

8. Present disability—(Here state the exact nature of the disability resulting from the disabling condition; e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or function, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in relation to occupation.)

(1) (a) Moderate (b) Partial (c) Yes, unable to do manual work calling for long standing (d) Could not do electrical work for any long period of time, if such work necessitated him standing long hours, or walking about.

(2) (a) No (b) Yes, at times, due to the necessity for a restricted diet.
(c) No

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, also, to be a full description of the present disabling condition, or conditions only. History must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE—Man, who states that he is 46 years of age, but appears older. Present weight 127 lbs, present weight 167. At present on a diabetic diet. On 22-30 Urinalysis normal. Blood sugar 97 m g. At that time on strict diet. Inclined to have abnormal craves for food and drink. Wassermann negative. Report from the Specialist in surgery, Royal Jubilee Hospital, Victoria, B.C. states: "Varicose veins left leg below knee, with pigmented condition lower and inner portion of leg. Definite tendency to ulceration of skin in one small area. Oedema above ankle. History of being confined to hospital on two occasions. I would advise injection treatment of veins, in the hope that this would prevent ulceration recurring and improve general condition of skin of leg."

(sgd) Thos McPherson, M.D.

SUBJECTIVE—Pain and a feeling of heaviness in left leg when walking any distance. No symptoms from Glycosuria, except for slight eczema and itching over chest and tendency to crave food and water.

10. Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System	No	Cardio-Vascular System	No	Genito-Urinary System	No
		(If pulse rate is abnormal, R. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses	Yes	Respiratory System	No	Integumentary System	No
Disturbances of Mentality	No	Digestive System	No	Muscular System	No
Osses and Joint Systems	No	Any other general condition			No

(1) Fitted with lenses in 1927 for Amblyopia, exanopia and presbyopia

11. (a) History of the condition referred to in Section 9 (a)

10. (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 9 (a).)

Patient states; Had slight fever and ague in 1904; Bronchial Catarrh for which he was treated for 6 weeks in hospital while in India. Never in hospital while in C. E. F., V. P. C. in 1911. Since his enlistment in 1921 he has been treated in the Station Hospital for the following: I. C. T. left foot, 8 days, in 1923. Myalgia 7 days in 1923. Nasopharyngitis 8 days in 1924. Varix, left leg 6 days in 1928. Nasopharyngitis 9 days in 1930.

(c) (Here give a description of wounds, scars and deformities.)

See 9 (a)

11.—(a) Did the disabling condition have its origin before enlistment? (1) Probably yes; but not showing any evidence before 1923. (2) No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) (1) Yes—Varix probably not in evidence at last enlistment; but as years went on, under the strain of soldiering, the disturbed circulation primarily due to the old injury, began having an effect on the areas adjacent, causing them to give evidence of breaking down.

(2) No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) (a) No (b) No (2) (a) No (b) No

The regimental documents will be referred to.

If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 and 2 Probably both permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

1. Hospitalization
2. Hospitalization with dietetic treatment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) Yes (2) Yes

1. Rest, and possibly injection treatment of veins
2. Dietetic and possibly insuline

16. Can the former trade or occupation be resumed? Not at present, as left leg becomes painful and oedematous when patient is active.

17. Recommendations That this man be placed in Category "E" on discharge from the Service and retained in hospital under provisions, K. R. & O. (Can) 1925 para 392, and Article 13 P & A Reg's 1927, until such time as he is able to leave hospital. Also that this case be referred to the Board of Pensions Commissioners.

J. J. Murray
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, John C. Armstrong, have heard the description of my disability and present condition read, and am satisfied (~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J. C. Armstrong
Rank
Signature of invalid examined.