§ 3.308 Presumptive service connection; peacetime service before January 1, 1947.

(a) Chronic disease. There is no provision for presumptive service connection for chronic disease as distinguished from tropical diseases referred to in paragraph (b) of this section based on peacetime service before January 1, 1947.

(b) Tropical disease. In claims based on peacetime service before January 1, 1947, a veteran of 6 months or more service who contracts a tropical disease listed in §3.309(b) or a resultant disorder or disease originating because
3.309 Disease subject to presumptive service connection.

(a) Chronic diseases. The following diseases shall be granted service connection although not otherwise established as incurred in service if manifested to a compensable degree within the applicable time limits under §3.307 following service in a period of war or following peacetime service on or after January 1, 1947, provided the rebuttable presumption provisions of §3.307 are also satisfied.

- Anemia, primary.
- Arteriosclerosis.
- Arthritis.
- Atrophy, progressive muscular.
- Brain hemorrhage.
- Brain thrombosis.
- Bronchiectasis.
- Calculi of the kidney, bladder, or gall-bladder.
- Cardiovascular-renal disease, including hypertension. (This term applies to combination involvement of the type of arteriosclerosis, nephritis, and organic heart disease, and since hypertension is an early symptom long preceding the development of those diseases in their more obvious forms, a disabling hypertension within the 1-year period will be given the same benefit of service connection as any of the chronic diseases listed.)
- Cirrhosis of the liver.
- Coccidioidomycosis.
- Diabetes mellitus.
- Encephalitis lethargica residuals.
- Endocarditis. (This term covers all forms of valvular heart disease.)
- Endocrinopathies.
- Epilepsies.
- Hansen's disease.
- Hodgkin's disease.
- Leukemia.
- Lupus erythematosus, systemic.
- Myasthenia gravis.
- Myelitis.
- Myocarditis.
- Nephritis.
- Other organic diseases of the nervous system.
- Osteitis deformans (Paget's disease).
- Osteomalacia.
- Paley, bulbar.
- Paralysis agitans.
- Psychoses.
- Purpura idiopathic, hemorrhagic.
- Raynaud's disease.
- Sarcoidosis.
- Scleroderma.
- Sclerosis, amyotrophic lateral.
- Sclerosis, multiple.
- Syringomyelia.
- Thromboangiitis obliterans (Buerger's disease).
- Tuberculosis, active.
- Tumors, malignant, or of the brain or spinal cord or peripheral nerves.
- Ulcers, peptic (gastric or duodenal) (A proper diagnosis of gastric or duodenal ulcer (peptic ulcer) is to be considered established if it represents a medically sound interpretation of sufficient clinical findings warranting such diagnosis and provides an adequate basis for a differential diagnosis from other conditions with like symptomatology; in short, where the preponderance of evidence indicates gastric or duodenal ulcer (peptic ulcer). Whenever possible, of course, laboratory findings should be used in corroboration of the clinical data.
- (b) Tropical diseases. The following diseases shall be granted service connection as a result of tropical service, although not otherwise established as incurred in service if manifested to a compensable degree within the applicable time limits under §3.307 or §3.308 following service in a period of war or following peacetime service, provided the rebuttable presumption provisions of §3.307 are also satisfied.

- Amebiasis.
- Blackwater fever.
- Cholera.
- Dracontiasis.
- Dysentery.
- Filarisis.
- Leishmaniasis, including kala-azar.
- Loiasis.
- Malaria.
- Onchocerciasis.
- Oroya fever.