AWM 41

AUSTRALIAN WAR MEMORIAL
ACCESS STATUS
OPEN

Pension
Corporal Wither

[718]

TELEPHONE:
CENTRAL 4780.

COMMONWEALTH OF AUSTRALIA.

DEPARTMENT OF DEFENCE,

MELBOURNE, 27th July 1934

Dear Colonel Butler,

re Pensions statistics

During this week I called at Repatriation Commission Headquarters, and also at the State Branch Office with a view to investigating the system they follow and to ascertain whether it would be possible to compile the statistics you require. At the Headquarters I saw Mr. Howard(Statistical Clerk), Mr. Thompson (Accountant), and Mr. Smith (Secretary). At the Branch Office I discussed the questions with Mr. Gilmour, (Chief Clerk), Mr. Lawton(Pensions Officer) and Mr.Harlam (Medical Section).

Your letter setting out the questions you required an answer to was shown to me but in no instance can a reply be given. After going fully into the questions with Mr.Smith I asked him to reply to your letter in writing.

At Headquarters I examined the card system they use and found it to contain a card for everybody who made a claim for assistance medical or other , and whether approved or rejected. It is a simple aphabetical card index which shows No.Rank,Name, Unit, State, and a State reference number. It would be impossible to ascertain anything of use from this index for statistical purposes as it is only a guide index to reference numbers.

To assist in determining an approximation to serve as an answer to your question (1) Mr. Smith is arranging to supply me with figures since 1924 of deaths among pensioners (not by cause or whether accepted as due to service),cancellations and reinstatements of pensions. He is also arranging to calculate an approximate figure of pensions lapsed through recovery since 1924.

As far as I could ascertain the reason why it is not possible to obtain statistics is that,in the first instance the pensions system was based on that in operation in the case of Old Age and Invalid Pensions , and that it has been allowed to evolve with varied changes to meet immediate requirements but without any ultimate objective in regard to provision of data concerning incapacitation(other than that collated by the Advisory Committee) that would have assisted and could have been correlated with the records of the Advisory Committee in providing statistical substance for the study of incapacitation.

Mr. Smith kindly made available to me the "Quarterly Reviews" (Medical) by the Deputy Commissioners . These reviews cover the period 1927 onwards and from them it would be possible to compile the following statistics ,quarterly, half-yearly, or yearly - Number of new applications approved-medical , and surgical number of medical examinations conducted, number of patients involved in treatments by,the pathological department of Repat. Hospitals, the X-Ray Department, operations performed(under the following headings - Intestinal tract,Genito Urinary tract,other abdominal operations, Bones & joints, Blood vessels, Ear Nose & Throat, Eyes, Nerves, Glands, Muscles & Tendons, miscellaneous), dental department, other special departments, Prescriptions. I have not yet commenced to tabulate the information from the reports but if you think it will serve any purpose I will do so.

The State Branches I understand follow a fairly uniform system. The Pensions Section is concerned with the total number including dependants in receipt of pensions and the liability. They have a card index system which includes

every claim that they have dealt with including, transfers from one State to another, in respect of deceased members, cancelled claims etc etc. It is not possible to obtain anything of value from a count of such cards. The Medical Section are responsible for compiling the figures for classification of disabilities that appear in the Annual Reports of the Commission under 12 headings. I spoke to the clerk who compiles these figures and found that he works on the previous years totals, as appear in the Annual Reports, and adds new cases and deducts cancellations. He decides which group new cases should be allotted to - not a very difficult matter. He also compiles the statistics for treatments during the year. This latter classification could without difficulty be elaborated or revised to accord with your more detailed scheme. It may not be of use as it represents treatments during the year, not men treated.

To summarise, in answer to your questions -

(1) How many men in all the A.I.F. have been granted a War Pension at some time:- i.e. What proportion of the A.I.F. enlisting and proceeding overseas, has become in some degree and at some time a pensions liability.

Repatriation Headquarters are going into the question and are going to try to find a way to arrive at an approximation.

Failing a satisfactory answer to this question, the best I can suggest is to submit the following to Headquarters asking them to what extent the following figures, which I have compiled, represent an answer to your question.

Approximate number of men enlisting in the A.I.F. who have become a pension liability.

TO 30 JUNE	TOTAL CLAIMS GRANTED	TOTAL PENSIONS IN FORCE	YEAR ENDED 30TH JUNE INCAPACITATED EX-MEMBERS (PENSIONERS)	APPROX. BASED ON RATIO
14/16	9054	8754	3025	3128
1917	47414	45191	15916	16698
1918	119353	110174	40702	44093
1919	202291	181529	71512	79691
1920	262952	225580	90389	105364
1921	288928	222537	79491	103206
1922	306488	225372	76249	103692
1923	323017	232155	74692	103925
1924	337183	236761	72760	103622
1925	352441	244597	72128	103929
1926	367267	252609	72128	104858
1927	380589	259821	72388	106035
1928	394136	266670	72667	107401
1929	406993	272631	73436	109628
1930	420372	279285	74578	112253
1931	431927	283322	75316	114821
1932	437519	274111	75646	120742
1933	440212	269810	75244	122765

The basic figures above are taken from, or arrived at from figures contained in the Annual Reports of the Repatriation Commission. Naturally the approximations call for explanations. During the war years the proportion of dependants was large owing to claims from dependants of deceased members, whereas in later years it was due to incapacitated men marrying, and children. You will notice that the approximate number granted a pension to 1920 is shown as 105364 whereas to the following year it was 103206. I cannot give an explanation for this but no doubt the reason will not be hard to find and an adjustment can be made.

(2) The number of pensioned men who have died.

Repatriation Headquarters are preparing a list from 1924 to date showing the figures for deaths by States. They cannot state if the cause of death is attributable to service or not. No system is in existence either in Headquarters or the Branches of separating either the files or index cards of deceased from others. To ascertain details regarding cause of deaths it would be necessary to examine files. As men who die of causes accepted as due to war service are ~~granted~~ entitled toheadstones , a list of the names,is supplied to the Director of Works,of the deceased men concerned. It would be possible to turn up the files of these men and ascertain the cause of death but it would mean a good deal of work. The only statistics of death by cause is that,appearing in the Annual Reports,of deaths in Repatriation Institutions.

(3). The number of pensions that have lapsed from recovery.

As mentioned earlier, Headquarters are preparing approximate figures or an approximate figure.

(4). Number or proportion of pensions that have been granted for :- Conditions existing prior to discharge. etc.

It is not possible to get this information . The only indication that could be given would be from my table of approximations. The figure for pensions on discharge would fairly closely represent the men discharged as "Medically Unfit"; those discharged as "Termination of period of enlistment" i.e. without pension,could be accepted as representing conditions developed subsequent to discharge. In point of figures about 103,000 men were in the first group and about 19000 disability developed subsequent to discharge. The difficulty is to ascertain how man of the 103,000 men discharged "M.U." claimed aggravation of other conditions and had their pensions increased. A large number pensioned for wounds later were accepted for disease and the aggravation is now the reason for pension.

I made enquiries regarding the records kept by the Repatriation Hospitals and was informed that they have no system of records that would give any information additional to that contained in the Reports. They have not the staff to enable surplus records to be kept, ~~and~~ the changes in staff are not infrequent so that it is very unlikely that the hobby instinct in regard to figures would exist in any hospital.

With reference to the questions contained in your letter of the 19th inst.

para 1. It is not possible to answer this question without an examination of each individual file. It may be worth while having a discussion with the Statistician to ascertain if it is considered feasible by working on my approximations to arrive at any suitable substitute.
para 2. The above partly applies, but it is not possible to ascertain the cause. As to the future the Headquarters could be asked to collate such figures , in fact a revision of the whole system of records from a general records point of view should be considered provided it can be shown it is likely to be of some use.

para 3. The pensions cards I have only show disability and rate of pension. It is not possible to trace the file, all I can do is to disect them into States. Repatriation Headquarters do not hold a Central file for each pensioner. In cases submitted to them the State Branch file is submitted and later returned but only a proportion of the cases are submitted to Headquarters. It is surprising that a complete set of files for the 75000 incapicated men on pension is not held by Headquarters. They rely on the card index mentioned and having the Branch reference number are able to call on a file when required.

I have no explanation to offer regarding the diagnosis of Hyperpiesis being larger among admissions at the Expeditionary Base Hospitals than in U.K. It may be explained by a change in diagnosis, but more likely by the defect in an incomplete count.

para 4. It is not possible to tell the duration of pension from cards. The whole repatriation question is most involved that it is now an impossibility to get anything of value. Take a typical case. A man while on service has Bronchitis, is wounded in the arm, and has an appendicectomy for which he is invalided and get a pension. About 1920 his condition clears up and his pension lapses. In 1922 he claims for some trouble consequential on his wound and get a small pension, he then gets chest trouble and is admitted to hospital with fibrosis, later he get an increase on the acceptance of duodenal ulcer. It wanted a master mind to foresee the probabilities but now they are known it will be a grave neglect if the whole problem is not disclosed and the difficulties made clear.

In the pensions figures Hyperpiesis is linked with D.A.H., Debility, Injury, Myocarditis, Neurasthenia, Neurosis, Rheumatoid Arthritis, and Varicose Veins but I have not any associated with kidney conditions.

If you do not require the list of conventional signs I sent you I shall be obliged if you will return it to me so that I can supply Bazley with a copy. Perry has been away on leave and on his return I understand he will go into the question of the maps.

Yours sincerely,

A. G. Butler

Colonel A.G. Butler, D.S.O., V.D.
Duntroon. F.C.T.

Duntroon,

CANBERRA. F.C.T.

19th July, 1934.

Dear Withers,

Re PENSIONS.

1. Is it known how long the present pensions have been in force: that is to say, what proportion of the total pensions (number of pensioners or number of disabilities for which paid) paid during 1933 were granted in 1933. What proportion of them were granted in 1932 - 1931 and so on.

2. Is it possible to make a table or graph shewing the new pensions liabilities accepted each year since the beginning of the war and what they were for.

This would be extended into the future shewing the expectation for future years.

3. Is it possible to obtain the file relating to each individual card that you have. For example in the case of No. 100 Hyperpiesis which shews 127 in pensions figures, can the files on which the figures are based be obtained? I presume that they are held in the States, but in view of the disputable nature of this disease it may be that the main file is held in the Repatriation Commission central office. Do you know what files are held in the central office? Do they hold a duplicate of every pensions file in Australia?

In connection with this can you tell me how the 23 cases of Hyperpiesis for April '16 to March '17 in Expeditionary Base Hospitals is made up? It is extraordinary that there are more cases there than in Great Britain.

4. Is it possible to tell the duration of the pension from your card? That is to say whether any group of pensions for example Gastric & duodenal ulcer are nearly all late. That would imply that (as I believe is a fact) the policy with regard to this dsability as a pensions liability has changed, the same may be the case with a large number if important diseases, and the tendency may be to accept as "due to or aggravated by war service" conditions which in earlier years were refused acceptance.

FEDERAL CAPITAL COMMISSION.

5. Do your figures for Hyperpiesis include every instance of high blood pressure recorded: and if so did any of them occur together with disease of the kidney? There is a form of blood pressure associated with kidney disease which is not Hyperpiesis.

Yours sincerely,

A.J. Withers, Esq.,
Department of Defence,
MELBOURNE. S.C.1.

FEDERAL CAPITAL COMMISSION.

TELEPHONE:
CENTRAL 4780

XLII

XIII

COMMONWEALTH OF AUSTRALIA.

DEPARTMENT OF DEFENCE.

MELBOURNE, S.C. 1. 19th October 1931

Dear Colonel Butler,

In reply to your letter of 14th inst. I have to state as follows -

Col.Courtney did see the Pensions Chapter in the British Statistical Volume and made extracts from it.

Attached is list showing the chief diseases classified for pensions. As I have only received 2,722 cards of the 30,000 the proportions shown in the list may vary to some extent but the classification is likely to prove a fair sample.

I have arranged with Miss Robertson of the A.R.C.S. to send you a spare copy of the 11th Report of the Joint Council . I took advantage of my conversation and asked her about the progress of the Red Cross history but she has no knowledge of what progress Mr.Hick's has made. Enclosed is the latest handbook setting out the present arrangements in respect of co-operation between the V.A.D's and Medical Service.

I have an appointment with Mr.Smith at Repat.Hqrs. tomorrow , and while I am there I will see Colonel Courtney regarding technical decisions of the M.A.C.

Many thanks for prescription, also for tennis balls , and bulbs.

Yours sincerely,

A. J. Keithers

Colonel A.G. Butler, D.S.O.,V.D.
Department of Public Health,
Canberra. F.C.T.

List of chief diseases that are disclosed as reasons for pensions in the cards from Repatriation Department as at 17th October 1931

ABDOMINAL TROUBLE	5
APPENDICECTOMY	5
ARTHRITIS	8
ASTHMA	15
BRONCHITIS	58
CARDIAC CONDITION	17
CHEST CONDITION	6
COLITIS	5
CONJUNCTIVITIS	5
D.A.H.	59
DEAFNESS	24
DEBILITY	16
DIARRHOEA	6
DYSEMTERY	5
DYSPEPSIA	5
EFFORT SYNDROME	20
PUL. FIBROSIS	78
GASSING	10
GASTRIC CONDITION	7
GASTRITIS	7
HEARING DEFECTIVE	10
HEART CONDITION	16
HERNIA	13
LARYNGITIS	5
MALARIA	26
MENTAL CONDITION	10
MYALGIA	5
MYOCARDITIS	10
NEPHRITIS	25
NEURASTHENIA	60
NEUROSIS	11
OSTEO ARTHRITIS	5
OTITIS MEDIA	20
RHEUMATOID ARTHRITIS	11
RHEUMATISM	48
SENILITY	5
SHELL SHOCK	14
SPONDYLITIS	5
SYNOVITIS	16
TUBERCULOSIS	110
V.D.H.	26
VARICOSE VEINS	7
VISION DEFECTIVE	20

NOTE - The above represent pensions payable for single disabilities . To add the number who are in receipt of pensions for muptiple disabiltiies would result in the above numbers being at least doubled. I presume you only need the above as a guide so have excluded all diseases for which I have received less than 5 cards.

TELEPHONE:
CENTRAL 4780.

COMMONWEALTH OF AUSTRALIA.

DEPARTMENT OF DEFENCE,

MELBOURNE, 5th July 1934

XII

Dear Colonel Butler,

I have received from the War Memorial "Memoirs of a Camp Follower" by Philip Grosse but do not find it contains anything that calls for comment. Another book they have made available is "Experiences of a 'Dinki Di' R.R.C. Nurse" by Sister G.F. Moberly, R.R.C., A.A.N.S. It is presented in diary form and follows somewhat similar lines to that published by Sister Tilton. Her experience at No.6 Auxiliary while serving under Colonel McColl, on the "Euripides" returning to Australia with invalids, and later in India and up the Persian Gulf ~~are~~ is related. Dr Cunningham's diaries appear to contain some interesting references to ambulance work. They are closely written and have not yet been examined thoroughly.

Your letter to Colonel Courtney dealing with determination of cause of disabilities etc was forwarded. It will be preferable if we can obtain a written reply to the questions which are important.

Dealing with questions contained in your letter of 2nd inst. There are small pensions being paid for "Overage" and "Age and debility" but they undoubtedly refer to premature "age".

I have not received an answer from Mr. Smith to questions concerning pensions outlined in your letter of the 11th June. I suggested putting the questions in writing but Mr. Smith was not favourable, he was doubtful whether the information was procurable, but promised to let me know the result of his investigation. He is away sick just now but his deputy does not think it possible to answer any of the questions. It may be advisable to address the questions to the Chairman and then if he replies without result, it would be possible to follow up by asking for approximations. The information you seek is very important and some approximation would certainly be better than nothing.

A tabulation of the cases treated in Repatriation Institutions together with deaths has appeared in at least the last ten annual reports of that Department. The classification is grouped into 14 classes, the largest of which is "others". Each hospital has provided the figures to enable the consolidation to be made, but whether or not the hospitals have more detailed statistics I have no knowledge. A letter to Colonel Courtney would open up the question, or I could make verbal inquiry, which is less satisfactory.

Class 62 in the Statistics of diseases in the field is composed chiefly of Gastritis & Dyspepsia, but there are a few cases of each of the following :- Gastro catarrh, Emesis, Haematemesis, Duodenal Ulcer, Nausea, Vomiting, Hyperchlorhydria, Malaena, Gastric Ulcer, and Stomach Inflamation.

Yours sincerely,

A. J. Walters

Colonel A.G. Butler, D.S.O., V.D.
Duntroon. F.C.T.

DRAFT (28/6/34)

Dear Dr. Bean,

With reference to our conversation on the matter of obtaining permission from the War Office to make use of diagrams, maps, and statistical tables from the British Official History relating to experiences not embraced within the Australian records, I submit herewith suggested draft of such a letter. I have left the inscription open as I do not know whether the letter would be sent to the War Office, or to the Secretary of State for the Dominions.

Subject: Official History of the Australian Army Medical Services, 1914-1918.

In connection with the second and concluding volume of this work it is desired to ascertain whether permission may be obtained for the reproduction, with due and proper acknowledgement, of certain diagrams, maps, and statistical tables from the British "History of the Great War: Based on Official Documents - Medical Services."

This permission is sought for the following reasons.

1. The Australian force being a formation within the Imperial Army, certain aspects of the organisation of the Medical Services of the British Army in the field and of the medical arrangements for operations in which the Australian Forces were involved were outside the experience of the Australian Army Medical Service with the A.I.F. Although it is possible to reconstruct these from material made available from the British Records Department, the Australian Official Medical Historian advises that he would prefer, where possible, to present those features of medical service on the British front of which he has not first hand knowledge with the direct authority of the British Official History in the way suggested.

2. Medical Statistics of the War. Owing to the destruction through inadvertence of the Australian statistical records of diseases and wounds (see correspondence 26/Records/744(A.M.D.2)) certain features of medical war experience are not represented

/in

in Australian war records. Permission is desired to reproduce certain tables contained in Volume 12 (Statistics) which illustrate features of war experience which cannot be deduced from the figures now available to the Australian Medical Historian.

3. It is hoped that it may be found possible to make this permission an open one, without the necessity of submitting each individual item beforehand.

22/8/31

reply to 13/20/ 2nd

letters

XIII

The Deputy Commissioner referred to is ~~xxxxxxxxx~~ probably advised by his P.M.O. who is Colonel Ken Smith a very able man, but I found rather a stickler for the meticulous letter of the law. To refer to your letter in detail (enclosed)

1. The question is whether such "proportion" would be reasonably representative of the whole. If I recall rightly we realised the fact that it would in some degree represent special types of case (the finalised cases) running to some extent into a special group such as - permanent deformities and G.S.W., but that most diseases, with which of course we are chiefly concerned, would require periodical review.
2. "T.B.'s" I take it are covered by special figures and must be dealt with independently. They must have a list of pensions for T.B.?
3. Aggravations. From the point of view of pensions an "aggravation" is a war disability: if they accept aggravations as "war aggravations", that is their lookout and the nations, not ours.
4. Good.

Yours sincerely,

AB

VIII

XXXXXXXXXXXXXXXXXXXXXXXXXX

11th June, 1934.

Dear Withers,

Am sending down tomorrow most at all events, of the maps and sketch maps with Dr. Bean's comments.

Could you let me know how things are in connection with the following questions: that is, are they ascertainable by ourselves or from the Department.

1. Do we know how many men in allof the A.I.F. have been granted a War Pension at some time. In other words what proportion of the A.I.F. (Enlisting; and proceeding overseas) has become in some degree and at some time a pensions liability.

2. The number of pensioned men who have died.

3. The number of pensions that have lapsed from recovery.

4. Number or proportion of pensions that have been granted
   a. for conditions ~~existing~~ prior to discharge from the A.I.F.
   b. developing subsequently to discharge from A.I.F.

I am sending you down the Paschendaele map as I made all comments in my previous letter, and you will want it to go into.

I am making the first sketch maps of Chapters I and II a good deal larger : they can be ¼ or ½ page maps with what detail we like.

Yours sincerely,

A.J. Withers, Esq.,
Victoria Barracks,
MELBOURNE.

XIII

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2nd July, 1934.

Dear Withers,

With reference to Overage in the Pensions figures: What does this mean? They could hardly pay a pension to a man because he was Overage . Does it mean premature senility?

Has Smith given any indication that he will be able to give replies to the queries noted in my letter of the 11th June?

Dr. Courtney will reply by letter to the question of responsibility for allocating and estimating pensions. He will probably address it to the Department - you need not forward it, as I don't want it here.

Class 62 in the Statistics of disease in the field: (F.Amb., C.C.S., etc.) Can you give me an idea what is the composition of this class.

Do you know anything about the records kept at the Repatriation Hospitals? I forget whether this matter was gone into. That is to say whether any annual report or tabulation is made of the nature of cases treated. And in what form do they keep the records, that is to say, whether readily available for classification in case I could get permission for the records clerk, for example in the Hospital, to make a tabulation of one typical unit which would carry back to the war period. The trouble about the cards is that it represents the situation a good many years afterwards: when a number of different types of case would have died off.

In haste,

Yours sincerely,

P.S. If we have no information I will write to Courtney about it.

A.J. Withers, Esq.,
Department of Defence,
MELBOURNE.

Duntroon,
CANBERRA. F.C.T.

31st July, 1931.

Dear Withers,

Memorandum from Repatriation Commission of 25th May returned as requested. I have a copy. Looking up my previous comment I cannot find your letter of 20th May. I think you have it - see mine of 22nd May para. 3. The point brought up by Colonel Ken Smith through the D.C. N.S.W. is of course very important. I think it would be well if you enquired specifically regarding the classes that he specifically indicates - i.e. lump sum, blind, limbless, non-material aggravation and fixed pension cases; of whom he says that "at least half of them (i.e. the 74578 incapacitated soldiers of the Commonwealth) would come under these headings". I think that most of these classes would be dealt with as indicated in my letter of 22nd May. You will probably be able to get information on the matter.

24th July. S.A. M.C. I will go into this matter with you in Melbourne - please note for action. Yes Miss Campbell should certainly brought into the picture - we could probably get a photograph of the wharf with her inset.

Yours of 27th July. See above also - just the thing.

27th July. Dr. Bean is up here today and I am just off to see him. I enclose copy of letter to him. Will let you know further.

Yours sincerely,

P.S. Anything about General Fetherston - haven't heard a word yet.

A.M. Form A. 49.
(Revised to 1.5.14.)

AUSTRALIAN MILITARY FORCES.

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Ledger Folio.	Articles.	No.	Remarks.