CWB/LS.

COMMONWEALTH OF AUSTRALIA.

PLEASE ADDRESS REPLY TO
" THE DEPUTY-COMMISSIONER,"
Box 640 D, G.P.O., Hobart.

TELEPHONE: 4089.

REPATRIATION COMMISSION,
TASMANIAN BRANCH,

HOBART, 27th August, 1935

REGISTRATION No. R/7973

Dear Sir,

Re: FAULKNER, William, Ex.507,Pte, 4th M.G.B. (Dec'd)

Receipt is acknowledged of your letter dated 21st August, 1935, and in reply I have to advise that the abovenamed died from drowning at the age of 62 years.

An inquest on the ex-soldier's death was held and the coroner stated there was insufficient evidence to show how deceased got into the water.

It was the opinion of the Senior Medical Officer, Dr. H. N. Butler, that the ex-soldier possibly had an attack of syncope or vertigo and fell into the water.

The State Repatriation Board on 11.7.1934 accepted death as being due to War Service.

The accepted war disabilities at time of death were Enlarged Thyroid, Heart Trouble (D.A.H.)

Yours faithfully,

H.C. Laussen

(H.C. Laussen)
DEPUTY COMMISSIONER

Dr. A. Graham Butler,
Medical Historian,
Department of Defence,
MELBOURNE. S.C.1

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

21st August 1935

Deputy Commissioner,
Repatriation Department,
Tasmanian Branch,
HOBART. TAS.

Dear Sir,

In connection with the pathogenesis of "D.A.H." (the Effort Syndrome) I am interested in the history and cause of death of 7973 Private W.FAULKNER, 4th M.G.C. I have the following note of the case " A soldier of good physique enlisted in 1916 at the age of 43, and served with distinction throughout the war in a Machine Gun Company. He was not wounded, nor did he suffer from any sickness sufficiently severe to secure record. On his discharge in 1919 it was noted by the Boarding officer that though he personally had no complaint he had an enlarged thyroid gland and some tachycardia. He was however marked 'fit for general service ' ".

His subsequent history is as follows :-

In 1934 he died from "Enlarged thyroid and D.A.H." (accepted, I understand, as a pension claim).

I should be greatly obliged if any information which may be available regarding the development of the condition and its progress to a fatal issue could be made available to me for confidential use in connection with the purpose of this study.

I am,
Yours faithfully,

A.Graham Butler
MEDICAL HISTORIAN.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

19th August 1935

The Secretary,
Repatriation Commission,
Commonwealth Offices,
MELBOURNE. C1.

Dear Sir,

I have to acknowledge receipt of your communication No.G864 enclosing schedules showing the causes of death as indicated in applications for grants towards Funeral Expenses, and thank you for this information.

The schedules will be returned, as requested, when the desired information has been extracted.

Yours faithfully,

MEDICAL HISTORIAN.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COMMONWEALTH OF AUSTRALIA.

PLEASE ADDRESS REPLY TO
THE SECRETARY, REPATRIATION COMMISSION,
BOX 1326 L, G.P.O., MELBOURNE.
CABLE ADDRESS: "REPATPENS."
TELEPHONES: CENT. 8464, 8465, 8466.

PLEASE QUOTE NO. G.864

REPATRIATION COMMISSION HEAD-QUARTERS,
COMMONWEALTH OFFICES,
315 POST OFFICE PLACE, MELBOURNE, C.1.

Col. A.G. Butler, D.S.O., V.D.,
Official Medical Historian,
Department of Defence,
St. Kilda Road,
MELBOURNE. S.C.1.

Dear Sir,

With reference to your letter of the 12th June, 1935, seeking information relating to the deaths in returned soldier pensioners, I have to attach hereto for your information schedules giving the required particulars of 200 cases from each State.

It will be noted that in the smaller States it was necessary to go beyond a period of 12 months to ascertain these particulars.

As there are no duplicates of the schedules at these Headquarters, I shall be pleased if you will kindly return them to me when you no longer require them.

Yours faithfully,

(J. M. SEMMENS)
CHAIRMAN, REPATRIATION COMMISSION

Enc.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COMMONWEALTH OF AUSTRALIA.

PLEASE ADDRESS REPLY TO
THE SECRETARY, REPATRIATION COMMISSION,
BOX 1326 L, G.P.O., MELBOURNE.
CABLE-ADDRESS: "REPATPENS."
TELEPHONES: CENT. 8464. 8465. 8466.

PLEASE QUOTE No. G.35/864

REPATRIATION COMMISSION HEAD-QUARTERS
COMMONWEALTH OFFICES,
315 POST OFFICE PLACE, MELBOURNE, C.1.

Dr. A. G. Butler,
Official Medical Historian,
Department of Defence,
MELBOURNE. S. C. 1.

12 JUN 1935

Dear Sir,

With reference to your letter of 12/6/35 asking for a table showing the cause of death in ex-soldiers, and following upon your interview with the Principal Medical Officer at these Head-Quarters on 19/6/35, I have to advise that the Deputy Commissioner of New South Wales has been requested to amplify the information contained in the schedule he submitted on 10/12/34.

In the meantime, the file containing the information from the remaining States is required in Perth by the Minister and consequently will not be available for some little time. However, I expect to have the papers here again by 10/7/35, by which time the desired information may have come to hand from Sydney, and you will then be given the opportunity of studying them.

Yours faithfully,

CHAIRMAN, REPATRIATION COMMISSION.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

12th June 1935

Chairman,
Repatriation Commission Headquarters,
315. Post Office Place,
MELBOURNE C1.

Dear Sir,

For the purpose of the Official Australian Medical History of the War I should be glad if I could be supplied with a table showing the cause (primary and secondary) of death in returned soldierspensioners over a period of (say) a year.

Yours faithfully,

(A.G.Butler)
Official Medical Historian.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COMMONWEALTH OF AUSTRALIA.

PLEASE ADDRESS REPLY TO
THE SECRETARY, REPATRIATION COMMISSION,
BOX 1326 L, G.P.O., MELBOURNE.
CABLE ADDRESS: "REPATPENS."
TELEPHONES: CENT. 8464, 8465, 8466.

PLEASE QUOTE No. G/1048

REPATRIATION COMMISSION HEAD-QUARTERS,
COMMONWEALTH OFFICES,
315 POST OFFICE PLACE, MELBOURNE, C.1.

12 JUL 1935

Dr. A.G. Butler,
Official Medical Historian,
Department of Defence,
MELBOURNE. S.C.1.

Dear Sir,

Re - ACUTE AND SUB-ACUTE BACTERIAL ENDOCARDITIS.

With reference to your communication of 12.6.1935 regarding the above, I desire to confirm the information conveyed to you per telephone by the Principal Medical Officer (Dr. K. Smith) to the effect that while thereware some cases of sub-acute Bacterial Endocarditis in the early years after 1918, both primary and secondary to septic wounds, and as the terminal stage in Rheumatic Endocarditis, there was no undue prevalence. Exact information on the point, however, is not available.

Yours faithfully,

(J.M. SEMMENS)
CHAIRMAN, REPATRIATION COMMISSION.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

12th June 1935.

Chairman,
Repatriation Commission Headquarters,
315, Post Office Place,
MELBOURNE. C1.

Dear Sir,

For the purpose of the Official Australian Medical History of the War , I shall be glad if you could inform me whether, in the experience of your Department, the condition known as Acute and Sub-acute Bacterial Endocarditis, and Endocarditis Lente has been observed to a significant or unusual extent among returned soldiers.

Yours faithfully,

(A.G. Butler.)
Official Medical Historian.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

12th June 1935

Chairman,
Repatriation Commission,
Headquarters,
315, Post Office Place,
MELBOURNE C1.

Dear Sir,

For the purpose of the Australian Medical History of the War I should be glad if you could

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

6th July, 34

XXXXXXXXXXXXXXX

Dear Sir,

Subject: Australian Official Medical History of the War - The Pensions Problem.

Would it be possible to supply me with the following information or part of it.

1. The number in all of men who served in the A.I.F. or in the Royal Australian Navy who have at some time or other been granted a war pension, or (2) have been treated in the Hospitals of the Repatriation Commission for disabilities consequential on war service.

In other words, what proportion of the A.I.F. enlisting has become in some degree, and at some time a pensions liability or a subject for treatment by the organisation of the Repatriation Commission.

2. The number of men thus pensioned who have died.

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

4. The number or proportion of pensions that have been granted

a. for disability existing prior to discharge from the A.I.F.
b. for disability developing subsequent to discharge.

I am,

Yours faithfully,

(A. GRAHAM BUTLER).

The Chairman,
Repatriation Commission,
Commonwealth Offices,
315 Post Office Place,
MELBOURNE. C.1.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

FEDERAL CAPITAL COMMISSION.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

14th June 1935

The Secretary,
Repatriation Commission,
Headquarters,
Post Office Place,
MELBOURNE. C1.

Dear Sir,

I have been directed by the Medical Historian to request ,for the purpose of the Official Medical History, whether a concise clinical history of the following two cases of "foreign body in the heart" could be made available please :-

Reg.No.451 ex Private G.H. HEY, 12th Bn. ,of HOBART.
" 391 ex Private R.H. SUMNER,8th Bn.,of SYDNEY.

Also whether any physiological investigation of these or other similar cases has been made.

Yours faithfully,

for MEDICAL HISTORIAN.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

451 Private G. H. H. Ey.....12 Bn.....Australian Imperial Force, wounded at the landing at Anzac Cove Gallipoli April 25th 1915. A rifle bullet entered between 1st and 2nd ribs on left side. Patient was sent to 1st Australian General Hospital, Cairo, Egypt. Rejoined his unit at Gallipoli on 2.6.15.

Diagnosis was given as "Bullet in Chest".

When discharged from hospital patient had no embarrassment of respiration and no cardiac symptoms. He returned to Egypt after the evacuation of Gallipoli and subsequently went with his Battalion to France. Was again wounded on 24.7.16 at the capture of Pozieres when index finger of left hand was partly shot away and remains subsequently amputated.

After his discharge from hospital, patient passed into a Training Battalion in November 1916 and remained there until admitted to this hospital (No. 2 Australian Auxiliary) on 30.6.17 for "breathlessness and debility".

On admission an anteroposterior skiagraph shewed a bullet apparently lying in the outer wall of the left ventricle. On a screen examination being made, the bullet moved synchronously with the apex beat. A lateral radiograph shewed the bullet lying in the posterior wall of the pericardium. Localisation was done by Mackenzie Davidson's method and the bullet found to be 12½ centimetres beneath a point on the anterior wall of the chest 2 centimetres above the apex beat. The patient being rather a thin subject this corresponded with the lateral radiograph and made the bullet lie in the posterior mediastinum.

The interest of this case is in the fact that the patient was returned to the Gallipoli front and was able apparently to carry out all the arduous duties which are the lot of a private in an infantry battalion for nearly 2 years.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Repatriation of War Pt VI

Suggested enquiries from Repatriation regarding A.I.F. disabilities in respect of Pensions and Treatment: in continuation of information regarding causes of invalidity from Base Records:

I. PENSIONS.

(1) Proportion of pensions, respectively, for wounds and other diseases.

(a) Number of pensions;
(b) Average percentage of disabilities.

(2) Pensions for disease -

(a) With service;
(b) Without service.

(This is for the purpose of continuing the Base Records statistics which show total invalids under various diseases classified with and without service.)

(3) Number of pensions and average percentage of disability under each of the more important classes of disease, e.g., in the classification already suggested, those coming under Arabic figure headings.

II. DIAGNOSIS.

The following suggestions are made as indicating classes of disease in which either greater exactness in diagnosis or fuller differentiation appears desirable or elucidation of some special sympton :-

MALARIA:

(1) What proportion of positive results are obtained in the examination of blood made for Malaria?

(2) What proportion of cases presenting for treatment can be confirmed either by clinical symptoms or by blood examination?

(3) Can any deduction be made from this, comparing cases from year to year, with regard to the ultimate result of Malarial infection?

TUBERCULOSIS:

(1) What per cent of sputum examinations are positive in cases definitely diagnosed Pulmonary Tuberculosis?

(2) What proportion of cases diagnosed Pulmonary T.B. never show T.B. in the sputum?

(3) The average number of negative examinations of sputa of suspected cases of "T.B.", which ultimately prove bacteriologically positive.

(4) Of the cases classed "(?) T.B.", what proportion ultimatel diagnosed as "T.B."?

(5) Percentage of cases found positive by X-Rays, in which no T.B. are found?

(6)/

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

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(5) Percentage of cases found positive by X-Rays, in which no T.B. are found?

(6)/

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(6) Result of post-mortems in confirming or otherwise a diagnosis of Tuberculosis.

(7)

PULMONARY DISEASE OTHER THAN T.B:

(1) Proportion of these in which gas was a definite etiological factor.

(2) Proportion in each case where symptoms are worse in Summer than in Winter

GAS CASES:

Proportion of cases in which symptoms are -

(1) Worse in Summer;

(2) Worse in Winter.

WAR NEUROSIS:

These cases are ~~xxxxxx~~ no little in need of scientific differentiation, e.g., under headings "Neurasthenia", "Hysteria", &c. That so large a proportion of cases are still classified as "Shell Shock" is a serious reflection on scientific medicine. It is suggested that possibly a scheme of classification be drawn up by one of the recognised authorities, for example, one of the medical men serving in a Specialist capacity to ~~xxx~~ Repatriation, and the cases in the various States classified approximately in accordance with it.

HEART DISEASE:

The differentiation of cases of organic heart disease from functional heart disease is obviously most desirable,(vide , e.g. classification scheme.) (Unfortunately Base Records classification of invalids similarly makes no distinction).

"RHEUMATISM"

Some approximate differentiation of these is badly required if any attempt whatever at scientific deduction or information of any value clinically is to be obtained.

III. TREATMENT.

(1) Has finalisation of pensions had any observed affect in promoting dissipation of symptoms or lessened demand for treatment?

(2) War Neurosis (vide Diagnosis)

(a) Number under treatment;
(b) Number in which condition is stationary;
(c) Number cured during the year;
(d) Number of pensions finalised in the year;
(e) Number still having active treatment, and average duration of treatment;
(f) Treatment adopted.

(3) Treatment by massage and other physical methods -

(a) Opinion of the actual value from a purely clinical and scientific point of view of the various methods of treatment comprised under this heading, generally and severally;
(b) Their value (if any) other than above, e.g., in promoting contentment or otherwise;

(c)/

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(c) Their danger and limitations, e.g., by being continued to the detriment, surgically or morally, of the patient.

(c) The necessity for expert control directly by a medical officer, the degree to which this can be made unnecessary by higher training of personnel.

(d) Comparison of value of physical methods from a surgical and medical point of view.

(e) The possibility of limiting or decreasing this particular form of treatment, either in respect of present cases or in respect of future wars. (For the Medical Historian it is particularly desired that some indication be given to assist in assessing the real importance of this method of treatment. It has been pointed out that although the treatment may, from the military point of view, be of moderate value only, yet it is found that on account of the general belief by men, and by the public, in the peculiar efficiency of these methods of treatment, a medical organisation which does not include them fully in its arrangements is liable to grave public criticism. The first essential, obviously, is to ascertain the true scientific and clinical value for surgical and medical cases.)

OPERATIONS:

Information would be appreciated by the Medical Historian, of the number of operations done during the years 1920-1930, respectively, under the following headings :-

(1) Orthopedic operations for war injuries;

(2) General operations, other than strictly orthopedic, for the result of war injuries;

(3) General operations, other than for war injuries.

(4) Septal and other nasal operations

(5) Eye operations

(6) Mastoid operations for disease of the Mastoid bone

(7) Prosthetic operations.

IV. CLINICAL.

(1) Investigation is suggested in connection with cases where wounds have broken down after prolonged period of quiescence with serious results, with special reference to the relative frequency in wounds of the buttocks and thighs.

(2) Alcohol: Proportion of cases treated in hospital, who are definitely alcoholic or whose condition is adversely affected by alcohol.

(3) Total deaths during ~~the~~ post war years, of pensioners under the headings.

(a) Diseases for which pensioned;
(b) Actual cause of death.

(4) Classification of diseases for which cases are under treatment.

(a) In hospital;
(b) In farms and homes
(c) ? outpatients.

(5) Pulmonary Tuberculosis: During the years 1920-1930, the numbers -

(a)/

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(a) who died during the year;
(b) total treated during the year;
(c) new cases accepted during the year.

(6) Sequelae and results of Dysenteric infection

V. STATISTICS.

Classification of pensions -

(1) Total wounds. -

(a) Number of pensions
(b) Average disability

(a) Diseases by schedule -

(a) Number;
(b) Average disability

VI. The following "follow up" investigation in continuation of that being made by the Base Records, Department of Defence, is suggested. From certain specified diseases enumerated below an agreed number of cases should be specifically followed by name, (which will be supplied) in order to ascertain the proportion which have received pensions or treatment under Repatriation. The following headings are suggested:

(a) Number traced to Repatriation;
(b) Number receiving attention at present;
(c) Number traced, who have died;
(d) Average disability;
(e) Number under treatment;
(f) Number cured.
(g) Condition for which pensioned or treated.

The following disease are suggested - (the numerator indicates the number of cases suggested, the denominator the number of cases invalided to Australia for that cause) :-

Overage ... $\frac{50}{5148}$

Neurasthenia ... $\frac{50}{1913}$

"Shell Shock" ... $\frac{100}{2538}$

Bronchial & Fibrosis ... $\frac{50}{3236}$

Heart ... ... $\frac{150}{6568}$ (If differentiation of heart cases is undertaken, this would be unnecessary.)

Gastritis, Indigestion, Dyspepsia ... $\frac{50}{898}$

Nephritis ... $\frac{50}{1581}$

Rheumatism ... $\frac{100}{5176}$

Gas ... $\frac{100}{5340}$

Debility ... $\frac{100}{3288}$

Dysentery... $\frac{50}{918}$

Cerebro-Spinal fever ... $\frac{25}{290}$

Malaria ... $\frac{50}{3131}$

Pulmonary Tuberculosis ... $\frac{50}{1969}$

VI./

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

VI. GENERAL.

(1) Is there any outstanding defect in the information available to Repatriation from the medical records kept during the war, which would materially have assisted in the decision whether a disability was due to or aggravated by war service? If so, what are the particular conditions affected, and in what respect is there lack of information?

(2) Evidence of formation of Endemic Centres of disease from returned soldiers: or "carriers" detected and kept under observation.

(a) Dysentery
(b) Bilharzia
(c) Malaria
(d)

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CHAPTER II.

THE LEGACY OF THE WAR FOR AUSTRALIA.

(1) The aftermath of the invalids: handing over to Repatriation: the pension problem: the human cost of the war to Australia.

(2) The post bellum Australian Medical Service: indication of the most important matters in which the developments of the war will demand changes in organisation and in methods: the status of the Medical Service, peace and war.

(3) The Medical Profession and the future: the man-power problem: peace organisation.

(4) Imperial relations: the Mandate: the League of Nations: the Red Cross in the future

(5) Statistics of the war: medical records and statistics in the future.

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Ch XX

Ch XI

Demobilisation

Other Bx
this Govt

Important

Conference

Defence
Repatn

Deciding for
to terminate Act
in aus a Mch 31
1921

accompanied to
hand over

Note Wm. Henley Q.M.
III accs. was closely
Committed with Repatn a transfer
Defence during the
Stage.

Grad Dept

The departure from the policy of dependence by Australia on the British War Office for all L. of C. and Base medical organization had not been accompanied by an exact and understanding with Great Britain on the position. In consequence each tended to look to the other and uncertainty and confusion resulted. The growing reluctance of the Defence Dept. to accept suggestion from the A.I.F. complicated the position, and the fact that the A.I.F. had ceased to exist as a unit (somewhat inconsistently) created a situation which, while it made a strong self-contained Australian Division, made inevitable also confusion, misunderstandings and indiscipline outside it.

Gen. Bridges' strong request refused for dental commission which was repeated by him a second time without result until the Aust. Defence Dept. was forced to it by public opinion.

Australia would not agree to her Force being completely absorbed into the British and on the other hand could not face the task of making full provision herself. Under these circumstances the line of effective co-operation at the Base and L. of C. evolved slowly and painfully.
Note the chaos in England and Egypt in connection with convalescents, return to duty, findings, records, invaliding to Australia. On the other hand in the Division exact order and discipline.

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CHAPTER VIII.

A.I.B.D. FINANCE

Among

Apart from the question of pay the chief financial liabilities incurred by the A.I.F. at this time were, in connection with medical requirements. In every aspect of the national extravagance of war the Medical Service was heavily involved. Indeed in view of its close concern in the greatest of all national war liabilities, namely, pensions, it must be placed high among the departments which control ultimate cost of war.

Financial adjustments - or some more primitive system of division of labour or goods - has always been a necessary feature of human co-operation from the most rudimentary inter-tribal understanding to civilized inter-national agreement. In the late war these adjustments became at once so vast and complex as almost to defy comprehension and equitable appraisement; and, on the other hand, were forced by extremity to the primitive expedient of the pooling of food stuffs and the apportioning, for example, of available fats and grain to suit the requirements or tastes of the various allied nations. In the latest and most complex national understanding hitherto attempted, the British Empire, arrangements regarding payment for services and for commodities whether munitions of war or necessaries of life was one of the earliest Imperial adjustments found necessary. It was, it may be added, in the form finally arranged both as regards the common sense effectiveness of its finance and the sympathetic and generous spirit in which the principles agreed on were applied by Great Britain, one which, unlike many financial arrangements,

/served

In February 1918 a Repatriation and Demobilisation Section was formed at A.I.F. Administrative Headquarters in London, and a Staff Officer was appointed (Major Sherington). In August 1918 this officer submitted proposals for the repatriation of the A.I.F. personnel to a conference held in London. In October 1918 in a memorandum to the Medical Section of Administrative Headquarters the Staff Officer pointed out that -

"Australia must be adequately protected from - the possibility of epidemic decease being occasioned on transport en route to Australia; the danger of diseases not at present prevalent in Australia being carried there by returning troops and men who were prisoners of war; the lodgement of wrong claims for pensions being made in the future by demobilised soldiers.

To achieve this purpose it is suggested that - every soldier should be boarded before embarkation by a board of medical specialists; that they be under close observation of the transport medical officers en route; and be again boarded just prior to demobilisation in Australia."

A conference was arranged by the acting D.M.S., A.I.F. on the 20th October at which it was decided -

"The R.M.O. will board every soldier of his unit. Those whom he thinks necessary will be referred to a board of specialists. A.F.B.179 (Medical Report) will be made out for every soldier".

LEAVE TO AUSTRALIA - Immediately the first contingent sailed applications began to be received for leave to Australia on account of business or domestic affairs. No provision was made, however, for the granting of such leave, though in many cases the applications were bassed on grounds which most strongly appealed to the G.O.C., A.I.F.

In August 1917 the question of leave to Australia for "original" members of the A.I.F. was considered by the Cabinet, and a cable was sent to the Secretary of State for the Colonies. The reply indicated that the suggestion was "viewed with grave apprehension by the Army Council - Principal would affect all other troops - Practically impossible provide shipping".

General Birdwood agreed that the proposition of granting leave to Australia was impracticable. The Australian Government decided, therefore, not to press the question.

So short was the shipping at this time that in January 1918 the Ministry of Shipping called a conference

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to discuss alternative methods of repatriating Australian and New Zealand invalids. In January 1918, however, arrangements were made to allot about 100 men per month to transports returning to Australia to do "fatigues and guard duty" and for them to be granted two months leave on full pay in Australia. The number so allotted was increased in July to 4 officers and 50 other ranks on each transport, and was again increased in September to 10 officers and 150 other ranks on each transport. At this time there were approximately 1200 officers and 6250 other ranks who embarked from Australia in 1914, still serving in the A.I.F. abroad. An increasing demand for the return of men of the original force was being made from Australia, and the Australian Prime Minister (Mr. Hughes), who was then in England, strongly pressed the Imperial authorities for leave for these men. On the 12th September 1918 General Birdwood received notification from General Headquarters, B.E.F., that transport accommodation to Australia via Italy was available for 800 men to be sent on leave, provided they could entrain on the morning of the 15th. This quota was accordingly despatched. Arrangements were almost immediately made for the withdrawal of the remainder of the 1914 men for leave to Australia or to the United Kingdom as they might choose.

The Armistice changed the problem of leave to one of repatriation of the force overseas. As Mr.Hughes was in England he gave decisions which enabled early organisation of a department of A.I.F. Headquarters for repatriation and demobilisation. Briefly the policy laid down by the Defence was that all members of the A.I.F. should be returned to Australia as early as possible, that they should be returned in formed units under their own officers and that discharge abroad should be restricted.

EDUCATIONAL SCHEME - Whilst there was no definite guarantee by the Australian Government to re-instate men in

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

(Chapter XIII)

? Pensions Chapter.

X

It is necessary indeed to visualise the problem of disease prevention in the military forces in war from ~~two~~ standpoints namely, that of the Commander in Chief and that of the individual and the nation. To the former the soldier is essentially an "effective" - a robot supplied to do certain work - complex it is true and calling for more care in his upkeep and handling than do the inanimate machines, and more susceptible to damage, but not differing fundamentally in his purpose nor in the attitude of mind to be observed toward him. Disease and damage to the soldier is of concern to the Army only in so far as it interferes with his efficiency as a fighting man. This was superlatively true in the late war.

The prevention of disease due to infection has not precisely the same significance as the prevention of infectious diseases. Treatment other than that to prevent actual death is for the purpose of preventing or limiting the development of structural - of the mind, habitual - aberrations from the norm which later would become organic or organised "disease." The influence of parasitic infection and infestation as in "focal infection" as a cause of chronic "diseases" has been pressed to cover almost every field of our still vast ignorance of the causes of disease and of diseases.

Allbutt etc.

X Pensions

We have as a final result degradation of structure consequential on prolonged functional disorder: the two acting and reacting on each other to produce a syndrome of clinical signs and symptoms that will be specific in so far as it can be related to one organ or one system, or as it is derived from one identifiable proximate cause.

Vol III Pensions Chapter

SYDNEY Sunday Telegraph DECEMBER 3, 1939

ays:

adjusting

SAVING IN SOLDIERS' PENSIONS

"The thoroughness of medical inspection in the Second A.I.F. will prove a great saving to Australians in the future."

The Chief Medical Officer at Ingleburn (Lieut.-Colonel Cunningham) said this yesterday.

Colonel Cunningham said that every incapacitated man who became a charge on the State after the war would have been maimed by war, and not by disease.

"Any pensions paid by future generations for war injuries will not be paid to men who left Australia unfit for war conditions," he said.

"I and my officers and other doctors are examining about 800 men a week for the second time since they joined the army.

"We are rejecting about three per cent.

"The job should be finished by the time we leave Australia. I think that will be soon."

New deal from A.I.F. police

"The men of the 2nd A.I.F. are gentlemen, and must be treated as such."

This statement was made by a military policeman (new series), yesterday.

He is Provost-Sergeant Williams, of Ingleburn Camp.

"Military policemen must not speak roughly to the men, and must not adopt an officious attitude toward them," he said.

Sergeant Williams was in the last war and thinks the military police of 1914-18 were the wrong type for the job.

He is instructor to the newly-formed military police at Ingleburn.

"I want the men of the 2nd A.I.F. to look to my boys for guidance and help," he said.

"I do not want them to be suspicious of each other as the soldiers and provosts were in the last war."

TROOPS GET PROFITS FROM CANTEENS

AUCKLAND, Saturday.—Just £1000 profit from wet canteens in camps of the New Zealand Special Force has been divided among regimental funds.

Each of the four camp commandants received cheques for £250 today.

The soldiers are pleased that the Government has fulfilled its promise to use the money for the benefit of those who spent it.

Receipts at one canteen are estimated at £10,000.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Telegraphic Address:
"Auswarmuse."

COMMONWEALTH OF AUSTRALIA.

TELEPHONE Nos. {F.2597. F.2598.

IN REPLY PLEASE QUOTE

NO.....

HOME AND TERRITORIES DEPARTMENT.

AUSTRALIAN WAR MEMORIAL,
EXHIBITION BUILDINGS.

MELBOURNE.

Dear Sir,

The Australian War Memorial, by arrangement with the R.S.S.I.L.A., has undertaken to sell 400 reproductions of Will Longstaff's famous picture "Menin Gate at Midnight" These are facsimile reproductions in colour, suitably mounted, measuring 42 by 29 inches, and they are handsomely framed. They were presented to the League to be sold in aid of the distress funds which that organisation administers.

The full story of this remarkable picture is given in the enclosed illustrated booklet in which its significance to Australians is outlined. As only 400 copies of this particular reproduction will be available for distribution in Australia, the War Memorial is desirous of placing them where they will be of permanent value and will come to the notice of the largest numbers of Australians.

It is felt that nowhere would the reproductions be more appropriately placed than in the Town and Shire Halls in the leading centres in Australia. The War Memorial has therefore decided to afford the Councils controlling such Halls a special opportunity of purchasing the reproductions. In this it has in mind not only that the picture will in this way be seen by a maximum number of people, especially by public gatherings on Anzac Day, Armistice Day, and other important national anniversaries, but it will also serve as a memorial of the citizens of these municipalities who served in the A.I.F., many of whom are among the 6000 Australians whose names are inscribed on the Menin Gate Memorial which is the dominant feature of the painting. It will also be an incentive to citizens to serve their country as did the men immortalised in Longstaff's picture. Furthermore as the original is to be hung in Canberra, the wise distribution of these fine reproductions will provide large numbers of Australians with an opportunity of seeing the picture which they would otherwise not have.

Because of the object in aid of which the reproductions are being sold, and of their beauty and intrinsic worth, there is a keen demand for the limited number available. If your Council concurs in the views expressed above, and decides to apply for one of these reproductions to be hung in the Shire Hall, it will be appreciated if you will be good enough to complete the enclosed form and sign and forward it to me at your early convenience.

Yours faithfully,

Director.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

EXTRACT FROM/ SURVEY OF WAR PENSIONS FROM 1916 to 1936. (APPENDIX).

Pensions and Social Services.

The return of demobilised men, able and disabled, with the finish of the war, produced big reactions in every country. The returned soldier in his millions commanded general sympathy from his war experiences, as well as respect from his numbers. Every Government was driven to review its war compensation system for disablement or death within anything from one to three years after the end of the war. But cash compensation for proved disablement could never reach more than a minority of the returned men. Their needs and those of their able-bodied comrades put the social services of every country to a severe test, to which Governments and Parliaments of the day reacted in widely different fashions. In the United Kingdom and to a lesser degree in France and Germany, the social services provided for health and sickness, and to some extent for unemployment and financial assistance, were already in being, and with some extension expansion offered the obvious way of meeting these needs. In the United States of America and the Dominions social services were either non-existent or were only partial and sporadic, and largely dependent on voluntary effort. In the absence of organised social services the reaction in these countries to the needs of the returned soldier took the form of expanding the disability or death compensation scheme to cover exigencies of an alien kind which would otherwise, and should more appropriately, have been provided for by various public social services....

The two following paras contrast the pension history of the U.K. and the U.S.A.

Original in Ch. V (Statistics)

RE-EDUCATION, CURATIVE TRAINING & PROFESSIONAL TRAINING

The basis of all forms of manual as distinct from purely mental training is the education or reeducation of damaged men in specialised muscular movement. Beside an appreciation of the mechanism of skeletal movement, in particular in the maintenance of the upright posture and the mechanics of joints, this supposes an exact knowledge of the action of muscle and of muscular action. Here fortunately for the victim of the Great War this event impinged on the phase of medical science as a phase in its evolution that was peculiarly calculated to serve advantageously in principles and practice of surgical technique and tactics employed in the restoration or repair of functional damage through battle casualty in respect of skilled movements This lay in the fact that the attitude toward anatomy in the course of its movement as of a pendulum that are characteristic are perhaps the fundamental features of intelligent thought that led it away from structure toward function. The scientific study of these relates to material and to movement is concerned in statics and dinamics, and the study of life is similarly concerned with anatomy and phisiology with form and with function. The two are inseparable, are indeed unintelligible apart: but the degree of concentration on the attributed of function and of structure respectively have, throughout the history of medical science varied from age to age with the outlook intillectual and social on matters in general. The study of anatomy has been particularly susceptible to change in outlook and in the special attention given to it in respect of form or of function. To adhere to strictly relevant changes to the great war , the functional anatomy of Hunter and Sir Charles Bell whivh took account of structure only as a means towards function, had degenerated at the hands of Sir Robert Owen (etc) to a matter of skeletons and the site of muscular attachment and mechanical action of individual muscles. This led to a concept of muscular action that was

both gravely inexact to the actual facts of action and subversive of any useful result from the mass of detailed knowledge. The revolt against this mechanistic outlook and analytical method in a study of anatomy and related practice was well established at the hands of (give names , including Machenzie) so much so that it was sufficient to transform after time wasted in overcoming the initial inertia of the established schools of teaching chiefly those in London a place on a firm foundation of normal function and the active participation of the individuals damaged in all the reparative procedures : and this extended to every aspect of surgery in the war, from first aid to vocational training.

The action of muscle and nerve in the production of voluntary movement is a necessary preliminary to the theory and practice of reparative surgery and vocational training

(From Keith and Mackenzie)

Macallisters anatomy . Text Book of Medicine Wood Jones, MacDougall at Cambridge. Mechenzie and others at Melbourne expecially Binnie. On clinical side Thomas Jones School, Liverpool and the Americans

MASSAGE:

Quotation from "Military Medical Manuals" (Broca), edited by General Keogh, D.G.A.M.S. Preface to Volume on the after effects of wounds on the bones and joints:

"Those who, before the war, knew something about the pathology of lesions of bones were . . . surprised to see fractures treated in a totally inadequate manner when surgeons showed a tendency to treat the persistent sinus as negligible, to believe that it would heal in time without difficulty, with the help, if need be, of heliotherapy, or even - oh, heresy! - of massage . . . . And so we have seen, going on indefinitely lesions which are amenable to proper surgical intervention."

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Medical aspects
of attribution

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The creation of the Appeal Tribunals opens up the whole question of the proper method of procedure

Medical Appeal
v.
Legal Appeal

for reinstatement, that is to say whether it should be primarily a medical or a legal problem. Australia has decided rightly or wrongly that the inability of the medical profession to create a science of attribution which shall extend beyond the bounds of scientific pathogeny shall not be allowed to interefere with the creation of pension rights - due to or aggravated by war service until the last member of the force shall have passed beyond the bounds of entitlement. The methods of each and the outlook on the meaning of medical "proof" are the basic questions of Australian reinstatement policy. The legal procedure and the principles on which it is based have been briefly examined. It is fair to present an appeal "audi alteram partem". The medical attitude toward the problem of attribution is presented in the following appreciation based largely on the methods and outlook of the medical advisory committee before it was superceded (as in effect it is today) by the legal appeal tribunals.

HERE COMES THE MEDICAL ASPECTS OF ENTITLEMENT, ONUS OF PROOF AND TIME LIMIT

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

To condemn a policy which has been accepted as national requires courage and not only courage but authentic evidence and the substitution of an alternative incentive. This it is proposed is to be found in the history of the Australian Imperial Force itself. It is embodied in the word courage and may be implemented by one means and one alone - self-help. - The following record from the history of men of the A.I.F. who suffered great hurt and were subject to terrible disablement but have shown that it is possible to rise above physical handicap and to show that in the aftermath of war as well as in its prosecution the moral is to the physical as 3 to 1.

The sum of the whole matter: self-help

HERE HISTORY OF IREDELL AND WOOD.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The primary division of the profession of medicine, is expressed by the University "faculties", or the professional "Colleges", "Associations", or "Societies" which are entitled by law to grant "licences" to practice medicine - such as the "Royal College of Physicians of London", the "Royal College of Surgeons of England" or the Society of Apothecaries of London - or which were represented in Australia by the Universities of Melbourne, Sydney and Adelaide[x]. In addition to the

Thick Black inset

2. Medical specialties and Specialists

( ). It is interesting to note that after the war the position of Director-General at the British War Office was held by a specialist in Bacteriology and Tropical Diseases, Sir William Leishman.

x. The University of Queensland now grants medical degrees.

---

degrees on which are based the legal "licence" to practice - and which carries entitlement to commissioned rank in the Army Medical Service - various "specialties" have in the course of medical evolution become differentiated. The primitive and an almost essential differentiation are into internal medicine, surgery, with obstetrics and gynaecology. Of the rest the most primitive and essential may be listed the practice of ophthalmology and other special senses, pathology, bacteriology, bio-chemistry, radiology, mental disorders, cardiac disorders, orthopaedics preventive medicine (Hygiene and public Health), dermatology.

Fix up

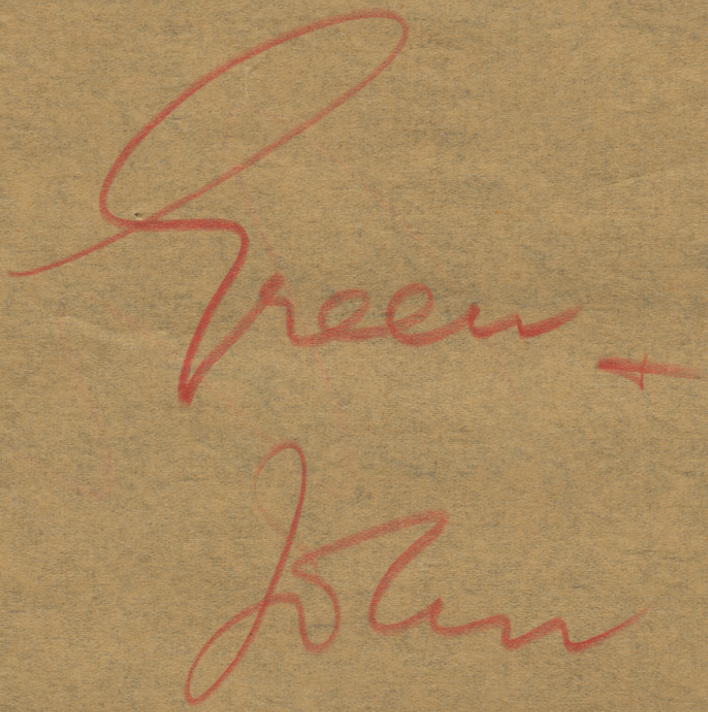
Eye, ear, nose and throat

MEDICAL SERVICE OVER-RANKED

The same question arose in connection with these specialties as in the specialist services/(since already but the officers were commissioned in virtue of their medical qualification) on a much less urgent plane. The problem is stated in the first chapter and does not call for particular comment. / The service performed by specialist officers was of the highest importance, and such brief account of it will be the subject of a special chapter.

Corresponding with the nature of modern medical practice

After Massage.



AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

III

An Explanation of the Table

~~brief~~ statement of the routine course of action in each new claim. To whom does the claim first go and in what form?

On another line of thought in this matter would you let me have your comments on the enclosed correspondence between myself and Dr. Hirschfeld who is on the staff of the Brisbane General. Though he is the son of the notorious old he is an intelligent and I think ingenuous young fellow - his brother is a Rhodes scholar.

I shall get in touch with you directly I get back to Melbourne on these two matters: unless you find it convenient to write. ~~Of course if you don't~~

NOTES

The instances of hardship in which the benefit of the doubt did not suffice to obtain a pension but where the fact that a man went to the war obviously aggravated the distress of a disability (disease or other) acquired subsequently to his discharge

Note the difficulty of interpretation of the "benefit of the doubt" and the fact that the returned soldiers claim that it operates against not in favour of the soldier since he has to prove continuity of ~~evidence~~ the disability claimed with a morbid condition actually manifested during the war. ~~That is to say that the deteriorating influence~~

This is to say that even on account of a disability our knowledge of the aetiology of which would make probable or possible its origin in the circumstances of war service, to make a man eligible for a pension the deteriorating influence on a man's constitution or on any system or organ must have resulted in manifest disease during the actual period of the war or of his service.

With this is associated the matter of the claim by the returned soldiers that every man who went to the war was ipso facto ~~was~~ constitutionally the worse for having done so. This claim would be

/difficult

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

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On another line of thought in this matter, would you let me have your comments on the enclosed correspondence between myself and Dr. Hirschfeld who is on the staff of the Brisbane General. Though he is the son of the notorious old [illegible] he is an intelligent and I think ingenuous young fellow - his brother is a Rhodes scholar.

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NOTES

The instances of hardship in which the benefit of the doubt did not suffice to obtain a pension but where the fact that a man went to the war obviously aggravated the distress of a disability (disease or other) acquired subsequently to his discharge

Note the difficulty of interpretation of the "benefit of the doubt" and the fact that the returned soldiers claim that it operates against not in favour of the soldier since he has to prove continuity of ~~evidence~~- the disability claimed with a morbid condition actually manifested during the war. That is to say that the deteriorating influence on a man's constitution or on any system or organ must have actually resulted in manifest disease during the period of the war or of his service to make him eligible for pension for a disability which our knowledge of aetiology would make probable or possible to have its origin in the circumstances of war service.

With this is associated the matter of the claim by the returned soldiers that every man who went to the war was ipso facto ~~was~~ constitutionally the worse for having done so. This claim would be

/difficult

Unit No.....

Date...../...../.....

AUSTRALIAN MILITARY FORCES.

REPAIR.

A.M. Form F.3.
(Revised July, 1923.)
(Reprinted Dec., 1927.)

TO BE RENDERED IN QUADRUPLICATE.*

.....*Military District.*

Ordnance Office No......

Workshop Group.....

Requisition for REPAIR of Stores by the Ordnance Department and return to .....

Designation of Articles.	No. or Quantity.	Authority for Service.	Cost (if any) Incurred. £	s.	d.	Nos. and Dates of Vouchers (F.29) on which Materials for Service are Drawn.	Work on Service. Commenced.	Completed.	Date Returned to Unit and Mode of Dispatch.	Remarks.

Service completed.....*Officer i/c Workshops.*

Signature of Officer requiring Service.....

Date...../...../.....

Stores received on Completion of Service.....*Signature.*

Date...../...../.....

Approved.....*C.O.O.*

Date...../...../.....

D.2153/9.25.—C.13678.—50M.

* Upon receipt of the Stores at Ordnance, one copy of this form will be signed and returned to the Unit as an acknowledgment of receipt of the Stores.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

difficult to substantiate and in my opinion is incorrect.

NOTE:

Diseases of the mind unrelated ~~to~~ causally to known structural defect of or damage to the brain.

1. Disorders (psychoses) of reason - complete, or partial.

2. Psycho-neuroses

(Note the occurrence ~~of~~ mental ~~in~~ or psychic infection and epidemics of mental infection).

Affective disorders of will

symptomatic

a. Hysterical/syndrome

b. Syndrome with neurasthenic symptoms

c. Not distinguished

(Note: "Diseases caused by infection" better than transmissible)

Note:

Onus of proof in relation to war service.

The Repatriation Commission adroitly evaded the impasse that was undoubtedly created by the imposition of responsibility of proof that a disability claimed was not "due to or aggravated by" war service - the proving of a negative - by requiring proof of occurence during the war of the disability for the first time or of its aggravation thereby of an existing disability and in particular by requiring proof of its continued incidence between its original occurence and the date of claim. That is to say a continued sequence of evidence of the continued operation of the influence of war in the creation ~~of~~ or maintenance of a disability.

By what right required

NOTE:

The change of policy of the Commission in respect of claims made for gastric and deudenal ulcer occurring at a period subsequent to the war or which manifested itself only since the war, in other words they require proof of the development or the continuance in a chronic state of the specific disease for which

Note the case of Koch vide correspondence with his widow

/the solider

Unit No.....

Date...../...../.....

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AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

the soldier claims or of some sequel or sequelae of the disease occurring on service.

The British Pensions Dept. and Government cut the Gordian Knot by shutting down at a specific date and also by the development of the system of National Insurance in respect of treatment, and of the dole and invalid allowance in the matter of sustenance.

Could they maintain it

Australia has tried to untie each knot and unravel every problem in perpetuity. Hence our troubles and our inconsistencies which has brought the continued and increasing attacks ~~of~~ on Repatriation by the Returned Soldier organisations.

It would seem that Australia has indded attempted the impossible from the medical and scientific point of view.

Note:

Note the case of cerebral spinal meningitis. Practically every man who suffered from this disease and recovered is accepted as having a disability in consequence. Yet is it a matter of scientific medicine that a man may not suffer from C.S.M. and not suffer in consequence in perpetuity. If not the question arises may a man suffer from any disease that involves/tissue structural damage change/of a morbid nature without some constitutional damage and the possibility of subsequent interference with his normal expectation of healthy life.

Pensions Proof - a. continuous history: b. postmortem c.X Ray: d. clinical based on general medical knowledge e. laboratory investigation, bilharzia, T.B. - microscopic, anaphylactic, etc.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

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AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Diseases

D.A.H.

T.B

Gassing

age

Mental

Joint Lesions

Other diseases

Pensions

K

The Concept of the "Burnt-out Soldier".

1. General aging

2. Specific disorders (Vide

For reasons both of space and of available data it has been found impossible to traverse in a pathogenic study of the whole range of the gamut of depradations from health and social efficiency for which "attribution" has been claimed to war experience. Such a study could only be made by an integration of the sum-total of experience of the medical department of the Repatriation Commission, carried out on a strictly scientific basis and denuded from any consideration, political, social, or economic, except to deduce from the enormous mass of experience some aetiological principle which should help to coalesce to a useful conformity the unconnected and often divergent streams and pools of individual decisions based on the principle "each case on its own merits"; a principle entirely in accord with the modern outlook as expressed by the proverb "Il n'y ~~a~~ a pas des maladies il n'y a que des malades."

Each case on its merits.

Such a study is almost precluded for Australia by reason first of the fact that the records of the department are on a strictly nominal basis with no corresponding classification by disability by the extensive decentralisation of the system and the introduction of a non-medical and - influence in the Appeal tribunals.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Investigation of Claim for Pension for Mental Disorder.

Method of Investigation.

Complete history of man, prewar, war and post war.
School, family, occupation, mode of life, health.
Full report from Mental Hospital.
Complete investigation of man from head to foot.
Then with known etiology of Mental Disease all factors are weighed and opinion of expert obtained.

K. SMITH.

Given me by Dr.Ken Smith,
P.M.O.Repat.n Commission. IO/4/35.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COMMONWEALTH OF AUSTRALIA.

AUSTRALIAN WAR MEMORIAL

BOARD OF MANAGEMENT

TELEPHONES:
B 404 & 405

"They gave their lives. For that public gift they received a praise which never ages and a tomb most glorious—not so much the tomb in which they lie, but that in which their fame survives, to be remembered for ever when occasion comes for word or deed. . . . ."

CANBERRA,
F.C.T.

19th March, 1936.

Board of Management—

Chairman:

The Hon. T. Paterson, M.P.

Members:

The Hon. Sir H. S. Gullett, K.C.M.G., M.P.

Vice-Admiral Sir G. F. Hyde, K.C.B., C.V.O., C.B.E.

General Sir H. G. Chauvel, G.C.M.G., K.C.B.

Major-General the Hon. Sir T. W. Glasgow, K.C.B., C.M.G., D.S.O., V.D.

Major-General Sir C. B. B. White, K.C.B., K.C.M.G., K.C.V.O., D.S.O.

Colonel Sir D. C. Cameron, K.C.M.G., D.S.O., V.D. M.P.

Sir G. J. C. Dyett, C.M.G.

The Hon. Sir D. G. Ferguson.

C. E. W. Bean, Esq., Litt.D.

E. C. Riley, Esq.

Paul Jones, Esq.

Finance Committee—

Chairman:

General Sir H. G. Chauvel.

Members:

Colonel Sir D. C. Cameron.

Sir D. G. Ferguson.

Dr. C. E. W. Bean.

Mr. E. C. Riley.

Dear Sir,

Australian War Memorial in Canberra:
No admission of visitors until the Collection is ready for inspection.

With the completion of the first stage in the construction of the War Memorial it has been necessary for the Board of Management to consider when the building should be open for inspection. After careful consideration the Board came to the conclusion that it will be inadvisable to grant admittance until the exhibits have been placed in position and suitably prepared for inspection.

Until this has been done there will be little of interest to be seen. Moreover, the Board believes that, if the public were admitted to the galleries while the arrangement of the Collection is in progress, the work would be impeded and delayed, there would be a serious danger of fire while exhibits are in the open and sections of the floor frequently covered with inflammable materials as unpacking proceeds, and a risk of loss or damage while small and fragile articles are unprotected by showcases. As the installation of the Collection will entail work similar to that carried on in connection with the erection of a building, it is advisable on the grounds of safety to keep strangers out.

As it is undesirable to discriminate the Board has asked that this decision be observed in all cases.

A specially selected officer will be on duty at the main entrance to receive visitors, to answer questions and to explain why admission to the galleries may not be

Senator Lt.-Colonel B. Sampson, DSO, VD,
Parliament House,
CANBERRA, F.C.T.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

CH. XVI

The Repatriation Commission was charged with the following distinct duties

1.

Get from Scott

2. War Service Homes

3. Sustenance while awaiting re-instatement ....

4. Vocational training ....

5. Treatment and pensioning for war-caused disablement.

It was, or should have been, both from reason and from history (~~e.g.~~ American Civil War), obvious that all except the last-named were strictly limited in their scope and in time; but that the last named must ultimately attain the prodigious dimensions and create problems of the most difficult kind; hinging however on one essential question entitlement or attribution knowing moreover that the just appraisement of these fundamental decisions would call for ~~ever-greater-~~ every particle of ~~EXXXXX~~ evidence that could be obtained, every piece of experience that could be recorded, and every - of administration and of method that could be organised and provided to assist the decisions, when, as obviously must occur, direct and positive evidence became less and less possible to obtain.

(RECORDS NOT PROVIDED FOR

NO SYSTEMATIC SCHEME FOR FORMING PRECEDENTS
- "EVERY CASE ON ITS MERITS" BECAME A FETISH)

/The result has been that

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Fix up wording

The result has been gradually by slow encroachments that the question / of "attribution" has become a legal rather than a medical problem; more and more as the medical profession urged the impossibility of scientific decision the legal (more sua) than made the settling of legal points rather the establishment of scientific truth .....

The consequence has been that instead of diminishing, the claims for attribution and pension right have grown not only with the difficulty of proof but unquestionably also with the absence existence of any real attribution to prove.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

DRAFT

Recd. 5/10/34
TYPED 8/10/34

AFTERMATH - PENSIONS.

In respect of eligibility for pension, the "Regulations under the War Pensions Act 1914" provided as follows:

"A pension under the War Pensions Act 1914 is payable only to

(a) an incapacitated member of the Forces

(b) a dependent of a deceased or incapacitated member of the Forces.

A pension cannot be paid unless dependence can be proved. ( )

Note: Is this so still?

( ).

"Dependents" included in the case of death widows, father mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, granddaughter, brother, sister, half-brother, half-sister, adopted child, mother-in-law, ex-nuptial child, ex-nuptial grandchild.

"Member of the Force" was defined to mean "a member of the Commonwealth Naval or Military Forces enlisted or ~~xxxxxxxxx~~ appointed for or employed on active service outside Australia or employed on a ship of war". ( )

? See Ms. p. 1

( ). It will be recalled that "ship of war" includes (See Z. Naval ch.) a land unit as well as an actual ship

"Incapacity" was defined to mean "bodily or mental infirmity which wholly or in part prevents the earning of a livelihood, and which results or has resulted from employment in connection with the warlike operations referred to in the Act." It included incapacity of a member of the force "arising from disease not due to the default of the member, contracted by him while employed on active service."

Note: Go further into this - later acts "due to or aggravated by" etc. - get from Act.

See Ms. p. 2

Unit No.....

Date...../...../.....

AUSTRALIAN MILITARY FORCES.

A.M. Form F.3.
(Revised July, 1923.)
(Reprinted Sept., 1925.)

REPAIR.

TO BE RENDERED IN QUADRUPLICATE.*

.....*Military District.*

Ordnance Office No......

Workshop Group.....

Requisition for REPAIR of Stores by the Ordnance Department and return to.....

Designation of Articles.	No. or Quantity.	Authority for Service.	Cost (if any) Incurred. £	s.	d.	Nos. and Dates of Vouchers (F.29) on which Materials for Service are Drawn.	Work on Service. Commenced.	Completed.	Date Returned to Unit and Mode of Dispatch.	Remarks.

Service completed.....*Officer i/c Workshops.*

Signature of Officer requiring Service.....

Date...../...../.....

Stores received on Completion of Service.....*Signature.*

Approved.....*C.O.O.*

Date...../...../.....

Date...../...../.....

D.2153/9.25.—C.13678.—50M.

* Upon receipt of the Stores at Ordnance, one copy of this form will be signed and returned to the Unit as an acknowledgment of receipt of the Stores.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The position of the Permanent Force and the Naval and Air Force Services.

The Australian scheme of Military Defence did not provide for service outside Australia. ( ) However

( ). See Vol. I p.

The position of the Australian Navy in respect of Australian Defence differed considerably from that of the Army. The conditions of Naval warfare in defence of any element in the British Empire is much more clearly that of the Empire as a whole and demand a highly centralised control. In Naval warfare the strategic objective more obviously is the chief enemy force rather than local raiders. In consequence the Naval forces were-and are - available for service outside Australian waters without special enlistment: the only provision being

VERIFY

strategically unsound this policy is one based on a fundamental principle of Australian national life, namely that the Australian Defense organisation is indeed for defence, and not for offense. The embodiment of this in defense legislation is in the nature of a gesture. When the safety of the Empire required that a force should be sent overseas, special enlistment was necessary for the regular forces as for the militia and recruits from the non-military population. The pension rights of the Act included therefore all

/members

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Unit No.....

Date...../...../.....

AUSTRALIAN MILITARY FORCES.

A.M. Form F.3.
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Approved.....*C.O.O.*

Date...../...../.....

Date...../...../.....

D.2153/9.25.—C.1367s.—50M.

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AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

members of the Australian regular forces who served in the war - (including those enlisted to the special forces enlisted for service in the Pacific). It also included members of the Australian Navy. ( ) The Australian

---

Active Service?

(N). The provisions of this Act were made to extend to "any soldier of the Imperial Reserve Forces called up for active service who at the commencement of the state of war referred to in the Act was bona fide resident in Australia, as if that soldier were a member of the Forces as defined in the Act."

(Tunnelling Corps) and Mining Corps and the Australian Naval bridging train was part of the Australian Imperial Force. The "Munition workers" of whom were provided by the Commonwealth for work under the British Ministry of Munitions - were not eligible for the benefits of the War Pensions Act; nor were Australian nationals who served in the British or in other Dominions Forces.

? SHOULD THIS BE PART OF THE FOOTNOTE? (SORRY!)

In all during the war men and women became a potential liability under the War Pensions Acts. The method of records maintained by the Repatriation Commission ( ) do not permit any exact statement of

---

( ). See p.

---

the number who have become an actual liability for treatment or for pensions. A tentative estimate based

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Unit No.....

Date...../...../.....

AUSTRALIAN MILITARY FORCES.

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AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Get from
R.S.S.[illegible].L.A.?

Date

See Pern's figures.

based on

places the number to at

The number of members of the Australian Imperial Force,(and of the Australian Naval Forces whose service made them eligible for pensions) who have died since the war has been ascertained with considerable accuracy through the provision in the decennial census for

Quote - get exactly

193(2), which included the following question

were for an extended solver in the first word
first [illegible] -

See Ms. p. 6

By deducting the number of ~~p~~ affirmative answers from the ~~xx~~ total enlistments and allowing for non-return(and emigration) to Australia by death or otherwise it is found that there remain alive and resident in Australia at the present time men and women who (enlisted in etc.???)

Unit No.....

Date...../...../.....

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AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Ch. XLI

Aftermath of the War

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COPY.

COMMONWEALTH OF AUSTRALIA.

COMMONWEALTH OFFICES,
Australia House,
Strand
LONDON, W.C.2.

MEMORANDUM TO

The Director of Medical Services,
A.I.F.
Administrative Headquarters,
130, Horseferry Road,
S.W.1.

With reference to the conference held at Australia House on the 10th. ultimo, regarding the Medical Administration of War Pensions in the United Kingdom I forward herewith copy of cablegram that has now been received by the Minister of Defence from the Acting Prime Minister, Melbourne.

In this connection, I desire to inform you that the arrangements approved by the Acting Prime Minister will be brought into force as soon as possible, the date of which you will be advised later.

(Sgd). E.A.BOX.
DEPUTY COMMISSIONER OF PENSIONS.

PA 17.9.15

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COPY.

DECODE OF CABLEGRAM RECEIVED FROM:

HON. W. A. WATT.
ACTING PRIME MINISTER,
MELBOURNE.

Date received 15th August 1919.

With reference to your cable of 30th. July re Medical Administration of Pensions.

Arrange that medical machinery of British Ministry of Pensions be used for all future medical examinations required for Australian War Pensions. There seems to be no need for supervision by Commonwealth medical Officers as Commonwealth Deputy Commissioner could make any special arrangements necessary.

Commonwealth will of course pay cost to British Ministry of Pensions.

I Concur your suggestion in last paragraph that after treatment, etc., be provided through British Ministry of Pensions under reciprocal agreement.

Can see no necessity however, to employ General Howse on this work and suggest it be done by Deputy Commissioner of Pensions.

W A T T.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

AUSTRALIAN WAR RECORDS SECTION
E481 2
CLASSIFICATION SUB-SECTION

not [illegible] in [illegible] files
(probably "Court of [illegible]

AIF.239/5/422
A.513/2/537

Copy of Memo.No.65813 of 15th Octr.,1915,
D.D.G.M.S. to all Commandants.

"With reference to Defence Circular Xx.463 of 29th ul it has been decided that

(a) The granting of pension releases the Commonwe from further obligation of any kind.

(b) When a member has been discharged whether "medically fit" or "medically unfit" from the A.I.F., the department is similarly released from all further obligation of any kind, including of course medical attendance.

Please ensure that the foregoing is promulgated to all concerned.

Sd.:A.E.Shepherd, Colonel,
Deputy Director-General/Medical Services."

IF.239/5/840
A.513/2/537 - Copy of Telegram A.88 of 11th Jany.,1916, from Commandant, 1st M.D.

"A eight eight do the terms of arrangement with British Medical Association for treatment in their homes of returned wounded soldiers still hold in view of Defence Memorandum 65813 of 15th October.

Lee."

Copy of Telegram W.450 of 12th Jany.,1916,
D.D.G.M.S. to Commandant, 1st M.D.

"W 450 YOUR A.88 ARRANGEMENT TREATMENT IN THEIR HOMES RETURNED WOUNDED HOLDS PENDING FURTHER CONSIDERATION BY BRITISH MEDICAL ASSOCIATION.

Fetherston,
12/1/16."

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

In Sept 1917 Federal Parliament passed an Aust Soldiers' Repat Act, & a Commonwealth Minister for Repat was appointed, the act did not come into force till 8th Apl 1918

Under act of 1920, the Repat Commission took over admin. of war pensions

Lucas

33/7

On 1 July 1920 War Pensions
came under entire control of
Repat Commission At this Time
increased pensions rates came into force.

AUSTRALIA

Military District. *Make and H.P*

MOTOR VEHICLE

Date.	RUN.		No. and Names of all Passengers carrie (If a load only carried, state approximate weight.
	From—	To—	

NOTE.—This co

D.595/2.17.—C.16569.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

33/7 Repatriation - Amt

During year to 30 June 1919
of 181,529 persons 71,512 were
incapacitated soldiers, 110017
dependants.

Lucas

33/7

N2 $\frac{20000}{124000}$ Runners / trees

Club $\frac{250000 \text{ P}}{380000 \text{ P}}$

Pr. at $\frac{1}{3\frac{1}{2}}$

Pensions
1927

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

ARMY FORM C.2129.
(Revised May, 1924.)

MESSAGE FORM.

Series No. of Message _____

In
CALL _____ ▼ _____
Out _____ ▼ _____

Recd.
At _____ By _____
Sent
At _____ By _____

Date Stamp

PREAMBLE

M.M. Offices { Delivery _____ V
Origin _____

PREFIX | Words

TO

FROM & Place

Originator's Number	Day of Month.	In reply to Number

TIME OF ORIGIN | TIME OF HANDING IN (For Signal use only)

Originator's Signature
(Not Telegraphed)

D.2193/6.24.—C.7799—350M.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

33/4 Courtney

1. Pensions for multiple reasons up to 50%

2. Gas its influence on T.B. problem. its moral influence.

3. Major Courtney can give figures for 8
T.B.
Mental
Limbless
Blind
one eye Partial blind
diabetes
war neuroses

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

33/4

Use of Artificial limbs:- % based on 2,483

Amputation above elbow

367 or 21% used their arm

1379 or 79% did not

Amputation below elbow

358 48.5% used arm

379 51.5% did not.

4334/1/15 dated 14/8/18

Enquiry in UK

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

XXIII/2

Definition under Aust Soldiers Repat Regs disabilities due to or aggravated

War Service — The period served in the Naval or Military Forces from the date of attestation to the date of discharge.

Due to War Service — A condition which has been caused during the period of Naval or Military Service, & shall include a liability to contract an ailment or suffer prejudice as the direct or indirect result of injuries or other disabilities received during the period of service.

Aggravated or aggravation — Any condition which the soldier was predisposed to prior to or during his period of service & which has become intensified during such service, but the onus of proof of aggravation shall be on the applicant.

AUSTRALIA

Military District. *Make and H.P.*

MOTOR VEHICLE

Date.	RUN.		No. and Names of all Passengers carrie (If a load only carried, state approximate weight.)
	From—	To—	

D.595/2.17.—C.16569.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

33/2

On 23 Jan 1918 all districts were advised that Expenses of medical attendance & burial of discharged soldiers would in future be met by the Repat Dept.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Foci of Disease

Only few indemnity
any mission to
repeat

Bilharzia — (no)
Malaria — judge's case back
2 cases M.J.A.

Dysentery few cases Q.

Training men Sanitary
Latents in the army
Low down this attempt
Peace ~~Legislation~~ Sanitation

PARTICULARS FOR DISCHARGE.

Rank ..... Boat .....

Name .....

Unit .....

Born at or near the Town of ..... in the State of .....

Attested at ..... on the .....

..... 19 ..... for the .....

Regiment or Corps at the age of ..... years.

Embarked from Australia—Date ..... Boat .....

Present age ..... Height .....

Complexion ..... Eyes .....

Hair ..... Trade on enlistment .....

Marks or scars .....

.....

Intended place of residence .....

Date of confirmation ..... Leave till .....

No. of Discharge issued .....

—Surname to be in block letters. Christian names in full.
te of confirmation not to be filled in on ship.
ops will insure that the above information is, as far as possible, compiled from an authoritative source, such as a Pay Book.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Endemic Disease.

Malaria In W.A. Mapsends?,
Busselton W.A.
Endemic Centre Started

Refers to Col Hermitage of the Sch-of Mus Metry as interested in the man power problem

Cant you hold the demand till [illegible] from infantrymen
Eg. 06 wkly hab compel the men to be "Sanitary"

But why shd. the Ret. Sitzem Soldier be subject to restrictions which dont operate for the civilian?
[answer? — because you are paying him?)

SA - Rawlinson

Stull

Q.

T.

Claypotting & Devlenal.

Fetherton. | Dens V.C.
Supt. Campbell

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Hospitals (2)

men
a bed & breakfast until
not coordinated - different
system everywhere as
Egypt. leave etc etc

Huge figures for men
pensioned still ~~[illegible]~~ 76 000
~~[illegible]~~ corps is on pension
~~[illegible]~~ Brazil in bed every day!

? Prof^n (cases)
(a) Sechmen

33/1

The problem of "Repatriation" is a twofold one - Its primary, and most important & lasting function is the care and treatment of invalids, (including the prevention of endemic foci of disease) and the adjustment of pensions: the second is the assistance to the dislocated (P.T.O.?)

Early mistake - till 1917 the argument was - 6 months treatment in pay - then delinquent to Pensions department. (? who carried on the treatment.) In 1917 this was changed so that the retention of the invalid under "Defence" was ~~indefinite~~ (undefined?) & effectively indefinite!

Army Form F.789

Billeting Order on Inhabitants.

(Issued by the Mayor, Magistrate, Chief Police Officer, or other local authority.)

Number of the Billeting Demand .....

(1) Quarters for

Generals,
Field Officers,
Captains and Lieutenants,
Warrant Officers,
Staff-Sergeants and Sergeants,
Rank and File,
Horses, &c.,

are to be provided, *together with subsistence as follows :—

by ..... (Name) .....

at No. ..... Street.

Place and Date .....

.....

Signature of the Head of the Community.

[illegible] 14.—C.10958.

* Strike out if no subsistence is to be provided.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

~~XX~~ 3211
3. 5. 18 "Globe"

Minister for Repat said Department had accepted responsibility of securing for every man the opportunity of earning a living wage & for the employment of slightly incapacitated in industrial establishments department making up the difference & minimum wage & for training of incapacitated in special technical classes; & most severely incapacitated will be provided with light employment with an assured income instead of being allowed to live a life of idleness

4334/1/15

British pensions

Encyclopaedia Britannica

The total expenditure till March 1929 amounted to £860,000,000. The annual expenditure was at its maximum in 1920-21 when it reached £105,000,000

Since that date it has shown a continuous decline to 1929 when it was estimated at £58750000 The liability in future years is calculated approx at £51 000 000 in 1920-31 £37 000 000 in 1940-41 £26 000 000 in 50-51 & 15 million in 60/61

TRIPLICATE.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

No. 37900

SALE OF CLOTH.

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £ : :

Order prepared by .....

.....

.....

D.1791/7.20.—C.11060.—200 Bks.

By Authority: Albert J. Mullett, Government Printer, Melbourne.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

SALE OF CL

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £

Order prepared by .....

Payment by .....

(Insert Cash, Money Order, c

Received by .....

(Initia

Cloth Issued by .....

(

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Canada

Returned Soldiers Insurance Act 1920

Disabilities

Pensions

1918	15335
19	42932
20	69203
21	
22	51452
	45134
23	43263
24	43300

25	44598
26	46598
27	48027
28	50685
29	54620

DUPLICATE.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

No. 37900

SALE OF CLOTH.

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £ : :

Order prepared by .....

.....

.....

D.1791/7.20.—C.11060.—200 Bks.

By Authority: Albert J. Mullett, Government Printer, Melbourne.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

SALE OF CL

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £

Order prepared by .....

Payment by .....

(Insert Cash, Money Order, o

Received by .....

(Initia

Cloth Issued by .....

(

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Australia

Act 1914

amended 1915 + 1916.

1928.

Incapacitated

~~755 807~~

72667

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

COMMONWEALTH OF AUSTRALIA.
Department of Defence.

No. 37900

SALE OF CLOTH.

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £ : :

Order prepared by .....

.....

.....

D.1791/7.20.—C.11060.—200 Bks.

By Authority: Albert J. Mullett, Government Printer, Melbourne.

COMMONWEALTH OF AUSTRALIA.
Department of Defence.

SALE OF CL

Name .....

Address .....

.....

..... *yds. @ 15/- per yd.* £

Order prepared by .....

Payment by .....

(Insert Cash, Money Order,

Received by .....

(Initi

Cloth Issued by .....

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

NZ.

Figures from 1920 to 1929 show a gradual increase in the number of Soldiers "permanent" pensions from 6.2% to 44.2% temporary pensions decreased from 66.9% to 16.4%.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

TRIPLICATE.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

No. 37899

SALE OF CLOTH.

Name .....

Address .....

.....

.....*yds. @ 15/- per yd.* £ : :

Order prepared by .....

.....

.....

D.1791/7.20.—C.11060.—200 Bks.

By Authority: Albert J. Mullett, Government Printer, Melbourne.

COMMONWEALTH OF AUSTRALIA.

Department of Defence.

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Name .....

Address .....

.....

.....*yds. @ 15/- per yd.* £

Order prepared by .....

Payment by .....

(Insert Cash, Money Order, c

Received by .....

(Initia

Cloth Issued by .....

(

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Bilharziasis – significance of question in Australia

Cross reference from Vol 1 p 776.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

is to introduce an element which nullifies the proper

action of either

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

And in th

matter it is necessary to emphasise that the rightness

otherwise of the granting to the ex-soldier special rig

and privileges is not in debate except in so far as som

presumed physical disability is made the basis of

claim rather than that of gratitude and nation obligation

To the later there is of course no limit save that

imposed by common consent by moral decency and by the

national purse But to confuse the issue as between medical

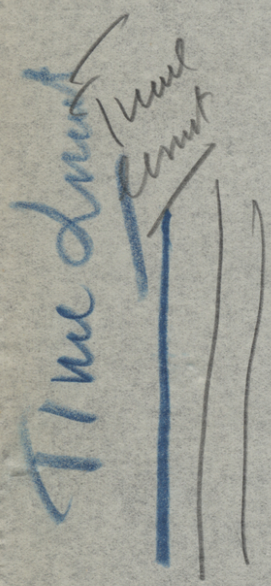
entitlement and moral entitlement

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The medicla profession it is clear should not be and need not be involved in a debort of this kind nor can it ligitimately save as citizens concern itself in legislation that opens up an honorable avenue of assistance to returned men on grounds that are not properly related to medical disablement directly or indirectly. But on the other hand it cannot too strongly be emphasised that in all matters relating to entitlement in respect of physical disablement it must be prepared to accept and to uphold

the responsibility of being the sole abbiter of medical entitlement, save in so far as such is a matter of legal proof of the validity of evidence.

And in this respect the time-limit has a very definite significance and one which goes to the very root of medical science for it involves the question to what extension of time can the possibility be acepted of establishing on ligitimate medical grounds cause or relationship between a disability for which compensation is claimed and the actual causative factors of disease contained or inherent in such service.



The Australian pensions system differs from those of Great Britian and the other Dominions (??? any others) in that hitherto (1934) no time limit has been set within which a claim to entitlement rights must be made. The decision was made not on medical but on national grounds, it was due to the desire that not one Australian soldier who should have suffered through his voluntary service but should receive in some measure such compensation or reward as the pensions legislation should provide. Merely thus to state the purpose is to indicate the difficulty of the problem imposed thereby on the medical profession . For the science of medicine is very far from having reached the stage of even approximate knowledge of the immediate let alone the remote cause on the plane of causation adequate to relate disease occurring sometime after supposed related event and with each year that separates the claim from the supposed experience causing it the distinction between the infleuence of the war and that of the other years intervening becomes less and less possible until ultimately not prime faci case may be stated and the problem becomes one of the establishing of such continuity of clinical or pathological manifestations as should bridge the gap of the intervening years. On the other hand there has appeared as time went on the phenomena relating to degeneration

Quote re knowledge of cause (Collier)

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

both those associated with the end results of earlier morbid experiences and those which belong to that phenonenon shared by man in common with all other living creatures which we know as senile decay

Time limits
Boston Canada
U.S.A

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The crucial question in any system of war pensioning relates to the limitation by the placing of a time limit of the compensation or reward granted by the community to injured members of the generation which sustained the direct impact of the war, and to the extension by the creation of new pension rights, of the operation of the moral and legal claims on which they are based to subsequent generations. A particular and very important element in this debate concerns the time in which claims for compensation may be made in respect of the individuals actually incurring the physical damage as distinct from dependants .

In Volume I in connection with the initial action innrespect of pensions the following words were used (awful warning) It is a matter of definite and grave medical moment that the position of the medical profession and of the army medical service should be made clear in respect of the its responsibilities, pre-war, wartime, and post_war, in respect of this national problem - a problem in which hardly the war itself is more potent for good or evil nor involves a greater strain on the national purse - and in which the only ligitimate question other than proof of service is answerable by the medical evidence and by medical evidence alone

Legal

The influence of the unlimited extension of the time limit and with it of the basis of claim and the extension of the latter beyond the scope of medical science is well illistrated by the experience of the U.S.A.

PART II, 2.

Thick Black inset

Reparations of the war: Pensions

From the outset of the war both the Australian Government and the military command were fully seized with the duty of ensuring to the soldier reparation for damaged sustained in the course of his service [and separation allowance] in the form of a money grant - pension[x]

Wellington, n.b.g. Lord Roberts e.g. W etc.

x.

In his advice to the Minister for Defence on the raising of the A.I.F. General Bridges in August, 1914 said

QUOTE

The ministerial suggestion that the payment should be raised by "voluntary subscription" is of no little interest. It reveals as has been recorded civic provision for medical treatment - the civil outlook of society of the day while full of good will toward fellow men was by no means prepared to acknowledge eternal responsibility as a "brother's keeper". In this matter however the willing horse was "let off with a caution" and £600,000 - for the most part used in the payment of separation allowances ....

The War Pensions Act of December 1914 placed the Returned Soldier on the same footing and under the same administration as the "Invalid Pensioner". By this pensioning was soldier pensioners were administered direct by the Treasury in more or less effective cooperation with the Defence Department. The machinery for the determination of entitlement and assessment are examined elsewhere. The Act of 1914 was follows by .....

Service Acts and Amendments
Effect of ?
Courtney
Medical Boards

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

See Royal Commission

The examination of Recruits. In the previous chapter and elsewhere the medical examination of recruits was discerned as of prime significance or relation to two distinct even antithetic spheres of interest in relation to recruiting. The first concerned the men's "fitness" to fulfil a useful purpose in the Army. The other concerned his ...

Quote from Royal Commission

It will be a grave mistake if the Government agree to the proposal that because the soldier is passed as medically "fit" he is therefore to be considered"100 per cent." healthy.
THE ~~XXXXX~~ MISTAKE IS THINKING IN TERMS OF "DISEASE"
(What is Disease - a re-orientation is necessary).
Did he actually during or through his war service become the subject of a morbid condition or a morbid tendency.

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" Action was also taken to limit the obligations and liabilities of the Defence Department. In the light of the extraordinary development of later years the terms of the order are interesting. All responsibility for medical attandance on invalid soldiers and for payment to them was to cease at the expiration of three months after return from overseas, or of six months after disablement in Australia: even in these cases responsibility was recognised only on proof that "such invalidism was not caused by any disease contracted prior to enlistment or of which the facts were concealed". A medical board would assess the condition "in time to grant compensation or have claim for pension( ) considered". Discharge from the army was to be given in the State of enlistment".

( ) On 21 December ,1914, a War Pensions Act was passed by Parliament "to provide for the grant of pensions upon the death or incapacity of members of the Defence Force of the Commonwealth and members of the Imperial Reserve Forces resident in Australia, whose death or incapacity results from their employment in connection with warlike operations".

" The evolution of the civil organisations whose activities bridged the passage of the disabled man from military care and discipline to the full resumption of civil life in Australia is, as elsewhere, of great interest. In Australia during the greater part of the war the body that undertook - in addition to the raising of recruits for the A.I.F.- responsibility for their re-establishment when discharged from the army, was the "Federal Parliamentary War Committee", a self-constituted but officially recognised body which came into existence in August 1915, and was composed of members of both houses and parties of the Federal Parliament. It was represented in ach State by a "War Council", composed of members of the State Parliament and representatives of civic interests. From the date of its formation this body took a direct concern in the fitting of the disabled soldier for civil avocation and also in the provision of opportunities for re-entering thereon. In the reinstatement of the recovered invalid the committee found itself at the outset faced with the problem of "the soldier so injured as to be unable to resume his usual, or to adopt some other , peace calling", and particularly with the problem of the limbless. The question of "replacements" and of "educational facilities" to enable the injured man to follow his old avocation or qualify him for new ones, was brought up. The Defence Department, following the War Office policy, had, by a special decision in June, accepted responsibility for all replacements; but the wider obligation of retraining for the restoration of function after war injury or disease was considered to lie outside the province of the department. As it was put by the acting D.G.M.S. in June 1915, in response to offers of help towards educating men in the effective use of surgical appliances - "I think private enterprise will come in and provide a home for training cripples". Vocational training became definitely a responsibility outside the military system and fell in each State to the medical committees of its "War Council", a body which was advisory only and without facilities for putting its recommendations into effect.

The problem of "replacements" fell into a similarly unsatisfactory position. The scientific and the mechanical aspects of the problem were improperly divorced. The relative responsibility of the limb-maker and the surgeon, and the thorny question of the type of limb, were faced independently in each State, and with results sometimes far from staisfactory."

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Reparations: period of the war

(1) Medical Treatment. Of the two prime and essential acts of reparation to the war-damaged soldier medical treatment and sustenance (pension payment) the former was the most direct and immediate. As as concerns our present interest - the part of the civil community - i.e. of the social group as a whole - in the reparation and re-instatement of the war-damaged soldier the most important question concerns the stage at which arrangements for and methods of the hand-over from the Army to the civilian organisation who should be responsible for the final stage of recovery and re-instatement. The medical organisation responsible for treatment up to discharge from the Army has been fully described in this and the two previous volumes. Some indication has also been given from the Army side of developments in the arrangements at the line of junction between the two authorities military and civil[x]. It will be recalled

x. The reader is commended to Vol. I, p. , for an instructive analogy in the junction between the medical and combatant authorities in return to duty.

that during the war the liaison was effected wholly by voluntary bodies. No privision existed apart from the charitable institutions for the free treatment of discharged soldiers. The history of the years 1915-19 is chiefly concerned with the manouvreings to escape facing the fact that treatment was a public obligation and not a matter of individual goodwill and gratitude. This matter will receive attention on the technical aspect presently. Here it is necessary only to follow the development of the

Note written re this and effect on medicine

/voluntary

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voluntary machinery created to fulfil their charitable purpose.

HERE THE VOLUNTARY BODIES ETC. ETC.

Leading up to Repatriation Commission July 1920 Treatment, Pensions the two unite Give the result from the first Report.

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Some rough notes from MAJOR COURTNEY: (LEGACY OF THE WAR)

TUBERCULOSIS: The fact that the tuberculosis cases were organised and had a considerable political influence, brought about considerable discrimination in their favour. The extra pension of £4 was granted originally exclusively for them. [Get the conditions] Later it was given for various classes of disease, but on no exactly definite principle, and the conditions for which it was given were not exactly laid down or even that it was at the medical discretion so that constant "wire-pulling" and difficulty was caused. It was a discrimination on no scientific principles, and on the whole it acted badly in consequence. The predominant motive in the medical administration of repatriation, and especially of pensions, was to preserve as far as possible the impetus to the man to take his place, so far as was possible, in civil life and to be independent to the extent which was possible. The pension was looked on as a handicap in his favour to the extent of his disability as well as being a solace for his damage for his Country. [? Is the £4 pension to be looked on as the full pension for total and permanent disability or as a sop to Cerberus.

The conclusion of all concerned in the treatment of tuberculosis cases is that more depends on a man than on his disease. The tendency for tuberculosis cases to "chuck up the spronge" and simply look for permanent support by the Country, to the exclusion of any endeavour to benefit themselves even when their permanent pension was ensured, is noted by all concerned, so much so that Dr. Courtney and Dr. James get the impression that either there is a toxic effect on character by tuberculosis or by social circumstances, or that it has been used as a stalking-horse for personal and political advancement to such an extent that the tuberculosis cases, having lost their moral tone and think of no other classes but themselves, and have lost any desire in a great number of cases of attempting permanent cure, the effect of the £4 pension was that the more a man improved himself the less he was to gain by it; for if he reached

a position/

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a position to support himself at all, automatically the £4 pension ceased so that he was financially disadvantaged by effort to improve. The moral effect of this was bad. As regards the progress of disease, the conclusion of all concerned was that alcohol is by far the most potent factor in the descensus averni which it facilitated to a degree surprising to those who were able to observe its effect at first hand. A discouragingly few of those who, under Dr. James at Heidelberg, passed through the six stages of graduated work which he organised, and went into civil life in a fair state of health, remained at the same level after two years. During 1922 and 1923 a very rapid down-hill tendency in the tuberculosis repatriation cases was evident. The treatment of tuberculosis under repatriation is very much better on a totally different plane in fact to that which obtains under the best conditions in any State of the public treatment of tuberculosis in civil life. On the other hand, the treatment of mental repatriation cases is not satisfactory owing largely to the insistence by the Returned Soldiers' League that A.I.F. mental cases shall be treated separately from civil mental cases. The organisation for treating mental cases is so complicated and the variety of cases so great that for the small number in each State it is impossible to build up a staff for an organisation to allow the segregation of various classes or types of disease to an extent considered necessary in modern mental treatment. The returned mental cases has been definitely disadvantaged by the insistence on this discrimination for sentimental reasons. The absurd degree to which this has been carried is shown by the demand to the Minister that all the attendants on A.I.F. mental cases should be clothed in A.I.F. uniform, a demand whose uselessness is paralled by its inconsistency in a democratic army whose voluntary and civil status was a slogan sufficient to throw out conscription, and whose logical ideal would obviously be a return to full civil status as quickly as possible. In endeavouring to give effect to the princip of ideal repatriation, viz., that every soldier should be returned to civil life to work under circumstances not worse than those whic he would otherwise have had, or to conditions of treatment which we the best which could be supplied, certain lessons of war were

I think there must be misprint here

unquestionably favoured by repatriation. The treatment of tubercular soldiers was certainly, so far as hospital accommodation, treatment, close individual attention by Medical Officer, and the putting into practice of the most approved methods of treatment under the best possible circumstances, was far in advance of civil life and should be a standard to the community in its demand for treatment for civil T.B. casualties. In respect of the treatment of mental cases this should obtain to an even greater extent. Only in two States has the treatment of mental cases been found to be of a standard which would justify the Medical Director of Repatriation in recommending that the available conditions in public mental hospital were such as would satisfy him in any degree whatever as up to the standard which he felt he must demand for A.I.F. mental cases. The differences were so marked that no excuse can possibly be allowed for failure of the defaulting States to advance their standard so as to bring them in line with modern ideas of mental treatment, and that without delay. In this way the demands of the Soldiers' League will have done good, since both the impossibility of complying with their standard by a special improvised organisation, and also the fact that the civil standard did not reach that demanded by the Medical Director of Repatriation will have been demonstrated, though the original reason for the demand, viz., the purely sentimental one of segregation of A.I.F. mental cases from association with the civil organisation for similar cases, was an impossible and unnecessary ideal. In Victoria, Dr. Ernest Jones, and in New South Wales Dr. Eric Sinclair, were the Directing heads of the arrangements with regard to mental invalids. In both those States an Act was passed allowing of admission to mental hospitals without certification as a lunatic under the ordinary civil legislation governing mental defects. This provision was framed so that it expired at the end of the war except for those who had already been put under control under its provision, so that after war the advantage obtained was reverse so far as the individual was concerned, in that at any moment a man who had been discharged from an Asylum and who had been admitted

under/

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

under its provision could, without the safeguard of medical certification which is the right of every civilian, be returned summarily under much less stringent provisions. The original object of the legislation was to avoid the effect of the peculiar penalty of disgrace or contempt which at present surrounds mental disease and which is so great a bar to its rational administration and treatment. No A.I.F. man must be branded with the disgrace of being a lunatic however obviously lunatic he might be. A side issue in the matter was the peculiar uncertainty regarding the position in the medical scheme of the various types of Neuroses, "shell shock", and so forth, many of whom were undoubtedly and obviously simply types of mental disease, but of whom there was a large border-line class which connected them with the very large class of pure Neuroses. It was this very large class of assorted neuropaths which were most concerned in the matter, and to safeguard the possible inclusion of any covered broadly by this category as a lunatic, officially classed as such by certification, brought about the legislation referred to.

The fact that the medical side of Defence and of Repatriation was never given full responsibility in respect of pensions militated greatly against equity. The decisions of medical men were opposite for reasons other than medical. Pension decisions were always liable to revision by non-medical authority, and this operated gravely against the efficiency of the medical decisions themselves. In the early stage, 1917-18-19, not only were Medical Pensions Board grossly overworked, or at least worked under circumstances which allowed of an appalling amount of carelessness in decision, but the fact that their decisions were not final and were simply a general guide to a non-medical staff controlled by political influences tended strongly against a high standard of responsibility and care in assessment of pensions. The Repatriation was broadly divided into two sides concerned essentially in medical and non-medical matters, respectively. The latter dealt with War Service Homes, settling of soldiers on the land, education, and finding of employment. The other dealt with pensions as a whole and with the

treatment/

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treatment of invalids, and was, except for purely clerical work, a medical matter entirely; but it was not so administered, and even so late as 1923 when Repatriation as a whole was at least three-fourths medical, the medical administration was completely subordinate to non-medical.

This is a statement of opinions given to me by Dr Cambusy about 1928

[illegible]

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CH. XVI

PART II
(con[illegible].)

Organisation and methods - Repatriation Commission.

The Repatriation Commission.....

THE COMMON PROBLEMS
OF TREATMENT

ACCOUNT OF ORGN.

ORGANISATION

METHODS

Give these

The function of
determination of
entitlement leads
up to the records

Royal Commissions

Work of Advisory
Committee

Benefit of the
doubt

Garran

The Tribunals

Then go on to

III. TREATMENT
Gassing, Mental,
T.B., etc.

IV. PENSIONING

Burnt out soldier

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Draft Sub ~

The draft Scheme Reparations Heads
by which ~~it is proposed~~ to ~~the~~ ~~Reparations~~ ~~Heads~~ ~~Reparations~~ ~~Heads~~ ~~Reparations~~ ~~Heads

of the 59th to strengthen his right, and half-a-company to protect his flank, and, if possible, to occupy Bertincourt in spite of the fact that this was beyond his boundary. Meanwhile the 4th Battery had arrived and shelled the Germans both in Vélu and near Bertincourt. The latter withdrew to Bertincourt, from which they kept up an ineffective fire, and the advance continued. Patrols entered Lebucquière and Vélu on the heels of the enemy, who had set fire to them and withdrawn. The vanguard threw a line of posts around both villages and Vélu Wood; but Bertincourt was still held by the enemy, whose flares rose from it during the night. The troops on both flanks being then far in rear,[48] Elliott's advance ceased for the night,[49] the light horse being sent back to Frémicourt.

---

[48] Gellibrand's centre was well advanced, but his right in R.III did not advance until dusk.

[49] On the left the 60th's line was held by platoon-posts with sentry groups 100 yards in front.

Leave two lines

Space here →

Morchies and Beaumetz →

Set first two lines 92 lines, next 9 lines 17 lines

The advanced line of I Anzac was now far beyond that of the Fourth Army, but still only four miles beyond Bapaume. About midnight General Gough sent out a second call for more energy on his ~~left, xxxxth~~ left. As this did not concern the right, corps headquarters proposed that the 5th Division should merely advance to Morchies. General Hobbs, however, had already agreed to a suggestion of Elliott that on the 20th he should take Beaumetz also. Elliott formulated the plan, proposing to employ both his battalions, 59th and 60th. The project would necessitate the swinging up of his right, and, as Bertincourt, half-a-mile south of that flank, was still in German hands, he decided that he must seize this village even though it was beyond his boundary. Hobbs, ~~whom he~~ on being informed, thought the action unnecessary, ~~but~~ he concurred, and notified the 20th British Division, in whose front it lay. To form Elliott's reserve, the 29th (Victoria) Battalion of the 8th Brigade ~~(Brigadier~~ (General Tivey) was sent up to Frémicourt.

Though ~~Beaumetz was in advance of~~ the German main rear guard line some distance beyond Beaumetz, the village ~~it~~ had been the headquarters of the light screen, and fairly stubborn resistance by light forces might therefore be expected. At 8 a.m. the light horse were strongly fired on both from there

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21/7/36

see Ms. p. 1

Notes from Dr Coutney to Mr Gilbert (of the Bulletin Research Unit Staff)

Aug 1936

TREATMENT - Repatriation Hospitals.

"No treatment ever does a pensioned soldier any good".

The ideal: to induce the maximum amount of self help.

PENSIONING is the most potent factor in the destruction of the spirit of self-help and self-regard and of enterprise ~~(curiosity)~~. But it is made inevitable by the modern industrial system - or rather by the failure of social system (social science) to keep pace with the developments of mechanization and industrial organisation. The populations have grown faster than the social machinery for distributing to them the benefits / products / remunerations of labour.

Man qua man is a "drug on the market", Until an epidemic arises, for which ~~this drug~~ man in the mass is the one thing necessary, then, for the time, the supply of men may be fully ~~utilised and~~ absorbed — even a shortage of manpower occur as in shipping booms, building booms, booms, war booms, with minor and local [ups and downs] seasonal and other (harvests - bad harvests) elsewhere and rise in cost of commodities etc.

(like war)

~~?See Ms. p. 3~~

(21st Dec. 1934
(3rd Jan. 1935.

Average Age at Death of Ex-Soldiers.

200 Files of deaths

Av. age 50 years

" " "No Service" "appreciably higher" than "with Service"

~~?See Ms. p. 4~~ Average age at death depends on age of the group.

? Exact number of men enlisted is not known.

? Precise average age on enlistment not known.

~~?See Ms. p. 4a~~ No. of deaths and incidences of disease in ex-soldiers unknown.

Proportion of enlisted men at various ages unknown

Average age at death of ex-soldiers cannot be ascertained.

This Form is to be rendered in Triplicate.

DEPARTMENT OF DEFENCE (Military Services).

Contract Form 2.

Office Nos.:—
Demanding Officer.
D. Finance Officer.
Contracts.

To the Secretary, District Contract Board,

.....

It is requested that arrangements be made for the service or for the purchase of the articles set forth hereunder:—

Sealed Pattern No.	Specification No.	Description of Article or Service.	Number or Estimated Number required.	Camp, Dépôt, or Station requiring supplies.	To be delivered at.	Date by which required or period of contract required.	Estimated Amount. Rate @ per £ s. d.	Estimated Amount. Amount. £ s. d.	Remarks.

Vote or Fund to which chargeable.....

Funds are / are not available.

Signature of Demanding Officer.....

Date.....

Authorizing Officer.....

Date.....

Approved.....

.....

Date.....

N.B.—If there be no Specification or Pattern Number, the officer submitting the demands is responsible that a full and accurate description of the articles demanded or services required is given above.

D.1794/9.28—C.12644.—10M.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

V. Conclusion - include -

"It is my belief that, apart from actual woundings and exposures to certain infections, Army training and average service conditions generally were, on balance, favourable to the future health of soldiers. I do not believe that exposure to wet, cold and heat, extreme, in general produced serious ill effects.

My experience over the past 40 years has been such as toprove beyond all possible doubt that the propagation of statements as to early deaths and the incidence of disease in ex-soldiers has a most serious, widespread, effect in increasing invalidity, incapacity, and unhappiness among ex-soldiers.

To combat such statements is, I believe, a definite part of Repatriation.

STATISTICS.

Ex. 10,000 soldiers records.

Pending examination of more exact figures, Repat. Dept. may arrive at a rough basis of expectation.

a. Some 2500 ex soldiers will die in the year 1935

b. The annual number of deaths will rise with increasing rapidity to a maximum of 10,000 about the year 1964, when the survivors will number 100,000.

c. The annual number of deaths will decrease after the year 1964 with increasing rapidity: the death rate of survivors will continue to increase.

This Form is to be rendered in Triplicate.

DEPARTMENT OF DEFENCE (Military Services).

Contract Form 2.

Office Nos.:—
Demanding Officer.
D. Finance Officer.
Contracts.

To the Secretary, District Contract Board,

.....

It is requested that arrangements be made for the service or for the purchase of the articles set forth hereunder:—

.... Sealed Pattern No.	Specification No.	Description of Article or Service.	Number or Estimated Number required.	Camp, Dépôt, or Station requiring supplies.	To be delivered at.	Date by which required or period of contract required.	Estimated Amount. Rate @ per £	s.	d.	Amount. £	s.	d.	Remarks.

Vote or Fund to which chargeable.....

Signature of Demanding Officer.....

Date.....

Funds { are / are not } available.

Authorizing Officer.....

Date.....

Approved.....

.....

Date.....

N.B.—If there be no Specification or Pattern Number, the officer submitting the demands is responsible that a full and accurate description of the articles demanded or services required is given above.

D.1794/0.25—C.12644.—10M.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Abadie

1 Respect Cu 7

3

2. Two independent

Subtlement Tribunals

1 Amount tribunal

All work on

Water-tight compartments

directly under the

minister

wholly independent

BACTERIOSCOPIC DIAGNOSIS CARD.

Regimental N° 4331 Rank ..... Name Inglis C

Unit 1/4 H.O.S.B Brigade ..... Division ..... Force .....

Clinical History, by M.O. 53 C.C.S of Unit .....

Swab Sgt K.L

Signature Capt Mayham *Date* 10/4/17

Laboratory Report, by of Laboratory .....

Index N° 1041 Diagnosis ..... Date .....

Pos Sgt K.L

K.L.

A.P. & S.D., Alex./No. 397/8: 3: 17/50Bks (285/10) W. M. & Co.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

XII

Beautiful Sir Lyle Webb

Dentist Guard of
Medical Service,
Ministry of Pensions
(£2000)

Amb^n Clerk of Medical
Advisor to the
Repat^n C^n
(Dr Courtney)

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BACTERIOSCOPIC DIAGNOSIS CARD.

Regimental N° 3814 Rank ..... Name Rowlinson J H

Unit 2/4 R.W. Kents Brigade ..... Division ..... Force .....

Clinical History, by M.O. 53 C.C.S of Unit .....

Swab for K.L

Signature Capt Moylan *Date* 10/4/17

Laboratory Report, by of Laboratory .....

Index N° 1092 Diagnosis ..... Date .....

Neg for K.L

A.P. & S.D., Alex./No. 397/8: 3: 17/50Bks (285/10) W. M. & Co.

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(Typed 23/3/36)

PENSIONS

? Provision for expert advice in the State.

For the Australian Pensions system the expert (consulting) body associated with the Department of Repatriation is the /Medical Advisory Committee_7

( ). The chief difference between the British and Australian Systems lies in the fact that the British consultants are well paid, the Australian very poorly paid. The Australian system is in fact an extension of the of voluntary enlistment and consultant system - a compromise between voluntary and paid service.

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R.M.C. Form No. 17.

AUSTRALIAN MILITARY FORCES.

ROYAL MILITARY COLLEGE.

No._____

Receipt and Issue Voucher for Articles Supplied on Payment.

Chargeable to.....Account.

St 4487

Quantity Required.	Description.	Ledger Folio.	Quantity Supplied.	Price. £	Price. s.	Price. d.	Remarks.

Issue authorised,—

(*Signature*).....

(*Date*).....

Received as above —

(*Signature*).....

(*Date*).....

Issued from.....Stores.

(*Signature of Supplying Officer*).....

Accountant's Initial.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

The British Min. of Pensions is responsible for a million pensioners but its treatment list includes

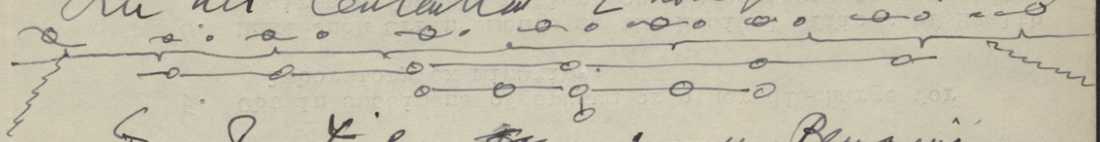
out-patient

XII

Something about 7000 only

Aust'a with 60000?! pensioners has 16–17000 men under treatment.

It is suggested that this is due to the fact that in the Britain the Nat'l Insurance scheme provides free treatment for all contributors. But Mr Gilbert says that this is certainly not so & gave me at the time what seemed valid reasons in his contention [note for these]



The British ~~[illegible]~~ Min. of Pensions grants pension on ~~the criterion~~ proof that [for deputation from Mr Gilbert]

DUTIES OF HEALTH INSPECTOR (OR VISITING NURSE).

The Health Inspector shall, when required by the Medical Officer of Health -

1. Upon receipt of a notification of a case of tuberculosis visit without delay the premises where the case has occurred and make enquiries with a view to the completion of the domiciliary supervision form provided for the purpose, and report on any sanitary defects requiring attention.

2. Leave with the occupier and with the patient or person in attendance on or in charge of the patient a copy of the leaflet of advice prepared for the purpose, and personally explain to the patient or person in attendance on or in charge of the patient the measures to be taken to prevent the spread of infection.

3. When a person suffering from tuberculosis removes or is removed from any premises, immediately disinfect the premises or such portion of them as has been occupied by the patient, and all things therein liable to retain infection.

4. Visit at such intervals as the Medical Officer of Health directs the premises at which there is a person suffering from tuberculosis and report any negligence in carrying out the instructions issued, and at the same time instruct the patient or person in attendance on or in charge of the patient regarding any precautionary measures which are not receiving attention.

5. Obtain specimens of sputum or other discharge for laboratory examination.

6. Make such arrangements as the Medical Officer of Health directs for the patient or his contacts to report to the Clinic (at the Canberra Hospital) for examination.

7. Inform the Medical Officer of Health of any contact who shows obvious evidence of ill-health.

8. Carry out any other instructions issued by the Medical officer of Health.

Where a nurse visitor is available for visitation, the above duties may be performed by her to the extent required by the Medical Officer of Health.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

(Typed 22/5/35)

ENCEPHALITIS LETHARGICA
Craig's paper on

The Repatriation Department of Australia is organised on a definitely non-professional basis. The medical profession is purely advisory on matters brought before it. The result of this is that medical reports are written deliberately from the point of view of laymen.

3/- a day
"nerves of an anxiety type"
electric trains
X ray
ear - smell
swelling
hearing.

R.M.C. Form No. 17.

AUSTRALIAN MILITARY FORCES.

ROYAL MILITARY COLLEGE.

No. .....

Receipt and Issue Voucher for Articles Supplied on Payment.

Chargeable to ..... Account.

Quantity Required.	Description.	Ledger Folio.	Quantity Supplied.	Price. £	Price. s	Price. d.	Remarks

Issue authorised,—

(*Signature*) .....

(*Date*) .....

Received as above,—

(*Signature*) .....

(*Date*) .....

Issued from ..... Stores.

(*Signature of Supplying Officer*) .....

Accountant's Initial.

6352—1 6.22

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Typed 14/2/35

THE ORIGIN, FUNCTION, and STATUS OF THE MEDICAL ADVISORY COMMITTEE.

Act - which Quote.

The Medical Advisory Committee to the Repatriation Commission was formed on the authority of

Give details of Committee

The Chairman of the Committee is (not the P.M.O. but)

VERIFY AND GIVE DETAILS

the Chairman of the Commission

The Medical Advisory Committee does not itself deal directly with the case, but with relevant documents only.

The actual clinical and other data are furnished by any or all of the following:-

1. A departmental medical officer of any of the State Departments of Repatriation.

2. The permanent or Consulting Staff of the Repatriation Hospitals.

3.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Australian Military Forces.

STATUTORY DECLARATION.

I, _____

_____

do solemnly and sincerely declare _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

And I make this solemn declaration by virtue of the *Statutory Declarations Act*, 1911, conscientiously believing the statements contained therein to be true in every particular.

_____

Declared at the Royal Military College, Duntroon, Federal Territory, the

_____ day of _____, 19 .

Before me,

Brigadier-General,
Commandant, Royal Military College.
(Justice of the Peace for the State of New South Wales.)

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

...put up but I expect you ... give it an answer straight off.

Having broken the ice I am going to push another little one on to you.- do you know anything of "An enquiry into the morbidity and mortality statistics of the employees of the N.S.W. and Vic. Government Railways" by Dr. D.G. Robertson and ~~Xrx~~ Dr. G.H. Taylor - Department of Health Service Publication No.3 (1924). The query is was there any specific reason why "Venereal Disease" is not included in the table of cases occurring annually (p.15)?

I hope you and your family are all well. My kindest regards to your wife. I have been in Sydney for some months but am at it down here again and hope to finish off this Vol. by the end of the year for publication. Joan and her husband have just returned from England.

Best regards,

Yours sincerely,

(A. GRAHAM)

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Chapter XIII

Rawsons

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It would not be true to say that this opinion of the Australian troops was general throughout the German Army; the 4th (Prussian) Guard Division happened to have been one of their most constant opponents and had met them last at Broodseinde. General von Kuhl appears to have considered the Canadians to be the best troops the British had, while his chief, Crown Prince Rupprecht, constantly notes also the fighting value of the Scots. There was no force whose name was dreaded throughout the German Army,[29] nor was that army, any more than the British, composed of material likely to admit such terrors. But there is no doubt that the oversea divisions—and perhaps the "Anzacs" in particular—were now regarded as especially tough opponents, invariably daring and stubborn elements in the British Army; so that, for example, if they were concentrated to a marked extent on any part of the British front, the German staff would tend to suspect that the British command for some reason desired to have specially dependable troops there.

And how far did the British command actually use them in this manner? In an interview with an Australian official, the officer at G.H.Q. responsible for drafting the daily *communiqués*, Major-General Dawnay, denied that there existed in the British Army either "storm troops," or any distinction between divisions of greater and of less fighting capacity. This contention was not literally true, for record exists of a discussion between G.H.Q. and Third Army on March 30th in which it was laid down that the Guards Division should not be used "to bedrock" owing to its value as a counter-attacking division. It was recommended that it should accordingly change places with the 56th Division; and two days later General Lawrence instructed the Third Army that it should consider the employment of Canadians and Australians for counter-attack.

But it was true that British policy, both in and out of the army, was wholly against the establishment of such

[29] The supposed interview with a General von Roon—purporting to describe the demoralising effect upon German infantry of the presence of Anzac infantry and artillery in the later stages of the war—which received wide publicity in Australia and elsewhere, is a journalistic *canard*. No General von Roon existed, either on the Kaiser's staff or off it; and inquiries, courteously made by Captain J. L. W. Herbertson through Vice-Admiral von Freyberg, Colonel Nicolai (Chief of Intelligence during the war), and General von Tieschowitz (formerly of the Kaiser's staff), have disclosed no grounds for the statements made therein. Nevertheless there is ample evidence of what the Germans thought of the Anzacs.

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CHAPTER XIII PENSIONS

Volume II, p.488.

The medical fashion of the moment (which) formed unduly the mechanical factor in disease and exaggerated the significance of extrinsic causes...
gave meagre assistance to the solution of the post-war problems of "attrition" or "aggravation" in degenerations and dysfunctions persisting in the "returned soldier".

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hesitant as Lansdowne, were deeply anxious as to the probable result of this apparently endless expenditure of life and money.

The wave of depression affected chiefly the intelligentsia, but Lloyd George, then Secretary of State for War,[17] had considered it most dangerous, and to be "very peremptorily stamped upon."[18] The new Prime Minister never ceased to believe that by intelligent methods the war could be won, and beyond question he furnished the British Empire with the leadership which it now required. But he had the utmost contempt for the strategy of the Somme;[19] Haig's cautious Scottish methods he found depressing in the extreme. The direction of British strategy in France, however, lay beyond his power, and though he despised Haig's leadership as clumsy, unimaginative, and even murderous, and would gladly have replaced him by a leader with natural powers more akin to his own, this step—lacking the support of the army and people—was out of the question.

The French Government's request, therefore, resulted in a conference, held on January 15th-16th in London, at which Nivelle explained his plan to the War Committee of the British Cabinet, and asked that the British should take over his line as far as St. Quentin. Haig, who was present, explained that this would necessitate the sending of six more divisions from England or curtailment of the British part in the offensive.

The British Prime Minister was already more disposed to adopt the French view than the British, and Nivelle, by the force and lucidity of his explanation, captured the English Ministers as completely as he had won the deputies who visited him at Verdun. His plan was accepted; Lloyd George, who had little confidence in Haig's schemes, decided that the line must be taken over as Nivelle desired, although, through fear of an invasion of Great Britain, only two fresh divisions could be promised to Haig. The battle must begin when Nivelle wished it, by April 1st, Haig's appeal that they should wait for the Russian and Italian attacks in May being

[17] He had succeeded Lord Kitchener.

[18] *Soldiers and Statesmen*, by Sir William Robertson, *Vol. I, p. 280.*

[19] Lloyd George himself favoured at this period a proposal to cease attacking in France and to crush Austria by a combined offensive from the north-eastern corner of Italy.

Infectious Diseases: Control of infectious diseases in the Army areas was exercised through the medium of notifications by regimental medical officers, field ambulances and C.C.Ss. to A.Ds.M.S. of Divisions, D.Ds.M.S. of Corps, and Ds.M.S. of Armies. Action taken to prevent the spread of disease has been described in Volume II

The following table outlines the experience of the Egyptian Expeditionary Force from 1916 to 1918. This is of interest as the new A.I.F. is centred in the same surroundings.

ADMISSIONS TO HOSPITAL OF MEMBERS OF THE E.E.F. WITH INFECTIOUS DISEASES.

1916 - 1918.

Table No 28

Disease	Number of Cases			Annual ratio per 1,000 of strength			Number of deaths.	
	1916	1917	1918	1916	1917	1918	1917	1918
Enterica	3,133	587	480	16.51	2.27	1.5	29	57
Dysentery	6,165	9,791	9,497	32.49	14.98	29.83	144	316
Cholera	30	-	2	.15	-	.006	-	1
Small Pox	95	22	12	.50	.10	.04	6	1
Malaria	1,736	7,355	35,439	9.14	35.99	100.74	73	865
C.S.F.	101	30	51	.53	.14	.16	16	44
Diphtheria	1,025	3,097	1,800	5.40	15.15	5.62	19	7
Scarlet Fever	304	409	34	1.60	2.001	.11	1	2
Typhus Fever	9	17	225	.04	.08	.70	6	52
Pneumonia	1,166	290	2,529	6.14	1.41	7.87	91	1,724
V. D.	15,159	5,311	13,998	79.89	26.55	43.76	-	7
Diarrhoea and Enteritis	6,487	13,881	16,312	34.18	69.68	50.97	6	16
Sore throat & tonsilitis	3,238	8,581	6,156	17.06	43.59	19.24	2	1
Relapsing Fever	176	284	940	.92	1.39	2.94	1	25
Bilharziosis	-	140	41	-	.68	.12	-	-
Rubella	-	408	164	-	1.99	.51	-	-

A.I.F. Admissions to medical units on the Western Front are given in Tables Nos. 58 which shows the admissions for infectious causes in relation to all other diseases.

? mumps

× Authority

32/12 Repatriation Department - Formation leading up to take over from Defence.

For the re-establishment of invalids returned to Australia various voluntary organisations came into existence. To co-ordinate the work of ~~re-establishment~~ restoration & secure uniform treatment for returned soldiers in the various states in May 1916 the Commonwealth Government passed the Australian Soldiers Repatriation ( ) Fund Act

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It was at this stage that the application of the word "repatriation" first came into use in connection with ~~re-estbalishment~~ restoration. The British organisation was called Ministry of Reconstruction, & in Canada Department of Soldiers re-establishment which provided for a board of trustees. The act gave the trustees a charter to appeal for money, to be distributed through the "War Councils" which had been formed in each State military district.

12.1.17 On January 12th 1917 the D.G.M.S. asked the Minister for Defence in a minute -

"Direction is desired as to who should take charge of disabled soldiers after discharge" at the same time recommending "that States be asked to take charge of these cases after discharge from the army - with possible contribution from the Commonwealth Government. Failing this a special branch or department of the Commonwealth be established to do so, to be ~~xxxxxxxxxx~~ assisted in every way by the A.A.M.C."

In consequence of this a conference was held between the Treasurer and Minister for Defence (which was attended also by the D.G.M.S. and Secy. to the Treasury) at which it was decided that the Treasury be asked to formulate proposals. "Mental and consumptives to be dealt with through the States and physically helpless by the Treasury itself."

24.1.17 A further problem raised at this time was in connection with the limbless soldier and on January 24th 1917 the Prime Ministers Department was advised that the Defence Department "undertakes to supply the first artificial limbs and instructs in their use" but that "the function of training men for re-estbalishment in civil life is more properly associated with repatriation. And asked whether the Repatriation Trustees were prepared to take over the whole work of manufacturing artificial limbs for incapacitated soldiers.

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Sept 1917

In September 1917 Federal Parliament passed an Australian Soldiers Repatriation Act & a Commonwealth Minister for Repatriation was appointed.

8. 4. 18

On April 8th 1918 the ~~Australian Soldiers Repatriation~~ Act ~~1917~~ came into operation. At this time 44,671 men had been discharged from the A.I.F.

Briefly, ~~the provisions of this act are as follows~~ the Act provided for the Registration of aptituded, wishes, and requirements of discharged, for the well and capable, arrangements for re-establishment in employment; for the partially disabled, curative workshops and training for restablishment; for the permanently disabled, care and attention.

To carry out the purpose of the Act, under the ~~with~~ a Minister an Honorary Commission of seven members were appointed to draw up regulations and supervise generally, & in each State a board under a Chief Executive Officer to deal with ~~the control~~ and control questions of employment, training, disabilities, settlement etc.

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REPAT Year ended June 1921

The experience of the Repatriation Dept

Courtesy Report

Medical cases are increasingly difficult to deal with as certain disabilities from their very nature tend to increase with ~~age~~ the age of the patient e.g. chest and cardiac diseases and nephritis. Relapses are frequent, and hospital treatment is often necessary; the period of stay in hospital becoming longer and the time between relapses shorter as the time goes on. Cases of malaria, trench fever dysentery, gastritis, neurasthenia, and D.A.H. are lessening in number and severity. Intemperance and excessive cigarette smoking have markedly diminished during the past two years. The nervous diseases due to war service have also ceased to be the prominant feature in hospitals and in the streets that they were in previous years. The value of work has been undoubted in this respect, but there are many patients still suffering in this way. Two very different types of men suffer from these disabilities. The first class includes men who were robust prior to enlistment and who endured hard fighting for such long periods that they have become quite exhausted mentally and physically, or both. The second group, roughly speaking ,is composed of men who were never robust prior to enlistment, but always of weak mental or physical constitution. Very few of the latter ever reached the fighting line. They proved to be military misfits where ever they were, and after being housed,fed,clothed, and paid for so long a period during service, without any effort on their part, they are now equally civil misfits when faced with the problem of doing anything at all to earn a living. The majority of neurological cases still requiring treatment are of this type, the constitutional mental abnormality or defect being the chief factor. All war neurosis cases require patient and prolonged individual treatment - a method that, though costly, has been well justified by results.

EPILEPSY The majority of these cases have been found to be congenital and existed prior to enlistment, while the remainder are due to injury, syphilis or hysteria. A small percentage of sufferers will continue unfit for any work and will need institutional care.

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-PENSIONS-

Research in / Sanitary

Interview with
Col Parkinson 22/8/41

Note to Mary
Add to Gratfield
Bachelor Gratia
Shearman

Mr Carver

Willcocks
State Statistical
Disposal ×

Head of Dept.

Sanitary Reports under

Mr. of Pensions.
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Memorandum
Nurses in war
1940

Mr Webster
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-PENSIONS-

Research / Sanitary

Interview with
Col Parkinson 22/8/41

Note to Mary
Add to Gratfield
Bachelor Gratfield
Shearman

Willcocks
State Statistical
Department

Mr Carver

Head of Dept.

Sanitary Reports letter

Mr. of Pensions.
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Memorandum
Neurosis in war
1940

Mr Webster

Copy of Parkinson
Statistical material

R Phone The
Reduction

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3 - 41

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kitchen and personnel mess car, personnel car (other ranks), brake van and store car.

In fact, as the British Medical History states,[12] "the ambulance trains were mobile hospitals complete not only in medical equipment but in medical personnel, stretchers, supplies and stores for use on the trains and to meet the emergency demands of Ds.M.S. during active operations. They were used not only to evacuate the cases from the front area, but also to permit of treatment of the wounded during the journey."

Each train had a carrying capacity of 306 lying and from 56 to 64 sitting, and 36 to 39 personnel.

Most of the sitting cases were evacuated by the "temporary ambulance trains" ("T.A.T.") which had a capacity of 1,008 in third class carriages. The staff of the "T.A.T's" consisted of 1 Medical Officer, 1 N.C.O., and 8 privates of the R.A.M.C. from the regular ambulance train service. That for the Ambulance Train consisted of 3 medical officers, 4 nursing sisters and from 45 to 55 other ranks, R.A.M.C. After 1915 they were not marked with the Red Cross since this emblem provided an aiming point for bombing the railway track.

THE BASES

The British Expeditionary Bases in France comprised the ports of Calais, Boulogne, Rouen, Le Havre, Dieppe, and Marseilles; together with supply and reinforcement depots, chiefly at Etaples and Le Havre, and the "Third Echelon" of G.H.Q., B.E.F.—its records department—at Rouen.[13]

The medical organisation at the bases comprised:—

(*i*) Groups of General and Stationary Hospitals

(*ii*) *Associated "Convalescent" Hospitals, Camps, or Depots*[14]

(*iii*) Venereal, Dermatological, Infectious and other Special Hospitals

(*iv*) Ports of embarkation.

As with the medical stations at the previous levels of evacuation, the purpose of these at the Expeditionary Base was treatment, evacuation, and return to duty; but there was found here in addition exact and deliberate provision for research. The

[12] *Loc. cit., pp. 629-30.*

[13] Marseilles was the port for Indian Transports. Each port had its special function—meat, bread, oils and fats, etc. each passing through particular ports. After 1916 Australian reinforcements came chiefly through Le Havre. The homeward bound traffic passed—casualties via Calais, Boulogne, or Le Havre, men on leave mainly through Boulogne.

[14] The slovenliness of military-medical terminology noted in *Vol. I* was found also in France. No one knew what distinction was implied in Convalescent Hospital, Camp or Depot. The proper distinction, which should have been founded on the degree to which they were medical or military (and therefore protected or not by the Geneva Convention), was not observed.

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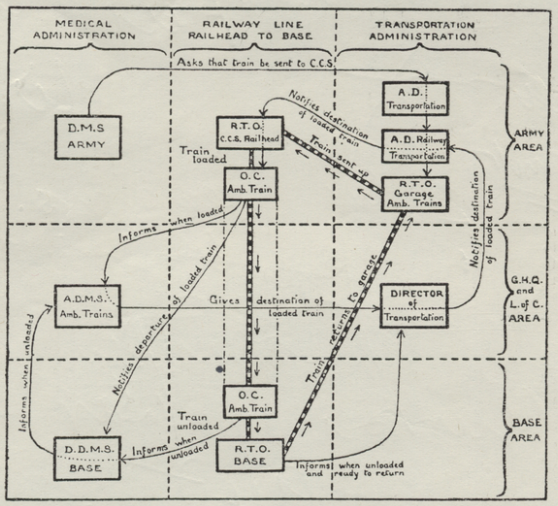
the trains were staffed entirely by personnel of the R.A.M.C. and Q.A.I.M.N.S.[6] But to complete the picture of the evacuation of sick and wounded from front line to base a short account is given of the Ambulance Train system and service in France.[7]



Scheme of method of running an Ambulance Train. (From British Official Medical History.)

The British Ambulance Train in the Great War evolved in three stages: (*a*) The haphazard use of open trucks. (*b*) Adaptation of coaches to take stretchers. (*c*) The construction and working of special ambulance (hospital) trains.

[6] Or by Dominion personnel lent to those services. In this way some members of the A.A.M.C. and A.A.N.S. did terms of duty on these trains. The experience of an Australian Medical Officer-in-charge of one is given in the narrative of March, 1918; *see p.* (*Chapman Chapter xx.*)

[7] This is taken chiefly from the *British Official Medical History* and from the article by Surgeon-General Sir George Makins which deals with, *inter alia*, "Hospital Trains and Motor Ambulances" in *British Medicine in the War 1914-17*, published by the British Medical Association, 1917 (a reprint of articles in the *B.M.J., April to Oct., 1917.*)

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RECORD FILE

D. C. R.
No. 18155
VICTORIA.

Extracts from the Royal Commission
of Canadian Pensions & Re-establishment.

July 1924

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EXTRACTS FROM THE ROYAL COMMISSION OF CANADIAN PENSIONS AND RE-ESTABLISHMENT . DATED JULY 1924

SCOPE OF INQUIRY -

1. To receive suggestions as to -
   Any improvements in the method of procedure whereby Canadian ex-service men may apply for pensions and treatment.
   Procedure whereby these ex-service men may submit an appeal from decisions as to pensions & treatment.

2. To hear evidence as to the needs of discharged handicapped men of the C.E.F. and as to means of making suitable provision for them, apart from any definite legislative provision which already exists.
   Those contemplated by the term handicap men might be considered as including the following classes :-
   Those whom real old age has at the time of discharge with or without other disability, rendered unfit for employment on the open labour market, and those who are prematurely old from causes either arising out of or entirely associated with service. It is needless to say that this group will increase as time goes on.
   Those handicapped by severe disabilities which are the result of deformities, amputations, or arise otherwise from injuries due to service.
   Those with some chronic condition due to service but who are not included in the tuberculous.
   Those who are suffering from some mental or nervous condition in whole or part due to service.
   The tuberculous.
   Those who, owing to various other causes due at least in part to service are unable to give any fixed occupation the same extent of efficiency as is expected from men 100 per cent fit.

STATISTICAL SUMMARY OF ANSWERS TO QUESTIONNAIRES

Suggestions re applying for pensions or medical treatment

1. That applicants be represented by their own doctors when being boarded.
2. That a more thorough & sympathetic examination be given.
3. That the opinion of local doctor or doctors be accepted that applicant requires a board.
4. That all expenses under 3 be paid by the Department.
5. That more publicity be given to procedure of method of applying.
6. That decisions should be speeded up.
7. That men should be able to receive treatment free at home under the care of their own doctors.
8. That a Committee visit the hospitals.
9. That all soldiers be entitled to free treatment at any time whether for war disability or not.
10. That all ex-soldiers be re-boarded, and any findings different to former board be made retroactive.
11. That reporr of a country doctor should not be considered sufficient evidence on which to reduce rate of pens ion.
12. That all men having reasonable service in C.E.F. (who may break down within a period of at least five years after discharge, and who upon medical examination are found T.B. be considered as having a disability due to the above mentioned service. Furthermore that these men be entitled to treatment and all existing provisions of the Pensions Act, and in addition, to such care as may be provided by the Government.

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Suggestions re appealing decisions as to Pensions or Treatment.

1. That applicants be represented by their own doctors when appeal is being heard.
2. That the opinion of one, two or more local doctors should be accepted as giving a correct diagnosis of the case.
3. That the evidence of regimental officers or soldiers comrades be given more weight in determining the attributability of disabilities to service.
4. That a re-examination of an appeal case be heard by a Board unfamiliar with former Board's decision of case.
5. That the Appeal Board consist of a committee made up from Veteran Organisations.
6. That pensions be awarded more equitably.
7. That Civic Boards of Appeal be set up to include doctors, ex-service men, clergymen, lawyers, etc.
8. That a more sympathetic attitude be taken by Board of Appeal.

Suggestions as to Further Provisions for Physically or Mentally Handicapped.

That the totally disabled become the sole charge of the Government.
That free treatment be given no matter what the cause of the disability may be
In case of death, Government will bear burial expense of any ex-soldier.
That the Government makes up the difference in a man's earning power to his pre-war earnings.
That all mentally deficient be placed in Institutions and looked after
Free Life Insurance.

Suggestions as to Further Re-establishment

That all men who served in the trenches be given a pension.
That all men be given a pension who served in the line for one year.

THE INDIGENT, OLD & DISABLED NOT PENSIONABLE.

Suggestion by ex-service men.
Fur ther provision for indigent and incapitated not eligible for pension.
That provision be made for for ex-soldiers who through lack of resources and physical incapacity due to advancing age are unable to support themselves.

The representative appointed by the Central Committee at Vancouver to speak of handicapped men put forward the problem of the old man and the man, who, possibly as the result of war, was physically ten years older than his age in years. He is described as chronically sub-standard. Although it is impossible to put one's finger upon any disability induced by war service, his strength is equal to the demands of but few occupations. It is stated that the number of these men is large, and it is certain that it will increase as time goes on, and that most of them will ultimately become a permanent charge of the community.

While impossible to disprove that war may have been in some degree responsible for the present physical condition of this type of soldier, it is equally difficult to bring forward sufficient proof to justify an award of pension. Most were overage on enlistment, many stating they were younger than was really the case. Eight to nine years have since elapsed, and in the ordinary course of events many would have become unfitted for competitive employment had they remained in civil life. During their period of military service their age and lack of necessary physical

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physical strength generally precluded their assignment to any duty which required severe exertion or undue exposure, so that they were employed largely as batmen, cooks, orderlies, or for light duty etc. Except those in the labour battalions, no great number of these went beyond England where their living conditions were comparatively hygienic and comfortable. Admitting all this and that war service has not produced the condition in which the middle-aged ex-service man may now find himself, it is hard to escape the conclusion that the country, having inadvisably accepted his services, is now under a moral obligation based in a large degree upon recognition of service rendered, but also on the possible, although not provable, effect of service, to see that he does not become dependent upon charity.

Not only does the proposal apply to the man who was old in years or physique on discharge, but, as advancing age accompanied by impaired health comes on men now in the prime of life , there is bound to be a claim by them that the exertion and strain of service has been a contributing and hastening factor and such a claim will be hard to disprove. The Commission is of the opinion that the State will not see these men in want.

How is this moral obligation to be met ? Not by pensions, because there is no means of proving a clear relation between the present condition and military service. It may be contended that while proof is impossible, yet conversely, it cannot be stated with certainty that military service has not hastened the advent of old age and its concomitant disabilities. But if this lack of negative evidence were considered sufficient, practically everyone could demand pension, because a time must invariably come when physical disability renders them unfit to compete successfully with the young and strong. Another very serious objection to placing these men on a pension basis arises, namely, that if the right to pension is once admitted the pension must be increased as the disability increasesm and after death be continued to the dependants.

The conclusion is:first, that the group composed of old and prematurely old men, suffering from diseases ~~i~~ incident to or commonly found in middle life and later, and whose impaired condition cannot reasonably be ascribed to service should not be dealt with on a pension basis, and secodnly, that these men cannot be allowed, through no fault of their own, to become dependent on charity.

The Commission recommended the establishment of Soldiers Homes on the lines of the Chelsea homes in England.

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Material
Part II
General

Chapter II Mental

Material

Expenses for
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(Mental)

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

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AUSTRALIAN WAR RECORDS SECTION
CLASSIFICATION SUB-SECTION
E 85/1/29

Shell Shock
Neurosis General

1918

Edna Carl
Centre

A J W
27/5/19

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SECOND AUSTRALIAN DIVISION

A.D.M.S.
2nd AUSTRALIAN

7th
AUSTRALIA
FIELD AMBULANCE

Headquarters.

AUSTRALIAN WAR RECORDS SECTION
E885 1 29
CLASSIFICATION SUB-SECTION

X XY/411

A.D.M.S.,

2nd Australian Division.

In reply to your 21/273 of 2nd February 1918, attached please find remarks on the subject of "Shell Shock".

After your perusal will you please forward them, if you think fit, through the D.D.M.S. to Colonel BUTLER.

Lt.Col.,
C.O. 7th Australian Field Ambulance.

P.C
24/6/19

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

885 / 29

SECOND AUSTRALIAN DIVISION

A.D.M.S. 2nd AUSTRALIAN DIVISION. No. 21/573

Headquarters,
2nd. February 1918.

.C. 5th.Aust.Field Amb.
6th. do
7th. do

The following has been received from D.D.M.S. Aust.Corps
is forwarded, please.

Lieut.Col. A.G.BUTLER DSO is very anxious to get together
nformation for historical purposes on the subject of "Shell Shock"
h both its administrative and scientific aspects; and the development
f the former through "Shell Concussion and Nervous Shock" of the
omme days, to the present "N.Y.D.N." and its special administrative
rrangements."

I should be pleased if you would forward your observations
he matter.

Colonel,
A.D.M.S.
2nd.Australian Division.

P.C.
24/6/19

These remarks for Shell-Shock deal only with the condition as it is seen in the forward area. I am not shock with any knowledge about the condition as seen behind Field Ambulances.

With regard to Etiology I am of the opinion that a great predisposing factor is the physical Tip of the individual. A naturally nervous individual, "will get Shell-shock" at the slightest provocation — & the naturally ~~[illegible]~~ timid soldier ~~[illegible]~~ [illegible] Young soldiers who have found rare under eye. [illegible]

The next factor is the condition under which the shell shock is obtained. — After excessive fatigue, loss of sleep & physical exhaustion one man is much more ~~[illegible]~~ prone to get shell-shock.

Thirdly I would call attention to my very severe cases I have seen where a shell has burst close to a man, hilly his brother — or his pest [illegible] in the battalion.

The number of cases in a battalion, all things being equal & the fighting & shelling being equal, varies tremendously in individual battalions. The RAP that knows all his men individually & their characteristics gets surprisingly few cases — & many of these after a few hours [illegible] the RAP. ~~[illegible]~~ [illegible] little stimulant.

Shell.

Shock

Neuroses.

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MR BALFOUR'S PROOF .....

infantry divisions. Desert Column was abolished; Desert Mounted Corps, made up of the three mounted divisions, was formed under Chauvel; the XX Corps under Chetwode included by the end of October the 10th (Irish),[9] 53rd (Welsh Territorial), 60th (London), and 74th (Dismounted Yeomanry) Divisions; and the XXI Corps under Lieutenant-General E. S. Bulfin,[10] the 52nd (Lowland), the 54th (East Anglian), and the 75th (Territorial and Indian) Infantry Divisions. This gave Allenby three divisions of horse and seven divisions of infantry, in addition to the Camel Brigade and the 7th Mounted Brigade, both of which were usually attached to Desert Mounted Corps.

The new Commander-in-Chief, having adopted Chetwode's scheme, decided that if possible the attack should be made in September. If the line could be broken during that month, he would have before the November rains several weeks of dry weather in which to exploit the initial victory and carry the advance up to Jerusalem. He was, however, in an embarrassing position. To advance some weeks before the rain not only meant almost insuperable difficulties of water-supply but, what was worse, it meant entering upon a serious and possibly a decisive engagement, with many of his troops raw and unacclimatised, with a great number of officers strange to the country, and with his supply of munitions and arrangements generally far short of what he deemed necessary for success. If he delayed beyond September, and so ensured an improved army and the prospects of early storms which would give water to his horses on the flank, he ran the risk of being caught at any time by the heavy autumn rains and bogged in the sticky mud of the maritime plain, an event which would be fatal to his transport and would mean extreme wet and cold in the subsequent attack on Jerusalem. Moreover there was always the possibility that the Turks might upset his plans by an offensive from their side, which, if launched on the Beersheba flank, might easily have frustrated Allenby's

[9] Reinforcements reached this front as follows: 10th (Irish) and 75th (Territorial and Indian) Divs. during October, 1917; 7th (Indian) Div., March, 1918; 3rd (Lahore) Div., June, 1918; 5th Cavalry Div., July, 1918. The 52nd and 74th (British) Divs. embarked for France in April and May, 1918, respectively.

[10] General Sir E. S. Bulfin, K.C.B., C.V.O. Officer of British Regular Army; b. 6 Nov., 1862. Died, 20 Aug., 1939.

X Official bow.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

1/10/41

CH. II MENTAL.

M.J.A. 28/9/18
Vol. II, 1918
pp.262/3
(Some Cases of Stammering from war shock treated by Psychotherapy by Clarence G. Godfrey, M.R.C.S. Major, (Hon.) A.A.M.C., Medical Superintendent, Royal Park Military Mental Hospital; Consultation Staff, No.5 Australian General Hospital).

AUSTRALIA

During the course of the war men were returned to Australia as "invalids" with a diagnosis which justifies the interpretation into some form of "Neurosis", - "with service" and - "without service". The differential diagnosis of these can only be indicated roughly.

TABLE

Wording

The arrangements for their disposal and treatment were on a very vague policy. "Mentals" - that is to say men who had been invalided through the special transport system described above - were distributed under special arrangements which developed into one of the most interesting and original features of Australian post-war adjustments and which will be examined in some detail presently. We shall first open up, for more detailed examination in a later chapter (Chapter XXI) the not less professionally interesting and even more socially important problem of the after-history of war-neurosis and (incidentally) of the war-neurotics.

Pym

House of Commons decision to be called "nerve strain" See Campbell's article M.J.A. 15/4/16 p.322

(Conference - MJA 7/12/18 (VERIFY THIS) p.480-1)

Disposal in Australia. Until the end of 1915 no special arrangements were made for psychotic cases other than those classified as "Mental" (Insane). Until the beginning of 1918 In October of that year "Broughton Hall" was opened in New South Wales for Nervous and Mental cases which would come under the designation "borderland". These included not only patients

Verify

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Chapter ~~II~~ II (Typed 1/10/35)

Material II general

Extracts from FIRST ANNUAL REPORT OF THE COUNCIL FOR MENTAL HYGIENE FOR NEW SOUTH WALES 1932-1933.

THE COUNCIL FOR MENTAL HYGIENE FOR NEW SOUTH WALES.

President: Professor Harvey Sutton

Vice-Presidents: Judge W. Bevan, Dr. C.A. Hogg, Mrs. M.Muscio

Honorary Treasurer: Mr. L.M. Phillips

Honorary Secretary: Professor W.S. Dawson.

Executive Committee:

The President, Vice-Presidents, Honorary Treasurer, Honorary Secretary, Mr. S. Ebsworth, Dr. Evan Jones, Dr. O. Latham, Mr. V.J.R. Miles, Dr. H.M. North, Mr. A. Thompson, Dr. J.A.L. Wallace.

Representatives of the British Medical Association:

Dr. C.K. Parkinson, Dr. Lorine Dodds.

Honorary Auditor:
Mr. Rex Cullen-Ward, Chartered Accountant (Aust.),
Brook House, 17 O'Connell Street, SYDNEY.

Bankers:
Bank of New South Wales,
341 George Street, Sydney.

Sub-Committees:

No. 1. CRIMINALITY AND DELINQUENCY:

.....

No. 2. MENTAL DEFICIENCY:

.....

No. 3. CHILD GUIDANCE:

.....

AIMS AND OBJECTS.

The Council is established for the purpose of promoting the welfare of the community

(a) By the dissemination of knowledge concerning mental health and the building up of an enlightened attitude towards mental disorders so that the stigma which is so frequently attached to mental illness may be removed and that treatment may be sought in the earliest stages.

(b) By advocating the best methods for the care and after-care of mental disorders, including the establishment of Psychiatric Wards and Out-Patient Departments in General Hospitals.

(c) By the study of nervous manifestations in childhood with the object of preventing more severe developments in later years, and by the instruction of parents and others in the handling of difficult and "problem" children.

(d) By advocating that adequate provision be made for the care and training of mental defectives.

/(e)

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

R.M.C., Form No. 38.

Military Forces of the Commonwealth.

ROYAL MILITARY COLLEGE.

ESTIMATE OF INSTRUCTIONAL MATERIAL REQUIRED FOR YEAR ENDING 30th JUNE, 19..... Chargeable to **TRUST FUND.** / **GENERAL EXPENSES.**

ALL requirements for ensuing Financial Year (1st July to 30th June) to be entered on this form, which is to reach the Quartermaster by the 1st December. Articles for sale to Cadets (chargeable to "TRUST FUND"), and articles chargeable to "GENERAL EXPENSES," to be shown on separate sheets. In each case articles to be indented for, and articles to be purchased locally, are to be shown under separate headings.

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(e) By investigation of the problems of social mal-adjustments, such as dependency, delinquency, criminality, alcoholism, drug addiction and prostitution in relation to congenital and acquired mental disorders.

(f) By co-ordinating all the resources of the community which have a bearing on mental hygiene.

(g) By carrying out investigations and by acquiring and publishing information on all subjects relating to mental hygiene.

(h) By such other activities, having a bearing on mental hygiene, as may be determined from time to time by the Council.

FIRST ANNUAL REPORT

OF THE

COUNCIL FOR MENTAL HYGIENE FOR NEW SOUTH WALES

For the Year 1932-1933.

The Executive Committee has much pleasure in presenting the First Annual Report of the Council for Mental Hygiene for New South Wales.

INAUGURATION OF THE COUNCIL.

The wide interest created by Clifford Beer's book "The Mind that Found Itself" led to the establishment of the American National Council for Mental Hygiene in 1909. Since the War organizations with the object of calling attention to need for improvement in the methods of dealing with mental disorders and for educating the general public in the matters concerning mental health, have been established in all leading countries. The British National Council for Mental Hygiene was established in 1923. A Council was established in Victoria in 1929.

The establishment of a Council for New South Wales had been strongly urged for several years by the Section of Neurology and Psychiatry of the British Medical Association. A meeting was held by this Section in 1929 and attended by representatives from various organizations. Towards the end of 1931 the Section of Neurology and Psychiatry (British Medical Association) moved that further steps should be taken, after which several members met together and made preparations for an Inaugural Meeting, which was held on April 13th, 1932. Many.....

The First Annual General Meeting was held on December 5th, 1932, at the rooms of the Highland Society. The President, Professor Harvey Sutton,.....expressed the hope that the establishment of a Child Guidance Clinic, with a full team of Psychiatrists, Psychologists, and Social Workers, would be realized before long. After various business, ... Mr. Alexander Thompson, gave an address on "Some Problems of Adolescence", in which he referred to his special experience with delinquent girls at the Parramatta institution, and to the general problems which come before the Child Welfare Department. He emphasized the enormous importance of the home situation, and sounded a warning against the tendency for parents to throw an increasing amount of responsibility on the schools and other public institutions in the training of their children and the correction of nervous manifestations and character defects. He concluded by suggesting that the Council might usefully institute measures for educating parents on these matters.

/Lectures

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(Page 9)

LECTURES AND ADDRESSES.

During the period covered by this Report the Council has endeavoured to make a beginning with one of its most important objects, viz., the education of the general public on matters concerning mental health. .....

Sir Richard Stawell, President of the Victorian Council of Mental Hygiene, addressed the Council for New South Wales at a special meeting held on May 30th, 1932. Sir Richard described the work of the Victorian Council and urged the co-operation of the medical, legal and teaching professions and social workers. He laid special stress on the need for dealing with problems created by some eight percent. of children in ordinary schools.

REPORTS OF SUB-COMMITTEES.

.....

Sub-Committee No. 2 MENTAL DEFICIENCY.

This sub-committee originally consisted of eight members, which number was subsequently increased by the co-option of Mrs. L.E. Goodisson.....

(Page 12)

Statistics. - Members pointed out the great difficulty in obtaining reliable figures regarding the extent of the mental defective problem in this State.....

There are no statistics available of the number of invalid pensioners or beneficiaries of the Child Welfare Department who may be mental defectives. It was also desired to inquire to what extent those dependent on these social services became parents of offspring while so dependent, but no information was available. It is therefore impossible to give any precise indication of the extent to which these social services stimulate the propagation of defective individuals.

.....

(Page 14)

INTERNATIONAL CONGRESS ON MENTAL HYGIENE.

The First International Congress was held at Washington, D.C., United States of America, from 5th to 10th May, 1930. Dr. R. Noble attended as the representative of the Commonwealth of Australia.

The Second International Congress will be held in Paris in 1935.

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(Typed 1/10/35)

EXTRACTS FROM TYPED COPY OF "REPORT TO THIRD ANNUAL MEETING OF THE COUNCIL FOR MENTAL HYGIENE FOR N.S.W. HELD 2nd AUGUST, 1935." B.M.A. Building.

The second Annual General Meeting was held on the 30th November, 1933. The present meeting should have been held at the end of last year, but was postponed until the return of the Honorary Secretary from a visit to England. After his return the Executive Committee decided on a further post-ponement until after the general elections in order to wait for a more opportune time for approaching the Minister for Justice with regard to the Mental Defective Prisoners Bill.

A special meeting was held on the 14th June, 1934 at which Dr. R. Noble delivered an address on "The Future Programme for Mental Hygiene in New South Wales."

Since the last annual meeting the Executive Committee has met on five occasions. The Committee has had under consideration the proposed Bill for Criminal Defectives, a draft of which is now in the hands of the Department of Justice. Much time and thought has been devoted to the preparation of this Bill by the sub-committees of the Mental Deficiency and Delinquency under the Chairmanship of Judge Bevan.....

The Executive Committee is also going into the question of the eugenic control of hereditary physical and mental defects. In a report by an influential committee issued by the Ministry of Health in England last year it is recommended that sterilization should be legalised in certain cases. The Executive Committee of this Council while recognising the authority of this report, will attempt to review the question and to draw its own conclusions from any evidence available. To this end, the co-operation of the medical profession has been invited in order to obtain actual records of transmissible defects and if possible to arrive at an opinion based on actual facts as to the relative merits of segregation, prevention of marriage and prevention of pro-creation by sterilization or other methods from an eugenic stand-point. It is proposed to consider the transmission of such physical defects such as hemophelia, certain physical deformities, and eye conditions as well as of insanity and mental deficiency. In many respects the evidence regarding physical defects is clearer and more easily obtained than in the case of mental abnormalities. In this matter the council would be glad of the assistance of anyone who is either well acquainted with work which has been published or who has personal experience in regard to these problems.

The Child Guidance Sub-committee held several meetings, at which the establishment of a Child Guidance Clinic was considered, but it was unable to make any practical suggestions and has not met since the last Annual Meeting. Since then the question has been taken up by the Board of Social Studies at which this Council is represented, and there seems a possibility that the Department of Education may offer some assistance. Child Guidance Clinics intended to deal primarily with the emotional and behaviour disorders in childhood, and in which through the combined efforts of the psychiatrist, psychologist and social worker the physical and mental state of the child, his intellectual and educational attainments and his social environment are all reviewed, have been established in the United States of America and in Great Britain for some years and are proving their worth. In this State, although valuable work is done with children by various psychiatric clinics, only one of these has a whole time social worker, and of necessity, the investigation and treatment of these problems of childhood are less satisfactory than that carried out in a clinic which can being to bear the real "team" method. As there seems

/no

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no chance of establishing such a clinic out of voluntary contributions, it is proposed to approach the Department of Education as the state schools must contain numbers of children who would benefit from treatment in such a clinic.
.....

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"In the writing of this book the authors have had a very definite aim in mind, the blending of the subject matter and viewpoints of two sciences which have the same physical structures as a basis. These sciences are neurology and psychology. Too often the study of the structure of the central nervous system is conducted in almost total disregard of its higher functions. Similarly the ordinary text-book on psychology will contain a section dealing in more or less detail with the superficial anatomy of the brain together with some casual description of the cerebellum, the spinal cord and the sympathetic nervous system. But there is little or no attempt to ~~xxxxxx~~ relate structure to function and the book then proceeds with the discussion of sensation, attention, consciousness and behaviour in general as if these had no neurological basis whatsoever. Indeed some of the later text-book writers seem inclined to be quite frank in their ignorance of any connection between neurology and psychology and propose to treat the mind as if it were no more closely connected with the brain than with the larynx. On the ~~xxxx~~ other hand the anatomist's interest ends with the description of the component parts and ground plan of the machine with little regard to the plan in being, the whole machine at work. Yet the mind really has a brain and the brain a mind". ( ).

One of the most important books on the subject

( ). From Preface to The Matrix of the Mind, by Frederic Wood Jones, F.R.S. and Stanley D. Porteus (London: Edward Arnold & Co. 1929).

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"But perhaps more than any other agency the war itself brought home to the medical world the artificiality of the distinction between the normal mind on the one hand, and its abnormal conditions on the other. The application of intelligence tests to nearly two million American recruits led to the startling conclusion that nearly 40 per cent. of the population had a mental age below the level then currently accepted as marking off the mentally defective! /Footnote 1: C.S. Yoakum and R.M. Yerkes, The Army Mental Tests. The results are conveniently summarized in R. Pintner, Intelligence Testing, pp.321 et seq./ In the military hospitals the study of so-called shell-shock revealed that symptoms quite as serious as those of the well-defined psychoses might arise from simple stress or strain, and yet prove quickly curable by psycho-therapeutic methods. And thus it became gradually apparent that much of what had been held abnormal might be discovered in the mind of the average man." (i)

(i). From The Subnormal Mind by Cyril Burt, p.5 (University of London, Heath Clark Lectures, 1933 delivered at The London School of Hygiene and Tropical Medicine. Oxford University Press, 1935).

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On the 12th January, 1917, the D.G.M.S., A.M.F. asked the Minister for Defence by minute -

"Direction is desired as to who should take charge of disabled soldiers after discharge". At the same time he recommended that "States be asked to take charge of these cases after discharge from the army - with possible contribution from the Commonwealth Government. Failing this a special branch or department of the Commonwealth be established to do so, to be assisted in every way by the A.A.M.C."

In consequence of this memorandum a conference was called between the Treasurer and the Minister for Defence (which was attended also by the D.G.M.S., and the Secretary to the Treasury) at which it was decided that the Treasury be asked to formulate proposals.

A further problem raised at this time was in connection with the limbless soldier, and on January 24th, 1917, the Prime Minister's Department was advised that the Defence Department "undertakes to supply the first artificial limbs and instructions in their use", but that "the function of training men for re-establishment in civil life is more properly associated with repatriation".

In September 1917 the Federal Parliament passed an Australian Soldiers' Repatriation Act and a Commonwealth Minister for Repatriation was appointed. The Act laid down no policy, nor did it set up any machinery. All that Parliament was able to do was to grant an authority for carrying out the work. This authority was invested in a Board of Commissioners numbering six, with the Minister for Repatriation, Senator Millen, as Chairman, thus constituting a Commission of seven members. It became the duty of this Commission to draft regulations and to devise and direct the activities and governing orders of the Repatriation Scheme. As stated in the first "General Report" of the Repatriation Department -

"Every case is a special case, whether it be that of a soldier or of one of his dependants, and whether the application be one for re-employment, training, or general assistance. No man who passed through the battle zone returned to the Commonwealth in a normal condition. To outward seeming, many of the returned soldiers have appeared much as they were upon their departure. The subtlety of the Repatriation problem is contained in this very fact."

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AFTER-CARE OF INCAPACITATED - INITIATION OF REPAT DEPT

In December 1916 the D.G.M.S. in a minute to the Secretary opened up the question of "provision for the and maintenance by the Commonwealth of permanently invalided and wholly incapicated soldiers" he divided them into three classes tubercular; mental; and other Chronic invalids. He suggested that "mental cases" when certified insane to be discharged from the Defence Force and be handed over to the State Lunacy Department. that for tubercular a Sanatorium be provided in each M.D.; and that other Chronic invalids be treated in special Homes.

On 12th January 1917 the D.G.M.S. referred the questio of after care of the disabled soldiers and recommended that States be asked to take charge of these cases with contribution from Commonwealth Government or as an alternative "that a special Branch or Department of Fommonwealth be established to do so, to be assisted in every way by A.M.C."

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

Case of Barker
Med. Adv. Ctee
Repat. Cn

Age

It is agreed that War Service could be held as aggravating the degenerative changes due to advancing years only where the hardships of service, or some special circumstances, had been endured, and that in these cases the pension for aggravation could be fixed and made permanent. The effects of this service on a man of middle age could ante-date or precipitate the onset of 'age', and thus lessen his capacity during the remainder of his life. But when the aggravating factor - war service - ceased, it was reasonable to say that the aggravation could not continue to increase, and that the subsequent increasing disablement arising in later years was due to natural causes (war service aggravation being effective only to the extent as previously assessed). The position was somewhat analogous of 'loading' as practised in Life Assurance business - the amount of 'loading' being fixed and permanent. The difficulty of assessing this aggravation even in uncomplicated cases of senility was recognised.

In cases where latent disease in middle-aged men was aggravated into activity as a consequence of service the position must be governed by the nature of the disease and its resulting incapacity, as well as by the aggravating effects of service on the increasing age of the patient. The progress of the disease subsequent to discharge would carry increased pension on those cases where aggravation was accepted as material in degree.

Regarding the case under review, the Medical Advisory Committee felt that the increase of disablement since 1922 has been due to age, but that the assessment of 15% (due to war service) at that period was apparently too low - 25% was regarded as more equitable. A pension of 25% would accurately represent the amount of incapacity as due to service and should be made fixed and permanent.

The Medical Advisory Committee RESOLVED to RECOMMEND accordingly.

The suitability of the term 'aggravation' in many types of cases was questioned by the Chairman during the discussion. The Members of the Medical Advisory Committee concurred generally, and it was stated as an example that there is an inherent difference between senility, which is a natural developmental condition, and the pre-enlistment disability to which the terms 'material' and 'non-material' aggravation had been especially applied.

AUSTRALIAN WAR MEMORIAL AWM2020.8.1482

DR. A. STEWART

HOURS:
12-30 TO 3 P.M.
SATURDAY
12-30 TO 2 P.M.

TELEPHONES—CENTRAL 356
ALBION 2260

123 Wickham Terrace,

Brisbane, Dec 20th/22 1922

My dear Butler,

Just a note to wish you all the compliments of the Season and many returns of them.

I was on a measure surprised to see ~~you~~ your name down as having it transferred to the Melbourne Branch, from which I infer that you will be a considerable time down south a year probably. On the other hand it may mean only tht you feel a bit lonely at nights and so as a member you have a chance of the meetings monthly. Things have been a bit humdrum lately, the only thing that has been causing some stir is the diverse decision in the Thompson-v-B.M.A. It is nothing short of a calamity so much so that I take the rules or perhaps some of the constitution will be altered. Armit's editorial did not improve matters and will form a very good pretext for his enimies to slate him. It is such a pity as we are indebted to him for a lot. I presume the branch in Sydney will have to pay I should say close on £4000 before everything is settled. In short terms that means a levy on all the members of the Branch, which will be very unpopular, especially amongst those who look on Armit with disfavour. I am afraid it will ruin his expansion scheme, which was a very excellent idea. From this point of view the action came at a most unfortunate time. I should not wonder if it really means eventually that the editorial chair will be vacant when I shall be truly sorry as he did very good pioneer work. How do the branch members view the matter in Melbourne?

Of course you

Repat

(3)

not be too hard. One cannot get rid of the fact not withstanding that the main function of preparation or part of it is to disavow their responsibilities & liabilities. This is just one of aftermaths of non-conscription. Of course you may say that the same thing would have existed with conscription--quite so, but the conditions would have been different. With conscription the same number of men would have suffered but the cirscumstances surrounding would have been looked on as the Irony of Fate, exactly as happens in ~~civil~~ civil life. Some get through life exposed to as many risks without a scratch or ailment; others fall a victim to lots of trouble. The soldiers who went voluntarily are therefore heroes who ought to be looked after. The ~~afct~~ fact that they may have suffered from pre-war ailments is no argument that they should not be recompensed for their ~~wounds or maladies~~ disabilities even although they were contracted before enlistment. The country accepted their services and they went in all good faith that ~~they~~ those in power were similarly impressed

But I must stop.

Hope you are not working too hard. Now let me warn you. Don't defray expense out of your own pocket such as "wires" cables, etc:. I have a fairly good idea of your way in those ~~a~~ matters.

With best of wishes and many kind thoughts for the coming year.

Toujours tien,

A Stewart

P.S. ~~Will~~ Write soon

DR. A. STEWART

HOURS:
12-30 TO 3 P.M.
SATURDAY
12-30 TO 2 P.M.

TELEPHONES—CENTRAL 356
ALBION 2260

123 Wickham Terrace,
Brisbane, [illegible] 192

know the results of our election. Judging from my coversation with you on this very subject you will rightly infer that I am disappointed Though I do not admire the tactics of Russell, Graham Brown & Co, one cannot ignore the fact that they represent very many of the rising generation who though they may not add any real or lasting lustre to the branch their enmity may do an incalculable amount of harm. The same old cry!!! the branch is run by the same old GANG. What I have always maintained is, let them try the management of the branch, let them show the medical world of Brisbane that they can do things better. They fancy in their narrow minded way, that we are jealous and frightened of them. It is such a pity. A luke warm friend is better than a bitter enemy where meetings or such like are concerned. And what a weak man(Croll) they have put in his place. The argument used is that Croll has served the council well. That is no argument.

I believe at a meeting of the council they have elected other four Russell being one of them and the other three being chosen from those next highest on the voting papers. It depends on how Russell will look at it. It would look better if he accepted; on the other hand he may consider it as a booby prize and resent it accordingly.

I have read the medical report of the "Repatriation". It does not appear to me to be impressive, and unworthy of the time spent by several, more especially on Orthopedics and plastic Surgery. It is a difficult matter to judicate on such things. Any messageboy in the city fancies he could run the business better than the boss, so we must

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Ch. 31

Typed. 26/10/40.

BOARD PAPERS AND PENSIONS.

COPY OF NOTE BY MAJOR SYKES.

Whilst the final system of dealing with Invalids was arrived at after practical experience, there was one aspect of th case which was not, in effect, a fair deal to the returned Invalid, and that was the moment a man arrived at his home state and met his relatives all thought of disability and future medical aspects were lost sight of in his desire to get home. This meant that many men in their desire to be free from military control, did not give a correct diagnosis, after 14 days leave, re-action set in and the invalid was not as well as his medical board on disembarkation indicated and later caused a lot of dissatisfaction - the Department gained soldier lost - the genuine invalid would not fight the first medical report on disembarkation.

To overcome this to a great extent the Medical Board should have embarked on each transport at first port of call, e.g. Fremantle, and by time of arrival in Eastern States would have been able to correctly estimate the degree of disability, in place of being done at the most excitable period of return, that was when his relatives were waiting to receive him.

NOTE BY A.G.B. The Boards often did a very large number of cases and the examination was hurried: they were often carried out at night and under circumstances the reverse of such as would conduce to a judicial and discriminatory assessment of the soldiers claim on the country against physical damage etc. Particularly was this the case after the armistice when the only record was the practically useless boarding carried out under Demobilisation orders on a special form.

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Date Ref. Period		Date Ref. Period	
Eastham	E.D.	Haddon	J.R.
Eaves	J.W.	Haines	F.T.
Ebdon	A.C.	Halfpenny	T.
Edgar	J.	Hall	B.R.
Eeles	L.J.	Hall	L.V.
Emmerson	J.R.	Harrigan	L.J.
Esposito	P.F.	Harris	E.J.
Evans	W.L.	Harris	J.H.
Evely	W.J.	Hartness	W.H.
Edgar	L.G.	Hartrick	W.
		Hayes	J.
		Hayes	J.M.
		Heagney	M.E.
		Healand	P.W.
		Healy	R.
		Herrin	J.
		Herron	J.W.
Faulkhead	W.H.	Higgins	M.F.
Featherstone	W.	Holmes	F.N.
Fellows	A.V.	Holmes	H.L.
Ferguson	J.P.	Horgan (11745)	R.
Fitzpatrick	J.	Horgan ( )	R.J.
Floody	E.D.	Howlett	J.S.
Flynn	C.	Hutson	F.A.W.
Fogarty	P.J.J	Hyatt	A.H.L.
Foster	H.L.	Hyde	P.J.
Gabbe	L.	Jackson	F.E.
Gale	A.G.	Jay	A.D.
Gardner	W.	Jensen	C.W.
Garland	J.P.	Jepson	H.C.
Garlick	A.A.	Johns	C.
Gibson	J.L.	Jones	D.H.
Gillies	R.G.	Jones	W.O.
Gladstone	J.H.	Johnston	A.
Gordon	R.R.	Jones	W.J.
Goodlett	A.		
Goode	S.A.		
Gough	P.J.A.		
Graham	A.M.		
Graham	J.B.		
Grant	R.	Keily	R.H.
Gray	F.G.	Kennedy	A.
Gullick	W.T.S.	Kennedy	D.W.
		Kennett	F.W
		Kent	J.H.
		Keppell	W.W.
		Ketterer	W.
		Kibby	L.G.
		Kick	H.E
		Killeen	P.
		King	W.N.
		Kirby	J.S.
		Kirk	A.E.
		Kirk	J.A.
		Kirkham	A.
		Kirkham	J.J.
		Kisler	H.
		Kloester	O.F.

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Dennis

Reb: Laidlaw –

Complaint against

Doctors see Canberra

Times

Friday

July 10th 42

FF

FF

NOT TO BE RELEASED BEFORE 6.30 P.M. SUNDAY JUNE 7.1942

DEPARTMENT OF INFORMATION
375 Collins Street,
MELBOURNE, C.1

EDITORIAL DIVISION

NATIONAL BROADCAST

"THIS WEEK OF WAR"
(Staff)

TALK BY A SPOKESMAN OF THE DEPARTMENT OF INFORMATION FROM 3L.O., MELBOURNE, AT 6.15 P.M. ON SUNDAY JUNE 7. 1942

The two great land campaigns do not at the moment show signs of producing results decisive for the war as a whole. Oh Hell! Nowhere are any great territorial strides being made by either side. When we think of the rapid British thrust to Benghasi and El Agheila six months ago, of Rommel's equally dramatic runaway drive almost back to the Egyptian frontier, of the rapid over-running of the Balkans by Hitler's armies early last year, and of the colossal slabs the German Army bit out of Western Russia and the Ukraine last year, the contrast with this year's operations is striking.

Similarly, Japan's astonishing momentum is apparently exhausted. As the Australian Prime Minister remarked this week, Japan seems to have reached the limit, at any rate for the time being, of her rapid expansion. We have only to look back a couple of months to the time when Thailand, Malaya, Java, Burma, the Philippines were falling in rapid succession, and when mass onslaughts on India and Australia were daily expected, to realise that a marked change has come over the Pacific theatre too. Even the anticipated thrust through Burma and Yunnan to Chungking, core of Chinese resistance, has not eventuated. And the operations in S. and E. China are designed to consolidate control and defence, not to expand Japan's empire further.

This is not to say that a new phase of sudden blows and disconcerting mobility may not come. But the present is obviously a phase of consolidation and it is important to try to perceive its place in the development of the war.

One comment that comes readily to mind is that it is possible that the weight of Allied production is at last weighing down the balance to somewhere near parity with the enemy. Combined with the long effort of transport and convoy - the work of getting the men and materials to the fronts - this would mean that the Allies have

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10.9.31

EXTRACT FROM - THE MEDICAL JOURNAL OF AUSTRALIA
February 14, 1920

Page 157 B.M.A. News

Repatriation Dept's Assistance to M.O.

Medical Treatment of Discharged Soldiers

The Honorary Secretary reported that the proposal for the modification of the conditions governing attendance on returned soldiers, embodied in a document known as Circular "L" of the Department of Repatriation, had been forwarded to the Comptroller (see The Medical Journal of Australia, August 16, 1919, page 141) .....

Dr. R.H. Todd explained the position in regard to the repatriation assistance of medical officers in New South Wales. It was understood that recently the policy of the Department had been changed, with the result that no assistance of any kind was given, except in the case of a few juniors who had not been in practice before enlistment. These few men were entitled to the £10 gift and the £40 loan for equipment under Rule 75.

He therefore moved:-

That the following propositions be approved, namely:

(1) That the principle underlying the claim of doctors to be assisted by the Repatriation Department (and the same applies to "widows" and "dependents") is that no distinction should be made in the treatment accorded by the Department as compared with other classes of the community.

(2) That the provisions of the statutory rule under the Australian Soldiers' Repatriation Act, 1917-1918, in respect of "furniture, equipment, businesses," namely, Part IX. of the 1919 regulations, Rules 73-78, or any amendment thereof, should be interpreted as applying to doctors as to others.

Dr. W.N. Robertson seconded the motion, which was carried, and it was decided that a letter embodying the resolution and explaining the situation be addressed to the Repatriation Department.

EXTRACT FROM - MEDICAL JOURNAL OF AUSTRALIA - April 17, 1920

Page 370-1

Albuminuria and War Nephritis

Recent investigation of albuminuria amongst recruits in training and of cases of war nephritis amongst troops in France has thrown considerable light on the incidence and aetiology of these conditions. Extensive observations were made during the war by Captain H. MacLean (1).

(1) Albuminuria and War Nephritis Among British Troops in France, by Captain Hugh MacLean, R.A.M.C. National Health Insurance, Medical Research Committee, Special Report Series, No.43

The conditions of active service tended in a special degree not only to light up old-standing lesions, but also to tax heavily any kidneys that were functionally inefficient or inadequate for the strain of active warfare. The number of cases of war nephritis recorded during the war was too large to be accounted for on this hypothesis. The incidence of albuminuria in sixty thousand men in training was found to be 6.48%. It was found that the albuminuria in soldiers in active training was not increased by the conditions associated with training and was in all probability present to an equal extent in civil life.....

In considering the aetiology of war nephritis it is possible to exclude exposure and fatigue, water supply, diet, alcohol, metallic poisoning and previous illness. A definite infection is regarded as underlying the vast majority of the recorded cases,,,,,,,,,,,,,,,

Observations on chronic renal disease resulting from war nephritis lead to the definition of two well-marked types of impairment of renal function: (i) the azotaemic type and (ii)

/the

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Form No. 19.

*Requisition Nos.** .....

COMMONWEALTH OF AUSTRALIA.

ORDER No. .....

..... 19

M .....

Please supply the undermentioned Articles for the .....

..... Department.

Delivery to be made on the ..... *at* .....

Quantity.	Article.	Contract Number.	Schedule Number of Contract.	Rate, as per Contract.			Amount.			Receipt of Officer to whom Delivery is made.
				@ per	*s.*	*d.*	£	*s.*	*d.*	

OFFICER AUTHORIZED TO ORDER.

N.B.—This order is to be produced at the time of delivery, and after being receipted must be attached to the account rendered for payment.

It is particularly requested that all accounts be promptly rendered. In the case of delay in payment of accounts the Head of the Department should be communicated with.

** To be inserted by Officer ordering supply.*

A[illegible]24.—C.11308.—20M.

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