

Unit C A M C Rank N/S Name Alice Torr

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Torr

(b) What are your Christian Names? Alice

2. (a) Where were you born? (State place and country) Grantham, Eng

(b) What is your present address? The Barracks Sqr, Grantham

3. What is the date of your birth? Nov. 30th 1881

4. What is (a) the name of your next-of-kin? Mrs F. Torr

(b) the address of your next-of-kin? Barracks Sqr, Grantham, Eng

(c) the relationship of your next-of-kin? Mother

5. What is your profession or occupation? Graduate nurse

6. What is your religion? C of E

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong?

9. State particulars of any former Military Service? 1 yr. Q.A.I.M.N.S.R.

10. Are you willing to serve in the

CANADIAN OVERSEAS EXPEDITIONARY FORCE Yes

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

T.O.F. London
19.11.17

Sgt Alice Torr (Signature of Officer).

Sgt. H A Chisholm Col A.D.M.S. for D.M.S. ??

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 OVERSEAS EXPEDITIONARY FORCE.

Date 17. 10. 17 191 7

CERTIFIED TRUE COPY.

Place London

*Insert here "fit" or "unfit."

For A.M.S. ban Major, Capt

Sgt A W Park, Capt C.A.M.C.

Medical Officer.

22
61
365
23
471

Exchanged.
Certificate Given - 5/12

UNIT NAME RANK
OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your surname?
- (b) What are your Christian names?
- (c) Where were you born? (State place and country)
- (d) What is your present address?
2. What is the date of your birth?
3. What is (a) the name of your next-of-kin?
- (b) the address of your next-of-kin?
- (c) the relationship of your next-of-kin?
4. What is your occupation?
5. What is your religion?
6. Are you willing to be vaccinated or re-vaccinated and inoculated?
7. To what Unit or Units of the Canadian Expeditionary Force do you belong?
8. Have you participated in any former military service?
9. Are you willing to serve in the

CANADIAN OVERSEAS EXPEDITIONARY FORCE

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

(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services and find him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

101

NAME _____

TORR ALICE

REGT. NO.

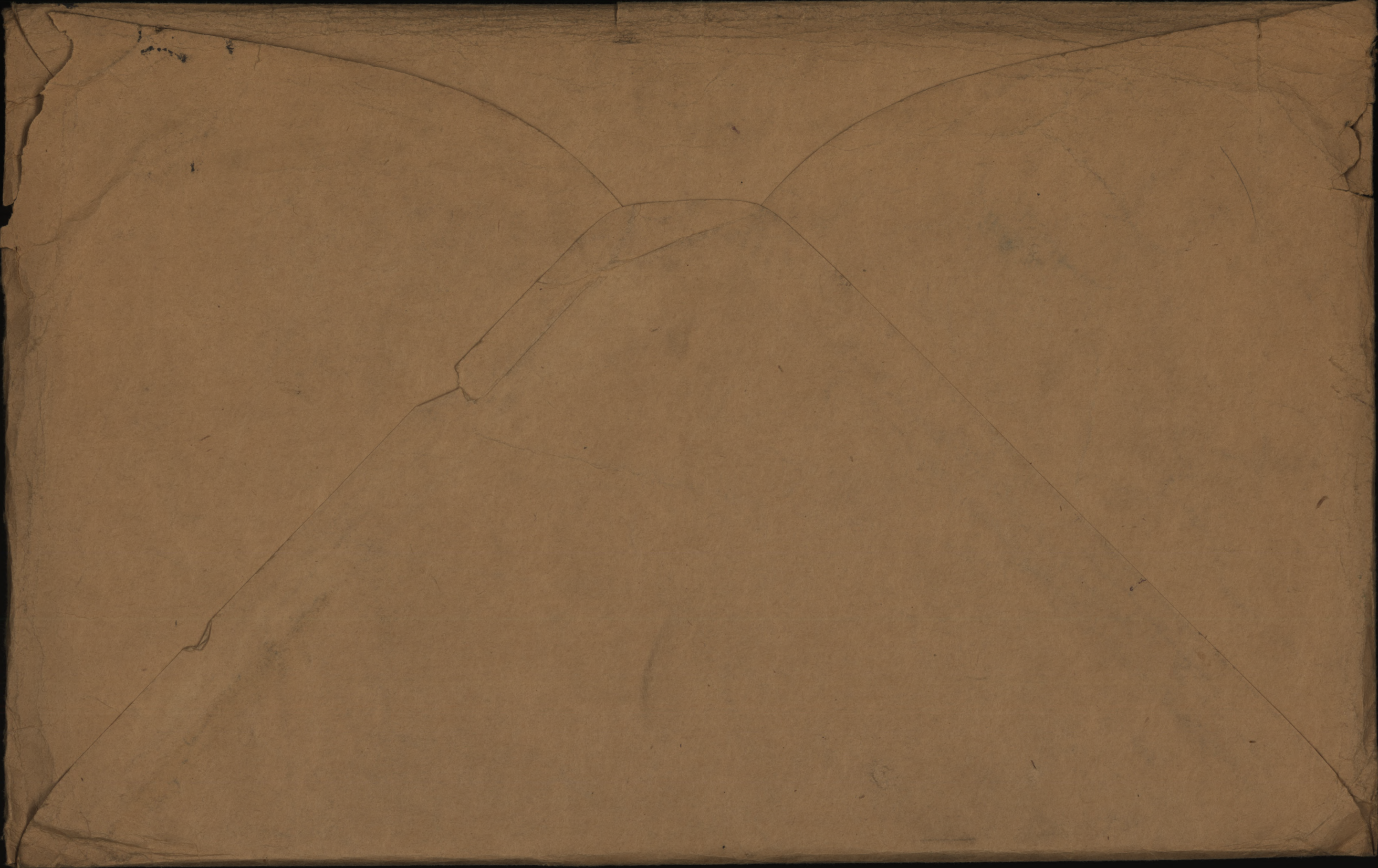
7 - Sister

UNIT.

G. A. M. P.

2 H. Q. FILE NO.

[illegible]



Reg. No. Name. *Clark Mace*
Rank. *MS* Corps. *002 Cache* Age. *38* Service. *6 2 1/2 7 3/2*
Ledger No. Serial No. *1310706*

DIAGNOSIS

St Andrews Chh. Toronto	24. 5. 19	Debility Post Meningitis
from Oak Hill Conv. Chh. 2	11. 6. 19	" Debility
" St Andrews Toronto	18. 9. 19	- -
Do Unit	23. 1. 20	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

NAME

Torr A

REGT. NO.

RANK AND UNIT

N/Str

C.A.M.C. 2 L.S.H.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1110-3

Q.A.I.M. H.S. 71 Vincent 9-10-18

Influenza

1177-3

Can Red Cross off.
Square S.W.

M. N. Audby Street W.I.-119. Debility

1297-1

Discharged

18-5-19

"

Name

TORR

Rank

N/S

Reg. No.

Unit

ALICE

Next of Kin

CAMC 2 CHM.

(mother)

Mrs. F. Torr, Barracks Square, Grantham, Eng.

Date

1918

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

9-10

~~Queen Alex. Mil. Hos. London S.W. (7001)~~

Ex H.S.

INFLUENZA

1110

61

1-1-10

CRX off No. 1 Andley St 7001

1127

18-5-19

Discharged (hon)

Debenture 6-1-19

1297

[illegible]

Number _____ Rank N. S.

Surname TORR

Christian name ALICE.

Units _____ Theatre of War FRANCE.

Date of Service 3. 8. '18

Remarks _____

Latest Address not available

291 Delaware St

Roll No. Monte

200m.-6-21. B Page 22427. Ent

(This form to be filled in by all ranks on voyage to Canada.)

M. D. No.

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.)

Surname

Christian Name

Reg. No.

TORR

A.

Rank

Unit

N/Str

C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area

20-3-19

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

C.S.Meningitis.

Disposition Recommended

(1) Unfit any service retd.to Hosp.in Canada.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.
TORR A.
Rank. Unit.

N/Str. C.A.M.C. 2 C.G.H.

Date of admission.
H.S.to Q.A.I.M.N.S.Hospital,Vincent Sq.9-10-18
Canadian Red Cross Offs.Hosp.London 1-1-19

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Influenza.
Debility. *as*

Later diagnosis.

.....

.....

.....

Disposition.

Discharged:-18-5-19

Date.

12-10-18 1110-3.

2-1-19 1177-3.

26-5-19 1297.

C.L. 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

THE EAR NOSE and THROAT CLINIC.

13 Berners Street,
London W.1.

Specialist's Report on Eyes:

.....N/S..A..TORR. CAMC.....

PREVIOUS HISTORY

V.O.D. 6/12 with x .75 D. ^{axis}~~xxx~~ 90° - 6/6 x

V.O.S. 6/12 x with .75 D. " 90° - 6/6 x

CONJUNCTIVA. NEG.

CORNEA & SCLERA. NEG.

IRIS. NEG.

THE GROUNDS. Slight congestion of veins.

DIAGNOSES. .HYPEROPIC ASTIGMATISM.

DATE.....20-3-19.....1919. (SGD) W.G.G.COULTER Capt.
CAMC.

SECRET

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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CONFIDENTIAL

CASE HISTORY SHEET.

St. Andrews Military Hospital

Hospital.

Toronto
St. Andrew's Mil. Station

No. _____ Rank *Mat.* Name *Miss Torr.* Age *28*

Unit *#200* Completed years of service _____ Where and how long *E 2 1/2, F 2 1/2*

Date of admission *18/9/19* Date of discharge *JAN 23 1920*

Diagnosis *Debility* Place of origin *30-9-18, France*

CONDITION ON ADMISSION AND PROGRESS OF CASE

*4/9/19 - Re-admitted from St. Catharines - Feeling much improved. Has improved in weight - Memory better sleeps better.
See previous case sheet.*

1/10/19. Examined by Lt Col Mackenzie who recommended that she be given a further period of rest etc -

*17/11/19 - Complaining of headache and pains in back of neck & shoulders.
To have electrical treatment.*

14/11/19 - Examined by Col Mackenzie - Report in separate sheet.

20/11/19 - Examined by Col Mackenzie report on leave made. To be examined by Major Byrne.

17/12/19 - Examined by Col Mackenzie who reported that she might in short time be discharged to S.A.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

9/12/19 - Board prepared for 2 weeks.

2/1/20 - Given two weeks overseas leave.

TREATMENT

(Especially any specific or special form.)

*21/1/20 Boarded for discharge to S.A. as out patient.
B. E. Mann.*

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____

Medical Officer i/c case.

CASUALTY SHEET

1/1/1914

1/1/1914

1/1/1914

1/1/1914

1/1/1914

1/1/1914

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1/1/1914

1/1/1914

1/1/1914

1/1/1914

1/1/1914

1/1/1914

CASE HISTORY SHEET.

St. Andrew's Hospital. Toronto Station.
 No. _____ Rank N.S. Name Alice Jones Age 38
 Unit #200 Completed years of service _____ Where and how long E 4 1/2 F 2 1/2
 Date of admission 18-9-19 Date of discharge JAN 23 1920
 Diagnosis Debility Place of origin 30-9-18, France

CONDITION ON ADMISSION AND PROGRESS OF CASE

5/11/19 - Uremia Normal

11-11-19 General cond. much improved. Heart normal but markedly affected by exertion. Should improve with exercise. Pupils Reflexes normal. but tend to hypertonus on looking to either side. Pat. Reflexes + + No ankle clonus. Some headache & nausea. Wt. has lost 5^{lbs} since 20-Sept. Is day 108^{1/2}. Should have - neurology report.

25-11-19 Examination of heart shows rhythm varying a great deal with respiration and exertion. There is a systolic murmur heard along L. side of sternum and at apex, but it varies with position and respiration and I am of the opinion that it is not caused by an organic change in the aortic valve.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____

Medical Officer i/c case.

Office of the
Attorney General

1914

1914

1914

1

1914

1914

College Military Hospital,
Toronto, Nov. 20th.-1929.

FROM : Major G.F. Boyer, C.A.M.C.,
TO : O.C., College Military Hospital.

N/s Torr, A.

Sir,

Reference to the marginally named Nursing Sister, please forward to the O.C., St. Andrew's Military Hospital the following report:-

This Nursing Sister complains of pain in both temples in the parietal region, at time, and when pain is severe, nausea and vomiting. She states that in the region of the left knee she has an area of anaesthesia. This Nursing Sister has set her mind upon one years' rest, from May 1918, because a certain Medical Officer in England advised this.

I am of the opinion here, that unquestionably, there is a well marked Post-meningeal condition which causes her symptoms, and that she has little functional disability. At the same time, I consider that too prolonged a stay in the Army, as the patient has, is going to be demoralizing to her condition.

I would recommend that she be given a month or six weeks time, and then she could be advantageously discharged to the S.C.R., as an out-patient on full pay and allowance.

Herewith is returned her documents.

(Sgd) G.F. Boyer,
Capt. CAMC.

College Military Hospital
Toronto, Nov. 1918

Major W.F. Brown, C.A.M.C.

C.C., College Military Hospital

His Honor, A.

Sir,

Reference to the marginally named Nursing Sister, please forward to the C.C., St. Andrew's Military Hospital the following report:-

This Nursing Sister complains of pain in both shoulders in the past few weeks, at times, and when pain is severe, nausea and vomiting. She states that in the region of the left knee she has an area of anastomosis. While Nursing Sister has not had any upon one year, from May 1918, because a date taken medical Officer in England advised this.

I am of the opinion here, that undoubtedly there is a well marked local-metabolic condition which causes her symptoms, and that she has little functional disability. At the same time, I consider that her prolonged stay in the Army, as the patient has, is going to be detrimental to her condition.

I would recommend that she be given a month or six weeks time, and then she could be advantageously discharged to the C.A.M.C., as an out-patient on full pay and allowances.

Yours faithfully,
Nursing Sister

(Sd) W.F. Brown,
Major, C.A.M.C.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

St. Andrew's Mil. Hosp.

DATE

Nov. 17th., 1919.

NAME

Torr, A.

RANK

A/S

NUMBER

--

UNIT

St. And. H.
C.A.M.C.

AGE

38

HISTORY

SYMPTOMS

Came for eye report. Had meningitis.

GLASSES WORN

OBJECTIVE EXAMINATION

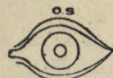
EXTERNAL APPEARANCE

OD



Normal.

OS



Normal.

RETINOSCOPY AND OPHTHALMOMETER

OD

+ + .75

OS

+ + .75

OPHTHALMOMOSCOPE

FUNDUS

Normal.

LENS

CORNEA

FIELDS

Diagnosis: (a) Asthenopia. (b) Hypermetropic astigmatism.
Duration (a) 1 yr. (b) Life.
Disability (a) 5% (b) 20.
Due to service? (a) Yes.

MUSCLE BALANCE

Has some discomfort in looking to right but movements are intact and no diplopia present.

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

OD

BEFORE

SPH.

CYL.

AX.

V AFTER

V

20/30

+ .75

90

20/30

OS

20/30

+ .75

90

20/30

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD

Wearing + .50

which is very comfortable.

OS

+ .75 ax. 90.

TREATMENT:—

M. F. W. 144.

10M.—6-18.
1772-39-1173.

(Sgd) W.H. Lowry, Lt. Col.

DATE

NO.

COMBINED EXAMINATION

INTERNAL EXAMINATION

OPHTHALMOLOGY AND OPHTHALMOMETRY

OPHTHALMOLOGY

VISION

SUBJECTIVE EXAMINATION

REFRACTION

OF SEES PREPARED



CASE HISTORY SHEET

Page Two

Hospital. St. Andrew's Station. Toronto
 No. mil Rank N.S. Name Alice Tom Age 12
 Unit No 2 DD Completed years of service 6 21/12 7 12/12
 Date of admission 27.5.19 Date of discharge 11.6.19
 Diagnosis Debilty Place of origin 30 Sept/18 France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint of Aching and making in the back. This is present in the lumbar region. - Off the feet is difficult to straighten up and walks with a slight flexion of the spine.

Previous illness. - Anemia when 12 yrs of age.

Physical Examination -

- General Condition - good - weight # 104
 - Chest Examination :- Well formed - expansion good and equal. Movement of lung good. No adventitious sounds.
 Heart - nothing abnormal.
 Abdomen - No splenic or hepatic enlargement. no evidence of gastric dilatation. Have had frequent attacks of gastric trouble - gaseous eructation & vomiting. Bowels somewhat constipated.
 Back - movements good - slight tenderness on firm pressure over Erector Spinae muscles in the lumbar region.
 No limitation of movement - just makes.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Specimen Exam - pupils react to light & accommodation - response good - Reflexes - knee jerks exaggerated - No ankle clonus.

TREATMENT

(Especially any specific or special form.)

4.6.19 - sent to L.H.H. for Eye Examination
 8.6.19 - weight 101 3/4 - Seen by Major Byer - see report
 11.6.19 - transferred to Oakhill for further treatment.

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

G. F. Irvine M.D.
 Medical Officer i/c case.

CASE HISTORY SHEET.

Parkhill and Con Hospital. St Catharines Station.
 No. Rank N/S Name Mrs Dorr Age 38
 Unit #2000 Completed years of service 2 1/2 7 1/2 } E 2 1/2 F 7 1/2
 Date of admission 11-6-19 Date of discharge 18-9-19
 Diagnosis Liberty fall injury Place of origin America

CONDITION ON ADMISSION AND PROGRESS OF CASE. 21-8-19. Trunk
stiff stap her head has been bad
since 16! There was no severe stap
she was recovered they cross over the
scapular region and drew the back of
the head of eating and sleeping well

2-9-19- Improving.
16-9-19. Headache improving noise
of ordinary intensity does not disturb her.
General condition improving all though. Stiff
improving of muscle back. Trunk has improved
at least 50% during her confinement. Discharged
to St Andrews.

St Catharines and Hock
12-12-19. Wt about 5 lbs below average. Has lost 6 lbs
since last summer. but has been gaining during
last 3 wks - Present wt 110 - Height 5-5 1/2 -
Sleeping usually well. but at intervals has night
when sleep is disturbed and there is palpitation.
Muscular strength - is much reduced - cannot

FAMILY HISTORY walk 3 miles - back is stiff - cannot do
(Tuberculosis, mental or nervous diseases.) her hair without tearing down arms.
Muscles flabby in arms.
Appetite good Digestion good Sickness normal.
Memory - variable recent events and orientation

TREATMENT food - past events no rest.
(Especially any specific or special form.) Emotions - very irritable -
no interference.

I believe that Mrs Dorr might be discharged to the sick
 so that she might take some vocational work. She
 is not fit to undertake making her living as a nurse
 though she could do light duty or work with

CONDITION ON DISCHARGE months of rest.
 (and disposal made of case.) of months of rest

Date 30th Dec 1919
 Medical Officer i/c case. car.

(copy CASE HISTORY SHEET.)

St. Andrew's Military Hospital .

12-12-19. Weight about 5 lbs. below average; has lost 5 lbs. since last summer, but has been gaining during last three weeks. - Present weight 110 lbs - Height 5' 5 $\frac{1}{2}$ ". Sleeping usually well, but at intervals has nights when sleep is disturbed and there is palpitation. Muscular strength is much reduced - cannot walk three miles - back is strong - cannot do her hair without letting down arms, muscles flabby in arms.

Appetite poor, digestion good, sickness normal. Memory variable; recent events and orientation good, past events uncertain. Emotional - more irritable - no introspection.

I believe that Miss Torr might be discharged to the D.S.C.R. so that she might take some vocational work. She is not fit to undertake making her living as a nurse though she could do lighter duty or work with intervals of rest.

' A. J. Mackenzie'
Lt-Col.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL St. Andrew's Mil. Hosp.

DATE Nov. 17th.-1919.

NAME Torr, A. RANK N/S NUMBER -- UNIT St. And.H. O.A.M.C. AGE 38

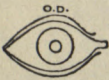
HISTORY

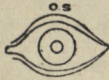
SYMPTOMS Came for eye report. Had meningitis.

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD  Normal.

OS  Normal.

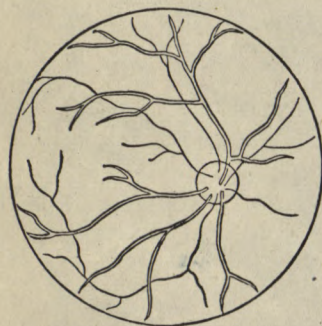
RETINOSCOPY AND OPHTHALMOMETER

OD + .75

OS + .75

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
<u>Normal.</u>		



FIELDS Diagnosis; (a) Asthenopia. (b) Hypermetropic astigmatism.

Duration (a) 1 yr. (b) Life.

Disability (a) 5% (b) 20.

Due to service; (a) Yes.

MUSCLE BALANCE

Has some discomfort in looking to right but movements are intact and no diplopia present.

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

OD	BEFORE	SPH.	CYL.	AX.	V	AFTER
V	<u>20/30</u>		<u>+ .75</u>	<u>90</u>		<u>20/20</u>
OS	<u>20/30</u>		<u>+ .75</u>	<u>90</u>	V	<u>20/20</u>

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD Wearing + .50 which is very comfortable.

OS + .75 ax. 90.

TREATMENT:—

M. F. W. 144.

10M.—6-18.
1772-39-1173.

(Sgd) W.H. Lowry, Lt. Col.

St. Andrew's Hill, Egypt.

Nov. 14th-1919.

30

St. Andrew's Hill.

N/S

Fort, A.

30

St. Andrew's Hill.

Fort, A.

30

St. Andrew's Hill.

Fort, A.

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St. Andrew's Hill.

Fort, A.

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St. Andrew's Hill.

Fort, A.

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St. Andrew's Hill.

Fort, A.

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St. Andrew's Hill.

Fort, A.

30

St. Andrew's Hill.

Fort, A.

30

St. Andrew's Hill.

College Military Hospital,
Toronto, Nov. 20th 1919.

FROM:- Major G.F. Boyer. C.A.M.C.

TO:- O.C., College Military Hospital.

N/S Torr A.

Sir:-

Reference to the marginally named Nursing Sister, please forward to the O.C., St. Andrew's Military Hospital, the following report:-

Set
This Nursing Sister complains of pain in both temples in the parietal region, at times, and when the pain is severe, nausea and vomiting. She states that in the region of the left knee she has an area of anaesthesia. This Nursing Sister has ~~kept~~ her mind upon one year's rest, from May 1918, because of a certain Medical Officer in England advised this.

I am of the opinion here, that, unquestionably, there is a well marked Post-meningeal condition which causes her symptoms, and that she has little functional disability. At the same time, I consider that too prolonged a stay in the army, as the patient has, is going to be demoralizing to her condition.

I would recommend that she be given a month or six weeks time, and then she could be advantageously discharged to the S.C.R., as an out-patient on full pay and allowance.

Herewith is returned ~~her~~ documents.

M. G. Boyer
Capt. C.A.M.C.

Minute 2.

TO:- Officer Commanding,

St. Andrew's Military Hospital, Toronto.

Forwarded for your information and action, please.

W. B. Barthe
Major. O.C., C.M.H.
C. A. M. C.

GFB/DeE

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DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

Ottawa, Ont.
DATE Oct. 8, 1970

NAME Service No. CPC No.
NOM TORR, Alice C. Matricule No N.S. CAMC WW1 CCP No 210606

WVA No.
AAC No

Information Received from:

Information reçue de: S.P.M.E. C.P.C. Toronto, Ont. Tel Memo d/Oct. 2, 1970

Date of Death
Date du Décès Sept. 13, 1970

Place
Endroit not stated

Distribution: WSR-DASG

VI - ASS

~~DO - BB~~

HO - BC

Pour le chef,

J. F. Boulos

for Chief, Central Registry Division.

Dépôt central des dossiers.



P.S. 244.
H.C.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

Nursing-Sister

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

Alice TORR

(Name in full).....

The Canadian Army Medical Corps

Enlisted in.....

~~XX~~

CANADIAN EXPEDITIONARY FORCE, on the.....

~~XX~~

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

The Canadian Army Medical Corps

in.....

Nineteenth

CANADIAN EXPEDITIONARY FORCE on the.....day

November

7

of.....191.....

S

England and France with the Canadian Army

He SERVED in CANADA,.....

Medical Corps.

Twenty-ninth

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

January

20

being Medically unfit

of.....191.....by reason of.....

Second

Dated at Ottawa, this.....day

August

Previously served one year with the Q.A.I.M.C.S.R.

of.....191.....

for

Capt.
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Name in full)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

of

1917

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

of 1917 by reason of

Dated at Ottawa this

1917

of

Director of Personnel Services

Army Form B. 103 (II.) to be gummed on here, if required.

RECEIVED CORPUS

MAY 1919

Nothing to be written in this margin.

CANADIAN RECORD OFFICE

Forms/B.103/3

HWV(R1460)

3/19

100,000

P2151

(6 28 19)

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1)*Substantive rank N/S *Acting rank (To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps 6 AMB	(3) Regtl. No.
(4) Surname Pou.		
(5) Christian Names Alice		
(6) Army Form, number of, Attestation } Form or Record of Service paper }		
(7) Whether of British or of Alien origin (vide A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

- (10) Enlistment (b) (11) Engagement (c)
(12) Service reckons from (date) (13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) }
of conditions of service }

(Authority)

(date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

- (17) Next of Kin
(18) Demobilizer (f) (Place)
(19) Pivotal-man (f) (Date)
(20) Qualifications (g) or (21) Corps trade and rate
(22) Extended (23) Re-engaged
(24) Miscellaneous entries:—

(Signature of
Posting Officer)

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (vide A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

DUPLICATE. Copy to replace original

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
13.11.14	D.M.S.		To be M.S. C.A.M.C. & posted to C.A.M.C. Depot.		19.11.14	C.O. 1476
22.1.15	Do		Posted to 411 Can Gen Hosp	Moore Bks	19.11.14	C.O. 1526
15.5.18	11 Gen H.P.		Granted Leave from 6-6-18 to		19.6.18	P.M. 039
7.8.18	Do		S.O.S. on pro. of		3.8.18	" 064
17.8.18	269 P.		T.O.S. on arrival in France		3.8.18	" 050
18.10.18	C.A.M.C.		S.O.S. (Inv. Sick to Eng) to C.A.M.C.			
			has boy	S. cliffs	9.10.18	" 069
8.11.18	has boy		T.O.S. on evac. from 93	Adm 244 MNS.		" 069
12.10.18	ams		Adm G.A.I.M.S. H.P. 41. Vincent Sq		9.10.18	C.O. 1110
2.1.19	Do		Adm Can X Cross Officers H.P.	17 N Andley St.	1.1.19	" 1114

CERTIFIED TRUE COPY

from Record Sheet

E. E. O. G. G.

Major, Capt.

For AMS. Cans.

Invalidated to Canada

For MAJOR General

Adjutant General, Canadians.

M.H.O.

T.O.S. C.E.F. in Canada

Demobilization

invaliding

M.D. No.

1879

C.E.F. No. 1989-19

Ad E. Robinson
for D.P.S.

Nothing to be written in this margin.

to be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Lorr.

Alice

TABLE I.—General Table.

Birthplace { Parish *Grantham*
County *Lincolnshire*

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

Declared Age 35 years 321 days.

Trade or Occupation.....*Graduate Nurse*.....

Height 5 feet. 4 1/2 inches.

Weight.....118½.....lbs.

Chest Measurement { Girth when fully Expanded } 36 inches.
 { Range of Expansion 2 " inches.

Physical Development *Normal*

		RIGHT	LEFT
Vaccination Marks	{ Arm.....		
	{ Number	<i>free</i>	<i>free</i>

When Vaccinated *Four times last 1915.*

Vision { R.E.—V = *normal*
L.E.—V = *normal*

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by Chris Parks

Rank Capt Chen Medical Officer

Medical Officer.

Enlisted { at
on day of 191

	Corps	Regtl. No.
--	-------	------------

Joined on		Reg't. No.
enlistment		

Transferred
to

Became non-effective by.....

on day of 191.....

(Signature).....

(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature

12-10-77 fit 10/1/156

Antarktika

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
----------------------	-----------------------------------	--

or disembarkation	or embarkation	or disembarkation

--	--	--

--	--	--

.....

.....

.....

[Faint horizontal lines across the page]

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

[illegible]

TABLE I.—General Table.

Birthplace { Parish Grantham
County Lincolnshire

Examined { on day of 191 ,
at

Declared Age 35 years 321 days.

Trade or Occupation Graduate Nurse

Height 5 feet 4 1/2 inches.

Weight 118 1/2 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 2 inches inches.

Physical Development Normal

Vaccination Marks	Arm.....	RIGHT	LEFT
	Number	<u>Four</u>	<u>four</u>

When Vaccinated Four times, last 1915.

Vision { R.E.—V= Normal
L.E.—V= Normal

(a) Marks indicating congenital peculiarities or previous disease—
None.

(b) Slight defects but not sufficient to cause rejection—
None.

Approved by A. J. Park
Rank Capt. Comm.
Medical Officer.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
<u>17-10-17</u>	<u>Fit for duty</u>
<u>25-3-19.</u>	<u>13 Burners St. Wals.</u> <u>Cerebro-spinal meningitis</u> <u>Involves to Canada</u> <u>Indisposed</u> <u>for cases</u>

TABLE IV.—Service Table.

Enlisted	at	Corps	Regtl. No.	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
	on day of 191.....					
Joined on enlistment		<u>C A F C</u>				
Transferred to			<u>4 State</u>			
Became non-effective by						
on day of 191.....						
(Signature).....						
(Rank).....						

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
O.A.I.M.N.S. HP. Vincent Square S.W. 1	9	10	18	13	10	18	Meningitis? Cerebro spinal.	4	Admitted from France. Meningococcus type II found in nasopharynx & spinal fluid. Subdural fluid withdrawn by lumbar puncture. Diplococci & neutrophils present. Transferred to London Fever HP.	E. Hagh M.D.
CANADIAN RED CROSS OFFICERS HOSPITAL 17, NORTH AUDLEY STREET, LONDON W.	12	18					Post. meningital debility.		This has frequent headache, distended voice & is nervous & irritable when in a crowd. Physical exam. neg.	W. H. L. Major

TEMPORARY

MEDICAL HISTORY SHEET

Surname **T O R R** Christian Name **Alice**

Examined	{ on _____ day of _____ 191	Approved by _____	
	{ at _____		
Birthplace	{ City or Town _____	Rank _____	M.O. _____
	{ County _____		
Apparent age _____		Date	Fit or Unfit
Trade or occupation _____		EXAMINED FOR RE-ENGAGEMENT	
Height _____ feet _____ Inches			M.O. _____
Weight _____ lbs.			M.O. _____
Chest measurement { Minimum _____ inches			M.O. _____
{ Maximum expansion _____ inches			M.O. _____
Physical development _____			M.O. _____
Small-pox Marks _____			M.O. _____
Vaccination Marks { Arm _____ Right _____ Left _____		Date	Result
{ Number _____		VACCINATIONS	
When Vaccinated last _____			M.O. _____
(a) Marks indicating congenital peculiarities or previous disease _____			M.O. _____
			M.O. _____
(b) Slight defects but not sufficient to cause rejection _____		Date	Result
		ANTI-TYPHOID INOCULATIONS, ETC.	
			M.O. _____
			M.O. _____
			M.O. _____

Enlisted on _____ day of _____ 191 at _____

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	C.A.M.C.	nil		
Transferred to	#2. D.D.	Nursing Sister		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>St Andrews Mil Hosp</i>	<i>21/1/20</i>	<i>Debility fully meningitis</i>	<i>Discharged as medically unfit for Service & B.C.R as not fit for</i>

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.

Surname T O R R Christian Name Alice

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
St Andrews Military Hospital,		27	5	19	11	6	19	Debility	15	Invalided & diagnosis Debility following meningitis Types i & ii to Sept. 1918. Patient, nervous, troubled & insomnia, hyperaesthesia of hearing, numbness in the back & pains in the lumbar region. No changes in Eye grounds. Transferred to Oakhill for further convalescence.	D. P. Smell Major
Oakhill Gen. Hosp.		11	6	19	18	9	19	Debility foll. meningitis.	99	Complaining now of back ache headache, memory impaired but is greatly improved since her convalescence began. J. L. Shepherd Esq.	
St Andrews milit Hosp.		18	9	19	23	1	20	Debility foll meningitis.	127	Patient very much improved - memory better. Sleeps better. Weight about 6 lbs below normal. Still has some pains in the back Reflexes exaggerated. Lt Col Macdonald has discharged her from service.	

REPORT ON EXAMINATION OF THE LUNGS.

N/S. MISS TORR. A.

BRANT HOSPITAL, 14/6/21.

HISTORY: Acute brochitis when a child with possibility of bronchial pneumonia as well. Cerebro-spinal meningitis in 1918.

CHEST is fairly well formed. There is scoliosis to the right in the mid-dorsal region. Expansion good, seems slightly less at the left upper. Vocal fremitus slightly increased over the right upper anterior.

RIGHT SIDE: Diminished resonance to the 3rd Rib and 4th D.S.. The B.S. are roughened anteriorly and posteriorly. Broncho-vesicular breathing to the 3rd rib and 3rd D.S. Vocal resonance is also increased in this area. No rales heard.

LEFT SIDE: Diminished resonance over the same area as on the right, but to a less extent. Roughened B.S. to the 3rd rib and 3rd D.S. No rales heard.

Both sides of the diaphragm show free movement.

SUBJECTIVE: It is quite possible there has been involvement of right apex several years ago. I can find no sign of any active disease in the chest at present.

PROGNOSIS: Re. lungs, good. Because of x-ray findings, I should advise that she be re-examined as a precautionary measure, in a years time.

(SGD) G.C. BRINK.

1890

Notes on case of Miss Alice Torr

Sister C. A. N. S.

Age 37 service 3 years

2nd Canadian General Hospital France

Onset Oct 2nd 1918 admitted to Hospital Oct 2nd (?)

Sent over to Vincent Square Nurses Hospital Oct 9th

Meningitis suspected Oct 11th Swab taken T. 101. P 100
Cerebration good but had been delirious in night. no vomiting

now but had vomited severely in France.
lyolagnus on moving eyes to left. hardly any stiffness
of neck and no Kerning. Had had a purpuric rash in France
wrist & knee joints swollen & painful. Diagnosis was trench

fever. I saw her again on the 12th Oct. She seemed better &

brighter T. 101. P 100. joints better neck slightly stiff & jerky

I did not do L. puncture as she did not appear sufficiently like C.S.M. but

Saw her again on Oct 13th the swab having turned out positive

& found her worse Temp. normal but headache & neckstiff

Did a L puncture & got off 50cc sl. turbid fluid containing

many lymphocytes as well as polymorphs.

As a rapid agglutination test had given type II from the swab I administered

30cc of Type II M.R.C. serum. & transferred her to the L. F. Hospital

The long method of agglutination however showed the type to be I (with many

Oct 14 II group agglutinating) So the next day 14th Oct I gave her 30cc I-II pooled

M.R.C. serum; she then being then under the hospital authorities

did not have serum until 17th (when and also of 18th & 19th Oct)

she had 30cc of I-II pooled M.R.C.

A L.P. without serum on Oct 16th was also done.

She continued to run an irregular pyrexia with slight ^{nocturnal} delirium &
disturbance of cerebration even during the day and lumbar punctures were done

without serum on Oct 26th & Nov 4th both showing M. cocci still present

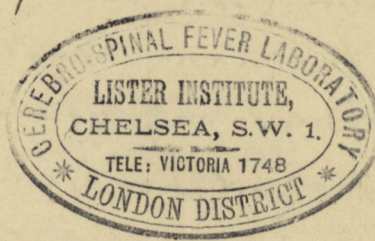
& on Nov. 5th I persuaded the R.M.O. to give 30cc Type I M.R.C. serum

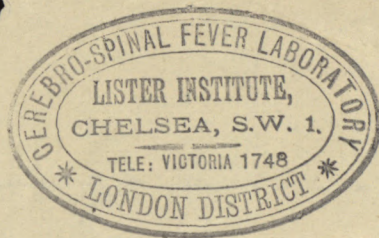
this was followed by immediate & lasting
improvement & since then recovery has been
steady and continuous.

She was discharged from the L.F. Hospital free
from infection on 29th Dec 1918.

J. A. Glover
o/c

27/1/1919





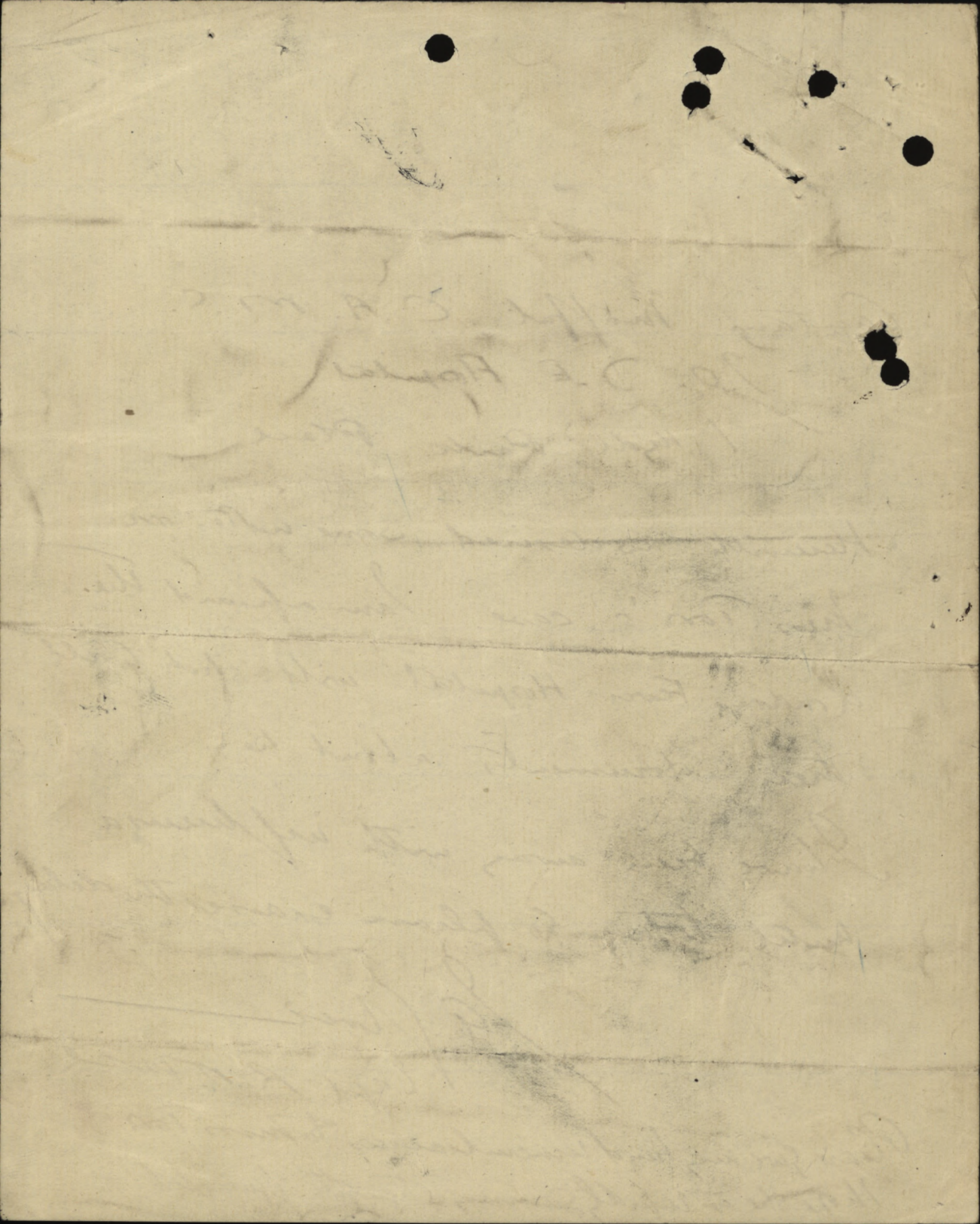
Captain Moffat C.A.M.C.
J.O. D.E. Hospital
1 Hyde Park Place

Herewith as desired some notes on
Miss Torr's case. I am afraid the
London Fever Hospital will stick to all
their documents about her

I have been away with influenza
until today so please excuse the delay

G. Moore
Capt R.A.M.C.

Please give my kind remembrances to Miss Torr
I hope she is rapidly gaining strength & weight.



EYE EAR NOSE and THROAT CLINIC.

13 Berners Street,
London W.1.

Specialist's Report on Eyes:

.....N/S..A..TORR. CAMC.....

PREVIOUS HISTORY

V.O.D. 6/12 with x .75 D. ^{axis} ~~180~~ 90° - 6/6 x

V.O.S. 6/12 x with .75 D. " 90° - 6/6 x

CONJUNCTIVA. NEG.

CORNEA & SCLERA. NEG.

LENS. NEG.

THE GROUNDS. Slight congestion of veins.

DIAGNOSES. HYPEROPIC ASTIGMATISM.

DATE. 20-3-19 1919. (SGD) W.G.G.COULTER Capt.
CAMC.

1890

•

...

098125

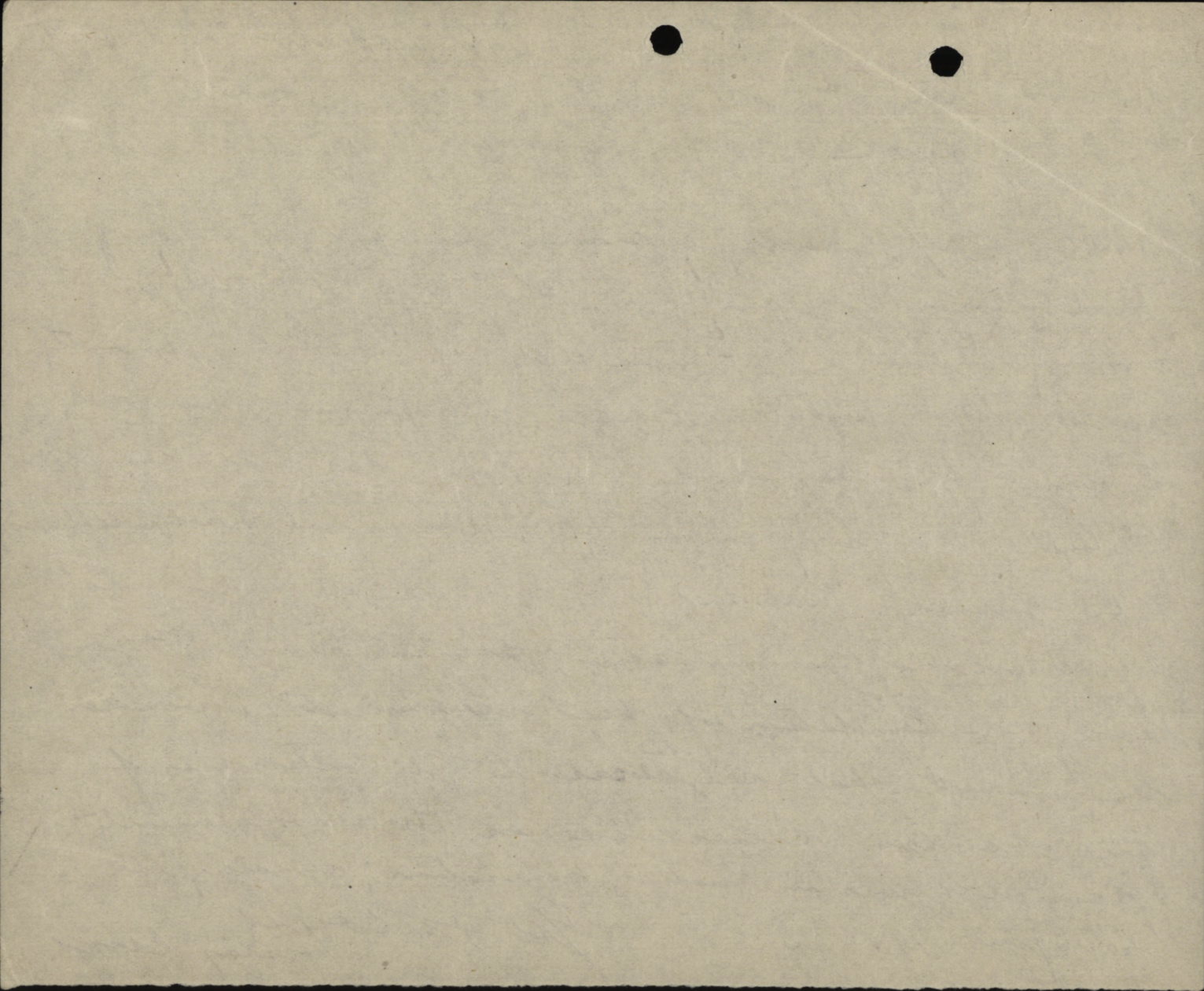
H. Sister A. Tom.

St Andrews Mil Wash
Toronto

Came.

The m/n nursing sister complains only of skull noises bothering her. She had 1 & 2 type meningitis in Sept- and Oct- 1918 and apparently ran a rather protracted course. At present the only symptom she has is the R. pupil does not react to light as quickly as the left. Abdominal & deep reflexes are normal. Babinski absent on both sides. no disturbances of pin sensation, position sense, no Kernig or limitation of head movements. I would recommend that she ^{be} sent to St Catharines for six weeks convalescence. No involvement of cranial nerves in motor, sensation, sweating etc.

6-June-19. Y. O. J. Boyer
may come



THE EAR NOSE and THROAT CLINIC.

13 Berners Street,
London W.1.

Specialist's Report on Eyes:

Mr. A. TORR came.

PREVIOUS HISTORY

V.O.D. *6/12 + C + 7.5 D axis 90° = 6/6 +*

V.O.S. *6/12 + C + 7.5 D " 90° = 6/6 +*

CONJUNCTIVA *neg.*

CORNEA & SCLERA *neg.*

IRIS *neg.*

RET. GROUNDS *Slight congestion of veins.*

DIAGNOSES *hyperopia astigmatism*

DATE *20-3-1919*

*W. G. Boatten
dent case*

Wm. A. Toole

[Faint handwritten notes, possibly bleed-through from the reverse side.]

[Faint, illegible handwriting]

7/11/18 42, Pen Street,
Boston, Lincs.
Form P. 812
2m. 4548 9/4/18

C.R. FILE NO.....

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to.....Mrs. Fanny Torr, mother

Name.....TORR, Alice,

Address.....~~The Barracks Square,~~

From Canada : No..... Rank..... Unit.....

~~- Grantham, - Lincolnshire,~~

ASSIGNED PAY

Authority.....A-2-M Dol. 20. Effect 1-1-18

Rank
N/S

Authority

Unit
CAMC

Month	Cheque No.	Assigned Pay	Amount Separation Allow.	Total A.P. and S.A.	REMARKS
JAN. 1918	37917	20		20	
FEB.	774	20		20	
MARCH	3055	20		20	
APRIL	0771	20		20	
MAY	3217	20		20	
JUNE	5616	20		20	
JULY	8057	20		20	
AUG.	10392	20		20	
SEPT.	12957	20		20	
OCT.	15629	20		20	
NOV.	18010	20		20	
DEC.	22264	20		20	
JAN.	23532	20		20	
FEB.	26069	20		20	
MARCH	28595	20		20	
APRIL	506	20		20	
MAY	2913	20		20	
JUNE					
JULY					
AUG.					

Cancelled 1-6 '19

A.P.C 31/5/19 ✓

Name.....

Rank.....

Unit.....

Month	Cheque No.	Assigned Pay		Separation Allowance		Total A.P. and S.A.	
Forward							
SEPT.							
OCT.							
NOV.							
DEC.							
JAN. 1919							
FEB.							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUG.							
SEPT.							
OCT.							
NOV.							
DEC.							
JAN. 1920							
FEB.							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUG.							
SEPT.							
OCT.							
NOV.							
DEC.							

per month.

M. F. W. 127
300M-1-19
1772-39-1140

File No. 1812K-A-28.

WAR SERVICE GRATUITY.

Register No.

Reg. No. M/S.

Name Torr, Alice.

Address 391 Delaware Ave.,
Toronto, Ont.

Dependent

Address

Pay Soldier \$

Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Clerk

Less further Dr. Bal.
or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

Imperial Gratitude.

GEN'L AUDITOR Posting checked by Date.....
--

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount.

\$20⁰⁰

Eng

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

C.A.M.C.

Pay \$2. 00 . Pd

F.A. 460 "

Messing \$1. 00 "

N/S.

Name Lorr.

Initials Alice

Bank of Montreal
Tras. Sq.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918

1918-19

April 15 a. Pay. Eng.

20

19 April Pay (R.)

108

26

Bank. 1187

88

May May Pay (R.)

111 60

" a. Pay Eng.

20

23

Bank. 2683

91 60

June June Pay (R.)

108

a. P. Ban. Eng.

20

26

Bank. 4166

88

July July Pay (R.)

111 60

"

a. P. Eng.

20

26

Bank. 5635

91 60

Aug 13 a. P. Eng.

20

16

Aug Pay R.

111 60

26

Bank. 7272

91 60

Sept. 4 Sept. Pay (R.)

108

a. Pay Eng.

20

26

Bank. 9187

88

Oct. Oct. Pay (R.)

111 60

a. P. Eng.

20

21

Bank. 10428

91 60

Nov Pay R.

140

a. P. Eng.

20

Bank. 12502

120

Dec. 11 A. P. Eng.

20

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

C.A. M.C.

Pay 2^{00}
F.A. 1^{00}
Messing 1^{00}

N/S.

Name

TORR

Initials

ALICE

Bank

of Montreal
Mtl. Sq.

\$ 20^{00}

Eng.

Add. out of Allow 19^{11}

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918-19

Dec. 12 Pay R

Jan. 15 A.P. Can. Eng.
22 Pay R. A.P. Can.

Feb. 18 Pay R.
24 A.P. Eng.

Mar. 15 A.P. Eng. Pay R.
20
24

April
12 April Pay (R.)
15 Adv. April Pay.
A.P. Eng.

May 2nd Adv. May Pay (R.)
10 May Pay (R.)
16 A.P. Eng.

Bank

Bank

Bank

Bank

Bank

Direct
Bank

13792

15564

17121

18694

1117

1216

124

124

112

124

150

124

154

20

104

92

20

20

104

100

20

104

20

20

20

20

20

20

20

20

20

20

20

RETURNED TO CANADA
L.P.C. TO 31.5.19
TRANSFER TO N.E. LEDGER

Trans to L.P.C. 6.
12-6-19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

same.

*N/Str.
Pay. \$2 P.d.
S.A. \$60
Ins: 1.*

Name

Initials

Bank

*Toronto
Alice
of Montreal
Trafalgar Square.*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Nov 19 Outfit Alice

8924

20-16-5

150⁰⁰

Dec 8 P & A. @ N.S. rates messing fr. 1947 eff. 1947 BMSCO 1476 C

43 20

" "

Cash

32735

43 20

" "

Dec Pay R.

111 60

" 1918

Bank. 35096

111 60

Jan 10 A. Pay. Eng

20

" 15 Jan. Pay. (R.)

111 60

22.

Bank. 39501

91 60

Feb 16 Feb Pay (R.)

100 80

" 13 A. Pay Eng.

20

" 22

Bank. 40996

80 80

March 15 March Pay - (R.)

111 60

A. Pay. Eng.

20

25

Bank.

91 60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

CASE HISTORY SHEET.

St Andrews Hospital.

Locombo Station.

No. Rank *W/S* Name *Alice Torr* Age *38*

Unit *280* Completed years of service *8 21 7 1/2* Where and how long

Date of admission *27-5-19* Date of discharge *11.6.19*

Diagnosis *Shelly (Post Meningitis)* Place of origin *30 Sept 18 France*

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient invalided + Canada with Debility following - Cerebro-Spinal Meningitis in France + England - Took ill Sept 30/18 and has had hospital treatment ever since.

At present her complaint is headache, on either side of the head, hyperaesthesia of hearing, and frequently on the back of neck, at times when pain in the head is present.

No records are at present available. But patient states her infection was due to Meningococcus Type I + Type II.

Present condition - well nourished, and physical condition quite good. is eating and sleeping quite well. In Eng. Cont. patient had some difficulty with insomnia, but since her return to Canada this insomnia has improved.

Patient has great difficulty in concentration - she finds it hard to read without being impressed + remembers little of what she reads - However she has always been a keen student + notices her limitation in this regard, and is affected thereby.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) She was nervous in her youth, afraid of the dark, but happy, had a very confident opinion in her ability of rapid decision in case of emergency. This is improving.

TREATMENT.

(Especially any specific or special form.) Patient still has headache - these occur usually each day - on the side - most marked upon the right side - just above the ears - difficult to describe and very uncomfortable.

The hyperaesthesia to sound is becoming less troublesome - High pitched + metallic sounds are much more troublesome than low or booming sound (slow vibration).

CONDITION ON DISCHARGE.

(and disposal made of case.) - Difficulty in vision - Her glasses are still as good. During her convalescence she had difficulty in interpreting picture, especially colored ones - after 10 minutes in art gallery became ill + dizzy from the number of pictures she had seen.

Date Medical Officer i/c case.



21/1

Dec 21
1893

CASE HISTORY SHEET.

Cashier Con. Hosp. Hospital. *L. B. Cashier* Station.
 No. _____ Rank *N/S* Name *DORR, Alice* Age *35*
 Unit *200* Completed years of service _____ Where and how long *E. 21/12 - F. 2/12*
 Date of admission *June 11/19* Date of discharge *18-19-19*
 Diagnosis *Debility* Place of origin *France*

CONDITION ON ADMISSION AND PROGRESS OF CASE

In Sept 1915 was
re-admitted to England with acute spinal
neuritis, bilateral headache. Optic nerves
very marked. Temp. ranging from 100.2
was more or less delirious for over a
month. Gradually improving

Present condition

Headache still
present this is marked along the
upper margin of the ear and extends to
the temporal region.

Any loud noise produces an
increase in headache also nervous.
States memory is gradually improving,
sleeping better and is gradually
improving in every way. Appetite good.
Reflexes slightly exaggerated.

Does not wear glasses. Cannot read
without them.

26-6-19 - Sister still has some headache

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

still but is otherwise fit. Eating and
sleeping well. Still nervous
and excitement causes exaggerated condition
of her nervous.

TREATMENT

(Especially any specific or special form)

July 9 - Headache at varying intervals
but improving. Still complains
rest and exercise.

of pain in head over occipital again if hearing
any loud noise.

July 16 - Sister states that headache
 CONDITION ON DISCHARGE. *has not been so severe since 11/6.*

(and disposal made of case.)

and is improving.
Aug 12-14. Sister states that she has
gained 5 pounds. Headache disappearing and her general
condition much improved.

Adv. 2 weeks further Medical Officer i/c case *W. H. H.*



[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

CLINICAL CHART.

Corps Same 2nd.

Hospital Station St. Andrew's Hosp

No. _____ Rank and Name W/S. Alice Lord

Age 38 Service E, $\frac{21}{12}$ $7\frac{2}{12}$

Disease. N.Y.D.

Date of Admission 27.5.19 Date of Discharge _____

Result

Serial No. A. & D. Book

[illegible]

M. F. B. 288.

50M.—10-18.

H. Q. 1772-39-513.

Signature C. F. Imrie, Major

In charge of case.

College Military Hospital,
Toronto, Nov. 20th.-1929.

FROM : Major G.F. Boyer, C.A.M.C.,
TO : O.C., College Military Hospital.

M/s Torr. A.

Sir,

Reference to the marginally named Nursing Sister, please forward to the O.C., St. Andrew's Military Hospital the following report:-

This Nursing Sister complains of pain in both temples in the parietal region, at time, and when pain is severe, nausea and vomiting. She states that in the region of the left knee she has an area of anaesthesia. This Nursing Sister has set her mind upon one years' rest, from May 1918, because a certain Medical Officer in England advised this.

I am of the opinion here, that unquestionably, there is a well marked Post-meningeal condition which causes her symptoms, and that she has little functional disability. At the same time, I consider that too prolonged a stay in the Army, as the patient has, is going to be demoralizing to her condition.

I would recommend that she be given a month or six weeks time, and then she could be advantageously discharged to the S.C.R., as an out-patient on full pay and allowance.

Herewith is returned her documents.

(Sgd) G.F. Boyer,
Capt. CAMC.

-
- 24-11-19. General condition ~~under~~ much improved. Heart normal but readily affected by exertion. Should improve with exercise. Pupil reflexes normal, but tends to nystagmus on looking to either side. Pat. reflexes $\frac{+}{+}$. No ankle. Some headache & nausea. Wt. has lost 5 lbs. since 20th. Sept. To day 108½. Should have Neurological report.
(Sgd) A.J. MacKenzie, Lt. Col.
- 25-11-19. Examination of heart shows rhythm varying a great deal with respiration and emotion. There is a systolic murmur heard along L. side of sternum, and at apex, but it varies with position and respiration and I am of the opinion that it is not caused by an organic change in the mitral valve.

(sgd) A.J. MacKenzie, Lt. Col.

1. Venerable father, I am writing to you with great joy and hope.

Yours truly, J. J. [illegible]

Yours truly, J. J. [illegible]

Yours truly, J. J. [illegible]

Yours truly, J. J. [illegible]

After this to the very end of my life, I shall remain your devoted servant and friend.

My dear father, I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

Yours truly, J. J. [illegible]

I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

I am writing to you with great joy and hope. I am writing to you with great joy and hope. I am writing to you with great joy and hope.

Yours truly, J. J. [illegible]

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

St. Andrews

DATE

Nov-17-1919

NAME

Jorr, A.

RANK

N/S.

NUMBER

—

UNIT

St. Andrews

AGE

38

HISTORY

SYMPTOMS

Came for eye report. Had meningitis

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD



normal

OS



normal

RETINOSCOPY AND OPHTHALMOMETER

OD

+ + .75

OS

+ + .75

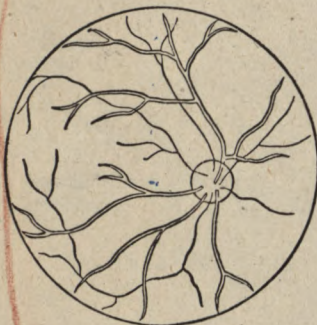
OPHTHALMOMOSCOPE

FUNDUS

normal

LENS

CORNEA



FIELDS

DIAGNOSIS: (a) anisometropia (b) hypermetropic astigmatism

DURATION: (a) 1 yr (b) life

DISABILITY: (a) 5% (b) 20

MUSCLE BALANCE

DUE TO SERVICE (a) ps

TENSION

Has some discomfort in looking to right but movements are intact and no diplopia present

SUBJECTIVE EXAMINATION

TRIAL CASE

OD

BEFORE

SPH.

CYL.

AX.

V 20/30 AFTER

OS

20/30

+ .75

90

20/20

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD

lens + .50

which is very comfortable

OS

+ .75 @ 90

TREATMENT:—

M. F. W. 144.

10M.—6-18.
1772-39-1173.

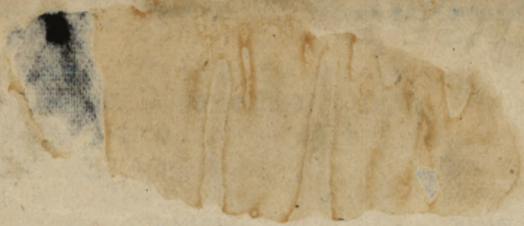
Fig. Schooley

[Signature]

[Signature]



Handwritten text, possibly a date or reference number, mostly obscured by a stain.



RECEIVED
DIVISION OF
PROPERTY
U.S. DEPT. OF
THE ARMY
WASHINGTON, D.C.

Surname **TORR,** Christian Names **Alice** (Relationship. Mother.)
Rank **Nursing Sister.** Name and Address of Next-of-Kin **Mrs F. Torr.**
Promotion **42 Pen St Barracks Square**

Unit **CAMC.** **Boston** **Grantham,**
Leices Eng **England.**
R 4 11- T. 32

Place of birth **Grantham, England.**

Married (Yes or No)

Appointments

Date of leaving Canada

Date and Cause of Resignation

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				
13.11.17.	D.M.S.	To be N/Str.CAMC & pstd.to CAMC Depot.		19.11.17.	C.O.1476.
22.11.17	do	Posted to No 11 Can Gen Hp Moore Bks		19.11.17	CD.1326
15-5-18	1169. Hp	Granted leave from 6-6-18 to 19-6-18		19-6-18	P 30/38.
7-8-18	do-	S.O.S. on proceeding O/Seas		3-8-18	P ^T ord 64
17-8-18	2 Cst Hp.	T.O.S. on arrival in France		3-8-18	P ^T .ord. 50
18-10-18	-do- camc.	S.O.S. (Inv. sick to Eng.) to CAMC. Cas. Coy. S'cliffe		9-10-18	P ^T .ord. 69.
8-11-18	Cas. Coy.	T.O.S. on evacuation from O/Seas (Hosp. London)		9-10-18	P ^T .ord. 158
12-10-18	AMS.	Adm. Q.A. I. M. N.S. Hp. 71 Vincent Sq.		9-10-18	CL. 1110 Influenza.
2-1-19	do	Adm Can. Red X Off Hp. 17 n. Audley St.		1-1-19	CL. 1177 Debility
26-5.19	do camc.	Orsch. C. R. C. O. H. n. Audley St.		18-5-19	Ch. 1297 "
2-6-19	Cas. Coy.	S.O.S. on trans. To CEF in Canada		18-5-19	P ^T ord. 128.
		I nvalided			



28 OCT. 1918

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				
30-5-19	Out.	P.P.P. on trans. to C.P.A. in Can. 18-5-19 @ O. 67. invalided.			
		Sailed to Canada P. Aquilana 18-5-19			Sailing 77.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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 St. Andrew's Mil. Hosp. DATE 25-1-20.

1. 1 (a) Unit. # 2 D.D. (b) Regimental No. (c) Rank N.S.
(d) Surname TORR (e) Christian name Alice.
(f) Home address 391 Delaware Ave, Toronto.
(g) Next of Kin Mrs. F. Torr. (h) Relationship Mother.
(i) Address of Next of Kin 42 Pen St. Boston Eng.

2. Age last birthday 38 Date of birth Nov. 30th.-1881

3. Enlistment, or Appointment (if an Officer) (a) Place London Eng. (b) Date Nov. 1-1917

4. Personal description:

- (a) Height 5' 5½" (b) Weight 109½ (c) Complexion Fair
(d) Colour of hair D. Brown (e) Colour of eyes Grey. (f) Identification marks, Scars, etc.
Small scar neck below left ear.

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
<u>2 1/12</u>	<u>4.</u>

Q.A.I.M.N.S.R. - Oct. 10-16 - Nov. 1st.

		PERIODS	
		From	To
Canada	<u>England & Canada.</u> (3)	<u>Sept. 30-18.</u>	<u>Present date.</u>
England	(1)	<u>Nov. 1-1917</u>	<u>Aug. 2nd.- 1918</u>
France or other theatres of War	(2)	<u>Aug. 2nd.-1918</u>	<u>Sept. 30-1918</u>

7. Original disease, or injury Cerebro spinal fever.

- (a) Date of origin Sept. 30th.-1918 (b) Place of origin France.
(c) Cause Infection.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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 parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Weakness moderate, Debility following cerebro spinal fever.

(2) ~~Partial~~ loss of function of eyes.

Partial

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; (a) Patient looks well, weight is 6 lbs. below normal.

Report of nervous system by Major Boyer attached.

Report on Heart by Lt. Col. MacKenzie attached.

S.B.P. 140, D.B.P. 100 (b) Eye report attached.

SUBJECTIVE; (a) Complains of headache front parietal region at times.

Palpitation of the heart with slight shortness of breath on exertion.

Feeling of numbness and of "Pins & needles" in tongue, especially at

night. Cramping of muscles of both thighs with loss of discrimination

between heat and cold in ant. surface left thigh just above the knee.

Weakness in lifting power in muscles of arms and shoulders. Can not

hold up a newspaper to read for many minutes at a time.

(2) Discomfort in reading.

(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..... Genito-Urinary System.....No.
(If pulse rate is abnormal, B. P. will be taken.) (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 well until Sept. 1918 when she became ill with headache nausea and vomiting, etc. Condition not diagnosed at first, later diagnosed as Cerebro spinal Fever. Invalided to England in Oct. 1918. Was in Hospital (London Fever Hosp.) for 14 weeks. Was sent to I.O.D.E. for 4½ months, Invalided to Canada May 1919. Has been in Hospital in Canada since then.

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).)

Nil.

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

Small abscess scar below left ear.

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.)

N.A.

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? One year.

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

Hospital, England 7 months.

Canada 8 months.

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? Partially. Cannot yet do a heavy day's work on account of general condition.

(If not, briefly state why)

17. Recommendations. Discharge as medically unfit for service to D.S.C.R. as an out patient.

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, Alice Torr, 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.

Alice Torr. Sister, Rank.
Signature of invalid examined.

4

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

Under D.S.C.R. observation, etc.

- (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.)

as medically unfit for service to D.S.C.R. as an out-patient.

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.

PLACE St. Andrew's Mil. Hospital.

22-1-20.

DATE

[Signature] President.

[Signature] 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.....

APPROVED BY

APPROVED BY

[Signature]
Assistant Director of Medical Services.

[Signature]
Director-General of Medical Services.

DATE 24-1-20.

DATE 2. 2. 20

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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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."
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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 Managers Hotel DATE 28/1/20

1. 1 (a) Unit 200 (b) Regimental No. (c) Rank Mr. S.

(d) Surname TORR (e) Christian name Alice

(f) Home address 341 Delaware Ave. Toronto.

(g) Next of Kin Mrs. F. Torr (h) Relationship Mother

(i) Address of Next of Kin 42 Penn St. Boston Eng.

2. Age last birthday 38 Date of birth Nov 30, 1881

3. Enlistment, or Appointment (if an Officer) (a) Place London Eng. (b) Date Oct 10, 1917

4. Personal description:

(a) Height 5' 5 1/4" (b) Weight 109 1/2 (c) Complexion Fair

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

Small scar neck below left ear

5. Former trade or occupation Tramway driver

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).

		PERIODS	
		From	To
Canada	<u>England & Canada</u> ③	<u>Apr 30, 1918</u>	<u>Present date.</u>
England	①	<u>Nov. 1, 1917</u>	<u>Aug 2, 1918</u>
France or other theatres of War	②	<u>Aug 2, 1918</u>	<u>Apr 30, 1918.</u>

7. Original disease, or injury Cerebral Spinal Fever.

(a) Date of origin Sept 30, 1918 (b) Place of origin France.

(c) Cause Infection

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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 parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Weakness moderate - Debility following cerebral spinal fever.

(2) Partial loss of function of eyes.

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 looks well - weight is 6 lbs below normal

Report of Genito-Urinary System by Major Bryan attached

Report on Heart by Lt Col Mackenzie attached.

SBP 140. DBP 100

Eye report attached.

Subjective (a) Complaints of Headache. fronto-parietal region at times - Palpitation of the heart. with slight shortness of breath on exertion. Feeling of numbness and of "pins & needles" in tongue especially at night. Cramping of muscles of both thighs with loss of discrimination between heat & cold in left thigh just above the knee - weakness in left leg power in muscles of arms & shoulders - Can not hold up a newspaper for many minutes at a time.

(b) Acanthosis in reading.

(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 Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (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).)

Loss well noted Sept. 1918 when she became ill with headache, nausea & vomiting etc. Condition not diagnosed at first - later diagnosed as Cerebral spinal fever. Invalided to England in Oct. 1918. Was in Hospital (London River Hosp) for 14 weeks. Was sent to DOR for 4 1/2 months. Invalided to Canada May 1919. Has been in hospital in Canada since then.

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).)

Nil

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

Small abscess below left ear.

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.)

N.A.

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? *One year*

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

*Hospital - England - 7 months
Canada - 8 months*

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? *Partially - Can not yet do a heavy days work on account of general condition*

(If not, briefly state why)

17. Recommendations.

Discharge as medically unfit for service to DSCR as an out patient.

[Signature]
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.....

[Signature]

Alice Torr. n/ Sister Bank.
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.

the Council

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

Under DSCP observation etc.

- (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.)

*as medically unfit for service & DSCP as per
his report*

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.

PLACE

27/1/20

DATE

W. Anderson and Hook

President.

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

APPROVED BY

APPROVED BY

W. Anderson
Assistant Director of Medical Services.

J. A. Grant
Director-General of Medical Services.

DATE

24-1-20

DATE

2.2.20

General condition:
Family affairs:
Finger well:
No either

(copy CASE HISTORY SHEET.)

Heart normal
Nervous with
system on
No wife

St. Andrew's Military Hospital.

12-12-19. Weight about 5 lbs. below average; has lost 5 lbs. since last summer, but has been gaining during last three weeks. - Present weight 110 lbs. - Height 5' 5". Sleeping usually well, but at intervals has nights when sleep is disturbed and there is palpitation. Muscular strength is much reduced - cannot walk three miles - back is strong - cannot do her hair without letting down arms, muscles flabby in arms.

Appetite poor, digestion good, sickness normal. Memory variable; recent events and orientation good, past events uncertain. Emotional - more irritable - no introspection.

I believe that Miss Torr might be discharged to the D.S.C.R. so that she might take some vocational work. She is not fit to undertake making her living as a nurse though she could do lighter duty or work with intervals of rest.

A. J. Mackenzie'
Lt-Col.

12-11-19

General condition
readily replied
Faintly replied
No answer to question

General condition
readily replied
Faintly replied
No answer to question

Dr. Andrew's Military Hospital.

12-18-19. Not fit about 5 lbs. below average; has lost 5 lbs. since last summer, but has been gaining during last three weeks. - Present weight 110 lbs. - Height 5' 8". Sleeping usually well, but at intervals has nights when sleep is disturbed and there is agitation. Exercise strength is much reduced - cannot walk three miles - back is aching - cannot do her hair without letting down ears, muscles flabby in arms.

Appetite poor, digestion good, menses normal. Memory variable; recent events and orientation good, past events uncertain. Emotional - more irritable - no introspection. I believe that Miss Fort might be interested to the W.S.O.R. so that she might take some vocational work. She is not fit to undertake making her living as a nurse though she could do lighter duty or work with intervals of rest.

A. J. Macdonald
12-20-19

24-11-19. General condition ~~under~~ much improved. Heart normal but readily affected by exertion. Should improve with exercise. Pupil reflexes normal, but tends to nystagmus on looking to either side. Pat. reflexes / /. No ankle. Some headache & nausea. Wt. has lost 5 lbs. since 20th. Sept. To day 108½. Should have Neurological report.
(Sgd) A.J. MacKenzie, Lt. Col.

25-11-19. Examination of heart shows rhythm varying a great deal with respiration and emotion. There is a systolic murmur heard along L. side of sternum, and at apex, but it varies with position and respiration and I am of the opinion that it is not caused by an organic change in the mitral valve.

(sgd) A.J. McKenzie, Lt. Col.

34-11-12.

General condition much improved. Heart normal but readily affected by exertion. Should improve with exercise. Pupil reflexes normal, but tends to mydriasis on looking to either side. Est. reflexes - No ankle. Some headache & nausea. Wt. and lost 5 lbs. since 20th. No. 100. Should have neurological report. (Signed) A. J. MacKenzie, M.D.

35-11-12.

Examination of heart shows rhythm varying a great deal with respiration and emotion. There is a systolic murmur heard along L. side of sternum, and at apex, but it varies with position and respiration and I am of the opinion that it is not caused by an organic change in the mitral valve.

(Signed) A. J. MacKenzie, M.D.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank. N/S	Surname. Torr	Christian Name. Alice
Year	Unit.		Age.	Service.
Station and Date. 7.1.19.	Disease			
	Has had slight tracheitis & cough and temp. 99° past two days,			
	<u>Chest</u>			
	Lungs - slight tracheitis & bronchitis			
	the latter v. slight.			
	<u>Heart</u> : slight blurring of 1st sound at apex- haemic-			
	otherwise circulation is normal			
	C.N.S.			
	Mental condition normal			
	Eyes Pupils dilated and react v.slightly to L.			
	but well to A.			
	Sl.lateral nystagmus			
	other cranial nerves normal.			
	<u>Reflexes</u> . Deep reflexes sl.more active than normal- but			
	equally so both sides no Babinski present.			
	Organic reflexes normal			
	There is slight hypersensitiveness along the spines dorsal			
	vertebrae -			

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

Station
and Date.

19.3.19

Still complains of rather frequent headache,
and occasional photophobia. Finds noises very irritating
and apt to cause headache. She complains of being much
more irritable than before her illness and says that in the
streets in a crowd the people who get in her way etc.
irritate her. Has been home on leave for two weeks.
Capt. Coulter reports eye examination negative.
For board 20.3.19

A.W.M. Sims,
Major, C.A.M.C.

28 OCT 1918

Army Form B. 103.

Temporary

Original unavailable

Regimental Number

Shorty

Casualty Form - Active Service.

Regiment or Corps

10th

Rank N/ister

Surname Torr

Christian Name A Lucie

Religion

Age on Enlistment years months

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

Date of promotion to present rank 19.11.17

Date of appointment to lance rank

Extended

Re-engaged

Qualification (b)

or Corps Trade and Rate

Occupation

Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
10.8.18.	2.C.G.H.P.	T.O.S of No 2 C.G. H.P. on arrival in France.		3.8.18	B213.HR 25413/2.
		(Authy No. 121/overseas/4026)			Mod no 50 d. 1918.
		(Am A4) d. 31.7.18			
30.9.18.	3.C.G.H.	N.Y.D. adm.		30.9.18.	W. 3034/K. 4676
6.10.18.	3. Genl.	To 14. Genl. Infantry.		6.10.18.	W. 3034/K. 7889.
9.10.18.	Off. Pictou de Corinck.	Invalided sick to England reported to C.A.M.C. Casualties, leave, discharge.		9.10.18.	W. 3083/6222.
		S.O.S. No 2. Can. General Hospital.			P.L. 69 d. 1918.

A. McQuiston

Capt. for Lt-Col. A.A.G.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
8.11.18.	Camb Cas. by.	P.O.S. from Camb France (Cas)	SHORNE, WRE.	9.10.18	P ⁿ 158.
2.6.19.	do.	S.O.S. on transfer to The C.E.F. in Canada - Invalided -			
			Bethrie Charles Capt. for Camb Cas.	18.5.19	P ⁿ 128 (6067)
	O.M.F.C.	T.O.S., thru. Dispersal Station "B".	Toronto,	27-5-19,	Pte. 2 Order # 190. CER. R.O.. " 1989.
		S.O.S., med. unfit,	Toronto,	29-1-20,	Pt. 2, # 27 auth. 2 M.D. 15-5-T-29, at. 26-1-20.
					J. Armstrong Capt. For O.C. No. 2 District Depot

Casualty Form—Active Service.

Regiment or Corps.....C.A.M.C.....

Rank.....N/S Surname TORR Christian Name.....ALICE.....Religion.....C of E Age on Enlistment 36 years..... monthsEnlisted (a) 19.11.17 Terms of Service (a) 20 Yr Service reckons from (a) 19.11.17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) Mural
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
<u>13.11.17</u>	<u>Gen S.</u>	<u>To be N/S (am C.)</u>	<u>Embarked ...</u>	<u>19.11.17</u>	<u>80.1476</u>
<u>16.11.17</u>	<u>Gen S.</u>	<u>Disembarked ...</u>	<u>Shoucliffe</u>	<u>19.11.17</u>	<u>80.330</u>
<u>25.11.17</u>	<u>do</u>	<u>Ad. 6 No. 11 C.C.H. Shoucliffe</u>	<u>do</u>	<u>19.11.17</u>	<u>80.329 (80.1526)</u>
			<u>Yn. H. Layne</u>		<u>ASST. ADJUTANT</u>
					<u>IN C.O. C.A.M.C. ETC.</u>
<u>25.11.17</u>	<u>OE</u>	<u>116.2.4p. 2 O.S. in C.A.M.C.</u>	<u>Shoucliffe</u>	<u>19.11.17</u>	<u>80.304</u>
<u>7.8.18</u>	<u>OE</u>	<u>C. 8. 14. S.O.S. on proceeding over sea</u>	<u>"</u>	<u>3-8-18</u>	<u>PC. 2.00. 65</u>
					<u>COLONEL, C.A.</u>
					<u>OFFICER in charge of CANADIAN GENERAL HOSPITAL</u>
					<u>MOORE BARRACKS, SHORNOLLI</u>

(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) Sig. att. Shoring-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611; C. P. & S., Ltd., Form B.103 E/1807.

P.T.O.

28 OCT. 1918
CANADIAN RECORD OFFICE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N/S.	Jorr.	Alice
Year		Unit.	Age.	Service.
Station and Date.	Disease			
7.1.19.	Has had slight tracheitis & cough & temp 99° past two days. <u>Chest</u> Lungs - slight tracheitis & bronchitis the latter v. slight. <u>Heart</u> :- slight blurring of 1st sound as apex - haemic - otherwise circulation is normal. <u>Reflexes</u> Mental condition normal. Eyes pupils dilated react v. slightly to L. but well to A. d. lateral nystagmus. Other cranial nerves normal. <u>Reflexes</u> Deep reflexes d. more active than normal - but equally so both sides. No Babinski present. Organic reflexes normal There is slight hypersensitiveness abt along the spines dorsal vertebrae.			

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

Station
and Date.

19.3.19

She complains of rather frequent headaches,
and occasional photophobia. Finds noises
very irritating and apt to cause headache.
She complains of being much more irritable
than before her illness & says that in the
streets in a crowd the people who get in her
way &c irritate her. Has been home on
leave for two weeks. Capt. Coulter reports
eyes Examination negative. For board 20.3.19

A. H. Lewis
Major C.M.C.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

MEDICAL HISTORY OF AN INVALID

ON DISCHARGE FROM TREATMENT

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL REPRESENTATIVES, S. C. R.

1. This form will be used in all cases as a final Medical Board when a patient admitted for a disability due to or aggravated by service, is discharged from treatment under this Department, with the exception of Class 2 Out-Patients, where pensionable disability has not obviously changed during treatment. "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Physician or Surgeon in charge of the case is responsible for the proper completion of Sections 1 to 21. The signature of the man to Section 25, Page 4 will be obtained in all cases.
3. In answering the questions, Physicians or Surgeons will carefully obtain and record the man's statements concerning his condition. They will distinguish observations made by themselves from hearsay, and 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 man concerned, from witnesses, or from documents, regimental or otherwise.
4. Special care is required in answering question 9. Please read the questions carefully. All questions must be answered. Write "N. A." if not applicable.
5. If space provided under any section is insufficient, add another sheet. Such sheets must be initialled by the Medical Board. A note will be made of attached papers by the Medical Board under the Section. "Opinion of the Medical Board."
6. In no circumstances may information other than that in sections 9, 10, 11 and 12 be communicated to the man, directly or indirectly.
7. The nomenclature of diseases, as provided by the Department, will be followed, if possible.

Brant Hospital,

Place Burlington. DATE 15-6-21.

1. (a) Former Unit C.A.M.C. (b) Regimental No. N/A. (c) Rank N/Sister.
(d) Surname TORR (e) Christian Name Alice.
(f) Personal Address (where cheques may be sent) 391 Delaware Ave., Toronto, Ont.
2. Age last birthday 39 Date of birth Nov. 30-1881.
3. Enlisted at London, Eng. on 19-11-17.
4. Personal description :
(a) Height 5'5½" (b) Weight 108 (c) Complexion medium
(d) Colour of hair dark (e) Colour of eyes grey (f) Identification marks Scar left neck.
5. Next of kin and Address Mrs. F. Torr (Mother) 42 Pen St., Boston, Lincolnshire,
6. Former trade or occupation N/Sister. England.

7. (a) Service : (The information should be secured from personal documents, but if documents are not available, the man'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

Patient's statement.

PERIODS

	From	To
In Canada..... (England:- Imperial service.	10-10-16	10-10-17)
In England.....	19-11-17	3-8-18)
In France..... C.A.M.C.	3-8-18	Oct. 1918) C.A.M.C.
In other parts..... England & Canada.	Oct. 1918	29-1-20)

- (b) Date of Discharge 29-1-20 Pension No. N/A. Pension Class N/A.
8. Original disease or injury (Original Medical documents not available).
(a) Date of origin..... (b) Place of origin.....
(c) Cause.....

This Form is to be completed in quadruplicate and forwarded, together with all other available Medical Documents, to the Unit Medical Director for approval and disposal as follows :

1. District Office, B.P.C., 2 copies.
2. D.M.S. Dept. S.C.R., Ottawa, 1 copy.
3. Unit Medical Director, S.C.R., 1 copy.

9. Disability for which the ~~man~~ was discharged from the service.....

Original documents not available.

10. Present Disability : (Here state the exact nature of the disability resulting from the disabling condition: — (a) Weakness, slight, moderate, 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 parts, for therapeutic reasons. (d) Any other cause for restriction in choice of occupation.

Partial loss of function nervous system.

11. Present Condition : (a) (Before completing this Section the man 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 12. Describe all abnormalities, anatomical and functional, contributing to present disability. Objective findings are to be stated first, then subjective findings.)

OBJECTIVE: General condition fairly good, color good, moderately well nourished. HEART: - not enlarged, well marked systolic murmur heard at apex and base; VESSELS: - Negative: pulse regular 88; B.P. 134-84. LUNGS: No adventitious sounds. Chest specialist's and X-ray report attached. NERVOUS SYSTEM: Reflexes active and equal, knee jerks exaggerated. No ankle clonus, Babinski or Romberg, no disturbance of sensation; pupils equal, round and react well to light and accommodation; taste normal; muscle sense normal; no disturbance of speech; tongue tremulous; No disturbance of temperature sense. Gait and Station normal. No apparent muscular wasting. Strength of arms and grasp of hands apparently normal. Neurologist's report attached. Eye specialist's report attached.

SUBJECTIVE: (Continued on Page 5).

(b) Has the man now any affection of the following systems not described in Section 11 (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..... Genito-Urinary..... No.....
(If pulse rate abnormal B.P. will be taken.) (Albumin and sugar will be excluded.)

Special Senses..... No..... Respiratory System..... No..... Integumentary..... No.....

Disturbances of Mentality..... No..... Digestive System..... No..... Muscular..... No.....

Osseous and Joint System..... No..... Any other general condition..... No.....

Urine negative. R.B.C. 4,304,000. W.B.C. 5,900. Hgb. 80%. Differential
Lymph 22%, Polys 75%, Large Monos 1%, Eosinophile 0. Transitional 0,
Mast. 2%.

12. History (a) (of condition referred to in Section 11 a.)

Invalided from France in Sept. 1918. with meningitis. Hospital in England until May, 1919 when invalided to Canada. Was in hospital in St. Catharine's and Toronto, until discharged 29-1-20. O.P. with D.S.C.R. for 3½ months, and then duty (part time) as patient with nursing staff of Brant Hospital, May, 1920 to present time.

(b) (Here give a complete history, with dates of origin, of any affection from which the man has suffered, either prior to enlistment, during service or since discharge and not included in answer to Section 12 (a) above.)

Scarletina and measles and Bronchitis in childhood.

Anaemia for 3 months when 15 years of age.

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

Nil.

13. (a) Did the present disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated on service? N/A.
(If aggravated, give a description, so far as it is possible to do so, of the disabling condition at time of enlistment.)

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

The Regimental Documents will be referred to when available.

(If the answer is in the affirmative, state in percentages to what extent in your opinion 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 of the refusal should be described on Page 4.)

15. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there are more than one? One year, possibly permanent.

16. Treatment now completed:

(a) Where treated (Place and Institution) Brant Hospital, Burlington, Ont.

(b) Duration of treatment: from 18-5-20 to date

(c) Nature of treatment Rest, and part time duty, etc.

(d) Results of treatment Improved.

17. 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.

18. (a) Can the former trade, or occupation, be resumed? Can do light or institutional

(If not, briefly state why.)

nursing, but should not do private nursing for one year at least.

(b) Name of Course in Industrial Re-training, if any, taken by the man N/A.

19. (a) If the man requires any orthopaedic accessories, state exact requirements.

N/A.

(b) If any such have been supplied, state date N/A.

20. (a) Is the identity of the man satisfactory? N/S. Yes.

(b) Has the discharge certificate been presented? No.

21. Recommendation as to disposal of case: Discharge from hospital.

H. H. Eyras
Signature of Medical Representative by whom the case is brought forward.

OPINION OF MEDICAL BOARD

22. Does the Board concur with the preceding report? If not give differing opinion, with reasons, quoting the number of the answer criticised.

THE BOARD CONCURS.

23. A. State specifically whether treatment is required or not.

Not required.

(Any further recommendations as to disposal, e.g., Employment or Vocational Training, may then be made, but the method of disposal must be carefully explained to the man.)

B. It is certified that the man :

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

Does not 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 man be discharged. (When not for discharge add special recommendation.)

Discharge from D.S.C.R.

See chest specialist's and Neurologist's recommendation.

Before signing, the Senior Medical Officer of the Medical Board will read Sections 9, 10, 11, 12 and 23 to the man, who will then sign the statement below (Sec. 25).

Place Brant Hospital, Burlington,

Date 15-6-21.

Senior Medical Officer

Member.

STATEMENT OF THE MAN

25.

(Sections 9, 10, 11, 12 and 22 are to be read to the man, and either "satisfied" or "not satisfied," struck out.)

I, the undersigned, Alice Torr. have heard read the description and history of my disability, and present condition, and am satisfied (or not satisfied) with it, and have not withheld any information concerning any affection from which I suffered, either prior to, or during service. (If dissatisfied, statement should follow.)

I complain, in addition of

Signature of man N/S.

26.

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. I have had read and explained to me the consequences of such refusal as provided for in Order in Council, P.C. 387, clause 22.

Witness

Signed

Is this refusal of treatment in your opinion reasonable or unreasonable?

Place

Senior Medical Representative.

Date

Member.

Unit

Date

Approved

Unit Medical Director.

NEUROLOGICAL CLINIC.

Toronto, March 7th, 1921.

TORR, A. Nursing Sister

The above named Nursing Sister reported at my office on Friday afternoon, March 4th. She complains that she goes cold readily, and feels cold keenly, and once or twice every two months gets numb in bed and that there is a peculiar feeling of paraesthesia in the tongue and mouth. She has gained weight and looks better physically since I saw her before; she now weighs 107½ lbs. She is slightly antagonistic to the Service and seems to feel that the Service is trying to get rid of her without doing what is fairest, and there is just a suggestion of resentfulness in her attitude. Her pulse is continually fast, always regular, and during several examinations in my office it was never slower than 130 to 140 and reached as high as 156. I cannot find any organic abnormality in her heart. On examination of her nervous system she shows equal, rotund, regular pupils, and good reaction to light and discs normal. Her tongue is tremulous but there are no marked sensory changes in the face and tongue to pinprick. All her deep reflexes are exceedingly exaggerated but are equal. She has no tremor of extended hands and no signs of hyperthyroidism.

I would strongly recommend that this nursing sister would be better at some light occupation, despite the statement that she feels tired. She says that "she will be alright after one month's rest", this was the identical statement she made 9 or 10 months ago, and previous examinations. I do not consider that she is fit to return to nursing in a full capacity, but in my opinion she would be better doing some light occupation. This nursing sister will re-establish herself very slowly. She does not describe symptoms suggestive of disturbances of her emotions, and I would suggest that she will require six months to a year for re-establishment.

Could it not be arranged that this nursing sister be given some Out Patient or light duty with the S.C.R. ?.

(SGD) GEO. F. BOYER.

M.D.

Neurological Clinic,
"D" Unit, S.C.R.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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 13. Beres St. W.I. DATE 20-3-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank Nursing Sister
 (d) Surname TORR (e) Christian name ALICE
 (f) Home address 42 Pine Street, Boston Lincolnshire Eng.
 (g) Next of Kin Mrs. Torr (h) Relationship Mother
 (i) Address of Next of Kin Same as above

2. Age last birthday 38 Date of birth Nov. 30 - 1881.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date Oct. 12 - 1916

4. Personal description:
 (a) Height 5' 5" (b) Weight 111 (c) Complexion Fair
(stripped)
 (d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scars
below L. ear

5. Former trade or occupation Graduate 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
	<u>2</u>	<u>162</u>

Statement	PERIODS	
	From	To
Canada	<u>Oct 10 - 1916</u>	<u>Oct. 12 - 1916</u>
England	<u>Oct 21 - 1916</u>	<u>Aug 3 - 1918</u>
	<u>Oct 10 - 1918</u>	<u>To Date</u>
France or other theatres of War	<u>Aug. 3 - 1918</u>	<u>Oct. 10 - 1918</u>

7. Original disease, or injury CEREBRO-SPINAL MENINGITIS.

(a) Date of origin Sept 30 - 1918 (b) Place of origin LE-TREPORT
 (c) Cause Infection

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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 parts, therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(HEADACHE)

MODERATE

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 signs:— Eyes, See eye Specialist report.

Hearing normal. Lungs & Heart normal.

Kidneys normal. Has gained in weight now weighs 111 lbs. Reflexes normal

Other systems normal

Subjective signs:— Headache from time to time noises irritate her and tire her out. Occasional stiffness of neck — Insomnia

(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 Genito-Urinary System NO
(If pulse rate is abnormal, B. P. will be taken.) (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).)

She states that she was admitted into No. 3. British at Le Troport Oct 1-1918 suffered from Cerebro-Spinal meningitis — Came over to England and admitted to Vincent Square Hospital Oct 9th 1918 — Here they discovered she had C. S. M. Confirmed on 13th 1918 by drawing off spinal fluid and examining it — Was given 30 c.c. I. & II. pooled M. R. C. serum from time to time.

Improved — On 29 Dec. 1918 was discharged from L. F. Hospital free from infection —

J.O.D.E 7-1-19 — States has headache, cough & temp 99°
Bronchitis v. slight. Heart & slight blowing of mit. Valve at apex — Aortic Conditio. normal — Eyes. Pupils dilated and react slightly to light. Lat. nystagmus. Other Cranial nerves normal & sleep reflexes more active than normal

10 (b) (If or 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).)

*Prior to enlistment no sickness
since enlistment none,*

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

Small scar below L. ear

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

(b) If so, was 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.)

NA

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *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.)

*was given serum for carbis spinal meningitis
Rest in bed. medicine*

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? *NO*
(If not, briefly state why) *on account of headache.*

17. Recommendations:

Invalid to Canada

Dr. Macdonald
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, *Alice Torr*, 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

7/1/1918

Alice Torr M/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.

*Concur. re treatment re. Convalescent.
(~~as~~ attached) eye specialists report.
A. G. Form 324
M. C. S.*

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

Does require treatment. Headache. Rest.

- (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.)

*Invalid to Canada. ~~By~~ AM. 17/5/22-2-1 of
19-3-19 By Transport.*

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.

PLACE

13. Berners St. W.I.

J.H. Bell Major, C.C.M.C. President.

H.G. Wood Major came.

Members

DATE

20-3-19

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.

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

*Captain D.A.D.M.S.
for D.M.S.
Canadians,*

President.

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

SUBJECTIVE:- Peculiar sensation in tongue at times. Eyes occasionally feel strange and blurred. Weakness and numbness in both arms and legs at times, worse when tired. Sensation of pressure in various parts of head at times. Memory not up to normal. Power of concentration not so good as prior to illness. Sleep is fairly good. Practically all these symptoms have become much less severe in degree lately, and now cause her discomfort at times only.

(SGD) DR. H.H. EYRES.

Toronto, May 30th, 1921.

Nursing Sister A. Torr.

The above named Nursing Sister has reported from one month's rest in Muskoka. She looks well and has a better colour. She states that she is well rested and her only disability is that she does not see properly. She is sleeping variously, and does not complain of feeling heat or cold keenly, or that her hands get numb, and only of the peculiar feeling in her tongue and mouth at times. Her pulse is still 108.

I would strongly recommend that the decision be made at once between giving this Nursing Sister employment in the S.C.R. or discharging her from the service and returning her to civil life for pension consideration and seeking her own livelihood there. There is after her severe Meningitis, some organic basis for most of her symptoms in my opinion, although, she is unquestionably a neurotic type of personality.

(SGD) GEO. F. BOYER.
M.D.
Neurological Clinic,
"D" Unit, D.S.C.R.

THE BRANT HOSPITAL, BURLINGTON, ONT., 13-6-21.

Re. N/S. A. TORR. C.A.M.C. A Case 984

Part radiographed. CHEST. Ward. Staff.

Report:- Peribronchial infiltration generally throughout both lungs. A small calcified area at level of 5th interspaceq right side. Has appearance of a well arrested condition.

(SGD) C.R.L. MORGAN, M.D.
i/c X-ray Dept.

(SPECIALIST'S (EYE) REPORT)

Re. N/S. A. TORR. Hamilton, June 9th, 1921.

Media clear. Fundus normal. Visual fields normal.

V O.D. 6/9 plus.

V O S. 6/9 plus. with correction.

Compound hyperopic astigmatism.
Has proper glasses.

(SGD) B.C. SUTHERLAND.

occasional sensation in tongue at times. Eyes occasionally feel stings and burning. Weakness and numbness in both arms and legs at times, worse when tired. Sensation of pressure in various parts of head at times. Memory not up to normal. Power of concentration not as good as prior to illness. Sleep is fairly good. Practically all these symptoms have become much less severe in degree lately, and not cause her discomfort at times only.

(Para. 11-B, 11-C, 11-D)

Toronto, May 20th, 1931.

My dear Mr. A. J. J.

The above named Murray sister has reported from one month's rest in Toronto. She looks well and has a better colour. She states that she is well rested and her only disability is that she does not see properly. She is sleeping very poorly, and does not complain of feeling heat or cold keenly, or that her hands get numb, and only of the peculiar feeling in her tongue and mouth at times. Her pulse is still 108.

I would strongly recommend that the decision be made as soon as possible giving this Murray sister employment in the C.C. or discharging her from the service and resuming her civil life for pension consideration and seeking her own livelihood there. There is either no severe condition, some organic basis for most of her symptoms in my opinion, although she is unquestionably a neurotic type of personality.

Yours faithfully,
 Dr. J. F. B. J.
 Neurological Clinic,
 100 East, D. J. J.

The above named Murray sister, 11-A-21.

Re: Mrs. A. J. J., C.C.M.C.
 Last radiograph, 11-A-21.

Report:-
 Thoracic radiograph shows infiltration generally throughout both lungs. A small calcified area at level of 5th interspace right side. No appearance of a well arrested condition.

(100) C.C.M.C. 11-A-21.
 X-ray Dept.

(11-A-21) (11-B) (11-C) (11-D)

Hamilton, June 2nd, 1931.

Re: Mrs. A. J. J.
 Radio graph, lungs normal. Visual fields normal.
 V.O.D. eye plus. V.O.S. eye plus. V.O.S. eye plus.
 Compound hyperopic astigmatism.
 Her proper glasses.

(100) F.C. 11-A-21.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

NAME

RANK

NUMBER

UNIT

AGE

HISTORY

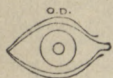
SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

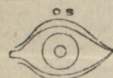
EXTERNAL APPEARANCE

OD



normal

OS



normal

RETINOSCOPY AND OPHTHALMOMETER

OD

+ .50 + .75

X 90

these glasses R in England

OS

+ .50 + .75

X 90

OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA

Normal

Normal

Normal

Physiologic cup R & L

FIELDS

Diagnosis -
Duration -
Probability -

Hyperopic astigmatism
always
10%

MUSCLE BALANCE

Free & Service
Agg by Service

TENSION

yes 5%

SUBJECTIVE EXAMINATION

TRIAL CASE

OD

BEFORE

SPH.

CYL.

AX.

AFTER

V 6/9

+ .50

+ .75

90

V 6/6

OS

V 6/9+

+ .50

+ .75

90

V 6/6

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD

Prescribed glasses correct.

OS

M. Lyon
per C.S.H.

TREATMENT:-

M. F. W. 144

20M.-8-18.

1172-39-1173.

Ophthalmic Surgeon
Military Wards
T. G. H.

L# 1739
auth #2342-20-73
97-3-2-20
T. 25
12-2-20
PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE
7-5-10
15-5-10
27-5-38
43-7-175

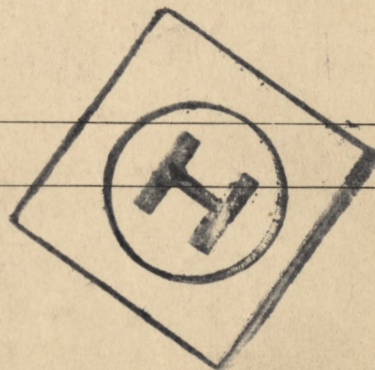
1. RANK *Nursing Sister*
 2. NAME *TORR. Alice.*
 3. UNIT *C.A.C.*

4. DATE STRUCK OFF STRENGTH PLACE

5. REASON *Invaliding*

6. AUTHORITY

7. PROPOSED RESIDENCE



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Lo m 2004

✓

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

PLACE

DATE STRUCK OFF STRENGTH

REASON

Unsuitable

AUTHORITY

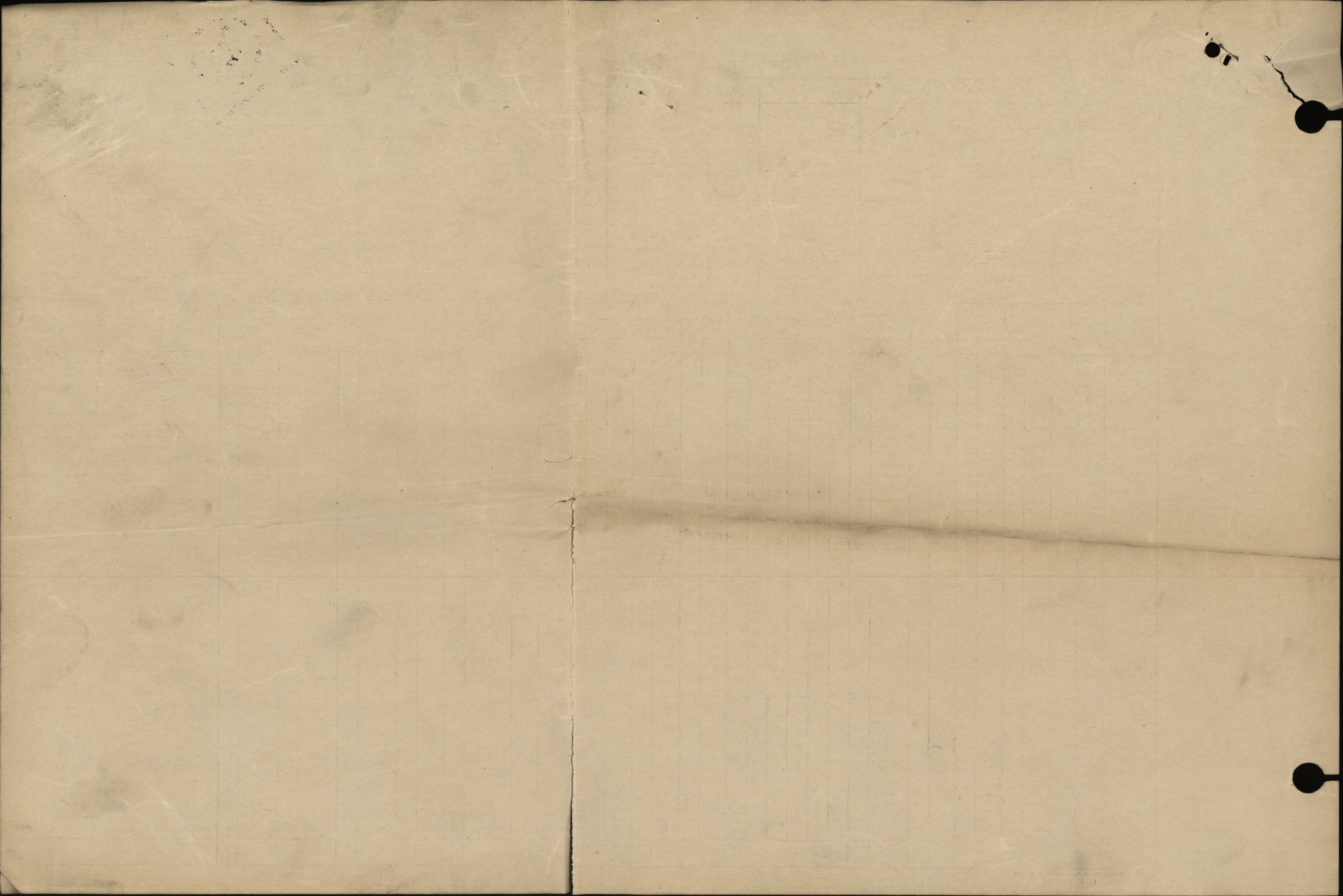
PROPOSED RESIDENCE



The following documents should be submitted:

1. Identification Paper, M. F. W. 51, or Alternative Paper, M. F. W. 52.
2. Certificate of Rank, A. F. B. 101 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 513 or A. F. B. 118.
4. Form 101, or Medical Board, A. F. A. 115 or M. F. B. 101.
5. Medical Report, M. F. W. 119.
6. Certificate of Service, M. F. B. 403.
7. Certificate of Discharge, M. F. W. 41.
8. Certificate of Discharge, M. F. B. 403.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.



SURNAME.

Jorr.

CARD NO.

808.29-1-20.

CHRISTIAN NAMES

Alice

m. u.

2054 of 24-1-20 #222

REGL. No.

RANK

Nursing Sister

UNIT C. a. m. c.

FORMER CORPS

G. a. I. m. n. s. R. (1911)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jorr Mrs. J.

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

Barracks Square, Grantham
Eng.

COUNTRY OF BIRTH

England, Grantham

DATE

Nov. 30th. 1881.

PLACE OF ATTESTATION

DATE

R/C 25/5/19 3349/2 H/S. no info a fine

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Graduate nurse

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address: The Barracks Square, Grantham
Eng.

SURNAME. *Torr*

(392-20-73)

CARD NO.

CHRISTIAN NAMES

Alice

FOLL.

REGL. NO.

RANK

Nursing Sister

UNIT

Queen Alexandra Imp. Nursing Service

FORMER CORPS

C. A. M. C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Torr, Mrs. V.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*The Barracks, Gantham
Lincs. Eng.*

COUNTRY OF BIRTH

England

DATE

PLACE OF ATTESTATION

DATE

Sep 4th 1916

From Montreal, Per. del. "Scandinavian" 12-10-16

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Sep 1st 1916

Present Address Not stated