

S

REGIMENTAL DOCUMENTS

I

NAME *ACHESON. Thomas. Andrew.*

REGT. NO. *3235071*

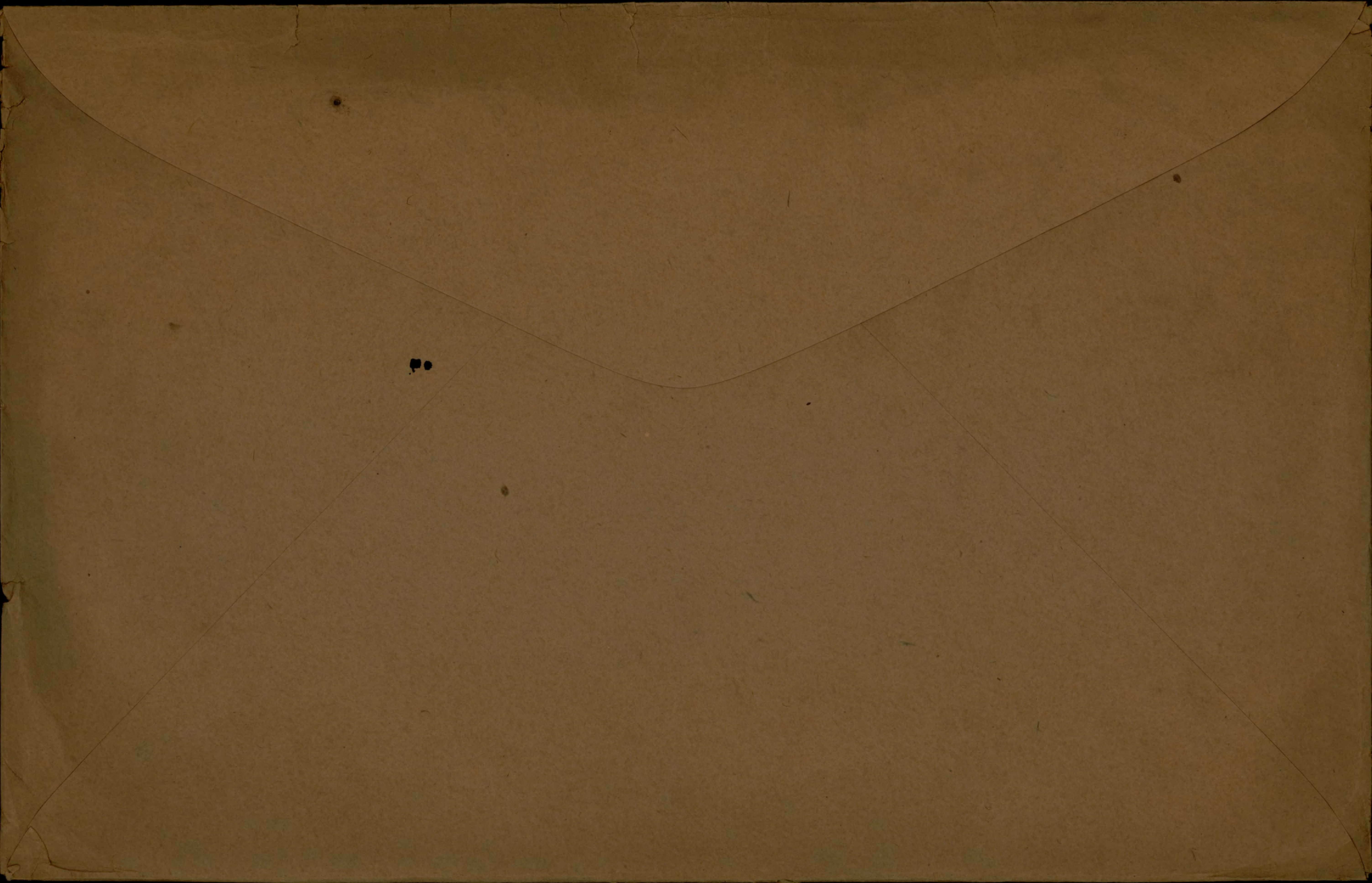
UNIT *CADC.*

H. Q. FILE NO. *667*

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
<i>2</i>	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">C</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">H</div> </div>			DEATH	
<i>/</i>	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
	TRAINING HISTORY SHEET (M.F.W. 113)						
<i>/</i>	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
<i>/</i>	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
<i>/</i>	DENTAL HISTORY SHEET (M.F.B. 465)						Category
<i>2</i>	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
<i>/</i>	MEDICAL EXAMINATION (M.F.W. 129)						
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)						
<i>/</i>	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
	PARTICULARS OF CHARACTER (A.F.W. 3226)						
<i>/</i>	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
	<i>Pay sheets</i>						

Deserced 14-2-54

30



ATTESTATION PAPER.

No. 3235071

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|-----------------------------|
| 1. What is your surname?..... | ACHESON, |
| 1a. What are your Christian names?..... | Thomas, Andrew |
| 1b. What is your present address?..... | 692 Ossington Ave. Toronto, |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Toronto, Ont. |
| 3. What is the name of your next-of-kin?..... | Eliza, Acheson, |
| 4. What is the address of your next-of-kin?..... | 692 Ossington Ave. Toronto, |
| 4a. What is the relationship of your next-of-kin?..... | Mother, |
| 5. What is the date of your birth?..... | February 5th., 1894, |
| 6. What is your Trade or Calling?..... | Clerk, |
| 7. Are you married?..... | No. |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | 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. | No. |
| 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. |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | No. |
| 14. If so, what was the nature of the disability? .. | Nil |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. | No. |
| 16. If so, what was the reason?..... | Nil |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas, Andrew Acheson, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Thomas Andrew Acheson (Signature of Recruit)

Date May 20th., 1918 191 *William Gilbert* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas, Andrew Acheson, 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.

Thomas Andrew Acheson (Signature of Recruit)

Date May 20th., 191 *William Gilbert* (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 Toronto, Ont. this 20th. day of May 1918.

W. H. Sharp (Signature of Justice)

Description of ACHARSON, Thomas, Andrew on Enlistment.

Apparent Age 25 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 6 ins.

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

Complexion Fair,

Eyes Brown,

Hair Fair,

Religious denominations. { Church of England English,
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

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 May 20th., 1918

Place Toronto, Ontario.

[Handwritten Signature]
 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.

Thomas Andrew ACHARSON, 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.

[Handwritten Signature] (Signature of Officer)

Date 20th May 1918

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

3235071

Private

THIS IS TO CERTIFY that No. Thomas, Andrew, (Rank).....

Name (in full) C.A.D.C. M.D. No. 2 enlisted in

the Toronto, Ont. 20th.

CANADIAN EXPEDITIONARY FORCE at 18 on the.....

day of May 19 CANADA

HE served in Medically Unfit for

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

25 years

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

Age Fair

Marks or Scars

Height Brown

Complexion Fair

Eyes.....

Hair.....

Thos. Thomas
Signature of Soldier

William Gilbert
Issuing Officer

Date of Discharge April 1st., 1919

Lt. & Adj.
Rank 19

Date 19.....

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

MEDICAL HISTORY SHEET

Surname ACHESON, Christian Name Thomas Andrew,

Examined { on _____ day of _____ 191____
 at _____

Approved by *[Signature]*

Birthplace { City or Town Toronto, Ont.
 County York, Rank Capt M.O.

Apparent age 24

Trade or occupation Clerk, M.O.

Height 5 feet 6 Inches M.O.

Weight 130 lbs. M.O.

Chest measurement { Minimum _____ inches M.O.
 Maximum expansion _____ inches M.O.

Physical development _____ M.O.

Small-pox Marks _____ M.O.

Vaccination Marks { Arm Right Left
 Number _____

When Vaccinated last 15 years ago M.O.

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection _____ M.O.

Enlisted on 20th day of May 1918 at Toronto, Ont.,

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>CADC.M.D.#2,</u>	<u>3235071</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Ex. Camp, Toronto.</u>	<u>Mar. 27/19.</u>	<u>Fracture of right elbow. (Olecranon Process right tibia.) C.1 <i>[Signature]</i> Major, A.M.C. President Home S. D. Board.</u>	

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

CASE HISTORY SHEET.

Military Wing Toronto General Hospital

Hospital.

Toronto

Station.

No. 3235071 Rank Pte. Name Acheson, Thos. A. Age 24

Unit CADC Completed years of service Where and how long

Date of admission 19/6/18 Date of discharge 5/10/18

Diagnosis Fractured Olecranon Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Fell on elbow on

June 18/18 with pain on moving elbow. Was able to get up but could not move arm freely. Put up in sling overnight. On admission arm flexed with separation of two parts of olecranon. Arm could not be extended fully owing toiceps, but arm was placed on posterior saddle splint with arm in extension. The two fragments did not approximate nearer than half an inch.

22 X ray shows tip of olecranon separated 1/2 inch from main part. Operation advised.

24/6/18 General Anesthetic. Wound opened by incision

Fragment drilled & covered with fine silver wire. Joint closed with catgut and surface with silk. Arm put out in extension with posterior plaster splint

29/6/18. Arm put up in flexion

30/6/18. Fluoroscopic examination shows separation of fragments.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

4/7/18. Arm fluoroscopic & placed in extension

5/7/18. Sutures removed. Wound has slight skin slough over flap. Upper fragment wired in position

TREATMENT

(Especially any specific or special form.) 7/7/18. Fluoroscope shows wire broken.

8/7/18. Posterior plaster splint applied.

14/7/18. Wound dressed. Sloughing ^{over} discharged small amount of pus.

28/7/18. Wound still discharging pus. Dressings

21/7/18. Fluoroscope shows fragment not quite in approximation. closer at lower end. Surface healing rapidly.

CONDITION ON DISCHARGE

(and disposal made of case.)

24/7/18. Surface clean. no pus but not healed

Date Medical Officer i/c case.

Exhibition Camp, Toronto.
Mar. 26, 1919.

Pte. ACHESON THOS. Andrew. #3235071.

HISTORY Enlisted May 1918. Fractured Olecranon process, right ulna June 1918. In Hospital until Oct. 1918. for operation of wiring fracture.

OBJECTIVE: The fracture of Ulnar is still un-united leaving an interval of $\frac{1}{4}$ " between two fragments of olecranon, and filled by fibrous tissue.

Flexion of elbow normal in range and power. Extension to 155° both actively and passively, due to callous at site of fracture. Power of extension not more than 25% of left side. No muscular atrophy.

SUBJECTIVE: Weakness of right elbow.

Inability to properly extend elbow.

DIAGNOSIS:

Non union of fractured olecranon.

RECOMMENDATION: For operative treatment.

Disability: Due to service, estimated at 20% permanent without operation.

Chas. G. Shuttleworth
Major. (SGD).

CASE HISTORY SHEET.

Hospital.

Station.

No. Rank Name Age

Unit Completed years of service ^{Where and how long}

Date of admission Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Sept. 22/18. Patient is removed from posterior splint and has daily massage. Fragment is very closely approximated. X-ray shows considerable separation of bones.

Sept 29/18. Fragment of olecranon is in good position. Patient is getting massage of muscles daily. His arm is getting greater flexion and extension.

October 4/18. Arm is getting stronger and position is good. Transfer back to unit recommending massage and passive movement. To report back for observation in 4 fortnights time.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date

Medical Officer i/c case.

DENTAL HISTORY SHEET

#2

DISTRICT

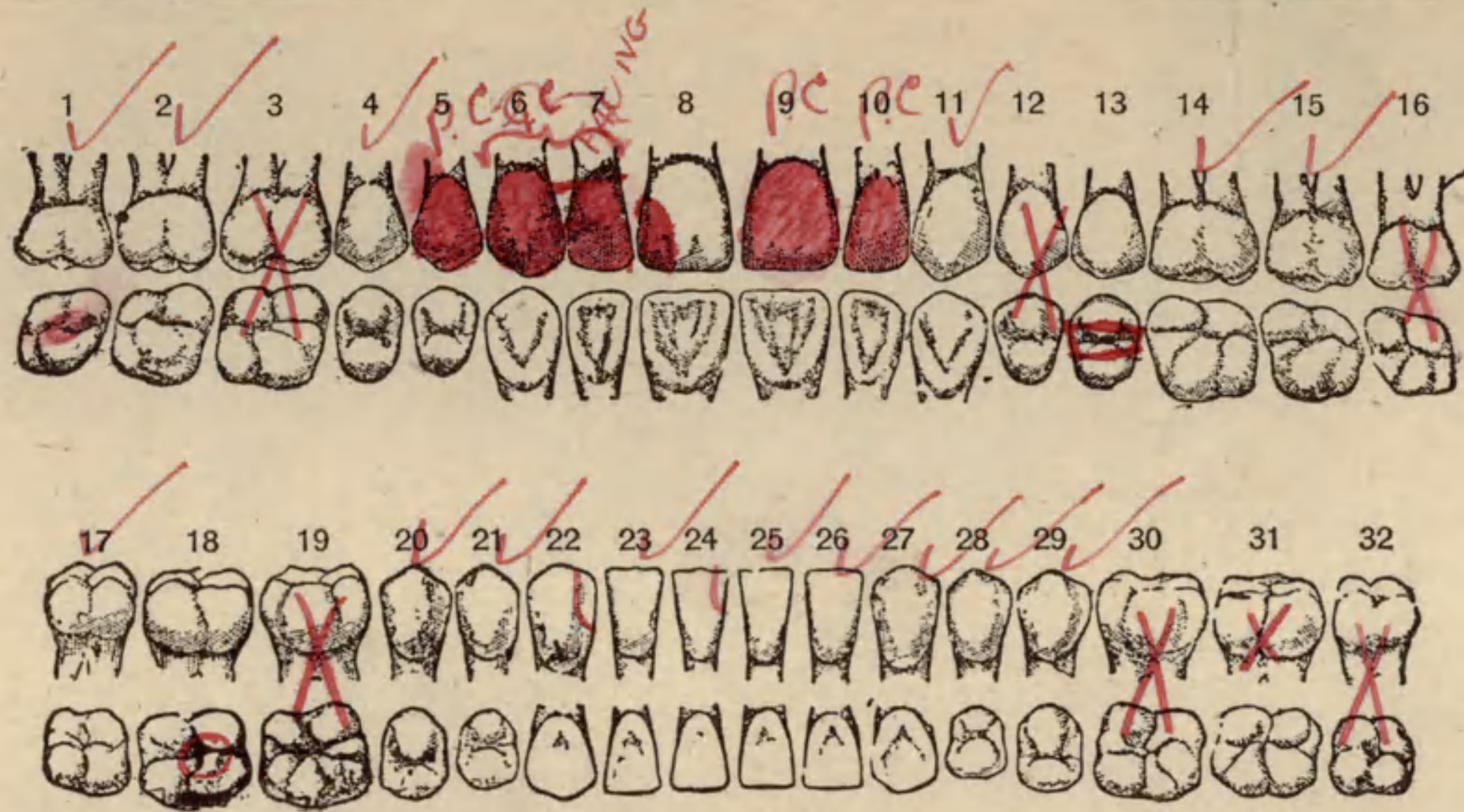
CANADIAN ARMY DENTAL CORPS

M.F.B. 465.
200M. - 0418.
3772-39-550.

NAME OF SOLDIER *Thomas Archibald*

REGIMENT *C. A. D. C.* RANK *Pte*

No. *323507*



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				

*Discharge Exam.
At Exhibition Camp
Date: MAR 27 1919*

Certificate issued for

Fellows

*H. Remples
Major*

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3235071 Rank Pte Surname ACHESON (Given name in full)

Unit or Corps C.A.D.C. MA # 2 Birthplace Toronto Ont. Thomas Andrew

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 123 lbs. Height 5 ft 5 in. Colour of Eyes Brown
Nutrition Good
Pulse 74
Condition of arteries Good
Vision Rt. 0.30 Left 0.30
Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin). Scar Back of Rt elbow. Punct. Lulstment

Stok Correct

Opinion as to general health and physical condition B2

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System Genito Urinary Sytem Cardio-Vascular System
Special Senses Integumentary System Respiratory System
Disturbance of mentality Muscular System Digestive System
Osseous and Joint System Any other general condition

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ex. Camp. Toronto (Canada)

March 26th 1919,

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

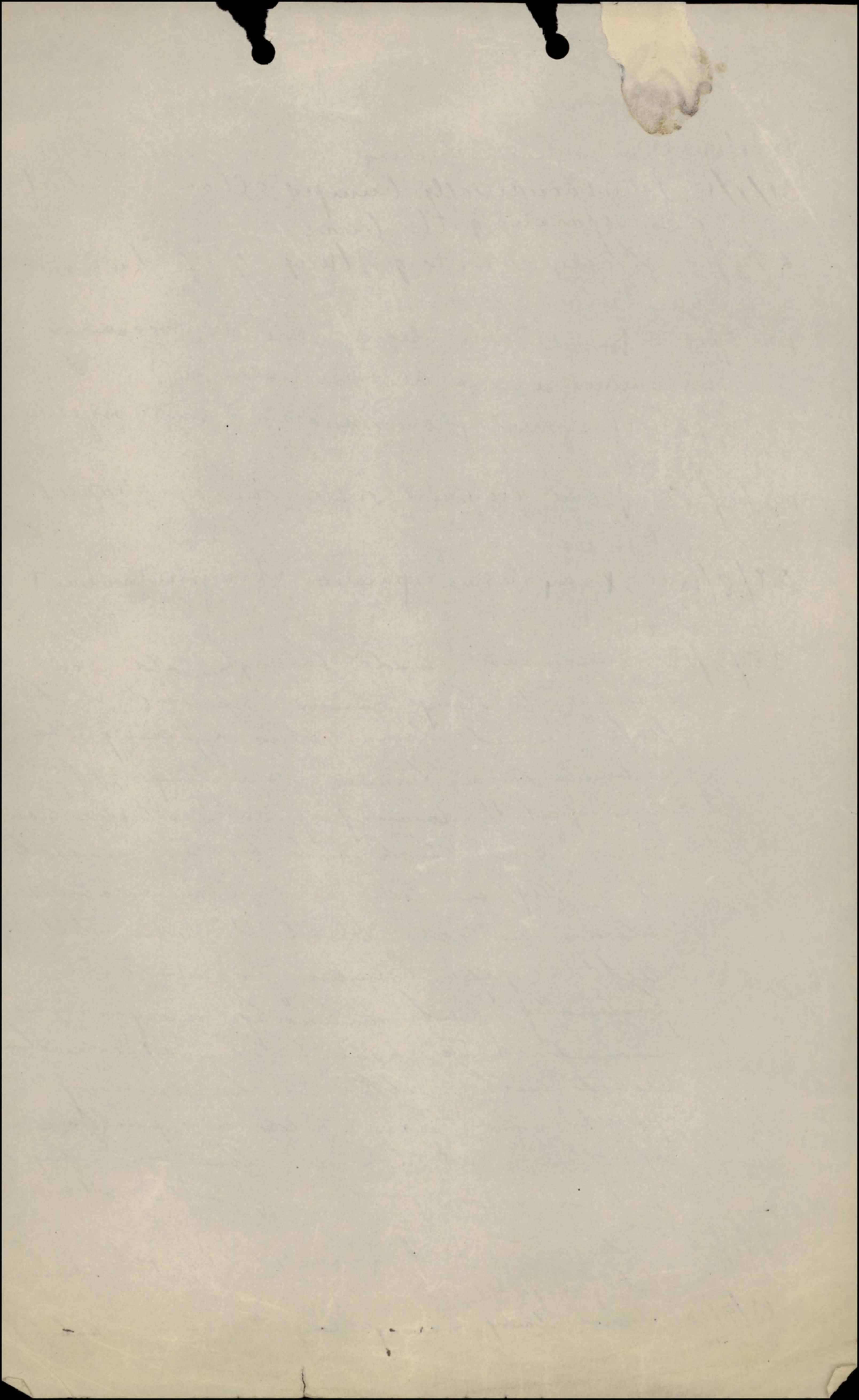
Signature *W. S. Schermer*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

- 27/7/18. Wounddied, no discharge. In Benz Co Dressing
- 31/7/18. Patient accidentally bumped elbow on street
causing separation of the bone.
- 3/8/18 Daily Massage strips of r.h. bump
this ^{bone} into position.
- 10/8/18 Small piece of bone able to be massaged
downward a considerable distance
- 16/8/18 - Fragment of bone massaged into complete
opposition
- 22/8/18. Bone fragment after massage strapped
into place.
- 29/8/18. X ray shows separation of fragments about
 $\frac{1}{4}$ inch.
- 30/8/18. Incision made through old scar
about $2\frac{1}{2}$ " long convex upward and
flap turned down thus exposing the
subcutaneous tissue covering upper
and part of lower fragments of olecranon.
Silver wire which had broken removed.
Bone peg inserted from above downward
entering in all about 2". This still
left a gap between fragments
posteriorly but anteriorly margins were
considered to have been in approximation.
Closed with silk. Kirsch dressing
applied and arm held in position
of flexion at right angle at elbow joint by
anterior and posterior plaster of plate.
- 9/9/18 Sutures removed - healed by 1st intention
not painful.
- 15/9/18. Advise daily massage. Condition seems satisfactory



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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **C. A. D. C., M. D. 2**

Regimental No. **3235071** Rank **Pte.** Name **ACHESON Thomas Andrew**
C. E. F.

Enlisted (a) **20-5-18** Terms of Service (a) **D. of W.** Service reckons from (a) **20-5-18**

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) **Clerk**

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				
31-3-19		Discharged from CADC MD 2 with effect from April 1st., 1919, Authority, Medically Unfit for Service. Daily Order 90 of March 31st., 1919			<i>W. G. Herbert</i> Lt. A/Adjt. for A.D.D.S. M.D. 2

(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.

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				

Surname *Acheson* H. Q.
Christian names *Thomas Andrew* M. D. No. *2*
Regtl. No. *3235071* Rank *Ote* T. O. S. 19
Unit *Can. Ont. Regt. 1st Dep. Bn* D. O. Pt. II of
S. O. S. 19
Reason
Auth.

Next of kin *Acheson Mrs Eliza* Relationship *Mother*
Address *692 Ossington Ave* Also notify:
Toronto, Ont.

BORN—Place *Canada, Toronto, Ont* Date *Feb 5th 1894*
ATTESTED—Place *Toronto, Ont* Date *May 20th 1918*
O/S R/C

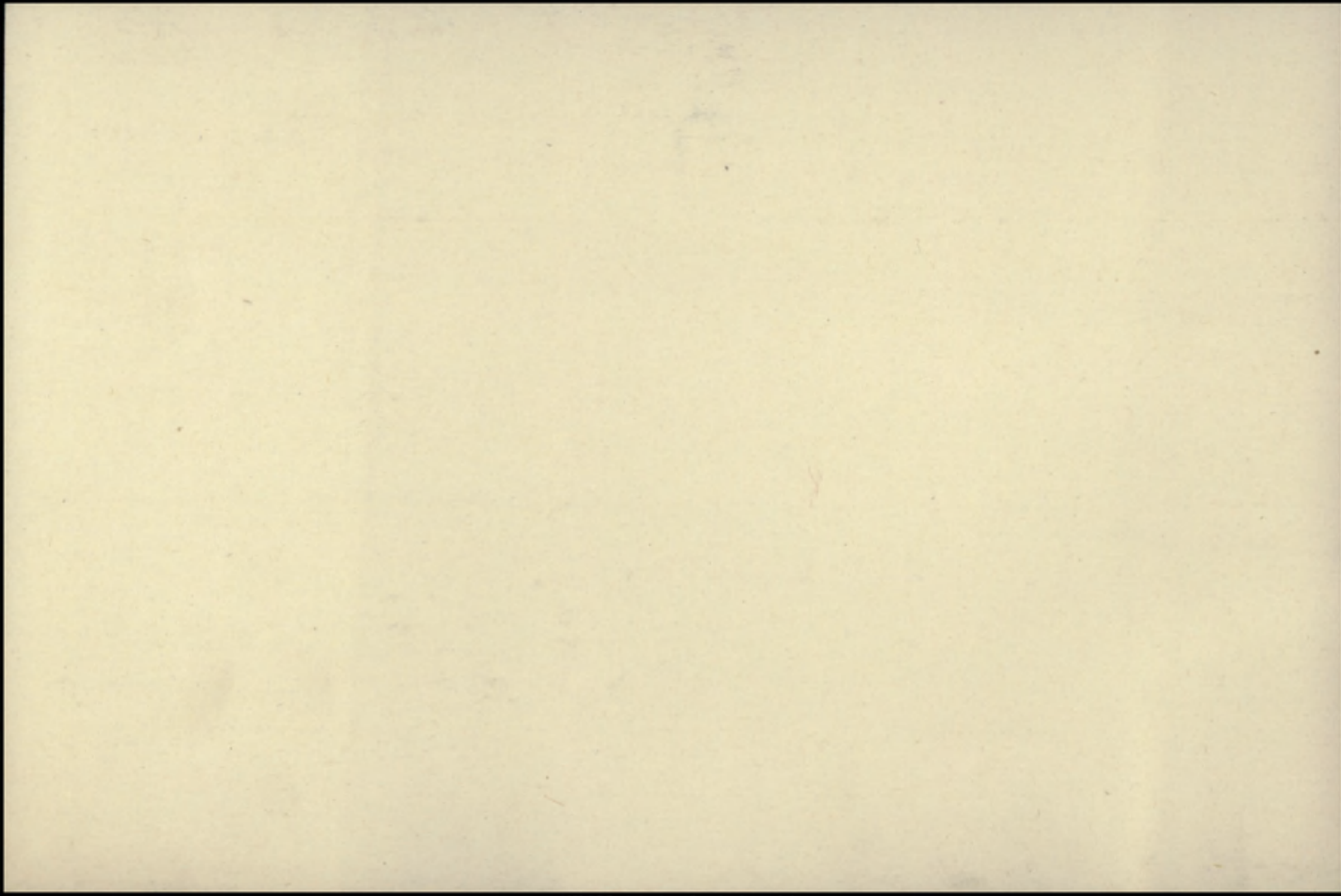
Complexion Fair.

Eyes Brown Hair Fair.

Surname *Acheson* H. Q. L
 Christian names *Thomas Andrew* M. D. No. *2*
 Regtl. No. *3235071* Rank *Cte* T. O. S. *19*
 Unit *CAD B* D. O. Pt. II. of *1919*
 S. O. S. *April 1st 1919*
 Reason *M. U.*
 Auth. *No. 90 of 31-3-19*

Next of kin *Acheson, Mrs Eliza* Relationship *Mother*
 Address *692 Ossington Ave* Also notify:
Toronto, Ont

BORN—Place *Canada, Toronto, Ont* Date *Feb 3rd 1894*
 ATTESTED—Place *Toronto, Ont* Date *May 20th 1918*
 O/S..... R/C.....



NAME Acheson T.

REGIMENTAL NO. 3235071

RANK

1te.

ENLISTED AT Toronto, Ont.

PROMOTIONS, &c.
AND DATE

DATE May 20th., 1918

IF SERVED PREVIOUSLY, STATE UNIT, &c.

C. A. D. C M. D. No. 2.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN Eliza Acheson

RELATIONSHIP Mother

ADDRESS OF 692 Ossington Ave., Toronto, Ont.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

LEDGER No. 10

SERIAL No. 8520

REG. NUMBER 3235071 NAME Acheson Thos

RANK Pte CORPS CA DC

AGE 24 SERVICE

NAME OF HOSPITAL Mill wing General PLACE Toronto

DATE OF ADMISSION 19-6-18

DISEASE fract Elbow joint

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 5-10-18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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.

#13. Permanent.
 #15. We do not concur. No.
 #17. We do not concur, in view of three operations having taken place already, without result. Category C.1.

OTHERWISE WE CONCUR.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.) C.1.
- (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 placed in category C.1.

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.

W. J. McKeen Major, President.
W. J. McKeen Members

PLACE Exhibition Camp, Toronto.

DATE March 27th, 1919.

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.

PLACE _____ President.

DATE _____ Members

APPROVED BY _____ APPROVED BY _____

APPROVED
 Assistant Director of Medical Services.
 DATE *Mar 28 1919*
W. J. McKeen CAPT.
 P.M.A. D.M.S.W.D. 2

Director-General of Medical Services.

DATE _____

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Ex. Camp, Toronto. DATE Mar. 26/19.

1. 1 (a) Unit C.A.D.C.M.D.#2 (b) Regimental No. 3235071 (c) Rank Pte.

(d) Surname ACHESON. (e) Christian name Thomas..A.

(f) Home address Toronto, Ont. 692. Ossington Ave.

(g) Next of Kin 25 years. Acheson Mrs. Eliza. (h) Relationship Mother.

(i) Address of Next of Kin Toronto, Ont. 692. Ossington Ave.

2. Age last birthday 25 years Date of birth Feb. 15, 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date May 20/18

4. Personal description:

(a) Height 5' 5" (b) Weight 123 (c) Complexion Fair.
(stripped)

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

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
	-	305.

	PERIODS	
	From	To
Canada	May 25, 1918	date.
England		
France or other theatres of War		

7. Original disease, or injury Fracture of right elbow. (Olecranon Process right tibia.)

(a) Date of origin June 1918 (b) Place of origin Toronto.

(c) Cause Accident.

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.)

Partial loss of function right arm.

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.)

SUBJECTIVE: Weakness on right elbow. Inability to properly extend elbow.

OBJECTIVE: Fracture of Ulna is still un-united leaving an interval of 1/4" between two fragments of olecranon and filled in by fibrous tissue.

Flexion of elbow normal in range and power. Extension to 135° both actively and passively due to callous at site of fracture. power of extension not more than 25% of left side. No muscular atrophy.

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

- Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
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

Urinalysis. Albumen negative. sugar. negative. No Haemorrhoids. No varicose veins No varicocele, No Goitre. Though no evidence of any Hernia. both rings are patent.

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

Enlisted May 1918. Fractured Olecranon process of right Ulna June 1918, in Hospital until Oct. 1918 for operation and wiring of fracture.

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).)

States he has had no other illness prior to or during enlistment.

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

Operation scars right elbow.

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? Permanent without operative treatment.

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

June 1918, to Oct. 1918.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes, Operative.

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

17. Recommendations. Operative treatment.

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, T.A. ACHESON, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of...

Signature of invalid examined. Rank. Pte

C.A.D.C., M.D. 2

AUDITOR PAYMASTER

M. OR S. Single.

ORIGINAL

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

REGT. No. 3235071

RANK pte.

NAME (IN FULL) ACHESON, Thomas

NEXT OF KIN Eliza Acheson ADDRESS 692 Ossington Ave., Toronto, Ont.	RELATIONSHIP Mother	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT G.E.F. C.A.D.C., M.D. No. 2.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION Toronto, Ont.	TRANSFERRED TO	DATE	AUTHORITY	
TO WHOM PAID No.	RELATIONSHIP				DATE OF ATTESTATION 20th May 1918	TRANSFERRED TO	DATE	AUTHORITY	
ADDRESS					ASSIGNED PAY \$ Nil.	DATE EFFECTIVE			
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
					ADDRESS				
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE			
					DISCHARGED Toronto.	DATE 1.4.19	REASON Medically Unfit	AUTHORITY DO. 90.	IF ENTITLED TO POST DISCHARGE No. PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
			\$	C.															
1919.																			
April	1	10	35	80	10	70	47	60	1	19/4/19									Discharged 1/4/19 DO. 90. Thos. A. Acheson
		1	10	35	80	10	70	47	60										J. W. Farman Capt. PAYMASTER, C.A.D.C., M.D. 2

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	Particulars of Recruit	" W. 133
or		Proceedings on Discharge,	" B. 218
Field Conduct Sheet	" W. 178	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465	(a) Proceedings on Discharge	
Last Pay Certificate	" W. 44	(b) Attestation.	
Duplicate Discharge Certificate	" W. 39A	(c) Medical History Sheet.	
‡Form of Will	" W. 82		

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No.	3235071
Rank	Private
Surname	ACHESON
Christian name	Thomas, Andrew
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.D.C. M.D. No.2.
Date of discharge	April 1st., 1919
Place of discharge	TORONTO, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE	
Age.....25.....years.....1.....months.	Descriptive marks
Height.....5.....feet.....6.....inches.	
Complexion	Fair
Eyes	Brown
Hair	Fair
Trade	Clerk,
Intended place of residence	692 Ossington Ave Toronto, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Authority for discharge "Medically Unfit for Service"	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
<p style="text-align: right;"> <i>Am. Gilbert</i> Lt. & Adjt. </p> <p style="text-align: center;"> Medical Documents N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company. S. C. R. or C. P. C. on 23/4/19 </p>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Proceedings on Discharge

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

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

6. Medals and Decorations

To be copied by the Commanding Officer in the parchment Discharge Certificate.

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

(Place) TORONTO, Ont.

Wm Gilbert

(Date) April 1st., 1919

Commanding **C. A. D. C., M. D. 2**

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, Ont. *Thos. Atkinson* (Signature of Soldier.)

(Date) April 1st., 1919 *Ernest L. Wootton* (Signature of Witness.)

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

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

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

Thos. Atkinson (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) TORONTO, Ont.

(Signature) *Wm Gilbert*
Lt. & Adjt.

(Date) April 1st., 1919

Reservations referred to at Para. 8.

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

No reservations

Thos. Atkinson

Table with columns for document types and dates, including items like 'Pay & Clothing Sheet', 'Medical Report for Invalids', and 'Discharge Certificate'.

I hereby certify that the following documents are unobjectionable