Q. Are the conditions in the training camps in Canada of such a nature as to accelerate the disease from which Colonel Bradbury suffered. Apparently he was in a bad condition in November, 1916?—A. November, 1916, was the first attack.

Q. And apparently he had been training in Canada for a year before that. Are the conditions in the training camps here much more difficult than the conditions of ordinary life?—A. Very much more difficult. Unless this man was a man doing a

[Dr. W. T. Connell.]