Unit C. A. M. C. Rank Nursing Sister Name Sara Key Dower

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL
MILITARY DISTRICT No. 2

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Dower
   (b) What are your Christian Names? Sara Key
2. (a) Where were you born? (State place and country) Toronto Ontario
   (b) What is your present address? 32 Trilles Ave Toronto
3. What is the date of your birth? January 3rd 1887
4. What is (a) the name of your next-of-kin? Francis A. Dower
   (b) the address of your next-of-kin? 32 Trilles Ave Toronto
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Protestant
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Nil
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.

Sara Key Dower (Signature of Officer.)

Taken on strength (place) Base Hospital, Toronto

(date) April 9/17

E. R. Hardy Lt. Col.
(Signature of Commanding Officer.)

BASE HOSPITAL
MILITARY DISTRICT No. 2

22
53
72
181
12
340

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date April 30th 1917

Place Toronto

[illegible] Capt.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

NAME DOWER SARA KER RANK Pte. UNIT W/Sol. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1+1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				2540S	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1+2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
	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. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Dental Cert.					
2	AF B. 123 7.					
1	AF. B. 181.					1
4+1	AFB 45					1-17
1	MFW 67					1-17
1	[illegible]					
	[illegible]					
2	A 71.1257					
1	Misc.					
	[illegible]					
	[illegible]					

PUBLIC ARCHIVES RECORDS CENTRE
1104565
H

N.S	DDwer	Sara K
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 26 36

ARC-1048 (rev. 91)

OK

Number ..... Rank N/S

Surname DOWER

Christian Name SARA. KEY

Units ..... Theatre of War ENGLAND

Date of Service 25/3/18

1349 Fuller Ave Hollywood Calif USA BPC 26 5/24

Remarks .....

Latest Address ~~32 Fuller Ave - Toronto Ont.~~

BPC

147197

Roll No. a Page 5012

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. D | DATE FORWARDED TO OTTAWA

DEP MAY 28 1924
RECON. NO. 4664

868—D.P.—40M-1-12-19.

Form DMS 1401.

No. 4 Canadian Gen. Hospital, HOSPITAL.

AT Basingstoke.

A. & D. CARD

A. & D. No. D 1 a 81 PL. OF ACTION

RANK H/Sister REG. NO. UNIT Camc 4 C G H SICK OR WOUNDED

NAME Dower S.K AGE RELIGION C. E.

PLACE IN HOSPITAL S/S.

DIAGNOSIS Pleurisy

ADMITTED 7. 5. 18 FROM Lines

DISCHARGED TO

TRANSFERRED 3. 6. 18. Can. Red X. Spec. H. Buxton

SERVICE AT HOME 13 mo 6 IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1401.

No. 4 Canadian Gen. Hospital HOSPITAL.

AT Basingstoke.

A. & D. CARD

A. & D. No. D 17125 PL. OF ACTION

RANK N/S REG. NO. UNIT C. A. M. C. 4 C.G.H. SICK OR WOUNDED

NAME Dower S.K. AGE 30 RELIGION C of E.

PLACE IN HOSPITAL S/S

DIAGNOSIS Influenza Pulmonary T.B. Clin.

ADMITTED 18/10/18 FROM Lines

DISCHARGED TO

TRANSFERRED 12.12.18. C.R.X. Spec. H. Bunton.

SERVICE AT HOME IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form R. 149.

ERB.

Name DOWER Sara. Rank N/STR Reg. No.

Unit CAMC 4 CGH. Reg.

Next of Kin Canada.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-10		4 Can Gen Hos.	Basingstoke	(7001) Influenza.	1184		
		bro changed to	(5269)	Influenza & T B Pulm.	1154		
13-12		Can Red X Hos	Buxton	7001 Debility	1165		
18-1-19.		Discharged	7003.		1187		

Date	Movement	Place	Casualty	List No.	Notified N/K	W.O. List

Form R. 149.

Name DOWER Rank N/Str. Reg. No.

Unit S ara K ey C.A.M.C. 4C.G.H.

Next of Kin Canada

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
9-5	4	Can.Gen.Hosp.Basingstoke.(17685) Pleurisy.			978	✓		
4-6		Sent to Spec. Bus.		1170 Pleurisy	1001	✓		✓
23-7		Discharged 7083			1011			

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. Rank N. Sister. Name Dower, S. K.

T. O. S. 9-4-17 Unit Base Hospital C.A.M.C.
D.D. 150 of 29-5-17.

M. D. 2

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1917	1917			
Apr. (No	account.)	n.	attached	D.D. 102
Apr. 9	May 31	✓		
	June	✓		
	July.	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1918	1918			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓	o/s from 20-3-18.	D.D. 80

SURNAME. Dower

CARD NO. 2

CHRISTIAN NAMES Sara Key

FOLL. SOSMU 12.7.19 RO.2100. 30.7.19 SOSmU 19.7.19 D0202. 21.7.19 2DO

REGL. No.

RANK Nursing Sister

UNIT C.A.M.C. (M.D.2)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Dower Mrs. Frances A.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 32 Triller Ave. Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto Ont. DATE Jan. 3rd 1887

PLACE OF ATTESTATION Toronto Ont. DATE Apr. 9th 1914

O/S. 25-3-18 T329 details

R/C. 26-1-19 207/1 N/S.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate Nurse RELIGION Protestant

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Apr. 30th 1917

Present Address. 32 Triller Ave.
Toronto Ont.

NAME Dower S K.

REGT'L. No.

H. Q. FILE No 649

RANK AND CORPS M Str 6 a M 6 (4th C G H)

FOLLOWS

CABLE

No. | Date

NATURE OF CASUALTY

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
978 3	4 Can Gen Basingstoke	9-5-18	Pleurisy (Can. Cont)
1001 3	C.R.P. Spec. Burton	4-6-18	"
1041 4	Discharged	23-7-18	Pleurisy
1118 5	4 Can Gen Basingstoke	20-10-18	Influenza
1165 5	Can RX. Spec Dutton	13-12-18	Diabetes Mellitus
1181 6	Desch	13-1-19	"

Surname. Christian Name.

DOWER S. K.

Rank. Unit.

N/Str. C.A.M.C. 4 C.G.H.

Hospital	Date of admission.
No.4 Canadian Gen.Hosp.Basingstoke.	9-5-18.
Canadian Red Cross Hospital,Buxton.	4-6-18.
No.4 Canadian Gen.Hosp.Basingstoke	20-10-18
Canadian Red Cross Hospital,Buxton	13-12-18
..... Hosp.	
..... Hosp.	
..... Hosp.	
..... Hosp.	

Diagnosis Pleurisy.
Influenza. & T.B.Pulmonary.
Debility. at. at ass.

Later diagnosis. .....

.....

.....

.....

Discharged:-23-7-18.
do. 13-1-19.
Date.

Disposition.

10-5-18	978-3.
6-6-18	1001-3.
24-7-18	1041-4.
22-10-18	1118-4.
3-12-18	1154-4 note
16-12-18	1165-5.
14-1-19	1187-6.

Remarks.

C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

A.M.D. 2 DEPT.

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

D. M. S. 1347.

Surname	Christian Name	Reg. No.
DOWER	S.	DMS. 4-D-529.

Rank	Unit
N/Str.	C. A. M. C.

MEDICAL BOARD held at	Date	Serial No.
(1) Buxton Area	16-7-18.	
London Area.	9-10-18.	

Other Medical Boards at	Date	Serial No.
(2) do.	29-11-18.	
(3)		
(4)		
(5)		

Condition found by Board

Pleurisy. T.B.Pulm.Clin.,Adhes.Peritoneum.

Disposition Recommended

(1) Fit Home ser.unfit G.D.&.G.S. 2 months.
Fit for General Service.

(2) Unfit any service 6 months, returned to Hospital in Canada.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

To Canada per Sailing No.70 V.L'pool.13-1-19.

Remarks

Indicate by a P.T.O. if continued on other side.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50)

No 4 Can. Gen. Hospital.

Ward Sick-Sisters' Ward. No. of Bed _____ Date _____

Regl. No	Rank and Name.	Corps.	Part to be X-Rayed.
—	N/S. Dower, S.K.	C.A.M.C.	Chest.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4505. B.

Condition appears much as before (see report of 26.4.18). There is much peribronchial thickening, especially in R. lower lobe. There are also many small scattered nodes near hilus and in bases of both upper lobes. In both apices there are fine nodular markings, suspicious in type, but unchanged since last report.

Signature of M.O. _____

Date _____

Signature of Radiographer A. H. Rolph. Capt.

Date 28.10.18.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1958.

No 4 G. G. Hospital.

Army Form W. 3172.
(In pads of 50.)

1.6x8 LAT
8x10 A.P.

Ward Sick Lesley No. of Bed Date

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Miss Lower N.S.		HEAD. ~~CHEST.~~

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Would like Positive anterior Xray of accessory sinuses of nose - Question of Ethmoiditis

Signature of M.O. [illegible]

Date Oct 27/18.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4505

27/10/18. - Nasal sinuses: The R. maxillary sinus appears distinctly denser than left. Frontal and ethmoid cells appear normal.

Signature of Radiographer A. H. Ralph Capt.

Date 27/10/18.

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, ONTARIO
JUNE 19, 1968

To ● COPY FOR H.O. FILE

Date

Attention of FRD

NAME DOWER SARA K.

SERVICE NUMBER N.S. C.A.M.C.

C.P.C. No. 147197
W.V.A. No.

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

LETTER FROM ISABELLE MANN(NIECE) NORTH HOLLYWOOD CALIF. MAY 2, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death APRIL 28, 1968
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~RAY~~
~~D.Ox~~
H.O.
FRD

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

27/3/19

Nursing sister S. K. Dowd was examined by me today. She complains of pain in the right groin & right iliac fossa. There is tenderness on palpation over the right kidney, the lower pole can be reached on deep inspiration. I examined the spine: there is no localised tenderness on manipulation over the spinous processes, no limitation of movement & no evidence of spinal disease.

I am unable to detect anything requiring surgical treatment but would recommend she be placed under observation to determine the existence or otherwise of pulmonary tuberculosis for which she was invalided to Canada.

A. Thomson
Col. CAMC.

15-5-D-39

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. a. m. c.

BASE HOSPITAL MILITARY DISTRICT No. 2

Regimental No. ..... Rank Nursing Sister C. E. F. Name Dawson, Sara May

Enlisted (a) 9-4-17 Terms of Service (a) Can. Exped. Force Service reckons from (a) 9-4-17

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) (a) Nursing Sister (c) graduate Nurse

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				
10 APR 1918	C.A.M.C. D	TAKEN ON STRENGTH from Canada	S'ciffe	25 MAR 1918	Pt. 100 (Bl. 424)
15-4-18	do	S.O.S. to No 4 Gen Hosp	do	10/4/18	Pt. 105 (Bl. 450)
			Cghuttuland		CAPT. ASST. ADJUTANT, FOR O.O., O.A.M.C. DEPOT.
11-4-18	No.4 CGH.	T.O.S. FROM C.A.M.C. DEPOT. SHORNCLIFFE.	BASINGSTOKE	10-4-18	Pt.2.D.O.16/ 11-4-18.
14.5.18	Do	Admitted Hosp. (Influenza)	Do.	11.5.18	Pt. 2 D.O. 21/14.5.1918
4-6-18	Do.	S.O.S. to C.A.M.C. Depot Shorncliffe. (21 Day Casualty)	Do.	28-5-18	Pt.2.D.O.25/ 4-6-18.

Major, C. A. M. C., Registrar,
No.4 Canadian General Hospital.

(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.

W/S. Dower S.K.

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				
8.6.18	CAMLD.	T.O.S. from No 4 C.C.H. Hosp	S Cliffe	28.5.18.	Pt 2 159 (4 C.C.H. Pt 2 25)
27.6.18	"	S.O.S. to Camc Cas. Depot Group, S'cliffe	"	26.6.18	Pt 2 D.O. 172 (A.G. 1.8.-8 2-6-18/1/8) W D McLaren Capt. Adjutant for O.C., C.A.M.C. Depôts
2.7.18	Camc Cas. Dep.	TOS from Camc T.D. Adm. Ra.M.H. Fleurey	S'Cliffe	2.6.18.	Pt II Do 47.
—	—		—	4.6.18	—
30.7.18	—	Granted leave 23.7.18/5.8.18	—	—	Pt II Do 71
10.8.18	—	S.O.S. to No 4 C.G.H.	—	9.8.18	Pt II Do 81
					Lieut. O. McRae for O.C. S'cliffe Depots Group.
10.7.18	No. 46 G.H.	T.O.S. from C.A.M.C. Casualty R.T.D. Depot Shorncliffe	Basingstoke	9.8.18	Pt. 2 D.O. 37/10.7.18
19.10.18.	do.	Admitted to Hosp. Influenza.	do.	18.10.18	Pt. 2 D.O. # 56 d/19.10.18.
20-11-18.	Do.	S.O.S. to C.A.M.C. Cas. Coy.	Do.	8-11-18.	Pt II D.O. # 65/20-11-18. K.C. Sharpe Major C.A.M.C.
25-11-18	Camc Cas Coy.	T.O.S. from No. 4 C.G.H.	S/Cliffe	8.11.18.	No 4 Canadian General Hospital Pt II Do 172
16.6.19.	do	S.O.S. on transfer to C.E.F. Canada	do	13.1.19.	Pt II 140 G. Carlisle Capt. for O.C. Camc Cas Coy.

15-5-20-39

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. C.A.M.C.

Regimental No. ..... Rank N/Sister C. E. F. Name DOWER, Sara Key

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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) .....

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				
14-1-19	O/S	T.O.S. No 2 Dist.Depot	Toronto		Auth.R.O.1592, Pt.11 D.O.35.
					Williams Capt. For O.C. No. 2 District Depot
19-7-19		S.O.S. #2 DD 23 Med.Unfit	Toronto		Auth.2MD 15-5-D-39 d/16-7-19 Pt.11 D.O. 202
					Capt. For O.C. No. 2 District Depot

(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.

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				

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

S.R. 2-36.
R.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Sara Kay Dunn,

Enlisted in The Canadian Army Medical Corps, Base Hospital M.D.#2.

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Ninth day

of April 191 7.

He SERVED in CANADA, and ENGLAND with the Can.Army Medical Corps, Base Hospital, M.D.#2, Can.Army Medical Corps Depot, Shorncliffe, 4th Can.General Hospital, Can.Army Medical Corps Casualty Company, Shoracliffe, District Depot #2.

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of July 191 9 by reason of Being medically unfit.

Dated at Ottawa, this Eighteenth day

of December 191 9.

JM

for Director of Personal Services. Lt.-Col.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) DOWER. S. K.

REGIMENT Canc. RANK U/S No.

Date of Examination in England 17/12/18 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

(*a*) In Canada
(*b*) In England
(*c*) In France

CANADIAN RED CROSS
SPECIAL HOSPITAL
BUXTON, DERBYSHIRE.

Signature of Dental Officer E. S. Tait
Capt C.A.D.C.

BASE HOSPITAL
MILITARY DISTRICT No. 2

St Andrews Hosp. Toronto

ORIGINAL

MEDICAL HISTORY SHEET.

Surname: Dowes Christian Name: Sara Key

Examined: on 30th day of April 1917 at Base Hospital Toronto.

Approved by: [illegible]

Rank: Capt. M.O.

Birthplace: City or Town: Toronto; County: Ontario

Apparent age: 30

Trade or occupation: Graduate Nurse

Height: 5 Feet 4 Inches.

Weight: 104 Lbs.

Chest measurement: Minimum 30 inches. Maximum expansion 32½ inches.

Physical development:

Small-Pox Marks: none

Vaccination Marks: Arm ~~Right.~~ Left. ✓ Number:

When Vaccinated last: Childhood.

(a) Marks indicating congenital peculiarities or previous disease: none

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1917 May 29		G. Porter Capt. M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc. para-Typh.
1917 May 8		M.O.
15		G. Porter Capt. M.O.
22		M.O.

Enlisted on 9 day of April 1917 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.			April 9. 1917
Transferred to				

BASE HOSPITAL
MILITARY DISTRICT No. 2

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Base Hospital	7-2-18	Rec. from Append.	A2 to duty.
Canadian Red Cross Special Hospital, BUXTON, DERBY.	16/7/18.	Pleurisy	Category C 1 for 2 months
13 Berners St. London	9/10/18	Pleurisy R. chest	#1 for [illegible]
No. 4 Cdn. Gen. Hosp.	29-11-18	1. Pulmonary Tuberculosis 2. Adhesion of Peritoneum.	Invalided to Canada.
St. Andrews Military Hosp. Toronto	July 9/19	Debility	[illegible]

Philip Burnett Lt. Col. Major Comdg. Chief Medical Officer. P.H.D.B. Major, C.A.M.C. P. Capt. R.R. Graham

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. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Dowell Christian Name Saul Rep.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No. 4 Canadian Gen. Hospital, Basingstoke.		7	5	18.	3 ~~4~~	6 ~~8~~	18 ~~19~~	Pleurisy	27 ~~25~~.	Constant pain in left side of chest. friction faint obtuse. X Ray shows thickening of both pleurae. No fever above 100.	A C Lawson Capt.
Canadian Red Cross Special Hospital BUXTON, DERBY.		3	6	18.	23	7	18.	Pleurisy	50 C.	Both bases. faint shadows persists (X Ray) ~~to~~ Right 9th rib wh & scapula. otherwise lungs clear. Has no pain & no physical signs.	J W Poston Capt. Canc
No. 4 Canadian Gen. Hospital, Basingstoke.		18	10	18.				Influenza + Pulmonary Tuberculosis Chronic.		Admitted to hospital with headache frontal pain no body cough. Temp. at admission hemoptysis. Patient felt better cough persisted. Patient had a persistent dull ache. Rise of temperature to 99°. Chest shows evidence of old T.B. lesion of apices. Sputum negative. Tuberculin reaction positive. Plan in abeyance. Skin hypersensitive. reflex for pleura. Patient has lost appetite. Appendicectomy in 1917 and recently of symptoms following by persistent constipation. Advise considering to consider as Pulmonary Tuberculosis Chronic + Cachexia (Venereal).	Bruce Lockhart Capt.
Canadian Red Cross Special Hospital BUXTON, DERBY.	12	12	18	13	1	19.	Ditto.		32.	Transferred from No. 6 C.G. Hosp to await evacuation to Canada as Invalid.	

H.M.T. Essequibo 13 1 1925 19 Do 43 Unchanged

O B Smith Capt Canc

E. A. Sr Quarter Capt Canc

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

File

Station 13, Berners St., London, W.1.

Date 9-10-18.

1. Rank and Name N.S. DOWER (Sara Key)
2. Unit. C.A.M.C. attd. 4th Cdn. Gen. Hosp.
3. Age 31 4. Total Service 18/mos. War Service (a) at home 12 months. (b) abroad 6 months. (nil Fr.)
5. Address No.4 Cdn.Gen.Hosp., Basingstoke. Hants.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability PLEURISY L.
7. Date of origin of disability 7-5-18.
8. Place of origin of disability Basingstoke, Eng.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This N.S. was boarded at Buxton 16-7-18 and marked C.i. two months. She now reports for re-boarding. She states that she has improved greatly.

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

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

OPINION OF THE MEDICAL BOARD.

NOTES.-(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? NO
(b) in the service ? YES.
11. Was it attributable to military service ? YES.
If so, to what specific military conditions is it attributed ? SERVICE CONDITIONS.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N.A.
If so, by what specific military conditions ? N.A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? No.

[P.T.O.

14. What is the officer's present condition ? General condition fairly good. Weight 104 lbs. She states that she has had no pain on the right side of her chest for over a month. Previous to that time, thought she was on duty she was having slight pain. She has gained in strength and does not tire easily now.

All systems apparently normal.

RECOMMENDATION: FIT FOR GENERAL SERVICE.

15. To what degree is the officer disabled at the present time ? --

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? N.A.

17. If not permanent, how soon is re-examination recommended ? N.A. months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? None.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No.

21. Does the officer require the constant attendance of another person ? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service YES.

B.—Fit for service in a garrison or labour unit abroad

C.—Fit for home service :—

(i) Active duty with troops

(ii) Sedentary employment only

D.—For admission to a command depot

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital N.A.

(ii) In an officers' hospital

F.—Permanently unfit for any further military service

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ?

HAROLD BUCK MAJOR CAMC. A/ President.

D.R. DUNLOP CAPT. CAMC.

G.O. TAYLOR MAJOR CAMC. } Members.

VES

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Canadian Red Cross Special Hospital, Buxton, Derbyshire.

Date 16/7/18.

1. Rank and Name NURSING SISTER, SARA DOWER.
2. Unit. C.A.M.C.
3. Age 31. 4. Total Service 15/12. War Service (a) at home 13/12. (b) abroad 0/12.
5. Address 133, Oxford St. London, W.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability PLEURISY.
7. Date of origin of disability 7/5/18.
8. Place of origin of disability No.4 Can.Gen.Hosp. Basingstoke.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Previous history - states she does not remember any previous chest trouble. Family history negative. Reported sick at Basingstoke with left pleurisy. X-Ray showed s hadow at both bases. No friction; no rales . On admission here - Dullness both bas es - more marked on left and extending to inf.angle of scapula both sides. Breath sounds decreased both bases . Some crepitant rales. Left base cleared up in a week. R.bas e persisted. 2/7/18- Had a mild attack of Influenza 2/7/18 which lasted 4 days.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable, decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? NO.
(b) in the service ? YES.
11. Was it attributable to military service ? YES.
If so, to what specific military conditions is it attributed ? Climatic conditions.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the diseases are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N.A.
If so, by what specific military conditions ? N.A.

I concur in the findings of the Board of Medical Officers here recorded.
Major, D.A.D.M.S. for D.M.S. Canadian Contingent.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? NO.

[P.T.O.

14. What is the officer's present condition ? Lungs and pleura have cleared up. X-Ray shows faint shadow outer side R.Lung from 9th rib to scapula; otherwise both Lungs light normally. Costo pleuric and cardio pleuric angles normal. Heart and other systems normal.

15. To what degree is the officer disabled at the present time ? 20%
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? NO.

17. If not permanent, how soon is re-examination recommended ? 2 months.

18. Is it necessary that the officer should be re-examined by the same Board ? NO.

19. What treatment is the officer receiving, and where, and from whom ? NONE.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? NO.

21. Does the officer require the constant attendance of another person ? NO.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service No for 2 months.

B.—Fit for service in a garrison or labour unit abroad No for 2 months.

C.—Fit for home service :—
(i) Active duty with troops YES - for 2 months.
(ii) Sedentary employment only NO.

D.—For admission to a command depot NO.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital NO.
(ii) In an officers' hospital NO.

F.—Permanently unfit for any further military service NO.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? N. A.

PHILIP BURNETT. Lt-Col.CAMC. President.

H.B. BOYD. MAJOR.CAMC.
T.R. PONTON. CAPT.CAMC. } Members.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

2nd. SHEET

MEDICAL HISTORY SHEET

Surname DOWER *Christian Name* Sara Key

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches / Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm ..... Right ..... Left ..... / Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		..... M.O.
		..... M.O.
		..... M.O.
		..... M.O.
		..... M.O.
		..... M.O.
		..... M.O.

Date	Result	Vaccinations
		..... M.O.
		..... M.O.
		..... M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		..... M.O.
		..... M.O.
		..... M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

2nd Sheet

Surname Fowler. Christian Name Sara Fey

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
St Andrews Mil Hosp.		29.	1.	19.	3.	4.	19	Pulmonary T.B.	64.	Admitted with Diagnosis of (Clinical) Pulmonary Tuberculosis. Examination Xray + Physical showed no evidence of active Disease (Col. Elliot) Complaint of right-sided abdominal pain, referred to the right Pelvis, and Xray + Physical Examination showed no surgical condition (Col P. Penrose) She was transferred to day to Oakhill Convalescent Hospital for further Convalescent treatment	C E Drew Maj
Oakhill Convt. Hosp		3	4	19	6	5	19	→	33	not improving. Still running a slight temperature - 99.5° daily. Transfer to St Andrews Mil Hospital	S.P. Kirkpatrick Lt Col
St Andrews. Mil Hosp.		5.	5.	19.	12.	7.	19.	— do —	78.	Condition has improved. Boarded 227 Medically unfit	W M Crawford Major

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
C.A.M.C.	Pay 2. F.A. 1. Messing 1.	N/S.	3 4/18	DNSBO 1,24/8 4/18	11-D-126.

Beneficiary
Address
Amount. $ Wo. Can 1 4/18
Separation Allowance issued. Yes or No.....

Name Dower
Initials Sara Frey
Bank of Montreal Traf Sq

add outfit allce 1 4/20

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 20	Pra f 1 4/18 20 4/18 Mess f 2 4/18 Vo 1204		106				66 to be deposited	
22	A P Can				40			
24	Bank	1187		66				
May 9	May Pay (R)		111 60					
13	A P Can				40			
21	Drav allce. 3-6 4/18	2314					1-17-6 $9.12	
23	Bank	2683		71 60				
June 9	June Pay (R)		108					
14	A P Can				40			
24	Bank			68				
July 12	Drav allce. 20 3/18	2774					12/4 3.00	
	July Pay R		111 60					
16	A P Can				40			
24	Bank	5626		71 60				
Aug 9	Aug Pay R.		111 60					
13	A P Can				40			
24	Bank	7258		71 60				
Sep 9	Sept Pay R.		108					
12	A P Can				40			
24	Bank	9187		68				
Oct 9	Oct Pay R.		111 60					
15	A P Can				40			
24	Bank	10404		71 60				
Nov 9	Nov Pay R.		140					
	A P Can.				40			
	Bank			100				

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	CAMC	Pay 2. "	A/S.			Name Dower.
Address		F.A. 1. "				Initials S. R
		Messing 1 "				Bank of Montreal
Amount. $ 40. 00 Can						Trafalgar Square
Separation Allowance issued. Yes or No.....		add outfit allce 1 4/20				

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec.	Pay (R.)		124					
	A. P. Can.				40			
	Bank			84				
Jan 9th	adv Jan P & a Cash.	14570		84			Returned Can	
22	A. P. Can				40		S.P. Ctd 31/19	
	Pay (R)		124				O/ for to R.C. Ledger	12
	Bank						From Ledger 5 5 2/19	

Dispersal Area I

Regt No. 158088 Rank Pte

Name GIBSON Christian Name Thomas
Surname in full

Unit 4th C.M.R.

Regt or Corps

Date of Discharge

Original Unit 81st Bn.

Category A-1

Service Group 24

Occupational Group 7

Nship of Next of Kin Sister

Religion C of E

Place of Residence Toronto Ont

IN T MAURETANIA
SAILING 94
SAILED SO'TON 23-3-

U/L. Domer. Sarah Key
CAMB

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Base Hospital, Toronto

Date Feb. 7, 1918

1. (*a*) Unit Canadian Army Medical Corps. (Base Hospital, M.D. 2)
   (*b*) Rank Nursing Sister
   (*c*) Surname DOWER (*d*) Christian name Sara
2. Age last birthday 31 years Date of birth Jan. 3, 1887
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) April 9, 1917
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) April 9, 1917
4. Personal description:
   (*a*) Height 5' 4" (*b*) Weight 95 pounds
   (*c*) Complexion Fair (*d*) Colour of hair Brown
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks 2 vaccination scars L. arm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 32 Triller Ave., Toronto.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent G.O.C. M.D. #2
6. Former trade or occupation Trained Nurse

7. (*a*) Service — Years: — Days: 304

	Periods: From	To
Canadian Army Medical Corps	April 9, 1917	Present.

(*b*) Has he been Overseas? No

8. Disease or disability (use authorized nomenclature if possible). Recovery from Appendicitis
   (*a*) Date of origin Nov. 10, 1917 (*b*) Place of origin Hamilton, Ont.
   (*c*) Cause* Infection
   *(Here include original disease or injury.)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)
Wound of operation soundly healed, no tenderness present on pressure. Bowels regular. Tongue clean. Appetite Fair. Is 10 pounds below average weight. Heart, lungs and other systems normal.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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. 380.

50M.—9-17.
1772—39—274.

NO. 2 MILITARY DISTRICT FEB 11 1918 15 5 D 39
FALSE DOCKET H
13

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Scar over lower right hand side of abdomen for removal of appendix.

11. To what extent, state in percentages, is incapacity 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.

0%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? no

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

~~Yes~~ Origin since enlistment ~~No~~

(If the answer is in the affirmative, state in percentages, to what extent the pensioner 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? No disability now present

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

Surgical treatment at Hamilton Military Hospital.

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

no

19. Can the former trade or occupation be resumed? yes

20. Recommendations.

Fit for general service.

D J Sweeney Capt C.A.M.C.
Medical Officer by whom the case is brought forward.

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

I, the undersigned.....Nursing Sister.....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

Sara Dower N.S.
Signature of Officer 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.

We concur

22. Is the Officer fit for

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

23. It is certified that the Officer

(*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 Officer be discharged. (When not for discharge add special recommendation.) NO. We recommend that the Nursing Sister is fit for general service.

Category A 2.

Jas. W. Barton *President.*

Major

Major

Members.

Major

Station Base Hospital, Toronto

Date Feb. 7, 1918

APPROVED BY

Date Feb 11/18

Assistant Director of Medical Services.

APPROVED BY

Date 18/2/18

Director General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET
3

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. 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.

3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. 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 & Sons.

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

DEP'T MILITIA & DEFENCE
DEC 8 1917
H. Q. 93-4-170
CANADA

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Hamilton, Ont.

Date 28th November, 1917.

1. (*a*) Unit C. A. M. C.
   (*b*) Rank Nursing Sister
   (*c*) Surname DOWER (*d*) Christian name Sara Key
2. Age last birthday Thirty Date of birth 3rd January, 1887.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 9th April, 1917.
   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 ft. 4 in. (*b*) Weight 105 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Light brown.
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Nil.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 32 Triller Ave., Toronto, Ont.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent A. D. M. S., M. D. No. 2,
6. Former trade or occupation Graduate Nurse.

7. (*a*) Service

	Years	Days

	Periods	
	From	To
Base Hospital, Toronto, C.A.M.C.	9th April, 1917	15th Oct., 1917
Military Hospital, Hamilton	15th Oct., 1917	Date

(*b*) Has he been Overseas? No.

8. Disease or disability (use authorized nomenclature if possible). Result of Appendicitis.
   (*a*) Date of origin 27th Oct., 1917 (*b*) Place of origin Military Hospital Hamilton, Ont.
   (*c*) Cause* Acute appendicitis with appendectomy.

*(Here include original disease or injury.)

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

Subjective:-

Side somewhat sore. Just up today. Feeling somewhat weak. Otherwise feels well.

Objective:-

Wound is well healed. Appendix removed. No resulting suppuration.

Disability is need for rest.

Otherwise this Nursing Sister is well, all other systems being normal.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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.]

FALSE DOCKET
2

M. F. B. 380.

50M.—9-17.
1772—39—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Appendectomy scar in right lower quadrant of abdomen.

11. To what extent, state in percentages, is incapacity 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.

Complete.

12. Did the disability arise on or off duty? When on duty.

13. Was a Court of Inquiry held? No.

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

Yes No Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner 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? Six weeks.

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

Appendectomy by Captain J. Parry, Nov. 10th, 1917.

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

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations.

That a furlough of six weeks be given to allow convalescence from disability resulting from illness and operation.

[illegible] Major
Medical Officer by whom the case is brought forward.

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

I, the undersigned Sara Key Dower, 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

Sara Key Dower N.S.
Signature of Officer 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.

We concur.

22. Is the Officer fit for

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

23. It is certified that the Officer

(*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 Officer be discharged. (When not for discharge add special recommendation.)

We recommend that a furlough of six weeks be given for convalescence.

President.

Members.

Station Hamilton, Ont.

Date 28th November, 1917.

APPROVED BY

Date Dec. 4th 1917

Assistant Director of Medical Services.

APPROVED BY

Date 10 12 17

for *Director General of Medical Services.*

FOLIO
FALSE DOCKET
1

R.O.
DEC 8 1917
4038 12-17

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. 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.

3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. 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 & Sons.

Forms R. 150.
3232. 15 M. 14/12/16.

Surname DOWER

Rank N/Sister.

Promotion

T.O.S. 9.4.17

Unit C.A.M.C.

Place of birth Ontario.

Married (Yes or No)

Appointments

Date of leaving Canada 25.3.18.

Christian Names Sara Key.

Name and Address of Next-of-Kin

Francis A.Dower.(Mother)

32 Triller,Ave. Toronto.

3

Date and Cause of Resignation

VII.

Report Date	Report From whom received	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
8-4-18	D.M.S	TOS on arr from Canada & post to CAMC D		25.3.18	60424
13-4-18	do	Posted to 4 C.G. Hp from Depot		10-4-18	60450
10.5.18	A.M.S.	adm 4 Can Gen Hosp Basingstoke		9.5.18	CL 978 Pleurisy
6-6-18	do	Adm Can R & Hp Hp	Buxton	4.6.18	CL 1001. "
			to Discharged	23-7-18	CL. 1041 "
9-6-18	A.D.M.S. Sclff	Posted to CAMC Depot from 4 CGHp		28-5-18	601461
				23-7-18	CL. 1041 "
do	CAMC Depot				
2 JUL 1918	Cas.Dep.Sec	TOS CAMC Cas. Dep. Sec. & shewn	in Hosp	4-6-18	PT 20/47.
30-7-18	-do-	Granted leave from 23-7-18 to		5-8-18	PT II 0/71.
10-8-18	-do-	S.O.S. on posting To 4 Can. Gen Hp.		8-8-18	PT II ord 81
10-8-18	4 CGHp.	T.O.S. from Camc. ~~Res & Training Dep~~	Cas Company S.D.S.	8-8-18	amended by PT II. ord. 38.
				9-8-18	PT II. ord 37
22-10-18	AMS.	Adm 4 Can. Gen. Hosp. Basingstoke		20-10-18	CL. 1118 amd. by CL. 1154 d/3-12-18 Influenza & T.B. pulmonary
20-11-18	4 CGH	S.O.S. to Camc. Cas Coy (21 days Cas		8-11-18	PT II ord. 65

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					
	CAMC.					
25-11-18	Cas. Coy	T.O.S. on posting from 4CGH (21 days Cas.)		8-11-18	Pt II. ord. 172.	
16-12-18	AMS	Adm Can. Red X Sp. Hp.	Buxton	13-12-18	Ch. 1165 Debility	
			Discharged	13-1-19	Ch. 1187	
16-6-19	Cas Coy	S.O.S. on transfer to CP 4 in Can		13-1-19	Pl-II 6. 140.	
24-1-19	DMS	S.O.S. on trans to CEF in Canada (Inv.)		13-1-19	CO. 16.	
		Sailing to Canada		13-1-19	Sailing List 70.	1-226
			S.O.S. 19.7.19			

Form I. 1237/12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6-149.		N/S	Dower	Sarah
Year 1918	Unit.		Age.	Service.
	CAMC		31	1/12 2/12 0/12

Station and Date. | Disease Pleurisy

Northwood 3/6/18 — Had pain in left side two days after landing in England. ~~No fever~~ Did not feel feverish. T. not taken until going to Hospital. May 6. 1918. Examination at 4 Can Gen Hospital Bramshott — 6/5/18 — evidence of fluid both bases. No sign of T. relation to pt. states there was none.

7/6/18 — Present condition — Dullness both bases, more at left & extending up to scapular posterior (both). Breath sounds decreased both bases. Some crepitant rales heard.

14/6/18 — R. lung a patch of dullness posterior from inf. angle of scapula to lower dullness. Breath sounds somewhat tubular as rales. L. chest — No dullness on percussion. Resp. normal. Some rales heard other side.

2/7/18 — Lungs — Mixed Attack — Both lungs clear.

15/7/18 — Both lungs clear. No rales heard. Heart & other systems normal. Has recovered most of lost weight & is fit for duty in England.

Dis. from Hosp. Cat'y C.1 (2 months) T. M. Poulton Capt. - Camc
23-7-18.

Canadian Red Cross Special Hospital BUXTON, DERBY.

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

Wt. W 6601/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station
and Date.

Forms
I. 1237
12

95.

Army Form I. [illegible]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1a81.	—	N/S.	Dower	
Year	Unit.		Age.	Service.
	CAMC 4 CGH			13/12

Station and Date. 6/5/18.

Disease Pleurisy —

Entered Camp. April 1917
England. April. 4/1918
Posted to this unit. Apr. 11/18.

P.H. No known illness except
Appendicitis with operation.
Nov 10/17.
Gives no history of trouble with
chest.

Shortly after arrival here. reported
sick with pain in left
lower axilla.
Examn.
Gen. Condn. not good.
He is pale & not well nourished
Heart. Negative.
Lungs. Note fair sound
throughout but an early as
both bases is dimmed.
No friction no rales.
Spleen not palpable
Kidney not palpable.
Urine is negative both
on Chemical & Microx Examn.
X Ray shows a well
marked shadow at both

REGISTRAR
No. 4 Canadian General Hospital,
BASINGSTOKE.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.

cases it is the filmy Even shadow of a pleurisy. a thickened pleura.
The pain no history of this, The pain was not present before.
Family history .. Good.

8/6/18 Transfer Brooklyn for Convalescence.

A. Clarence Capt.

CANADIAN RED CROSS SPECIAL HOSPITAL.

BUXTON. 12/6/18 1918

X.RAY REQUISITION No. 379 WARD.

Rank & Name.	Reg No.	Unit.	Age.	Part to be X.Rayed.
Pte Dower		Can		Lungs.

CLINICAL NOTES.

Pleurisy - R.

.....Capt.C.A.M.C
O i/c Cas

REPORT.

7 cm shadow. outer side R. lung. from 4th rib up

Rt scapula shadow. Otherwise normal - costo-phrenic & cardio phrenic angles normal

.....Capt C.A
O i/c X.Ray

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7125		2/5	Dower	S. K.
Year 1918	Unit.		Age.	Service.
	C. A. M. C.		30	

Station and Date.	Disease Influenza & Pulmonary Tuberculosis (Clinical)
18/10	Admitted to hospital with headache, pains in body and cough. Temperature. Given acute bronchitis mixture. (Three doses)
14.10.18	Patient shows slight soreness in upper chest. Few rales over both upper lobes anteriorly and left lower lobe posteriorly. Slight headache hacking cough no sputum. Anorexia. Appetite poor. Aspirin grs x every 3 hrs. Nurt. Tonica
22.10.18	Patient feeling better cough persists. Nurt. Effect Sed.
26.10.18	Chest. Very thin rather flat. Depression above clavicles no definite retraction of apices. Expansion fair equal on both sides above and below. Lung excursion fair at both bases. Slight dullness over both apices to level of 2nd interspace. Increase in hilum dullness both sides more marked on right. Breath sounds are increased over both apices expiration prolonged over hili and over two thirds of apices. Few coarse rales on right apex posteriorly. Increase in breath sounds over right interscapular space opposite angle of scapula. Heart not enlarged nor murmurs. Pulse regular. Patient to see Capt O'Connor nose & throat examination.
Oct 25/18	Nose – both fossae obstructed in region of middle turbinate with some mucopurulent discharge coming down from above these turbinates.
	Tonsils – enlarged. Larynx – clear. Ears – clear. Senses – clear.
	Sinuses – clear on transillumination. R. max. gives a faint shadow – X ray.

J. W. Connor

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
31. 10. 18	Patient has been up for four days. Daily rise in temperature to 99°. Complains of pain over ~~shoulder~~ apex of lungs and over supra clavicular fossa left. Trapezius tender. Patient complains of pain low down in left side on deep breathing. Condition suggests diaphragmatic pleurisy. Rest in bed. Hot application to shoulder. No rub heard over left side. No rales in chest.
~~Lf~~ 11. 18	Complains of headache. Following massage of trapezius Erythrosin equal on both sides. Duncan Graham prof.
7-11-18.	Chest - no retractions, or limitations of excursion of lungs. Hili - marked -, both apex hili extend up and out beyond mid-clavicle line. - B.S. over above area - decreasingly harsh from mid line out and up. No adventitious sounds from Bronchi or laryngo-scope, but muscle sounds about left apex. Tenderness over left shoulder and chest from below spine of scapula over supra clavicular to 2nd interspace in front and a sense of numbness down arm. Rhomboid & Trapezius (left) tender to pressure - but Pectoral not. Skin over whole area hypersensitive. History of this pain is in keeping with nerve & muscle affection, either direct or reflex, but not in keeping with reflex from diaphragm. There is evidence of old pulmonary lesions in both apices - but no ~~clinical~~ physical signs of active trouble. The General reaction & appearance is of infection of G.U. type. Wm Goldie M.D.
7. 11. 18.	No definite signs of a pulmonary or pleural lesion but temp. chart suggestive. Pains about left shoulder probably neuro-muscular. Would suggest use of Tuberculin if a definite reaction then I. to C. as a clinical tuberculosis. R. W. Rudolf

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N. S.	Power	S. K.

Year	Unit.	Age.	Service.
	Canc	30	

Station and Date.	Disease
10. 11. 18	Patient given O.T. subcutaneously. Specimen negative to TB.
14. 11. 18	Marked local reaction reaching maximum in 24 hrs.
15. 11. 18	Local tuberculin reaction still positive. Reaction ~~suggestive~~ chronic TB lesion. Specimen negative to TB.
	This patient was admitted to hospital here in April 1917. for pleurisy left. Transferred to Bury Ton where she remained seven weeks. Returned to duty here at end of that time. Has not been able to do full duty since return.
	Temperature curve of patient and general condition indicate chronic tuberculosis. Advise invaliding to Canada. Duncan Grant Lt Col.
28. 11. 18.	Patient continues to eat very little. Complains of loss of appetite.
	Patient says she has had a poor appetite since July 1917.
	Patient states she felt nauseated after taking food. This was associated with a feeling of discomfort in epigastrium and an indefinite pain over right abdomen.
	Three years ago patient had an acute attack of pain in epigastric region, ill four days. Up to July 1917 had an occasional attack of indigestion. Since July 1917 symptoms of nausea etc become continuous. Patient had appendix removed in Nov. 1917. Patient has not noticed any improvement in her condition following operation. Returned to duty 9 weeks after operation. Enlisted April 1917. – duty Borden Comp. England – April 1918.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.

28.11.18 Examination of abdomen.

Descending colon and sigmoid small and ~~dipmatt~~ easily palpable. (Spastic) Cæcum & Colon is large well feels thickened. Liver not enlarged or tender. Spleen not enlarged. Beyond slight tenderness ~~on deep~~ pressure over descending colon and sigmoid no areas of tenderness found.

Patient says she has had to take medicine to regulate bowels since offending operation in 1917.

Condition of abdomen suggests a spastic constipation with abdominal adhesions. Duncan Graham Capt

29-11-18

Cæcum cannot be definitely felt in Rt iliac region which is filled with boggy mass preventing palpation of posterior wall of this region.

Descending colon & sigmoid readily felt

Spleen not enlarged. Liver ~~soft~~ and not enlarged.

Heart nothing abnormal found

Lungs - (see former note.)

Patient poorly developed - with dull white skin ~~the~~ conjunctivæ are pale. Gives history of Pleurisy - never robust - a period of being jaundiced 1914 - Abdominal pain - Operⁿ for removal of Appendix without relief of symptoms - loss of appetite and constipation coexistence.

Suggestive of Peritoneal Adhesions and Pulmonary tuberculosis (clinical).

Wm Goldie Capt RAMC

Advise invaliding to Canada a. Pulmonary Tuberculosis (clinical) and adhesions (peritoneal)

Duncan Graham Capt.

SECTION FD. 1147
392-4-170
MILITIA & DEFENCE
JAN 29 1919
CANADA

CONFIDENTIAL. Army Form A 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station No.4.Canadian General Hospital,

Date November 29th, 1918.

1. Rank and Name Nursing Sister Dower, G.K.
2. Unit C.A.M.C. R.D. SHORNCLIFFE
3. Age 30 4. Total Service 19/12 War Service (a) at home 12/12 (b) abroad 7/12
5. Address No.4.Canadian General Hospital, Basingstoke, Hants.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability 1- Pulmonary Tuberculosis(clin) 2-Adhesion of Peritoneum.
7. Date of origin of disability 1- April 1918. 2- November 1917.
8. Place of origin of disability 1- England. 2- Canada.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

1- Was in hospital in this unit May and June 1918 with Pleurisy. Convalescent at Buxton until end of July. Returned to duty here. Admitted to Hospital 18.10.18 with an attack of Influenza. Cough persisted and patient continued to have a daily temperature 99° F. Patient was pale and anaemic. Loss of appetite. Tires easily. Harsh cough. Little or no sputum. Positive tuberculin reaction. 2- Patient had an acute attack of apin in right iliac fossa three years ago. In bed four days. Following this had occasional attacks of "Indigestion" up to July 1917. After this time attacks were continuous patient complaining of loss of appetite, pain over right abdomen, diffuse symptoms of nausea. Appendix removed at Hamilton, Ontario, November 1917. Three weeks in bed. Six weeks convalescent. Returned to duty. Abdominal symptoms at present are associated with obstinate constipation.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? 1- No. 2- No.
(b) in the service? 1- Yes. 2- Yes
11. Was it attributable to military service? 1- Yes. 2- Yes
If so, to what specific military conditions is it attributed? 1- Infection
2- Following operation for appendicitis.

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? N.A.
If so, by what specific military conditions? N.A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No

P.T. C.F.O.L.O.
FALSE DOCKET
3

[P.T.O

G 329

30-1-19

JAN 30 1919 C.E.

14. What is the officer's present condition? General condition- Patient is pale, underweight, tires easily on light exercise. Continues to have daily rise of temperature to 99° F. Cough less. No sputum. Appetite poor. Persistent constipation. Evidence of fibrous tuberculosis of both apices. Soreness over left apex posteriorly. Tenderness over trapezius with occasional stabbing pain towards neck left side. No moisture in chest. No definite limitation of movement.

Complains of abdominal pain, marked loss of appetite and very obstinate constipation. This condition appears to be due to peritoneal adhesions.

15. To what degree is the officer disabled at the present time? N.A.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No.

17. If not permanent, how soon is re-examination recommended? six months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Hygienic and therapeutic.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? Hygienic and therapeutic.

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service.	No. Six months.
B.—Fit for service in a garrison or labour unit abroad.	N.A.
C.—Fit for home service:—	
(i) Active duty with troops.	No. Six months.
(ii) Sedentary employment only.	No. Six months.
D.—For admission to a command depot.	N.A.
E.—Requiring indoor hospital treatment:—	
(i) In an officers' military or auxiliary convalescent hospital.	N.A.
(ii) In an officers' hospital.	Yes. Invaliding to Canada.
F.—Permanently unfit for any further military service.	N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? N.A.

E. Morris Capt CAMC — President.

Robert [illegible] Capt CAMC
Wm Goldie Capt CAMC — Members.

W277 P878 100,000 4/18 DSG(52186)

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name Nursing Sister S. F. Dowers. Age _____ Service _____

Disease _____ Date of admission 18-10-18. Date of discharge _____ Result _____

Dates of Observation	Oct. 19th			20			21			22			23			24			25			26			27			28			29			30			31			Nov 1st		
Days of Disease																																										
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8	8 12 4 8
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Pulse per Minute	72 70 68 68			64 72 68 72				84 80 72 70		80 76 80 70			80 82 80 80			84 84 90 80			88 90 84 76			80 80 86 80			80 84 80 90			84			84 84 100 88			76			80 80 80			84 76 80			84 76 76 76
Respirations per Minute	18 18 18 18			18 16 20 20				20 20 18 18		18 18 16			18 20 20 20			20 22 22 22			20 20 20 20			20 20 20 20			18 20 18 20			20			20 20 20 20			18			20 20 20 20			20 18 20 18		
Motions per 24 hours																																										

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C.A.M.C. Military Hospital

No. Rank and Name Dower. M. Sister. Age Service

Disease Date of admission 15-10-18. Date of discharge Result

Dates of Observation: Nov. 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 13th, 14th, 15th

Days of Disease

Temperature Fahrenheit: 107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

O.T. at 6 P.M.

Signature In charge of case.

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

6 f E

CASE HISTORY SHEET.

St Andrews Hospital. Toronto Station.

No. Rank U/S Name Dower XX S.K Age 31

Unit 6a M.B Completed years of service (Where and how long) 6 12/12 E 10/12

Date of admission 5-5-19 Date of discharge 12-7-19

Diagnosis (N.Y.D.) Pulmonary Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Returned from Oakhill after 6 weeks convalescence for disposal. Patient has not improved at Oakhill. Her weight has remained much the same. She still suffers from the pains in her right side - (right iliac fossa) these are present periodically.

About 10 days ago - an attack lasting 3 days - occurred. Patient vomited at the time.

Yesterday - small amount of pain experienced after walking though this is not severe.

Urinalysis - Acid - S.G. 1014 - Alb. neg. Sug. neg.

Weight 102 lbs

12.5.19 - Granted leave for 1 month or #1542. until 12.6.19.

20.6.19 - Seen by Col. Elliott - who considers the L.H. chest condition similar to that when previously examined. See - Case History Sheet.

X-ray of chest taken 18.6.19.

27.6 F.C. 1/wing O.T. X-Ray # TGH shows

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) primary chest deposit, no pulmonary involvement

25.6.19 - Weight per week 4 mm. in diameter - no temperature about at this time.

[illegible] 6.19 - no change in [illegible]

TREATMENT (Especially any specific or special form.) - the cutaneous reaction [illegible] is [illegible]

30/6/19 - Total wt. 99 lbs.

2/7/19 - To see Col. Elliott.

Col. Elliott Reports - No pulmonary involvement. Is [illegible] 8/7/19 [illegible]

CONDITION ON DISCHARGE (and disposal made of case.) Boarded on F.P. 22 for discharge

Date 12-7-19

Medical Officer i/c case.

M. F. B. 313a.
100M.—[illegible]
1772—39-439.

a 30241

CLINICAL CHART.

Fuller
Northw

CASH

No.

Received

Amt.

R

of admiss

HOSPITAL HISTORY SHEET.

Shirley Hospital Hospital. Toronto Station.

No. — Rank Sgt S Name Dawes Age 31.

Unit CAMC Completed years of service Where and how long } C 12/12 E 10/12

Date of admission 29 1 19 Date of discharge 12-7-19

Diagnosis Pulmonary Tuberculosis Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaint:- Pain in right lower abdomen - General feeling of tiredness at at times pain right upper part of left chest:
Duration: Since October 1918. - 4 months.
Prev Illness: Appendicitis operation Nov 1917 Camp
Pleurisy May 1918 Eng.
Influenza Oct 1918.
Hospitals: Nil.
Present Illness: Dates from attack of Influenza 1918. At onset she complains of a continuous pain about 2 inches of appendix scar and below this left thigh. It is very severe. Pain is gnawing in character. There is a slight swelling just below operation wound. The pain in the chest only comes on when she is very tired - Has no cough.
Physical Examination: Measles rest over chest abdomen. Heart sounds clear:
Right lung Lips Tem: Apex dull. very fine. Is consolidated.
Appendix scar well healed & firm.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases) Has some definite tenderness over regions of gall bladder.
Respiratory Sys Tem:

TREATMENT (Especially any specific or special form) On abdominal examination there is slight tenderness over right kidney. Slight tenderness over appendix scar. No hernial bulging. No hernia made out in femoral or inguinal region. No rigidity. Suggest fluoroscopic examination of gastro intestinal tract to determine if adhesions in neighbourhood of caecum and urine examination. Urine History is suggestive of kidney condition

CONDITION ON DISCHARGE (Whether cured, improved or unimproved, and disposal made of case) Apices lags slightly. Right is narrower on percussion with slightly increased vocal vibration. R.K. 23. fossa moderate. Lower border of R lung restricted movement. Probably old T.B. changes in R lung apex & hilum. Heart normal. Probably post childhood. Not active now

P. E. Gates Maj. Cadre.

Date 12-7-19

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-13)

CLINICAL CHART.

Unit C.G.M.H. Rank M/S Hospital.

Date of admission 19 Completed years

Diagnosis

ATION ON ADMISSION AND

19 - Nurse

Patient

HISTO

HISTORY SHEET.

Hospital. Toronto Station.

Rank N/S Name [illegible] Age 31

Unit C.A.M.C. Completed years of service (Where and how long) C 13/12 E 10/12

Date of admission 29-1-19 Date of discharge 3-4-19

Diagnosis [illegible] Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

12. 2. 19 – Urinalysis – Acid. 1025. Alb. neg. Sug. neg.

18. 3. 19 – (1) Patient still complaining of pain in the Right side just below the costal margin posteriorly and laterally and radiating towards the pelvis. This pain is more noticeable when fatigued.

(2) Backache, in the lumbar region also becomes ~~is~~ ~~often~~ present when patient becomes tired.

(3) Patient is not gaining in weight (apparently) He has not weighed twice weekly.

(4) No tenderness is present in Lumbar Region of the Erector Spinae muscles or in the Vertebra (Spinous Process)

(5) Slight tenderness on deep palpation in the Right Hypochondrium and over the Appendix Scar.

(6) Patient complains of nausea, always present when attempting to eat.

18. 3. 19 – Weight. 102 1/4 lbs. —

20. 3. 19 – Urine. Acid S.G. 1027 – Alb – neg. Sug. neg.

[illegible] – Col-Pancreas finds no surgical condition.

3. 4. 19 – Transferred to Dublin Convalescent Hospital for further convalescence.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

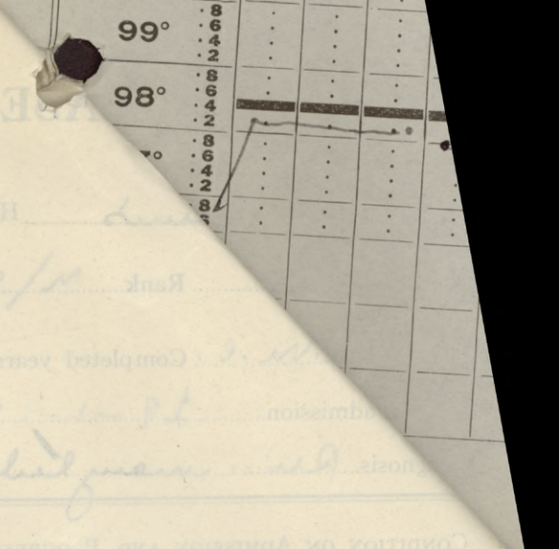
(and disposal made of case.)

Date

C. E. Imrie Major
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

CLINICAL CHART.


99°
98°

CLINICAL CHART.

Corps C. A. M. C. Hospital Station St Andrews

No. nil Rank and Name R. S. Bower S.R. Age 21 Service 6/12 6/12

Disease Pulmonary T.B. Date of Admission 29-1-19 Date of Discharge 3-4-19 Result Transferred Serial No. A. & D. Book D 14

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
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100°																															
99°																															

on leave | on leave | out | out | on leave | on leave | out | on leave | on leave | on leave

Signature W. M. Crawford Major In charge of case.

CLINICAL CHART.

Corps _____ Hospital Station _____

No. _____ Rank and Name _____ Age _____ Service _____

Disease _____ Date of Admission _____ Date of Discharge _____ Result _____ Serial No. A. & D. Book _____

| Date of Observation | | |

Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name: Capt. Jenko Age _____ Corps Canal

Disease _____ Hospital _____

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Urine

with special regard to Routine & Pyuria.

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date _____ _____
O. i/c Ward.

LABORATORY REPORT.

Reaction. Acid.
S. G. —
Alb. Positive Trace.
Sugar. Negative.
Microsp. Urate Crystals

Date of Examination 15/5/19 A. Montgomery Capt.
O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Report No. _____ Army Form W. 3212
(In lieu of 160)

Regd. No. _____

Rank and Name _____ Age _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Nos. of previous reports (if any) _____

In Pathological Reports a resume of clinical history, treatment, or progress since last report should be given.

Date _____ O. i/c _____ Ward _____

LABORATORY REPORT

Date of Examination _____

O. i/c Laboratory

(5000) W. 1899 Hulton 6,000,000 [illegible] (E 3123).

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

FLC.

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 Bramshott Camp DATE May 15-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank Captain

(d) Surname JENTO (e) Christian name Charles Peter

(f) Home address 479 Park Ave London Canada

(g) Next of Kin W P Jento (h) Relationship brother

(i) Address of Next of Kin Prescott Ont.

2. Age last birthday 47 Date of birth Nov 14, 1872

3. Enlistment, or Appointment (if an Officer) (a) Place London Ont (b) Date June 13-16

4. Personal description:

(a) Height 5-11½ (b) Weight 190 est (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc.

One vaccination scar R arm

5. Former trade or occupation Physician & Surgeon

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	340

	Periods	
	From	To
Canada	June 13-1916	Aug 23-16
England	Aug 30 -16	Nov 23 17
France or other theatres of War	Jan 6 18- Nov 23 -17	to, date Jan 6-18

7. Original disease, or injury Influenza

(a) Date of origin 28-12-17 (b) Place of origin Belgium

(c) Cause Infection and service conditions

M. F. B. 227.

400M.—11-18.
1772-39-117.

4

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, mo[illegible]ce, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its pe[illegible] for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

A. Albuminuria

B. Thrombosed and varicosed veins lower abdomen and thighs and left leg.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. 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; objective findings to be stated first, then subjective findings.)

14-5-19 Urinalysis: Reaction acid. S G
Albumin Positive trace. Sugar negative
Microscopic urate crystals. 12 C.G.H. report.

Over right thigh , right leg and more marked over left leg and left lower abodomen are dilated and tortuous veins. extending from left side of pubis latterly to above the left crest is a fibrosed veins about the size of a quill.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no¾ (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Outset influenza 28-12-17, 3rd C.C.S. to 1-1-18 14th B Gen to 6-1-18 Prince of Wales hospital to 28-3-18. Matlock Bath to 29-4-18. On ~~xxxxxx~~ 15-2-18 while in hosp.with influenza developed phlebitis in superficial veins lower left abdomen, with marked tenderness and local edema. In March 1918 at 14 G.C. Hosp he states that urinaylsis showed albumen present with red blood cells. No headaches, no edema. Blood pres. Syst. 124 Diast 80

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Typhoid fever 1892 complicated by Phlebites of both thighs, in bed 16 weeks good recovery. Diphtheria 1903, good recovery, Tonsillitis frequently in Canada 1888-1906, last attacks, 1908 and 1914 in USA

(*c*) (Here give a description of wounds, scars and deformities.

Vaccination rt arm only

11.—(*a*) Did the disabling condition have its origin before enlistment? A no B yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

a. no

B. Yes, aggravated by service, very slight left groin and left leg on enlistment.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a. no b. 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? a ~~six~~ 3 months b permanent

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

Usual ~~specific~~ treatment in hospital 1908

Urine report attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations none

sgd CE Brown Major CAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned C P Jento 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 no complaints

3

(Sgd) Chas. P. Jento Capt. Rank.

Signature of invalid examined.

CAMC

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 criticised.

YES

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or No.)~~ YES CAT B	
(b) Service abroad, not general service,	(" B)	(Yes or No.)	3 months
(c) Home service (Canada only),	(" C)	(Yes or No.)	
(d) Temporarily unfit.	(" D)	(Yes or No.)	
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid

(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.)

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

Boarded for return to Canada IA/8-1-155 of 4-1-19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

sgd D Nathan Capt ..... *President.*

PLACE Bramshott

sgd Geo More Capt

16-5-19

DATE ..... } Members

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

..... *President*

PLACE ..... } Members

DATE .....

CERTIFIED TRUE COPY

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

Captain, D.M.S. for D.M.S.

APPROVED BY ..... *Assistant Director of Medical Services.*

DATE .....

APPROVED BY ..... *Director-General of Medical Services.*

DATE .....

CERTIFIED A TRUE COPY

H. Williamson, Major

CAPT CAMC

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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STATION St.Andrew's Mil.Hospl. DATE July 8th, 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S.

(d) Surname DOWER, (e) Christian name Sara Key

(f) Home address 32 Triller Ave., Toronto

(g) Next of Kin Mrs, Francis Dower (h) Relationship Mother

(i) Address of Next of Kin 32 Triller Ave. Toronto

2. Age last birthday 31 Date of birth Jan. 3, 1888.

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Apr. 9, 1917

4. Personal description:

(a) Height 5 ft. 4 in. (b) Weight 103 (stripped) (c) Complexion Fair.

(d) Colour of hair Brown. (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Appendectomy Scar.

5. Former trade or occupation Trained Nurse.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 3/12	

	Periods	
	From	To
Canada	April 9, 1917	Mar. 15, 1918
England	Mar. 1918	Jan. 15, 1919
France or other theatres of War		
Canada	Jan. 1919	Present date.

7. Original disease, or injury Pleurisy.

(a) Date of origin May 1918 (b) Place of origin England

(c) Cause Infection.

M. F. B. 227.

300M.—8-18.
1772-39-117.

Department of Radiology, Toronto Gen.Hosp.

Report of Roentgen Examination of Gastro-Intestinal Tract.

Date; Mardh 5th, 1919. Name; N/S Sarah Dower Case #45544

Doctor; W.M. Crawford Ward, Room, Address; St.Andrews M.H.

STOMACH

I Position — Lesser curvature 4 in. belw intercristal line
Greater " 6 " " "
Type J Size; large

II Tonus Hypo-Atonic
III Peristalsis Active
IV Filling Defects None
V Incisura None
VI Mobility
a. Body of Stomach -Free
b. Pylorus - Free
over gall bladder) POSTURE.
b. Function Free)
c. SPasm none

X Residue in 6 hrs. 20%.
XI Duodenum
a. Caput small for size of stomach, does not (fill well but no deformity)
b. Function free
c. Mobility free

XII Appendix
XIII Progress of Meal; 6 hour interval 20% gastric, 40% ileum, 40% caecum.

PLATES

10 Hour interval; Ptosed Caecum to splenic elongation and ptosis of colon.

24 hour interval; Fixed caecum to rectum, band across caecum.
No appendix. Loaded ptosed colon.

48 hour interval; Splenic Sigmoid, all well filled.

72 hour interval; Clear.

in May 1918. Recovered. Had an attack of Influenza in Oct. 1918. Was ~~wounded~~ invalided to Canada in Jan. 1919 with Clinical T.B. and has been in various Hospitals since arrival in Canada.

Referred by Dr. Crawford. Case 50[illegible].

Stereoscopic plates were made of the chest. The bony anthorax is normal, and the heart and arch of the aorta are normal in size, shape and position.

The diaphragms are smooth and even, and movement is not restricted.

The hilum shadows are practically normal, but the right is slightly heavier than usual. A number of calcified glands are present in both, those in the right side having the appearance of having been caseous.

The right vertical bronchus shows slight infiltration, and some mottling, and the lot interspace trunk posteriorly, shows considerable mottling, and a large number of minute fibrotic nodules, but there is no evidence of a definitely localized lesion. Apart from this, the bronchial tree throughout the entire extent shows a moderate amount of infiltration, peribronchial in character.

On the left side, a similar condition is present, there being no definite evidence of parenchymal involvement in any part of the lung tissue.

Apart from some slight suspicion attaching to the right posterior apex, I think one is justified in the opinion, that there is not sufficient evidence in these plates to justify a diagnosis of tuberculous process. The picture is that of a wide-spread peribronchial thickening without any evidence of a definite involvement of the parenchymatous portion of the lung tissue.

(sgd.) C. E. Richards,

Capt. C.A.M.C.,
O.C. X Ray Department.

in May 1918. Recovered. Had an attack of Influenza in Oct. 1918. Was invalided to Canada in Jan. 1919 with Clinical T.B. and has been in various Hospitals since arrival in Canada.

TORONTO GENERAL HOSPITAL
Department of Radiology

Report of Roentgen Examination of

Date: Feb. 28, 1919 Name: Pte C. E. Doucs.

Address: St. Andrews Military Hospital

Referred by Dr. A.M. Crawford Case No. 44001

Plates were made of the right kidney tract.

These show the kidney substance as only, the ilical psoas muscle, the transverse processes of all the lumbar vertebrae, the course of the ureter, and the bladder plates show the entire pelvis.

There is a faint shadow far out in the kidney tissue in the lower pole, which is of the general shape and size of a kidney calculus, but the colon crosses just at this point, and contains considerable gas and other material, and I would suggest that these plates be repeated at a later time, the following very thorough purgation and careful preparation, before a definite opinion is offered upon the presence of calculus.

A plate was also made of the right hip joint, which shows the structures to be smooth and even, and no evidence of deformity or disease or irregularity of the articular surface.

(Sgd.) C.E. Richards,
Capt. C.A.M.C.

March 10th, 1919.

Repeat ex plates were made of the kidney tract, both kidneys, both ureters and the bladder.

There is no evidence in any of these plates of calculus. I have compared them with the previous plates and the shadow there reported has now disappeared.

(Sgd.) C.E. Richards,
Capt. C.A.M.C.
C.O. X Ray Dep't.

in May 1918. Recovered. Had an attack of Influenza in Oct. 1918. Was ~~wounded~~ invalided to Canada in Jan. 1919 with Clinical T.B. and has been in various Hospitals since arrival in Canada.

8. Present disabling condition—(*a*) (Here state the nature and extent of the disability resulting from disabling disease or injury, or of some of its parts, for marked, etc.: e.g. (*b*) Weakness—slight, moderate, marked, etc.; (*c*) Necessity of an attendant or of an member, or of some of its parts, for therapeutic reasons; (*d*) Inability to perform the duties in the place of occupation.)

(Debility) Need of rest for therapeutic reasons.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. 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; objective findings to be stated first, then subjective findings.)

Objective:- Patient has lost about 3 pounds since enlistment, present wight 103 lbs. Is thin. Color fair.
Lt.-Col. Elliott's Report regarding Chest attached. Col. Primrose reports that no surgical interference is necessary. Stereoscopic Reports of Chest attached. Also Reports of Plates of Kidneys ureteis and bladder and of Gastro Intestinal tract. There is very slight tenderness in region of appendectomy scar.
Temperature and Pulse are at present normal but at intervals temperature rises to 99° in the evening.
Subjective: No cough. No expectorstion. Feels weak and tired after exercise of walking half a mile. Pain at times in right lower quadrant abdomen. Is constipated.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System: No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No (Albumen and Sugar will be excluded.)

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was healthy at time of enlistment. Had an attack of Pleurisy in May 1918. Recovered. Had an attack of Influenza in Oct. 1918. Was ~~wounded~~ invalided to Canada in Jan. 1919 with Clinical T.B. and has been in various Hospitals since arrival in Canada.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

No

(*c*) (Here give a description of wounds, scars and deformities. Appendectomy Scar.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (1) No (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? Six months

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

England - 5 months

Canada - 6 "

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? No at present on account of general weakness.
(If not, briefly state why)

17. Recommendations

Discharge as medically unfit for service.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid 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 complain in addition of .....

Sara Kay Davis N/S Rank.

Signature of invalid examined.

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 criticised.

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) ~~Does not 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 pass under his own control~~
(Strike out condition not applicable.)

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

As medically unfit for service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE St. Andrew's Military Hospital

DATE July 9th, 1919.

Members

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. | RANK N/S. | NAME (IN FULL) DOWER, S.K. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? 37 Trillier ave. Toronto.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 9/4/17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 40.00 | DATE EFFECTIVE 1/7/19

PAYABLE TO Mrs E. Sheridan | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 37 Trillier ave. Toronto. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 19/7/19 | REASON M.U. | AUTHORITY DO 202 | IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account Feby 1.									Nil																				19	00			19	00	19	00		Schedule 13-31/1/19
Feby 1.	28	3.00	84		27	20			111	20	24426				24427		53	20					40						19	00			111	20				26.1.19 13.3.19
Mar 1	31	3	93						93		5108046				5105083		53						40										93					
Apr 1	30	3	90		30	50			120	50	5111087				5110165		80	50					40										120	50				
May 1 – June 30.	61	3	183	00	54	40			~~237 40~~ 237	40	~~8/7-7~~ 120904				~~5114672 155~~ 72.26/6/19 $119456		126	90					40	00					30	50			~~237 40~~ 237	40				Subs 12-5-19 — 12-6-19
July 1-19	19	3	57						57		91 25/7/19 124409				92.21.7.19 $121545		17	00					40	00									57				AMOUNT DUE SOLDIER DEPENDENT	
					W.S.G.																								W.S.G.								
153 days	3		459	–					459																				183	–			183	–	276	–		
															AR 100. Aug. 26. 1046156.														90	–			273	–	186	–		
															AR 124 Sept 24 1048991														93	–			366	–	93			
															AR 148 Oct 23 1463580														93	–			459	–	0			
															170 Nov 18 1750638																							
			459	–					459	–																			459				459	–				

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 9-4-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch D 6324

OVERSEAS CONTINGENTS

Date of Assignment Apr. 1-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Dower Sara Key

Battalion C. A. M. C. Base Hosp M.D. # 2

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. E. Sheriden

Address [redacted] Triller Ave, Toronto, Ont.

Change of Address

1

2 MRS.E.SHERIDEN, 32 TRILLER AVE., TORONTO,ONT. % N.S.SARA KEY DOWER FORTY DOLLARS 40 40.00

3

4

1918 Date	Cheque No.	Amount S/A	Amount A/P	Total	
Apr.	B 8964		40	40	Gw
May	D 18533		40	40	Gw
June	K 21209		40	40	Gw
July	Q 33661		40	40	J
Aug	K 35707		40	40	J
Sept	N 46257		40	40	J
Oct.	O 55300		40	40	C
Nov.	K 57850		40	40	C
Dec.	T 66516		40	40	C
1919 Jan.	O 73339		40	40	J
			400	400	

REMARKS 4928-8-3

3 M dated 13/2/19 received, confirming return to Canada 17/2/19 C.S.J.

A/c Closed 31-1-19.

Ret'd per Essegundo

Date 26-1-19 M.F.W.187 30-1-19

Closed M. Cameron

MRO. Des. #66331.

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22320—M. & D. 7693.

AUTHORITY FOR NEW ACC'T. H.R. B.-5 J.A. Kincaid 2-4-18

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—1772-39-141
L. L. 22320—M. & D. 7993.