

LT

AIRD

HUGH

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

DECEASED 1 12 51

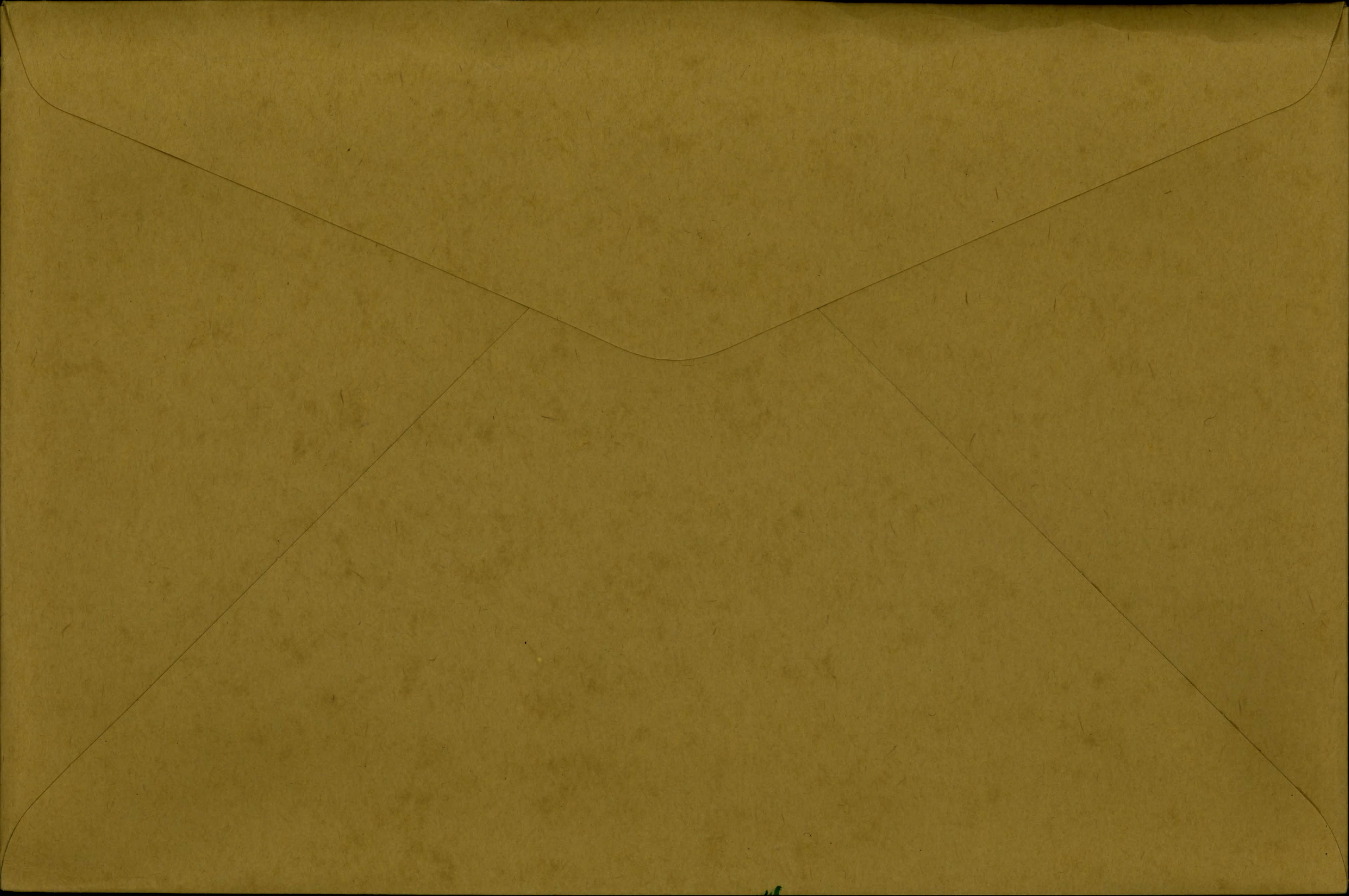
**NATIONAL PERSONNEL RECORDS CENTRE
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DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
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Location
Lieu

57

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



REGIMENTAL DOCUMENTS

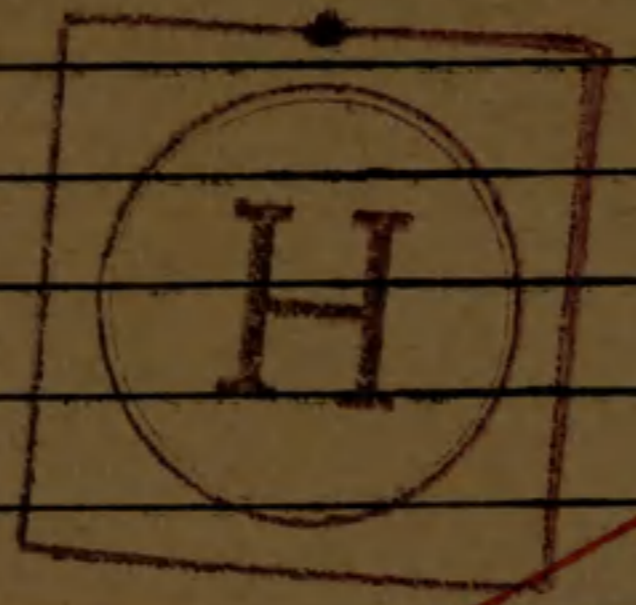
NAME **AIRD HUGH**

REGT. NO. **Lieut**

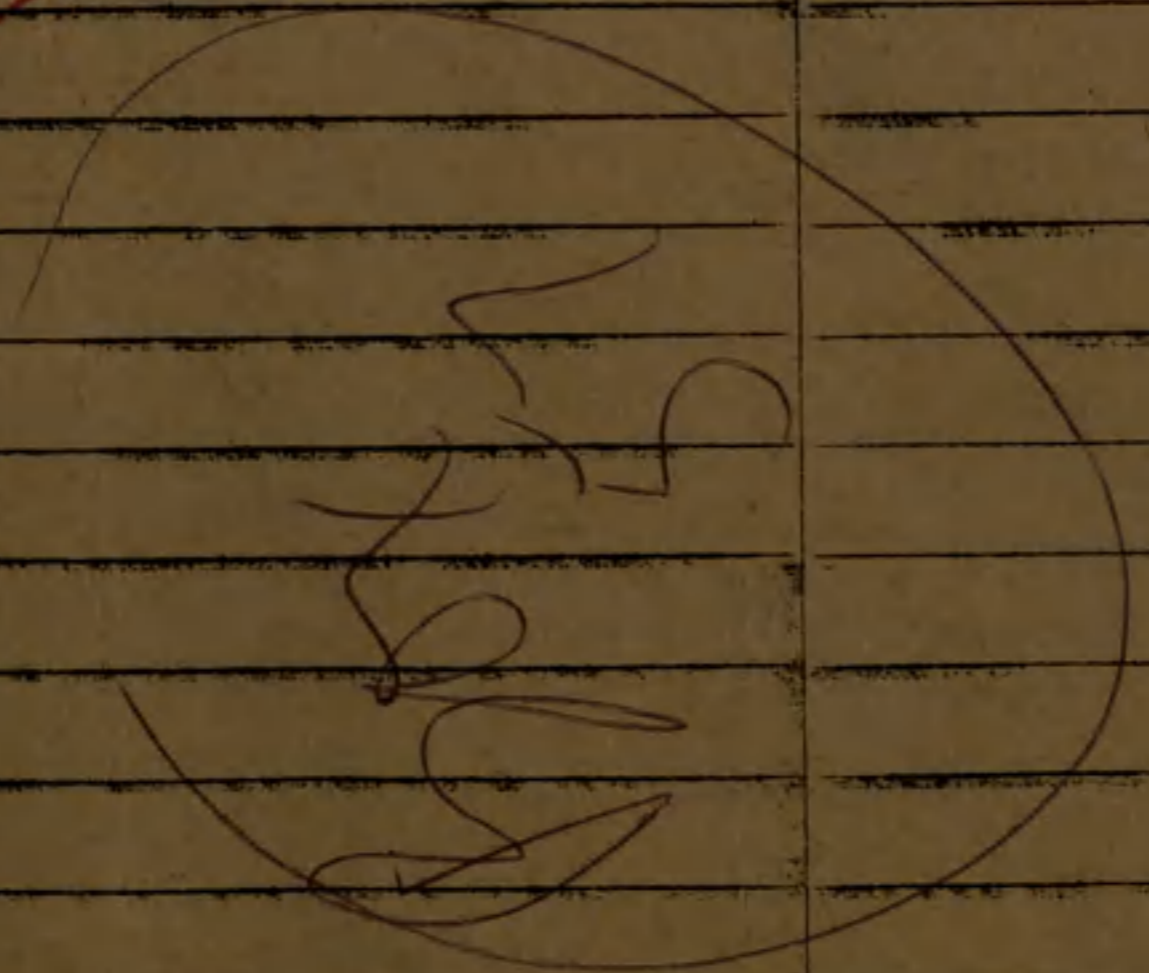
UNIT **78th Bn**

FILE NO. **2983**

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.I.S.V. 94 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 11)					
	FIELD CONDUCT SHEET (M.F.W. 478 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 265)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 394)					
1	<i>Form of Will</i>					4-12
4	<i>Cards</i>					4-12
3	<i>Pay Sheets</i>					5-13
						1



Deceased 1-12-51



ORIGINAL MEDICAL HISTORY SHEET

Surname AIRD Christian Name Hugh (Junior)

HEADQUARTERS
CANADIAN TRAINING DIVISION

Examined { on 25th day of August 1916
 at Regina
 Birthplace { City or Town Montreal
 County Quebec

Approved by Dennisweeney
 Rank Surintendent C.M. M.O.

Apparent age 24
 Trade or occupation Law Student
 Height 5 feet 7 1/2 Inches
 Weight 150 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 35 1/4 inches
 Physical development good
 Small-pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>20 APR 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 1896

Date	Result	VACCINATIONS
<u>Dec 1916</u>	<u>+</u>	<u>C.C.S.</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Appendix Scar
Tendency to Hammer toes

(b) Slight defects but not sufficient to cause rejection
Hammer toes

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 1916</u>	<u>+</u>	<u>TA. B/2 C.C.S.</u> M.O.
		M.O.
		M.O.

Enlisted on 25th day of August 1916 at Regina

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>Lieut.</u>		
Transferred to	<u>attached to 100th Bn</u> <u>78th Bn</u>			<u>28-12-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>13th Hussar</u>	<u>3-8-17</u>	<u>Wet back</u>	<u>3 mo sick leave</u>
<u>Falkstone</u>	<u>27-9-17</u>	<u>do</u>	<u>Home Service</u> <u>3 mo</u>
<u>Regina</u>	<u>5-11-17</u>	<u>Arachn</u>	<u>Home Service</u> <u>3 mo</u>
	<u>14-12-17</u>	<u>do</u>	<u>Home Service</u> <u>3 mo</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M.A.I.

PROCEEDINGS OF A MEDICAL BOARD

SHORNCLIFFE

assembled (at, Wastbourne Gardens, Folkestone) on 27.9.17.

by order of A.D.M.S. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt. H. Aird. (Corps) 11th Res. Batt. St. Martins Plain.

Age 24. Service 12/12. Disability G.S.W. Back.

Date of commencement of leave granted for present disability 3.8.17.

Date on which placed on half-pay for present disability -----

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

There is a large scar below left scapula. It is now healed but is still quite tender to pressure and it would be impossible for him to carry a pack. There is no disability of left arm or shoulder. The Board recommends as below.



The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.


- 1. Fit for General Service No unfit for 3 months.
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } No unfit for three months.
- 3. Fit for Home Service..... Yes.
- 4. Fit for Light Duty at Home..... -----
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital..... -----
 - (b.) In an Officers' Convalescent Hospital..... -----
- 6. (a.) Fit for light duty at a Command Depot..... -----
- (b.) Fit for treatment only at a Command Depot..... -----
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } -----
- 8. Was the disability contracted in the service?..... Yes.
- 9. Was it contracted under circumstances over which he had no control? } Yes.
- 10. Was it caused by military service?..... Yes.
- 11. If caused by military service, to what specific military conditions is it attributed? } Shrapnel.
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } -----

I concur in the findings of the Board of Medical Officers here recorded.

A.D.M.S. Invaliding for D.M.S. Canadian Contingents.

Officer's Address	}	.....	Signatures	}	<u>D.E. Howes. Capt. C.A.M.C. President.</u>
		<u>11th Res. Batt.</u>			<u>H.A. Culham. Capt. C.A.M.C. Members.</u>
		<u>St Martins Plain.</u>			
		<u>Shorncliffe.</u>			

INSTRUCTIONS.



1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Name Aird Lieut Hugh.

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Name and address of next-of-kin

332-122-158

Unit

11 Res. Bn.

British Military Mission

Date of enlistment

Special duties in the U.S.A.

Place of

Married (yes or no)

nil.

Date and place discharged

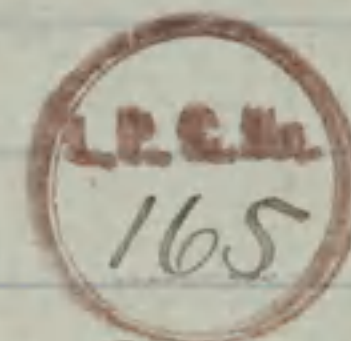
Amount of pay assigned monthly \$

nil.

Reason for discharge

To whom payable

Character on discharge



Saxonia 19¹/₁₈ - 7²/₁₈

P.E.

Paid by C.P. to 31-1-18.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date
<u>Readjustment of English L.P.C.</u>														
1.1.18	31.1.18	31	2.00	62 00	31	.60	18 60	18 00				111 60		x Mess 1 ¹ / ₁₈ - 18 ¹ / ₁₈
								<u>Dr. Balance</u>	13 00				111 60	o Paid by C.P. London
				62 00			18 60	31 00	111 60			111 60	111 60	

Advance of \$100⁰⁰/₁₀₀ made by C.P. London on account of Special Imprest account. Being recovered at the rate of \$15⁰⁰/₁₀₀ p.m beginning 1st February 1918.

L.P.C. to Lieut Donne 22³/₁₉₁₈.

x: 27 95 27 95 L.Bal 14 95 13 00 27 95

Staff kh. 1st bl. from 19¹/₁₈

x: Diffce \$2.60 + \$4.75
19.1.18 to 31¹/₁₈.

Amended L.P.C. to Lt. Donne 12³/₁₉₁₈

for return to Canada. P.T.O.

Name

Aird H

M. F. 41
100M-1-18,
1772-39-889.

Regimental No.

Name and address of next-of-kin

Unit

78th Pw

Date of enlistment

Place of

Married (yes or no)

Nil

Date and place discharged

S.O.S. Pwmm 15¹⁰/₁₈

Amount of pay assigned monthly \$

Nil

Reason for discharge

To whom payable

Character on discharge

Pd by B.M.M to 30⁹/₁₈ c 4.75. Clear

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
<i>1¹⁰/₁₈</i>	<i>15¹⁰/₁₈</i>	<i>15</i>	<i>4.75</i>	<i>71 25</i>											
<i>16¹⁰/₁₈</i>	<i>31¹⁰/₁₈</i>	<i>16</i>	<i>2.00</i>	<i>32 00</i>											
<i>"</i>	<i>"</i>				<i>16</i>	<i>1.00</i>	<i>16 00</i>								<i>Sub: 16 days c 1.70</i>
<i>"</i>	<i>"</i>						<i>27 20</i>				<i>146 45</i>			<i>146 45</i>	
							<i>146 45</i>	<i>cr Bal</i>			<i>146 45</i>			<i>146 45</i>	

L.P.C. to M.D. 13. 1/11/1918.

CANADIAN EXPEDITIONARY FORCE

H.F. 12-23.

R.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Lieutenant**

(Name in full)..... **Hugh AIRD,**



Enlisted in..... **Officers Over-seas Draft,**

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... **191**..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **Officers Over-seas Draft,**

CANADIAN EXPEDITIONARY FORCE on the..... **Twenty Fifth** day

of..... **August** 191 **5**.....

He SERVED in CANADA, **England and England Officers Over-seas Draft,**

100th Battalion, 11th Batta, 78th Batta, N.R.D., General List, 11th Res. Batta, 1st Depot Batta, Saskatchewan Regiment.

and was STRUCK OFF THE STRENGTH on the..... **Fifteenth** day

of..... **December** 191 **8**..... by reason of..... **General Demobilization.**

Dated at Ottawa, this..... **Eleventh** day

of..... **October** 191 **9**.....

Wounded 9/4/17.

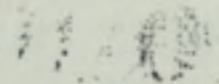
J. J. J. J.

Lieut.

for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service



ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Name)

(Name in full)

Entered in



CANADIAN EXPEDITIONARY FORCE on the day of ... AND WAS APPOINTED IN COMMISSIONED RANK

in ... CANADIAN EXPEDITIONARY FORCE on the day of ...

He served in CANADA ...

and was STRUCK OFF THE STRENGTH on the day of ...

of ... by reason of ...

at ...

Director of Personnel Services

11-1-41

Unit Officers Overseas Draft Rank Lieut. Name Aird, Hugh

31.0.17.
17-5-17.

Lieut

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? AIRD
- (b) What are your Christian Names? Hugh
2. (a) Where were you born? (State place and country) Montreal, Quebec.
- (b) What is your present address? 810 Spadina Crescent, Saskatoon, Sask.
3. What is the date of your birth? 28th June, 1893.
4. What is (a) the name of your next-of-kin? Mr. Hugh Aird
- (b) the address of your next-of-kin? 810 Spadina Crescent, Saskatoon, Sask.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Student at Law
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 105th Saskatoon Fusiliers.
9. State particulars of any former Military Service. Nil
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes



The undersigned hereby declares that the above answers made by him to the above questions are true.

Hugh Aird (Signature of Officer.)

Taken on strength (place) Regina, Sask.

(date) 25th August, 1916.

Denis Denny St. C. G. M. C.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 25th August 1916

Place Regina

Denis Denny St. C. G. M. C.
Medical Officer.

*Insert here "fit" or "unfit"

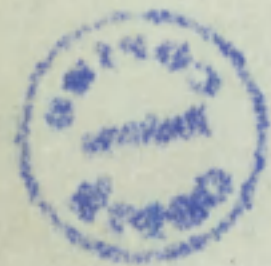
Car Dutton of S
E.M. 12/5/17.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)



CERTIFICATE OF MEDICAL EXAMINATION

This is to certify that the above named Officer has been examined by the Medical Services

of the CANADIAN OVERSEAS EXPEDITIONARY FORCE

W.E.W.

9-A-211

Unit Officers Overseas Draft Rank Lieut. Name Aird, Hugh.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? AIRD,
- (b) What are your Christian Names? Hugh.
2. (a) Where were you born? (State place and country) Montreal, Quebec.
- (b) What is your present address? 810 Spadina Crescent, Saskatoon, Sask.
3. What is the date of your birth? 28th June, 1893.
4. What is (a) the name of your next-of-kin? Mr. Hugh Aird.
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5. What is your profession or occupation? Student at Law.
6. What is your religion? Church of England.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 105th Saskatoon Fusiliers.
9. State particulars of any former Military Service? Nil.
10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE Yes.



The undersigned hereby declares that the above answers made by him to the above questions are true.

Taken on Strength Plan (Regina) Last date 25 August 1916
 (Sgd.) Hugh Aird. (Signature of Officer)
unreadable
 signature of commanding officer

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date 25th August 1916

Place Regina (Sgd.) Denis Sweeney, Lt. CAMC.
 *Insert here "fit" or "unfit." Medical Officer.

Compared and correct 2/9
CERTIFIED TRUE COPY
John H. ... Major,
 For the Records, C.E.F.

Casualty Form—Active Service.

Regiment or Corps 11th Can. Res. Batta.

Regimental No. — Rank Lieut Name AIRD, Hugh.

Enlisted (a) 25-8-16 Terms of Service (a) Dur. of War Service reckons from (a) 25-8-16 23.9.16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

CERTIFIED COPY
 97 APR 1913
 CASUALTY RECORD OFFICE

How A...

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28-8-17	O.C. 11 th	Attached to 11 th CR. Bn.	Shorncliffe	27-8-17	Pt. 11 Bn. O. 201.
5-10-17	O.C. 11 th	Cases to be attached 11 th CR. Bn.	"	3-10-17	Pt. 11 Bn. O. 234
<i>W. H. ...</i>					
Lieut Captain & Adjutant, 11th (Res.) Battalion.					
3-10-17	Adj. 11 th Res. Bn. 3-10-17	S.O.S. in R.D. to 11 th Res. Bn. in R.D. 209-2-17.	St. Martin's Plains.	3-10-17	
5-10-17	O.C. 11 th	Taken on strength 11 th Res. Bn.	Shorncliffe	3-10-17	Pt. 11 Bn. O. 234
7-1-18	O.C. 11 th	S.O.S. on proceeding to Diligate H.2. London. for embarkation orders to proceed to U.S.A.	Diligate	7-1-18	Pt. 11 Bn. O. 5
<i>W. H. ...</i>					
Captain & Adjutant, 11th (Res.) Battalion.					

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(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
7-1-18	S.O.S. M.R.D. on posting from 11th Regt Batt having prior to Adgvtion for Embk'n orders to U.S.A. (11th Regt No. 5 7-1-18) (M.R.D. No. 10 10-1-18)				
19-1-18	Off Comd to A.G. Hon. on being detached to War Office as instructor to U.S. Army. (L.G. Supp to C.R.O. 3589 (D.A.A.G. Seliff Q2 11-a 51 2-2-18) (M.R.D. No 36 3-2-18).				
19-1-18	Is graded for pay as staff Lt. (1st class) whilst sec on special duty at the W.O. (L.G. Supp to C.R.O. 3589 1-3-18) (M.R.D. No. 69 10-3-18) <i>L.G. 30541. 2/25-2-18</i>				

W. Schuller
 Lieut. & Adjutant,
 Manitoba Regimental Depot.

11-1-19	Regina	Attached 1st Depot Sask Regt Regina	15-10-18	R. O. 244 PP 2564
11-1-19	Regina	S. O. S. C. E. F.	15-12-18	R. O. 300 pp 3167.

W. Schuller
 Captain.
 District Record Officer. M.D. 12.



*S.O.S. Ret. to A.M. 15/12/18.
 L.O. 354 1/20/12/18.
 1/S.B.*



Lieut Aird H.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
9.3.17	C.B.D.	I.O.S. 78 th Batta	C.B.D.	9.3.17	N.R. Part II order #37 d/29.3.17.
20.3.17	"	Left for Unit	Field	20.3.17	N.R.
24.3.17	80 th Batta	Joined Unit	Field	21.3.17	B 213 DES 90
11.4.17	1 st Army G.H.Q.	wounded	"	9.4.17	Dist 20 952 DES 94
13.4.17	H/S. St Denis	wounded to England		13.4.17	W3083/3157 Part II ord 45 d 23/4/17
		Invalided wounded and detached to Man. Reg. Depot. Shorncliffe			<i>J. Anderson</i> Lieutenant for Major D.A.G. Canadian Section
21-4-17	G.L.O.	TAKEN ON STRENGTH & POSTED TO GEN. LIST		13-4-17	1596. <i>Frank ...</i> MAJOR FOR O.I.C. RECORDS, C.E.F.
21-5-17	A. G. Bon B.J.	Transferred to Manitoba Regiment & posted to Regimental Depot	Shorncliffe	21-5-17	G.L.O. 715 <i>W. ...</i>
21/5/17	G.L.O.	Taken on Strength Man Reg Depot.		21/5/17	<i>P. ...</i> Lieut. & Adjutant, Manitoba Regimental Depot.
2/8/17		Dischgd. Hosp (C.L. 745, 7/8/17) M.R.D. Do 158 - 14/8/17.			
3/8/17		Deild W.A.S. 3 Weeks. (M.B. London) S.D. 211. M.R.D. Do 159. 15/8/17			
27/8/17		Left to Duty at M.R.D. (M.R.D. Do 172. 28/8/17			
27/8/17		Att'd on board to 11 th Res. Bn. during period of home service ending 25/9/17			
					(M.R.D. Do 172 - 28/8/17.

FOR DIRECTOR OF PERSONAL SERVICES, C.O.M.F.

CERTIFIED CORRECT
 22 APR 1917
 CANADIAN RECORD OFFICE

332-122-158

8-a-211

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
 350M.-5-16.
 H. Q. 1772-39, 820.

Casualty Form—Active Service.

Unit, Regiment or Corps State of Officers, 100th Bn - 11th Rec Bn

Regimental No. 25/8/16 Rank Lieut. Name Aird, Hugh
 Enlisted (a) 24/8/16 Terms of Service (a) C.E.F. 100th Bn Service reckons from (a) 25/8/16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
25/8/16 } 25/8/16 } 73/9/16 }

Extended. Re-engaged. Qualification (b).

DISTRICT OFFICER
 PROOF NO. 12
 MAY 1918

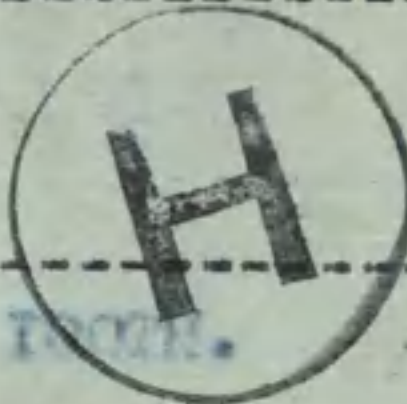
Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
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Ebarked
 Disembarked

Halifax 27-9-16
 Liverpool 6-10-16

Posted to C.M.S.

Shorncliffe 6-10-16 D.O.CTD.
 No. 5274 d/9-10-16



ATTACHED TO THE 11th BATTALION

SEAFORD 23-12-16 CMS PT II ORDERS No. 135 (6) d/21-12-16.

District Officer
 No. 12
 MAY 8 1918
 READING

[Signature]
 Capt & Adjutant,
 Canadian Military School.

20-12-16 Attached to 100th Bn. Seaford 23-12-16 Part II orders 353

20-1-17 O.C. 11th Taken on strength 11th Shorncliffe 20-1-17 Pt. 11 Bn. O. 15.

6-3-17 O.C. 11th trans to 78th Bn. overseas 4-3-17 Pt. II Bn. O. 53.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in special Corps duties.

[P.T.O.]

J.M.

Surname AIRD.

Christian Names John. HUGH

11th Res 27.2.17

Rank Lieut.

Name and Address of Next-of-Kin Father.

Promotion

Mr Hugh Aird.

810 Spadina Crescent, Saskatoon, Sask.

Unit Officers Draft to Canadian Military School.

Place of birth Montreal, Quebec.

Married (Yes or No)

Appointments

Date of leaving Canada 23.9.16 24.9.17.10.16 Date and Cause of Resignation



Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date and Cause of Resignation		REMARKS Taken from Official Documents
Date	From whom received		Date	Place	
20-10-16	G.O.C.C.T.D.	TAKEN ON STRENGTH & POSTED TO GEN. LIST & detailed to C.M.S.	6-10-16		appen. D.O. 5463
19.12.16	Brtn	leaves to be att Oms att 100 Pm	23.12.16		R.O. 618 (P. 11 th Res 953. 100 Pm)
10-7-17	Brtn	Passed 19 th Regular Course C.M.S. L.P.S. on transfer to 11 th Res Bn.	23.12.16		R.O. 231. R.O. 247 (P. 11 th Res)
8-2-17	Adj. Gen.	Transfd to 11 th Res. Bn.	20.1.17		P. 11 th Res 23. (11 th Res) P. 11 th Res 1015 (11 th Res)
8-3-17	S. Cliffe	Proceeded Overseas for service with 78 th Bn	31-1-17		Appen. to R.O. d/8-2-17 P. 11 th Res 37-78 th Bn. - 29-3-17
13.4.17	C.R.O.	adm. #7 Sta Hosp Boulogne	9.3.17		6-3-17 R.O. 1186 P. 11 th Res 11 th Res Bn
21.4.17	G.L.O.	TAKEN ON STRENGTH & POSTED TO GEN. LIST	10.4.17		R.O. 1186 P. 11 th Res 11 th Res Bn
23.4.17	78 th Bn	inval wounded & det to Man Reg Depot	13.4.17		CL 647 GRW. Multiple
19.4.17	C.R.O.	Adm 2 nd West Gen Hosp Manchester	13.4.17		P. 11 th Res 11 th Res
		Trans. Posted to Man to a Regiment 1 Depot	3-8-17		CL 745 SW. bank etc.
28-9-17	Man R. Dep	attached on Com ^d to 11 th Res Bn.	13.4.17		CL 652. BW R Leg.
4-10-17	do	Posted to 11 Res Bn.	23.5.17		G.L.O. (App)

A.F.B. 103, A.F.B. 108, 6-MAY-1917 12-MAR-1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
24. 11. 17	HA out 7C	Qualified 1 st Class. 41 st Rifle course at Eastern Command Depot Hythe from 5. 11. 17 to 1. 12. 17. DR 1839.			
7-11-18	11 Res Bn.	S.O.S. on proceeding to Hq Low for embarkation to U.S.A.		7-1-18	SHI 05
25-2-18	WO	Graded for purposes of pay as a Staff Sergeant 1 st Class 19-1-18 while suspended for duty with War Office (Instructional duty U.S.A.)			Ly #30541
12. 6. 18.	HA out 7C	S.O.S. out of UK on proceeding to Canada for duty with British Mission to U.S.A.		19. 1. 18	R 04153.
1-2-19	WO.	Grades to be graded for pay as Staff Sergeant 1 st Class (British Mil. Mission to U.S.A.)		15/10/18	Ly 31159



1741

PROCEEDINGS OF A MEDICAL BOARD
SHORNCLIFFE—

assembled at.....(19, Westbourne Gardens, Folkestone,).....on.....5-11-17.....

by order of.....A.D.M.S. CANADIANS.....

for the purpose of examining and reporting upon the present state of health of

(Rank and Name)....Lt. AIRD. H.....(Corps) 11th. Res. Bn. St. Martin's Plains

Age. 24.....Service. 14/12.....Disability. G.S.W. Back.....

Date of commencement of leave granted for present disability.....3-8-17.....

Date on which placed on half-pay for present disability.....Not app.....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

There is a large & a small scar on & just below left Scapula. Scars thin & not adherent or irritated. Scar tender and interferes with wearing equipment, but is improving in this respect. Wounded 9-4-17 at Vimy. Four months in Hospital.

He is robust & well nourished. Heart normal.

Board recommends further period of Home Service.



The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service No. Unfit for 2 mos.
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } Not applicable.
- 3. Fit for Home Service..... Yes.
- 4. Fit for Light Duty at Home..... ---
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital..... ---
 - (b.) In an Officers' Convalescent Hospital..... ---
- 6. (a.) Fit for light duty at a Command Depot..... ---
- (b.) Fit for treatment only at a Command Depot..... ---
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } ---
- 8. Was the disability contracted in the service?..... Yes.
- 9. Was it contracted under circumstances over which he had no control? } Yes.
- 10. Was it caused by military service?..... Yes.
- 11. If caused by military service, to what specific military conditions is it attributed? } G.S.W. in action.
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } Not applicable.

I concur in the findings of the Board of Medical Officers here recorded.
W.F. Jackson
Capt. D.A.D.M.S.
for D.M.S. Canadians

B. Officer's Address	{	Man. Reg. Depot.....	Signatures	{ D.E. Howes. Capt. C.A.M.C. President.
		St. Martin's Plains.....		{ W.F. Jackson. Capt. C.A.M.C. Gens.


INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

INSTRUCTIONS.



1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

PROCEEDINGS OF A MEDICAL BOARD

assembled at.....**13. Berners Street, W.1.**.....on.....**3-8-17**.....

by order of.....**A.D.M.S. LONDON AREA**.....

for the purpose of examining and reporting upon the present state of health of

(Rank and Name).....**LIEUT. H. AIRD**.....(Corps).....**78th Battalion**.....

Age.....**23**.....Service.....**11-12**.....Disability.....**G.S.W. BACK.**.....

Date of commencement of leave granted for present disability.....**3-8-17**.....

Date on which placed on half-pay for present disability.....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

.....**he sustained a wound and is in the condition described**
.....**in Army Form A. 45a of this date.**.....

.....**The Board recommend :-**.....



The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service **No - 3 weeks**.....

2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* }

3. Fit for Home Service..... **No - 3 weeks**.....

4. Fit for Light Duty at Home..... **No - 3 weeks**.....

5. Requiring indoor hospital treatment—

(a.) In an Officers' Hospital.....

(b.) In an Officers' Convalescent Hospital.....

6. (a.) Fit for light duty at a Command Depot.....

(b.) Fit for treatment only at a Command Depot.....

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation }

8. Was the disability contracted in the service?..... **Yes**.....

9. Was it contracted under circumstances over which he had no control? }

10. Was it caused by military service?..... **Yes**.....

11. If caused by military service, to what specific military conditions is it attributed? } **S H R A P N E L**.....

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? }

I concur in the findings of the Board of Medical Officers here recorded.
S. H. McCoy
Captain, D.A.D.M.S.
for D.M.S.
Canadians,

Officer's Address { **Bank of Montreal, S.W.** Signatures { **S. H. MCCOY. MAJ. CAMC.** President
..... **J. A. MCKEE. CAPT. CAMC.** } Members.
..... **E. E. ROGER. S. CAPT. CAMC.** }

PROCEEDINGS OF A MEDICAL BOARD

assembled at..... **13. Berners Street, W.1.**..... on..... **25-8-17**.....

by order of..... **A.D.M.S. LONDON AREA**.....

for the purpose of examining and reporting upon the present state of health of

(Rank and Name)..... **LIEUT. H. AIRD**..... (Corps)..... **78th Battalion**

Age..... **23**..... Service..... **11-12**..... Disability..... **G.S.W. B.A.C.K.**.....

Date of commencement of leave granted for present disability..... **3-8-17**.....

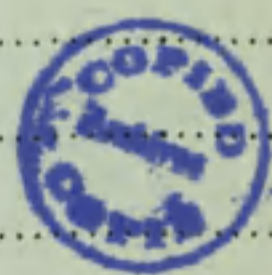
Date on which placed on half-pay for present disability.....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this Officer reappears before the Board after three weeks leave......

He feels a slight triggng of scar on certain movements, but no disability and movements look perfectly free......

The Board recommend as below :-.....



The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service **No - 1 month**.....
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* }
- 3. Fit for Home Service..... **Yes**.....
- 4. Fit for Light Duty at Home.....
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.....
 - (b.) In an Officers' Convalescent Hospital.....
- 6. (a.) Fit for light duty at a Command Depot.....
- (b.) Fit for treatment only at a Command Depot.....
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation }
- 8. Was the disability contracted in the service?..... **Yes**.....
- 9. Was it contracted under circumstances over which he had no control? } **Yes**.....
- 10. Was it caused by military service?..... **Yes**.....
- 11. If caused by military service, to what specific military conditions is it attributed? } **S H R A P N E L**.....
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? }

I concur in the findings of the Board of Medical Officers here recorded
G. J. Matthews
Captain, D.A.D.M.S.
for D.M.S.
Canadians

Officer's Address {	..... Bank of Montreal,	Signatures {	S.H.MCCOY. MAJ. CAMC. President.
	..... 9 Waterloo Place, S.W.		J.A.MCKEE. CAPT. CAMC.
	.....		A.W.PARK. CAPT. CAMC.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



FORM OF WILL.

I, Hugh Aird jr (Name in full)

Regimental Number _____ serving in _____

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Hugh Aird sr
810 Spadina Cresc
Saskatoon Sask } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Hugh Aird sr
810 Spadina Cresc.
Saskatoon Sask } Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 25th day of August A. D. 1916

Hugh Aird jr Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness M. M. Macmillan
Address of Witness 374 ave E South Saskatoon Sask.
Occupation of Witness Student - at - law
Signature of Second Witness A. G. O'Brien
Address of Witness Prince Albert
Occupation of Witness Chk.

FORM OF WILL

I, the undersigned, of legal age and sound mind, do hereby declare this to be my last will and testament, and I revoke all former wills and testaments by me made.

I appoint all my real estate and

personal property to the following persons, to have full power and authority to sell, lease, convey, mortgage, and otherwise dispose of the same, and to execute all such instruments as may be necessary or proper for the carrying out of the purposes herein expressed, and to do all such things as they may think fit to do in and about the premises.

My executors are: *[Handwritten names]*

My executor is authorized to execute all such instruments as may be necessary or proper for the carrying out of the purposes herein expressed, and to do all such things as they may think fit to do in and about the premises.

I hereby declare that I am not making this will in fraud of any creditor of mine, and that I am not making this will in fraud of any person entitled to a share of my property.

Witness my hand and seal this *[Handwritten date]* day of *[Handwritten month]*, 19*[Handwritten year]*.

DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE AND CHILDREN.

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:—At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B. 227 or other form used for medical examination.)

I, _____ *Lieutenant* _____
(Regimental Number) (Rating or Rank)
Hugh Aird _____
(Full Name)
75 B T m _____
(Ship or Unit)

hereby declare as follows:—

1. That I am married and my wife is alive.
 (Attach marriage certificate if possible.)

(If you are not married write the words "NOT MARRIED" on next line.)

W. Married

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age. (Attach birth certificates if possible.)

Names of Children	Sex	Dates of Birth	Place of Residence	By whom Maintained
<i>Nil</i>				

(NOTE:—If you have no children write the words "NO CHILDREN" across the above space.)

_____ *H. Aird* _____
Signature of Officer or Soldier.

Witness: _____ *Charles Co. md* _____
Member of Medical Board.

NOTE:—If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.)

DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE AND CHILDREN

This form is to be filled in and signed by a disabled man at the time he is medically examined for the first time.

(Note:—If the time of medical examination (this form is to be handed to the Officer or Soldier) and when filled in is to be attached to completed M.F. 237 or other form used for medical examination.)

I, Henry James
 of London
 do hereby declare as follows—
 1. That I am married and my wife is living
 (attach marriage certificate if possible).
 (If you are not married write the words "Not Married" on next line.)
Mrs. James

2. And that the following are the particulars of my living children, boys under sixteen and girls under fourteen years of age (attach birth certificates if possible).

Full name of child	Sex	Date of birth	Age

(Note:—If you have no children write the words "No Children" across the above space.)

Signature of Officer or Soldier
Henry James

(Note:—If the marriage and birth certificates mentioned above are not forwarded with this form you will be required to secure and forward them at a later date. The signatures will be required at your next period.)
 B.F. Form 141

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of _____

A.D.M.S. LONDON AREA

for the purpose of examining and reporting on the present state of a wound or injury sustained

by LIEUT. H. AIRD 78th B'n

at ^(Place of injury) VIMY RIDGE on the ^(Date of injury) 9-4-17

The Board find this Officer sustained a wound at above place on
above date.

Hospitals - 11th F.A. 23rd C.C.S.....9-4-17

7th Stationary.....10-4-17

2nd Western General.....14-4-17.

There is a shrapnel wound of back, extending from the spine
outward and crossing the inferior angle of left scapula,
and a scar over axillary border of the scapula. Wounds
are now well healed. Arm movements free.

The opinion of the Board upon the questions below is as follows:—

1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)

2.—If the case does not come under the category 1:—

(a) Was the injury, in the first instance, very severe in character?

(b) Are its effects still very severe?

3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)

4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—severe or slight and permanent or not permanent, as the case may be.

5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—	No		
2.—	No		
3.—			
4.—		Slight, not permanent.	
5.—			4½ months.

I concur in the findings of the Board of Medical Officers here recorded.
S. H. McCoy
Captain, D.A.D.M.S.,
for D.M.S.,
Canadians,

Signatures

S.H. MCCOY. MAJ. C.A.M.C.

J.A. MCKEE. CAPT. C.A.M.C.

F.E. ROGERS. CAPT. C.A.M.C.

Station 13. Berners Street, W.1.

Date 3-8

[P.T.O.]

**INSTRUCTIONS to be observed by the Medical Board
preparing the Report.**

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.

4. If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.

Station
and Date.

MEDICAL OFFICER. *Captain*
MEDICAL CASE SHEET.*

Cof 6

No. in Admission and Discharge Book. <i>F.R. 80</i>	Regimental No.	Rank.	Surname.	Christian Name.
	Year	Unit.	Age.	Service.

78. Canadians. 23. 5 4 / 12 52

Station and Date. *2nd W. G. High Street 17. 4. 17*

Disease *L5W Back. (Muscle) Severe*

DATE OF ONSET *9/4/17*

14/4/17 *insert tube brought H₂O₂. Saline Gargling.*

18-5-17. *light packing with Esmarch.*

29/6/17. *sinus exposed, prosthesis of rib bare, curettage & B.I.P. Allergies*

27/7/17 *For Canadian Medical Board*

28/7/17 *Applied for*

3. 8. 17. *Discharged to attend Canadian Medical Board*

H. Bird (Father)
810, Spadina Crescent,
Saskatoon
Sask. Canada.

a. J. 500. 23. 7. 17.

2nd 3/8/17

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

REPORT

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

Action by Officer (c Hospital)

(1) See that all entries are properly and fully made and signed.

(2) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

Action by Officer Commanding Unit

(a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(b) On transfer to another Unit—to Officer Commanding such Unit.

(c) On proceeding Overseas—return to Record Office, London, without delay.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Student at law

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Regina Sask.

DATE

Aug. 25th. 1916

*Present Address: 810 Spadina Crescent, Saskatoon
Sask.*

SURNAME. *Aird*

CHRISTIAN NAMES

Hugh

REGL. No.

RANK

Lieut.

UNIT

Officers O.S. Craft.

FORMER CORPS

105th. Regt.

NEXT OF KIN.

NAMES IN FULL

Aird Hugh.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*810 Spadina Crescent
Saskatoon, Sask.*

CHANGE OF ADDRESS



COUNTRY OF BIRTH

Canada, Montreal P.Q.

DATE

June 28th. 1893

PLACE OF ATTESTATION

Regina Sask.

DATE

*Aug. 25th. 1916**D. arrived at Halifax from**Eng. 7-2-18. Per. ss. Sylvania*

L. L. 10437. M. & D. 7253.

*o/s 25-9-16 565
7*

M. F. W. 22. 100M. -11-16. H. Q. 17 2-39-339.

332-122-156

Number.....

Rank.....

LIEUT.

B

Surname.....

AIRD

Christian Name.....

HUGH

V

Units.....

Theatre of War.....

FRANCE

Date of Service.....

6. 3 17.

Remarks.....

Latest Address.....

Roll No.

B Page 13510

200m.-2-21.M.

Man. Regt

DESP. JUN 15 1922
REGN. NO. *Mc 21262*

Q & V by Air Min - 332-2-28

Number Rank **LIEUT.**

Surname **AIRD**

Christian Name **HUGH RISTON**

Units Theatre of War **ENG.**

Date of Service **4-6-15.** **8-11-15**

Transferred to R.N.A.S. 8-11-15 L.G. 30118 dated 1/6/17

Remarks

*C.M.G. Admiralty. Roll No 1. Page 7.
Auth. 14/A (M) N.P. (2) 1853 - 13404 of 31.8.20*

Latest Address

Roll No. *A Page 1824*

CLINICAL RECORD
BRIEF

Hospital Base
Register No. 12812 Ward 18

Name Aird, Hugh
Rank 1st Lt. Co. — Regt. or Staff Corps British Mission

Age (years) 24 Race W Service (years) —

Birthplace England Canada

Station Camp Lee, Va.

Date of admission April 14th 1918

Source of admission Command

Religion Prot.

Home address Saskatoon, Sask, Canada

Name and address of nearest relative Father,
H. Aird, Saskatoon, Sask, Canada

Initials of admitting officer [Signature]

(To be filled in by ward surgeon when case is completed.)

Disposition recovery

Date Nov 1918

Final diagnosis Pharyngitis
acute. Hypertrophy of
Tonsils & Tonsillotomy

Condition on completion of case curd

[Signature]
Ward Surgeon.

INSTRUCTIONS.

1. When a patient is admitted to hospital Form 55a will be filled in (so far as the data are available at the time) in the receiving ward, if there is one, or in the office. This form will accompany the patient to the ward to which he is assigned, and will be the wardmaster's authority for his admission thereto.

2. The clinical record will be completed in the ward, using such lettered blanks of Form 55 as may be necessary for the case. All important or continued treatment will be entered on Form 55j, whether Bedside Notes, Form 68, are used or not.

3. When final disposition of the case is made the ward surgeon will complete and sign Form 55a, fasten together all the sheets of the clinical record, including laboratory reports, by means of paper clips passed through the perforations, and send them to the office.

4. All current clinical records in a ward may be conveniently kept on a small Shannon file furnished for the purpose.

CLINICAL RECORD
FAMILY AND PERSONAL HISTORY

Occupation:

Tropical service: Law student.
none.

Habits as to alcohol: Hardly none
in any form.

Family history: Father 40 Mother 33
healthy. One sister. living & well.
one brother. killed in action.

Previous personal history:

measles.
diphtheria at 8. Mumps
at 7. appendectomy two. 15

Gunshot wounds or other casualties: ^{on} left scapular

shoulder below scapular.
shell entered pleura cavity
was drained 4 or 5 weeks.
due to shell casing.

Venereal history:

Hernia.

SURNAME OF PATIENT

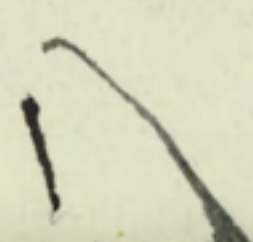
CHRISTIAN NAME

Rind Hugh



RECORD OF THE
 BOARD OF DIRECTORS

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CLINICAL RECORD
OBJECTIVE SYMPTOMS

Condition on admission: *Good.*

Weight: Normal *154* ; Present *156.*

General condition: *Pharyngitis and very drowsy.*

Special senses: *slight trouble to ear, itching, no inflammation*

Skin and mucous membranes: *negative.*

Glandular system: *negative.*

Vascular system: *negative*

Blood pressure:

Heart: *negative.*

Lungs: *negative.*

Genito-urinary system:

negative

Aird Hugh

SURNAME OF PATIENT

CHRISTIAN NAME

~~*Johnston, Andrew L.*~~ *E.P.M.*

OFFICIAL RECORD

OFFICE OF THE COMMISSIONER

State of New York

County of ...

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CLINICAL RECORD
OBJECTIVE SYMPTOMS—CONTINUED

Abdomen: *negative*
Liver, *negative*
Spleen, *negative*
Tenderness, *none*
Masses, *none.*

Nervous system: *negative.*

Osseous system: *negative.*

Muscles and joints: *On left shoulder
post. below acromion a
scar due to shell wounding*

Diagnosis on transfer card:

Pharyngitis, acute,

Diagnosis of ward surgeon:

SURNAME OF PATIENT

CHRISTIAN NAME

Rind Hugh

CLINICAL RECORD

OBJECTIVE SYMPTOMS - CONTINUED

Abdomen:

Liver:

Spleen:

Lungs:

Heart:

Neurosystem:

Genitourinary:

Extremities and joints:

Diagnosis on transfer card:

Diagnosis of head injury:

CLINICAL RECORD

HISTORY OF PRESENT DISEASE

(Date and mode of onset; probable cause; evolution and course to admission.)

Admitted April 14-18.
on word 13.

Saturday (13th) morning
began to have headache.
Chills and feverish,
nausea and vomited
once during the morning
(principally bile contents)
pain in stomach
before vomiting, some
aching over body.
soreness in throat
low down, during
Saturday & is dry has
been very drowsy and
sleepy. no cough,
no appetite,
bowels regular,
urination, normal.

SURNAME OF PATIENT

CHRISTIAN NAME

Aird Hugh

CLINICAL RECORD

HISTORY OF PRESENT DISEASE

The patient is a 45-year-old male, who reports a history of chronic, progressive weakness and fatigue, particularly in the lower extremities, which has been present for approximately 10 years.

The patient's symptoms are characterized by a gradual onset and a steady decline in physical performance. He has noticed a significant increase in muscle weakness and a decrease in endurance over the past several years. The weakness is most pronounced in the lower extremities, making it difficult for him to walk long distances or climb stairs. He has also experienced frequent falls and a general sense of exhaustion. There is no history of trauma, surgery, or other acute events that might have contributed to his condition. The patient has a long-standing history of hypertension and is currently on medication. He has also noted some weight loss and a decrease in appetite over the past few years. There is no family history of similar symptoms.

Signature: _____
Date: _____

CLINICAL RECORD
SUBJECTIVE SYMPTOMS

Condition on admission:

Apr 14th P.
Heart & lungs } apparently normal
Lungs roared scar (12)
just below right scapula
(exit wound) & round scar
(6) above it (entrance wound)
from piece shell casing.
Abdomen neg.
Throat congested pharynx
Diagnosis. Pharyngitis
acute. Tracheitis acute
H.C.

April 15th
Patient noted
very well. head continues
to ache some. Throat
congested. continues
very crowdy.

Aird Hugh

SURNAME OF PATIENT

CHRISTIAN NAME

~~Pulaski~~ ~~Andrews~~ W.R.

CHRONOLOGICAL RECORD

IN THE MATTER OF THE ESTATE OF

OF THE COUNTY OF

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CLINICAL RECORD
PROGRESS

(All complications, and all changes in diagnosis, with the date in each case, should be entered on this sheet.)

April 18th
Patient had a
good night.
Has not complaint
of anything this a.m.

April 23^d
Has a hocking cough
no expectoration.
Throat is irritated from
coughing.
Over the right chest get
few moist rales.
Percussion & fremitus negative

April 24.
Tonsillectomy.
Doing nicely ✓

May 5th - Patient cough
entirely gone since
tonsil operation.
General condition
good. J.H.B.

SURNAME OF PATIENT

CHRISTIAN NAME

Aird Hugh

CLINICAL RECORD
REPORT ON BLOOD

From Laboratory Ward Lab. 13
April 14, 1918.

To Ward 13

Malaria negative

Serum reaction:
Typhoid fever _____

Malta fever _____

Specific dysentery _____

Blood count:
Red corpuscles _____

White corpuscles 6,000.

Hemoglobin: Per cent _____

Differential count:

Small mononuclears 18% Myelocytes _____

Large mononuclears 4% Normoblasts _____

Transitionals 2% Megaloblasts _____

Eosinophiles 2%

Polymorphonuclears { Neutrophiles 72%

Basophiles _____

Culture _____

Miscellaneous _____

J. H. ...
...
U. S. Army.

SURNAME OF PATIENT

CHRISTIAN NAME

Quind

Hugh

RANK

COMPANY

REGIMENT OR STAFF CORPS

Lieut

-

British Mission

CLINICAL RECORD
REPORT ON BLOOD

141

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CLINICAL RECORD
REPORT ON URINE

From Laboratory Wood Lab. 13
April 15, 1918.
To Wood 13

Volume (in 24 hours) spec
Color Amber Appearance Clear
Reaction acid Specific gravity 1.025
Albumin none Sugar none
Indican none Acetone Trace
Urea (in 24 hours) ✓ Total solids ✓

MICROSCOPICAL EXAMINATION

Mucus none
Pus none
Blood none
Casts none
Epithelia none
Bacteria many
Crystals none
Amorphous deposits none

J. H. Boyle
AMRC, U.S. Army.

SURNAME OF PATIENT

CHRISTIAN NAME

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COMPANY

REGIMENT OR STAFF CORPS

Lieut

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British Mission

CLINICAL RECORD

REPORT ON

From Laboratory

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CLINICAL RECORD

TREATMENT

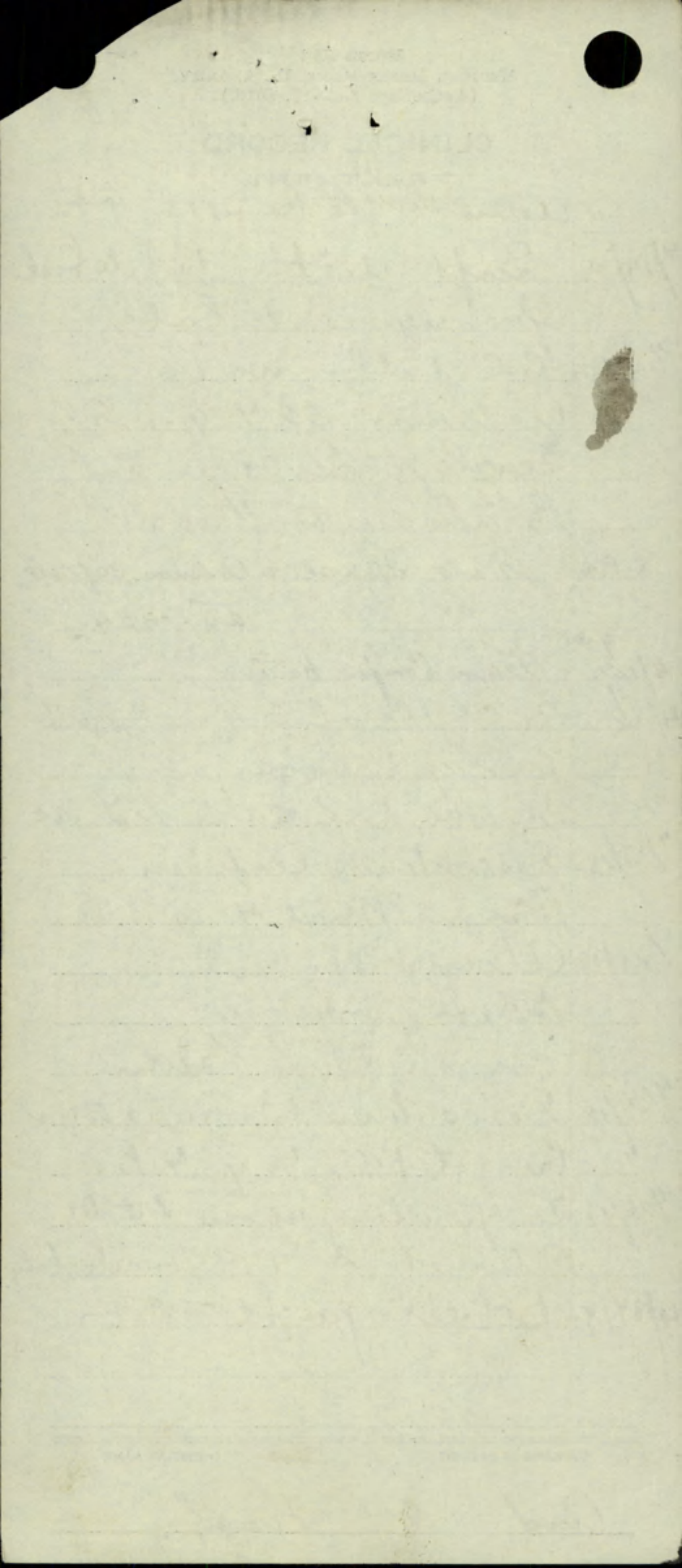
DATE	TREATMENT
	Admitted to ward 13. P.R.
4/14/18	Soft diet. Put to bed. Spec urine to lab.
7 ³⁰ P.M.	G.C. Pills, no \dot{i} . Aspirin 324 q. 3 h. Dangle & Dobell's Sol. R spray to throat.
8 P.M.	Pulv. Specac & Aspirin capsule aa. 324.
9 ³⁰ P.M.	
4/15/18	Alain Comp: no \dot{i} .
4/16/18	Pain-throat in Hg $\frac{3}{10}$ B.T. Tr. sup. Veronica Cc. Hcl Dil. aa. 1. tid. ac.
4/17/18	Discontinue Aspirin. Brown's Mixt 4. q. 3 h.
4/20/18	Alain Pills no \dot{i} . Bleed throat with Cryol. 20 gr. B.T.
4/24/18	Discontinue Brown's Mix. Creosote & Oil 4. q. 4 h.
4/26/18	To operating room 1 P.M. Returned 2 ³⁰ P.M. Lonsilectomy
4/29/18	Dobell's gargle F.T.D.

SURNAME OF PATIENT

CHRISTIAN NAME

And

Hugh.



BH 1 M 1-5-13

BASE HOSPITAL
Camp Lee, Petersburg, Va.

Date April 24 18

Name Sicut Bird.

Referred to West Throat Dept.

By H. Boyle word 13

For Exome Throat

J. H. Boyle
M. R. C.

REPORT.

DATE April 24, 1918

Pharyngitis.
Dilated tonsils.
Elongated uvula.

J. H. Boyle
M. R. C.

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[Handwritten text in cursive script, possibly a signature or name]

CLINICAL RECORD
OPERATION REPORT

Diagnosis: *Diseased Tonsils*

Operation: *Tonsillectomy*

Date: *April, 26, 1918*

Anesthetic used: *Cocaine* Amount: *1/8 of 1% Sol.*

Administration of anesthetic begun:

Administration of anesthetic ended:

Operation begun:

Operation ended:

Anesthetizer: *L. Bryan*

Operator: *James L. Bryan*
1st. Lieut. M. R. C.

H. P. Duell, M. R. C.
U. S. Army,
In charge of Operating Room.

SURNAME OF PATIENT

CHRISTIAN NAME

Aird

Hugh.

RANK

COMPANY

REGIMENT OR STAFF CORPS

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British Mission

CLINICAL RECORD
OPERATION REPORT

Date: _____

Operation: _____

Anesthetic used: _____

Administration of anesthetic began: _____

Administration of anesthetic ended: _____

Operation begun: _____

Operation ended: _____

Anesthetist: _____

Operator: _____

[Handwritten signature]

In Charge of Operating Room

ADDRESS OF HOSPITAL

DEPARTMENT OF SURGERY

NO. _____

CLINICAL RECORD
 TEMPERATURE, ETC.

DATE	WT. Pds.	URINE C. C.	STOOLS No.	TEMPERATURE		PULSE		RESPIRATION	
				A. M.	P. M.	A. M.	P. M.	A. M.	P. M.
4/19/18	7	P.M.	0		98.6		68		18
	8				98.6		70		18
4/20/18	8	A.M.		98		60		16	
	12	M.		98		60		16	
	4	P.			98		60		16
	8	P.	I		99.6		72		18
4/21/18	6	A.		98	97	60	60	18	18
	8	A.M.		98		60		16	
	4	A.M.		98		84		18	
	8	P.M.			97		60		16
	6 ³⁰	A.M.		97	97	62		18	
4/22/18			I	98.8		72		18	
	12			97		84		18	
	9 ³⁰			97		72		18	
4/23/18	8	M.	I	97 ⁴	97 ³	62	72	18	18
4/24/18	8	A.M.		97 ⁸		70		18	
4/25/18	8	"		97	97 ⁸	60	76	18	18
4/26/18	8	"		97 ⁴		72		18	
	12			98 ⁴		74		18	
	8			98 ⁰⁴		92		20	
4/27/18	13 ³⁰			98 ⁰⁴		80		20	
	8			98 ⁴		72		20	
	4	12 ³⁰ M.		100		72		20	
	8	"		98 ²		72		20	

SURNAME OF PATIENT
 Lt. Aird

CHRISTIAN NAME
 Hugh

CLINICAL RECORD

TEMPERATURE, ETC.

DATE	TIME	TEMPERATURE	PULSE	BLOOD PRESSURE	RESPIRATIONS	WEIGHT	DIET	DRUGS	REMARKS
11/1	8 AM	98.5	70	110/70	18	150	...	...	...
11/1	10 AM	98.5	70	110/70	18	150	...	...	...
11/1	12 PM	98.5	70	110/70	18	150	...	...	...
11/1	2 PM	98.5	70	110/70	18	150	...	...	...
11/1	4 PM	98.5	70	110/70	18	150	...	...	...
11/1	6 PM	98.5	70	110/70	18	150	...	...	...
11/1	8 PM	98.5	70	110/70	18	150	...	...	...
11/1	10 PM	98.5	70	110/70	18	150	...	...	...
11/2	8 AM	98.5	70	110/70	18	150	...	...	...
11/2	10 AM	98.5	70	110/70	18	150	...	...	...
11/2	12 PM	98.5	70	110/70	18	150	...	...	...
11/2	2 PM	98.5	70	110/70	18	150	...	...	...
11/2	4 PM	98.5	70	110/70	18	150	...	...	...
11/2	6 PM	98.5	70	110/70	18	150	...	...	...
11/2	8 PM	98.5	70	110/70	18	150	...	...	...
11/2	10 PM	98.5	70	110/70	18	150	...	...	...

CLINICAL RECORD
 TEMPERATURE, ETC.

DATE	WT. Pds.	URINE C.,C.	STOOLS No.	TEMPERATURE		PULSE		RESPIRATION	
				A. M.	P. M.	A. M.	P. M.	A. M.	P. M.
4/14/18		admission	1		99 ⁶		108		26
		4 P.M.			102		104		20
		8 "			101 ⁶		92		22
4/15		4 a.m.	1		100 ⁴		96		20
		8 a.m.		100 ⁴	99 ⁶	70	84	16	18
		4 P.M.			99 ⁴		80		20
		8 P.M.		100 ⁸		88		20	
4/16		4 a.m.	1		99 ⁸		84		22
		9 a.m.			99 ⁸		72		18
		12 "			98 ²		70		16
		4 P.M.			98 ⁴		70		18
		8 P.M.			98 ⁶		76		20
4/17		4 a.m.	1		98 ⁴		70		18
		8 "		99		70		18	
		12 "			98 ⁸		72		18
		4 P.M.			98 ⁸		70		18
		8 P.M.			99 ²		72		18
4/18/18		4 a.m.	1		98 ⁶		76		18
		8 "		98 ⁶		70		18	
		4 P.M.			98 ⁴		72		18
		8 P.M.			98 ⁶		68		18
4/19/19		4 a.m.	0	98		68		18	
		8 "		97 ⁸		68		18	
					98 ²		72		16

SURNAME OF PATIENT

CHRISTIAN NAME

Dr. Aird

Hough

MAINTENANCE RECORD

TEMPERATURE RECORD

DATE	TIME	TEMPERATURE	REMARKS
11/11	11:00	75	
11/11	12:00	78	
11/11	13:00	80	
11/11	14:00	82	
11/11	15:00	85	
11/11	16:00	88	
11/11	17:00	90	
11/11	18:00	92	
11/11	19:00	95	
11/11	20:00	98	
11/11	21:00	100	
11/11	22:00	102	
11/11	23:00	105	
11/12	00:00	108	
11/12	01:00	110	
11/12	02:00	112	
11/12	03:00	115	
11/12	04:00	118	
11/12	05:00	120	
11/12	06:00	122	
11/12	07:00	125	
11/12	08:00	128	
11/12	09:00	130	
11/12	10:00	132	
11/12	11:00	135	
11/12	12:00	138	
11/12	13:00	140	
11/12	14:00	142	
11/12	15:00	145	
11/12	16:00	148	
11/12	17:00	150	
11/12	18:00	152	
11/12	19:00	155	
11/12	20:00	158	
11/12	21:00	160	
11/12	22:00	162	
11/12	23:00	165	
11/13	00:00	168	
11/13	01:00	170	
11/13	02:00	172	
11/13	03:00	175	
11/13	04:00	178	
11/13	05:00	180	
11/13	06:00	182	
11/13	07:00	185	
11/13	08:00	188	
11/13	09:00	190	
11/13	10:00	192	
11/13	11:00	195	
11/13	12:00	198	
11/13	13:00	200	
11/13	14:00	202	
11/13	15:00	205	
11/13	16:00	208	
11/13	17:00	210	
11/13	18:00	212	
11/13	19:00	215	
11/13	20:00	218	
11/13	21:00	220	
11/13	22:00	222	
11/13	23:00	225	
11/14	00:00	228	
11/14	01:00	230	
11/14	02:00	232	
11/14	03:00	235	
11/14	04:00	238	
11/14	05:00	240	
11/14	06:00	242	
11/14	07:00	245	
11/14	08:00	248	
11/14	09:00	250	
11/14	10:00	252	
11/14	11:00	255	
11/14	12:00	258	
11/14	13:00	260	
11/14	14:00	262	
11/14	15:00	265	
11/14	16:00	268	
11/14	17:00	270	
11/14	18:00	272	
11/14	19:00	275	
11/14	20:00	278	
11/14	21:00	280	
11/14	22:00	282	
11/14	23:00	285	
11/15	00:00	288	
11/15	01:00	290	
11/15	02:00	292	
11/15	03:00	295	
11/15	04:00	298	
11/15	05:00	300	
11/15	06:00	302	
11/15	07:00	305	
11/15	08:00	308	
11/15	09:00	310	
11/15	10:00	312	
11/15	11:00	315	
11/15	12:00	318	
11/15	13:00	320	
11/15	14:00	322	
11/15	15:00	325	
11/15	16:00	328	
11/15	17:00	330	
11/15	18:00	332	
11/15	19:00	335	
11/15	20:00	338	
11/15	21:00	340	
11/15	22:00	342	
11/15	23:00	345	
11/16	00:00	348	
11/16	01:00	350	
11/16	02:00	352	
11/16	03:00	355	
11/16	04:00	358	
11/16	05:00	360	
11/16	06:00	362	
11/16	07:00	365	
11/16	08:00	368	
11/16	09:00	370	
11/16	10:00	372	
11/16	11:00	375	
11/16	12:00	378	
11/16	13:00	380	
11/16	14:00	382	
11/16	15:00	385	
11/16	16:00	388	
11/16	17:00	390	
11/16	18:00	392	
11/16	19:00	395	
11/16	20:00	398	
11/16	21:00	400	
11/16	22:00	402	
11/16	23:00	405	
11/17	00:00	408	
11/17	01:00	410	
11/17	02:00	412	
11/17	03:00	415	
11/17	04:00	418	
11/17	05:00	420	
11/17	06:00	422	
11/17	07:00	425	
11/17	08:00	428	
11/17	09:00	430	
11/17	10:00	432	
11/17	11:00	435	
11/17	12:00	438	
11/17	13:00	440	
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11/17	16:00	448	
11/17	17:00	450	
11/17	18:00	452	
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11/17	22:00	462	
11/17	23:00	465	
11/18	00:00	468	
11/18	01:00	470	
11/18	02:00	472	
11/18	03:00	475	
11/18	04:00	478	
11/18	05:00	480	
11/18	06:00	482	
11/18	07:00	485	
11/18	08:00	488	
11/18	09:00	490	
11/18	10:00	492	
11/18	11:00	495	
11/18	12:00	498	
11/18	13:00	500	
11/18	14:00	502	
11/18	15:00	505	
11/18	16:00	508	
11/18	17:00	510	
11/18	18:00	512	
11/18	19:00	515	
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11/18	23:00	525	
11/19	00:00	528	
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11/19	15:00	565	
11/19	16:00	568	
11/19	17:00	570	
11/19	18:00	572	
11/19	19:00	575	
11/19	20:00	578	
11/19	21:00	580	
11/19	22:00	582	
11/19	23:00	585	
11/20	00:00	588	
11/20	01:00	590	
11/20	02:00	592	
11/20	03:00	595	
11/20	04:00	598	
11/20	05:00	600	
11/20	06:00	602	
11/20	07:00	605	
11/20	08:00	608	
11/20	09:00	610	
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11/20	14:00	622	
11/20	15:00	625	
11/20	16:00	628	
11/20	17:00	630	
11/20	18:00	632	
11/20	19:00	635	
11/20	20:00	638	
11/20	21:00	640	
11/20	22:00	642	
11/20	23:00	645	
11/21	00:00	648	
11/21	01:00	650	
11/21	02:00	652	
11/21	03:00	655	
11/21	04:00	658	
11/21	05:00	660	
11/21	06:00	662	
11/21	07:00	665	
11/21	08:00	668	
11/21	09:00	670	
11/21	10:00	672	
11/21	11:00	675	
11/21	12:00	678	
11/21	13:00	680	
11/21	14:00	682	
11/21	15:00	685	
11/21	16:00	688	
11/21	17:00	690	
11/21	18:00	692	
11/21	19:00	695	
11/21	20:00	698	
11/21	21:00	700	
11/21	22:00	702	
11/21	23:00	705	
11/22	00:00	708	
11/22	01:00	710	
11/22	02:00	712	
11/22	03:00	715	
11/22	04:00	718	
11/22	05:00	720	
11/22	06:00	722	
11/22	07:00	725	
11/22	08:00	728	
11/22	09:00	730	
11/22	10:00	732	
11/22	11:00	735	
11/22	12:00	738	
11/22	13:00	740	
11/22	14:00	742	
11/22	15:00	745	
11/22	16:00	748	
11/22	17:00	750	
11/22	18:00	752	
11/22	19:00	755	
11/22	20:00	758	
11/22	21:00	760	
11/22	22:00	762	
11/22	23:00	765	
11/23	00:00	768	
11/23	01:00	770	
11/23	02:00	772	
11/23	03:00	775	
11/23	04:00	778	
11/23	05:00	780	
11/23	06:00	782	
11/23	07:00	785	
11/23	08:00	788	
11/23	09:00	790	
11/23	10:00	792	
11/23	11:00	795	
11/23	12:00	798	
11/23	13:00	800	
11/23	14:00	802	
11/23	15:00	805	
11/23	16:00	808	
11/23	17:00	810	
11/23	18:00	812	
11/23	19:00	815	
11/23	20:00	818	
11/23	21:00	820	
11/23	22:00	822	
11/23	23:00	825	
11/24	00:00	828	
11/24	01:00	830	
11/24	02:00	832	
11/24	03:00	835	
11/24	04:00	838	
11/24	05:00	840	
11/24	06:00	842	
11/24	07:00	845	
11/24	08:00	848	
11/24	09:00	850	
11/24	10:00	852	
11/24	11:00	855	
11/24	12:00	858	
11/24	13:00	860	
11/24	14:00	862	
11/24	15:00	865	
11/24	16:00	868	
11/24	17:00	870	
11/24	18:00	872	
11/24	19:00	875	
11/24	20:00	878	
11/24	21:00	880	
11/24	22:00	882	
11/24	23:00	885	
11/25	00:00	888	
11/25	01:00	890	
11/25	02:00	892	
11/25	03:00	895	
11/25	04:00	898	
11/25	05:00	900	
11/25	06:00	902	
11/25	07:00	905	
11/25	08:00	908	
11/25	09:00	910	
11/25	10:00	912	
11/25	11:00	915	
11/25	12:00	918	
11/25	13:00	920	
11/25	14:00	922	
11/25			

CLINICAL RECORD
 TEMPERATURE, ETC.

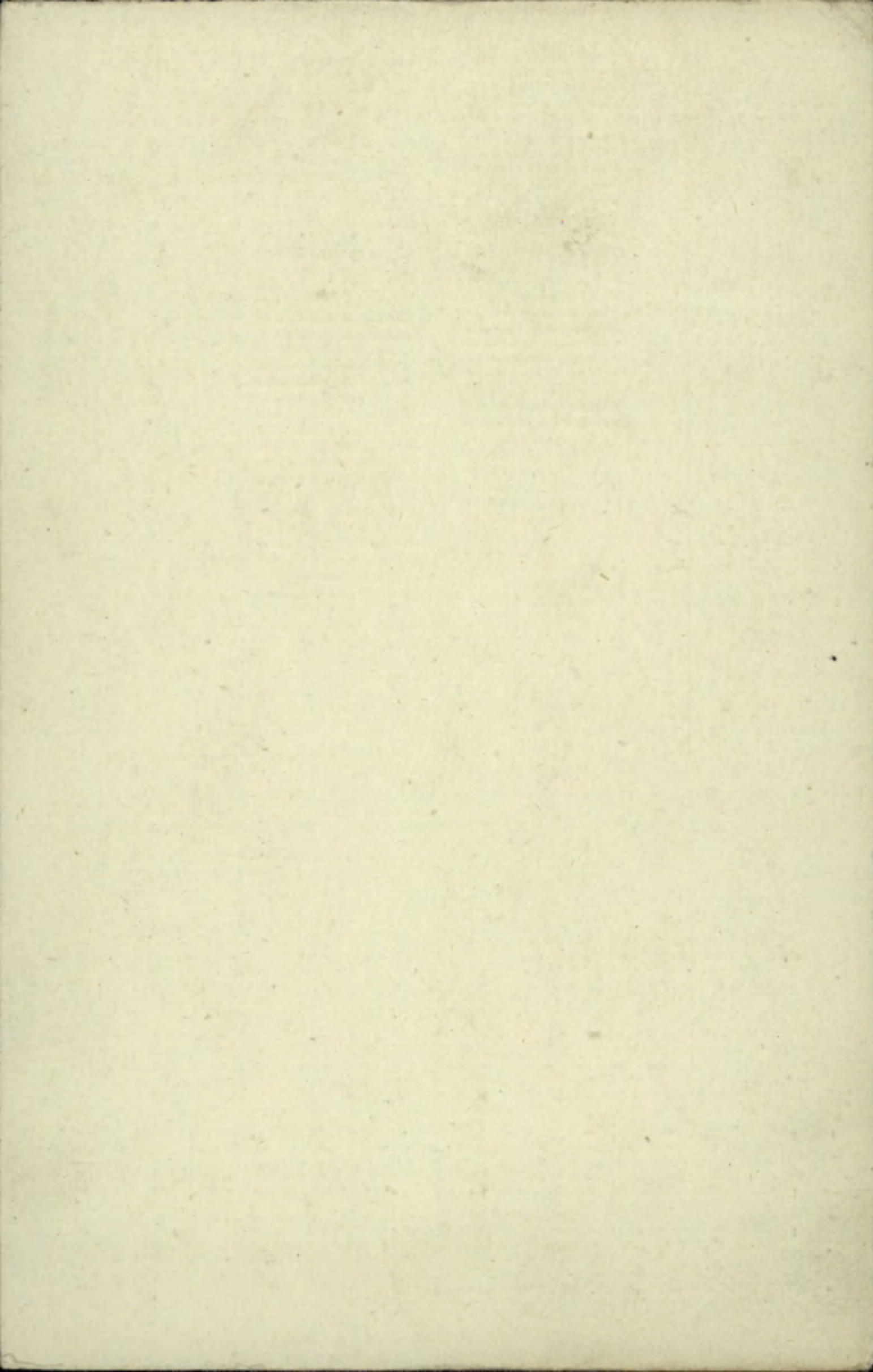
DATE	WT. Pds.	URINE C. C.	STOOLS No.	TEMPERATURE		PULSE		RESPIRATION	
				A. M.	P. M.	A. M.	P. M.	A. M.	P. M.
4/28/18	8	A.M.		98		72		18	
1..	12	noon			98		72		18
..	8	P.M.			98		70		18
4/29/18	8	A.M.		97		72		16	
	4	P.M.		98		72		18	
	8				97		70		18
	8	A.M.		97		72		16	
	8	P.M.			98		72		18
5/1/18	8	AM		98 ⁶		74		18	
					98 ⁶		70		18
5/2/18				98 ⁶		70		18	
5/3/18				98 ⁶	98 ⁶		70		18
					98 ⁶		60		18
					98 ⁶		78		20
5/4/18				98 ⁶		70		18	
					98 ⁶		90		22
5/5/18		noon		98 ⁶		88		20	
		4 PM		99		82		22	
5/6/18		8 am		98 ³		100		22	
5/7/18		8 am		98		84		22	
5/8/18				98		84		20	
5/9/18				omit	omit	omit	omit	omit	omit
5/10/18				98		92		20	
5/11/18				98		76		18	
5/12/18				98		76		18	

SURNAME OF PATIENT

CHRISTIAN NAME

Lt. Aird

Hugh



A.G. 10425-5M.

6055-8-12-17.

Name

Aud H.

File No.

S. A. 544.

Regt. No.

Rank

Temp. Lt.

Unit

Man. R.

Sent to W.O.

- 5 FEB 1918

List No.

335.

Action taken

Secd. to W.O. / S.D. USA. to be graded for pay as Lt. 1st Class W.S.

Effective

19.1.18

Gazetted date

25/2/18.

No.

30541.

Page

2 of 6.

G.O.G. Orders

No.

Date

- 6 FEB 1918

~~Accounting~~

~~The above appt. is cancelled~~ (80)

Spec. appts.

*(H.) (Man. Regt.) - be class to be graded for pay as Lt. 1st class, & class to be held to W.O. / British Mil. Mission to U.S. 15-10-1918 1184
So. W.O. 18-1-1919. List. 487. L.O. 2-19. 31159. p 1748.*

Checked by

Date



No.

RANK

Lieut.

NAME

Aird. H.

T. C. S.

UNIT

2nd Co. Draft of Officers

M. D. *10.*

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916
Aug 25.*

*1916
Sept. 30.*

m -

105th Sash Fusiliers.

NAME *Aird*
RANK AND CORPS *Lieut.*
CABLE

Hugh
78th Br

REGT'L No

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<i>M 1776</i>	<i>13-4-17</i>	<i>Adm. to Seven Stat. Hosp. Boulogne</i>
<i>QR 902</i>	<i>15-4-17</i>	<i>April 10th 1917 GSW multiple str.</i>

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
647 (4)	No. 7 Stat. Boulogne	10-4-17	GSW multiple
652 (5)	2nd West. Gen. Manchester	13-4-17	Shr. wd. back. set.
745 (3)	Misch.	3-8-17.	" back. set.

Name **AIRD** Rank **Lieut.** Reg. No.
 Hugh
 Unit **78th. Bn.**
 Next of Kin. **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.4.17.7	S.H. Boulogne	GSW Multiple		647	M1776	13.4
13.4.17	2nd West. G.A. Manchester	Sh. W. Back	Slt	652		
3.8.17	Discharged			745		
22.6.17	Slt in Hosp.					

Aird. H.

Lieut. 78th. Bn.

No. 7. Sta. Hosp. Boulogne. 10-4-17.

2nd. Western Gen. Manchester. 13-4-17.

G.S.W. Mult. slt.

SW. back. slt. R,

Discharged 3-8-17.

C.L. 13-4-17. 647-4.

19-4-17. 652-5.

7-8-17. 745-3.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

R

Surname
AIRD

Christain Name

H.

Reg. No.

DMS. 4-A-308.

Rank

Unit

Lieut.

78th Battalion.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area. 3-8-17.

Other Medical Boards at

do. 25-8-17.

Serial No.

(2) Shorncliffe. 27-9-17.

(3) do. 5-11-17.

(4)

(5)

Condition found by Board

GSW Back.

Disposition Recommended

(1) Unfit Any service 3 weeks

(2) Fit Home ser. Unfit Gen. ser. 1 month.

(3) Fit Home ser. Unfit Gen.ser. 3 months.

(4) Fit Home ser. Unfit Gen.ser. 2 months.

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

Remarks

L^o6 Aird, Hugh.

1871/39 J

Deceased 1-12-51

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	78 th Bn Gen. Hist.	Lieut.	Miss. Aird
Address	Pay 2.00 F.A. 0.60 M. 1.00	9/10/16	305274 C.R. 9/10/16
Amount. \$			Name Aird Initials H. Bank Montreal
Separation Allowance issued. Yes or No.....			

DATE	PARTICULARS	1917-18	CHK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917									
27	Bank		3009	108	108				
May 19	Pay May (R)			111 60					
22	Bank		5932		111 60				
June 21	June Pay (R)			108					
	Bank		7976		108				
July 24	July Pay (R)			111 60					
	Bank		12984		111 60				
Aug 11	For R in France Extract from Issue No 1018					57			
18	August Pay (R)			111 60					
24	Bank		17020		111 03				
Sept 19	Sept. Pay (R)			108					
21	Sick leave acc 18-13 8/17.		5580					6-3-2. 10 ⁵⁰	
22	Bank		21610		108				
Oct 17	Oct Pay R.			111 60					
23	Bank		26252		111 60				
30	Rations 27-31 ⁸ / ₁₇		7240					6/8	
Nov 16	Nov Pay R.			108					
20	Bank		30553		108				
29	Rations 1-30 ⁹ / ₁₇		8741					£2.00	
	do 1-14 ¹⁰ / ₁₇ (also 3045) + 15-31 ¹⁰ / ₁₇		9208					£1.17.4	
Dec 11	Dec Pay R.			111 60					
14	Bank		32995		111 60				
1918 Jan 8	Adv. P & A Jan Pay R.			111 60					
	Bank		35484		111 60				
	Tras acc 7-19 ¹⁸ / ₁₈		18288						

P.T.O.

As to can
L.P. 6 to 31¹⁸/₁₈
Up to W.C. Ledger
P & A to case
31/1/18 No 20475
6/13 to 12/12/18

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

S.O.S. 1918, proceeding to Can for duty

H.Q. No. 4183 d/12/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Jan 28	Rations 1-12 ¹¹ / ₁₇ (ass 4 dys)	12290					10/8	
	<i>do</i> 1-31 ¹² / ₁₇	12291					<i>P. 2. 1. 4</i>	
Feb. 19	Grades for ppses of pay as S/Lt. 1st class. 19 ¹ / ₁₈ . while Secd. for duty to war Office (2 mos. Duty. (U.S.A)) Rate \$44.50 p.d. 20641.		14	95		14 95	<i>Amended S.O.S.</i>	
19	Le Bal transfd Canada on L.S.C. 1st 907 Canada			14	95		<i>to leave to \$111 95 10.</i>	
Mar	Rations 1-6 ¹ / ₁₈	14822					8/-	
							<i>ceases to be sec'd to W.O. 15¹⁰/₁₈</i>	
							<i>& to be graded for pay as S/Lt.</i>	
							<i>1st cl. auth. 24 f.a.s. d/8¹/₁₉</i>	
							<i>W.O. 20914</i>	
							<i>ceases to be S/Lt. 1st cl. & ceases</i>	
							<i>to be sec'd. W.O. 15¹⁰/₁₈ auth. O.S. 457 d/18¹/₁₉</i>	
							<i>W.O. 22782</i>	

To Can

P-15.

ASSIGNED PAY. UNIT. RANK. NAME.

NAME OF DATE AUTHORITY ADDRESS DATE AUTHORITY

Beneficiary *Gen. Aish* Rank *Lieut* Address *61016 St. Lawrence St. 5274 6th Ave. 49-10-16* Name *Aird*

Address Initials *H*

Amount. \$ Bank *of Montreal*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1946								
Oct 4	Bank Credit fund.			4270				
20	Pay Oct R. Mrs. from ^{by 1076} 1946		106 60					
	Cr. bal. con.		4270					
25	Bank			106 60				
Nov. 24	Pay Nov. R.		108					
27	Bank			108				
Dec 12	Pay Dec R.		111 60					
15	Bank			111 60				
1947								
Jan 4	Pay Jan. (R.)		111 60					
27	Bank	19288		111 60				
Feb 20	Pay Feb. (R.)		100 80					
24	Bank	21931		100 80				
March	Pay March R.		111 60					
23	Bank	24818		111 60				

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Gregory Hill
~~No Long Reg Bd available~~

Before signing the President of the Medical Board will read the statement signed by the officer, and differing opinions regarding sections 8, 9 and 10 only as recorded in section 18 to the officer, and if no change indicated will initial the statement. If as a result of differing opinions regarding sections 8, 9 and 10 only recorded in section 18 the officer is dissatisfied with statement previously made, remarks of the Medical Board will be added here.

PLACE *Regina Sask* DATE *Dec 14/18*
 W. H. Bruce Capt President
 S. M. Palmer Capt Members

APPROVED BY *W. H. Bruce* DATE *24/11/18*
 APPROVED BY *J. W. Mackie* DATE *17-12-18*
 Assistant Director of Medical Services. Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.
 Witness Signed
 Should the refusal of the officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

PLACE DATE
 Members

FORM TO BE USED FOR OFFICERS
 MEDICAL HISTORY OF AN INVALID
 INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the officer to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases printed in the order in which they appear in the Annual Report on the Health of the Army," published in London, (1915), by Messrs. Harrison & Sons.

STATION *Regina Sask* DATE *Dec 14th 1918*
 1. (a) Unit *1st Depot Battalion 2nd officers overseas* (b) Rank *Squid*
 (c) Surname *Hird* (d) Christian name *Hugh*
 2. Age last birthday *25 years 5 months* Date of birth *June 28th 1893*
 3. Date of appointment to the C.E.F. (for officers of the C.E.F.) *Aug 25th 1916*
 Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
 4. Personal description:
 (a) Height *5 foot 4^{1/2} in* (b) Weight (stripped) *160*
 (c) Complexion *Fair* (d) Colour of hair *Dark Brown*
 (e) Colour of eyes *Blue* (f) Scars or tattoo marks *Appendix scars on back*
 5. Address after retirement (for use of the Board of Pension Commissioners) *810 Gladina Crescent*
Shoberton Sask
 6. Former trade or occupation *Law Student*

	YEARS		DAYS	
	From	To	PERIODS	
Canada	25-8-16	23-9-16	2 3/12	19
England	23-9-16	6-3-17		
France	6-3-17	13-4-17		

7. Original disease or injury *Sunshot wound Back.*
 (a) Date of origin *9-4-17* (b) Place of origin *Timiny Ridge*
 (c) Cause *Shrapnel*
 (d) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter.
 (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.
Adherent Scapular scar (Left) with loss of muscular and bony tissue and weakness result of S.S.W. Back.

Present condition (a) (Important to be a full description of the present disabling condition or conditions only) "History" must be recorded in Section 10. (Describe all abnormalities, anatomical and functional contributing to present disability. Observe findings to be stated first then subjective findings.)

This officer has a "healing" of his back, normal strength, confidence in his back when exerting himself in quick way that the back is brought into rest. Stopping to take down, raising stones, forking grass etc. Periodically he stops the back has an uncomfortable feeling and dull drawing ache from some spot on the back. Other symptoms normal when he knows of no reason for it. Think the weather may have some effect on the back.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous *yes*
Digestive *yes*
Respiratory *yes*
Circulatory *yes* (If pulse rate abnormal R.F. will be taken.)
Skin, Middle Ear, Eye or any other part *yes*
Genito-Urinary *yes* (Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9.)
G. S. W. - Scap/entry. 2" behind lower border of scap. Exit. Lower border of scapula and clonzo spine. Hoop France - 4 days. Hoop England about 4 months. On Home Service England 4 mos. Sent to Canada 7-1-18, and not included in 10 (a).
Has a spinal cord of fracture Vancouver 1915.
Canada summer May 1918.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)
no

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?
no

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?
Indefinite - probably permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible)
Hospital in France and England

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.)
no

16. Can the former trade or occupation be resumed? If not, briefly state why.
yes

17. Recommendations
III Category

STATEMENT OF THE OFFICER

Medical officer by whom the case is brought forward.
A. E. Henry Capt

(Sections 8, 9 and 10 are to be read to the officer and either "satisfied" or "not satisfied" struck out. I the undersigned have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow). I have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of

OPINION OF THE MEDICAL BOARD

Signature of officer examined.
A. E. Henry

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.
yes

no occurs in my eye - no objective symptoms. He states that on striking out the arrow or when shooting there is a drawing sensation on the near eye. Other symptoms normal. General condition good. *no* pain and pink membrane. *no* inflammation treatment.

19. Is the soldier fit for

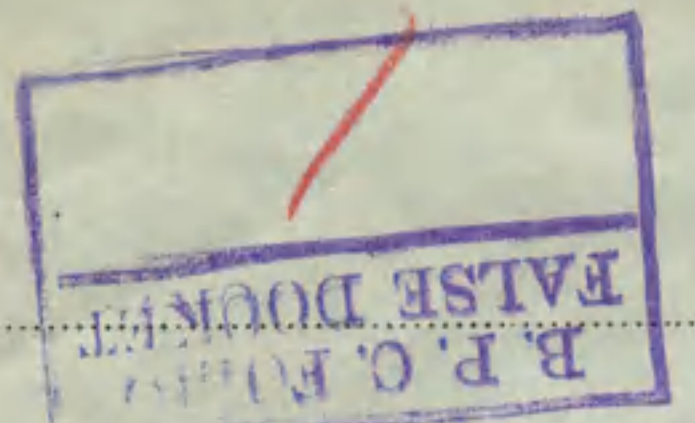
- (a) General service, *Yes* or *No.*
- (b) Service abroad, not general service, *Yes* or *No.*
- (c) Home service (Canada only), *Yes* or *No.*
- (d) Temporarily unfit, *Yes* or *No.*
- (e) Unit for service in Categories A, B and C, *Yes* or *No.*

20. It is certified that the soldier

- Category A *Yes* or *No.*
- B *Yes* or *No.*
- C *Yes* or *No.*
- D *Yes* or *No.*
- E *Yes* or *No.*

(a) Does require treatment (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)



BT