Card to R. 20/6/16

DUPLICATE

194 TH. BATT.

ATTESTATION PAPER.

No. 905041

1914 ~~Oct.~~ 687

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION

(ANSWERS).

1. What is your surname? ..... Fane
1a. What are your Christian names? ..... Frank John William
1b. What is your present address? ..... Vegreville
2. In what Town, Township or Parish, and in what Country were you born? ..... Beaver Lake Alta
3. What is the name of your next-of-kin ..... Mrs. F. W. W. Fane
4. What is the address of your next-of-kin? ..... Vegreville Alta
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 23 Feb. 1897
6. What is your trade or calling? ..... Teacher
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? ..... No
If so, state particulars of former service.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Frank J. W. Fane, 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.

Frank J. W. Fane (Signature of Recruit)

Date 25 April 1916. H. A. Kinney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Frank J. W. Fane, 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.

Frank J. W. Fane (Signature of Recruit)

Date 25 April 1916. H. A. Kinney (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 Edmonton this 25 day of April 1916.

T. A. Lubora (Signature of Justice)

DESCRIPTION OF ...Frank J. W. Fane... ON ENLISTMENT

Apparent Age...19...years.....months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5½ ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion. 2½ ins.

Complexion ..... Clear

Eyes ..... Blue

Hair ..... Black

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

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.)

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 declares that he is not subject to fits of any description.

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

Date....Apr 25 ..... 1916. .....

Place....Edmonton..... .....

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

Frank J. W. Fane ..... 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.

..... (Signature of Officer)

Date....25 April.....1916.

Unit 1st Depot Battalion Rank Lieut Name F.J.W.Fane M.C.

Alta Regt

OFFICERS' DECLARATION PAPER. DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

card x.d. 1/8/18

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Fane

(b) What are your Christian Names? Frank John William

2. (a) Where were you born? (State place and country) Beaver Lake Alberta

(b) What is your present address? 10805 80th Ave Strathcona Alberta

3. What is the date of your birth? February 23rd 1896

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

(b) the address of your next-of-kin? 10805 80th Ave Strathcona Alta

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

5. What is your profession or occupation? School Teacher

6. What is your religion? C of E

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

8. To what Unit of the Active Militia do you belong? 101st Regt

9. State particulars of any former Military Service 2yrs 2nos C.E.F.

10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

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

Frank J Fane Lieut (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider him* Fit for base Duty in England for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 20/6/18 191

Place Sarcee Camp Calgary

A J Weart Capt. Camb.

J H Egbert Capt. C A M C

Medical Officer.

*Insert here "fit" or "unfit."

M. F. W. 51.

20m.—10-15.
H. Q. 1772-39 917.

ORIGINAL

Unit 194th - Obs Rank Lieut Name F.W. Jane

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Jane
   (b) What are your Christian Names? Frank John William,
2. (a) Where were you born? (State place and country) Beaver Lake, Alberta.
   (b) What is your present address? Vegreville, Alberta.
3. What is the date of your birth? Feby. 23rd. 1897
4. What is (a) the name of your next-of-kin? Mrs. F.W.W. Jane.
   (b) the address of your next-of-kin? Vegreville, Alberta.
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Teacher.
6. What is your religion? Church of England.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 101st Edmonton Fusiliers
9. State particulars of any former Military Service
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

Frank J.W. Jane (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

Date May 27th 1916

Place Edmonton Alta

W.B. Donald
Medical Officer.

*Insert here "fit" or "unfit."

M. F. W. 51.
20m.—10-15.
H. Q. 1772-39 917.

Officers REGIMENTAL DOCUMENTS (1) 194th Bn.

NAME Jane Frank John William 905041 REGT. NO. Lieut UNIT (2) C.A.P.C. H. Q. FILE NO.

	CONTENTS	2nd Mtl.	1st Mtl.	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
52	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		2					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)							Category
	TRAINING HISTORY SHEET (M.F.W. 113)						01C98	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		10					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)							
	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)							(1) Appld to Comm.
	MEDICAL EXAMINATION (M.F.W. 129)							(2) Med. Unfit
	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
2	LAST PAY CERTIFICATE (M.F.W. 44)							
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		1					
	PARTICULARS OF CHARACTER (A.F.W. 3226)							
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)							

1 Medal
1 Dec. 8.7.10
1 a.f.c.
1 Pass
1 Paper

do 4918

1
1-28
1-28

PUBLIC ARCHIVES RECORDS CENTRE

CANADIAN EXPEDITIONARY FORCE

L.P. 13-43.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain.

(Name in full) Frank John William FANE. M.C.

Enlisted in The 194th Battalion as #906041 (Private).

CANADIAN EXPEDITIONARY FORCE, on the Twenty-Fifth

day of April 191 6. AND WAS APPOINTED to COMMISSIONED RANK

in The 223rd Battalion.

CANADIAN EXPEDITIONARY FORCE on the Thirteenth day

of May 191 6.

He SERVED in CANADA, England and France, with the 194th Bn., 9th Reserve Battalion., 10th Battalion., Alberta Regimental Depot. 1st Depot Battalion, Alberta Regiment., D.D.#13 and Canadian Army Pay Corps.

and was STRUCK OFF THE STRENGTH on the Ninth day

of January 191x20 by reason of being Medically Unfit.

Dated at Ottawa, this Sixth day

of April 191x 1920.

Wounded,- 17-5-17.
Awarded the Military Cross, L.G.#30340,-18-10-17.

Capt.

For. Director of Personal Services.

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

Sheet 3.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 19th (Highland) Bn 6 E. F.

Regimental No. ..... Rank Lieut C. E. F. Name Fane, Frank John

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) 13.11.16

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: 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
9.10.18		Transferred to 1st Depot Battalion, Order 178, Edwards Brett Lt. for Lt. Col. O. C. District Depot No. 13			
Oct 14 1918		Attached to 13 Det. C.A.P.C. and posted for duty to the District Paymaster. R.O.			
1919 Jan. 1		Absorbed into C.A.P.C. 13th Det. M.D.13 R.O. 1519			
1919 14-1-19		Promoted A-Captain R.O. 2037			
1919 Nov. 20		Transferred to Casualty Company & Hospital Section M.D.13			

14-1-19 a/Capt.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
9-1-20		Struck off Strength. D O. 12. Auth. R. O. 2380. d. 28.1.20			Lumiller Major O. C. Casualty Co'y, District Depot M. D. 13

D.D. 45-18

CANADIAN RECORD OFFICE
23 MAY 1917
CERTIFIED CORRECT

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 194th (Highland) Bn, C.E.F.

Pte. 905041.

Regimental No. [illegible] Rank Lieutenant Name Frank John William Fane (M.C.)

Enlisted (a) 13/5/16 Terms of Service (a) C.E.F. Duration of war or 6 mos after. Service reckons from (a) ~~13/5/16~~ 13/11/16

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) Teacher. Lieutenants Certificate

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.
		Embarked	Canada	14.11.16	
		Disembarked	England	20.11.16	
Jan 26 1917	194th	Trans. to 9th Res. Bn Alberta	Bramshott	25.1.17	Part II. D.R. 23. H. R. Milner. Capt & Adj 194th Bn.
26-1-17	O.C. 9th Res Bn	Taken on Strength 9th Res Bn (Alberta)	Bramshott	25.1.17	Pt II / Wd'd Reg'td
15.5.17	O.C. 9th Res Bn	Proceeded Overseas for Service with 10th 50th Bn	Bramshott	15.5.17	Pt II 110 Wd'd Reg'td
17.5.17	O.C. Reinfts.	Arrived in France for	10th Bn	17.5.17.	Pt. I O. 60 d. 21.5.17
18.5.17	B.D.	Left for unit	Field	18.5.17.	R.
26.5.17	O.C. 10th Bn	Joined unit	Field	19.5.17	B.213.
18/8/17	7668.	S.W. Head, Back, Abdomen. admitted		17/8/17	A36
25/8/17	10th Bn	Wd to Hosp	Field	15/8/17.	B213
19/8/17.	7/66/S.	S.W. Head. Back. per Abdomen	Admitted	17/8/17	4933
22/8/17.	7/66/S.	" " " "	"	17/8/17	A36

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

[P.T.O.

Report 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.
12.9.17.	7. Gen.	Inv. Wd & posted to Alberta Regtl. Depot Bramshott — Per H/S. "St. Andrew"		12-9-17.	3083-3894 Pt II D/O 105 df. 22/9/17.
					Chas B. Mapell Lieut. for. Lt. Col. A.A.G. Cdn. Sec. G.H.Q. 3rd Ech.
18.10.17	W.O.	Awarded the Military Cross		L.C. 30340	
1-12-17	A.R.D.	T.O.S. & shown as Patient in Hospital		13-9-17	D.O. 197
		S.O.S. on being invalided to Canada		19-11-17	D.O. 267.
					[signature] LIEUT-ADJUTANT ALBERTA REGIMENTAL DEPOT
18.4.18		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 1			Edward S. Brett Lt. for Lieut. Col. Officer Commanding District Depot No. 13
11.6.18.		"On Command" to 1st Depot Battalion Order # 178			Edward S. Brett Lt. for O. C. District Depot No. 13
9.10.18		Returned from "On Command" to 1st Depot Battalion Order # 178			Edward S. Brett Lt. for Lt. Col. O. C. District Depot No. 13

FANE

ORIGINAL

MEDICAL HISTORY SHEET

17018 Rex X

Surname Fane Christian Name Frank J W

Examined on 25 day of Apl 1916 at Edmonton

Birthplace City or Town Beaver Lake County Alta

Apparent age 19

Trade or occupation Teacher

Height 5 feet 5½ Inches

Weight 135 lbs.

Chest measurement Minimum 33½ inches Maximum expansion 5½ inches

Physical development medium

Small-pox Marks —

Vaccination Marks Arm Right — Left — Number none

When Vaccinated last 1914

(a) Marks indicating congential peculiarities or previous disease —

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

Approved by M H Donald Capt Rank M.O.

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

18 SEP 1917
1 DEC 1917

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

Date	Result	Anti-Typhoid Inoculations, Etc.
May 9/16	Resistant	M H Donald M.O. Para. Typ. 9.10.16 16.10.16
		M H Donald M.O. 24.10.16
		M H Donald M.O.

Enlisted on 25 day of April 1916 at Edmonton

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	194th Bn	905041		Apl. 25-16
Transferred to 10th	9 Resv. Bn Lieut ~~10th~~ Bn O Seas			25/1/17 15.5.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
13 Berners St W.	23-10-17	S.Ws. Fract. Skull & S.W. Back.	Invaliding to Canada J.H.M. Bell Capt. Cam C.

CANADIAN

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Fane Christian Name Frank J. M.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Red Cross St. Ntley		13	9	17				G.S.W. Head & Back.		On 17.8.17 at Hill 70 patient was hit by shrapnel in Head & Back 17.8.17. Wound in Rt. buttock excised. Metal removed from near Rt. Sacro-iliac synchondrosis B.I.P. & sutured. Scalp wound excised & depressed fracture of Lt. parieto-occipital bone found. Skull trephined & piece of bone cut away & loose piece of bone removed. Bain pulsated normally X ray showed no metal B.I.P. & sutured. R. Facial paralysis & R. arm paralysed speech slow & laboured Jerks exaggerated. R. Facial paralysis now cleared up speech normal. R. arm improving all movements present but power of arm greatly diminished. The wounds are soundly healed. Pulsating bain can be felt in L. parieto occipital region. The arm should recover but it will take a long time.	C.C. Goodall Capt. R.A.M.C.

Duplicate Medical History Sheet posted to here. 7-5

Colonel Belcher Military Hospital,

Captain. FANE, J.T.W. DD#13.

Copy of Urinalysis report.

Amber Acid 1018.

Albumen. Trace.

Sugar. None.

Micro. Few pus cells. Calcium oxalate crystals.
No casts.

(Sgd. A.I.McCalla).

Colonel Belcher Military Hospital,

Captain. FANE, J.T.W. DD#13.

Copy of Urinalysis report.

Amber Acid 1018.

Albumen. Trace.

Sugar. None.

Micro. Few pus cells. Calcium oxalate crystals.
No casts.

(Sgd. A.I.McCalla).

DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE AND CHILDREN.

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:—At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B. 227 or other form used for medical examination.)

I, ... Lieutenant
(Regimental Number) (Rating or Rank)

Jane, Frank J. W.
(Full Name)

194th W. O. Bn. C.E.F. — 10th Can. Inf. Bn. B.E.F.
(Ship or Unit)

hereby declare as follows:—

1. That I am married and my wife is alive.
(Attach marriage certificate if possible.)

(If you are not married write the words "NOT MARRIED" on next line.

Not Married.

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age. (Attach birth certificates if possible.)

Names of Children	Sex	Dates of Birth	Place of Residence	By whom Maintained
Nil.				

(NOTE:—If you have no children write the words "NO CHILDREN" across the above space.)

F. W. Jane, Lieut.
Signature of Officer or Soldier.

Witness: A. P. Cox
Member of Medical Board.

NOTE:—If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.)

B.P.C. Form 167.
10M—1-18.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER ..... Jan ..... DISTRICT .....

REGIMENT 194th Bn 10th RANK Lieut. No. .....

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jany	5	4/ 3-15 18-31									2/ 19-30									Examined by Capt. of Courtic	# 13	
Mobil	Jany	4	1/14																		Capt. of Courtic	# 13	This man was own sex with the 194th. Served 3 months in France Returned on account of wounds.
																					Complete		

M.F. 2-39

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
CANADA

Ottawa, January 20th, 1915.

Dear Sir,

Please find enclosed a blank form for the collection of data relative to the Geology of Canada.

Any information you may be able to furnish will be greatly appreciated.

Yours truly,

R. W. BROCK,
Director.

Enc.

Forms
I. 1237
12.

Army Form I. 1237.

8757

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lt.	Fane	Frank J.W.
Year	Unit.		Age.	Service.
1917	10th Canadians		21	1½ yrs.

HEAD

Station and Date.	Disease G.S.W. SHRAPNEL/& BACK
British Red Hospital, Netley.	On 17-8-17 at Hill 70 patient was hit by 2 pieces of shrapnel one on head. Lt. pariets-occipatal region and one in Rt. buttock.
	17-8-17. Wound in Rt. buttock exised. Metal removed from near Rt. sacro-iliac synchondrosis. B.I.P. and suture Scalp wound excised and depressed fracture of Lt. pariets occipital bone found. Skull trephoned and piece of bone cut away. Bain pulsating normally. B.I.P. and wound sutured. Had paralysis of face right side and right eyelid also paralysis of right arm. Speech slow and laboured.
	28-8-17. Speech quicker and cleared. Paralysis of face nearly recovered, still paralysis of Rt. arm.
	X Ray - no metal on brain.
13-9-17.	On admission wound soundly healed, pulsation of cerebral hernia.
	R.Arm. Weak movement of all muscles of upper arm.
	Very weak flexion of hand, complete abscence of extension of fingers and wrist,
	All jerks exaggerated.
	Speech a little slow.
	Eyes normal.
21-9-17.	Condition improved, speech normal, power of R. arm returning.
	Slight extension of fingers.
30-9-17	Patient up and about, Rt. arm improving.
10-10-17	Can extend wrist and fingers much more power.
17-10-17.	Improvement maintained.
22-10-17.	He has improved slowly and the power in his arm and hand is returning. He has now got all movements but extension is very weak. (Sgd) Charles C. Goodall Capt. RAMC.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239) M.T.O.

Station and Date.	

Name Jane Frank John Wm Lieut

M. F. W. 41
1 0M—7-16
1772-39 889.

Regimental No.

Unit 10 Bn.

Date of enlistment

Place of "

Married (yes or no) Nil

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin 332-106-377
10805 - 80th Ave.
South Edmonton, Alta.

Date and place discharged Invalided

Reason for discharge C.O.M.F. to C.E.F. 28 11/17

Character on discharge

Araguaya 19 11/17 Ar. 28 11/17 Pub. Expense (2) L.P.C. clear 30 11/17 C.P. and officer

L... ob 5351—M. & D. 6880.

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	Remarks, Casualties, etc.
																L.P.C. No 155
1 12/17	31 12/17	31	2 00	62 00	31	60	18 60	x 1 40 52 70	134 70					° 10 00		x Diff. Mess. Eng. & Sebo. Can. 29 11/17 to 30 11/17 = 2 days at 70 ° missing on Boat 19 11/17 to 28 11/17 = 10 days at 1.00
										Cr. Balance				124 70	134 70	
				62 00			18 60	54 10	134 70					134 70	134 70	
Transferred to M.D. #13 - L.P.C. sent 3 1/18 with Cr. Bal. $124.70																
		Letter. M.D. 13 - 18.1.18.						124 70	124 70					124 70	124 70	Cr. Bal. on Transfer

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

Lieut Name Fane, F. J. W.

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No. ✓

Name and address of next-of-kin HQ 332-106-377
10805-80th Ave, Edmonton, Alta.

Unit 194 Bn

Date of enlistment Draft C.O.

Place of "

Married (yes or no)

Date and place discharged C C D

Amount of pay assigned monthly $

Reason for discharge M D 13

To whom payable

Character on discharge

Ortega 20 9/18 Arr 3 10/18 Pub Exp

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Received Oct Pl Ist					MD 13									9734		Ad in England
Dist Depot 13									9734							

Name.....

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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

Surname. FANE Christian Name. F. J. W.

Rank. Lieut. Unit. 10th.Batt.

	Date of admission.
Hospital. No. 7 Cas.Clg.Station	17-8-17.
No. 7 General Hospital St.Omer.	31-8-17.
Transferred H.S.to Royal Victoria Hospital Netley	13-9-17.
..... Hosp.	
..... Hosp.	
..... Hosp.	

Diagnosis Dangerously Wounded:- 17-8-17.
G.S.W.Head & Abdomen sev. L (Back.)

Later diagnosis. .....

.....

.....

.....

Disposition. Date. Discharged:-22-10-17.

....

188-17 755.
6-9-17 771.
C.L. 20-9-17 789. Remarks.
C.L. 30-10-17 817-3.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname	Christian Name	Reg. No.
FANE	F. J. W.	

Rank	Unit
Lieut.	10th.Batt.

MEDICAL BOARD held at	Date	Serial No.
(1) London Area.	23-10-17.	
do.	2-9-18.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

S.W.Back,Frac.Skull.

Disposition Recommended

(1) Unfit any service 3 months.

(2) Fit Home ser.unfit Gar Duty,4 months, Permanently unfit Gen.service.

(3)

(4)

(5)

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

Disposition

To Canada per H.S."Araguaya" V.L'pool.19-11-17.

Remarks

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

Name FANE F. H. W. Rank CAPT Regt. No. Unit 13

Battn. 194th Camp or O. S. O File M. H. C. C. H. Q. File

Next of kin

Discharged to Class D. of D. Conduct

Pension awarded Date of first payment

Address on discharge.

Diagnosis Date boarded

DATE	CLASS	REMARKS	Part 2 Order
1-1-18		Edmonton from M.D. 13 P&A	16
17-1-18		Ogden (Treatment only)	30
10-1-18		Ogden Outpatient	37
18-4-18		13.D.D. Appointed to Details Co. (Edmonton)	122.71.
11-6-18		On Command to 1st Depot Bn.	72.178.
9-10-18		Returns from On Command	178.
9-10-18		Trans. to 1st Dep.Bn. AR	178.
T.O.S. 20-11-19		Posted to Hosp.Sect. from #13 C.A.P.C.	325a.

L. L. Job 24571 M.H.C. F. 29. 75-7-17.—50M.

DATE	CLASS	REMARKS	Part 2 Order
9-1-20		S.O.S. to D.S.C.R.E. Pending confirmation in R.O's.	12b.

SURNAME. Fane

CHRISTIAN NAMES Frank John William

REGL. No. 905041 RANK Pte

UNIT 194th Bn

FORMER CORPS Nil

CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL Fane, Mrs. H. W.,

RELATIONSHIP TO SOLDIER Mother

ADDRESS Vegreville, Alta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Beaver Lake, Alta. DATE Feb. 23rd 1897

PLACE OF ATTESTATION Edmonton, Alta. DATE Apr. 25th 1916

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Teacher RELIGION Church of England

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2½ INCHES

COMPLEXION Clear EYES Blue HAIR Black

DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE Apr. 25th 1916

Present Address. Vegreville, Alta.

SURNAME. Fane (M. Cross. L.G. 30340. see also L.G. 30561.)

CARD NO. 4

CHRISTIAN NAMES Frank John William.

FOLL.

REGL. No. RANK Lieut.

UNIT ~~194th~~. 10th.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Fane, Mrs F. W. W.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 10805 - 80th. Ave., Edmonton, S. Alta.

COUNTRY OF BIRTH Canada DATE Beaver Lake, Feb 23rd 1897

PLACE OF ATTESTATION DATE

Auth: for Trans, m-5909-18-8-17.

L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Teacher. RELIGION Church of Eng.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE May 24th 1916.

Present Address;- Vegreville, Alta.

No. 905041 RANK Cpl. NAME Fane Frank J. W.

T. O. S. 25-4-16. UNIT 194 th. Battalion
DO 69-26-4-16.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Apr. 25	May 13	c	At school in Calgary.	DO 85 of 5-16.
June		c	" "	
July		c	shown as a/sgt.	
			Proms Lieut 19-6-16	DO 144 of 7-16
Aug		c	app't. approved 19-6-16	DO 141-20-7-16.
Sept.		c	S.O.S. on N.C.O. on app't to Com. 21-5-16.	DO 198-26-9-16.
Nov		c		

NAME Fane, Frank John William

REGT'L NO.

H. Q. FILE NO. 649.

RANK AND CORPS Lieut. 10th. Bn. (Form. 194th

FOLLOWS NO. Bn.

FOLLOWS

CABLE NO.	CABLE DATE	"6" NATURE OF CASUALTY
M5909 2-2	18-8-17	Adm. no. 7 Cas. Clg. Stat. Aug. 17th. 1917. Dang. wounded.
M5971 W.S.M.	1-9-17.	Still dangerously ill.
M.6015-6	6-9-17	Adm. 7th. Gen. Hosp. St. Omer. Aug. 31st 1917. (GSW. head, abdomen (sev.)
M6125 W.S.M.	28-9-17.	(G.S.W. back. head, Royal. Victoria Hosp. Netley, making good progress.
M6172. W.S.M.	9-10-17.	See mytelegram M6125, wounds, now healed, still confined to bed, progressing satisfactorily

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
755 (1)	No. 7 C. C. S.	17-8-17	Dang Wd
771.	No. 1 Gen. St. Omer.	31-8-17	G.S.W. Head & Abdomen. Ser.
783	Et. H.S. Royal Victoria. Netley.	13-9-17	" " " " " "
817.	" " " Ditch	22-10-17	" " Back.
16.	M.H.C.C. Calgary.	1-1-18.	Post. M.D. 13. to Edmonton Sec.

FORM R. 149.
7106—250m—7/2/17.

Name FANE *Rank* Lieut. *Reg. No.* 97439

Unit Frank John William
10th Bn.

Next of Kin Canada

Phone condition to.
Lt Col W C Craig
Royal Automobile Club
W. S. M.

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-8		7 Cas.Clg.Stn. DANGEROUSLY WOUNDED			755	M5909	18-8
31-8	17	7 Gen Hos St Omer	GSW Head Back Abdomen		771	M 6015	
13 9	17	Ryl Vict Hos Netley	GSW Back Head Sev		783.		
22 10	17	~~[illegible]~~ 27/8/17			817		
		To Eng 12-9					

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

H. Q. ✓

M. D. No. 13

Surname Fane,

T. O. S. 19

Christian names Frank John William

D. O. Pt. II of

Regtl. No. Rank Lieut

S. O. S. 9-1 19 20

Unit Alta Regt 1st Dpo Bn

Reason Demob.

T.O.S 1-1-19 13 C.A.P.C.

Auth. 12 J 12-1-20

DO 1-28-2-19

R.O. 2380 of 28/1/20 13. DO

Next of kin Fane, Mrs F. W. W.

Relationship Mother

Address 10805, 80th Ave, Strathcona Alta.

Also notify:

BORN—Place Canada, Beaver Lake, Alta Date Feb. 23rd 1896

ATTESTED—Place Date

O/S

R/C 3-10-18 204/1 13

W. 22—75M-5-18. 1772-39 839.

H. Q.

M. D. No. 13.

Surname Fane

T. O. S. 19

Christian names Frank John William

D. O. Pt. II of

Regtl. No. Rank Lieut.

S. O. S. 19

Unit Alta. Regt., 1st. Dpo. Bn.

Reason

Auth.

Next of kin Fane, Mrs. F. W. W.

Relationship Mother,

Address 10805 - 80th Ave.,
Strathcona, Alta.

Also notify:

BORN—Place Canada, Beaver Lake, Alta. Date Feb. 23rd, 1896.

Med. Exam.

~~ATTESTED~~—Place Calgary, Alta. Date June 20th, 1918.

O/S

R/C

W. 22—50M.-3-19. 1772-39-839

Number ..... Rank Lieut

Surname FANE.

Christian Name Frank John William

Units ..... Theatre of War France

Date of Service 13-1-16 15-5-17 19-11-17

Remarks

A.R.

Latest Address ~~Vegreville Alta~~

Beaver Lake P.O

Via Mundare

Alta

Roll No. B. Page 14619.

200m.-2-21.M.

DESP. JUL 7 1922
REGN. NO. 44071

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station M.D. No 13. Calgary Alberta

Date January 17th 1918

1. (a) Unit 194. Battalion
   (b) Rank Lieutenant
   (c) Surname Fane (d) Christian name Frank John William
2. Age last birthday 20 years. Date of birth Feb. 23. 1897.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 13th May 1916
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) 13th May 1916
4. Personal description:
   (a) Height 5' 7" (b) Weight 154 lbs.
   (c) Complexion Fair (d) Colour of hair Dark brown
   (e) Colour of eyes (f) Scars or tattoo marks
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) Depot Battalion. Calgary
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent Lt Col. Moore. Depot Battalion. Calgary
6. Former trade or occupation School teacher.

7. (a) Service	Years	Days
	1	252

	Periods	
	From	To
194. Batt'n.	13 May 1916.	15th May 1917
10th Batt'n B.E.F.	15. May 1917.	16th August. 1917
Hospitals in France and England and Canada	16th August.	27. Dec. 1917

(b) Has he been Overseas? Yes.

8. Disease or disability (use authorized nomenclature if possible). 1. Loss of portion left parietal bone 2 Loss of power right arm
   (a) Date of origin (1)+(2) August 16. 1917. (b) Place of origin Lens. France
   (c) Cause* S.W. Head.

*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)
Healthy well nourished youth: good colour: pulse good quality: respiration heart and lungs normal nervous system. Sleep fitful: appetite variable: digestion good. Wound over left parietal bone located 1½" from the middle over left motor area of brain: about 1¾" x 1½" inches of bone removed. States that following wound could not speak for 3 days and could not speak clearly for 8 days: had total loss of power (paralysis) right leg for about eight days. Loss of sensation right side thoracic and abdominal. Sensation returned in about 10 days. Paralysis of right side of face for about 20 days: paralysis (total) of right arm for about three weeks: power gradually returning in upper arm: loss of power still remains in right forearm and hand to a limited extent. Grip of hand lessened fully 60%: flexion and extension from elbow joint (right) normal: pronation of forearm can perform slowly can supinate forearm slowly to ¾ of total. Can determine no loss of sensation in forearm or hand either protopathic or epicritic. Can flex right index finger about 50% normal: 3rd 4th and 5th

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 380.

50M.—9-17.
1772—39—274.

29

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

Irregular wound level lower Sacrum right side close to natal cleft

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1. 10% 2. 50% Total 60% Reducing in 3 months.

12. Did the disability arise on or off duty? 1. On duty 2. on duty

13. Was a Court of Inquiry held? 1. No - 2. No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?
Yes N.S. No N.S.
(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. N.S. - N.S.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

17. Treatment (Case reports, general or special, should be secured and attached where possible).
No. 7 C.C.S. France: St Omer. France. British Red Cross Hospital Netley. England.

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

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

20. Recommendations. I would recommend that this Officer be attached to Ogden Hospital for one month's out patient treatment and being transferred to "J" line being given massage.

G. E. Learmonth
Medical Officer by whom the case is brought forward.

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

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

Frank J. W. Fane. Lt.
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes

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

23. It is certified that the Officer

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

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) Class D iii

Board recommends one months treatment (massage & electricity) as an Out patient attached to Ogden House Transfer to "I" unit.
In the meantime he is fit for light duty as instructor which duty he is now carrying on
He is to be attached without subsistence of an out patient.

J D Stewart *President.*

Station Calgary Alberta

G E Learmonth *Members.*

Date January 17th 1918

G. H. Bayfield Capt

APPROVED BY J A B

Date 23-1-18

J A Birch Capt
for *Assistant Director of Medical Services.*

APPROVED BY

Date

Director General of Medical Services.

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

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the officer concerned, from witnesses, or from documents.

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

5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

9. Continued

fingers can flex all three to full extent and allow same movement but not so rapidly. Can extend 5th finger 50% normal: 4th finger can extend 75% normal: 3rd finger 100% normal. Can flex right hand on wrist 100% normal. Can extend hand on wrist 75% normal: no power of lateral movement at right wrist joint: there is probably about 50% loss of power in grasping a pen with right index finger and thumb in fact he has to write with the left hand at present. Cannot lift more than a quarter of a pound with right hand. Can carry on duties of training recruits.

FILE COPY

L2 527

A.D.M.S. 11/3/18

A. D. M. S.
M. D. No. 13
MAR 21 1918
CALGARY, ALTA.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Ogden

Date Mar 20th/18

1. (a) Unit 10th Bath.
   (b) Rank Lieutenant
   (c) Surname Fane (d) Christian name Frank John William
2. Age last birthday 21 Date of birth Feb 23rd 1897
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 13th May 1916
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) ——
4. Personal description:
   (a) Height 5' 7" (b) Weight 150
   (c) Complexion Medium (d) Colour of hair brown
   (e) Colour of eyes blue (f) Scars or tattoo marks scar of appendicitis and scar on back. scar on left parietal region.
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 10805-80th Ave Edmonton.
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent Capt R. D. Sanson O.C. Ogden Conv Home
6. Former trade or occupation School teacher

	Years	Days
7. (a) Service to Mar 20th/18	1	329

	Periods From	Periods To
194th Bath.	May 18th/16	Jan 6th/17
9th Reserve	Jan 6th/17	May 15th/17
10th Bath.	May 15th/17	to date.

(b) Has he been Overseas? Yes

8. Disease or disability (use authorized nomenclature if possible) Fracture of vault of skull with paralysis of right arm
   (a) Date of origin Aug 16th/17 (b) Place of origin France
   (c) Cause* P.S.W.

*(Here include original disease or injury.)

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

He is a well developed healthy looking man all systems are apparently normal except the locomotory system. This man had a fracture of the skull and a trephine operation has been performed. An area about 2" in diameter has been removed from the left parietal bone about 4" above the left ear. The brain can be seen pulsating through this area. At the time of the injury he had a complete hemiplegia. This has now almost all disappeared. There is still very slight

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 380.

50M.—9-17.
1772—39—274.

47

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

three scars on the back.
a scar on the left frontal region about ½" above the left eye.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

---

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

13. Was a Court of Inquiry held? no

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

Yes n.a. No n.a.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 1 year.

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

France England Canada

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

no

19. Can the former trade or occupation be resumed? with difficulty

20. Recommendations. Class C III

J. T. Richardson
Medical Officer by whom the case is brought forward.

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

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

F. W. Fone.
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes

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

23. It is certified that the Officer

(*a*) ~~Does require treatment~~.
(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control~~.

(Strike out condition not applicable.)

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

Class C iii
Board recommends above classification as improvement in condition is marked, and board consider him fit for light duty.

J D Stewart ..... *President.*
A P Cox
E H Freeze ..... *Members.*

Station Calgary
Date March 28th 1918

APPROVED BY

Date 30-3-18

J W Burch Capt
Assistant Director of Medical Services.

APPROVED BY

Date .....

Director General of Medical Services.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

weakness of the right leg and he complains that when he becomes tired the leg seems to drag. There is no paralysis of face. Mentality is normal. Movement of shoulder is normal but of the arm feels heavy. Movement at elbow and forearm and wrist are normal but only about 50% strong. The thumb movements are normal except that he cannot bring the thumb completely across the ~~Hand~~ Palm. He can extend the index finger but can only flex it 75%. The movements of the ~~second~~ third finger are normal. The movements of 4th & 5th fingers are lost in extension only. He can flex completely but can only extend about 60%. All the movements are done with difficulty. The muscles being in a spastic state. He is unable to abduct the fingers. There is no atrophy of muscles of hand.

He has three scars on the back but these are causing no disability.

He is otherwise normal.

L2F27

FILE COPY

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 Calgary alta DATE Jan 7 - 1920

1. 1 (a) Unit C.A.P.C. (b) Regimental No. (c) Rank Capt

(d) Surname Hane (e) Christian name Frank John William

(f) Home address 10805 - 80th Ave Edmonton S.

(g) Next of Kin Mrs F W W Hane (h) Relationship mother

(i) Address of Next of Kin above address

2. Age last birthday 22 Date of birth Feb 23 - 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton Alta (b) Date 25-4-16

4. Personal description: Scot Canadian May 27 - 1916

(a) Height 5'7" (b) Weight 148 est (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendectomy scar, long curving scar anteriorly following left costal margin.

5. Former trade or occupation Teacher

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
	3	256

Statement

	Periods From	Periods To
Canada	Apr 25 - 1916	Nov 13 - 1916
England	Nov 13 - 1916	May 15 - 1917
France or other theatres of War	May 15 - 1917	Sept 12 - 1917

7. Original disease, or injury GSW head

(a) Date of origin Aug 16 - 1917 (b) Place of origin France Hill 70

(c) Cause Enemy action

M. F. B. 227.

400m—11-18.
1772-39-117.

106

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

Weakness of right wrist and hand marked - actually no use of hand. Pain over area of scar left costal margin

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.)

There is complete regain of muscle control with exception of right wrist - pronation & supination limited 30° - and hand which has deficient control, muscles not completely flexing or extending the fingers. No ankylosis.

The trephine opening has been closed and the margins are fully united but with difficulty There is a 7½" running scar over the left costal margin extending downwards from the 6th rib, through which the cartilage for the skull closure was removed. There is still tenderness over this area.

Patient complains of inability to use right hand.

Pain over left costal margin interfering with movement.

(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....Faint trace albumen
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

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

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

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

10. (a) History (of the condition referred to in Section 9 (a).) Patient wounded Aug 16 - 1917 on Hill 70. Shell fragment passed through steel helmet and entered skull in left Rolandic area. Operation next day cleaning up wound leaving an opening 2" x 1½". There was primarily right hemiplegia with amaurosis and aphasia. Now there is complete recovery with exception of right wrist and hand. Dec 8 - 1919 defect in skull was closed with cartilage removed from left costal margin.

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*).)

Appendectomy Apr. 1916 Complete recovery
Measles & Chickenpox
Flu 1916

(*c*) (Here give a description of wounds, scars and deformities.) 7½" scar left costal margin 7" scar left parietal area Appendectomy scar Scar right buttock

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? (a) no (b) no

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Paralysis of hand – permanent
Disturbance in costal area — two or three months

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

Massage

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)

Massage may be of some advantage

16. Can the former trade or occupation be resumed? With less efficiency due to loss of control of right hand
(If not, briefly state why)

17. Recommendations

Discharge to Dept. of S.C.R.

W. Selby Col
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 J. H. W. Frame 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

J. H. W. Frame Capt.
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

Cannot even use pen with right hand

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Massage and Ionization To Scar over Rib 2 to 3 mos

(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.)

Discharge to SCR for further treatment

Category E

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.

A McShillington Major, President.

PLACE Colonel Bell's Hospital — Agreed at capt

DATE Jan 9th 1920 — } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

.....President

PLACE..... } Members

DATE.....

APPROVED BY J. P. McCol — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE 10/1/20 — DATE.....

"Extra"

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 Calgary, Alta. DATE Jan. 7-1920.

1. 1 (a) Unit C.A.P.C. (b) Regimental No. ——— (c) Rank Capt.

(d) Surname PAGE. (e) Christian name Frank, John, William.

(f) Home address 10805 -80th. Ave., Edmonton, Alta.,

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

(i) Address of Next of Kin Above address.

2. Age last birthday 22years. Date of birth Feb. 23-1897.

3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton, Alta. (b) Date 25-4-16.

4. Personal description: Lieut. Canada. May 27-1916.

(a) Height 5'-7" (b) Weight 146 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendictomy scar. Long curving scar anteriorly following left costal margin.

5. Former trade or occupation Teacher.

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
	3	256

STATEMENT.

	Periods	
	From	To
Canada	Apr. 25-1916.	Nov. 15-1916.
England	Nov. 13-1916.	May 15-1917.
France or other theatres of War	May. 15-1917.	Sept. 13-1917.

7. Original disease, or injury G.S.W. Head.

(a) Date of origin Aug. 16-1917. (b) Place of origin France. Hill 70

(c) Cause Enemy action.

M. F. B. 227.

400m—11-18.
1772-39-117.

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

Weakness of right wrist and hand marked. -actually no use of hand.
Pain over area of scar left costal margin.

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.)

there is complete regain of muscle control with exception of right wrist -pronation & supination limited 30° - and hand which has deficient control, muscles not completely flexing or extending the fingers No ankylosis. The trephine opening has been closed and the margins re only made out with difficulty. There is a 7½" curving scar over the left costal margin extending downwards from the 6th. rib, through which the cartilage for the skull closure was removed. There is still tenderness over this area.
Patient complains of 1. Inability to use right hand.
(2) Pain over left costal margin interfering with movement.

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

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

Special Senses No — Respiratory System No — Integumentary System No

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

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Patient wounded Aug., 16-1917, on Hill 70. Shell fragment passed through steel helmet, and entered skull in left Rolandic area. Operation next day cleaning up wound leaving an opening 2" x 1½". There was primarily right hemiplegia with amaurosis and aphasia. Now there is complete recovery with exception of right wrist, and hand. Dec., 6th., 1919. defect in skull was closed with cartilage removed from left costal margin.

(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).)

Appendectomy Apr., 1915. Complete recovery.
Diseases of childhood.
'Flu' 1916

(c) (Here give a description of wounds, scars and deformities. 7½" scar left costal margin.
7" scar left parietal area. Appendectomy scar.
Scar right buttock.

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? (a) No. (b) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Paralysis of hand - permanent.
Disturbance in costal area - two or three months.

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

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)
Massage may be of some advantage.

16. Can the former trade or occupation be resumed? With loss efficiency due to loss of control of right hand.
(If not, briefly state why)

17. Recommendations. Discharge to Dept., of S.C. R.

Mitchell Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned P.J.T. Fane, Dept. 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

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.

Cannot even use pen with right hand.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Dressings and ionization to scar over Rib. 2 to 3 months.

(*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.)

Discharge to S.C.R. for further treatment. Category "E".

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. W. Stillwell Lt. Major *President.*

PLACE Colonel Belcher Hospital.

DATE Jan. 9th, 1920.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 10/1/20

APPROVED BY

Director-General of Medical Services.

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

DSCR

MEDICAL HISTORY OF AN INVALID

TRIPLICATE

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 Calgary, Alta. DATE Jan. 7-1920.

1. 1 (a) Unit C.A.P.C. (b) Regimental No. ——— (c) Rank Capt.

(d) Surname PANE. (e) Christian name Frank, John, William.

(f) Home address 10805 -80th., Ave., Edmonton, Alta., S.

(g) Next of Kin Mrs. [illegible] Pane. (h) Relationship Mother

(i) Address of Next of Kin above address.

2. Age last birthday 22years. Date of birth Feb., 23-1897.

3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton, Alta., (b) Date 25-4-16.

4. Personal description: Lieut. Canada. May 27-1916.

(a) Height 5'-7" (b) Weight 146 Est. (stripped) (c) Complexion Fair.

(d) Colour of hair Brown. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendictomy scar. Long curving scar anteriorly following left costal margin.

5. Former trade or occupation Teacher.

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
	3	256

STATEMENT.

	Periods	
	From	To
Canada	Apr. 25-1916.	Nov., 13-1916.
England	Nov., 13-1916.	May 15-1917.
France or other theatres of War	May. 15-1917.	Sept. 12-1917.

7. Original disease, or injury G.S.W. Head.

(a) Date of origin Aug. 16-1917. (b) Place of origin France. Hill 70

(c) Cause Enemy action.

M. F. B. 227.

400m—11-18.
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.)

Weakness of right wrist and hand marked. -actually no use of hand.
Pain over area of scar left costal margin.

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.)

There is complete regain of muscle control with exception of right wrist -pronation & supination limited 30° - and hand which has deficient control, muscles not completely flexing or extending the fingers No ankylosis. The trephine opening has been closed and the margins are only made out with difficulty. There is a 7½" curving scar over the left costal margin extending downwards from the 6th. rib, through which the cartilage for the skull closure was removed. There is still tenderness over this area.
Patient complains of 1. Inability to use right hand.
(2) Pain over left costal margin interfering with movement.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Patient wounded Aug., 16-1917, on Hill 70. Shell fragment passed through steel helmet, and entered skull in left Rolandic area. Operation next day cleaning up wound leaving an opening 2" x 1½". There was primarily right hemiplegia with amaurosis and aphasia. Now there is complete recovery with exception of right wrist, and hand. Dec., 8th., 1919. defect in skull was closed with cartilage removed from left costal margin.

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*).)

Appendectomy Apr., 1915. Complete recovery.

Diseases of childhood.

'Flu' 1916

(*c*) (Here give a description of wounds, scars and deformities.) 7½" scar left costal margin. 7" scar left parietal area. Appendectomy scar. Scar right buttock.

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? (a.) No. (b.) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Paralysis of hand - permanent. Disturbance in costal area - two or three months.

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

Massage.

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)

Massage may be of some advantage.

16. Can the former trade or occupation be resumed? With loss efficiency due to loss of control of right hand.

(If not, briefly state why)

17. Recommendations. Discharge to Dept., of S.C. R.

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 F.J.W. Fane, Dept. 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.

OPINION OF THE MEDICAL BOARD

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

Yes.

Cannot even use pen with right hand.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Massage and Ionization to scar over Rib. 2 to 3 months.

(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.)

Discharge to S.C.R. for further treatment. Category "E".

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.

R M Shillington Major President.

PLACE Colonel Belcher Hospital.

DATE Jan. 9th, 1920.

A J Wright Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

.....President.

PLACE.....

DATE.....

} Members

APPROVED BY

J H Mayor Col

Assistant Director of Medical Services.

DATE 10/1/20

APPROVED BY

Director-General of Medical Services.

DATE.....

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Ogden, Calgary

Date Mar. 20, 1918

1. (*a*) Unit 10th Battn.
   (*b*) Rank Lieutenant
   (*c*) Surname Fane (*d*) Christian name Frank John William
2. Age last birthday 21 yrs Date of birth Feb. 23, 1897
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) May 13, 1916
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description: 5' 7"
   (*a*) Height 5' 7" (*b*) Weight 150 lbs
   (*c*) Complexion Medium (*d*) Colour of hair Brown
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Scar of appendicitis & scar on back. Scar on left parietal region.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 10805 80th Ave., Edmonton
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent Capt. R.D.Sanson, O.C. Ogden Con. Home.
6. Former trade or occupation School Teacher

	Years	Days
7. (*a*) Service To Mar. 20, 1918	1	32[illegible]

	Periods From	Periods To
194th Battn	May 13, 1916	Jan. 6, 1917
9th Res. "	Jan. 6, 1917	May. 15, 1917
10th Battn	May 15, 1917	Date

(*b*) Has he been Overseas? Yes

8. Disease or disability (use authorized nomenclature if possible) Fracture of vault of skull with paralysis of right arm.
   (*a*) Date of origin Aug. 16, 1917 (*b*) Place of origin France
   (*c*) Cause* G.S.W.

*(Here include original disease or injury.)

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

He is a well developed healthy looking man, all systems are apparently normal except the locomotory system. This man had a fracture of the skull and a trephine operation has been performed. An area about 2" in diameter has been removed from the left parietal bone about 4" above the left ear. The brain can be seen pulsating through this area. At the time of the injury he had a complete hemiphlegia. This has now almost all disappeared. There is still very slight weakness of the right leg and he complains that when he becomes tired the leg seems to drag. There is no paralysis of face. Mentality is normal. Movement of shoulder is normal but states arm feels heavy. Movement at elbow and for earm and wrist are normal but only about 50% strong. The thumb movements are normal except that he cannot bring the thumb completely across the palm. He can extend the index finger but can only flex it 75%. The movements of the third finger are normal. The movements of 4th & 5th fingers are lost in extension only. He can flex completely but can only extend about 50%. All the movements are done with the result, the muscles being in a spastic state. He is unable to abduct the fingers. There is no atrophy of muscles of hand. He has 3 scars on the back but the are causing no disability. He is otherwise normal.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 380.
50M.—9-17.
1772—39—271.

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

Three scars on the back. A scar on left parietal region about 4" above the left ear.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

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

13. Was a Court of Inquiry held? No

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

Yes N A No N A

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 1 year

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

France, England, Canada

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

No

19. Can the former trade or occupation be resumed? With difficulty

20. Recommendations. Class C iii

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

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

I, the undersigned F.J.W.Fane .....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

F.J.W.Fane
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES.

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

23. It is certified that the Officer

(*a*) Does require treatment.

(*b*) Does not require treatment.

(*c*) Should pass under his own control.

(*d*) Should not pass under his own control.

(Strike out condition not applicable.)

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

Class C111.

Board recommends above classification as improvement in condition is marked and Board considers him fit for Light duty.

J. D. Stewart Capt. CAMC. *President.*

H. P. Cox Capt. CAMC.

E. H. Freeze Lieut. CAMC. *Members.*

Station Calgary Alberta.

Date Mch. 28th/18.

APPROVED BY JAB

Date 30-3-18

J. A. Birch Capt.
Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

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

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the officer concerned, from witnesses, or from documents.

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

5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

TO BE ANSW'D BY | ANSWERED
REFERRED TO | NOTED
Rec'd, APR 12 '18
REFERRED
NO AN

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Edmonton Mil. Conv. Home.

Date December 27th, 1917.

1. (*a*) Unit 194th Batt. C.E.F.
   (*b*) Rank Lieut.
   (*c*) Surname Fane (*d*) Christian name Frank John William
2. Age last birthday 20 Date of birth Feb. 23, 1897.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 13-5-16
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) 13-5-16
4. Personal description:
   (*a*) Height 5'7" (*b*) Weight 150
   (*c*) Complexion Fair (*d*) Colour of hair Dark brown.
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Appendicitis scar. Loss of cranial bone, left parietal
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 10805--80th Ave. Edmonton
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent G.O.C., M.D. No. 13.
6. Former trade or occupation Teacher.

7. Service — Years: One 7 mos. Days: 14

	Periods	
	From	To
194th Bn. C.E.F.	13-5-16	15-5-17.
10th Batt. B.E.F.	15-5-17	16-8-17.
Hosps. Fr. Eng. Canada	16-8-17	27-12-17.

8. Disease or disability (use authorized nomenclature). 1. Loss of power right arm and hand. 2. Loss of cranial bone (Lt. parietal.)
   (*a*) Date of origin 1. 2. Aug. 16, '17 (*b*) Place of origin Hill 70, Lens, France.
   (*c*) Cause G.S.W. head (left parietal region.)
9. Present condition. (Important, to be a full description of the present condition or conditions.)

This Officer was wounded August 16th, in left parietal region. There is an area, oval in shape, 1" x 1½ over left motor zone, which is uncovered by bone, due to surgical procedure for removal of shrapnel. Free pulsation noted in this area. At first right face, leg and arm, and speech were all paralysed; also could not see beyond 2' with distinctness. Vision now good; speech has returned; power of right leg is good; face is normal, at present, and the only disability beyond loss of cranial bone is loss of power of rt.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Incapacity is directly due to loss of (partial) function of right arm, and almost complete loss of functions of right hand, following G.S.W. of head, with subsequent removal of portion of cranial bone.

*Section 9 continued on last page.

M. F. B.380.
50M.—6 17.
1772—33—274.

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

Appendicitis scar - April 1915.

Small scar base of index finger of lt. hand on dorsal surface

Scar above right buttock, healed; no disability

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1. 60%. 2. 10%. Total 70%.

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

13. Was a Court of Inquiry held? No.

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

Yes ... Not applicable. No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

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

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

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

No. 7. C.C.S. - 2 weeks. No. 7 Gen. Hosp. St. Omer, 12 days.
Br. R.C. Netly, - 6 wks. Hospital ship 19-11-17 to 29-11-17. Convale.
Outpatient, attending for treatment 29-11-17 to date.

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

Yes

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

20. Recommendations. Diii; This officer needs further treatment - massage and galvanism - would advise giving him some military duties in which his disability would not be a handicap, and which would permit his receiving further treatment.

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

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

I, the undersigned ..... Lt. F.J.W. Fane ..... 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

Frank J.W. Fane, Lt.
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES.

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

23. It is certified that the Officer

(*a*) Does require treatment.
(*b*) [redacted].
(*c*) [redacted].
(*d*) Should not pass under his own control.

(Strike out condition not applicable.)

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

We recommend that this officer be given light duty, in Canada, whilst attending Hospital for further treatment. To be reboarded in three months.

Major C.A.M.C. *President.*
Major C.A.M.C. *Members.*
Capt. C.A.M.C.

Station Edmonton, Alberta.
Date 28-12-17.

APPROVED BY

Date 4.1.18

for Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

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2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

*Continued from page 1.

arm and hand with impaired sensation from elbow downwards. Shoulder movements normal. Elbow normal, but weak. Wrist - flexion normal; extension 1/2 of normal; abduction and adduction practically nil. Grip of hand practically nil. Fingers, little, ring and middle, flexion normal. Index 3/4 of normal. Extension of fingers - normal except little, which is held partially flexed at proximal joint. No power of abduction or of adduction. Cannot move fingers separately. Thumb is similarly weak. All movements of fingers are very weak and slow. Some atrophy of hand muscles. Sensation poor from elbow downwards - can detect pressure from pinch, but cannot identify touch sensations on ulnar side of hand, as little finger is approached. He is otherwise well.

R. 150 E.T.

Surname FANE / M.C.

Christian Names Frank John William /

Rank Lieut /

Name and Address of Next-of-Kin Mother.

Promotion

Mrs F.W.W.Fane./
Vergeville. Alberta. Canada. /

Unit 194th Battn. /

9 Res. Bn 15-2-17.
do 28.2.17
do 1-4-17.
10th Bn 1-6-17
do 1-7-17

Place of birth Beaver Lake. Alberta./

Married (Yes or No)

Appointments

Date of leaving Canada / 3.11.16 & 9.22.11.16 Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	☆ A R		REMARKS Taken from Official Documents
Date	From whom received		Place	Date	
1 26-1-17.	194 Bn.	Trans. to 9th Res Bn		25-1-17	Pt II O.23. 9 Bn Pt II O.1
2 2-2-17.	9 Res Bn	Perm. Cadre 9th Res Bn.			Pt II O.8.
3 13.3.17	H.Q. C.M.F.	granted Cert. at 24th Officers Course C.M.S.		3.3.17	A0791
4 21.3.17	9th Res Bn	Granted leave from 23.3.17 to.		3.4.17.	C.R. II ord 55.
5 16-5-17	O.C. Troops	S.O.S. proceeding O/Seas to 10 Bn		15-5-17	R.O 1231
6 21-5-17	10 Bn	T.O.S. on arrival from England		17-5-17	Pt II O.60
7 18-8-17	C.R.O.	adm No 7 Casualty Station Dangerously ended		17-8-17	C.L. 755
8 5-9-17	C.R.O.	adm No 7 general Hospt St Omer Severely Wounded		31-8-17	C.Z. 771 G.S.W. Back & Abdomen
9 22.9.17.	10th Bn	Invalided (Wounded) & Attached to A.R.D.		22.9.17.	Pt II ord 105.
10 22-9-17	A Regt Dep.	Reported from 10th Bn to Regt Depot		13-9-17	Pt II O.197
11 19-9-17	C.R.O.	adm Royal Victoria Hosp. Netley		22/10/17 to 13.9.17	C.R. 783 G.S.W. Back & Thigh
12 18-10-17	W.O.	awarded the Military Cross			L.G. 30340

A.F.B. 103. 23 MAY. 1917

A.F.B. 103. 28 SEP. 1917

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				
29.11.17	Hqrs 4th ~~29/11/17~~	SOS on being invalided to Canada		19-11-17	RO. 3008

A.F.B. 103. 24 DEC. 1917

5792

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.	905041
Rank	Sergeant
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Frank John William Kane
Corps (Squadron, Battery or Company)	194th O/seas Bn C.E.F.
Date of Discharge	21st June 1916
Place of Discharge	Sarcee Camp, Calgary

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	19 years 2 months.	
Height	5 feet 5½ inches.	
Complexion	Clear	
Eyes	Blue	
Hair	Black	
Trade	Teacher	
Intended place of residence (To be given as fully as practicable.)	194th O/Seas Bn, C.E.F.	

2. The above-named man is discharged in consequence of

An appointment to a commission.

Authority G.O.C. 26-9-16

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Exemplary

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Teacher

M. F. B. 218.

160m.—6-16.
H. Q. 1772-39-113

(OVER)

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

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 on to 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) Edmonton Alberta W C Craig Lt. Col

(Date) June 21st 1916 Commanding 194th O Seas Bn, C.E.F.

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.

(Place) Edmonton Alta J. J. W Jane (*Signature of Soldier.*)

(Date) June 21st 1916 W L Petherbridge (*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.

.....(*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) Edmonton Alta

(Date) June 21st 1916 (*Signature*) W C Craig Lt. Col

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.)

None

F. J. W. Lane

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

AUDITOR Hamad. | PAYMASTER 1924

M. OR S. Single.

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

REGT. No. [illegible] RANK Lieut., NAME (IN FULL) **FANE. FRANK JOHN WILLIAM. (M.C.)**

NEXT OF KIN: Mrs F W W Fane — RELATIONSHIP: Mother

ADDRESS: 10805. 40th Avenue. Strathcona. Alta.

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To Lieutenant N	14-1-19	A.O. 129 N R.O. 2037
Adjustment of Pay Capt. Rate	14-1-19	Audit ASPS file
332 - 6th Ave West Calgary.		

Certified opening entries on this Ledger Sheet have been audited by R.G.R.
Date 11-3-19

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — TRANSFERRED TO 13th Det. D.A.A.G. (B.E.F.) — DATE 1st Jan. 1919 — AUTHORITY R.O. 1519. 10th Jan. 1919.

PLACE OF ATTESTATION — DATE OF ATTESTATION 25/4/16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Jan.																																					
Feb.	25	#3	84	00	47	60			131	60	1	15th	3	25th			75	00	56	60											131	60		0			Sub Major. 25 days @ $1.70 = $47.60
Mar.	31	#3	93	00	52	70			145	70	6	15th	4	29th			75	00	70	70											145	70		0			Sub Major 31 days @ $1.70 = $52.70
April	30	#3	90	00	51	00			141	00	1/2	12th	3/6	26th			75	00	66	00											141	00		0			Sub Major 30 days @ $1.70 = $51.00
May	31	#3	93	00	52	70			145	70	3/3	13th	4/1	28th			75	00	70	70											145	70		0			Sub A. 31 @ $1.70 = $52.70
June	30	#3	90	00	51	00			141	00	4/1	"	4/1	30			75	00	66	00											141	00		0			Sub 20 @ 1.70 = 51.00
July	31	#3	93	00	52	70			145	70	9/2	14th	10/2	29			75	00	70	70											145	70		0			Sub 31 @ 1.70 - 52.70
Aug.	31		93	00	52	70			145	70	11-1		12-2				75	00	70	70											145	70		0			6/6ths Adjustment A.P. & A. as from 14-1-19 1/2 per day
Sept.	30	#3	120	00	51	00			401	00	1-31		4-31				230	00	95	00	86	00									401	00		0			1st Payment War Service Gratuity AR 15/10
			756	00	641	40			1397	40							755	00	556	40	86	-									1397	40					
					W.S.G.																124	-									124	-	608	-	-	-	2nd " " " AR 18 5/19
					732	-			732	-											120	-									120	-	488	-	-	-	
																					124	-									124	-	364	-			3rd " " " Bill 488929 AB 162
																					124	-									124	-	240	-			4th " " " Bill 488414 AR 1
																																					To D.S. & R.E.
																					240	-									240	-	0				Bill 489197 Bal of A/c to D.S. & R.E. 21-1-20
					732	-			732	-											732	-									732	-	0				

All Payments Due on this Account have been completed.

795

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

AUDITOR [illegible] PAYMASTER 1914

M. OR S. Single

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

REGT. No.

RANK CAPT^N NAME (IN FULL) FANE, FRANK JOHN WILLIAM (MC)

NEXT OF KIN: Mrs F.W.W. Fane — RELATIONSHIP: Mother

ADDRESS: 10805 - 80th Avenue, Strathcona Alta

IS SEPARATION ALLOWANCE PAID? NO — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be Captain Subsistence	14/1/19.	DO129 RO 2037

Officer 332 6th Ave. W. Calgary

Certified opening entries on this Ledger Sheet have been audited by [illegible]

Date 31-10-19

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO 13th Dist. C.A.P.C. (C.E.F.) — DATE 1st Jany 1919. — AUTHORITY R.O. 1519 - 10th Jany 1919.

DATE OF ATTESTATION 25/4/16. — TRANSFERRED TO M.D. 13 Dist. Depot Hosp. Section — DATE 21/11/19. — AUTHORITY Dist. Ord. 330 - 26/11/19.

ASSIGNED PAY $ NIL — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Calgary — DATE 9-1-20 — REASON — AUTHORITY DO 12 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919.	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
October	31	4.00	124	.	52	70	40	.	216	70	16	15/10			17	30/10	85	.			131	70									216	70		0		#	
Nov.	30	4.00	120	.	51	.	–	–	171	–	19	13/11			20	21/11	65	.			66	.					40				171	–		0			S.A. credits in error. Certified that all Payments due on a/c Pay & Allowances have been completed.
			244	.	103	70	40	.	387	70							150	.			197	70					40	.			387	70					
1/12/19 - 31/12/19	31	4.00	124	00	8	25 50			132	25 50					163	18/12/19					132	50						25			132	25 50		0			336/342 Subsistence 5 days 1-5 12/19 $8.50 Xmas allow. 25
1/1/20 - 9/1/20	9	4.00	36						36						166	6/1/20					36										36						
			160		8	75			168	75											168	50						25			168	75		0		#	To D.S.C.R.E.

Certified that all payments shown on this a/c have been made.

[signature]

Captain.

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2598.
1772-39-1380.