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"STATION AND FIELD OBSERVATIONS  
MILITARY LABORATORY

REPORT OF FIELD OBSERVATIONS ON THE  
FORCES IN THE EAST AFRICAN COLONIES

1918-1919 (1919)

1st March 1919

in regard to the proposed boundaries

between the British and German colonies

and the proposed boundaries between

the British and French colonies

and the proposed boundaries between

the British and Belgian colonies

and the proposed boundaries between

the British and Portuguese colonies

and the proposed boundaries between

the British and French colonies

and the proposed boundaries between

the British and Belgian colonies

## MINISTRY OF PENSIONS.

BURTON COURT,

207

KING'S ROAD,

LONDON, S.W.1.

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31 March 1919.

C.O.

With reference to your letter No. 6274/18/19 of the 1st February, I am directed by the Minister of Pensions to acquaint you, for the information of the Secretary of State for the Colonies, that the case of Mr. R. W. Billings, late Sergeant-Major Military Labour Corps, has been considered in accordance with your request.

The Medical Advisers of the Ministry have examined a copy of Army Form B.179 which accompanies the papers and express the view that the disability should be assessed at 30% for 12 months from the date of discharge. An adjustment of the appropriate award which would be made by the Department under similar conditions would be an additional pension at the rate of 26/3 per week for 12 months from the 1st October 1918. There would also be children's allowances for any children within the meaning of Article 30 (1) of the Royal Warrant of 17th April 1912 at the special rate, that is to say, i.e. one child £10/- per month & 8/9 for three children 12/1 with an additional 1/- for each child after three. These would begin from the 1st November 1918 with future increases.

In accordance with your request I enclose a copy of my letter to you.

LONDON, 31 MARCH 1919.

Secretary of State

W. G. GRIMS

## Medical Report on an Invalid.

Station Nairobi.

19971

Date 2nd October 1918.

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h.h.s.

5. Age last birthday 50 years 208

Elemental No. 5551

6. Enlisted { on 26th May 1915.

rank Sergt Major

{ at Nairobi

Name Billings Robert William

7. Former Trade or Occupation { Hotel Manager

## 8. Disability.

Chronic Malaria with enlarged spleen.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully distinguish between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases of primary disease from secondary disease.

Date of origin of disability. 1892.

Place of origin of disability. India while in 2nd Batt. Border Regt.

Give concisely the medical history of the history of the disease up to the origin of the Medical Inquiry Sheet number. Between 1898 and 1916 was in E. Africa and had no fever. Joined up here May 1915 since this have done of years duty hospital twice with fever. First attack of fever since 1898 at Vol. 1. He was coming up from Lindi on leave when he was put on sick leave at Zanzibar being sick in July. Was kept at Zanzibar until Sept. He then proceeded on leave. On September 18th was admitted 3rd British General Hospital with spleen swollen to size of乒乓球. The spleen has not diminished appreciably in size since.

In giving your statement refer to the question of the disability.

service in Malaria districts.

If you consider it to have been caused by action of the climate or ordinary military service explain the specific conditions to which you attribute it (see note on page 3).

Active Service in the tropics.

13. What is his present condition?

Weight should be given in cases where it is likely to afford evidence of the progress of the disability.

General condition for his age.  
There is some anaemia. There is no fever since admission to hospital, though 2 slight elevations of temperature. Spleen much enlarged, 4 inches below ribs.  
Liver. Enlarged and 1 inch below ribs.  
Heart. Normal.  
Chest. He has a chronic cough and some emphysema.

14. If the disability is an injury, was it caused

Not applicable.

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable.

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth, is the loss or death the result of wounds, disease or disease directly attributable to active service?

Not applicable.

19. Do you recommend

The services permanently unfit  
for service in England?

Discharge from  
service permanently

I have satisfied myself of the general accuracy of the above and concur therewith.

Station NAIROBI.

(sd). A.C. Adderley, Lt. Col. E.A.F.  
Officer in charge of Hospital.

Date 7th October 1918.

It is the opinion of the medical board that an officer or non-commissioned officer, who has been on or immediately after active service, should be discharged therefrom unless there is evidence that it is due to some other cause.

\* Delete this word if no exceptions are to be made.

### Opinion of the Medical Board.

Note.—(i.) Clear and definite answers to the following questions are to be carefully filled in by the Board, as the result of the man being invalidated is material that the Commanders of Officers Hospital should be informed of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably" &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them. (See Articles 1162 and 1163, Pay Warrant, 1913.)

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

### Active Service.

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### Exposure on Active Service in the tropics.

(a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

No.

12 months.

24. To what extent is the capacity for earning a full livelihood in the general way now impaired, as a result of the disability?

25. Is there any want of skill, knowledge, or physical strength, or any other disability, which would render the man incapable of earning a full livelihood?

26. If an operation was advised and declined, was this a reasonable course?

27. Has the man been advised to undergo treatment?

28. Has the man been advised to undergo treatment?

29. Has the man been advised to undergo treatment?

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34. Has the man been advised to undergo treatment?

(sd). H. Tilbury Brown, M.A.,

Administrative Officer in Charge

A.D.M.S.E.A.F.

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

## (On leaving Corps or Station where installed.)

Transfer Date \_\_\_\_\_  
 Transfer Station \_\_\_\_\_  
 Embarkation Date \_\_\_\_\_  
 Embarkation Port \_\_\_\_\_

Conveyance	
Name of Vessel	Owner in midical charge

Brief remarks on case during transit, and state on arrival for final disposal.

Date \_\_\_\_\_  
 Re-transferred \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Discharged \_\_\_\_\_  
 Died \_\_\_\_\_  
 Buried \_\_\_\_\_  
 Buried at sea \_\_\_\_\_

Officer Commanding \_\_\_\_\_

## (On return from Hospital where finally disposed of)

Admitted \_\_\_\_\_  
 Discharged \_\_\_\_\_  
 Died \_\_\_\_\_  
 Buried \_\_\_\_\_  
 Buried at sea \_\_\_\_\_

Date \_\_\_\_\_  
 Discharged \_\_\_\_\_  
 Died \_\_\_\_\_  
 Buried \_\_\_\_\_  
 Buried at sea \_\_\_\_\_

Installations and the condition on discharge from Station or Hospital, to state if any damage. If cases of discharge test the condition of the patient and whether the answers to questions 1, 23 & 24 are correct.

Leave this sheet  
until required.

Received and  
checked by \_\_\_\_\_  
Date \_\_\_\_\_

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Date \_\_\_\_\_

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