

APPENDIX No. 2

Q. What do you suggest along that line?—A. Some men qualified to give instructions should stay with the board and give those instructions. One lecture is no good. Two lectures are no good.

Q. Why do you not inaugurate such a system?—A. We have it there.

Q. Do you instruct your medical boards in No. 1 District?—A. We endeavour to do so.

Q. Are they not instructed on the point Mr. Nickle has mentioned that pensions are granted to all classes of cases, one for disability incurred through service, and the other an aggravation of disability due to service?—A. Yes, and they work on this basis, that an obvious disability was present on enlistment, and in the case where it was not obvious, all the incapacity was due to service.

Q. If a case came before you where the man was suffering from acute heart trouble sometime after he entered the service and his attestation paper did not disclose any disability at the time of enlistment, you would treat it as wholly due to service?—A. Yes, treating his incapacity as due to service.

Q. And you would do the same with an officer?—A. Oh, yes, I would endeavour to make no distinction between an officer and a private.

Q. In actual practice in No. 1 Military District, unless there is something in the medical documents which come before you which indicates the incapacity existed prior to entering the service, you treat the whole incapacity from which the man suffers as being due to service?—A. Yes, overseas we used to find this very frequently. A man was paraded before the board by his medical officer. He will state to the board that two years before he joined the army he was laid up for three months with inflammatory rheumatism and the doctor told him his heart was bad. Our assumption from that was that during that attack of inflammatory rheumatism he developed valvular disease of the heart, and the origin of that was definite therefore before enlistment.

Q. If you received such a board, when you come to discharge that man you would report that the apparent disability was due to trouble contracted prior to enlistment?—A. Yes.

Q. But if the board did not contain those facts, you would not go back to make inquiry as to whether his heart trouble did exist prior to enlistment or not?—A. Not unless there was something pointing to it. The medical history sheets might show something that would account for it on service.

By Mr. Nickle:

Q. If the medical history sheet did not show it you would make an independent inquiry?—A. Yes. I could not answer that in detail. I cannot recall any case applicable to that question.

Q. I was surprised to learn you had not the pension regulations in detail furnished to you showing the scale of disability?—A. We get the B.P.C. instructions to medical officers.

Q. But you do not get the regulations?—A. No.

Q. So that really what you do is to determine the medical facts but you do not determine them in relation to the awarding of pension?—A. We make our 227 as near as possible in accordance with B.P.C. instructions issued to medical officers.

Q. That is the scale of pensions?—A. Yes it had more than that.

Dr. W. T. CONNELL recalled.

By the Chairman:

Q. Have you looked over these files?—A. I have.

Q. Take Col. Labatt's case first. On examining that file what would you say as to the degree of disability from which Col. Labatt is suffering?—A. Well at the present time I should say his disability was practically complete.

[Dr. W. T. Connell.]