REGIMENTAL DOCUMENTS

NAME Buchanan Rupert Charles REGT. NO. Lieut. UNIT Corp of Guides H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Certs 14-12-19		48654	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)		R 14-1-20			
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		Certs 23-2-20			
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		R 15-3-20			DISCHARGE
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1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		R 20			
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	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Doc. S. F. 10.					
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						1
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						11 – 25

H

W 2599
100M-11-18
1772-89 1377

9163

Unit Corps of Guides Rank Lr. Name Buchanan, R.P.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Original

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname? Buchanan

   (*b*) What are your Christian Names? Rupert Charles

2. (*a*) Where were you born? (State place and country) St. Catherines. Ont. Canada

   (*b*) What is your present address? Vernon BC

3. What is the date of your birth? 7th June 1869

4. What is (*a*) the name of your next-of-kin? M. J. Buchanan

   (*b*) the address of your next-of-kin? Vernon BC

   (*c*) the relationship of your next-of-kin? Wife

5. What is your profession or occupation? Rancher

6. What is your religion? Protestant

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

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

9. State particulars of any former Military Service. ~~Fort~~ SD 90 hD 11

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

R C Buchanan (*Signature of Officer*)

Taken on strength (place) Victoria B.C. } Mobilized active militia

(date) 16th Sept 1916 } Converted to C.E.F. 22/6/19 under R.O. 395.

A. E. Jones Major D.O.

(*Signature of Commanding Officer.*)

M.D. 11.

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date March 24 1919

Place Vancouver B.C.

A. H. Thomson Capt

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51

100m.—4-16.

H. Q. 1772. 39-917

CANADIAN EXPEDITIONARY FORCE

J.C.T. 11-22.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Rupert Charles BUCHANAN.

Enlisted in Corps of Guides.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Corps of Guides.

CANADIAN EXPEDITIONARY FORCE on the Twenty Second day

of June 191 8

He SERVED in CANADA, with the Corps of Guides., and 1st Depot Battalion, British Columbia Regiment.

and was STRUCK OFF THE STRENGTH on the Twentieth day

of August 191 9 by reason of being Medically Unfit

Dated at Ottawa, this Eighth day

of March ~~xx~~ 1920. 191

Served with the No. 11 Detachment Corps of Guides (Active Militia) from 1-11-16 to 21-6-18.

JMK

Lt. Col.

for

Director of Personal Services.

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

Gm.

Surname Buchanan Christian Name Robert Charles

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
								Rt Inguinal Hernia		Operation Herniotomy	G. E. Gillies Major R.A.M.C.

MEDICAL HISTORY SHEET

Surname BUCHANAN Christian Name Rupert Charles.

Examined on 25th day of March 1919 at Vancouver B.C.

Approved by A. R. Thomson

Rank Capt. M.O.

Birthplace: City or Town St Catherines, Ont.; County

Apparent age 52.

Trade or occupation Rancher.

Height 5 feet 11 Inches

Weight 134. lbs.

Chest measurement: Minimum 36 inches; Maximum expansion 38. inches

Physical development Fair.

Small-pox Marks nil.

Vaccination Marks: Arm Right nil. Left 2; Number

When Vaccinated last 1906.

(a) Marks indicating congential peculiarities or previous disease Scar perforation ? lipoma right forearm.

(b) Slight defects but not sufficient to cause rejection age.
Varicose veins both legs.

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

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

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

Converted for Active Militia to C.E.F. under Routine Order 795.

Enlisted on 22nd day of June 1918 at Vancouver B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	6th Guides	Officer		22-6-18 C.E.F.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 11

NAME OF SOLDIER Buchanan R.C.

REGIMENT C.J.S.

RANK Sr.

No. —

M.F.R. 465.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
	1919.																					No Work Required
Condition on first Examination																						
Mar	24	14/234 5 13 14 15 18 20 29 31								2/48							2/19.30			Examined by Lieut Fergis		

CANADIAN EXPEDITIONARY FORCE

J.C.T. 11-22.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Rupert Charles BUCHANAN,

Enlisted in Corps of Guides.

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in Corps of Guides.

CANADIAN EXPEDITIONARY FORCE on the Twenty Second day

of June 191 8

He SERVED in CANADA, with the Corps of Guides, & 1st Depot Battalion, British Columbia Regiment.

and was STRUCK OFF THE STRENGTH on the Twentieth day

of August 191 9 by reason of being Medically Unfit

Dated at Ottawa, this Seventh day

of May 191 1920.

Served with the No. 11 Detachment Corps of Guides (Active Militia) from 15-9-16 to 21-6-18.

Major.

for Director of Personal Services.

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

916.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. Corps of Guides

Regimental No. ..... Rank Lieut. C. E. F. Name Rupert Charles Buchanan

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

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

Extended ..... Re-engaged ..... Qualification (b) Civilian = Rancher

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Converted from Active Militia to C.E.F. under R.O. 795.	Vancouver B.C.	22/6/18	Routine order #795.
		T.O.S. No. 11 D.D. fo. —	Vancouver B.C.	15 Jany 19	Pt 2 orders #66 of 7/3/19.
7.3.19.	1st Dep Bn. B.C. Reg.	T.O.S. DISTRICT DEPOT XI auth. R.O. 1705a of 24.2.19	HASTINGS PARK VANCOUVER, B.C.	15.1.19.	D.O. Pr. II 66/. 1919.
19 8 19		S.O.S. D.D. No XI on being S.O.S. C.E.F. (Med unfit) Case ref to S.C.R.	Vancouver BC	20.8.19	D.O. Pt 2. 231/3 a. 1919

H.B. Andrews.
Capt.
for O. C. District Depot, XI

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

[P.T.O.

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

NAME McAlpine Frank

RANK & No. Pte. 107398

CORPS 2nd C. M. R.

ENLISTMENT, PLACE Not Stated DATE S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada,

NEXT OF KIN McAlpine, Mrs Ann.

ADDRESS OF NEXT OF KIN McAlpine, Ont.

DISCHARGE, PLACE DATE

M. F. W. 22. 50 m.—1-1

L. L. 72594—M. & D.—5342.

H. Q. 1772-39-839.

REMARKS: 371-11-17

H. Q. ..... M. D. No. 11

Surname Buchanan, ... T. O. S. ..... 19 ....

Christian names Rupert Charles ..... D. O. Pt. II ..... of .....

Regtl. No ..... Rank Lieut ..... S. O. S. 15-1-19 19

Unit Corps of Guides ..... Reason Demob. Wanted

Auth. RO 15-5-16
RO 1707 of 24-7-19 Gr. DD 11 med

S.O.S. 208-19 - Demob. RO 2154 3/9/19

N. of Ki Buchanan, Mrs. I. ..... Relationship Wife

Address Vernon B. C.

Also notes:

S.O.S. 20-8-19 Demob.
D 0231 of 19-8-19.
DD 11

BORN-Place Canada, St Catharines Ont. Date June 7th 1867

ATTESTED--Place Victoria B.C. ..... Date Sept 16th 1916

O/S ..... B.C. R/C .....

Date	Remarks.	Pt. 2 Order No.
12. 6. 19	One Months extension Sick Leave granted from 4/6/19 to 4/7/19	163/6
7 7 19	One Months Extension granted to Special furlough from 5/7/19	188/7.
7 7 19	Subs allow as out Patient from 5/7/19 one months extension furlough	188/9 7
19 8 19	Cas Coy 17/8/19	231/2 b.
19 8 19	S.O.S. (Med unfit) 20/8/19	231/3a

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

*Name Buchanan Rupert Charles Rank Lieut Regtl. No.

Fyle Depot 9163

Original unit Present unit C of G M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin Wife Mrs M. J. Buchanan

Address on leave 1847 Barclay St. Vancr BC

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment Vernon BC 16/9/16

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
7 3 19	P.O.S from 1st Dpt Bn 15/1/19 Posted to Hosp^l Sect. 15/1/19 Leave	66/1. g.
6 3 19	D+A 16/1/19 Subs Allce first Leave	65/12 c.
5.4.19	Subs Allce from 3/4/19 while an out patient	95/8 d.
9.4.19	Ref DDDO ~~#~~ 95/8 d. 5/4/19 Shd read from 28/3/19 (Subs allce)	99/10 C

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

[OVER]

Over.

OPINION OF THE MEDICAL BOARD

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

Yes, concurs.

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.)

(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.)

That he be dishanged to the S.C.R. for further treatment.

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.

B. F. Boyce Capt. *President.*

PLACE Vernon, B.C.

DATE August 13th.1919.

[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 .....

DATE ..... } Members

APPROVED BY [signature] Major, *Assistant Director of Medical Services.*

DATE AUG 16 1919

APPROVED BY A. M. C. M. D. 11 *Director-General of Medical Services.*

DATE .....

NF 54

F.C. 3

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 Vernon, B.C. DATE 13-8-1919

1. 1 (a) Unit D.D.#11 (C.of G) (b) Regimental No. [illegible] (c) Rank Lieut.

(d) Surname BUCHANAN, (e) Christian name Rupert Charles

(f) Home address Vernon, B.C. (R.R.No. 2)

(g) Next of Kin Mary J.Buchanan, (h) Relationship wife

(i) Address of Next of Kin Vernon, B.C., R.R.#2.

2. Age last birthday 52 Date of birth 7-6-1867

3. Enlistment, or Appointment (if an Officer) (a) Place Ve rnon, B.C. (b) Date 16-10-1916

4. Personal description:

Height 5'11" (b) Weight 145 lbs. (stripped) (c) Complexion Da rk

(d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on right elbow.

5. Former trade or occupation Fruit Rancher.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	305

	Periods From	Periods To
Canada	16-10-1916	13-8-1919
England		
France or other theatres of War		

7. Original disease, or injury Hernia, (Rt.Inguinal)

(a) Date of origin Nov.1916 (b) Place of origin Canada

(c) Cause Strain of training.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Swelling and weakness of left leg, thigh and buttock.

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.)

A well nourished, healthy looking man.
Heart and lungs and other systems normal.
Left buttock, thigh and leg swollen and red, result of thrombosis following herniotomy operation.
Can walk 100 yards with aid of cane, this causes a little pain in hip joint and increase of swelling.
Can't do any work.

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

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

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

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

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

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

Developed a Rt. Inguinal hernia in 1913, this disappeared within 6 months with a truss, discarded the truss in 1914.
In November 1916 the hernia reappeared, wore a truss until operated on 20-1-18 on 15-2-19 developed septic poisoning, on 20-3-19 left leg began swelling and has been swollen ever since.

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*).)

None.

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

Scar on right elbow where tumor was removed and scar of rt. Herniotomy.

11.—(*a*) Did the disabling condition have its origin before enlistment? Uncertain.

(*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.)

Yes.

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.)

No documents available.

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)

17. Recommendations: That he be discharged to the S.C.R. for further treatment.

B. T. Boyce Capt.
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 R.C. BUCHANAN 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

R C Buchanan Rank.
Signature of invalid examined.
Lieut

OPINION OF THE MEDICAL BOARD

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

Yes, concurs.

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.)
(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.)

That he be disharged to the S.C.R. for further treatment.

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.

B. F. Boyce Capt. *President.*

PLACE Vernon, B.C.

DATE August 13th.1919.

[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 [signature] Major *Assistant Director of Medical Services.* For AUG 16 1919

APPROVED BY A. M. C. M. D. 11 *Director-General of Medical Services.*

DATE .....

DATE .....

DU 9163

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 Sectio[illegible] 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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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 Vernon, B.C. DATE 1[illegible]-1919.

1. 1 (a) Unit D.D.#11 (C.of G) (b) Regimental No. ~~***~~ (c) Rank Lieut.
(d) Surname BUCHANAN, (e) Christian name Rupert Charles
(f) Home address Vernon, B.C. (R.R.No. 2)
(g) Next of Kin Mary J.Buchanan, (h) Relations
(i) Address of Next of Kin Vernon, B.C., R.R.#2.

2. Age last birthday 52 Date of birth 7-6-1867

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon, B.C. (b) Date 16-10-1916

4. Personal description:
(a) Height 5'11" (b) Weight 145 lbs. (stripped) (c) Complexion [illegible]
(d) Colour of hair Dark (e) Colour of eyes Brown. (f) Identification marks, Scars, on right elbow.

5. Former trade or occupation Fruit Rancher.

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	
	2	305

	Periods From	Periods To
Canada	16-10-1916	13-8-1919
England		
France or other theatres of War		

7. Original disease, or injury Hernia, (Rt.Inguinal)

(a) Date of origin Nov.1916 (b) Place of origin Canada
(c) Cause Strain of training.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Swelling and weakness of left leg, thigh and buttock.

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.)

A well nourished, healthy looking man.
Heart and lungs and other systems normal.
Left buttock, thigh and leg swollen and red, result of thrombosis following herniotomy operation.
Can walk 100 yards with aid of cane, this causes a little pain in hip joint and increase of swelling.
Can't do any work.

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

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

Special Senses No — Respiratory System No — Integumentary System No

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

Osseous and Joint Systems No — Any other general condition No

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

Developed a Rt. Inguinal Hernia in 1913, this disappeared within 6 months with a truss, discarded the truss in 1914.
In November 1916 the hernia reappeared, wore a truss until operated on 29-1-19 on 15-2-19 developed septic poisoning, on 29-3-19 left leg began swelling and has been swollen ever since.

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*).)

None.

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

Scar on right elbow where tumor was removed and scar of rt. Herniotomy.

11.—(*a*) Did the disabling condition have its origin before enlistment? Uncertain.

(*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.)

Yes.

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.)

No documents available.

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)

17. Recommendations That he be discharged to the S.C.R. for further treatment.

B. F. Boyce Capt.
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 R.C. BUCHANAN 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

R C Buchanan Rank.
Signature of invalid examined.