

CONFIDENTIAL

Confidential

REPORT OF SURVEY ON AN OFFICER.

(Also to be used for Sisters.)

(When found unfit for further Active Service.)

R.N. Hospital Haslar.

Date 4th December 1925.

Held by undersigned pursuant to an Order from Surgeon Rear Admiral.

1. Rank and Name Com. Tal. R. N., George Henry Durban.

2. Ship or Corps "IRON DUKE" (via R.N.H. Malta).

3. Age 42 4. Total Service 27 years War Service

Oct. 16 "VERNON" then
 (a) at home "PEMBROK" to end of war.
 1916 Russell 15 Callio-
 (b) abroad or at sea pa in North Sea.
 (c) whether in Action, latter end of 14 and
 giving dates nearly part of 15
 Russell bombed
 Belgium Coast 31st
 May 1916 Jutland in
 "QUEEN ELIZABETH"

5. Address (permanent) 36, Lyndhurst Road, North End,

Portsmouth.

NOTE.—In answering the following questions the Surveying Officers will carefully discriminate between the officers' conditions and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Recurrent Glaucoma.

7. Date of origin of disability 31st May 1924 8. Place of origin of disability H.M.S. "QUEEN ELIZABETH"

9. Give concisely the essential facts of the history of the disability (personal and family history, &c.) and the officers' present condition:—

(NOTE.—Boards subsequent to the first should record here the progress of the case since the last medical examination).

Patient was temporarily blinded by being splashed by the contents of a large battery, which exploded on board H.M.S. "QUEEN ELIZABETH" on 31/5/24. Vision in left eye in two days returned to normal, and in the right eye, seven days, after the accident. On 9th June owing to shortness of Officers patient was sent to duty with a pad and bandage over his right eye. He remained on duty until the ship arrived at Portland on 2nd July 1924, when he was sent to Royal Naval Hospital, Portland. He received treatment at Royal Naval Hospital, Portland, for 8 or 9 days, and returned to duty. On 28th August 1924, he reported at Royal Naval Hospital, Haslar, and was recommended for 28 days sick leave as he was under nervous strain. A month later, 27/9/24, he was admitted to Royal Naval Hospital, Haslar, on the recommendation of Surgeon Commander Atkinson.

R.E. 6/6. L.E. 6/36. Left eye failing. Family history not relevant.
 N.V.D. = 0.3 N.V.D. = 0.3

On 8th October 1924 an acu-puncture of the left eye was made for Glaucoma as he had then Halo-phenomena & tension. The result of this operation was to bring the vision back to normal for distance. A prescription was given & glasses supplied for reading. He was then again recommended for 28 days leave & returned to Haslar on 15/12/24, when an operation for appendicitis was performed. He was granted 28 days sick leave & discharged to duty. He then joined H.M.S. "IRON DUKE" Mediterranean Station. During the commission whilst on manoeuvres, the pain at the back of eyes returned and the vision seemed to fail toward nightfall. The eyes felt tired & the glasses supplied for reading became unsuitable. On 10/25 after seeing eye specialist on H.M.S. "MAINE" he was invalided home to U.K. for the return of the same pain in eyes, & failing vision, was admitted to Haslar 16/11/25.

Present condition 1/12/25. R.E. 6/18 N.V. D = 1.50, L.E. 6/12 with marked spacing N.V. D = 1.75. Bare Perimeter Chart shows marked contraction of the peripheral fields. Halo-phenomena rising toward the right Tension R.E. + + + L.E. + +. Ophthalmoscopic Examination, shows some cupping of the discs most marked in the right eye with opacity of the media, indicating a return of his Glaucoma in both eyes. As relapse has recurred at this comparatively short period & the right eye has become involved, it is an indication that the relapses will be recurrent. He is therefore brought forward for survey.

(SIGNED) Surgeon Commander, R.N.

(SIGNED) Surgeon Captain, R.N.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) The Surveying Officers 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, &c.
- (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.

10. Was the disability contracted before entering the service? No.
 If so, has it been aggravated by Naval service?
 If so, by what specific conditions?

11. Was the disability contracted in the service? Yes

A. Wounds or Injuries.

(1) Was the disability received—(a) in action, or. No.
 (b) in the actual performance of Naval duty? Yes.

If so, what duty? In examining electric battery when the latter exploded
 (2) Was it attributable to Naval service other than (1)? (Hurt Certificate granted 31/5/24).

If so, in what circumstances?

B. Disease.

(1) Was the disability attributable to Naval service?
 If so, to what specific conditions?

[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 Naval service if the conditions of service have directly exposed the officer to such conditions.]

(2) If not so attributable, was it aggravated by Naval service?

If so, by what specific conditions?

12. Was the disability attributable to the officer's own negligence or misconduct? No If so, in what way?

If not so attributable, was it aggravated by negligence or misconduct? No. If so, in what way and to what percentage of the total disablement?

13. To what degree is the officer disabled at the present time? 20% (Twenty) 40% (Forty)
 (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.
 Total disablement=100). Hi RN Hospital in India 10.12.25

14. Will such degree be permanent? No.

15. If not permanent, how soon is re-examination recommended? Six months.

16. If the case is one of aggravation (Qs. 11 and 12B (2)), will the effects of aggravation continue (a) up to or (b) beyond the date mentioned in Q. 16?

17. What treatment is the officer receiving, and where, and from whom? None at present.

18. Is the officer in need of medical or surgical treatment, and, if so, of what nature? Observation by Ophthalmic Specialist.

19. Does the officer require the constant attendance of another person? No.

20. If the officer is invalided for neurasthenia, shell shock, or epilepsy, has he been examined by the Special Board, and date of such?

Surgeon of His Majesty's Ship.....

(SIGNED) Surgeon Lieutenant Commander, R.N. Hospital, Haslar.....

(SIGNED) Surgeon Captain Do. " " "

(SIGNED) Medical Officer of Haslar Hospital.....

Surgeon Rear Admiral

Approved,

Commander-in-Chief.

NOTE— Medical Director General.

1. This form is to be prepared in quadruplicate, two copies being marked "Admiralty copy," one "M.D.G. copy," and one "C-in-C's copy."
2. The two "Admiralty copies" and the "C-in-C's copy" are to be forwarded to the Commander-in-Chief of the port at which the survey is held. The Commander-in-Chief will forward the two "Admiralty copies" together direct to the Secretary of the Admiralty and will retain the C-in-C's copy for action as to informing the depot or ship of the officer concerned.
3. In the case of Marine Officers the two "Admiralty copies" should be sent by the Hospital Authorities direct to the Adjutant-General, Royal Marines. The "M.D.G. copy" should also be forwarded direct to the Medical Director-General.

IN THE CASE OF RETIRED OFFICERS—

The form is to be prepared in duplicate; one copy is to be forwarded to the C-in-C. for retention, the other is to be sent to the Ministry of Pensions, Officers' Branch, Westminster House, Millbank, S.W. 1.



Any further communication
should be addressed to—

The Secretary of the Admiralty,
London, S. W. 1.

Admiralty, S.W. 1.

quoting "C.W.1222/30."

13th February 1930.

Sir,

With reference to your letter of the 26th March, 1928, No. 0-296, I am commanded by My Lords Commissioners of the Admiralty to inform you that it is necessary for Mr. G. H. Durban, Commissioned Telegraphist, R.N., (Retired), to undergo a further medical survey in connection with the continuance of the temporary disability addition to his retired pay.

My Lords desire me to enquire whether arrangements could again be made for Mr. Durban to be medically examined in the Dominion on or about the 2nd March, 1930, in order to ascertain the present assessment of his disability.

Mr. Durban's address is :-

P.O. Box 914,
St. John's,
Newfoundland.

and he has been instructed to communicate with you.

I am, Sir,
Your obedient Servant,

The Secretary,
The Board of Pensions
Commissioners for
Newfoundland,
St. John's, Newfoundland.

Charles Walker

REPORT OF MEDICAL BOARD ON OFFICER OR NURSE CLAIMING DISABILITY IN RESPECT OF SERVICE IN THE GREAT WAR

(Held on June 14th., 1927.....)

Names (Surname first)..... DURBAN, GEORGE H......

Rank..... Com. Tel. R. N...... Unit, Regt., or Corps..... RETIRED......

Date of relinquishment, etc..... Date of Claim..... Present age.....

Permanent Address and) MOUNT PEARL P.O. BOX 914, ST. JOHN'S, BELM.
nearest Railway Station)

Former trade or occupation.....

Disability or disabilities (if any) in respect of which Retired Pay, &c., has previously been granted :—

Disabilities.	Nature of Award (state whether final or not).	Current Assessment.
<p><u>Recurrent Glaucoma.</u></p> <p>.....</p> <p>.....</p>		<p>.....</p>

TO THE REGIONAL DIRECTOR (C.M.S.)..... REGION.

You are requested to be good enough to cause the above-named Officer to be examined by a Medical Board who should report overleaf.

The Officer claims compensation in respect of.....
.....(See M.P.O. 13 attached)

Previous medical reports upon his case, and Form M.P.O. 638, giving particulars of military service, etc., are enclosed.

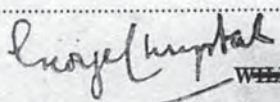
Form M.P.O. 115 is enclosed for completion at the examination.

The assessment should be made as from..... The assessment and opinion of the Board must not be communicated to the Officer.

Any recommendation by the Board as to Treatment and Constant Attendance Allowance should be made to you separately on the forms prescribed for the purpose.

The report should be rendered through you to the Officers Branch, Ministry of Pensions, 2, Sanctuary Buildings, Westminster, S.W.1.

SPECIAL INSTRUCTIONS.....
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WILLIAM CLIFTON,
 Secretary, Director General of Awards.

Date.....192.....

10.—If the disability is not attributable to, nor still aggravated by, naval or military service in the Great War, was it caused or aggravated by :—

- (1) Active service in a previous war,.....
- or (2) Other naval or military service before the Great War,.....
- or (3) Post-war service (i.e. service after the 30th September, 1921),.....
- or (4) Causes other than the above ?.....

11.—Is there any evidence that the disability was due to serious negligence or misconduct on the part of the officer? If so, state the nature of such evidence.

12.—(1) In cases where an award has previously been made in respect of another disability or disabilities, state whether the disability now reported upon is :—

- (a) An entirely separate disability,.....
- or (b) Part of or a direct sequela of the former disability,.....
- or (c) Connected with, but not a necessary consequence of, the former disability or disabilities

(2) If the answer to Question 1 (c) is in the affirmative, state whether a change of diagnosis or of entitlement is involved by the additional medical evidence available.

13.—(1) (a) State the degree of disablement at which in the Board's opinion the officer should be assessed in respect of the disability now being reported on, independent of hospital or other treatment ?

10%

(b) In the case of aggravation, where there is any definite or presumptive evidence that the disability was present at the commencement of service in the Great War, what in the Board's opinion was the degree of disablement which existed at that time ?

(2) If compensation has already been granted in respect of any other disability or disabilities (see page 1), what is the composite assessment for these and the disability now reported on ?

(3) If the above assessments have been arrived at after discounting any "other condition" (e.g. personal habits, misconduct, etc.), the facts should be fully stated, and the method of arriving at the assessment indicated (see M.P.M.S.D. 57, Supplement 5).

NOTES.—(1) Degrees of disablement should be expressed in the following percentages: 100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil, and in words as well as figures.

(2) With regard to disabilities assessed at under 20 per cent. see M.P.M.S.D. 57, Supplement No. 3 D. Whenever a 6-14 per cent., or a 15-19 per cent., Indeterminate Duration assessment is given in a case not in a final and stationary condition, an explanation should be given.

14.—Is the disability in a final and stationary condition ?.....

If not :—

(a) How long is the present average degree of disablement likely to last ?

(b) If the present degree of disablement is not likely to last 12 months, can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 13 (1) (a).

Signatures :—

.....W. H. PARSONS,.....Chairman.

.....Assessor.

.....J. B. O'REILLY,.....Specialist.

Place of Board.....ST. JOHN'S NFLD.

Date.....23.3.28..... 192...

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.



ST JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO

Nº _____

Re:- DURBAN, Geo.H. COM.TEL. R.N.,
.....

SPECIALIST'S REPORT

Conjunctiva, etc., Normal.

V - 6/24 ,, both eyes

with glasses, little improvement.

Retenoscropy shows slight amount of astigmatism.

Ophthalmoscopic-examination shows nothing abnormal
in the fundus.

Tension - slight increase.

Complains of pain and blurring of vision after
regarding object for little time. This man is
now 45 and presbyopic correction would probably
help vision for near work.

There is no pathology present to correspond with
symptoms complained of by pensioner.

(SGD) J.B. O'REILLY.

June 27, 1927.

REPORT OF MEDICAL BOARD ON OFFICER OR NURSE CLAIMING DISABILITY IN RESPECT OF SERVICE IN THE GREAT WAR

(Held on June 14.....1927..)

Names (Surname first)..... **DURBAN, GEORGE H.**.....

Rank **COM. TEL. R.N.** Unit, Regt., or Corps..... **RETIRED**.....

Date of relinquishment, etc..... Date of Claim..... Present age.....

Permanent Address and } **MOUNT PEARL, P.O. BOX 914, ST. JOHN'S, NEWFOUNDLAND** }
 nearest Railway Station }.....

Former trade or occupation.....

Disability or disabilities (if any) in respect of which Retired Pay, &c., has previously been granted:—

Disabilities.	Nature of Award (state whether final or not).	Current Assessment.
RECURRENT GLAUCOMA		

TO THE REGIONAL DIRECTOR (C.M.S.)..... REGION.

You are requested to be good enough to cause the above-named Officer to be examined by a Medical Board who should report overleaf.

The Officer claims compensation in respect of.....
(See M.P.O. 13 attached)

Previous medical reports upon his case, and Form M.P.O. 638, giving particulars of military service, etc., are enclosed.

Form M.P.O. 115 is enclosed for completion at the examination.

The assessment should be made as from..... The assessment and opinion of the Board must not be communicated to the Officer.

Any recommendation by the Board as to Treatment and Constant Attendance Allowance should be made to you separately on the forms prescribed for the purpose.

The report should be rendered through you to the Officers Branch, Ministry of Pensions, 2, Sanctuary Buildings, Westminster, S.W.1.

SPECIAL INSTRUCTIONS.....

Date.....192.....


~~WILLIAM SANGER~~
 Director-General of Awards.
 Secretary

STATEMENT OF CASE BY THE MEDICAL BOARD.

1.—Are you satisfied that the Officer referred to in the Documents sent herewith is now before you?—

Yes

2.—Disability or disabilities (not already compensated under the Pension Warrants) now considered. State diagnosis and Code No. If more than one disability, distinguish by numerals throughout. (TO BE ENTERED AFTER THE EXAMINATION HAS BEEN COMPLETED.)

If no such disability exists, enter "No disability." (See Notes below.)

3.—(a) State concisely the essential facts of the history of the disability claimed as recorded in the official documents, including DATE and PLACE of origin of the disability.

(b) Add any supplementary details given by the officer himself, indicating clearly whether these are uncorroborated.

4.—Was an operation performed? If so, when and what was its nature? Yes, acupuncture

5.—If an operation was advised and declined, was the refusal unreasonable?

OPINION OF THE MEDICAL BOARD.

Notes.— (i) Clear and definite answers are to be filled in by the Board. Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) A report is to be made on any disability claimed and not previously compensated under the Pension Warrants. If it is found not to exist, the finding "No Disability" should be recorded at paragraph 2. If it exists, but is not considered to be connected with naval or military service, it should be as fully reported on as if it were. The words "No Disability" should never be used as equivalent to "No Disability connected with Service."

(iii) If more than one new disability is claimed, distinguish by numerals throughout.

6.—Give particulars of:—

(a) The disability giving rise to the claim.

Hypermetropic astigmatism.
Recurrent Glaucoma.

(b) The present condition thereof, giving:—

(i) Symptoms and physical signs;

(ii) Effect of disability on function.

(1) Pain in back of eyes at some time in every day. When he turns eyes to right he has a sharp stabbing pain. He is unable to read for more than a minute or two without everything becoming blurred. Tension in both eyes slightly increased. Anterior chamber shallow.

(11) He states he is unable to attend to his work on account of above symptoms.

From the way in which pensioner reads we are of the opinion that the man has some presbyopia which is probably complicating his trouble.

N.B: See specialist's report; He finds nothing pathological in eyes beyond presbyopia.

7.—(1) Has a continuous medical history of the disability been established by direct evidence consisting of a series of medical reports and certificates dating from the officer's discharge, or 30th September, 1921, if earlier?

Yes

(2) If not :—

(a) Is the disability one in which the pathological condition known to be present in his case would be universally recognised by medical opinion as of sufficiently long duration to cover the period elapsing since discharge or demobilisation, or 30th September, 1921, if earlier? or

(b) Is there a continuous history of overt symptoms of ill-health established by other than medical certification, but sufficiently established in fact as to prove, beyond reasonable possibility of doubt, the presence of the disability continuously since discharge or demobilisation, or 30th September, 1921, if earlier?

8.—(1) If the answer to question 7 (1) or (2) is in the affirmative, state whether :—

(a) The disability is attributable to conditions which were experienced by the officer in, and particularly in consequence of, his service during the Great War, and which were operative to give rise to the disability; or

Yes

(b) the disability, though not attributable to War Service, was AND STILL is aggravated by conditions which were experienced by the officer in, and particularly in consequence of, his service during the Great War, and which were operative to aggravate the disability; or

(c) the officer has suffered (either during service or since discharge) from an attack of the disability which was attributable to service during the Great War, but recovered from it, and is now suffering from a fresh attack not attributable to such service.

(2) State briefly the reasons for the opinion given in answer to Question 8 (1) and the nature of the conditions which caused or aggravated any disability placed under (a) or (b) of that question. (For particulars and periods of service see paragraph 10 of M.P.O. 13 and paragraph (10) of M.P.O. 638, and also paragraph 6 of A.F.A. 45.)

Papers submitted

9.—If the answer to Question 7 (1) or (2) is in the negative but the disability is one which for exceptional reasons the Board hold to be attributable to the conditions of the officer's War Service, or to have been and still to be aggravated thereby, state fully the *Medical* grounds for the opinion, and the *evidence* on which it is based.

10.—If the disability is not attributable to, nor still aggravated by, naval or military service in the Great War, was it caused or aggravated by:—

- (1) Active service in a previous war,.....
- or (2) Other naval or military service before the Great War,.....
- or (3) Post-war service (i.e. service after the 30th September, 1921),.....
- or (4) Causes other than the above?.....

11.—Is there any evidence that the disability was due to serious negligence or misconduct on the part of the officer? If so, state the nature of such evidence.

NO.

12.—(1) In cases where an award has previously been made in respect of another disability or disabilities, state whether the disability now reported upon is:—

- (a) An entirely separate disability,.....
- or (b) Part of or a direct sequela of the former disability,.....
- or (c) Connected with, but not a necessary consequence of, the former disability or disabilities

(2) If the answer to Question 1 (c) is in the affirmative, state whether a change of diagnosis or of entitlement is involved by the additional medical evidence available.

13.—(1) (a) State the degree of disablement at which in the Board's opinion the officer should be assessed in respect of the disability now being reported on, independent of hospital or other treatment?

10%

(b) In the case of aggravation, where there is any definite or presumptive evidence that the disability was present at the commencement of service in the Great War, what in the Board's opinion was the degree of disablement which existed at that time?

(2) If compensation has already been granted in respect of any other disability or disabilities (see page 1), what is the composite assessment for these and the disability now reported on?

(3) If the above assessments have been arrived at after discounting any "other condition" (e.g. personal habits, misconduct, etc.), the facts should be fully stated, and the method of arriving at the assessment indicated (see M.P.M.S.D. 57, Supplement 5).

NOTES.—(1) Degrees of disablement should be expressed in the following percentages: 100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil, and in words as well as figures.

(2) With regard to disabilities assessed at under 20 per cent. see M.P.M.S.D. 57, Supplement No. 3 D. Whenever a 6-14 per cent., or a 15-19 per cent., indeterminate Duration assessment is given in a case not in a final and stationary condition, an explanation should be given.

14.—Is the disability in a final and stationary condition?.....

If not:—

- (a) How long is the present average degree of disablement likely to last?
- (b) If the present degree of disablement is not likely to last 12 months, can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 13 (1) (a).

Signatures:—

.....CLUNY MACPHERSON.....Chairman.

.....Assessor.

.....J. B. O'REILLY.....Specialist.

Place of Board.....St. John's, Nfld.,

Date.....July 12, 1927..... 192.....

APPROVED - 10% - 12 mos.

J. ST. P. KNIGHT,

Med. Adv.

REPORT OF MEDICAL BOARD ON OFFICER OR NURSE CLAIMING DISABILITY IN RESPECT OF SERVICE IN THE GREAT WAR

(Held on **June 14th., 1927**.)

Names (Surname first) **DURBAN, GEORGE H.**
 Rank **Com. Tel. R. N.** Unit, Regt., or Corps **RETIRED.**
 Date of relinquishment, etc. Date of Claim Present age
 Permanent Address and nearest Railway Station **MOUNT PEARL, P.O. BOX 914, ST. JOHN'S, Nfld.**
 Former trade or occupation
 Disability or disabilities (if any) in respect of which Retired Pay, &c., has previously been granted:—

Disabilities.	Nature of Award (state whether final or not).	Current Assessment.
Recurrent Glaucoma.		

TO THE REGIONAL DIRECTOR (C.M.S.)..... REGION.

You are requested to be good enough to cause the above-named Officer to be examined by a Medical Board who should report overleaf.

The Officer claims compensation in respect of.....
(See M.P.O. 13 attached)

Previous medical reports upon his case, and Form M.P.O. 638, giving particulars of military service, etc., are enclosed.

Form M.P.O. 115 is enclosed for completion at the examination.

The assessment should be made as from..... The assessment and opinion of the Board must not be communicated to the Officer.

Any recommendation by the Board as to Treatment and Constant Attendance Allowance should be made to you separately on the forms prescribed for the purpose.

The report should be rendered through you to the Officers Branch, Ministry of Pensions, 2, Sanctuary Buildings, Westminster, S.W.1.

SPECIAL INSTRUCTIONS.....

Date.....192....

Ernest Campbell
~~WILLIAM SALTER~~
 Secretary, Director General of Awards.

STATEMENT OF CASE BY THE MEDICAL BOARD.

1.—Are you satisfied that the Officer referred to in the Documents sent herewith is now before you?—

Yes.

2.—Disability or disabilities (not already compensated under the Pension Warrants) now considered. State diagnosis and Code No. If more than one disability, distinguish by numerals throughout. (TO BE ENTERED AFTER THE EXAMINATION HAS BEEN COMPLETED.)

If no such disability exists, enter "No disability." (See Notes below.)

3.—(a) State concisely the essential facts of the history of the disability claimed as recorded in the official documents, including DATE and PLACE of origin of the disability.

(b) Add any supplementary details given by the officer himself, indicating clearly whether these are uncorroborated.

4.—Was an operation performed? If so, when and what was its nature?

5.—If an operation was advised and declined, was the refusal unreasonable?

OPINION OF THE MEDICAL BOARD.

Notes.— (i) Clear and definite answers are to be filled in by the Board. Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) A report is to be made on any disability claimed and not previously compensated under the Pension Warrants. If it is found not to exist, the finding "No Disability" should be recorded at paragraph 2. If it exists, but is not considered to be connected with naval or military service, it should be as fully reported on as if it were. The words "No Disability" should never be used as equivalent to "No Disability connected with Service."

(iii) If more than one new disability is claimed, distinguish by numerals throughout.

6.—Give particulars of:—

(a) The disability giving rise to the claim.

Recurrent Glaucoma.

(b) The present condition thereof, giving:—

(i) Symptoms and physical signs;

(ii) Effect of disability on function.

Complains of continual dull ache for about two hours after rising in the mornings. This ache continues throughout the day. About mid-day gets

sharp stabbing pains across both eyes and these pains get more severe as day progresses—when reading or writing two or three minutes everything blurs.

Examination of eyes - Vision both eyes 6/24. There is a chronic conjunctivitis of mild type present. Both anterior chambers shallow. Tension of right eye seems little higher than left. Examination of fundus in each eye is negative. Presbyopic correction tried out but states reading becomes blurred $\frac{3}{4}$

7.—(1) Has a continuous medical history of the disability been established by direct evidence consisting of a series of medical reports and certificates dating from the officer's discharge, or 30th September, 1921, if earlier?

(2) If not:—

- (a) Is the disability one in which the pathological condition known to be present in his case would be universally recognised by medical opinion as of sufficiently long duration to cover the period elapsing since discharge or demobilisation, or 30th September, 1921, if earlier? or
- (b) Is there a continuous history of overt symptoms of ill-health established by other than medical certification, but sufficiently established in fact as to prove, beyond reasonable possibility of doubt, the presence of the disability continuously since discharge or demobilisation, or 30th September, 1921, if earlier?

8.—(1) If the answer to question 7 (1) or (2) is in the affirmative, state whether:—

- (a) The disability is attributable to conditions which were experienced by the officer in, and particularly in consequence of, his service during the Great War, and which were operative to give rise to the disability; or
- (b) the disability, though not attributable to War Service, was AND STILL is aggravated by conditions which were experienced by the officer in, and particularly in consequence of, his service during the Great War, and which were operative to aggravate the disability; or
- (c) the officer has suffered (either during service or since discharge) from an attack of the disability which was attributable to service during the Great War, but recovered from it, and is now suffering from a fresh attack not attributable to such service.

(2) State briefly the reasons for the opinion given in answer to Question 8 (1) and the nature of the conditions which caused or aggravated any disability placed under (a) or (b) of that question. (For particulars and periods of service see paragraph 10 of M.P.O. 13 and paragraph (10) of M.P.O. 638, and also paragraph 6 of A.F.A. 45.)

9.—If the answer to Question 7 (1) or (2) is in the negative but the disability is one which for exceptional reasons the Board hold to be attributable to the conditions of the officer's War Service, or to have been and still to be aggravated thereby, state fully the *Medical* grounds for the opinion, and the *evidence* on which it is based.

10.—If the disability is not attributable to, nor still aggravated by, naval or military service in the Great War, was it caused or aggravated by :—

- (1) Active service in a previous war,.....
- or (2) Other naval or military service before the Great War,.....
- or (3) Post-war service (i.e. service after the 30th September, 1921),.....
- or (4) Causes other than the above ?.....

11.—Is there any evidence that the disability was due to serious negligence or misconduct on the part of the officer? If so, state the nature of such evidence.

12.—(1) In cases where an award has previously been made in respect of another disability or disabilities, state whether the disability now reported upon is :—

- (a) An entirely separate disability,.....
- or (b) Part of or a direct sequela of the former disability,.....
- or (c) Connected with, but not a necessary consequence of, the former disability or disabilities

(2) If the answer to Question 1 (c) is in the affirmative, state whether a change of diagnosis or of entitlement is involved by the additional medical evidence available.

13.—(1) (a) State the degree of disablement at which in the Board's opinion the officer should be assessed in respect of the disability now being reported on, independent of hospital or other treatment ?

10%

(b) In the case of aggravation, where there is any definite or presumptive evidence that the disability was present at the commencement of service in the Great War, what in the Board's opinion was the degree of disablement which existed at that time ?

(2) If compensation has already been granted in respect of any other disability or disabilities (see page 1), what is the composite assessment for these and the disability now reported on ?

(3) If the above assessments have been arrived at after discounting any "other condition" (e.g. personal habits, misconduct, etc.), the facts should be fully stated, and the method of arriving at the assessment indicated (see M.P.M.S.D. 57, Supplement 5).

Notes.—(1) Degrees of disablement should be expressed in the following percentages: 100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil, and in words as well as figures.

(2) With regard to disabilities assessed at under 20 per cent. see M.P.M.S.D. 57, Supplement No. 3 D. Whenever a 6-14 per cent., or a 15-19 per cent., Indeterminate Duration assessment is given in a case not in a final and stationary condition, an explanation should be given.

14.—Is the disability in a final and stationary condition ?.....

If not :—

- (a) How long is the present average degree of disablement likely to last ?
- (b) If the present degree of disablement is not likely to last 12 months, can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 13 (1) (a).

Signatures :—

..... W. H. PARSONS, Chairman.

..... Assessor.

..... J. B. O'REILLY, Specialist.

Place of Board..... ST. JOHN'S N.F.L.D.

Date..... 23.3.28..... 192...

O-296.

Your Ref. No:
O.W.1563/28.

March 26th., 1928,

The Secretary,
THE ADMIRALTY,
S.W.1. LONDON,
E N G L A N D.

Re:- Geo.H. Darban, Com., Tel., R.N.

Sir:-

I beg forward herewith completed Form M.P.O.44..
in respect of the margin lly named.

For your attention, please.

I am, Sir,
Your obedient servant,

For Secretary.

BT:



L.P.—No. 8.

Any further communication
should be addressed to—
The Secretary of the Admiralty,
London, S.W.1.

Admiralty, S.W.1.

quoting "C.W. 1553/28."

21st. February, 1928.

Sir,

With reference to Admiralty letter of the 23rd. May, 1927, No. C.W. 2546/27, addressed to the Deputy Minister of Health, and to your letter of the 14th. July last, forwarding a report by a Medical Board held on Mr. G.H. Durban, Commissioned Telegraphist, R.N.(Retired), in reply thereto, I am to inform you that it is necessary for this Officer to undergo a further medical ^{survey} in connection with the continuance of the temporary disability addition to his retired pay.

My Lords desire me to enquire whether arrangements could again be made for Mr. Durban to be medically examined in the Dominion on or about the 2nd. March, 1928, in order to ascertain the present assessment of his disability.

Mr. Durban's address is:-

Box 914,
St. Johns,
Newfoundland,

and he has been instructed to communicate with you.

I am, Sir,

Your obedient Servant,

The Secretary,
The Board of Pensions
Commissioners for Newfoundland,
St. Johns,
NEWFOUNDLAND.

Charles Walker



H-0-296

June 20, 1927.

Dr. J. B. O'Reilly,
Duckworth Street.

George H. Durban, Gen. Tel. R.M.

Dear Sir:

The marginally named man has been notified to report at your Surgery for examination in respect of Recurrent Glaucoma. Kindly give him the necessary attention, and furnish us with a report at your convenience.

Yours very truly,

VMD

Secretary.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D., C.M.
CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY



In reply refer to
No. _____

St. John's,

X-0-296

June 15, 1927.

George H. Durban, Esq.,
P.O. Box 914,
City.

Dear Sir:

In order that your medical report may be completed, it will be necessary for you to have an examination by an Eye Specialist. Kindly call at this Office at your convenience so that arrangements for same can be made.

Yours very truly,

For Secretary.

VMD



Any further communication
should be addressed to—
The Secretary of the Admiralty,
London, S.W. 1.

Admiralty, S.W. 1.

quoting " C.W. 2546/27 "

..... 23rd. May, 1927.

Sir,

I am commanded by My Lords Commissioners of the Admiralty to acquaint you that Mr. G.H. Durban, Commissioned Telegraphist, R.N., at present residing at Mount Pearl, Box 914, St. Johns, Newfoundland, is in receipt of a temporary disability addition to his retired pay, and with a view to the renewal of the award, it is necessary for him to undergo further medical examination.

I am accordingly to enquire whether arrangements could be made for this Officer to be medically examined in the Dominion, in order to ascertain the present assessment of his disability.

Copies of the previous medical reports on Mr. Durban are enclosed for the information of the examining Officer.

The assessment of permanent disability, viz: 5%, was concurred in by the Naval Medical Authorities.

I am, Sir,

Your obedient Servant,

The Deputy Minister of Health,
St. Johns,
Newfoundland.

Charles Walker

Confidential

FROM:- The Surgeon Rear Admiral,
Royal Naval Hospital,
H A S L A R .

TO:- The Medical Director General,
ADMIRALTY .

DATE:- 26th April 1926.

Submitted.

Mr G.H.Durban, Commissioned Telegraphist, R.N.,
(Retd).

With reference to M.D.G.2844/26 of 14th April 1926, this Officer has been examined and the report of the Ophthalmic Specialist considered. His disability as far as the hypermetropic astigmatism is concerned (5% five per cent) is considered permanent.

The rest of the disability is not considered permanent. This Board concurs in the opinion of the Ophthalmic Specialist that there is a large neurasthenic element in this case.

Report of Ophthalmic Specialist attached hereto.

(SIGNED) D.W.HEWITT.

SURGEON REAR ADMIRAL .

Confidential

Ophthalmic Department,
Royal Naval Barracks,
PORTSMOUTH.

Mr George Henry Durban, Warrant Telegraphist. (Retired).

History:- (vide M.88 of 4/12/25).

- 31/5/24. Splash of Sulphuric Acid, Both Eyes in H.M.S. "QUEEN ELIZABETH" (H.C.Granted).
- 24/6/24. V.R. = 6/18 V.L. = 6/6 Small central corneal nebula and mild inflammation of uveal tract, all cleared up on 6/7/24 and V.R. = 6/6 V.L. = 6/6.
- 26/9/24. Admitted Royal Naval Hospital, Haslar, Obs: Neurasthenia.
- 7/10/24. Left Eye, Tension + 1. Diagnosed Glaucoma and Acupuncture of Posterior Chamber.
- 13/10/24. V.R. = 6/6 V.L. = 6/6.
- 1/12/25. V.R. = 6/18 V.L. = 6/12.
T. + + + T. + +
Opacity of Media and cupping of discs in both eyes.
- 4/12/25. Invalided.

21/4/26. Examination:-
Complains of "Stabbing Pains" of short duration, in both eyes, starting about mid-day each day and lasting till night, also aching on lateral motion of eyeballs and a sensation of "Eyes scraping at backs and corners".
External .. Normal.
Media "
Pupils Small, equal and react to L.S. and A.
Iris Normal.
Tension ... "
Fundus Nil abnormal.: edges of discs well defined: no pathological cupping: Vessels natural and no pulsation.
Fields Normal in area.

Vision by Snellen's Types:-

Patient admits V.R.= 6/24 V.L.= 6/24 but his real visual acuity is better than this - by a little manipulation of lenses he can be got to read V.R.= 6/12 V.L.= 6/12 without correction.
Near Vision.R.E.=2.25 at 20" L.E.= D.3.0. at 28"
Accommodation:- very defective.

Retinoscopy ;(corrected for distance).

Rt. + 0.50

Lt. + 0.50

Correction:-

R.E. \bar{c} + 0.50 D.Cyl: Axis 10 D.I. = 6/12

L.E. \bar{c} + 0.50 D.Cyl: Axis 20 D.I. = 6/12

Conclusions:-

1. There is no evidence of Glaucoma or other organic disease of Either Eye.
2. A small degree of Hypermetropic Astigmatism is present.
3. This Officer appears very excitable, the subjective phenomena are suggestive and I am of opinion there is a large Neurasthenic Element present.
4. His disability is not permanent.

(SIGNED).

Surgeon Commander, R.N.,
and
Ophthalmic Specialist.

CONFIDENTIAL

Confidential

REPORT OF SURVEY ON AN OFFICER.

(Also to be used for Sisters.)

(When found unfit for further Active Service.)

R.N. Hospital Haslar.

Date 4th Decamber 1925.

Held by undersigned pursuant to an Order from Surgeon Rear Admiral.

1. Rank and Name Com. Tel. R.N., George Henry Durban.

2. Ship or Corps "IRON DUKE" (via R.N.H. Malta).

3. Age 42 4. Total Service 27 years War Service

Oct. 16 "VERNON" then
 (a) at home "PETERPORT" to end of war.
 1916 Russell 15 Callic-
 (b) abroad or at sea pa in North Sea.
 (c) whether in Action, latter end of 14 and
 giving dates early part of 15
 Russell bombarded
 Belgium Coast 31st
 May 1916 Jutland in
 "HELLIGHEED"

5. Address (permanent) 36, Lyndhurst Road, North End,

Portsmouth.

NOTE.—In answering the following questions the Surveying Officers will carefully discriminate between the facts and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Recurrant Glaucoma.

7. Date of origin of disability 31st May 1924 8. Place of origin of disability H.M.S. "QUEEN ELIZABETH"

9. Give concisely the essential facts of the history of the disability (personal and family history, &c.) and the officers' present condition:—

(NOTE.—Boards subsequent to the first should record here the progress of the case since the last medical examination).

Patient was temporarily blinded by being splashed by the contents of a large battery, which exploded on board H.M.S. "QUEEN ELIZABETH" on 31/5/24. Vision in left eye in two days returned to normal, and in the right eye, seven days, after the accident. On 9th June owing to shortness of Officers patient was sent to duty with a pad and bandage over his right eye. He remained on duty until the ship arrived at Portland on 2nd July 1924, when he was sent to Royal Naval Hospital, Portland. He received treatment at Royal Naval Hospital, Portland, for 8 or 9 days, and returned to duty. On 28th August 1924, he reported at Royal Naval Hospital, Haslar, and was recommended for 28 days sick leave as he was under nervous strain. A month later, 27/9/24, he was admitted to Royal Naval Hospital, Haslar, on the recommendation of Surgeon Commander Atkinson.

R.E. 6/6. L.E. 6/36. Left eye failing. Family History not relevant.
 N.V.D. = 0.3 N.V.D. = 0.3

On 8th October 1924 an acu-puncture of the left eye was made for Glaucoma as he had then Halo-phenomena & tension. The result of this operation was to bring the vision back to normal for distance. A prescription was given & glasses supplied for reading. He was then again recommended for 28 days leave, & returned to Haslar on 15/12/24, when an operation for appendicitis was performed. He was granted 28 days sick leave & discharged to duty. He then joined H.M.S. "IRON DUKE" Mediterranean Station. During the commission whilst on manoeuvres, the pain at the back of eyes returned and the vision seemed to fail toward nightfall. The eyes felt tired & the glasses supplied for reading became unsuitable. On 10/25 after seeing eye specialist on H.M.S. "MAINE" he was invalided home to U.K. for the return of the same pain in eyes, & failing vision, was admitted to Haslar 16/11/25.

Present condition 1/12/25. R.E. 6/18 N.V. D. = 1.50, L.E. 6/12 with marked spacing N.V.D. = 1.75. Bare Perimeter Chart shows marked contraction of the peripheral fields. Halo-phenomena rising toward the right Tension R.E. + + + L.E. + +. Ophthalmoscopic Examination, shows some cupping of the discs most marked in the right eye with opacity of the media, indicating a return of his Glaucoma in both eyes. As relapse has recurred at this comparatively short period & the right eye has become involved, it is an indication that the relapses will be recurrent. He is therefore brought forward for survey.

(SIGNED) Surgeon-Commander, R.N.

(SIGNED) Surgeon Captain, R.N.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) The Surveying Officers will on no account inform the officer of their opinion on any of the following questions.

- (ii) Cases 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, &c.
- (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.

10. Was the disability contracted before entering the service? No.
 If so, has it been aggravated by Naval service? _____
 If so, by what specific conditions? _____

11. Was the disability contracted in the service? Yes

A. Wounds or Injuries.

(1) Was the disability received—(a) in action, or No.

(b) in the actual performance of Naval duty? Yes.

If so, what duty? In examining electric battery when the latter exploded.

(2) Was it attributable to Naval service other than (1)? (Hurt Certificate granted 31/5/24)

If so, in what circumstances? _____

B. Disease.

(1) Was the disability attributable to Naval service? _____

If so, to what specific conditions? _____
 [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 Naval service if the conditions of service have directly exposed the officer to such conditions.]

(2) If not so attributable, was it aggravated by Naval service? _____

If so, by what specific conditions? _____

12. 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? No. If so, in what way and to what percentage of the total disablement? _____

13. To what degree is the officer disabled at the present time? 20% (Temporary) 40% (PUB)
(Degree of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or 0. Total disablement = 100.)

hi R N Hospital in India 10/12/25

14. Will such degree be permanent? No.

15. If not permanent, how soon is re-examination recommended? Six months.

16. If the case is one of aggravation (Qs. 11 and 12B (2)), will the effects of aggravation continue (a) up to or (b) beyond the date mentioned in Q. 16? _____

17. What treatment is the officer receiving, and where, and from whom? None at present.

18. Is the officer in need of medical or surgical treatment, and, if so, of what nature? Observation by Ophthalmic Specialist.

19. Does the officer require the constant attendance of another person? No.

20. If the officer is invalided for neurasthenia, shell shock, or epilepsy, has he been examined by the Special Board, and date of such? _____

Surgeon of His Majesty's Ship.....

(SIGNED) *Surgeon Lieutenant Commander, R.N. Hospital, Haslar.*

(SIGNED) *Surgeon Captain*..... " " ".....

(SIGNED) *Medical Officer of*..... *Haslar Hospital.*

Surgeon Rear Admiral

Approved,

Commander-in-Chief.

NOTE.— **Medical Director General.**

1. This form is to be prepared in quadruplicate, two copies being marked "Admiralty copy," one "M.D.G. copy," and one "C-in-C's copy."
2. The two "Admiralty copies" and the "C-in-C's copy" are to be forwarded to the Commander-in-Chief of the port at which the survey is held. The Commander-in-Chief will forward the two "Admiralty copies" together direct to the Secretary of the Admiralty and will retain the C-in-C's copy for action as to informing the depot or ship of the officer concerned.
3. In the case of Marine Officers the two "Admiralty copies" should be sent by the Hospital Authorities direct to the Adjutant-General, Royal Marines. The "M.D.G. copy" should also be forwarded direct to the Medical Director-General.

IN THE CASE OF RETIRED OFFICERS—

The form is to be prepared in duplicate; one copy is to be forwarded to the C-in-C for retention, the other is to be sent to the Ministry of Pensions, Officers' Branch, Westminster House, Millbank, S.W. 1.

D.—145d. (Established—December, 1921.)

C O P Y .

**STATEMENT BY AN OFFICER CONCERNING HIS OWN
CASE, TO BE FILLED IN PRIOR TO SURVEY.**

Name George Henry Durban.....

Rank Commissioned Telegraphist.....

Private address (or intended address) 36, Lyndhurst Road, North End,
P O R T S M O U T H .

1. If you are suffering from any wound, injury or disease name it, give date and place of origin, and state, giving your reasons, whether you claim it to be connected with your Naval Service.

Continual aching of both eyes, also severe stabbing pains in both eyes, which gets much worse as the day advances; when these pains occur, the sight of both eyes becomes blurred and very irregular; at this time glasses do not correct the sight.

I consider the above to be due to the explosion of a large secondary battery, on board H.M.S. "QUEEN ELIZABETH" on 31st May 1924, which temporarily blinded me, i.e., the left eye for 2 days, the right eye for about 7 days. Granted a "Hurt Certificate" for above.

2. Give the names of any hospitals where you have been treated for the above disease, wound or injury.

Royal Naval Hospital, Portland 1/7/24 to 8/7/24.
" " " Haslar, 26/9/24 to 15/12/24.
" " " " 16/11/25 --
H.M. Hospital Ship Maine:- 2 visits early in October 1925.
Royal Naval Hospital, Malta:- Surveyed 27/10/25.

-
3. Did you suffer from this disease or injury before joining. If so, give details and dates mentioning any treatment you received.

No. No eye trouble previous to the above accident.

4. Give details of service. In 1897 joined "IMPREGNABLE" as a Boy. Later served in the following Ships from June/99 to 12/1912 "FURIOUS", "ARGONAUT", "ENDYMION", "CUMBERLAND", "PEMBROKE", "VERNON", "ACTAEN", "DIAMOND", "SHANNON", "VERNON". (have no date records of above, certificates lost overboard with part kit in 1914).

Feb. '13 - Sept. '14 "RUSSEL". Oct. 1st '14 Promoted W. Tel., Oct. 1st '14 - March '15 "Russel in North Sea & later in Russel, Exmouth & Albemarle at Dover, bombarding "Zeebrugge" and various gun emplacements in that vicinity.

Mch. '15-May '15 Pembroke. May '15-Oct. '16 Calliope in North Sea in North Sea & Jutland. Oct. '16 - Dec. '16 Vernon. Dec. '16 - Mch '19 Pembroke in charge of W/T School. Mch. '19 - May '19. Renown May '19 - July '21, K.G. 5., Aug. 21-May '23 W/T. Station St John's, Newfoundland. Aug. '23 - Dec. '23 Victory for Horsea W/T Station. Dec. '23 - Sept. '24 Queen Elizabeth Sept. 24 Feb. '25 Haslar Hospital, March '25-Nov. '25 Iron Duke

Nov. '25 Haslar.

Date.....

(SIGNED) G. H. DURBAN.

3. 12. 25.

Report of Discharge of an Officer when fit for duty.

Haslar

Hospital.

7th December 1925.

Date.

SIR,

The undermentioned Officer, who was admitted as a Patient on 16th November 1925, being now ^{invalided} ~~fit for duty~~ ~~has been informed accordingly~~ ~~and has been discharged from Hospital~~

Name George Henry Durban.

Rank Commissioned Telegraphist, R.N.

Disability Recurrent Glaucoma.

Date of discharge 4th December 1925. (Invalided 4/12/25)

Ship, or intended address 36, Lyndhurst Road, North End, Portsmouth.

(SIGNED) for Surgeon Rear Admiral. Medical Officer in Charge.

~~The Commander-in-Chief~~

The Medical Director General.

NOTES.

1. A duplicate of this report is to be sent to the Medical Director-General, and also, in the case of a Marine Officer, to the Colonel Commandant of his Division.
2. The Commander-in-Chief will inform the Officer's Ship or Depôt if necessary, and will then transmit the report to the Admiralty.

A. 422/08. Sta. 154/15. Sta. 193/16. Sta. 568/16. Sta. 553/17.

MEDICAL REPORT ON AN APPLICANT claiming Disability in respect of Service in the Great War.

The replies to Questions 1 to 9 should be completed by the O.P.A. before this form is sent to the Medical Board.

1. Last Ship, or Unit and Corps.....
2. Official, Army or Regtl. No.....
3. Rating or Rank.....
4. Surname..... Christian Names (in full).....
5. Age last Birthday.....
6. Date of claim.....
7. (a) Date of entry to Service } (b) Date of discharge, demobilisation, relinquishment, &c. }
8. Former trade or occupation.....
9. Particulars of disability or disabilities (if any) in respect of which Pension, Gratuity or Retired Pay has previously been granted.

(NOTE.—For full particulars of former service see form supplied with claim forms.)

Disabilities	Nature of Award (state whether Final or not)	Current Assessment

The applicant's signature should be written in the presence of the Medical Board in the space below.

Applicant's Signature

STATEMENT OF CASE BY THE MEDICAL BOARD.

- * Are you satisfied that the applicant before you is the Seaman, Soldier, Airman or Officer referred to in the Documents sent herewith?.....
- 10. Disability or disabilities (not already compensated under the Pension Warrants) now considered. State diagnosis (**NOT TO BE ENTERED UNTIL THE EXAMINATION HAS BEEN COMPLETED.**)
If no such disability, enter "no disability."
- 11. State concisely the essential facts of the history of the new disability claimed in so far as it is recorded in the Medical History Sheet and other relevant official documents, giving (a) **DATE** and **PLACE** of origin of the disability, and other relevant particulars of the history; to these may be added (b) any supplementary details given by the man himself; **WHEN SUCH DETAILS ARE FROM THE MAN'S OWN STATEMENTS ONLY, THIS WILL BE CLEARLY INDICATED.**
- 12. Was an operation performed? If so, when and what was its nature?
- 13. If an operation was advised and declined, was the refusal unreasonable?

* To prevent personation the Medical Officer is requested to identify the man before examination as to state of health. This can usually be done by comparison of signature, personal description, or marks on body. In cases of doubt questions should be asked, based on the records of service, the answers to which would not be known to a personator, such as the nature of illness mentioned in the Medical History Sheet, or offences in the Defaulter Sheet, &c., for which purpose his Discharge Documents so far as available are annexed.

THE ASSESSMENT AND OPINION OF THE MEDICAL BOARD MUST NOT BE COMMUNICATED TO THE APPLICANT.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1.) Clear and definite answers are to be filled in by the Board, as, in the event of a man suffering from a disability, it is essential that the Minister of Pensions should be in possession of full and accurate information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) A report is to be made on any disability claimed and not previously compensated under the Pension Warrants. If it is found not to exist this should be made clear by the finding "No Disability." If it exists, but is not considered to be connected with any form of naval, military, or air service, it should be as fully reported on as if it were connected with service. The words "No Disability" should never be used as equivalent to "No Disability connected with Service."

(iii.) If more than one new disability is claimed, distinguish by numerals throughout.

14. Give particulars of:—

(a) The disability giving rise to the claim.

(b) The present condition thereof giving:—

- (i.) Symptoms and physical signs.
- (ii.) Effect of Disability on function.

15. If the claim is in respect of a wound or injury sustained in service, is the present condition solely due to that wound or injury?
If the answer to the above is in the negative the case should be dealt with under question 17 or 18.

16. In the case of other disabilities, is there a record that the man suffered from the disability during service, or from a disability (naming it) medically identifiable with it?

17. If there is a record of the disability during service—

- (a) Had the man recovered from the disability before his discharge or 30th September, 1921 (whichever was the earlier)?
- (b) If not, is it established that the present disability is continuous with that recorded in service, and that it is not a fresh attack unconnected with service—
 - (i) by direct evidence consisting entirely of medical reports and certificates covering the period since discharge or since 30th September, 1921 (whichever was the earlier)? *or*
 - (ii) by a continuous history of overt symptoms of ill-health since discharge or 30th September, 1921 (whichever was the earlier), established by evidence partly or wholly of a non-medical character?
- (c) Where a part of the period since discharge is not covered by evidence, is it considered that the disability must have persisted throughout, and if so, for what reasons?

18. If there is no record of the disability during service—

Is it established that the disability existed or must have existed during service, and that the present condition is a continuation of that disability, and is not a fresh attack unconnected with service?

- (a) If so, has this been established by direct evidence consisting entirely of medical reports and certificates covering the period since discharge or 30th September, 1921 (whichever was the earlier)? *or*
- (b) has this been established by a continuous history of overt symptoms of ill-health since discharge or 30th September, 1921 (whichever was the earlier), consisting of evidence partly or wholly of a non-medical character? *or*
- (c) where a part of the period since discharge is not covered by evidence, is it considered that the disability must have persisted throughout, and if so, for what reasons? *or*
- (d) in the case of the following diseases *viz*: Pulmonary Tuberculosis, General Paralysis of the Insane, Subacute Infective Endocarditis, Aneurysm, Diabetes, and, in the case of an applicant under 45 years of age, Chronic Granular Kidney—
 - (i) was there a definite manifestation of the disease, if so, within what period was it manifested?
 - (ii) is the clinical or pathological evidence such that the disability then manifested would be universally recognised by medical opinion as having existed in Great War service?
 - (iii) If the answers to (i) and (ii) are in the affirmative, is there a continuous medical history to connect the present condition with the manifestation, and what is the nature of the evidence for this?

*19. **Attributability or Aggravation.**

If a continuous medical history can be certified under Questions 15 to 18 above, state whether—

- (a) the disability from which the applicant is now suffering is attributable to conditions which were experienced by him in, and particularly in consequence of, his service during the Great War, and which were operative to give rise to the disability; *or*
- (b) the disability, though not attributable to Great War Service, was and **STILL IS** aggravated by conditions which were experienced by the applicant in, and particularly in consequence of, his service during the Great War, and which were operative to aggravate the disability; *and*
- (c) state briefly the reasons for the opinion given in answer to Questions 19 (a) and (b) and if the answer to either is in the affirmative, the nature of the conditions which caused or aggravated the disability.

*20. **Exceptional Cases.**

If a continuous medical history cannot be certified under Questions 15 to 18, but the disability is one which for exceptional reasons the Board hold to be attributable to the conditions of the applicant's Great War service, or to have been and still to be aggravated thereby, state fully the **Medical grounds** for the opinion and the evidence on which it is based. (If space insufficient, annex another sheet).

* Where the Board consider that the medical evidence for and against the claimant is not sufficiently definite, or otherwise feel doubt as to the expression of a confident opinion one way or the other on the question of entitlement, they may leave the question unanswered and instead set out in their report the pros and cons of the medical evidence.

21.—If the disability is neither attributable to, nor still aggravated by, naval, military or air service in the Great War, was it caused or aggravated by :—

- (1) Active service in a previous war.....
- or (2) Other naval or military service before the Great War.....
- or (3) Post-war service (i.e. service after the 30th September, 1921).....
- or (4) Causes other than the above ?.....

22. Is there any evidence that the disability was due to serious negligence or misconduct on the part of the applicant ? If so, state the nature of such evidence.

23. (1) (a) What is the degree of disablement at which, in the Board's opinion, the applicant should be assessed in respect of the disability now being reported on, independent of hospital or other treatment ?

(Degrees of disablement should be expressed in the following percentages : 100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil (vide Instructions to Medical Officers) and in words as well as figures)

(b) In the case of aggravation, where there is any definite or presumptive evidence that the disability was present at the commencement of service in the Great War, what, in the Board's opinion, was the degree of disablement which existed at that time ?

(2) If compensation has already been granted in respect of any other disability or disabilities (see reply to Question 9). (i) what is the composite assessment for these and the disability now reported on ?

(ii) state whether the disability now reported upon is :—

- (a) An entirely separate disability.....
- or (b) Part of or a direct sequela of the former disability.....
- or (c) Connected with, but not a necessary consequence of, the former disability or disabilities.....

(3) If the above assessments have been arrived at after discounting any "other condition" (e.g. personal habits, misconduct, etc.), the facts should be fully stated, and the method of arriving at the assessment indicated (see Instructions to Medical Officers).

Note. (1) With regard to disabilities assessed at under 20% (vide Instructions to Medical Officers), whenever a 6—14%, or a 15—19%. Indeterminate Duration assessment is given in a case not in a final stationary condition, an explanation should be given.

(2) A final award of pension or retired pay (i.e. at 20% or over) will not be made as the result of this examination.

24. Is the disability in a final stationary condition ?

If not—

(a) How long is the present average degree of disablement likely to last ?

(b) If the present degree of disablement is not likely to last 12 months, can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all ? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 23 (1) (a).

Signatures—

.....Chairman.

Place of Board.....Assessor.

Date.....Specialist.