

Mr. ANDERSON: Yes, to some extent it is.

Mr. ORMISTON: According to your report, Dr. Richardson, evidently the conditions under which the veterans lived were much more conducive to inducing peptic ulcers than duodenal ulcers. Is there any part of this which covers the other type of ulcer?

Dr. RICHARDSON: We use the term "peptic ulcer" here to include gastric ulcer and duodenal ulcer, and other ulcers of the same pathological type, whether they are in the stomach or in the duodenum or even in the oesophagus.

Mr. CLANCY: This question may be out of order. I should have asked it earlier. What was the percentage of the amoebic dysentery and hepatitis or jaundice among the veterans?

Dr. RICHARDSON: I do not have accurate data on this. Of the survey group of 100 men, 25 of the ex-prisoners gave a history of previous jaundice or of disease in the the biliary tracts, and I should think that probably applies to the group as a whole. For amoebic dysentery we do not have accurate data. The facilities for diagnosis during captivity were inadequate. Men were sometimes treated on the assumption that they had amoebic dysentery and may have come home symptomatically cured. We could not tell, now, whether they ever had amoebic infection or not.

Mr. CLANCY: The reason I asked that question, sir, was when I left the RAF one of the things they checked on was amoebic dysentery because the 14th Army came back from Burma and they found that there was a lot of hepatitis and there had been a lot of amoebic dysentery and this was not displayed until they had a very big sick list.

The CHAIRMAN: Do you have another question, Mr. Carter?

Mr. CARTER: Yes, I do, I think for Mr. Anderson. In the case of claims being reviewed and granted by an Appeal Board, will you be bound by the Act which will only permit you to make it retroactive for 18 months or 3 years? It seems that these fellows apparently if they are eligible now, the presumption is that they should have been eligible perhaps many years ago, and the Act, I think, restricts you to the maximum of three years, making a claim effective. Is that right?

Mr. ANDERSON: Yes, that is correct, under Section 31 (2) and (3).

Mr. CARTER: Yes. Do you envisage any request for a change in that particular clause to give a greater measure of justice to these veterans and widows?

Dr. RICHARDSON: I think that in many of these cases examination would show that the gastro-intestinal symptoms were treated by the Department as if they were due to a pensionable disease, and disability pension was actually paid by the Commission under the diagnosis of avitaminosis with residual effects. For example, if a man came back from captivity with gastro-intestinal symptoms, indigestion, in short, Disability pension might have been paid for the symptoms without any special diagnosis being made. If, a number of years later, a diagnosis of duodenal ulcer was made, we would not discontinue or decrease the