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MR H. BRITTLERANK

1920

6th May

Trans med board proceedings and record of selection

and previous Paper

None

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CONFIDENTIAL

BRITISH EAST AFRICA

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My Lord,

I have the honour to transmit herewith, for the consideration of the Ministry of Pensions, copies of the proceedings of two Medical Boards held at Nairobi on the 5th January 1917 and 15th April 1920 on Mr. H. Brittlebank, late Private in the East Africa Pioneer Corps, together with his record of service as compiled by the Officer in charge Records.

I have the honour to be,

Your Lordship's
humble, obedient servant

W. Downey
ACTING GOVERNOR.

RIGHT HONOURABLE

VISCOUNT MILNER, P.C., G.C.B., G.C.M.G., &c. &c.

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W.

EAST AFRICA PROTECTORATE
PROCEEDINGS OF MEDICAL BOARDS

A Medical Board composed as under, assembled at British General Hospital on the 5th of January 1917, for the purpose of reporting on the health of No.3022 Pte. Brittlebank, K.A.Pioneers, by order of A.D.M.S. L. of No. BI.214.x.1 E/ 7-1-17.

- PRESIDENT Capt. J. L. Kidd, R.A.M.C.
- MEMBERS) Lieut. Brett-Young, R.A.M.C.
) Lieut. C. Perkins, R.A.M.C.

The Board having assembled proceed to examine the above named and find that he is suffering from an inguinal hernia (Right). He is 60 years of age and has been on active service for 2 years 4 months. He is debilitated and has had repeated attacks of Fever. The Board find he is unfit for service, and recommend he be invalided out of the service.

- Was the disability contracted in Military Service? Yes
- Was it contracted under circumstances over which he had no control? Yes
- Was it caused by Military Service? Yes
- If caused by Military Service to what specific condition is it attributable? Tropical dysentery
- To what extent will he be incapacitated from earning a livelihood in civil life. i.e. total or partial incapacity? Total
- If the injury has resulted in the loss of limbs or eyes, such losses should be specified. None

PRESIDENT

Sd. J. L. Kidd
Capt. R.A.M.C.

MEMBERS

Sd. C. Perkins
Lieut. R.A.M.C.
Sd. F. Brett-Young
Lieut. R.A.M.C.

Remarks by L.M.S., K.A.F.

Approved

Sd. H. Haran, Major
R.A.M.C.
For L.M.S., K.A.F.

MEDICAL BOARD REPORT ON A DISABLED OFFICER

(Also to be used for Disabled Nurses)

STATION Harbi. DATE 18/1/30. MEDICAL DEPARTMENT
HEAD OFFICES, NAIROBI, E.A.

1. Rank and Name Proc. H. Frittlebank.

2. Unit F. A. Pioneer Corps.

3. Age 33 4. Total Service 3 1/2 yrs. War Service { (a) at home None.
(b) abroad 3 1/2 yrs.

5. Address Harbi, F. V. A.

APR 19 1920

STATEMENT OF CASE

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Note—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

1. Disability (1) Malaria & Malaria (2) H.V. Injuries (3) ...
2. Date of origin of disability (1) 1/1/17 (2) Pre War (3) Pre War. FRODOPT 18.
3. Place of origin of disability (1) ... (2) ...
4. Give concisely the essential facts bearing on the history of the disability (personal and family history etc.) —

Note—Board questionnaire to the first clinical record here the progress of the case since the officer's last appearance.

1. Colonel UP was a private in the Pioneer Corps in the F. V. A. Pioneer Corps.

2. Fever on several occasions ...
3. ...
4. ...
5. ...

OPINION OF THE MEDICAL BOARD.

Note—(i) The Board will on a special interim transfer of its opinion on any of the following conditions:

- (ii) Clear and definite charges should be filed in by the Board ...
- (iii) Expressions such as "may", "possibly", "probably" should be avoided if possible.
- (iv) When there is more than one disability the reports will distinguish between them.

Was the disability contracted (a) before entering the service? (2003) No.

(b) in the service? (1) Yes.

Was it attributable to military service? (1) Yes (2003) No.

If so, to what specific military conditions is it attributed? (1) Active service in the tropics.

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be recorded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? (2003) Active service in the tropics

If so, by what specific military conditions? (2003) Active service in the tropics

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? 10.

MEDICAL BOARD REPORT ON A DISABLED OFFICER

(Also to be used for Disabled Nurses)

STATION Nairobi. DATE 15/4/20.

MEDICAL DEPARTMENT HEAD OFFICES NAIROBI, K.E.A. APR 19 1920

1. Rank and Name Pte. H. Brittlebank. 2. Unit E. A. Pioneer Corps. 3. Age 33 4. Total Service 3 1/2 YRS. War Service (a) at home (b) abroad 3 1/2 YRS. 5. Address Nairobi, P. A.

STATEMENT OF CASE

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Note - In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

1. Disability (1) Malaria & Dysentery (2) Et. Inguinal Hernia (3) Enteric Fever. 2. Date of origin of disability (1) 1916 (2) Pre War (3) Pre Serv. 3. Place of origin of disability (1) War Service. 4. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.)

Note - Board subsequent to the first should record here the progress of the case since the officer's last appearance.

Joined up as a private in East Africa in the P.A. Pioneer Corps. A fever on several occasions and became debilitated. Board at Nairobi on 5/1/17 recommended his being invalided out of the service for malaria and debility. He returned to active service in 1918 at the age of 33 years and has been 15 years in the P.A. Has a ruptured long standing and has had sufficient from influenza at Aden.

OPINION OF THE MEDICAL BOARD.

Note - (1) The Board will on no account inform the officer of its 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. (iii) Expressions such as "may," "might," "probably," should be avoided, if possible. (iv) When there is more than one disability the replies will distinguish between them.

Was the disability contracted (a) before entering the service? (203) Yes.

(b) in the service? (1) Yes.

Was it attributable to military service? (1) Yes.

If so, to what specific military conditions is it attributed? (1) Active service in the tropics.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

If not attributable to, was it aggravated by, military service? (203) Aggravated by

If so, by what specific military conditions? (203) Active service in the tropics

Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent?

14. What is the officer's present condition? He has been in the Hospital since 1917 with Asthma and Bronchitis - he has twice been in Hospital previously for the same illness. On admission he had marked cyanosis. Has now improved again. He has arteriosclerosis, albumen in urine, arterial. Lungs emphysematous - Balcon and Bronchi over dist. Mitral systolic murmur. Accentuated second sound.

15. To what degree is the officer disabled at the present time? 60% (sixty).
(Degrees of disability should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, under 20, or nil.)

16. Is the disability permanent? No.

17. If not permanent, how soon is re-examination recommended? 12 months.

18. Is it necessary that the officer should be re-examined by the same Board? No.

19. What treatment is the officer receiving, and where, and from whom? In-patient in the Hospital.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? Hospital treatment.

21. Does the officer require the constant attendance of another person? Yes.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Examination of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service —

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment —

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

J. Henderson, President.

Members.

18th APRIL 1920.

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HISTORY OF PRESENT ILLNESS OF MR. BRITTLEBANK.

-----sOs-----

PREVIOUS HISTORY. In Hospital twice recently with asthma & bronchitis
Has had Syphilis.

HISTORY OF PRESENT ILLNESS.
Admitted with marked dyspnoea - This began soon
after leaving the Hospital last time - gradually got worse, - has
prevented him sleeping for last few days.

Cough & dyspnoea.

Lungs emphysematous - rales & rhonci over both.

accentuated base of heart.

Mitral regurgitation.

Arteries - sclerotic

LIVER +

Not felt.

Marked albuminuria.

Handwritten notes:
4/18/20
H. C. ...

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The Secretary,
Ministry of Pensions.

Domington

9th June 1947

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6/18