

8-9 GEORGE V, A. 1918

has a patient under his care looks upon his duty to that patient in exactly the same light as the civilian practitioner regards his patient and makes it his business to look after and treat each case as he finds it.

*By Mr. Nickle:*

Q. My attention has been directed to some cases where men said they were asked as to their condition and feelings, and when they made their statement they were contradicted by the officers who were their superior officers and according to military etiquette, the man could not contradict what his officer said, and they were impressed by the fact that the doctor examining them was their superior officer. That should not be. Do you know whether that is the case or not?—A. I have not had any experience of that kind.

Q. It should be the relation of a diagnosing physician to the patient?—A. Quite so.

*By Mr. Power:*

Q. It might very easily occur that the man might describe his pains and other things and the medical board writes it down in medical terms which he would not understand.—A. The instructions to our boards are definite, that they must first state that from which the man complains he is suffering, that he has pains here and there and so on, or inability to move a leg in a certain direction. That is all taken down; then below that they put down in another space the man's complaints and what they find on examination to back up these complaints and the conclusion at which they arrive.

*By Mr. Nickle:*

Q. It has been suggested to us that there should be a place on the form in which the statement should be always entered what the soldier said setting out what his complaint is.—A. There is no reason why it should not.

Q. You see no objection to that?—A. No objection whatever. Our instructions to our board are that they must always place first on that the man's complaint of so-and-so.

*By Mr. Redman:*

Q. And then he can concur in the finding?—A. Yes.

*By the Chairman:*

Q. In the case of heart disease, among the others, there is no fixed percentage estimated according to the actual incapacity; of necessity they run up to 100, but there is no standard by which any particular degree of disability is to be estimated. How do you determine what the percentage of disability is—whether 50 or 75 or 100 per cent? How do you deal with heart cases?—A. When the heart cases are dealt with we simply try to see what work the man can do without interfering with the pulse rate, or the regularity of the heart, and what amount of work he can do short of distress. Now, we gauge that first by simply walking him a certain distance at the natural pace of the man; we walk him, for example, a half a mile and the man's pulse rate runs up ten or fifteen and the heart develops a little irregularity we estimate from that the percentage of disability to do work.

Q. What would the condition have to be to justify you in saying that it was 100 per cent disability?—A. For example, if that man walked upstairs and came down, not rapidly, and the pulse rate went up to 15 or 20 points, and his lips changed colour, that would show that the man is unable to do any work whatever, and one would estimate that he is completely disabled for a period of, say, six months.

Q. We have had three heart cases before us in which the same question has been raised. Would you look over the files for us and tell us what you think of these cases, and while you are looking over those files we can go on with Dr. McKay.

Witness retired.

[Dr. W. T. Connell.]