Duplicate. 33rd Batt. A 1357

ATTESTATION PAPER.

No. 903

Folio. 24

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Dewse, George Edward
2. In what Town, Township or Parish, and in what Country were you born? York, England
3. What is the name of your next-of-kin? Father, Wm Dewse
4. What is the address of your next-of-kin? Wilmslow, Cheshire Eng
5. What is the date of your birth? Apr. 22nd 1888
6. What is your Trade or Calling? Clerk
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. 4 years, 2nd Manchesters Eng - 1 year 29th Regt.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes.

Geo Dewse (Signature of Man).

Jno MacRae (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Geo Dewse (Signature of Recruit)

Date Oct 26 1914. Jno MacRae (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Geo Dewse (Signature of Recruit)

Date Oct 26. 1914. Jno MacRae (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Galt this 26 day of October 1914.

E Hyde a Notary Public. G H Wilson (Signature of Justice)

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

E Hyde G H Wilson (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-12.

Description of Geo Dewse. on Enlistment.

Apparent Age 26 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement: Girth when fully expanded 39 ins.; Range of expansion 3 ins.

Complexion Fair

Eyes Hazel

Hair Brown

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

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

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

Artificial teeth upper & bottom except in front.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Oct 26 1914. John H Kats Major

Place Galt Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Estelle G Oliver Lt (Signature of Officer)

Date Oct 26th 1914.

Original Formerly ~~203~~ in 18th Batt

ATTESTATION PAPER

No. 53903 ~~6 1 2 5~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS)
1.	What is your name?	George E. Dewse
2.	In what Town, Township, or Parish, and in what Country were you born?	Work Eng
3.	What is the name of your next-of-kin?	Wm Dewse Father
4.	What is the address of your next-of-kin?	Manchester Eng
5.	What is the date of your birth?	22 April 1886 Wilnslow Cheshire Eng
6.	What is your trade or calling?	Clerk
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	no
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	18 Batt 6 2 7. 6 mos
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

X G E Dewse (Signature of Man.)

G. Gates (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

X G E Dewse (Signature of Recruit.)

Date 26 - 4 - 191 1 G. Gates (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

X G E Dewse (Signature of Recruit.)

Date 26 - 4 - 191 1 G. Gates (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at London this 26 day of April 191 1.

(Signature of Justice.)

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

(Approving Officer.)

Taken on Strength June 14th April 14 Qs. June 10 in reserve

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF E. Davies ON ENLISTMENT.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8 ins.

Chest measurement
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 2 ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious Denominations
- Church of England ..... Yes
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Other Protestants (Denomination to be stated.) .....
- Roman Catholic .....
- Jewish .....

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

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

nil

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 26-4 1915 Am Buckley Jay
33 A Bn
Medical Officer.

Place London Ont.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

Alex Wilson (Signature of Officer.)
Lt Col

Date May 3rd 1915

REGIMENTAL DOCUMENTS

NAME DEWSE, GEORGE E. Pte REGT. NO. 53903 UNIT W.O.R.D. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				15221	
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

W. 2589
1774-9-1377

FORM P.805.
2283-7½M-6/12/16

Ref. No. List 1156 B.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs H. Dewse (mother),

Address 1 Talbot Terrace,
Lytham England.

By whom assigned Dewse G.

Regtl. No. 53903

Rank Pte

Corps, &c. 18th WORD.

ASSIGNED PAY | SEPARATION ALLOWANCE

Rate 15.00

Date to commence 1-12-18.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA ~~noted on~~ DISTRICT PAY OFFICER NAMED. Noted on L.R. Pte

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet Deduction.	REMARKS.
Jan	1918				DISCHARGED TO CANADA.
Feb.					W.O.R.D. NR. 15 - 20-11-18.
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan	1917				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

Discharge cancelled make no payments

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

P—56

Rank | Name DEWSE George | Reg'l No. 53903 / 401357

Unit 12th Res. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment London 26th April 1915 | Place of Birth England

Name and Address, Next-of-Kin Wm Dewse Wilnslow Cheshire England

Relationship Father

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
16/4/15	31/7/15	46	1.00	46	46	.10	4 60		50 60			10			10	40 60	
								27	27							40 87	X change
1/7/15	31/8/15	31		31	31		3 10		34 10	207 248		53 53			53 53	21 44	£ 1 Gold from 18/- Gold
1/9	30/9	30	1	30	30	.10	3		33	460 12 Rec 528		29 44			29 44	25	from 1/9/15 to 6/9/15
1/10	31/10	31		31	31		3 10		34 10			5 24			5 24	53 86	
1/11	30/11	30		30	30		3		33	530		2 67			2 67	84 19	
1-12	31-12	31		31	31		3 10		34 10	560 568 607 648		1133 1261			1662	101 67	
1-1-16	31-1-16	31		31	31		3 10		34 10	717 772 861		261 262 262			5 23	130 54	
1-2	29-2	29		29	29		2 90		31 90	815		262			5 24	187 20	
	March	31		31	31		3 10		34 10	906 954		262 261			5 23	186 07	
				290			29										

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 10014

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to DEWSE. George Edward 53903.

Address 4 Eden Avenue. Lytham Lancs

Dependent

Address

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
July 7th	49548.		14 7 8		
" 8.	49060		56 0 2		
9	F.P.C	52 0 2			
9	Add	4 0 0			
21	Allot	86 6 0		71 18 4	
Aug 6	63347	142 6 2	14 7 8	57 10 8	2 Allot.
Sept 6	85796.		14 7 8	43 3 0	3rd "
Oct 8	111238		14 7 8	28 15 4	4th
Nov 12	137185		14 7 8	14 7 8	5th
Dec 9	144080		14 7 8	0	
		142 6 2	142 6 2		

Army Form B. 178

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

DEVYSE MEDICAL HISTORY OF G.

Surname ~~Devyse~~ *Christian Name*

TABLE 1.—General Table.

Birthplace { Parish ..... / County .....

Examined { on .....day of ..... 191 / at Bramshott Camp, Hants. 27 JUL. 1917

Declared Age .....years.....days

APPROVED.
for Colonel, A.D.M.S.,
Canadian Troops, Bramshott Camp.

Trade or Occupation .....

Height .....feet.....inches

Weight .....lbs

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

Physical Development .....

Vaccination Marks	RIGHT	LEFT
Arm		
Number		

When Vaccinated .....

Vision { R.E.—V = ... / L.E.—V = ...

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

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

.....

.....

Approved by .....

Rank .....

Medical Officer.

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

Joined on enlistment	Corps	Regtl. No.
	18th.	53903
Transferred to	4th CAN. RES. BRIGADE	

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
27/7/17	Defective vision. D.A.H. Cij (amaurotic)
	Major, C.A.M.C.
	MEDICAL BOARD, BRAMSHOTT.
	Bramshott Dep. Asst. B 2/11 Canadian 2nd Gen Res
TAB 18.6.17 Eath	
2 30.6.17 Eath	

TABLE IV.—Service Table.

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

[11,100] W3211/M564 450m 7/16sv W.P. & Co. 59 (E188)

Forms B. 178 40

[P.T.O.

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				
M&H Epsom	22	5	17				I.C.T. Rt Knee.		No disability except some slight pain. Fit for A.T.T.	S.L.S. Stewart Capt
Brownshott.	22	6	17				Defective Vision		R.E. 1/60 L.E. 6/6 monocular myopia simple.	A.H. Welch Capt. R.A.M.C.
Brownshott	18	2	18	14	3	18	V.D.S.	25	Admitted to Hosp. diagnosed Syphilis Wassermann taken Positive Transferred to Netley Sick Hosp.	J.W.C. Barclay Capt

Rank | Name DEWSE G.E. | Reg'l No. 53903

Unit 18th Battalion | If in perm. Corps, What Unit? | Married or Single

Place and Date of Enlistment | Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

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				
13-4-15	Ob. 18th	Discharged in U.K.	London Ont	13-4-15	Part II orders. 153

Returned to Unit
Arrived in England
1.9.15 — See Roll Book

File in envelope

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				

Temperature, etc. Chart.

Date of Admission.	Name and Address.	Age.	Disease.
20-4-14.	Pte: George Dewse.	32.	I. B. T.

Day of Month.	20	21	22	23	24	25	26	27	28	29	30
Day of Disease.											

M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E

Fahrenheit Scale.

107° ·8 ·6 ·4 ·2
106° ·8 ·6 ·4 ·2
105° ·8 ·6 ·4 ·2
104° ·8 ·6 ·4 ·2
103° ·8 ·6 ·4 ·2
102° ·8 ·6 ·4 ·2
101° ·8 ·6 ·4 ·2
100° ·8 ·6 ·4 ·2
99° ·8 ·6
NORMAL
98° ·2 ·8 ·6 ·4 ·2
97° ·8 ·6 ·4 ·2

On admission

| | | | | | | | | | | |

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 11—6 1919.

Reg 5-3903 Rank Pte Name Deuse G.E.

UNIT ... A Wing

	WITHOUT GLASSES.	WITH GLASSES. (As per prescription below) SPH.	CYL	AXIS.
Visual acuity.Rt	1/60	with	unimproved	
Visual acuity Lt.	6/6	with		

Surgery recommended is B1

Glasses not ordered

Original disease or injury Amblyopia

Date of origin. Childhood

Place of origin. Canada

Cause.

Present disability. Defective vision

Remarks.

CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE. HAS not BEEN AGGRAVATED BY SERVICE

L. B

D. A. Macaree
Captain C.A.M.C.
Eye and Ear Specialist
Witley Camp, Surrey.

71 V. 465=18

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name Dunn L. Regtl. No. 53903 Rank Pte.

Unit MDG Date of first Sore 1918 If T. Pallidum found ... Secondaries, if any..... Other Symptoms.....

Treatment, if any..... Arsenical 14 Mercury 16

Previous Wassermann, date Dec 1918 Result Neg

Station and Date 17-2-19

Canadian General Laboratory 19 MAR 1919 WITLEY

Result of Wassermann (Original) Quarter System.

Date..... Serial No..... Result..... WASSERMANN NEGATIVE

Major.
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey.

.....*191...* 14

Gale & Polden, Ltd. Aldershot. 8,660-y.

77

C.A.D.C. 5008A

B. Coy

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Dewse, G. E

REGIMENT _____ RANK Pte. No. 53903

Date of Examination in England 10-6-19 | Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

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

Signature of Dental Officer J. G. Garvin Capt

Dewse.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Dewse	G.	53903.

Rank	Unit	Co.	Troop	Batty
Pte.	18th Batt. W.O.4 R.			

Hospital — Date of Admission

Transferred 6th Can Field Amb. Hosp. 24.1.16
6th C.F.A. Div Rest Stat Hosp. . . .
2 Can Gen Le Treport. Hosp. 14. 3.17.
2 West Gen. Mt Chester Hosp. 14.4.17.

Diagnosis Error of Refraction

(1)
Later Diagnosis (if changed) I C T Knee's. Ser.
(2)
(3) Tonsillitis

Additional Diagnoses: If more than one state present
V. D. S. Ad D.

DISPOSITION Dis. to duty. 24.1.16. Date

Dis. 6.6.17.

C.L. 12.2.16 # 141.
" 15.2.15. 142.
" 23.3.17. 9464.
" 24.4.17. B336.
" 26.5.17. B364.
" 14.6.17. B378.
21.2.18 C 141
20.3.18 C 163.
13.6.18 C 205.

REMARKS Dis. 8.5.18

A.M.D. 2 Dept.
Roh. of D.G.M.S. O.M.F.C. London

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Epsom Conv.	23.5.17
	12 Can. General, Bramshott	19.2.18
2.	6 S. Witley Camp.	16.3.18.
3.		
4.		
5.		
6.		
7.		

No. 1357 Rank Pte. Name Dewse, G. E.

T. O. S. 14-4-15 Unit 33rd Battalion, C.E.F.
D.B.920 of 27-4-15.

M. D. /

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Apr. 14th.	Apr. 30th.	✓		
May:		✓		
June. 1	June. 15.	✓	"Left under sealed orders."	D.B.147 of 17-6-15.

UNIT SAILED
MAR 13 1916

No. 903 5-3903 RANK Pte NAME Deuse, George. E

T. O. S. UNIT 18th Battalion

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 26	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
Apr 1	Apr 13	✓	Dischgd -	DO 183 - 13-4-15.

UNIT SAILED
APR 18 1915

a/c closed by payment. S.

H. Q. FILE No. 649-

NAME Dwyer, G.

REGT'L No. 3-3903

RANK AND CORPS Pte. 18th Batt.

NATURE OF CASUALTY

NO. 793 XXX

FOLL.

CABLE	
NO.	DATE

L. L Job 87318—M. & D. 6106.

M. F. W. 42—25m -10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
141	4 6th Can Fld Amb to #6 C.F.A., 2. R. Sta	24-1-16	18. Error of refraction
142	" " " "	27-1-16	" " " Ass to duty
A464	#2 Can. Gen., Le Treport	14-3-17	I, 6, T. knees slt.
B336-1	2nd West. Gen. Manchester	14-4-17	" "
B364	Can. Convt, Woodcote Pk Epsom	23-5-17	" " ~~28-4~~
B378	Discharged.	6-6-17	" " —
C141-1	No 12 Can. Gen. Branca	18-2-18.	Tonsillitis. 28-4
C163	Can Spec Witley	16-3-18	V.D.S. (West. Ont. Regt)
C205	" " " Disch	8-5-18	" " " " " "

Number 53903 Rank Pte.

Surname DEWSE

Christian Name George Edward

Units 18th Bn. Can. Inf. Theatre of War France

Date of Service 14/9/15

Remarks

Latest Address 11248 R.A.O.C. (Pte.)
Docks,
Alexandria, Egypt.

Roll No. B

200m.-2-21.M.

Page 18962

DATE AND PLACE OF ORIGIN.....

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION.....

WHERE FROM).....

IIT.....IN CATEGORY.....

INVALID.....

WHERE TO).....

DITIONS DIAGNOSED.....

.....ADDRESS.....

.....HOSPITAL.....STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

Name Dewse G. *Rank* Pte. *Reg. No.* 53903

Unit 18th.Battalion.

Next of Kin
Wm.Dewse,Wilnslow,Cheshire,Eng.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K	W.O. List
24-1	6th.Can.Fld.Amb.D.R.S.Ex.6th.Can.Fld.Amb.		Error of Refraction	141		M. 1916
27-1	Discharged to Duty.		" " "	142		
14-3	2 Can. G.H.	Le Treport	I.C.T. Knees slt.	A464		
14-4	2nd West.G.H.	Manchester	-do-	B336		
23-5.	C.C.H.	W.Pk.Epsom.	do	B364.		
6-6-.	Discharged.		do	B378.		

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

Form R. 149.

George.

Name DEWSE Rank Pte Reg. No. 53903.

Unit 4 Res.

Next of Kin Wm Dewse Wilmslow Cheshire

Date 1918-	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-2	to 12 Con Sec Bristol		Invalided			12834
16-3	Con Spec Wkly		V.D.S.	C168		14512
8-5	Discharged		A.	C 705		4931

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

Form DMS 1401.

12. Gen. General HOSPITAL.

A. & D. CARD

AT

A. & D. No. 1241 Pl. of Action

Rank Pte Reg. No. 53903 Unit 4th Res. Bttn. Sick or Wounded

Name Deuse S. Age 33 Religion C. of E.

Place in Hospital Annex

Diagnosis Tonsilitis

Admitted 18-2-18 From

Discharged To

Transferred

MAR 14 1918

Service at Home 42/12 In Field Witley

Results 10/12

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

P.T.O.

REMARKS.

SURNAME. Dewse

CHRISTIAN NAMES George Edward

REGL. No. ~~9,557~~ 53903 RANK Pte.

UNIT 33rd. (1st R.D.) Bn.

FORMER CORPS Manchesters Eng.

CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL S. Dewse, William

RELATIONSHIP TO SOLDIER Father.

ADDRESS Wilmslow, Cheshire, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, York,

PLACE OF ATTESTATION Galt, Ont.

DATE

DATE Oct. 26th 1915

9/5/17-6-15, 1st/2nd.

L. L. 6945. M. & D. 6994. also appears in 18th Bn. no 53903 and S.O.S. Dis

13/4/15 - Med. unfit - I.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

Sailed from Montreal [redacted] S.S. "Scandinavian" 17/7/13

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 DATE

Present Address -

MARRIED OR SINGLE S

PLACE OF BIRTH England.

NAME AND ADDRESS OF NEXT OF KIN Wm Dewse
Wilmslow. Cheshire. Eng.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

b.2

REG'L. No. 53903 RANK Private NAME Dewse, George

IF IN PERMT. CORPS WHAT UNIT UNIT 18th Batt'n

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION London

DATE OF ATTESTATION April 26th 1916

ASSIGNED PAY MONTHLY $ £15.00 DATE EFFECTIVE 1/7/17.

PAYABLE TO Mrs Wm Dewse. 1 TALBOT TERRACE Lytham Eng. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE ~~1/3/18.~~ REASON ~~Disc to Canada~~

DISCHARGE DATE AND PLACE ~~20.8.1918 Canada~~. REASON AND AUTHORITY ~~G.S. 5/1/22.~~ Cancelled W.O.R.D. Wire 16/2/16 AWO 5285/4/18.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO Nord. Ord Regt Depot DATE 21/6/17. AUTHORITY Cl.O.236 24/4

TRANSFERRED TO N.E.B DATE 1/3/18 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

G.21A. rendered 30/6/17.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
June 21			1 40				89							27 3 19 27												133 20			133 20	186 07			
July 1-30	30	1/-	30	-	30	1/-	3							33 -	995	1035.								2 62 ✓	2 62 ✓		4867 ✓			5 24	213 83			
May 31	31		31		31		3 10							34 10	1046	65 ✓					523 ✓	6 3 ✓	6 2 ✓	5 11 ✓	97 35 ✓	146			15259	95 34			6H #26995 for £20 cancelled Memo O/S Gadvances. 16.6.16
June	30		30		30		3							97 33 ✓	13 033					166 5 7			39 ✓				4867 ✓			4867	177 00			
July	31		31		31		3 10								34 10.					1204 14 7			38 ✓		523 ✓		4867 ✓			5651	15 59			
Aug	31		31		31		3 10								34 10	1251	2 8	1294	13 8					262 ✓	262 ✓					524	183 45			
Sept	30		30		30		3								33 -	1347	20/8							261 ✓						261	213 84			
Oct	31		31		31		3 10								34 10	1374	21/9					16 15 0	27/9	267 ✓			4867 ✓			5129	196 65			16
Nov	30		30		30		3								33 00	1452	29/10	1434	3/11					436 ✓	348 ✓					784	221 81			
Dec	31		31		31		3 10								34 10	1442	26/11							11 34 ✓						11 34	244 57			
			56	50			56	80																											
Jan 21	1	10	34	10											34 10	1527	28/1					29 5 8	24/1/18	261 ✓			1460 ✓			1721	261 46			
Feby 28	1	10/-	30	80											30 80	1661	19/1							262 ✓						524	287 02 ✓			
			686	40										97 60	784 -									39 13 16 56	97 35	343 94			496 98					
or			686	40										97 60	784 00									39 13 16 56	97 35	343 94			496 98					

No 53903 Pte Dewse. Geo.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			686	40										97 60	784 -
March	31	100/100	34	10											34 10
April	30	"	33												33 00
May	31		34	10											34 10
June	20	-	22	-											22 -
"	10	"	11	-											9 97 20
July	31	"	34	10											34 10
Aug.	31	"	34	10											34 10
Sep.	30	"	33	-											33 -
			9 V 1	80										on L.a.	101 9 H.o

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
1743	9/4	179	7/3				
114	28/8						
104	2/8						
85	13/8						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
39 13	16 56	97 35	343 94			496 98
2 62 ✓	5 23 ✓					7 85
			4 87 ✓			4 87
			29 20 ✓			29 20
			48 67 ✓			48 67
						587 57
				15 -		15 -
				15		15 -
4 87 ✓				18		46 64
19 47 ✓						
7 30 ✓						
73 39	21 79	on 33 -	476 63	48		646 V1

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
287 02				
313 27		225 -		
341 40		240		
346 30		255		
319 63		270		Drawn & Med Ord Regt Depot 21/6/17 Auth C.L. B.336 2/4.
230 68		270		
349 73		270		A.115219
368 63		270		A.166053
355 19		270 ~~315~~		A.213828.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
1917											
Sept 28		~~355 19~~									
Oct. 31	Pte 1/10	34 10		B 736 L 3-1-8			15		355 19	270 ~~315~~	
				18526 1079 23-5-17 Erosion	9 73 ✓						
		34 10			9 73		15				
				A.C. 1411 26-9-17 WORKD.	J 38 ✓						
				Dat. A.R. 1475 - 20-6-17 H.C. Rec.	4 87 ✓		15		352 39	~~270~~	
		34 10		Cheque.	31 98						
				B.34760 L 3-1-8			15				
Nov. 30		33		A.R. 143 30/10/17. WORD.	9 73 ✓						
Dec 31		34 10		" 128 13/9/17. " "	4 87 ✓						
				" 184 15/11/17. " "	4 87 ✓						
				" 156 13/10/17 " "	4 87 ✓						
					24 34						
				Sec C 9165 - 3-1-8			15				
				~~1 A.R. 644~~ 4 Recs 28/4.	9 73 ✓						
				" 513 Do. 28-6	48 7 ✓						
	67 10			1147 ccs 4 pcs 5/6	48 67 ✓		30		301 88	~~270~~ ~~315~~ 31	
					87 61						
1918. Jan. 31				B 35758 L 3-1-8			15				
				A.R. 1783 23/7. 4 Recs.	9 73 ✓						
				A.R. 206 18/11/17 WORKD.	17 03 ✓						
				199 29/11 "	9 73 ✓						
					36 49						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Jan.				Bl. Forward.							
	Sick Sur. 6/6-16/6/17. B/6.138 17/6. 4 Recs.	7 30		A.R. 577 14/7/17 4 Recs.	4 87 ✓						
	31. P.P.	34 10									
		41 40			41 36		15		286 92	270 00	
Feb.				A.C. Pchg. D 45417 L 3-1-8			15				
	19 dys P.P.	20 90		~~485~~ 532 10/1/18 WORKD	4 87 ✓				292 82		
	Def. P. Interest	17 43							310 25		
				A.R. 285 30/1/18. 4 Recs.	9 73 ✓				295 65		
Mar	P.t.a. 20/1/18-31/3/18 40 days @ 1/-	38 33		A.R. 308 13/2/18 ✓	48 7 ✓						
		44 00			48 7						
April		##		~~A.P. for March Payroll 18.~~ ~~Sep. Pchg. A 00275. 18/4/18.~~							
							30		334 78		

Sep. Pchg. A 00275. 18/4/18. Credited 22/4/18 Extracts from Pay Book verified 19/3/18 Ledger Sheet prepared 30/4/18 Checked Harding

A 3 M. FORM REN'D. 1/3/18
DISCHARGED TO Casual DATE 30/4/18
PAY BOOK VERIFIED 19/3/18
LEDGER L.P.C. REN'D 19/3/18
AUTHY A.F. A 5-1-23 16/3/18

Sep Ser

ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Dewse Christian Name George. B Hlocing

Table I.—GENERAL TABLE.

Birthplace ... Parish York. County Yorkshire Eng.

Examined ... ... on 19th day of July. 191 5.
at Shorncliffe Kent.

11 JUN 1917.

Declared Age ... ... 29 years days.

Trade or Occupation ... Clerk.

6 - AUG 1917
17 AUG 1917

Height ... ... 5 feet, 7 3/4 inches.

Weight ... ... lbs.

Chest Measurement — Girth when fully Expanded. 36 1/2 inches.
Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks — Arm .. 3 Right 2 Left
Number 5

When Vaccinated ... ... December 1914

Vision ... ... R.E.—V= Very Defective
L.E.—V= Normal

(a) Marks indicating congenital peculiarities or previous disease ... (a) Nil

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

Approved by (*Signature*) Chas. Hunter
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Galt Ont. Canada.
on 26th day of August. 1914.

Joined on Enlistment ...	Corps: 33rd Batt.	Regtl. No.: 13573
Transferred to	12th Batt. 18 - Bn	53903

Became non-effective by

on day of 191 .

(*Signature*)
(*Rank*)

CANADIAN

(S 82 62) W 2769—1662 200,000 5/15 H W V(R) Forms/B. 178 [P.T.O.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
2nd Western General Hosp Manchester	15	4	18	22	5	18	D.C.T. Knee.	38	Transferred 22/5/18 C.O.H. Woodcote Park Epsom. Duplicate Medical History Sheet posted to here.	A.H.B. Forder Capt for Lt.Col., R.A.M.C., T.F. Officer Commanding 2nd WESTERN GENERAL HOSPITAL
CANADIAN DIVISION), CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM	22	5	18	6	6	18	do	15	No disability except some slight pains at Wrist. Duplicate Medical History Sheet posted to here.	R.B. Jenkins ..... Capt. C.A.M.C. Registrar.
CANADIAN SPECIAL HOSPITAL WITLEY 5 MAY. 1918 REGISTRAR	15	3	18	8	5	18	V.D.S.	55	No Sore or cicatrix of Genital organs. Pt. denies primary syphilis. Has marked general adenitis and specific lesions of throat. Wassmann Pos. +++ Lesions. Pt. left following 4 injections Salyl + Hg Stoppages as per dates	J.H. Hookhart Major C.R. Graham Major

CANADIAN DIVISION), CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM
CANADIAN SPECIAL HOSPITAL WITLEY 5 MAY. 1918 REGISTRAR

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature
19 July -15	Two inoculations in March 1915 Chas. Hunter
TAB. i 18.6.17 30.6.17	Ewn Ewn clare
23-9-18	BII J. B. Ennis Capt.
Witley 11-6-19	Amby opn + D.D.S. BI A. Archibald Capt.

Table IV.—SERVICE TABLE.

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

S. 665/18

V

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Regtl. No. 55903 Rank and Name Pte. Drew, J. Corps 4th Res. Reserve.

Placed on Syphilis Register at C.S.H., Wetley, on 16-3-18 No. in Register

Disease contracted at ? . Primary sore appeared on (date) ?

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site No sore or scars on genitals. Denies venereal of any nature.

Lymphatic glands Ing. x. Rt. Epi. palpable. cerv. + sub. maxillary xxx.

Skin (nature and distribution of rash negative. except few scattered papules on back.

Mucous membranes Tonsils very large, covered with mucous patches

Other symptoms Throat became sore about Feb. 15th '18. Has been in B.M.H. past month. No other symptoms except gen. weakness.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Wassermann reaction { Method employed (original or modification) / Result (positive or negative)

Station C.S.H., Wetley Date 16.3.18 Signature of M.O. James Rutherson Capt RAMC

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army }

Station Date Signature of M.O.

(2487) Wt. W6391—2665. 250000. 7/15. Sir J. C. & S.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wassermann Reaction: Method (Original (O.) Modification (M.))	Wassermann Reaction: Result (Positive (+) Negative (−))	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection. Dose of Metallic Mercury in grains	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
Witley	15.3.18	Admitted to C.S. Hospital, Witley										
Witley	16.3.18	Full course gr 6 & 4 & 4g.					3.					J Rutherson Capt
	23.3.18	"					3		1 gr			
	29.3.18	"					3		1 gr			
	5.4.18								1 gr.			
	12.4.18	"					4		1 Gr			
CAN. SPC. HOSP. WITLEY.	19.4.18	"					5		1 Gr			
	3.5.18	DCHD AS OUT PATIENT " No active Signs.					5		1 Gr.			
	10.5.18	"					5		1 Gr.			
	20-11-18	Full course 6+4+4g										H Hoskeat Capt
	21-11-18						6		½			
	22-11-18	Was Test Negative				(−)						
	28-11-18						6		½			
	7-12-18						6		½			
	12-12-18						6		½			
	19-12-18						6		½			
	24-12-18						6		½			
	31-12-18						6		½			
	27-1-19						6		½			
	17.3.19	WASS NEG				(−)						
	21.3.19	No Symptoms Discharge to report as & retention										

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine	Wassermann Reaction		Treatment					Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
							Arsenical		Mercurial		Other Methods	
							Intravenous Injection. Dose in grammes					
				Normal (N.) Albumen (Alb.)	Method {Original (O.) Modification (M.)	Result {Positive (+) Negative (—)	Salvarsan	Neo-Salvarsan	Intramuscular injection. Dose of Metallic Mercury in grains	Inunctions or Oral (Preparation and dose)		

Original

B "Wing

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 Witley DATE 11.6.19

1. 1 (a) Unit W.O.R.D. (b) Regimental No. 453903 (c) Rank Pte

(d) Surname DEWSE (e) Christian name George E

(f) Home address Lythan Lawn.

(g) Next of Kin Mrs E. Dewse (h) Relationship Mother

(i) Address of Next of Kin as above

2. Age last birthday 33 Date of birth April 22 1886

3. Enlistment, or Appointment (if an Officer) (a) Place London (b) Date 26.4.15

4. Personal description:

(a) Height 5'8" est (b) Weight 140 est. (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. 2 vaccn lt. arm

5. Former trade or occupation Clerk

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
	4	44 days

	Periods	
	From	To
Canada	26.4.15 / 30.3.17	date.
England		15.9.15
France or other theatres of War	15.9.15	20.3.17

16 JUL 1919

7. Original disease, or injury 1. Amblyopia
2. Syphilis

(a) Date of origin 1. Childhood (b) Place of origin 1. England
(c) Cause 2. Mch 1918 2. France

1. unknown
2. Infection

M. F. B. 227.
400M.—11-18.
1772-30-117.

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.)

1. Defective Vision — Right Eye
2. Non Apparent (V.D.S.)

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.)

1. M.O. Report (11-6-19) Witley :-
"Defective vision due to Amblyopia since Childhood. Condition was not Caused and Not aggravated by Service BI
Vis R 1/60 not improved by glasses.
Vis L 6/6
Capt F.A. Macneil
(2) Special Report (19-3-19) Can. Gen Lab :-
Wassermann 2nd Negative
Capt P.J. Mercy
There are no objective Signs of disease.
Subjective 1. partial blindness Rt. eye
2. Nil

(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 (If pulse rate is abnormal, B. P. will be taken.)	no	Genito-Urinary System (Albumen and Sugar will be excluded.)	no
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).)
1. States Rt. eye Condition existed Since childhood. As Form records"
"Error of refraction (29-1-16) 6 C F A; Buried Cu Def. V 1/27
") was infected in March 1918 and received 2 courses of treatment.
M.O. records :- C.S. Hosp (Witley) (15-3-18) to (8-5-18)
V.D.S. No sore or cicatrix of genital Organs :-
Wasserman Pos +++"
& Brimshott (18-2-18) to (14-3-18) V.D.S.

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*).)

MHS 2 C T Rt Knee (15-4-17) to (22-5-17) 2 West Gen. 42 Can Serv.
" " " (22-5-17) to (6-6-17) Epsom
Def: Vision (22-6-17) Brmshott.
Rheumatic Fever (2-3-17) 4 C F A

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

2 Vaccn lt arm

11.—(*a*) Did the disabling condition have its origin before enlistment? 1. Ye 2. 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.)

1. No
2. Na

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) 1. No 2 Ye (b) 1. No 2. No

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent 2. 6 mos

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

14 Arsenical injections
16 Hg. "

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1. No.

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

(2) Suggested that Patient be dealt with on
arrival in Can. in Accord. with P.C.O. 47 (20-1-19)

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

17. Recommendations

Thos. Capt. AMC
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).

(Sim 7-17) I, the undersigned Pte G. E. Dewse have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

No

Pte G. E. Dewse 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.

yes 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.~~) yes cat B I
(*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.)

Suggested he be drafted to D.T.C. in accordance to D.C. 47 of 20-1-19.

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

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

Boarded for D.T.C. with T.U. ag. 9083 of 11-11-18.

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.

H. H. Williamson Capt. *President.*

PLACE Witley — A. Archibald capt. } Members

DATE 11-6-19.

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.

President

PLACE..... } Members

DATE.....

APPROVED BY W. J. Lunn Capt
Assistant Director of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
13 JUN 1919
WITLEY SECTION.

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

DATE.....

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 53903
2. Rank Pte
3. Name Dewse George Edward
4. Unit 18 Batt
5. Date of Discharge 7-7-19 | Place 2 C.D.D

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England C.R.O. 5222)

7. Authority D B 4-7-19

8. Proposed Residence after Discharge
c/o Mrs Lewis
1 Eden Ave, Lytham Lancs

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

~~M. F. W.~~ ? A 473207

George E' Dewse
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date 7-7-19

2 CANADIAN DISCHARGE DEPOT LONDON

Signature J. W. Macdonald Capt
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. ~~£5 00 0~~	* ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/7/17		EFFECTIVE DATE:-	
AMOUNT:- £5 00 0		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs W Dewse (Mother) A F M 30/6/17.
1 Talbot Terrace
Lytham England

~~Stopped Eff 1-12-18.~~

ASSIGNED PAY AND ~~SEPARATION ALLOWANCE~~ BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

Stopped Eff 1-8-19

NAME:- DEWSE George

NUMBER:- 53903.

PARTICULARS OF RANK OR APPOINTMENT E.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 18 Bn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			WORD

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~14/4/18~~	~~2464~~	~~Witley £1 10 0~~	~~7 30~~	Cfd.			
~~July 168~~		~~H W'ley~~	9 73				

Discharged at England 7/7/19 & SD 7/7/19 DB LRC Bal Cy 253 ℔
& cancelled. Rly Witley Letter 25/4/18

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Trans to Rec. Eff 1-12-18 (For Disposal)~~ WORD. N.R 15 30-11-18 L.P.O. Bal. 308 15/-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 March	Bal. Brought Forward								334 78	270 -	
	30 P.P.	33		Supp Chq A0275 18/4/18 Mch/Apl A.P.			30 00				
				AR 96 22/4/18 C&H Witley	2 43				335 35	270	
		33			2 43		30 00				
May	31 -	34 10		A 67734 £3-1-8			15				
				V.D Stoppages 15/3 - 8/5/18. - 55 days @ 6d.		33 00					
				13/0 110 9/5/18. WORD. AR 508 13/5/18 WORD.	7 30						
				- 764 29/5/18 4 Rs.	9 73		17 03		304 02	270	
		34 10			17 03	33 00	15				
June	30 -	33		S 53536 £3-1-8			15				
				AR. 969 17/6/18 ✓	7 30						
				✓ 1116 28/6/18 ~	9 73				305 39	270	
		33			17 03		15				
July	31	34 10		B. 19924 £3-1-8			15				
				- 1355 18/7/18 4 Rs.	9 73						
				✓ 1578 30/7 ~	12 17	21 90			302 59		
		34 10			21 90		15				
Aug	31.	34 10		C-53325 £3. 1. 8			15				
				AR. 1762 15/8/18 ~	7 30						
				- 2004 30/8 ~	9 73				304 66	270	
		34 10			17 03		15				
Sept	30	33		D 9916. £3-1-8-			15				
				AR 2257 13/9/18 ~	9 73						
				- 2468 28/9 ~	14 60				298 33	270	P85d signed 22-11-18
		33			24 33		15				

Total

NUMBER 53903 RANK Pte NAME DEWSE . G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance Bro Ford					298 33	270 -	
Oct	P.P.	34 10		D 52688 £ 3-1-8			15				
				AR 7641 16-10-18 4th Res.	24 33					270 -	
				✓ 2813 30-10-18 -	24 33				268 77		
Nov	-	34 10			49 66		15				
		33		Ck Suff E0225 £ 3-1-8			15		286 77	270	
	~~1st on Def Pay £ 31-10-18~~	~~2868~~ D.							~~315 45~~	270	
				AR 7967 16-11-18 4th Res	7 30						
	Dec. Pay	34 10		E 69082 £ 3-1-8 Dec			15		298 67		
Jan	Jan Pay	34 10		F 13075 £ 3-1-8 - Jan			15		317 67		
		101 30			7 30		45				
Feb.	Feb. "	30 80		C.P. 95545 31-12-18.	29 20						
				✓ 95391 31-12-18.	9 73						
				F 68278 £ 3-1-8 Feb.			15				
Mar	P.P.	34 10		G 21666 £ 3-1-8 (mcl)	38 98		15				
				AR. 4213 18-3-19. 6 Gz Depot	24 33				289 31	270	
		64 90			63 26		30				
Apr				A 9079 £ 3-1-8			15				
May	✓	67 10		AR 303. 8-4-19. R L G. 1	9 73						
				✓ 966. 11-4-19. ✓ 2	9 73						
				✓ 3351 28/4 ✓ 6	7 30						
				A 8889 B £ 3-1-8			15				
				AR 5416 27/3 Ripon 9	29 30						
				✓ 6532 13/5 RDG 11	12 17				258 28		
		67 10			68 13		30				
June	✓	33		B 100851 £ 3-1-8 June			15				
				AR 8847. 27/5. H Wing. 2	9 73						
July		7 70		✓ 7779 20/5 ✓ 2	9 73						
	Inton Def Pay £ 30-6-19	37 65		✓ 10480 8/6 ✓ 2	9 73						
				✓ 12595 16/6. ✓ 4	14 60						
				A 69396 £ 3-1-8 July	43 79		15		262 84		
		78 35			43 79		30				
				AR 168. 1/7/19. H Wing ccc.	9 73				253 11		
		—			9 73						

Checked A 5/11/19

256 28
18 35
3 36 63
83 5 ✓
253 11

30
9 73
43 79
83 5 ✓

A Inton 7/7/19

This is to certify that I have examined 903 Pte. Les. Dewes 18th Bn. and find him to be physically fit

Arthur Backus Maj
M.O. 33rd Bn.

26.4.15

MAY 7 1915
MAY 7 1915

S665-18

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
4th Res Bn	a.	53903.	Pte Dawe G.	15. 3. 18

10. 5. 18 a + Hg

22. 5. 18 Wasserman

21. 6. 18 Observation

REMARKS

NOTICE

To return on the noted dates for further treatment.
While undergoing this treatment the Patient is Category is DLLL and to be assigned Light Duty only, And after 606 Treatment he is excused from all duty for 24 hours in case where reaction is severe he is to be excused for 48 Hrs (Authority A.D.M.S. Circular Letter No7 Part 1
The hour for Parade at the Syphilis Clinic Canadian Special Hospital is 9.30 A.M.
Patients who do not arrive in timefor their Treatments will have to return the following Day.

To O/C. 4th Res Bn

Station and date Witley 3/5/18

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

(9 15 1) W13094—271 30,000 H W V(P 970/2) Forms/I. 1239/6
5004—2308 60,000 6/15

Date 22. 6. 17. Ophthalmic Department

To, M.O. 4 Res Bn.

Rank and Name Pte. G. Dewse. Number 53903

Unit Bn.

Visual Acuity R.E. 1/60 L.E. 6/6.

" " with glasses R.E. L.E.

Unfit Fit

Glasses not ordered

Remarks

Monocular myopia - 8 diopters -
could not wear glass

R. -7 / 1-7 L. +1 / +1 cyl axis

Signed A. H. Veitch
Captain C A.M.C.

Depot Sarcelles 9 Aug

10

Urine Laboratory

Ward Sol. Annex 26 Date 18 2 1918.

Reg. No. 53903 Rank Pte Name Lewis Unit 4 Res.

Reaction Acid Sp. Gr. 1032 Bile

Albumen neg Sugar neg Blood

Sediment

F. Rawlins Capt. C.A.M.C.
M.O. i/c Ward.

R. K. J. Thomson Capt. C.A.M.C.
Officer i/c Laboratory.

Reserved for M.H.C.

Regt. No. 23403 Rank Pte Surname Dewse Christian Name George

Unit or Corps—(a) Overseas from United Kingdom 18th Btn (b) in United Kingdom W.O.R.D.

Born at—Town York County or Province Yorkshire Country Eng

Date of Birth—Day 22nd Month April Year 1885 Age 33 yrs. 4 months.

Joined at Valcartier Date 26th Aug 1914

Former trade or occupation Clerk

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 7 3/4 Colour of eyes Hazel

Signature of Soldier (*for identification purposes*) G Dewse

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.			
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ?

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

5. MEDICAL HISTORY.

6. PRESENT CONDITION.

7. OPERATION. (*i.*) Was one performed ? (*ii.*) If so, state what.

(*iii.*) Was one advised and declined ?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (*i.*) Is there loss or decay of teeth attributable to Active Service ?

(*ii.*) If so, describe.

9. DO YOU RECOMMEND :—

(*a*) Fit for duty ? (*state category*)

(*b*) Invalid to Canada ?

(*c*) Discharge from the Service as permanently unfit ?

Date of Report.....191...

Signed.....
Officer in medical charge of case.

Station.....

I have satisfied myself of the general accuracy of the above Report, Not in Hospital

and concur therein *except .....{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at .....Station, on.....191.....

*Delete if inapplicable.

10.

11.

12.

13

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)?
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:— (*a*) Negligence of the Soldier { Caused? / Aggravated? } (*b*) Misconduct of the Soldier { Caused? / Aggravated? }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*)

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*)

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent?

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

18. REMARKS:— A.G./ 9083 11/11/18

19. RECOMMENDATION:—
(*a*) Fit for duty? (*state category*)
(*b*) Invalid to Canada?
(*c*) Discharge from Service as permanently unfit?

Date of Board

Signatures of the Board { *President.*

Station

Approved A.D.M.S.

Dated at Station 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1241	53903	Pte	Dewes	G.
Year 1918	Unit. 4th Res.		Age. 33	Service. 4 2/12.

Station and Date.	Disease
	Tonsilitis – (Swelling of Submaxillary gland)
	P.D. Inflammation of Submaxillary Gland R side.
	He has never had this condition before.
	He has had quinsey (peritonsillitis) several
	times before he joined us. Temps normal
25/2/18	The condition of swelling has subsided
	considerably and patient is improved greatly
10/3/18	Glands of both sides of neck very much
	enlarged, not painful, tonsils slightly
	inflamed.
6/3/18	Wasserman Routine
16/3/18	Transferred to Witley Dre Hosp
	Kell Bone Capt.

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp,
Surrey.
NOV 19 1918
Date.....1918.

Reg.No.37903.Rank.Pte.Name.Delvoie J.....

Unit.....R.D.C.....

	WITHOUT GLASSES.	WITH GLASSES. (as per prescription below) SPH. CYD. AXIS.
VISUAL ACUITY. R:-	1/60	With
VISUAL ACUITY. L:-	6/6	with

Catogory recommended is :- B1

Glasses not ordered.

Remarks:-

Defective vision due to old choroiditis previous to enlistment. He claims eye was perfectly good at time of enlistment His original M.H.1. shows it was not. He also claims it has got rapidly worse under service. I am of the opinion there has been very little change if any.

Capt. C.A.M.C.
Eye & Ear Specialist,
Witley Camp, Surrey.

Form D.M.S. 1348 (Revised).
2075—30m—2/12/fo.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

27—7—1917

No. 53903 Rank Pte Name Deuse—G.

Local Unit 4th Res Bn (18) Overseas Unit 18th Bn Age 33

Examination held in Bramshott area.

DISABILITY. DEFECTIVE VISION

Overseas—Local. D.A.H.
(scratch one out)

PRESENT CONDITION.

Pp. report. R.E. 1/60 — L.E. 6/6

This O.R. cannot shoot - finally Shoulder. He has a rapid heart action and is very nervous - will make B. category in less than 6 months.

Board recommends: C4 (one month)

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

Signatures:

A Cooper Ch Pres.

Members: J.A. Dickson Major
H. Fairfax Cox

Approved.

Bramshott 27 July 1917

D.H.A. Burn Major RAMC
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

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

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 4th Res. Military Hospital 12

No. 53903 Rank and Name Pte Dewes. G. Age 33 Service 42/12

Disease Tonsilitis Date of admission 19. 2. 18 Date of discharge _____ Result _____

Dates of Observation	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Days of Disease																											
Temperature, Fahrenheit — Time A.M. P.M.																											
Pulse per Minute				80	74	74	88	96	100	110	90	100	80	80	78	78	80	100	100	80	84	80	84				
Respirations per Minute				20	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18				
Motions per 24 Hours																											

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

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature A. Roberts, Capt. In charge of case.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 53903 Rank Pte Surname Devose Christian Name George

Unit or Corps—(a) Overseas from United Kingdom ..... (b) In United Kingdom 10 C.D.D.

Born at—Town York County or Province York Country England

Date of Birth—Day 22nd Month April Year 1886 Age 31 yrs. 10 months.

Joined at Galt Ont Date Sept 14th 1915

Former Trade or Occupation clerk

Permanent marks or peculiarities that will serve for future identification :

none

Height—feet 5 inches 7 Colour of eyes Hazel

Signature of Soldier (*for identification purposes*) G Devose

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): Defective vision

Disabilities Group (*b*): Dilatated action of Heart

Disabilities Group (*c*): ~~Nervous Debility~~ Ewn

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin	Date of origin.
(*i.*) As to Group (*a*) above.	Monocular myopia	France	Jan 1916
(*ii.*) As to Group (*b*) above.	active Service condition	Frane	Oct 1916
(*iii.*) As to Group (*c*) above.	~~active Service condition~~ Ewn	France	Oct. 1916

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ? no

(*i.*) As to Group (*a*) above ? If yes, has Active Service aggravated it ? v

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ? v

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ? v

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? yes

(*ii.*) As to Group (*b*) above ? yes

(*iii.*) As to Group (*c*) above ? yes

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes (*ii*) While off duty? No

(*iii.*) Was a Court of Inquiry held? No (*iv.*) Where? Not applicable (*v.*) When? Not applicable

(*vi.*) Opinion of the Court? Not applicable

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

Was returned with D.C.S. from France March 1916
Reported to 4th Reserve June 1917. Boarded at Brantford
27.7.17 for Defective Vision and N.A.H. - placed in
Category C ii.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Alimentary System - Normal - Hearing - Normal
Respiratory, urinary - Normal
Circulatory System - Heart rapid - pulse 100 - complains
of shortness of breath.
Vision R.E. 1/60 L.E. 6/6.
monocular myopia
Could not wear glasses
Signed A.H. Belch

8. OPERATION. (*i.*) Was one performed? No

(*ii.*) If so, state what. -

(*iii*). Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe.

No

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? Yes B ii. Not likely to be passed.

(*c*) Invalid to Canada? No

(*d*) Discharge from the Service as permanently unfit? -

Date of Report Feb. 16th 1918 Signed E.C. Nolan Capt

Officer in medical charge of case.

Station Brantford Hants

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... { Officer i/c S.M.O. / Hospital Brigade } Strike out one of these.

Dated at ..... Station, on ..... 191....

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? / Aggravated? } (*b*) Misconduct of the Soldier { Caused? / Aggravated? }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).

(*i.*) Is it permanent?

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :—(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalid to Canada?

(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

Station

Signatures of the Board. *President.*

Approved A.D.M.S.

Dated at Station 191

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

60

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out. Hut 26

Name Deweese Reg. No. _____ Rank Pte Unit. _____

Date of first sore none If T. pallidum Found _____

Secondaries if any during last month?

Other symptoms whitish membranous throat.

Treatment if any none. Only tonic and throat paint and gargle. Arsenical. —

Mercury. —

Last infection of Arsenical Compound, dated,

No 12 Can. Gen. Hospital. Ward Hut 26 Date Mar 6 Sig. A. Robertson

---

RESULT OF WASSERMAN TEST. WASSERMANN POSITIVE +++

Army School of Sanitation.

Date _____ Serial No- _____

Geo. R. Lines

Capt. R.A.M.C.

6

CANADIAN SPECIAL HOSPITAL
Wisley Camp, Surrey

March 21 1919

CERTIFICATE OF DISCHARGE FROM V.D.S. CLINIC

To; 6 C A Res Dn
Wisley

53903 Pte
Deuse G.
A Res

Sir;-

The marginally noted soldier has received sufficient intensive treatment for Syphillis at the present time. He is not infectious, and may be returned to Canada or discharged in England forthwith. He should report to the nearest Special Hospital or Clinic about June 1919

Major, C.A.M.C.
Officer i.c. V.D.S. Department
Canadian Special Hospital, Wisley.

Ref. L.F.V-2.(b).

Canadian Special Hospital,
Witley Camp, Surrey.
November 20th. 1918.

To:- Officer Commanding,
W.O.R.D., Witley Camp.

53903, Pte.
DEWSE, G.

The marginally named soldier has active syphilis and should attend at this hospital as an out-patient for further treatment. Please have him report to-morrow 21st. inst. at 9 a.m.

Kindly acknowledge receipt of documents on duplicate copy of this letter.

F. R. Stone

Lt-Col., C.A.M.C.
Officer i/c Canadian Special Hospital.

Sent 21-11-18

Canadian Special Hospital,
Witley Camp, Surrey.
November 20th. 1918.

To:- Officer Commanding,
A.D.L.S., Witley Camp.

Sir,

The undersigned begs to report that he
proceeds and should attend this Hospital as an
out-patient for further treatment. These days
and report to-morrow 21st. inst. at 9 a.m.

Kindly acknowledge receipt of documents
handed to orderly this letter.

Lt-Col., C.A.M.C.
Officer i/c Canadian Special Hospital.

Canadian Concentration Camp, Witley.

The Long Medical Board of the Officer or soldier whose documents are attached has been completed and will be forwarded to the Orderly Room when triplicated.

DATE..... 1919. .....
For Officer i/c Medical Boards.

Forms
I. 1237
12

MEDICAL OFFICER

Capt. Macalpine

Army Form I. 1237.

WARD M.S.3

France

MEDICAL CASE SHEET.*

Bx/2

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4614	53903	Pte	Deuse	Geo
Year 1917.	Unit. 18th Canad. Hy. Bo		Age. 32	Service. 2 yrs 12

Station and Date

Disease

DATE OF ONSET OF INJURY OR DISEASE. 14/3/17

Salford Royal Hospital

~~8-4-17~~

14/4/17

D.C.T. Knees,

Mist Sodii Salicylat 3jss T.I.D.

17/4/17 Ft for Rest Chair

20/4/17 Withington Hosp. Bolton. 20/4/17. Ba Admission. Temperature. Wound healed. Massage.

May 9th 1917 Fit for discharge. Class ii

J Scott m.o. i/c.

22.5.17 Trans: to Canada; Conv. Hosp: Epsom.

Kin.

Kentsough
Wilmslow
Cheshire

FOR TRA

INOCULATION AGAINST

TETANUS		TYPHOID		
UNITS	DATE	TV 1	TV 2	TV No.

ENTERI

Feb 1917

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

(41502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

R—122.

Rank Name DEWSE George, E. Reg'l No. 53903

Unit 12th Res. to 18th Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment London 26th ~~April 1915~~ Oct 1914. Place of Birth England

Name and Address, Next-of-Kin Wm Dewse Wilnslow Cheshire England

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 9289
File R.
Categ. ENG OR

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
~~29-4-15~~	~~OC 18~~	~~Arrived per S.S. "Grampian"~~	~~England~~	~~29-4-15~~	~~Inform Form~~
28-6-15	OC 12th.	Taken on Strength A No 2 Coy.	Shorncliffe	27-6-15	Part II 0653.
6-9-15	OC 12th	Struck off. Transferred 18th Bn	"	1-9-15	" " " 1204 {Part II 6-9-15 No 362
18-9-15	O.C. 18th	Embarked for France	Folkestone	14-9-15	Inform. Form
6-9-15	"	Transfd to 18th Battn	W. Dandling	1-9-15	Part II D.O. No. 362
12-2-16	W.O.	6th Can. F. Amb. Div. Rest Station	In Field	24-1-16	Cas. List 141, Error of Repatriation
15-2-16	"	Discharged to Duty "		27-1-16	" " 143 "
21-5-16	O.C 18th	Granted 8 days leave to England from		7-5-16	Part II 21.
23 3/17	" "	Adm 2nd Can Gen Hosp.	Le Treport.	14 3/17.	C.L.A 464. 1C. 2. Knees St.
24/4/17	" "	" 2nd West" Gen Hosp.	Manchester	14.4.17	" B 336 "
23-4-17	" "	Posted to W.O.R.D (Sick)	Field	13-4-17	Part II Orders 43 d 26/4/17
26.5.17	" "	Esc to C.C. Hp Woodcote Pk	Epsom	23.5.17	C.L. B 364

53903 Dewse G.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
12.6.17	4th Res	TOS from WORD	Bisloft	6.6.17	Pte 138 WORD 1585 d/12.6.17
14.6.17	18th Bn	Disch'd C.C. Stp Woodcock Pte	Epsom	" "	CL B378
31.7.17	4th Res	S.O.S. to WORD att'd 4th Res.	Pte Bisloft.	27.7.17	Pte 180 WORD 1585 d/18/17
16-2-18	"	Leaves attached.	"	16-2-18	Pte 140 WORD 1585 d/22.2.18 4th Res Bn WO 43
20.2.18	WORD	cease to be attach 4th Res Bn	—	20-2-18	3rd Bn WO 43
16.5.18	4 Res.	Att'd from W.O.R.D.	"	Witley 16.5.18	DD 116 (WORD DD 117 17/5/18)
17.7.18	—"—	Leaves att	"	" 17.7.18	" 1678 WORD 1684 19.7.18
19-11-18	"	Leave to be Att	"	" 19-11-18	—"— 274
14.6.19	H.Wing	T.O.S. for R.T.C	"	" 26.5.19	" 56 & WORD 144 d/12-7-19
11.7.19	H Wing	Lot to R Wing	—	— 3.7.19	640 R Wing 80 d/12.7.19.
22.7.19.	R Wing	Lot having been discharged in B.J		7.7.19	DD 88.
	"	Discharged in Newfoundland		7.7.19	Dis Board Item Roll 899
				7.7.19	& R 899

No. 2 Canadian Discharge Depot,
133, Oxford Street, London, W.1.

.....1919.

I HEREBY CERTIFY that I desire to secure my discharge in England and waive all claim on the Canadian Government for transportation to Canada for myself and dependents.

I HEREBY ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

WITNESS S E Dorcen SIGNATURE [illegible]

Army Form B. 103. Regimental Number 53903

Casualty Form—Active Service.

Regiment or Corps 18 Canadian Bn

Rank Pte Surname Deuse Christian Name S. C.

Religion ..... Age on Enlistment ..... years ..... months.

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

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

Extended { ..... } Re-engaged { ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

..... 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...			
18-2-18	W.O.R.D	Ceases to be attached to the 4th Res Bn for employment	B'shott	15-2-18	Lo H 41
20-2-18	W.O.R.D	admitted to C.M.H. B'shott	do	18-2-18	Lo H 43
26-3-18	W.O.R.D	Transferred from C.M.H. B'shott to C.M.H. Witley	do	14-3-18	Lo H 67
8-5-18	W.O.R.D	Discharged from Hospital attached to depot Coy	Witley	8-5-18	Lo H 129
17.5.18	W.O.R.D	Attached to 4th Res Bn for Employment.	Witley	16.5.18	D. Q.M.G.

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

[P.T.O.

[M1:01] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

West Ont: Regtl Depot Issue Advt

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				
16-5-18	O/C 4th Res. Battn	Attached for employment from W.O.R.D.	Witley	16-5-18	R. 2 order No. 116.
17-7-18	do	Ceases to be attached on return to W.O.R.D.	do	17-7-18	Part 2 order No. 167.
					ADJUTANT 4TH CANADIAN RESERVE BATTALION
19-7-18	W.O.R.D.	Ceases to be on command to 4th Res. Bn. on reporting & attached Depot.	Witley	18-7-18	D.O. 148
22-7-18	W.O.R.D.	Ceases to be attached Depot Coy and on command to 4th Res Battn	Witley	20-7-18	D.O. - 170
					Lieut Offrs i/c Records W.O.R.D.
23-7-18	4th Res Battn	Attached from W.O.R.D.	Witley	20-7-18	Part 2 order No. 172.
19-11-18	— do —	Ceases to be attached on return to W.O.R.D.	Witley	19-11-18	H.Q. D.O. 794
					LIEUT. & ADJT. FOR O.C. 4TH CANADIAN RESERVE BATTALION.
		DISCHARGED IN ENGLAND, K.R. & O. PAR. 392, SEC. XXV.			
		Officer Commanding No. 2 Canadian Discharge Depot			

(9173)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Temporary

Army Form B. 103.

Certified Correct by Officer i/c Records 10/8/16 (W.I. 101/24)

Casualty Form—Active Service.

(From 12th Bn.)

Regiment or Corps 18th. Canadian Bn.

Regimental No. 53903 Rank Pte. Name Dewse G.E.

Enlisted (*a*)____ Terms of Service (*a*) War Service reckons from (*a*)____

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

Extended____ Re-engaged____ Qualification (*b*)____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nom Roll
29-1-16	6 Can Fld Amb	Error of refraction. Admitted	6th Can Fld Amb.	24-1-16	A 36, 29 1/16. Des. 107, 8 2/16.
29-1-16	do	do Transferred	To 6th Can Fld Amb. D.R. Stn.	24-1-16	do do
29-1-16	6 Can Fld Amb D.R. Stn.	do Admitted	6th Can Fld Amb, D.R. Stn.	24-1-16	A 36, 29 1/16. Des. 110, 11 2/16.
29-1-16	do	Discharged to duty	To duty with unit	27-1-16	do do
22-2-16	18th Bn.	Rejoined unit	In the Field	27-1-16	Letter, 22 3/16. Des. 123, 1 3/16.
12-5-16	18th Bn.	Granted 8 days leave		7-5-16	B. 213. Pt. II Order 21, 21 5/16.
19-5-16	do	Returned from leave		18-5-16	do Des. 200.
12-3-17	4 C.F.A.	Rheumatic fever. Adm.	4 C.F.A.	11-3-17	A 36. Des. 277.
14-3-17	2 Can Gen.	I.C.T. Knees. Adm	No. 2 Can Gen.	14-3-17	W 303-4.
30-3-17	do	do Trans.	to England	30-3-17	do.

(*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.

OVER

53903 Pte. Dewse G.E.

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.
13-4-17	H.S. Grantully Castle	I.C.T. Rees (slt) Adm. (Posted to West. Ont. Regtl. Depot, Bramshott)	H.S. Grantully Castle	13-4-17	W3083 (Can. Sect. No. 1846) Pt. II Order 28, 23/4/17.
					Whogan Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
26.4.17	W.O.R.D.	To Sonadm to hosp in Eng.	Bishott.	14.4.17	Pte do 43.
24.4.17	18th Bn	Adm 2nd West. Gen. Hosp	Manchester	4.4.17	Ch B 326
26.5.17	" "	Ex to C.C. Kp Woodcote Pk	Epsom	23.5.17	" " 364
Recd					B R Myers LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
12-6-17	O/C 4th Res Bn	J.O.S. 4th Res. Bn from West. Ont. Regt. Depot.	Bramshott	6-6-17	Part 2 order No 138.
31-7-17	do	S.O.S. 4th Res. Bn. on posting to W.O.R.D. and attached to 4th Res. Bn. for employment.	do	27-7-17	Part 2 order No 180.
16-2-18	O.C.4th. Can.Res Bn.	Ceases to be attached to 4th.Res.Bn. on return to W.O.R.D.	Bramshott	16-2-18	Pt.2.Order No.40 ---------- Lieut. A/Adjt for O.C.4th.Canadian Res.Bn.
28-7-17	W.O.R.D.	J.O.S on posting from 4 Res Bn and will be struck on strength of and to that unit for employment C2	Bramshott	1-8-17	Part 2 order 125
W.O.R.D	Category B II		Bramshott	22-9-17	Part 2. order 169