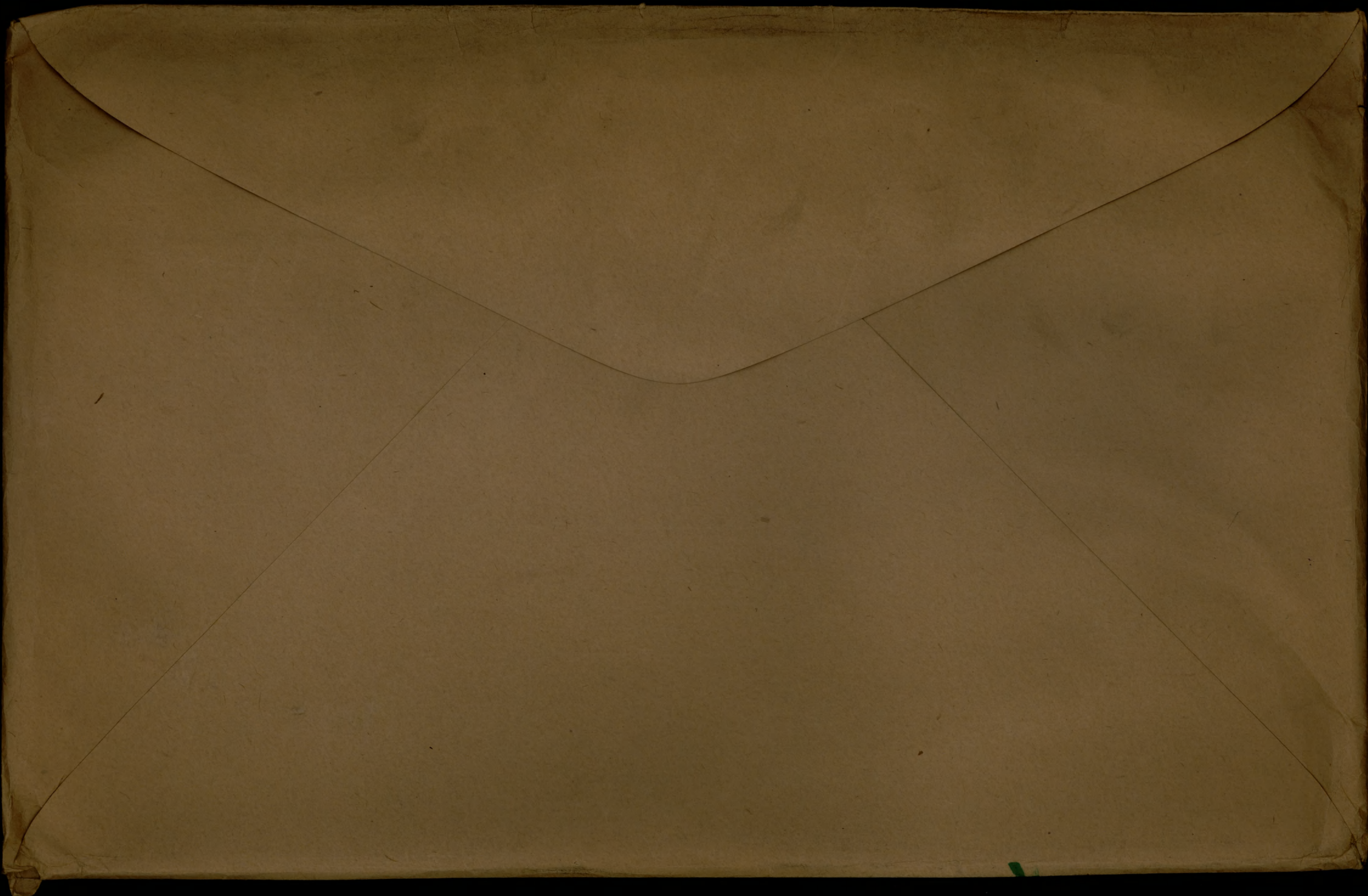


John

UNIT 18th Battr

.. H. Q. FILE No

$$\begin{array}{r} 14 - 3 \\ 21 - 3 \\ 33 - 3 \\ \hline 3 \end{array}$$



ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Anderson*
2. In what Town, Township or Parish, and in what Country were you born?..... *Winnipeg, Man.*
3. What is the name of your next-of-kin?..... *Sophia Anderson*
4. What is the address of your next-of-kin?..... *Canfield St.*
5. What is the date of your birth?..... *Dec. 1-1885*
6. What is your Trade or Calling?..... *Laborer*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *Yes.*
10. Have you ever served in any Military Force?..... *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes.*

John Anderson (Signature of Man).
W. J. Douglass (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Anderson*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Oct. 31st* 1914.

John Anderson (Signature of Recruit)
W. J. Douglass (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Anderson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Oct. 31.* 1914.

John Anderson (Signature of Recruit)
W. J. Douglass (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Wackerton* this *31st* day of *October* 1914.

W. J. Douglass (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. J. Douglass (Approving Officer)

Description of John Anderson on Enlistment.

Apparent Age 29 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 35 ins.

Complexion Dark.

Eyes Brown

Hair Dark.

Religious denominations. { Church of England
Presbyterian ☒
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Deep. Scarring on face and various parts of body from burns.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 30 1914.

Place Walkerton Ont

J. F. Houston
Capt Amc
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Anderson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date October 31st 1914.

W. J. Douglass (Signature of Officer)
W. J. Douglass

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 53995 (Rank) Private

Name (in full) ANDERSON John enlisted in
the 18th Battalion C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at Walkerton, Ont. on the Thirtieth
day of October 19 14.

HE served in France (with 18th Battalion)

and is now discharged from the service by reason of CAT. "E" Medically Unfit
due to service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 34

Height 5' 11"

Complexion Fair

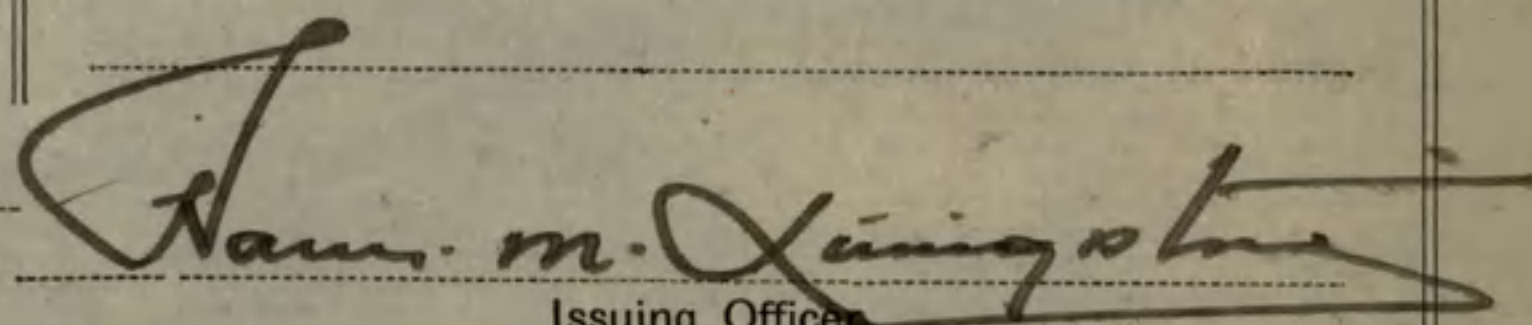
Eyes Brown

Hair Brown

Marks or Scars

Burn Scars on Face

Signature of Soldier



Issuing Officer

Lieut.

Rank

Date of Discharge JUN 6 1918

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at LONDON, ONT. this SECOND day of JULY 1918.

in Military District No. ONE

File Reference No. 1 D 30-A-189
1 D.D. 10-A-50

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 53995 (Rank) Private Name ANDERSON John

Unit 18th Battalion C.O.M.F.

Address on Discharge Cargill, Ontario.

Character and Conduct Good

Former Occupation FURNITURE FINISHER

Special Qualifications of Value in Civil Life FURNITURE FINISHER

Medals and Decorations NIL

Remarks NIL

Signed at ANDON, ONT this SECOND day of JULY 1918

Harry M. Linington
Name of Officer

Lieut.
Rank

O. C. Discharge Section, No. 1 D. D.
Appointment

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Anderson

Christian Name John

Examined { on 30 day of October 1914
at Walkerton

Birthplace { City or Town Winnipeg
County Manitoba

Apparent age 29 years

Trade or occupation Labourer

Height 5 Feet 9 1/2 Inches.

Weight ✓ Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right ✓ Left ✓
Number ✓

When Vaccinated last ✓

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by

Dr. H. J. Hager Major
Rank A.D.M.S. M.O. Div

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

M.O.
M.O.
M.O.
M.O.
M.O.
M.O.

Date Result VACCINATIONS.

12/14 good Dr. H. J. Hager M.O.
M.O.
M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

12/14 good Dr. H. J. Hager M.O.
23/14 good Dr. H. J. Hager M.O.
M.O.

Enlisted on 18 day of October 1914 at Walkerton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>8th Battalion</u>	<u>53995</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Lum on 1</u>	<u>18.7.18</u>	<u>Schistosom Y. M. Dubile</u>	<u>E. J. H. J. Hager</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.

Christian Name

Surname

DUCHESS OF CONNAUGHT,
CANADIAN RED CROSS HOSPITAL,
Taplow, Bucks.

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Mrs Con Wors Dent Hospital St Martins Lane		21	6	15	21	6	15	Gonorrhoea.		Transferred to Dent Hospital	Johnson: Capt.
		23	6	15	23	6	15	"	0	Transferred to Workhouse Military Hosp. & Etchampton Newcastle on Tyne	Dr Cae
Military Hospital CHESHIRE WORKHOUSE	23.6.15	23	6	15	22	7	15	Syphilis	30	Gray Oil Gray Oil " " Gray oil Gray oil last gray oil	W. Hodgson Dr de Martigny Dr de Martigny Dr de Martigny 16/8/15 Dr de Martigny 6/9/15 Dr de Martigny 10/9/15 Dr de Martigny
DUCHESSE OF CONNAUGHT, CANADIAN RED CROSS HOSPITAL, BLOW, Bucks.		29	2	16	21	4	16	Ectropion & Gonorrhoea.	52	Result of a burn 12 yrs ago. Aggravated in France by blowing of sand bags. Redundant tissue scraped off. 11/4/16 Plastic operation on L. eyelid. The same day there was a relapse of gonorrhoea. Smelt Shower process. Discharged to Belford. Arthropin, & Ag 103 inj. Cured fit for duty	Dr Baragana
Spec Div Gen Hospital		21	4	16	9	5	16	Gonorrhoea.	20		Dr Baragana
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		13	5	16	16	5	16	Ectropion	4	Developed gonorrhoea Transf. to. Shoncliffe M. H.	Dr Baragana

F. W. Bell

REGISTRAR.

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

Duplicate Medical History Sheet
posted to here.

CONFIDENTIAL INFORMATION

JG.

Report No.

Category D or E 11

Anderson John

No. of
M. H. C. File

No. of
Local File

No. of
H. Q. File

No. 53995 Rank Pte. Original Unit 16th Bn Present Unit

Age Height ft. ins. Complexion Eyes Hair Character

Date of enlistment Where enlisted Where seen service

Ship returned by Date of arrival Port of arrival

Birthplace Religion

Name and address next of kin

Notification of return to be sent to

Cause of disability Ectropion and chronic conjunctivitis both eyes.
Neurasthenia.

Condition in detail which prevents the soldier from earning a full livelihood

Invalid was in France. He states about 7 months was sent back to England on account of nervousness and has been in England for 18 months on base duty. Came to Canada on furlough and escort duty about Oct. 1-1917. About 13 years ago was badly burned over all the face. There is much scarring of the face with contraction below the eyes causing marked eversion of lower lids. The conjunctiva of both eyes is chronically inflamed and thickened. He says he had 3 operation in England to try and correct the ectropion. He is markedly neurasthenic shakely and trembling on slight excitement. States he does not sleep well. He is due to return to England in a few days but is obviously unfit to perform any duty except of the lightest kind and we consider he should be sent to Conv. Home or kept on light duty in Canada. on account of his neurasthenic condition and eye condition.

Degree of incapacity (Please state in fractions) Eng. Board

Canadian Board

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued

Members of Board

W.M. GARRICK MAJOR. A. HAIG CAPT. F.J. COUGHLIN LIEUT.

W.M. GARRICK MAJOR

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment

Any other income?

Name and address of last employer

Rent per month

If purchasing property amount due and annual payment, \$

\$

Taxes

If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society

Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school?

What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness

I declare that the above statement is correct.

Date

Quebec, 16-11-17

Signature

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$

Dr., \$

Amount paid at Depot H.Q., \$

L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$

Credit Clothing allowances, \$

Transf'd to

Unit—Date

Transf'd Class 1—Date

Transf'd Class 3—Date

PENSION—Class.....Amount per year, \$.....Period granted for.....

Dating from.....

First payment date.....

Form No. 5a.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

DEPT.
MILITIA & DEFENCE
NOV 20 1917

H.Q.

Arch 88C
2-12-17

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
LONDON, ONT.				JUNE 6/18 CAT. "E" MEDICALLY UNFIT DUE TO SERVICE				Hamm. M. Livingston	
DISCHARGED								O.C., Discharge Section, No. 1 B.D.	

A. Anderson

Sqn., Batty., }
or Company }

၉.

Corps

39 ~~th~~ Bn. C. I. 7

—Date of enlistment

G.C. Badges

Service or
Proficiency Pay }

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

[illegible]

Army Form B. 122

[P.T.O.]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

District Depot No. 1
Casualty Co.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 53995 Rank pte. Name ANDERSON, John

Corps 18th Bn. who was* discharged

On 6-6-18 191, to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-18
to 6-6-18 191, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	47.80		Bal. Cr. from prev. month LPC	171.85	
Advances } No.			Reg'tl Pay 157 days at \$ 1. c	157.	
by } No.			Field Allow. 157 days at \$.10	15.70	
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.			Other Allowances* Clothing	8.	
Other charges			Other Credits*		
Payment on transfer or discharge No. 573	304.75		Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	352.55		Total	352.55	

* Give particulars.

A monthly stoppage of \$ 15. (†) has (†) been paid on account of Assigned
Pay for the month of pd to 31-5-18 - by 191 } Ottawa
{ and Sep'n Allce. for month of Nil 191 } (to) Assignee W. Anderson,
Walkerton, Ont.
(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(†) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment unknown
(2) if married and if a Separation Allowance Card has been submitted
(3) cause of discharge Medically unfit due to authority DO.49 Disch. 6-6-18
(4) authority for transfer service, Category E.

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 6; 18.

Place LONDON, ONT.

For

Paymaster, District Depot No. 1
Captain

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

0453

Year

1916

Regimental No.

S. 3995

Rank.

Pl-

Surname.

Anderson.

Christian Name.

Jno

Unit.

18th Batt. C. F. 7 C^{co}

Age.

34.

Service.

1-3

Station
and Date.

Disease

Arthritis

Admitted 11/2/16

No 2 Cam
St Hosp.
11-2-16.

No complaints from
Has had pains in both knee
joints getting worse
after marching or damp
weather - Is of long standing.

Diag.

Probably had arthritis

24/1/14 Has ectropion result of a
burnt on face 12 years agoTransfer to England
for operation R. D. H.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

MEDICAL CASE SHEET

DATE

NAME

AGE

SEX

NO.

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MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
73.	53995	Pte	Anderson	Jack
Year	Unit.		Age.	Service.
1916	18th Batt Ban London. Cost?		34	1 1/2
Station and Date.	Disease			
20 MAY 1916	Relapse first attack Gonorrhea (7 weeks)			① Belford TP ③ 3 weeks ② Tappin TP at 3 days to top ② Shorncliffe TP 1 week
	Discharge - nil			By M.A. R. Paulin 3 1/2 t.d.s.
				By M.A. R. Paulin 3 1/2 t.d.s.
	Longitudinal (Candy) t.d.			6 t.d.s.
	20. Complaint of pain in epigastrium & back.			R. Calmel f. i. t. r. R. M.A. Tass. Effect. 4 hr
May 22	up cough			By M.A. R. Paulin 3 1/2 t.d.s.
24 MAY 1916	Dry (5 days)			By R. Calmel f. i. t. r.
	Urine Test Monday			
	up Pain in R. chest			
	to W.W. 4			
				Fomentation to chest t.d.
25 May 16	Rep. R. Calmel f. i. t. r.			Pulse 72 regular
	Temp: 97.0			Pain in chest - Dry.
26 May	Dry - Chest better -			
28 May	Dry - Chest all right -			few P.C.
				W.W. (C. Calmel)
30 May	Dry (11 days)			Discharged 30.5.16 6. V. Chapman M.D.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.			
	53995.	Pvt.	Anderson	John			
Year	Unit.	Age.	Service.				
1916.	18 th Batin. & 2 nd Canadians	34.	16 mos.				
Station and Date.	Disease	Ectropion & Inorrhoeal.					
Oliver	About 12 years ago was burned by an explosion causing ectropion. The condition was present when he enlisted but was made worse in trenches by explosion blowing up sandbags.						
1-3-16	Lot Ac. Boric, Gutt Argrol						
4-3-16	Ectropion appears less						
7-3-16	Snipped off redundant tissue R lower lid						
8-3-16	Stitch still in place. Lot Ac. Boric						
10-3-16	Considerable discharge. Lot Ac. Boric						
11-3-16	Removed stitch.						
14-3-16	No dressing						
16-3-16	Lid not quite in apposition with ball						
20-3-16	Lid not quite healed. L.						
11-4-16	Plastic operation on R. Eye for Ectropion						
19/4/16	Swelling removed. Wound well.						
14/4/16	Wound well.						
15/4/16	Suffers from gonorrhoea.						
	To be transferred to General.						
16 ⁴ /16	Shells Return. has M. & M. P.R.						

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

18/4/16.

Gonorrhoea in July 1915. Not quite
cured, discharged from the ^{Newcastle} Hosp. as
was in with a gleet. Became
worse after going to France in Sept. Stopped
soon afterwards.

Onset of present attack on 12th Apr.
Gait profuse. Gonorrhoea present
Apr. 14th. This attack followed
his operation for echinococci, though
he had no anaesthetic. C. Baraga
Capt.

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

..... *July 11* 1916
 No. *53995* Unit *18th Bn* *39th Res* Rank *Pte*

Name *Anderson J* Age *34*

Examination held at *SHORNCLIFFE - C. C. A. C.*
(19, Westbourne Gardens, Folkestone.)

DISABILITY.

Overseas—~~Local~~.
 (scratch one out)

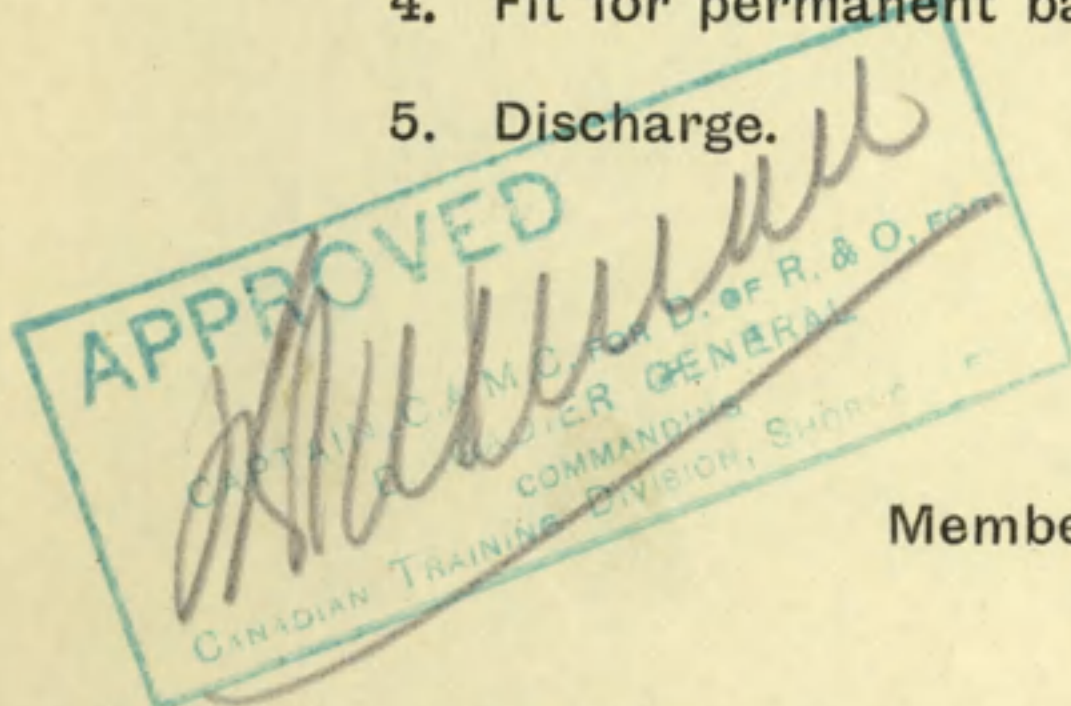
Echopion of lower lids

Present Condition.

Now recovered

Board recommends:—

1. Fit for duty.
2. Fit for duty after.....*4*.....weeks physical training. *Yes*
3. Fit for light duty.....weeks.
4. Fit for permanent base duty.
5. Discharge.



Members

Signatures:

St. Leonard Cole President.
W. A. Harris

33

APPROVED

Shorncliffe.....*11 JUL 1916*.....1916. *H. G. Craig* Captain.

A/D. A.D.M.S.,
 Canadian Training Division.
 FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

11-1-19

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....

Epsom 28 February 1916.

No.....

53995

Rank.....

Lt.

Name.....

Anderson J.

Local Unit.....

Overseas Unit.....

18th Batt.

Age.....

35

Examination held at.....

Epsom

DISABILITY.

Overseas—~~Local~~.
(scratch one out)

PRESENT CONDITION.

C III

Re Examined

Category

C III

Date

July 30/17

H. L. Paver, Maj.

Re Examined

Category

*C II likely to be raised in Category within six months
S. R. D. Smith
Cap.*

*Date
Sep 3/17*

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

Mr. Butters Capt. President.
O. G. Monaghan Capt.
C. H. Brown Capt.

APPROVED

Dated at.....1916.

For A.D.M.S.

Dated at _____ 1918

APPROVED

Members

President

Signatures:—

- 2. Discharge
- 4. Fit for Permanent Base Duty
- 3. Fit for Temporary Base Duty Weeks
- 5. Fit for duty after _____ weeks physical training
- 1. Fit for Duty

BOARD RECOMMENDS —

Handwritten notes and signatures in the middle section, including "Board", "Examined", and "Present Condition".

PRESENT CONDITION

(separate one only)
OVERSEAS
DISABILITY

Examination held at _____

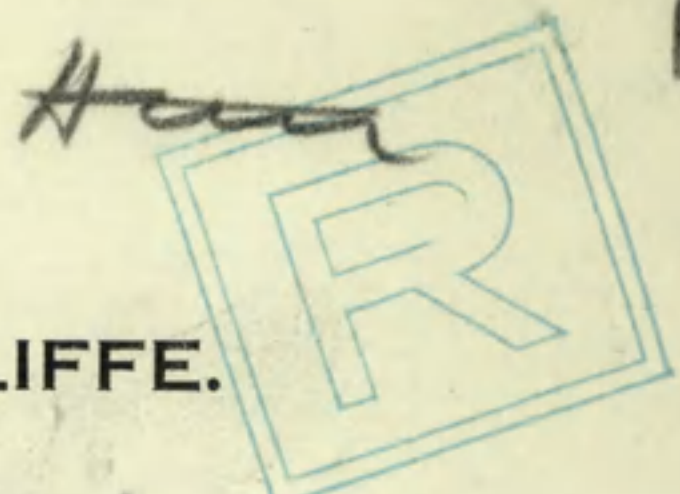
Local Unit _____ Overseas Unit _____

No. _____ Rank _____ Name _____

Dated at _____ 1918

392

Held for further training



EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

No. 53995 Unit 18th Bn Rank P6 Aug 3rd. 1916

Name Anderson J Age 34

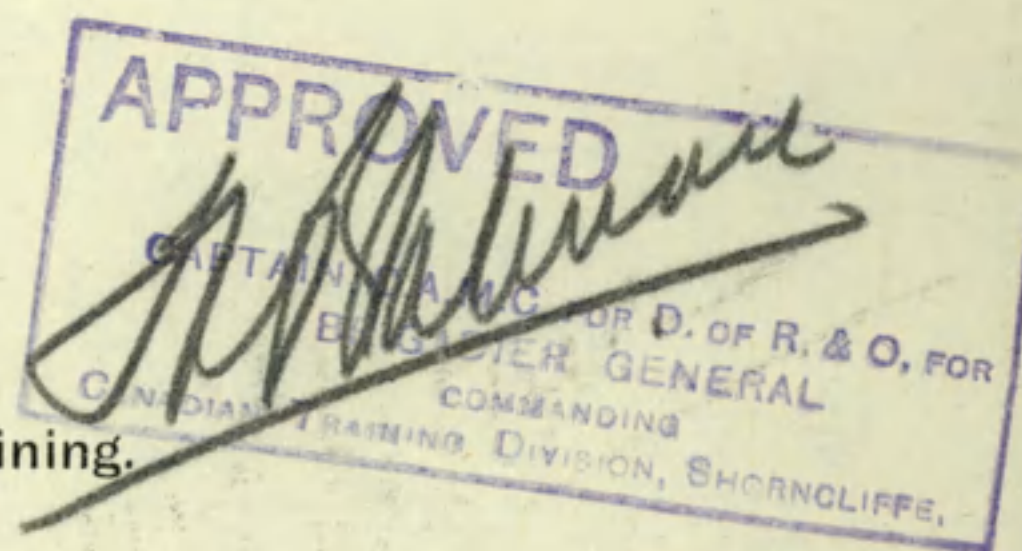
Examination held at 1st C.C.D. Monts Hurler
In France 6 mos

DISABILITY.
Overseas—Local.
(scratch one out) Defective Vision

Present Condition Recondd

Board recommends:—

1. Fit for Duty. YU-
2. Fit for duty after.....weeks' physical training.
3. Fit for light duty.....weeks.
4. Fit for permanent base duty.
5. Discharge.



Signatures:—

Members

J. H. C. O. P. T. President.
J. H. C. O. P. T.

APPROVED

Shorncliffe Aug 3 1916. S. Sloan Captain.

A/D. A.D.M.S.,
Canadian Training Division.

EXAMINATION

STANDING MEDICAL BOARD, SHORCLIFFE

1910

W. J. H. [illegible]

Rank [illegible]

Unit [illegible]

No. [illegible]

Name [illegible]

Examination held at [illegible]

DISABILITY
Overseas (Local
Examination only)

Result: Condition [illegible]

Board recommended [illegible]

1. Fit for duty [illegible]

2. Fit for duty after [illegible] weeks physical training

3. Fit for light duty [illegible] weeks

4. Not fit for permanent base duty [illegible]

5. Discharged [illegible]

President [illegible]

Secretary [illegible]

APPROVED TO

Shorcliffe

Captain [illegible]

THOMAS M. S.

General Training Division

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

972.

Year

1916.

May 13.

Station
and Date.WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE

Regimental No.

53895

Rank.

Pte.

Surname.

Anderson

Christian Name.

John

Unit.

C. C. A. C. 18th Batta.

Age.

34

Service.

20/12.

Disease

Ectropion

Face badly burned 12 yrs ago. Sides
have drooped since then but worse
since being in France where he got
dirt etc into with eyes when they became
inflamed. Op. on R.E. at Telford some
~~two~~ months ago

Exam.

Much scar tissue about face.

R. Lower lid droops at inner side.

Cornea clear Bx det Tm U = 6/9

L. Lower lid droops whole extent.

Cornea clear Bx det Tm U = 6/9 SP.

Bx det AB + 50 yrs + 2 H R + 2. S.P.N.

Patient has developed gonorrhoea. Transferred
to Shorn. Mil. Hosp.

S.P.N.

J. R. Harrison Capt.

May 16/17

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1132.	Regimental No. 53995	Rank. Pte.	Surname. Anderson	Christian Name. John
Year 1916 June 7.	Unit. C. C. A. C. 15th Batta.	Age. 34	Service. 20/12	
Station and Date.	Disease	Ectropion. R.L. lower lids		
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.	Patient was in explosion accident 12 yrs ago in Canada. Lids "drooped" after that. Was in a "whip bang" accident in France, got eyes all puffed with sand. Was sent back with eye trouble. R.L. ectropion was marked on Left side.			
	R.V. $\frac{6}{6}$			
	L.V. $\frac{6}{6}$			
	John appears ten of ten.			
June 19.	Left lower lid caught in canvas surface. After washing bed			
July 11.	Ccac. 29 June 16 Zinc sulph 1% drops tid. Board paper made out.			
July 7. 16.	Says eye much same as before war. Does not trouble him.			
July 9. 16.	Discharged to C.C.A.C. W. Fraser, A. M.C. Capt.			
	Ccac 11. 7. 16			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

PATHOLOGICAL LABORATORY

Date 17 April A M. Medical Officer Capt Baragan
Name Anderson Ward Tents Bed

Report of an examination of smear from m. tra

Positive for Gonococci

Harry M. Baragan

Pathologist.

PATHOLOGICAL LABORATORY

A. M. Medical Officer

Date

Bed

Ward

Name

Report of an examination of

Pathologist

1914

CERTIFIED CORRECT.
Canadian Record Office
Westminster
7, Millbank

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.Regimental No. 53995 Rank Pte Name Anderson, JohnEnlisted (a) 30th Oct/14 Terms of Service (a) War Service reckons from (a) _____Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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					
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nominal Roll	
22-1-16	5th Can Hld Amb.	Arthritis both Knees. Admitted	5th Can Hld Amb.	16-1-16	A 36, 22 $\frac{1}{16}$.	DCS. 102, 2 $\frac{3}{16}$.
22-1-16	do	do Transferred	To D.R. Str., GODEWAERSVELDE	17-1-16	do	do
22-1-16	5th Can Hld Amb. D.R. Str.	do Admitted	5th Can Hld Amb. D.R. Str.	17-1-16	A 36, 22 $\frac{1}{16}$.	DCS. 104, 4 $\frac{1}{16}$.
29-1-16	do	Arthritis R. Knee. Transferred	To D.R. Str., Mont des Cats.	28-1-16	A 36, 29 $\frac{1}{16}$.	DCS. 108, 9 $\frac{3}{16}$.
29-1-16	N.Mio. Div. C.C.S.	Arthritis Knee. Admitted	N.Mio. Div. C.C.S.	28-1-16	A 36, 29 $\frac{1}{16}$.	DCS. 110, 11 $\frac{3}{16}$.
5-2-16	do	do Knees Transferred	To No. 5 C.C.S.	2-2-16	A 36, 5 $\frac{2}{16}$.	DCS. 113, 15 $\frac{2}{16}$.
5-2-16	50th Numbrian C.C.S.	do Admitted	50th Numbrian C.C.S.	2-2-16	A 36, 5 $\frac{2}{16}$.	do
12-2-16	do	do Transferred	To No. 5 Train	10-2-16	A 36, 12 $\frac{2}{16}$.	DCS. 115, 18 $\frac{2}{16}$.
11-2-16	No. 2 Can Stat.	do Admitted	No. 2 Can. Stat.	11-2-16	W 3034 , 11 $\frac{2}{16}$.	
27-2-16	do	do Transferred	To England	27-2-16	W 3034, 27 $\frac{2}{16}$.	

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Q V E R

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				

27-2-16	H.S. Cambria	<i>betropion. Admitted</i>	H.S. Cambria to England	27-2-16	W 3083, 27 ³ / ₁₆ . Part II Order 12, 14 ³ / ₁₆ .
---------	--------------	----------------------------	-------------------------	---------	--

10 Johnston
Lieut.
for Lt.Col.
A.A.G.

11/7/16
ATTACHED

TRANSFERRED FROM C.C.A.C. TO *1st Can Com Depot* PART II D.O. No.

5-8/16.

1st Lt. D. Dis to 39th Bn

Sandling 5-8-16.

W. McKewright. Lieut
Adjutant,
First Canadian Command Depot,
Monks Bay

Taken on strength C.C.A.C. Pt. II D.O. No.

3-11-16

ATTACHED

TRANSFERRED FROM C.C.A.C. TO *G.D.D. Shindman* PART II D.O. No.

G. C. Edridge.
Lt. Adjt. C.C.A.C.

Casualty Form—Active Service.

Rank *Cyto* Regiment or Corps *Can C*
 Surname *Anderson* Christian Name *John*
 Religion *Presb* Age on Enlistment years months.
 Enlisted (a) Terms of Service (a) *duration* Service reckens from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate

R.D. Hardy Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
	<i>McH Efta</i>	<i>beams & he down -</i>			
		<i>as attached from</i>			
		<i>West Ontario R.D.</i>			
<i>19-5-17</i>		<i>air transfer to Can C</i>	<i>3.5.17</i>	<i>P.T.O.</i>	<i>139</i>
<i>19-5-17</i>	<i>McH H</i>	<i>Taken on the strength</i>	<i>3.5.17</i>	<i>P.T.O.</i>	<i>139</i>
	<i>McH Efta</i>				
<i>6.6.17</i>	<i>McH H Efta</i>	<i>S.O.S on reporting to</i>			
		<i>Genl. London</i>	<i>6.6.17</i>	<i>P.T.O.</i>	<i>249</i>
		<i>(L.A. 23 - 4.9.17)</i>			

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12/9/14	Canada	T. Osburn C. C. Chaplain	Home	6-9-14	12-56358
12/9/14	do	En Commission	do	6/9/14	12-56358
24-3-18	Canada	SDon being retained in Canada		18-3-18	12-56358
					Capt. Arst. Adjutant, FOR C. C. C. A. M. O. DEPOT.
LONDON, ONT. DISCHARGED		June 14 1918 Sgt. "E" MEDICALLY UNFIT	Wm. M. Ximington U. C. Discharge Section, No. 1 D. D.		

*Name **ANDERSON, John** Rank **Pte.** Regtl. No. **53995**
Fyle Depot **I.D.D. 10-A-50**
Original unit **18th Bn.** Present unit **18 Bn.** M. or S. Age **34** Religion Ref. H.Q. **1D. 30-A-189**

Port, ship, and date of arrival.....

Next of kin **Mother, Sophia Anderson, Cargell, Ontario**

Address on leave

Address on discharge **Cargell, Ont.**

Transportation issued ^{Yes}~~No~~ Date **6/6/18** Character on discharge **Good.**

Previous occupation **Furniture Finisher.** Date and place of enlistment **Walkerton, Ont. Oct. 14th,**

Diagnosis **Nervous Debility** Date of Medical Boards **6/2/18**

Date.	Remarks	Pt. 2 Order No.
T.O.S. 14-3-18	From "F" Unit. discharge not having been carried out by that unit	
14-3-18	Posted to Casualty Company.	34 30
21-5-18	"F" Unit. MHCC D.O. No. 61 is cancelled.	34
6-6-18	Discharged, H.M.S. Med. unfit, Cat. "E".	49 43

*—Name will be given in full; surname first.

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

Surname

Christian Name or Names

Reg. No.

Anderson. J.

53995.

Rank

Unit

Co.

Troop

Batty.

Pte.

18 Bat.

Hospital

Date of Admission

Transferred

Tent St. St Martin's Rn Hosp. 23.6.15.

Newcastle Inf. Hosp. 23.6.15.

5 C. 4. Amb. Hosp. 16.1.16.

D.R.S. Gadenwarsville Hosp. 14.1.16.

Diagnosis

Gen.

(con)

(1)
Later Diagnosis (if changed)

(2)

Arthritis. both knees.

(3)

Echinopion.

Additional Diagnoses: If more than one state present

V.D. G.
Eye trouble

DISPOSITION

Dis. 19.7.15.
Dis. to duty. 22.7.15 Date
Dis. 10.5.16

Dis 11.7.16

REMARKS

WHR. 25.6.15.

" 24.23.7.15.

C.L. 3.7.15.9.

" 30.7.15.17.

" 8.2.16 137.

" 15.2.16. 142.

" 19.2.16. 2146

" 28.4.16. B.52.

" 13.5.16. B.64.

" 17.5.16. B.66.

" 19.5.16. B.68.

C.L. 3.6.16 B.48.

" 6.6.16. B.80.

" 10.6.16. B.84.

" 14.7.16 # B.112

A.M.D. 2 DEPT.

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

D.R.O. 14th
3rd 10th

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	D.R.S. Mont Des bats.	28.1.16.
2.	2 Can Stahy. Boulogne.	11.2.16.
3.	D.R.C. C.R.C. Yarrow mil. H. Bulford.	1.3.16. 22.4.16.
4.	C.C.A.C. & Westcliff C. & E. Folkestone mil. H. S.cliffe.	14.5.16. 17.5.16.
5.	Barnwell mil. Cambridge Shorncliffe mil.	20.5.16. 2.6.16.
6.	Westcliff C. By & Har. Folkestone	8.6.16.
7.		

If this Case has already been examined, please quote number of Report.

752

BARNWELL MILITARY HOSPITAL,
CAMBRIDGE.

REQUEST FOR REPORT FROM PATHOLOGIST.

Date... 29. 5. 1916.

Laboratory No.

Name of Patient *Anderson. F. Pl.*

Age *34.*

No. *53995.* *Few pus cells*

Ward *4*

no H. seen

Under care of *Major Lyne.*

Origin of Specimen *Urine.*

Diagnosis required

G. b.

Signed... *Geo. Duke*

8

213109

405 507

Discharge ledger

8. 10.

Order of specimen

11. 11.

Order of

11. 11.

11. 11.

No.

2. 2. 11.

11. 11.

11. 11.

No.

11. 11.

Order of

11. 11.

11. 11.

11. 11.

11. 11.

11. 11.

11. 11.

11. 11.

11. 11.

11. 11.

Ledger No. Serial No.

P. T. O.

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name Anderson J. Rank Pte.

Reg. No. 53995

Unit 18th. Battalion.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K	W.O. List
1915						1915
23 6	Tent H.	St. Martins Plain.	VDG.	9		
	transferred to M.H. Newcastle.					
22 7	Discharged.	Ex. Newcastle Inf'y.	do	17		
1916						1916
16 1	5th. C.F.A.		Arth. knees	137		
17 1	To D.R.S.	Godewaersvelde.	do	137		
28 1	D.R.S.	Mont des Cats.	do	142		
11 2	No. 2 S.H.	Boulogne.	do	A146		
1 3	D. of C.C.R.C.H.	Taplow.	Ectropion	B14		
22 4	Mil. Hosp.	Bulford	VDG.	B52		
	4-3-16. 11-3-16. P.20					

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
10	5 Discharged		V.D.G.	B64		
14	5 Westcliffe Can. Eye & Ear. Hosp. Folkestone		Ectropion	B66	(CCAC)	
17	5 Mil. Hosp. Shorncliffe		V.D.G.	B68	(CCAC)	
20	5 Barnwell. M.H. Cambridge		do	B78	(CCAC)	
2	6 Mil. Hosp. Shorncliffe	Eye Trouble		B80	(CCAC)	
8	6 Westcliffe C. Eye & Ear H. y Folkestone		Ectropia	B84	(CCAC)	
11-7	Discharged.		do.	B112	(ccac)	

See card 2

H. Q. FILE No. 649-

NAME *Anderson, John*

REGT'L. No. *53995*

RANK AND CORPS *Pte.*

18th Battalion

CABLE

NATURE OF CASUALTY

NO.

DATE

NO. *516*

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 9.	Tent, St. Martins Plain, S. Horncliffe.	23/6/15.	Trans. to Mil. Hosp. Newcastle-on-Tyne. Gonorrhoea
✓ 17.	Newcastle Infir., Newcastle - on - Tyne.	22/7/15.	Disch. Gonorrhoea.
✓ 137.	5 th Can. 7d. Amb.	16-1-16	Arthritis both knees.
✓ 137.	Trans. to Mil. Rest Stat. Godewaersvelde	17-1-16	Arthritis both knees.
✓ 1420	Mil. Rest Stat. Mont des Cats	28-1-16	Arthritis knees.
A 146.	#2 Can. Stat. Boulogne	11-2-16	Arthritis both knees.
B 14.	Much. of Coun. Can. Red X, Laplow	1-3-16	Petropion
B 52.	Bril. Bulford.	22-4-16	D. H. G.
B 64.	Wisch.	10-5-16	D. H. G.

See card 1.

NAME *Anderson, John.*

H. Q. FILE No. 649-

REGT'L. No. *53995*

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

Pte 18th Bn.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B66.	Westcliffe Can. Eyes Par; Folkestone	15-5-16	Ectropion
B68.	Military Shorne	17-5-16	V. W. G.
B78	Barnwell Mil. Cambridge	20-5-16	V. W. G.
B80	Mil. Shorne.	2-6-16	Eye trouble
B84	Westcliffe Can. Eyes Par. Folkestone	7-6-16	Ectropia
B112	Wilsch.	11-7-16	Ectropia
19.	M. H. C. C. London	12-1-18	Adm. Guelph M. B. St

Number

53995

Rank

Pte.

Surname

ANDERSON

Christian Names

John

Unit

18th Bn Can Inf.

Theatre of War

France

Date of Service

15-9-15

Remarks

Latest Address

Cargell
Ont.

Roll No.

B. Page 2788.

G. A. 88801000

MAY 20 1921

23-6-15

22-7-15

~~20~~

15-5-16

20-5-16

16-1-16

art

art hicks

70-5-16

20-5-16 Echopron

11-7-16 oper

14-1-18 plane open

29-5-18 on eye



Rank

Name

ANDERSON John

Reg'l No.

53995

Unit

18th Battn.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Walkerton, Ont. 30th Oct. 1914

Place of Birth

Winnipeg, Man.

Name and Address, Next-of-Kin

Sophia Anderson, Cargill, Ont.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

10/11/16

Report

Date

From whom
receivedRecord of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case.

Place

Date

REMARKS
Taken from Official Documents

29. 4. 15	O.C. 18	Arrived per SS "Traupian"	England	29. 4. 15	Inform. Form
16. 7. 15	O.C. 18	Admitted to Hospital	West Sandling	22. 6. 15	Letter O.C. 18/16. 4. 15 R. 10/4a
3. 7. 15	O.C. 18	Transferred to military hospital: Newcastle-on-Tyne		23. 6. 15	Cas. list 9.
24. 7. 15	"	33 days pay stopped @ 15 ^{cts} a day (Gonorrhoea)	W. Sandling	24. 7. 15	Pt. II - 339.
30. 7. 15	W.O.	Gonorrhoea, disch. Infirmary, Newcastle		22. 7. 15	Cas. list 17.
28. 8. 15	O.C. 18	Transf. to Base 64	W. Sandling	28. 8. 15	Pt II - 355
11. 9. 15	"	Transf. to "C" Co		11. 9. 15	" - " 367
18. 9. 15	O.C. 18	Embarked Overseas (C.B.)	Folkestone	14. 9. 15	Inform. Form
8. 2. 16	W.O.	5th Can. Field Ambulance	In Field	16. 7. 16	Cas. List 137 Arth. both knees
8. "	"	Div. Rest Station	Godewaerpede	17. 1. 16	" " " "
15. 2. 16	"	Div. Rest Station	Mont des Chats	28. 1. 16	" " 142
19. 2. 16	"	No 2 Can. Stationary Hospital	Boulogne	11. 2. 16	" " A 146
7. 3. 16	O.C. 18	D. of C. Can. Red Cross Hospital	Yaplow	1. 3. 16	" " B 14 Ectropion

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				
14.3.16	18th	Inv. & trfd. to Eng. & struck off strength In the field		27.2.16	Pt II 0#12 Sick
11.3.16	CCAC	Taken on strength.		1-3-16 27.2.16	Pt II 044.
28.4.16	18th Bata	Trans to Mil Hosp.	Bufford.	22.4.16	C.L.B. 52. V.D.G.
13.5.16	do.	Dischd from Mil Hosp.	Bufford.	10.5.16	C.L.B. 64. V.D.G.
15.5.16	CCAC	Adm. Westcliffe E & E. Hosp. for treatment		13.5.16	Pt II 0. 163.
17.5.16	18th Bata	Adm. West. E & E. Hosp.	Folkestone	14.5.16	C.L.B. 66.
19.5.16	do.	Adm. Mil Hosp.	S'cliffe.	17.5.16	C.L.B. 68. V.D.G.
3.6.16	do	Adm. Barnack Mil Hosp.	Cambridge	20.5.16	C.L.B. 78. V.D.G.
6.6.16	do.	Trans to Military Hosp.	S'cliffe	2.6.16	C.L.B. 80. Eye trouble
10.6.16	do.	Trans to Westcliffe E & E. Hosp	F'stone	8.6.16	C.L.B. 84 Ectropia
21.6.16	CCAC	Stoppages (Venereal) from 17.5.16 to 19.5.16 inclusive - 3 days at 50c per day + forfeits 3 days allowance.			
13.7.16	b.b.a.b.	On board to 39th Bn for 4 wks P.T.	Folkestone	11.7.16	Pt II 0 270
8-8-16	"	S.O.S. to 31st Bn	Wandling	5-8-16	Pt II 0. 318
7-8-16	ccac	T.O.S. from CCAC for duty	Wandling	5-8-16	186
3-11-16	ccac	Report to CCAC from Bromley	Shoreham	2-11-16	Pt II 0 484 E
6-11-16	O.C. 39th Bn.	S.O.S. to b.b.a.b.	W. Sandling.	3-11-16	264
3-11-16	CCAC	Taken on strength.	Shoreham	2-11-16	484 J
6-11-16	b.b.a.b.	Posted to Barr Duty Dep for PBD.	Shoreham	4-11-16	Pt II 0 487-D.
29-12-16	"	On Command to CCAC Epsom for PBD	Hastings	26-12-16	574 (8)
3-1-17	CCAC Epsom	Alt. for PBD from CCAC	Epsom	26-12-16	3
14-3-17	CCAC	S.O.S. to W.G. & Rpt add to CCAC Epsom	Hastings	10-3-17	120 4 W.G. R.D. Pt II 10 d/20.5.17

TC

2nd Page of Record.

Rank _____ Name **ANDERSON JOHN.** Reg'l No. **53995**
 Unit **18th Bn** If in perm. Corps }
 What Unit? } Married or Single **SINGLE**
 Place and Date of Enlistment **WALKERTON, ONT 30 Oct 1914** Place of Birth **WINNIPEG MAN**
 Name and Address, Next-of-Kin **SOPHIA ANDERSON**
CARBILL ONT. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

NJE. H.D. No **2853A**
 File R.L. _____
 Category **OK Can**

Discharge, Date and Place _____ Reason _____ Character **etc.**

H. W. V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS
Date.	From whom received.				Taken from Official Documents.
1 st Page of Record filed in envelope 22/5/17					
14-5-17	W.R.D.	Leaves on comm ^d C.C.H. Epsom B. Shott 2 S.O.S. to C.A.M.C.		7-5-17	PH 10.58 PH 110-139 d/19.5.17 CCH Epsom
15.5.17	CRMC Dep	TOS from W.O.R.D. & posted to CCH Epsom	W. Ranger	7.5.17	PH 110-1354 PH 110-139 d/19.5.17 CCH Epsom
6-9-17	CCH Epsom	S.O.S. to D.M. for Trans duty to Canada	Epsom	6-9-17	— " — 249.
12-9-17	bank dep.	T.O.S. from CCH Epsom Whanga	"	6-9-17	— " — 255
12-9-17	Do	On com on transport duty to Canada. Do	"	6-9-17	— " — 255
24-3-18	Do	S.O.S. being retained in Canada for duty	Shorncliffe	18.3.18	PH 110 83.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

53995. 6.6- 18th Batta.

Anderson. J.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		20.	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		4500 A 2248	45	45 ⁰⁰ April to adj Est 31/3/17.
May		86434	15	15 ⁰⁰ Future.
June		113047	15	15.6.
July		919829	15	S
Aug.		626927	15	B
Sept.		33636	15	150.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15⁰⁰ Feb 17.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Wm Anderson
Walkerton. Ontario
31/3/12

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 10m. 11 14.
 H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

\$
15.00

APR 1 1915
(1) Feb 1/12

Anderson, J.

53995

Pte.

C Coy, 18th Batt'n.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Cancelled
3M 11/6 11/15
Consolidated Account

(1) a/c reopened by 2M 82/17 & a/c 31/3/12

M. P. W. 41
100M-1-18.
1772-39-889. P. C. N.
A-1015

A-φ 649-a-6398

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				
											10 00		b D. Quebec 24 ¹¹ / ₁₇
											40 00		" " 15 ¹² / ₁₇
								21 ³ / ₁₈	4661	25 00 ✓			Car. Ottawa
							36 95						Eng L P b
14 ⁹ / ₁₇	31 ¹² / ₁₇	109 ¹ / ₀₀		109 00	109 ¹⁰ / ₀₀		10 90						A.P. 1 ¹¹ / ₁₇ to 30 ⁴ / ₁₈ @ \$15.00 e Eng L P b
												75 00	
							246 85						L. P. b rendered 14 ⁵ / ₁₈
							<u>246 85</u>					<u>246 85</u>	showing ap. adv to 31 ¹² / ₁₇
													- Yd to B M M d 1.
													a.p. mat prev. chgd.
							br Bal. 7 or.	171 85	SLP.C. no 1 19 ⁷ / ₁₈	15 00			on Br. Pay lists
								<u>171 85</u>	br. bal.	156 85	<u>171 85</u>		see letter fr. C.F.M
									Supp. ack. by Mo. 1 - 1-8-18.				on file.

U. P. Eng L.P. 6 1-5-15 to 30-6-15 + 1-2-17. to 30-4-18

M. F. W. 4r
100M-1-18.
1772-39-889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16856/336

376-J-22.

Name Anderson, John
Surname

Christian Name

Regimental Number 53995

Rank Pte.

Address (in full) Cargill,

Unit 18th Bn.

Ont.

Original Unit

District where paid M.D.1.

Date of Discharge 6-6-18.

P. D. P. Filing Number 9-114-1.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2153	5-6-18	33 00	2081	5-7-18	33 00	1582	5-8-18	19 10	15 00	85 10
1275 125	818660 282/19 70 00										
1123A 24	941441 1873/14 70 00										

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks: Supp. Stat. of account. A.P. for April 1918 not charged on payroll.

Doc No 6856/336 W.V. S. G. File No 0376-27

Award..... days at \$ 70 per day \$ 420.00
 S. A..... months at \$ per mo. \$
 Less P. D. P. Credited \$ 100.10
 \$ 319.90

Less further debit balance \$
 Net due paid as below \$ 319.90

TO SOLDIER TO DEPENDENT

28-5-19
 15-3-19
 7-4-19

O	Ag. No.	Ch No	Amount		Ch No	Amount
1	1375	18660	70.00			
2	1183a	41441	70.00			
3	1155B	410712	70.00			
4	1047c	460393	70.00			
5		485722	39.90			
6						
Total			319.90	Total		

Cargill, Ont

GEN'L AUDITOR
 Posting checked by
Macdonald
 Date 18-7-19

26h

Rank

Pfc

Name

ANDERSON John

Reg'l No. 53995

Unit

18th Batta.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment Walkerton, Ont. 30th Oct. 1914 Place of Birth Winnipeg, Man.

Name and Address, Next-of-Kin Sophia Anderson, Cargia, Ont.

Relationship

Assigned Pay Monthly \$

15⁰⁰

Payable to

as above

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1/5	31/5	31	1	31	31	10	310		3410			1750	15	✓	5250	160	
1/6	30/6	30	1	30	30	10	300		33			5	15	✓	30	1460	
1/7	31/7	31		31	31		310		3410			3750		✓	3750	1120	Assignment cancelled 1/7
									160			60				1280	for Exchange
1/8	31/8	31	1	31	31	10	310		3410	271	31/8	5895		✓	5895	797	
1/9	30/9	30		30	30		300		33	359		268		✓	268	3829	
1/10	31/10	31		31	31		310		3410	438		524		✓	435	959	6280 4.50 2 1/2 days + 2 days
1/11	30/11	30		30	30		300		33	521		268		✓	268	9312	
1-12	31-12	31		31	31		310		3410	524		268		✓	268	11059	
1-1-16	31-1-16	31		31	31		310		3410	706		761		✓	761	14208	
1-2-16	29-2	29		29	29		290		3190	528		436		✓		17398	
March		31		31	31		310		3410	528	27/3/16	487		✓		92319885	Trans. ccac. 31.3.16
				336			3360	160	37120			13800	30	435	17235	19885	Checked

BALANCE TRANSFERRED TO NEW LEDGER

Carried forward to
Large Ledger sheet

[illegible]

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Feb 1/17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 53995
 Rank Pte Promoted Reverted Discharge
 Soldier's Name J. Anderson
 Battalion "C" Coy 18th Battln
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Wm Anderson
 Address Walkerton Ont
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
30/9/17			150	150	9/2 Closed 1/15 32m 14 1/15
Oct	C 51288		15	15	9/2 Reopened 1/17 22m 8 2/17
Nov	C 52524		15	15	
Dec	F 54849		15	15	F 54849 Retired & cancelled 5/1/18 KWS
Jan	A 54134		15	15	30/5/15 30/7 A 54134 cancelled @ KWS 30/4/17 to 30/9/17 120. Suspended for better address KWS 5/1/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
400M. 6.17-1772-38-1141
L. L. 22320-M. & D. 7393.

16/4/97

Anderson John

Regt. # 53995

OK

CROSS REFERENCE

NOTICE

- Hi.ö.

OVERSEAS FILE

DO NOT WRITE BELOW THIS LINE

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

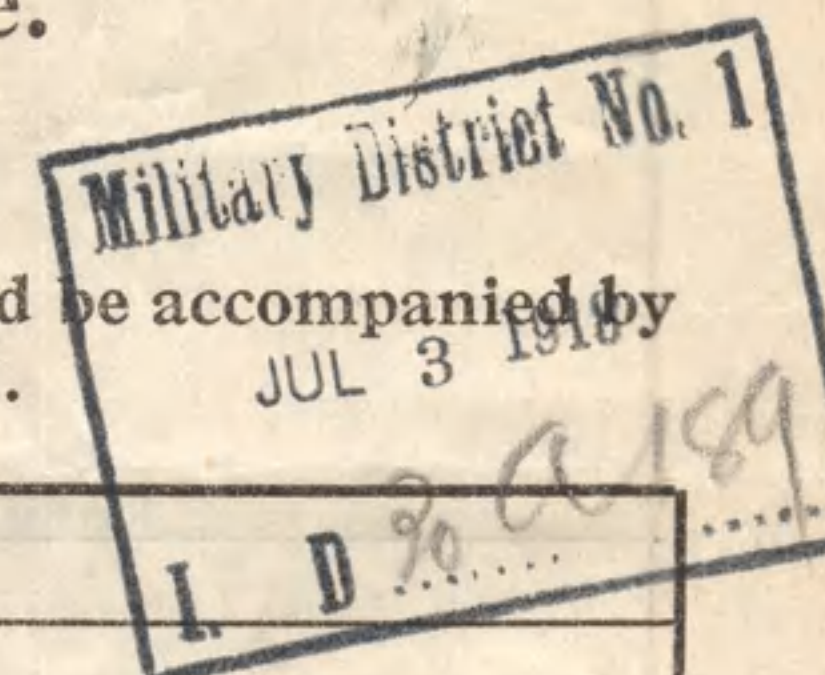
*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).



No.	53995
Rank	Private
Surname	"Anderson"
Christian Name	John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	18th Battalion C.O.M.F.
Date of Discharge	JUN 6 - 1918
Place of Discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....34..... years..... months.	Descriptive Marks Burn Scars on face.
Height.....5..... feet.....11..... inches.	
Complexion Fair	
Eyes Brown	
Hair Brown	
Trade Finisher	
Intended place of residence } Craigill Ont	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
CAT. "E" MEDICALLY UNFIT	
DUE TO SERVICE	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
Good	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
FINISHER	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W. G. Comp.
11-2-19 EP

5. He is in possession of the following number of G. C. Badges:

nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *LONDON, ONT.*

Thos. M. Linnigton

(Date) *JUN 6 - 1918*

O. C. Discharge Section, No. 1 D. D.
Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *LONDON, ONT.* *John Anderson* (Signature of Soldier.)

(Date) *JUN 6 - 1918* *G. P. Peden* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

John Anderson (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) *3* years *217* days.

Total *3* years *217* days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *LONDON, ONT.*

Thos. M. Linnigton
O. C. Discharge Section, No. 1 D. D.
(Signature)

(Date) *JUN 6 - 1918*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none

John Anderson

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.	13	5	16	16	5	16	Ectropion	4.	after being under treatment for 4 days for the eye - symptoms of gonorrhoea developed - transf. to Shorncliffe military.	<i>W. S. Bell.</i> WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.
MILITARY HOSPITAL, SHORNCLIFFE.	17	5	16	19	5	16	Gonorrhoea	2	Transferred to Barnwell.	<i>A. W. Bagnall Capt. R.A.M.C.</i>
Barnwell Military Hospital, CAMBRIDGE.	19	5	16	1	6	16	Gonorrhoea	13	Discharge to duty (day 13 days)	<i>G. V. Hughes Major R.A.M.C.</i>

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Quebec DATE Dec 9. 19171. (a) Unit 18th Batt (b) Regimental No. 53995 (c) Rank Pte(d) Surname Anderson (e) Christian name John2. Age last birthday 35 Date of birth Dec 1 - 18823. Enlisted at London Ont on Oct - 1914

4. Personal description:—

(a) Height 5' 10 (b) Weight 165 (c) Complexion medium(d) Colour of hair brn (e) Colour of eyes brn (f) Identification marksmark of burn on face

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Cargill - Ont

6. Former trade or occupation

Furnisher (furniture)

7. (a) Service

Years

Days

PERIODS

From

To

CEFOct 1914date(b) Has he been Overseas? Yes8. Present disease or disability (use authorized nomenclature if possible). Ectropion & Chronic Conjunctivitis(a) Date of origin about 1904 (b) Place of origin Shallow Lake - Ont(c) Cause* Burn from explosion of coal drier
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

There is marked scarring of the face with contraction of lower eye lids causing marked eversion. The conjunctivae of both eyes are inflamed & thickened. He states that he has had 3 operations in England for correction of ectropion. He is shaky & tremulous & easily excited. He states he does not sleep well.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M-5-17.
1772-30-117.

Proch 823
30-12-17
ST

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- 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 a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

His general condition except for nervous symptoms - is good

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

30% (1) 10% for eye not due to service
(2) 20% for nervous condition due to service
nervous condition on duty - Ectropion off duty

12. Did the disability arise on or off duty?

13. Was a Court of Inquiry held?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No no
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

no
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

(1) permanent (2) 6 months

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Operations on eyelids in England

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

yes

19. Can the former trade or occupation be resumed?

not at present

20. Recommendations

Three months convalescence & further operation on eyelids

E. Robertson Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, John Anderson have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

John Anderson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

The board concurs in above report

22. Is the soldier fit for

(a) General service,	(Category A) (Yes or No).	<u>no</u>
(b) Service abroad, not general service,	(" B) (Yes or No).	<u>no</u>
(c) Home service, (Canada only),	(" C) (Yes or No).	<u>no</u>
(d) Temporarily unfit,	(" D) (Yes or No).	<u>yes</u>
(e) Unfit for service in Categories A, B and C,	(" E) (Yes or No).	<u>yes</u>

23. It is certified that the soldier

(a) Does require treatment.
(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Recommend that soldier should have further treatment

E. Robertson Capt President.
J. P. Laughlin Lt Members.

STATION Quebec

DATE Dec. 9th 1917

APPROVED BY

DEC 10 1917

DATE

APPROVED BY

DATE 16-12-17

Rawminto T. Lee
Assistant Director of Medical Services.

W. A. Smith Capt
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "B"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE..... London, Ontario;
DATE..... July 15th, 1918.

John J. Anderson President.
L. M. Jones Member.
R. M. Parker Member.

APPROVED BY *John J. Anderson* Assistant Director of Medical Services. DATE *23.7.18.*
APPROVED BY *R. M. Parker* Director-General of Medical Services. DATE.....

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....
DATE.....
President.
Members.

SPECIALIST'S REPORT.

Feb. 12th, 1918.

DIAGNOSIS—Lids much everted due to former scarring and burning, 13 years as
VISION
V.O.D. 20/20
V.O.S. 20/40

Condition was present previous to enlistment and has not been aggravated by active service. No improvement is to be expected. No disability due to eyes.

(Sgd.) Major Brown.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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 soldier 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."
3. 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. 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..... London, Ontario..... DATE..... 15-7-18

1. 1 (a) Unit..... No. 1 Dist. Depot..... (b) Regimental No..... 53895..... (c) Rank..... Pte.
(d) Surname..... ANDERSON..... (e) Christian name..... John.....

2. Age last birthday..... 34..... Date of birth..... 1-12-1883

3. Enlisted at..... Walkerton..... on..... Oct. 26th, 1914.

4. Personal description:—

(a) Height..... 5' 9"..... (b) Weight..... 154 lbs. (stripped)..... (c) Complexion..... Ruddy
(d) Colour of hair..... Brown..... (e) Colour of eyes..... Brown..... (f) Identification marks.....
Scar of burn on left shoulder (size 5" x 3")

5. Address after discharge (for the use of the Board of Pension Commissioners)

Cargill, Ont.

6. Former trade or occupation..... Finisher (Furniture.)

7. (a) Service

Years..... 3..... Days..... 262

18th b'n.

No. 1 Dist. Depot

PERIODS

From

To

Oct. 1914

15-7-18

(b) Has he been overseas..... Yes (2 yrs. 8 mos)..... 8. Original disease or disability..... 1. Ectropion.
2. Nervous debility.

(a) Date of origin..... 1. 1904 2. Jan. 1916..... (b) Place of origin..... 1. Canada 2. France

(c) Cause..... 1. Burns of face (accident) 2. Service conditions.

(d) Present disease or disability..... (1) Ectropion (2) Nervous Debility

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

1. Patient has marked eversion of both lower eyelids with accompanying epiphora of both eyes. Inner surfaces of both lids red and granular. There are marks of operations performed near inner canthus of both lower lids. Patient claims he has had 3 operations while in service for correction of the Ectropia but it is much worse now than on enlistment. There is considerable pain in eyes in wind or sun, the left being affected more than the right. There is considerable scar on face received at the same time but there is no disability other than the disfigurement. See Specialist's report page 4.

9. Present condition.—(Continued.)

with which I agree except as this man was passed fit for service there is surely some aggravation on service.

2. SUBJECTIVE—Patient states that at home he feels quite fit, but away from home any excitement brings on his nervousness.

OBJECTIVE—There is a fine tremor to hands and head when sitting. Patient speaks in a jerky manner, and shows nervous symptoms when questioned.

EXAMINATION—To the outstretched hands there is a coarse tremor. Knee jerk are slightly exaggerated. Apex beat in 5th interspace nipple line. No murmurs. Lungs normal.

Exercise of raising hands over head and touching toes 10 times rapidly raises pulse from 84 to 108. Respirations from 24 to 32. Returns to 84 and 2 respectively in 1½ minutes. This exercise causes much increased nervousness as evidenced by the head tremors and a coarse tremor over whole body. Patient cannot and should not do more than light duty.

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

Nervous..... As in 9 Digestive..... Yes Respiratory..... Yes Cardiac..... Yes

Genito-Urinary..... Yes Skin, Middle Ear, Eye or any other part..... Both eyes as in Sec. 9

10. History: (a) of Condition referred to in "a" section 9.

1. An ammunition explosion in 1904 causing burns to face and left shoulder and since enlistment eyelids have become more everted following operations for correction.

2. Admitted to Hospital in Jan. 1916 with shell shock.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

As in 4 (f)

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1. Yes. slightly

2. Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2 NO

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2. Indefinite.

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

1. Westliffe eye and ear Hospital, England.

2. Hospitals in France, England and Canada.

OPINION OF THE MEDICAL BOARD

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.)

1 & 2 NO

16. Can the former trade or occupation be resumed? (If not, briefly state why.) NO

17. Recommendations Category "B"

Leubilla
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, John Anderson 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 complain in addition of.

J. J. L.

John Anderson
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

Agree except—(11) 1. Board does not consider there is any disability due to service, as the condition has steadily become worse for years. His nervous debility is slight, but board believes his statement that he cannot resume his former trade as his hand is too unsteady to handle the brush. He states he has improved greatly at home. Board advises discharge.

19. Is the soldier fit for

(a) General service,	(Category A) (Yes or No).	<u>NO</u>
(b) Service abroad, not general service,	(" B) (Yes or No).	<u>NO</u>
(c) Home service, (Canada only),	(" C) (Yes or No).	<u>NO</u>
(d) Temporarily unfit.	(" D) (Yes or No).	<u>NO</u>
(e) Unfit for service in Categories A, B and C,	(" E) (Yes or No).	<u>YES</u>

20. It is certified that the soldier

(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).

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man, marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

C.P., KINGSWAY, W.
30,000-17/4/16-10533.

Army Form B. 179.
Canada.

113389

Medical Report on an Invalid.

Station West. Sandling

Date 25th Sept 1916.

1. Unit 39th BATT. C.E.F.
2. Regimental No. 53995
3. Rank Pte.
4. Name Anderson, Jno.
5. Age last birthday 34
6. Enlisted on October 1914
at London Ont.
7. Former Trade or Occupation Finisher Furniture Factory

8. Disability.

Extrusion Lower Eyelids.
Shell Shock.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Previous to Enlistment

10. Place of origin of disability. Canada.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

12 years ago in a gas explosion in Canada
had his face and eyes badly burned leaving
the eyelids turned outwards.
arrived in England April 1915 and was
sent to France 14th Sept. 1915. In France
near Arras was struck by a shell, struck
the parapet of trench and his eyes were filled
with sand, and they became much inflamed.
Sent to Boulogne 2 weeks, then to Tadlow Camp
for 30 days. Sent to Westcliffe Hosp. 7.9.16 for
35 days. Boarded by S.M.B. Farnham and
11/7/16 and declared fit for duty. Since return
to unit is unable to carry on, on account of nerve
and eyes constantly watering in any sort
wind.
Boarded by S.M.B. Westsanding 22nd Sept
1916 and recommended for discharge.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.)

Superior to Eye lids, and shell shock.
(1) No not aggravated, in presence of enemy
(2) No not aggravated by active service

Signed at Prior Park, Bath, this

day

of , 191

President.

13. What is his present condition? *The man is fairly well developed and well nourished. The face is covered by scars of some destruction of skin of face. Both lower eye lids are considerably everted and conjunctiva somewhat inflamed. Respiratory and Cardiovascular systems are normal. Nervous system. Fine tremor of hands arms and body. Claims he does not sleep well and easily startled when he trembles for some time.*
14. If the disability is an injury, was it caused
- (a) In the presence of the enemy? *Not aggravated in presence of enemy.*
- (b) On active service? *Not aggravated by active service conditions*
- (c) On duty? *yes*
- (d) Off duty? *no*
15. Was a Court of Inquiry held on the injury?
- If so—(a) When?
- (b) Where?
- (c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Do you recommend
- (a) Fit for duty? *yes*
- (b) Fit for base duty? *yes*
- (c) Invalided to Canada? *yes*
- (d) Discharge as permanently unfit? *no*

E. B. Moles
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except

Station *West Sandling*

Date *SEP 25 1916*

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

yes (Shells shock) yes (Shells shock)

- (b) If due to one of these causes, to what specific conditions do the Board attribute it?

*not applicable for eyes
Shells explosion. (Shells shock)*

21. Has the disability been caused or aggravated by

- (a) Intemperance?

no

- (b) Misconduct?

no

22. Is the disability permanent?

yes for military life

23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

not applicable

26. Do the Board recommend

- (a) Fit for duty?

no

- (b) Fit for base duty?

yes permanent.

- (c) Invalided to Canada?

no

- (d) Discharge as permanently unfit?

no

27. Remarks.

Old disability aggravated by active service conditions.

Signatures:—

Station *West Sandling*

Date *Oct 11 1916*

Approved.

Station *Stromboli*

Date *23 OCT 1916*

W. B. Betham
President.

39

Members.

D. F. McIntyre
Administrative Medical Officer.

ASSIGNED PAY. EFFECTIVE DATE: <u>1/2/17</u> AMOUNT: <u>15⁰⁰</u>		ENGLAND OR CANADA. SEPARATION ALLOWANCE. EFFECTIVE DATE: _____ AMOUNT: _____		ENGLAND OR CANADA. NAME: <u>ANDERSON</u> <i>John</i> NUMBER: <u>53995</u>							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <u>W^m Anderson (Brother)</u> <u>Walkerston, Ontario.</u> <u>Stopped off 1/5/18. Dis. to Canada. Ottawa Cable 18/3/18. Retained</u>				PARTICULARS OF RANK OR APPOINTMENT AUTHORITY: _____ DATE EFFECTIVE: _____ RANK OR APPOINTMENT: <u>Pt.</u> 30 SEP 1918							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS DATE OF PAYMENT, NUMBER OF A.R., UNIT PAID BY, AMOUNT, DATE OF PAYMENT, NUMBER OF A.R., UNIT PAID BY, AMOUNT				UNIT AND TRANSFERS ORIGINAL UNIT: <u>18 Rn.</u> DATE ACCOUNT FIRST OPENED: _____ AUTHORITY: _____ DATE EFFECTIVE: _____ DATE LOGGED SHEET T'S'D: _____ UNIT TRANSFERRED TO: <u>WORK.</u>							
DAILY RATES OF PAY AND ALLOWANCES AUTHORITY: _____ PAY: <u>1</u> F.A.: <u>10</u> P.F.A.: _____ SUBS'CE ALL'CE: _____											
PARTICULARS OF RENDERING NON-EFFECTIVE: <u>Dis. to Canada. 14/9/17. Ottawa Cable 18/3/18 B's Bal 36.95.</u>											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/3/18	Bar. Forward	#							40.90		
April	Int. on Ref. Pay. 3/3/17	11.05		to a.p.					15 26.90		
									36.95		
31/3/18.	Bar. Forward.								51.95		
				Bar. a.p. apie.					15	36.95	
									15		
June				Spe. Dr.	36.95						
					36.95						

53995 Pt Anderson. J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT						
			\$	C.						\$	C.																	NO.	DATE	NO.	DATE	NO.	DATE
July 28	160	30	80						160	707	80						179	36	158	16	113	52	11	26	30	26	60	518	90	188	90	195	
Mar 31	160	34	10						30	80	85	29/1					9	74							15			24	74	194	96		
Apr 30	r	33	00						34	10	771	13/2	1168	24/1	1131	24/1	9	74	9	74					15			63	69	165	37	195	
May 30	r	33	00						33	00			105	9/4					4	87					15	53	20	40	177	97		534	
June 30		1	10						33	00															15			15	195	97		195	
July 31	33								33																15			15	215	04			
Aug 31	34	10							34	10															15			15	234	14			
Sept 20	34	10							34	10															15			24	73	243	54		
	33								33																15			29	60	246	94		
									994	00																							
MONTH	PARTICULARS	GR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLG. ENG.	MONTH	PARTICULARS	GR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLG. ENG.										
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Nov 30 1917	33 00			10/19/17 10/10/17	9 74				15 256 30			March	30 80			10/19/17 10/10/17	9 74				15 240 70												
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