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BY WILHELM MANKWIT, F.R.C.S. (LOND.)
DISABILITY COMPENSATION

... medical board of 25th June 1918.
... of 2 years runs from expiry of previous
... he should be re-examined medically on

Mr. Robinson,

The word "renewed" in 38119
means that the assumption in
para 2 is correct

7 per by.

Amul

... the assumption 19. 2. 18
is correct

Respectfully
[Signature]

[Signature]

Next subsequent Paper.

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EAST AFRICA PROTECTORATE.

GOVERNMENT HOUSE,
NAIROBI.
BRITISH EAST AFRICA.

No. 167

August 31st 1918.

CONFIDENTIAL.

54618

Sir,

PROCEEDINGS

I refer to your letter of the 21st inst. in which you inform me that the ability compensation awarded to ex-Major Robert, 1st of the East Africa Morn. part Coy, and his cost was for 2 years. It is hereby the honor to transmit herewith copy of the proceedings of the court held on at Nairobi on the 21st of August 1918.

I am glad to hear that you have mentioned a court of inquiry from the 21st of August 1918. I have referred to Mr. Robert, and that he should be medically re-examined shortly. This was done in 1920.

I have pleasure in being able to do so.

Your obedient servant,

ACTING GOVERNOR.

THE RIGHT HONOURABLE
WALTER LONG, P.C., M.P.,
SECRETARY OF STATE FOR THE COLONIES,
DOWNING STREET,
LONDON, S. W.

A.D.M.S. B.I.207/2/dated 28/3/18

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD.
(Officers and Nurses.)STATION NairobiDate June 25th, 1918

1. Rank and Name Late Lieut. A. T. Mabert
2. Unit late E.A.M.T.C. 3. Whether Regular, S.R., T.F., T.F., or R. of O.
4. Age 46
5. Total Service 26/12
6. Service during the present War

HOME PERIOD		PERIOD	ABROAD
		THE LINE	
to	to	to	
to	to	to	
to	to	2 yrs. 6 mths.	
to	to	to	

7. Address (permanent)
- Nairobi, B. E. Africa.

STATEMENT OF CASE.

- NOTES—(a) In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents.
- (b) Medical certificates, radiographs, or photographs (especially in cases of gross facial deformity) should be attached when there is more than one disability; they should be distinguished.
- (c) When there is more than one disability, they should be distinguished.
8. Disability Ventral Hernia and Right Inguinal Hernia
9. Date of origin of disability August 1916 10. Place of origin of disability Nairobi B.E.A.
11. Give concisely the essential facts of the history of the disability (personal and family history, etc.):—
- (NOTE.—Boards subsequent to the first should record here the progress of the case since the last medical examination.)

It is stated that the Ventral Hernia was caused by the exertion of cranking a motor car and occurred over the seat of a former operation cicatrix. The Inguinal Hernia occurring at the same time. Operation for the cure of the conditions were undertaken in November 1916, but since then both these Hernias have re-occurred.

12. Describe in detail the officer's present condition There is a large ventral Hernia occupying the greater part of the right lower abdominal area. The abdominal wall over this is considerably thinner and apparently the muscular tissue absent. The inguinal ring on the right side is patent and the hernia comes down on coughing or straining owing to the condition of the abdominal wall. This case is unsuitable for operative treatment.

13. AMPUTATION CASES.—Has an artificial limb, temporary or permanent, been satisfactorily fitted?

OPINION OF THE MEDICAL BOARD.

NOTES—(i) The Board will on no account inform the officer of their opinion on any of the following questions. (ii) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc. Expressions such as "may," "might," "probably," should be avoided, if possible. (iii.) When there is more than one disability the replies will distinguish between them.

14. Was the disability contracted before entering the service? No If so, by what specific Military services? No

15. A. WOUND OR INJURY. Was the disability attributable to Military service? Yes (1) In action? (2) In the performance of Military duty? (3) Otherwise than in (1) or (2)?

B. DISEASE. (1) Was the disability attributable to Military service? (2) If not so attributable, was it aggravated by Military service? 16. Was the disability attributable to the officer's own negligence or misconduct? No

17. To what degree is the officer disabled? [Degrees of disability to be expressed in percentages of total disablement—100.] 18. Will such degree be permanent? Yes

19. If not permanent, how soon is re-examination recommended? 20. If the case is one of aggravation (Nos. 14 and 15 B) (2), will the effects of aggravation continue (a) up to or beyond the date mentioned in Q. 17? 21. What treatment is the officer receiving, and from whom? He wears an abdominal band and a truss

22. Is the officer in need of further medical or surgical treatment, and, if so, of what nature, and for how long is it likely to be required? No Does the officer require the constant attendance of another person? No The Board will advise the officer (whether serving or retired) in one of the undermentioned categories, and enter the estimated period of unfitness for the latter categories, informing him of the decisions arrived at. [See A.C.I. 1102, 1914, para. 8.] A. Fit for general service B. Fit for service in garrison or labour unit abroad C. Fit for home service (i.) Active duty with troops (ii.) Sedentary employment only D. Requiring indoor hospital treatment (i.) in an officers' military or auxiliary convalescent hospital (ii.) in an officers' hospital E. Permanently unfit for any further military service

Approved A. E. ADDERLEY Lt. Col. R.A.M.C. for D.D.M.S. B.A.B. Nairobi 27.6.18

A. E. ADDERLEY Lt. Col. R.A.M.C. President HERRICK Capt. I.M.S. Member W. H. SHAW Lt. R.A.M.C.

OPINION OF THE MEDICAL BOARD.

NOTES—(i.) The Board will on no account inform the officer of their opinion on any of the following questions.
 (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc. Expressions such as "may," "might," "probably," should be avoided, if possible.
 (iii.) When there is more than one disability the replies will distinguish between them.

14. Was the disability contracted before entering the service? **No**
 Has it been aggravated by Military service? **No** If so, by what specific Military conditions?

15. A.—WOUND OR INJURY.
 Was the disability attributable to Military service? **Yes**
 (1) In action?
 (2) In the performance of Military duty **less than in action**
 If so, in what circumstances? **Fracture of femur while cranking a motor car**
 (3) Otherwise than in (1) or (2) of above?
 If so, in what circumstances?

B.—DISEASE.
 (1) Was the disability attributable to Military service?
 If so, to what specific Military conditions?
 (Elastic Fever, Dysentery, Malaria, etc., contracted on service, in countries where there is a special liability to the disease, are to be regarded as attributable to Military service.)
 (2) If not so attributable, was it aggravated by Military service?
 If so, by what specific Military conditions?
 16. Was the disability attributable to the officer's own negligence or misconduct? **No** If so, in what way?
 If not so attributable to, was it aggravated by negligence or misconduct? If so, in what way and to what percentage of the disability?

17. To what degree is the officer disabled as a result of the disability?
 [Degree of disability should be expressed in the following percentages—100, 90, 80, 70, 60, 50, 40, 30, 20, under 20, or nil. Total disability—100.]

18. Will such degree be permanent? **Yes**
 19. If not permanent, how soon is re-examination recommended? **Less 16 months.**

20. If the case is one of aggravation (Qs 14 and 15 B) (2), will the effects of aggravation continue (a) up to (b) beyond the date mentioned in Q. 9?

21. What treatment is the officer receiving, and for how long, and from whom? **He wears an abdominal band and a truss**

22. Is the officer in need of further medical or surgical treatment, and, if so, of what nature, and for how long is it likely to be required? **No**

23. Does the officer require the constant attendance of another person? **No**
 The Board will place the officer (whether serving or retired) in one of the undermentioned categories, and enter the estimated percentage of unsuitability for the higher categories, informing him of the decisions arrived at. (See A.C. 1109, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.)

- A.—Fit for general service **No**
- B.—Fit for service in garrison or labour unit abroad **No**
- C.—Fit for home service—
 - (i.) Active duty with troops **No**
 - (ii.) Sedentary employment only **No**
- D.—Requiring indoor hospital treatment
 - (i.) in an officers' military or auxiliary convalescent hospital **No**
 - (ii.) in an officers' hospital **No**
- E.—Permanently unfit for any further military service **Yes**

Approved: **A. E. ADDERLEY** Lt. Col. R.A.M.C. President
A. E. ADDERLEY Lt. Col. R.A.M.C. President
HERRICK, Capt. I.M.S. Member
S. H. SHAW Lt. R.A.M.C. Member
 Nairobi 27.6.18

State here the orders given to the officer by the President of the Board

PROCEEDINGS OF A MEDICAL BOARD

Assembled at British General Hospital, Nairobi on 6th January 1917 by order of A.D.M.S., L of C No. BI.207 X.I. Dated 2.1.17 for the purpose of examining and reporting on the present state of health of Lieutenant Mabert A.T. E.A.M.T.C.

The board having assembled pursuant to order proceed to examine the above named and find that this officer is suffering from the effects of ventral Hernia in an old appendix scar. He was operated on for Hernia 3.12.16 but the hernia recurred as soon as this officer got out of bed. he is unwilling to undergo further operation. The Board is of the opinion that he is unfit for active service and recommend he be invalided from the service.

The opinion of the Board upon the questions herein is as follows.

- | | | |
|--------|---|--|
| 1. (a) | If he fit for General Service? | No |
| (b) | If not so fit, how long is he likely to be unfit? | Permanent |
| (c) | If not fit for General Service is he fit for light duty? | No |
| 2. (a) | If not fit for General Service at home is he fit for service at home? | No |
| (b) | If not so fit, how long is he likely to be unfit for service at home? | Permanent |
| 3. | Was the disability contracted in Military Service? | Yes |
| 4. | Was it contracted under circumstances over which he had no control? | Yes |
| 5. | Was it caused by Military Service? | Yes |
| 6. | If caused by Military Service to what specific conditions is it attributed? | Starting motor cars on active service. |
| 7. | If the injury has resulted in the loss of limbs or eyes, such losses should be specified? | No applicable. |

PRESIDENT

MEMBERS

Sgd. J. D. Kidd
Capt. R.A.M.C.

Sgd. G. Perkins
Lieut. R.A.M.C.

Sgd. ?
Lieut. R.A.M.C.

Approved.

Sgd. J. A. Haran

Major, E.A.M.S. for D.M.S., E.A.F.

15.1.17

for
52819/18
Ind.

NOV 22 1918

DRAFT.

November 1918

only
to
conf.

Sir

MINUTE.

- Mr. Phoney, 21 Nov
- Mr. Robinson, 2/11
- Mr. Grindle
- Mr. Lambert
- Mr. Ford
- Mr. G. P. P. P.
- Mr. Houston
- Mr. Long

I have the honor to
 state the fact of your ^{conf.} ~~conf.~~
 to the 31st Nov
 regarding the disability
 compensation provided to
 enticed. We expect to
 inform you that the
 assumption in the second
 part of your report is correct

NOV 22 1918