## ROINN Coranta.

NA CUIRTEAR ÉANTUAIRISC AR AN GCLÚDACH SO.

Tá annso, leis,

DP/345

An Gnó.

An Uimhir. 50/ars/1414

An Uimhir ag Roinn Eile.

IR.B 3498

Doyle James
1 De men Street
1 -11 lois Road
Dullin

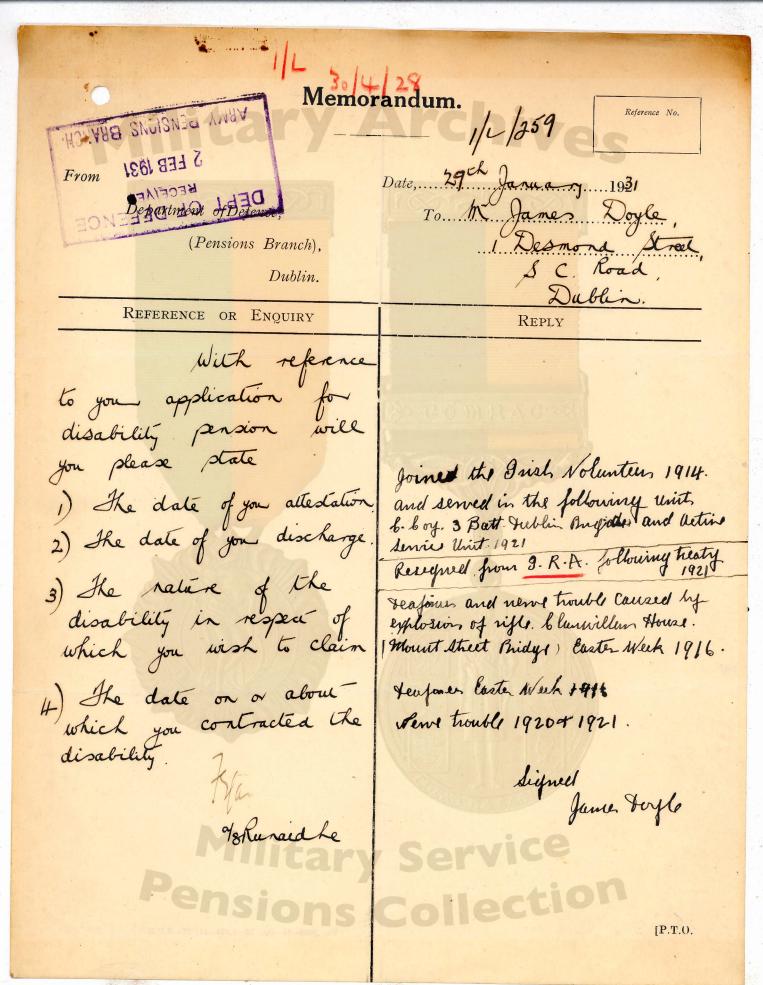
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			X. D		

1 Desmond Street S. b. R. Portobello Tublin 16/1/31 Minister of Defence.) Dear Sir, I beg to apply for form of application, for a service disability pension

Yours respectfully

James Loyle

James Loyle ARMY PENSIONS BRACH James Forfle 30/31 Initials.....



UIMHIR THAGARTHA ROINN COSANTA, (REF. No.) (DEPARTMENT OF DEFENCE), GEATA NA PAIRCE, (PARKGATE), BAILE ATHA CLIATH. (DUBLIN). 2nd March 1931 A CHARA, With reference to your application for a Pension, Allowance, or Gratuity, under the Army Pensions Act, 1927, I am to inform you that the provisions of the Act require that the application in your case should have been submitted to the Minister for Defence on the prescribed form prior to the 30th april 1928 As your application was not received prior to that date, the Minister regrets that it cannot be considered under the terms of the Act. Mise, le meas, % Runaidhe. Issued...33 Initials ....

UIMHIR THAGARTHA (REF. No.)

1/2/259

ROINN COSANTA, (DEPARTMENT OF DEFENCE),

GEATA NA PAIRCE,

(PARKGATE),
BAILE ATHA CLIATH.

(DUBLIN).

2nd March 1931

A CHARA,

With reference to your application for a Pension, Allowance, or Gratuity, under the Army Pensions Act, 1927, I am to inform you that the provisions of the Act require that the application in your case should have been submitted to the Minister for Defence on the prescribed form prior to the 30 April 1928.

As your application was not received prior to that date, the Minister regrets that it cannot be considered under the terms of the Act.

Mise, le meas,

73 Runaidhe.

K James Doyle

Desmond Street,

Du Oli

**S.P.** 1359 500 9-30 R.C.

6 Dec 33 hu Jams Dozle. I DesundSt first consulted me in afril 19th 1928. He conflained of despons I head worses for previous 12 mints Heavy then R. Ew had voice 6- 8 feet RE sught unforced mill There is a strong probables on the other hand otosclerises is a prosblet Went vans here wormal flore is some never anothernet Al Curtanter D

87/ A.P.50 8. 6 R. M Portobello The Senetary, FORM 50 1881 FORM 1051 2 6. OCT. 1933 FRHIY PENSIONS BRANCH Minister of Define. Park gut Street. Fubling. Henr Sin, 6 I bey to apply for form of application, for telebility pension, under the 1932 act. yours respectfully James Doyle. Military Service ensions Collection

1/1/259

5. DEAL 1934

RC. 8 isome a. 11/12/33. Joh -

NOTE: It would expedite the investigation of your claim if you would furnish the present addresses (if known) of all persons whose names are given by you in this form, whether the addresses of such persons are asked for or not.

A.P. 50.5 5

### ARMY PENSIONS ACT, 1932.

Application for a Wound or Disease Pension or a Gratuity under Section 10 of the Army Pensions Act, 1932.

9 - DEC. 1933

### INSTRUCTIONS FOR USE OF THIS FORM PMY PENSIONS BRANCH.

1. In every case the name to be inserted as applicant is that of the person by whom or on whose behalf it is claimed that he is entitled to the pension or gratuity.

- 2. This application form is to be signed by the applicant, except where the Minister for Defence authorises it to be signed on behalf of the applicant by another person.
- 3. The attention of the person signing this form is directed to the declaration at the foot hereof to be made by such person.
- 4. The signature of the person signing this form is to be attested by a witness. (As to who may be a witness, see foot of this form).
- 5. In the event of the person making the application being unable to write he or she is to sign by affixing his or her mark and the attesting witness is to insert the name of such person.

Name of Applicant (To be.....

	written		Surname)	
	in Block Capitals)	Do Y L E (Chri	JAME. stian Names)	2
Age last Birthday				
Present Address	1 DESMOI	ND STRE	ET S.C.R.	OAD, DUB
Nearest Gárda Síoch			ALC BURNINGS DATE	3016 - 36
Distance of Nearest	Railway Station f	rom Residence		od W (a) &
Distance of Nearest 1	Bus Route from R		The state of the s	
Whether Railway or	Bus is the mor	e economical	to concen only	
Method of Transport	between residence	borate the	CO III	

Note.—Before answering the questions below, the person making the declaration at the foot of this form is to note that:—

(a) The statement made by him will be checked.

The Army Pensions Act, 1932, imposes a summary penalty for a false declaration:

- "Every person who, with a view to obtaining the grant or payment of a pension, allowance, or gratuity under Part II of the Army Pensions Act, 1932 either for himself or for any other person, makes, signs, or uses any declaration, application, or other written statement knowing the same to be false shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding twenty-five pounds or, at the discretion of the court, to imprisonment for any term not exceeding six months or to both such fine and such imprisonment."

  (Section 12 (1) of Army Pensions Act, 1923, as applied by Army Pensions Act, 1932.)
- (b) In answering question 3D (1) any special circumstances involved in applicant's service which, it is considered caused any unfitness from which he may be suffering should be clearly stated.

If the declarant is unable to read, the above notes should be read over to him by the witness, who should so testify in his attestation of the claim.

1. Give particulars of applicant's service in any of the undermentioned Organisations:

Organisation	Period of From	Service*	In what capacity he served	In what areas he served	Name of his Commanding Officer
(a) Oglaigh na h-Eireann (Irish Republican Army) (b) Irish Volunteers	1914			Nama to sa	Simon Formely Patrick & Kunagun
<ul><li>(c) Irish Citizen Army</li><li>(d) Fianna Eireann</li><li>(e) Hibernian Rifles</li></ul>		uu	Action Control		eidi' kley Road Ranelayh
(f) Cumann na mBan				Va	Ranelayh

- \* If the Service was not continuous throughout particulars of the period or periods of actual military service should be stated.
- 2. What is the nature of any wound or disease for which applicant now claims a pension?
- 3 (a) When, where, and in what circumstances was any such wound received or such disease contracted?
  - (b) Who was applicant's Commanding Officer at the time?
  - (c) Give the names of any persons who can corroborate the answer to (a) above.

teapress of nemes

Commission of rifly 1916

Sect Communder George Reportels (Killed)

Simus Formelly

105 Sth Concular Road

Portobello

boy office

3D. Replies to questions 3D. (i) to (v) to be filled in only by applicants in respect of Disease.

- (i) In what way is it claimed that applicant's disease is connected with his Military Service, and what are the grounds for the claim?

  (A detailed statement of the facts with dates should be given.)
- (ii) Were there any particular conditions affecting applicant's service which it is claimed caused the disability or disabilities? Did the applicant suffer from any illness during the period of his service? If so, give particulars, including any treatment received.
- (iii) Give particulars of the applicant's health for the 3 years prior to joining the particular Force in which it is claimed he incurred the disability (or disabilities). If possible, certificates should be furnished:—
  - (a) from his doctor, and
  - (b) from his approved Society for the 3 years prior to joining the particular Force, or if he was not an insured person, certificates should be furnished by the Medical Practitioner who ordinarily attended him during these 3 years. A statement will also be required from his Employer or Employers in respect of the 3 years prior to his joining the particular Force.
- (iv) Give the names and addresses of the applicant's Employers:
  - (a) During the 3 years prior to joining the particular Military Force in which it is claimed he contracted any disability referred to in the reply to Question 2 above.
  - (b) During the period of his Military Service referred to at 1.

service laster 1916.

Sume is ditrumental to me in the buseness in which I was trained for Shop accisent)

Leafners

Good

not employed

Hom 1917 to 1921

If y of Reynolds 1/2 Reducends Hill

From 1922 to 1929

Mart Reynolds 1/2 Reducends

Fill

Aublin

Full

- (c) During the period since the cessation of his Military Service.
  - (v) Was the applicant at any time prior to his service referred to at 1, a candidate for any appointment which necessitated a medical examination? If so, state the nature of the appointment and the result of the medical examination.
- 444 A Reynolds 1/2 Redmonds Hill Aublin

  " Irish Hospital Trust"
  13 Barlifort Tenner
  No
- 4. Give the names of the hospitals where the applicant has been treated for any Wound or Disease stated in reply to Question 2 above, and the approximate dates of admissions and Discharges.
- Wound or Disease mentioned in above answer to Question 2, or anything like it, prior to his service as stated in reply to question 1? If so, give details and dates.
- 6. Give the names of any hospitals in which the applicant received treatment as an in-patient or an outpatient, prior to the period of his service, and the nature of the ailment for which treatment was provided.
- 7. What was the nature of the applicant's employment?
  - (a) Before his Military Service referred to at 1. (State name and address of last employer).
  - (b) During the period of his Military Service referred to at 1.
  - (c) After the cessation of his Military Service referred to at 1.
- 8. Give particulars of any period, or periods, of unemployment since the cessation of the applicant's Military Service, and the cause of it (e.g., trade depression, ill-health, etc.).
- 9. Has the applicant received compensation from his Employer, or from any person or body in respect of any accident, injury, or disease. If so, give full particulars and state the amount of such compensation.
- 10. Give the names and addresses of

No

Shop aslectant

Not employed

Met A Reynolds
1/2 Redmonds Hill

Fublin

Leptimen 1929 to Jun 1931

Hade depression

Noccion

any doctors who attended the applicant since the cessation of his Military Service, and particulars of the ailments for which they attended him.

0

- a hospital (either as an in-patient or an out-patient) since the cessation of his Military Service, give the name of the hospital or hospitals, dates of admission, or commencement of treatment, and the nature of the ailment for which treated.
- 12. Give particulars of the applicant's health since the cessation of his Military Service. These should be supported by:—
  - (a) medical certificates from any civilian doctors who have attended him and reports from non-military hospitals he has attended;
  - (b) certificates from his employers as to health and time lost.
- 13. Has the applicant received, in respect of any wound or disease mentioned in answer to Question 2 above, any payment;
  - (a) on a decree under the Criminal Injuries (Ireland) Acts, 1919 and 1920;
  - (b) on an award made by the Personal Injuries Committee;
  - (c) From or on behalf of the person alleged to be responsible for the act which caused such wound;
  - (d) from any other source.

If so, give full particulars.

- 14. Give the name of the applicant's National Health Approved Society and (if possible) his Membership Number.
- 15. Has the applicant at any time since the cessation of his Military Service been registered at a Labour Exchange? If so, give particulars as to the name of the Exchange and the period.
- 16. Is there any other information

I butur Baggot St 24 h Baggot St

Ball (vide attached certificate from Dr. Custin m.D)

W burter & Baygot St.

No

No

No

1/0

No

Father Muther (Church St!) Amembership No 914

Fublin & schange September 1929 to Junuary 1931 which you can give, which is material to the Applicant's claim? (Note.—Section 10 (5) of the Army Pensions Act, 1932).

- 17. Did the applicant make a claim for a certificate of Service under the Military Service Pensions Act, 1924? If so, what was the result of his claim?
- 18. Did the applicant make a claim for a pension or gratuity in respect of any wound or disease referred to at Question 2 above under the Army Pensions Acts, 1923, and 1927? If so, what was the result of his claim?
- 19. Give particulars of any pension or gratuity awarded to the applicant under the Army Pensions Act, 1923, or under the Army Pensions Act, 1927, in respect of a wound or injury received or disease contracted in the course of duty with the Irish Volunteers, Irish Citizen Army, 1916, or National Army.
- 20. Has the applicant served at any period with any of the following Military or Police Forces: (a) British; (b) Australian; (c) New Zealand; (d) South African; (e) Canadian; (f) American (U.S.A.); (g) Royal Irish Constabulary; (h) Dublin Metropolitan Police; (i) Gárda Síochána; (j) National Army; (k) Defence Forces. If so, give particulars of service.
- 21. (a) Give full particulars of any pension allowance or gratuity which the applicant holds, or at any time held in respect of any wound or injury received in or disease contracted in the services mentioned in your reply to above question.
  - (b) State clearly the source from which payment of such pension allowance or gratuity is made or has been made.

A full detailed account of the Battle of Mt Street Bridge appeared in "bathole Bulletin" Oct. Nov. Lee 1917. In which explores of my rifle to No referred to. I hold loppe of Same

but it was not considered; only informed my claim was late for consideration. (Reply from Dept. of Defence attached.)

Non

No

Additional particulars to be given if by reason of applicant being a married man a further pension in accordance with the terms of the Act is claimed.

ingliana of a total and a signification

- 22. If applicant's wife is alive:—
  - (a) State the date of his marriage.
  - (b) State the name of his wife.

(c) Is his wife dependent on him?

(	<i>d</i> )	Does she ordinarily reside with him?
23.	(a)	If the applicant's wife is dead, or the marriage has been annulled or dissolved, state the names and ages of any:
		Sons under 18 years of age.
		Unmarried Daughters under 21 years of age.
(	<b>b</b> )	State whether the children mentioned above are dependent on the applicant, and where they are living.
(	(c)	State whether any of the above children are married.
I dec		e that—
	(a	a) I am the applicant mentioned in the foregoing particulars.
	(8	this declaration,
	(0	tion and belief.
		Signature of Applicant Jumes Loyle
		Signature of Applicant Jumes Loyle  Address of Applicant / Delmond Street S. b. R. Tublin
Signa (Se	tur e N	re of Witness in Mulamara Address / Dumond 87., 3. C. A. Du Note overleaf)
Quali	ifica	ation hirl Sevent Dept efagrantine Date 8th December, 1933.
		application is sent in by another person on behalf of applicant—
1 deci		that—  this application is made by me on behalf of the above mentioned applicant,
	(b	that the foregoing particulars have been read over by or to me before signing this declaration,
	(c	that the said particulars are true to the best of my knowledge, information and belief.
		Signature of Declarant
		Address
		Description
Signat	ture	e of Witness Address
(See Quali	e N fica	Address

Note.—To be signed by one of the following:

- A Commissioned Officer serving in the Defence Forces.
- A Permanent Civil Servant (active or retired) whose salary is or was not less than £200 and on a scale rising to not less than £300.
- A District Justice.
- A Peace Commissioner.
- A Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.
- A Minister of Religion (denomination to be stated).
- A Registered Physician or Surgeon.
- Managers, Secretaries, Chief Cashiers and Accountants of Banks, and Officials in charge of Branch Banks.
- A Member of the Gárda Síochána.
- A Postmaster or Postmistress in actual charge of a Post Office.
- Head Teachers of Secondary or National Schools.
- A Secretary of a Registered Friendly Society.

Military Service
Pensions Collection

### ARMY PENSIONS ACT, 1932.

## SERVICE CERTIFICATE ISSUED BY THE MILITARY SERVICE REGISTRATION BOARD IN RESPECT OF A LIVING PERSON ALLEGED TO HAVE BEEN A MEMBER OF AN ORGANISATION TO WHICH PART II OF THE SAID ACT APPLIES

AN ORGANISATION	TO WHICH PAI	RT II OF THE	SAID ACT APPLIES.
Registered No. of Applica	nt. I/RB/3498.		
Name of Applicant	Doyle, Jame	es,	AVER
Address of Applicant	1, Desmond	Street,	
	South	Circular Road	. Dublin.
WHEREAS an application has been referred Army Pensions Act	to us by the Mi	a pension or gran	tuity to the said applicant e under Section 8 of the
NOW, We, the Military Se hereby certify as fo	ervice Registration	Board, in pursua	ance of the said Section 8,
I. The applicant w	as-not-at-any-th	ne-a-member-of-	any organisation to-which
	0	<i>y</i> -	
The applicant was a	a member of	Oglaigh na h	-Eireann (I.R.A.).
(State orga	nisation or organisations	of which applicant was a	member.)
2. The applicant -v	<del>vas -not-engage</del> d-	in-military-service	ee-within-the-meaning-of-
	- 0	<b>y</b>	
The applicant was essaid Act, and the followin	ngaged in military g are particulars	service within the of such military s	meaning of Part II of the service :—
Organisation or	Pa	articulars of milita	ary service
organisations of which applicant was a member	(*) Period	of service	Nature and extent of
**************************************	From	То	military service
Oglaigh na h-Eireann	1916	February,	Served as Volunteer

Organisation or	Pa	articulars of milita	ry service
organisations of which applicant was a member	(*) Period	of service	Nature and extent of
	From	То	military service
Oglaigh na h-Eireann (Irish Republican Army)	1916	February, 1921	Served as Volunteer Dublin.
Irish Volunteers	-		
Irish Citizen Army			100 W// - 100 W
Fianna Eireann		<b>V</b> - 100	-
Hibernian Rifles	-	- CONTROL	
Cumann na mBan	it areas	CORVI	ce -

<sup>(\*)</sup> If the service was not continuous throughout, particulars of the Iperiod or periods of actual military service should be stated.

3. -The-applicant-did-not receive a-wound-or-injury-while engaged in-militaryservice.

SCI	VICC:
	er-
the	The applicant received a wound or injury while engaged in military service and following are particulars of such wound or injury—
(a)	Nature of wound or injury Injury to head (Bleeding from nose and ears)
(b)	Date on which wound or injury was received Easter Week, 1916.

(c	circumstances in which wound or injury was	Applicant was injured as the result of his Martini Rifle
	received	bursting while defending Clan william House in Easter, 1916
(d	) Particulars of any negligence or misconduct on the part of the applicant which in the	House in Baster, 1916
	opinion of the Board should be taken into consideration in determining whether the wound or injury was attributable to military service	Nil.
	4. The applicant did not contract any disease—The applicant—contracted a disease—during the particulars of such disease.	
are	the particulars of such disease :-	mind in the solution of the sollowing.
(a)	Nature of disease	
(b)	Actual conditions under which applicant	
	performed his military	
(c)	Particulars of area ill	
(0)	Particulars of any illness from which the applicant suffered during his military service	
(d)	Detailed report on the applicant's statements in reply to questions a D (i) and (ii)	
		•••••••••••••••••••••••••••••••••••••••
(e)	Full particulars of any negligence or mis- conduct on the part of the applicant which in the opinion of the Board should be taken into	
	consideration in determining whether the disease was attributable to military service.	
	5. *	
	•••••	
	This paragraph will be used for certifying such other particulars in request the Military Service Registration Board to ascertain and cer	respect of the applicant and the second
	Signed	Rule CI
	Pensions Miehl.	Chairman of Military Service Registration Board.
atec	this5day ofJuly,	
	r tms193	

ARMY PENSIONS BOARD,

ST. BRICIN'S HOSPIT.

Dublin. an Run

SECRETARY,

DEPARTMENT OF FINANCE.

An applicat	ion for PE	NSION OR	GRATUITY		under	the
Army Pensions Ac	ts, 1923–1932, h	as been rece	ived in respe	ect of the fo	ollowing:-	_
Name Jame	s Doyle,	<b>A</b> dd	ress 1	Desmond S	street,	
Army Noh-Ei	igh na reann (I.R.A	.).	S.(	C. Road, I	bublin.	
Rank		83				
Date of Wound, I	njury or Death.	East	er Week,	1916.		••••
Circumstances, &c	Applican	t was in	jured. as	the resul	t of h	is
	Martini	Rifle bur	rsting wh	ile on ac	etive	
	service	at Clanw	illiam Ho	use, East	er, 19	16.

Will you please state below whether any reward in respect of malicious injury has been made or is being considered by you in this case.

Secretary.

REPLY.

597/473.

Rúnaí, Roinn Cosanta.

James Doyle of 17 South Terrace, Inchicore, wrote to this Department on the 3rd May, 1923, claiming "£250 compensation for injuries received during an attack on Crown Forces on Easter Tuesday, 1916", and enclosing a copy of a Medical Certificate, as follows:-

"Meath Hospital,
Dublin, June 30th, 1916.
James Doyle, 17 Sth Terrace, Inchicore
a patient, suffering from Gun Shot wound s

A.P. On the Market of the Mark

(Signed) F.P.T. CLARKE, B.Sc. HOUSE SURGEON. "

In reply he was informed that, as the injuries were sustained prior to 21st January, 1919, no liability against State funds could be accepted.

No award was made or is being considered in this case.
Medword
- garwollof odr lo roogeor ai boviesor 27 Meán Fomhair, 1935. nell vant
Name James Jorde, Address 1 Fersons Street,
Army No. A-Lireaun (1.1.1)
Runk
Date of Western Injury osciloush Destroy week, 1916.
Oirenmetances to C. C. Ligger har injured to the result of him
evitor to ally anitured aftiff initue.
.0191 .Tarasa .ocarel maillimmei? ta osivian
Will you please state below whether any reverd in respect of mailtions injury in a become of mailtions injury
has been made or is hang considered by you in this case.
BEPLY 5600 COST   Secretary 597 / 475 .
Milia

Military Service

Pensions Collection

P 2788 2000 S-34 RC, 21(4137

Reference No. 50/APB/1414



(Wound or Disease).

Expiry of current Award.

### MEDICAL REPORT ON AN EX-MEMBER OF OGLAIGH NA H-EIREANN (I.R. A.).

Name James Doyle,

Army No.

Rank

Unit and Corps

Age last Birthday

Slate.

Date of entry into Service

1916

Date of discharge from Service

1921

Former trade or occupation

Home Address S.C. Road, Dublin.

NOTE:—The foregoing particulars are to be filled in by the Medical Board before the man presents himself for examination by the Board.

### Statement of Case by the Medical Board.

1. State concisely the essential facts of the history of each disability recorded in the man's Medical History, and other relevant official documents, giving (a) date and place of origin of the disability, and other relevant particulars of the history; to these should be added (b) any supplementary details given by the man himself; when such details are from the man's own statements only, this will be clearly indicated.

Applicant claims for Deafness result from shock due to the explosion of right at Clanwilliam House, Easter Week, 1916.

Treated by Dr. Curtin, Lower Baggot Street, Dublin, in 1928 for Ear Trouble.



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

No.

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

N. A.

#### Opinion of the Medical Board.

#### NOTES:-

1. Clear and definite answers are to be filled in by the Board, as in the event of a man suffering from a disability it is essential that the Army Pensions Board should be in possession of full and accurate information to enable them to report upon the man's claim to pension.

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

- 2. A report is to be made on any disability claimed. If it is found not to exist, this should be made clear. If it exists but it is not considered to be attributable to any form of military service, it should be reported on as fully as if it were attributable to service. The words "no disability "should never be used as equivalent to "no disability attributable to Service."
- 4. State precisely the nature of the wound or injury, or disease.

Deafness Neurasthenia (discovered).

5. (1) Give the diagnosis and particulars of any disability claimed or discovered (1), (2), (3), etc.

(2)

(3)

- 6. The present condition thereof, giving—
  - (i.) Symptoms and physical signs.
  - (ii.) Effect of disability on function.

Applicant C/O injury to his ears due to explosion in 1916.

Applicant's ears were examined by specialist. See report.

Examination - C.N.S. Eyes react normally. Tremor of hands and tongue. Babibski and Rhombergs sign negative. Knee jerks brisk. W.R. Negative. Heart normal. See Urine report.
Applicant is Neurasthenic.

- 7. Disability or disabilities in respect of which the claim for compensation should be considered (1), (2), (3), as per para. 5. (If no disability exists, enter Nil).
- 8. State whether each disability (as per para. 5) is attributable to

Wound, Injury, or Disease, attributable to service in the Forces (1) Disease not attributable to

Service

service.
(2) No evidence that disease is attributable to injury as claimed.

9. If the claim is in respect of a wound or injury attributable to service in the Forces, is the present condition solely due to that wound or injury?

## Military Archives

10. Does the man claim in respect of any other disability from which he suffered during service with the Forces or in respect of a disability (naming it) medically identifiable with it?

- 11. If the man makes a claim as per paragraph 9, or 10:
  - (a) Had the man recovered from the disability before his discharge?
  - (b) If not, is it established that the present disability is continuous with that claimed for per paragraph 9 or 10, and that it is not a fresh attack unconnected with his service?
    - (i.) Is there direct evidence consisting entirely of medical reports and certificates covering the period since his discharge?
    - (ii.) Is there a continuous history of overt symptoms of ill-health since discharge, established by evidence partly or wholly of a non-medical character?

# Military Archives

- 12. If the man claims in respect of a disability attributable to service, but that such disability arose subsequent to discharge, what evidence is there in support of the claim that the disability claimed for is attributable to service?
  - (a) Has this been established by a continuous history of overt symptoms of illhealth since discharge, consisting of evidence partly or wholly of a nonmedical character?
  - (b) Where a part of the period since discharge is not covered by evidence, is it considered that the disability must have persisted throughout, and, if so, for what reasons?

Military Service

- 13. If evidence is furnished of a continuous medical history state whether—
  - (a) The disability from which the person is now suffer ing is attributable to his service with the Forces;

(b) State briefly the reasons for the opinion given in answer to (a), and if the answer is in the affirmative, the nature of the conditions (as stated by claimant) which caused the disability.

(0

14. If no evidence of a continuous

14. If no evidence of a continuous medical history is furnished, but the disability is one which for certain reasons the Board hold to be attributable to the conditions of the person's service in the Forces, state fully the medical grounds for the opinion and the evidence on which it is based (where the Board consider that the medical evidence for and against the claimant is not sufficiently definite, or otherwise feel doubt as to the expression of a confident opinion one way or the other on the question of entitlement, they may leave the question unanswered and instead set out in their report the pros and cons of the medical evidence).



Military Service
Pensions Collection

No.

16. Is the disability in a final condition?

If not-

How long is the present degree of disablement likely to last?

- 17. At what period will the Board require a further Examination?
- 18. Does the man require further treatment? Is further treatment likely to benefit his condition, and if so, to what extent?
- 19. In the case of an amputated limb the following particulars will be entered—
  - (1) Limb affected.
  - (2) Site of amputation.
  - (3) Measurement of stump as defined in the fourth schedule of the Act.
  - (4) How long is stump soundly healed?
  - (5) Is patient fitted with an artificial limb?
- 20. Report of any X-Ray examination. Diagram or radiograph where available to be attached.

Not final.

N. A.

N. A.

H. A.

21. Report (if any) of oculist,
dentist, pathologist, or other
specialist to be attached.

See Pathologist's and A

See Pathologist's and Aurist's reports.

22. Does the claimant's disability require any Surgical or Medical appliance? If so, state what appliance is needed.

No.

- 23. In the case of a nerve injury, the following particulars will be required:—
  - (1) Nerve involved.
  - (2) Muscles affected.
  - (3) Area of loss of sensation—
    - (i) to pinprick.
    - (ii) to cotton wool.
  - (4) Reaction to faradism.
  - (5) Reaction to galvanism.
  - (6) Is R.D. present?

Indicate on charts (and attach) where possible the site and extent of the injury.

N.A.

Archives

### ASSESSMENT.

- 24 What is the degree of disablement at which, in the Board's opinion, claimant should be assessed, having regard to his present condition?
- 25. What is the degree of disablement attributable to service (where there is more than one disablement separate assessments should be shown)?
  - Assessment to be stated in words as well as in figures.

- (1) 50% (fifty) Not attributable to service.
- (2) 30% (thirty).
- (1) Nil.
- (2) No evidence that disability is attributable to service as claimed.

Signatures:

Militar

Miceal Mac Musera; CHAIRMAN.

Bamorm O Hogain,

Members

Date. 14th OCTOBER 1935.

#### PATHOLOGICAL REPORT

50/APB/1414 JAMES DOYLE.

SPECIMEN : URINE.

REPORT: -

Acid 1004 Albumin and sugar negative.

DATE. 2.9.35.

SIGNED. M.F. DODD. CAPT. AMS. O. I/C. LABORATORY.

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#### PATHOLOGICAL REPORT.

50/APB/1414. JAMES DOYLE. VES

SPECIMEN; Blood (Wassermann)

REPORT: :-

Wassermann Reaction - negative. Muller

DATE. 14.9.1935.

SIGNED. M.F. DODD. CAPT. AMS. O. I/C. LABORATORY.

Military Service Pensions Collection

### Ref. No. 50/APB/1414 NAME - JAMES DOYLE.

W.R. NEGATIVE: Case of old sclerosis. No damage to ear. Progressive deafness - right more advanced, both affected. Independent of any injury. - P.J. K.

Please answer all queries -

Is there any disability?

Yes. 50% loss of hearing.

If so, (1) what is the disability

(2) Assess percentage

50 %

(3) State whether due to service.

No.

(4) Is it due to injury?

No.

Is case final and stationary ?

Yes.

If not, after what period should case be reviewed?

--

Is any treatment necessary?

No.

If so, what treatment? (specify whether operative).

Nil.

Is claiment willing to undergo proposed treatment?

-

DATE 3.10.1935.

SGD. P.J. KEOGH.

Pensions Collection

## REPORT BY ARMY PENSIONS BOARD ON AN APPLICATION FOR A WOUND OR DISEASE PENSION, OR A GRATUITY UNDER SECTION 10 OF THE ABOVE-MENTIONED ACT.

Ref. No	Ref. No. 50/APB/1414
To the Army Pensions Board.	To the Minister for Defence.
I am directed by the Minister for Defence to transmit the accompanying application	The following members of the Army Pensions Board Attended:—
of James Doyle 1Desmonast, Stad Dublin	Mr. Michael Murney.
for report and investigation in accordance with the Army Pensions Board (Investigation of Applications under Part II of the	Dr. E. O Hogain.
Army Pensions Act, 1932) Regulations 1933. The relevant service certificate is	Capt. H. Macken.
also sent herewith. The report should	The report of the Board is as follows:—
take the form of replies to the questions set out herewith.	(Where the findings of the Board are not unanimous, separate reports signed by the individual members of the Board should be furnished.)
\$6 Musica da	
Date 9 July 35 DEPT. OF DEFEN	Signed Wielal Wae Weekrazi CE, Chairman of the Board.
RECEIVED	Date 14th October 1935.
5 NOV 1935	Date
PENSIONS BRAN	CH CH
1. What is the nature of the disablement (or disablements) from which the applicant	(7) 7
suffers?	(1) Deafness. (2) Neurasthenia.
suffers?  2. What is the cause of the disablement or disablements?	(2) Neurasthenia. (1) Disease not attributable to service. (2) No evidence that disablement is
2. What is the cause of the disablement or disablements?  3. (In case it appears from the service certificate that the applicant received a wound or injury while engaged in military	(1)Disease not attributable to service.  (2) No evidence that disablement is attributable to injury as claimed.
2. What is the cause of the disablement or disablements?  3. (In case it appears from the service certificate that the applicant received a	(2) Neurasthenia. (1) Disease not attributable to service. (2) No evidence that disablement is
2. What is the cause of the disablement or disablements?  3. (In case it appears from the service certificate that the applicant received a wound or injury while engaged in military service) is the disablement due to the wound or injury stated in the service certificate issued in respect of the applicant to have been received by the applicant while engaged in military service.  4. (In case it appears from the service certificate that the applicant contracted a disease during his military service) is the disablement caused by the disease stated	(2) Neurasthenia.  (1)Disease not attributable to service.  (2) No evidence that disablement is attributable to injury as claimed.  See reply to question 2 above.
2. What is the cause of the disablement or disablements?  3. (In case it appears from the service certificate that the applicant received a wound or injury while engaged in military service) is the disablement due to the wound or injury stated in the service certificate issued in respect of the applicant to have been received by the applicant while engaged in military service.  4. (In case it appears from the service certificate that the applicant contracted a	(2) Neurasthenia.  (1) Disease not attributable to service.  (2) No evidence that disablement is attributable to injury as claimed.  See reply to question 2 above.

5. What is the present degree of disablement of the applicant—assessing separately, where necessary, the disablement in each case.	(1) 50% (fifty). (2) 30% (thirty).
TON, OR A ORATGETT UNDER	per cent. months.
6. Was the disablement attributable to the applicant's own serious negligence or misconduct?	Arghivae
7. Is the disablement permanent or temporary? If permanent, is it in its final condition?	Not final.
8. Would medical or surgical treatment prove beneficial, and, if so, to what extent?	N. A.
9. State the nature and the duration of the treatment recommended, and how it may be best carried out?	N • A•
10. Is the provision of any medical or surgical appliance considered necessary?	N.A.
11. Were there any special circumstances connected with this case which the Board consider should be taken into consideration by the Minister? (Note section 10 (5) of the Army Pensions Act, 1932.)	N • A •
12. Was applicant medically examined by the Board?	The applicant was examined by the Medical Members of the Board, who assessed his disability as shown above.
or steametress on operation of the constraint of the constraint of the constraints of the	The Board, having considered the case, are unable to recommend an award as the disability referred to at (1) is not attributable to service and there is no evidence that the disability referred to a (2) is attributable to injury as claimed.
Pensions	yestim of transportation and the decision of the control of the co



Ref. No. 50/APB/1414.

ROINN COSANTA, (DEPT. OF DEFENCE),

GEATA NA PAIRCE,

BAILE ATHA CLIATH.

8 November, 1935.

A CHARA,

### Army Pensions Acts, 1923 to 1932.

I am desired by the Minister for Defence to state that your claim
under the above Acts has been duly investigated. The Minister regrets that
for the following reasons no award can be made to you.
(1) The deafness from which you suffer is not attributable
to service. (2) There is no evidence that the
neurasthenia in respect of which you claim is attributable
to injury as claimed.
Mise, le meas,
Tealan memorizarine
Mr. James Doyle, Runai.
1 Desmond Street. Issued. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Sth. Circular Road. SP 2188 2000 9-34 RC 2/31497

Dublin.

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Pensio sunter MSP Des DAL 25/192