

Unit 245th Bn C.E.F. Rank Lieut Name Melbourne Magill Sait

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? Sait
- (b) What are your Christian Names? Melbourne Magill
- 2. (a) Where were you born? (State place and country) Montreal Canada
- (b) What is your present address? 1004 Dorchester St W.
- 3. What is the date of your birth? March 25th 1883
- 4. What is (a) the name of your next-of-kin? Sir Melbourne Sait
- (b) the address of your next-of-kin? 1004 Dorchester St W. Montreal
- (c) the relationship of your next-of-kin? Father
- 5. What is your profession or occupation? Western Sales Rep Imperial Tobacco Co
- 6. What is your religion? Protestant (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? 1st Regt Grenadier Guards
- 9. State particulars of any former Military Service. Qualified as Lieut with 1st Regt April 1916.
- 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.

M. Sait (Signature of Officer.)

Taken on strength (place) Montreal
(date) Sept. 13th 1916

[Signature]
(Signature of Commanding 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 Sept 13 1916

Place Montreal

*Insert here "fit" or "unfit"

J. [Signature]



OFFICER'S DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name and rank?
2. What is your present position and duties?
3. What is your present assignment?
4. What is your present location?
5. What is your present command?
6. What is your present unit?
7. What is your present strength?
8. What is your present equipment?
9. What is your present status?
10. What is your present condition?

Signature: _____
 Date: _____
 Location: _____

QUESTIONS TO BE ANSWERED BY WITNESS

Signature: _____
 Date: _____
 Location: _____



OFFICER'S SIGNATURE
 DATE

Officers

DISCHARGE DOCUMENTS



R. O. No.....
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *Tait Melbourne Magill*
 Regt. No. _____ Rank *Lieut*
 Corps *245th Bn.*

S.O.S 15-7-18
med cert: 7
auth: Ptl 95-20-4-18

Docs with Certs
28-8-1918

Deceased *10 Jun 30.*

00436



Doc. S. & 10-1
A & A 45-1
M & W 67-1
M & B 380-2
A & A 45-1

2
2-3
2-3

287b
Box

100



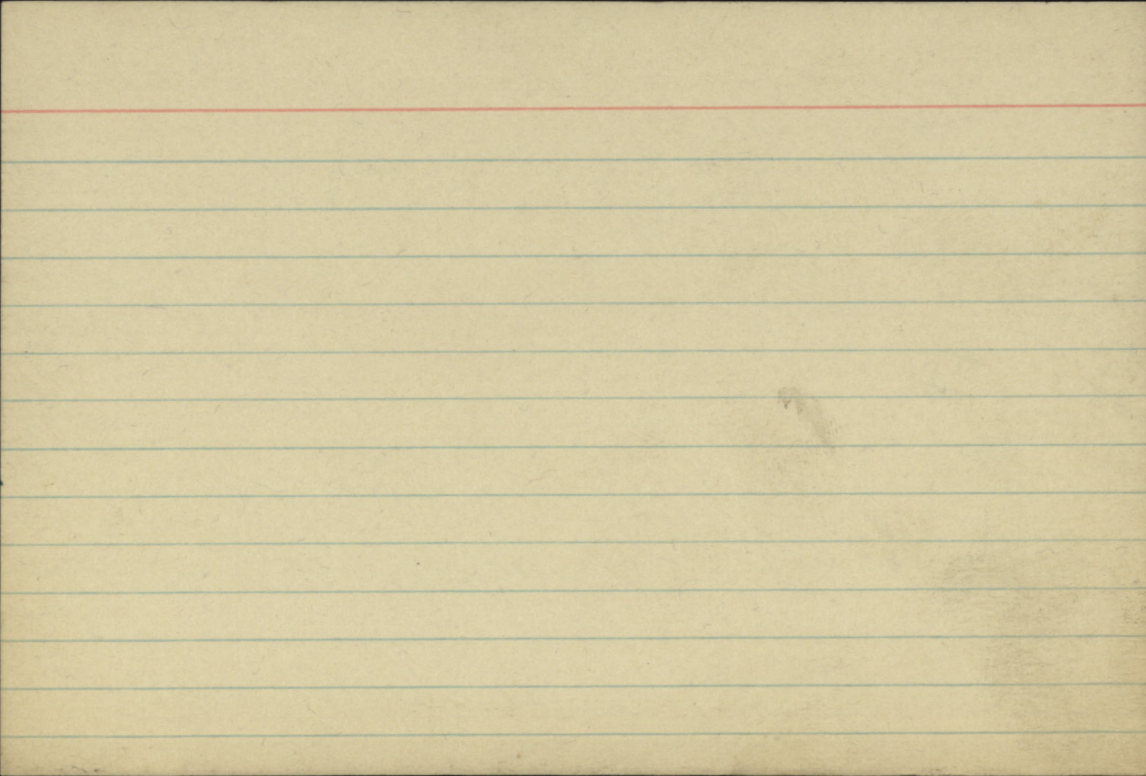
Name TAIT Rank Lieut. Reg. No. _____
 Unit Melbourne Magill
23rd. Res. Bn. 87th Bn.
 Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31.10.17.	13 Can. Mil. Hosp.	Hastings	Bronchitis	821		
12.11.17	Discharged	(Ley)		886		
11-4-18	11 Can. Hdqrs	(16851)	N/D	960	✓	
23-4-18	4th Hon Gen Hos	SW	Karrasthenagh		✓	
	Gen Hos	(200ms)				
1-5-18	Discharged	(17351)				
2-5-18	Can bond off	St. Macdock	(17351)	992	✓	
7-6	Discharged	(9003)		1004	✓	

TAIT, Melbourne McGill Lt. 87th Bn. 332-1-94

medals desp.

death not due to service



NAME

Sait M. M.

REG'T L NO.

H. Q. FILE NO. 649.

RANK AND CORPS

Lieut. 23rd. Res. Bn.

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

821 ⁽⁴⁾	No. 13 Can. Mil. Hastings	31-10-17	Bronchitis,
886 "	Discharged	12-11-17	" "

No.

RANK

Lieut.

NAME

Tait, M.

M.

T. O. S.

13-9-16

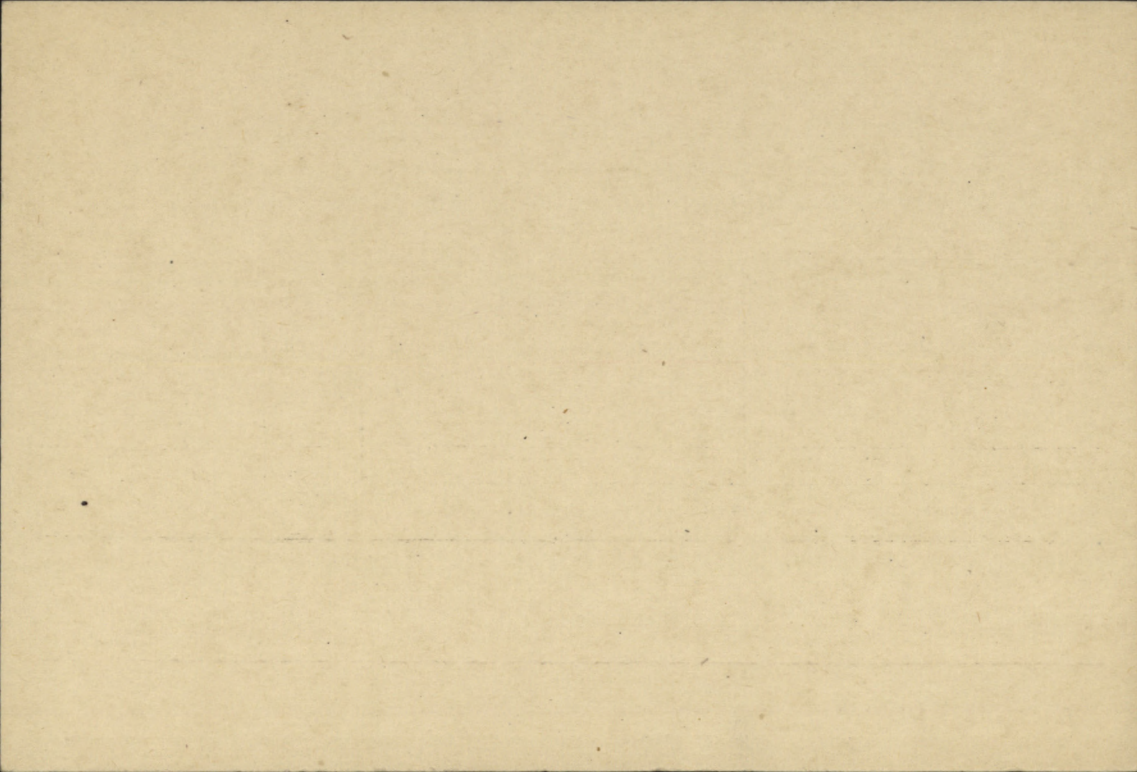
UNIT

245th. Battalion, C. I. F.

(D.O.# 16 of 21-9-16)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Sept-13	Sept-30	✓		
	Oct	✓		
	Nov	✓		
	Dec	✓		
1917	1917			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		



SURNAME.

Tait

CARD NO.

X

CHRISTIAN NAMES

Melbourne Magill

B.O.B. 15-7-18-4
Pt. II FOLL. 753/22-7-18
(m u) #4089

REGL. No.

RANK

Lieut.

UNIT 245*

Bn.

FORMER CORPS

1st B. G. of C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Tait, Sir Melbourne

RELATIONSHIP TO SOLDIER

Father

ADDRESS

1004 Dorchester St. W.
Montreal, P. Q.

COUNTRY OF BIRTH

Canada Montreal P. Q.

DATE

Mar. 25th 1883

PLACE OF ATTESTATION

DATE

R/B. 4-7-18 186/3

From Halifax Per S.S. "Justicia" 3-5-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Western Sales

RELIGION

Church of England

Mgr. Imp. Tobacco Co.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Sept. 1st 1916.

*Present address :- 1004 Dorchester W.
Montreal, P. Q.*

P
4-4-21

~~1~~
~~X~~

Number Rank **LIEUT.**

Surname **TAIT**

Christian Names **MELBOURNE MAGILL**

Unit Theatre of War **FRANCE**

Dates of Service **3. 5. 14** **22. 1. 18** **24. 6. 18**

Remarks

Latest Address **Apt. 22**

Roll No. **Cote des Neiges Rd.**
Montreal, P.Q.

B Page 16/8

G.A. 1264 Dup

APR 2 0 1921

G.A. 35316 Lem

SEP 1 1921

NAME

Sait M. M.

REGT'L. NO. _____

RANK AND CORPS

Lieut 87th Bin

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NATURE OF CASUALTY

NO.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

960 ¹	#11 Can. Hd. amb	11-4-18	N. Y. C.
964 ³	to of th low Gen Denmark kill S. 2978	23-4-18	Neurasthenia
972 ³	Can Cons. Officers' Matlock 1 Bath	2-5-18	" "

Surname	Christian Name	Reg. No.
TAIT	M. M.	DMS. 22-2-1-T.
Rank	Unit	
Lieut.	C. T. S.	87th. Batt'n.

MEDICAL BOARD held at	Date	Serial No.
-----------------------	------	------------

(1) Seaford.	12-11-17.	
do.	26-11-17.	

Other Medical Boards at	Date	Serial No.
Buxton Area	16-5-18	

(2) do.	26-5-18.	
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(3)

(4)

(5)

Condition found by Board
Bronchitis. Neurasthenia.

Disposition Recommended

(1) Unfit any service 2 weeks.

(2) Fit General Service.

(3) Unfit lt. Duty 3 weeks, Home ser. Garr. Duty,
Gen. ser. 6 months, Hospital 3 weeks.

(4) Fit Home ser. unfit Garr. Duty, Gen. ser. 6 mths

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname.

Christian Name.

TAIT
Rank.

M.

M.

Unit.

Lieut. 23rd. Res. Batt. 87th Battn.

Date of admission.

13 Can. General Hospital, Hastings. 31-10-17

Hospital
No. 11 Canadian Field Ambulance. 11-4-18.

H.S. to 4th. London General Hospital. 23-4-18.

Transferred
Canadian Conval. Offs. Hosp. Matlock. 30-2-18

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

Bronchitis.

Rw

N.Y.D. "Q"

Later diagnosis. Neurasthenia. *Rw*

.....

.....

.....

Disposition.

Date.

Discharged: -12-11-17.

do. 7-6-18.

3-11-17..... 821-4.

21-1-18 886-11.

19-4-18. 960.

24-4-18 964-3.

3-5-18..... Remarks.

C.L. 10-6-18..... 1004-3.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

MED. I.C. R. REPORT ON THE CASE OF 17/12

1. Rank *1st Lt* Name *M. M. Hart* 2. Corps *1st Div* 3. Service *17/12*
4. Age *36* 5. Disability *Neurasthenia* 6. Date of Origin *March 1918*
7. Place of Origin 8. Name of hospital where undergoing treatment, and date of admission

9. Nature of wounds, injuries or disease.

A. WOUNDS.

- a) Situation and condition of entrance wound
- b) Situation and condition of exit wound
- c) Nature of projectile - whether lodged, passed through, or extracted
- d) Nature and date of operation (if any)

B. INJURIES OR DISEASE

- e) Site *General*
- f) History and particulars

Neurasthenia - with cerebral depression, loss of confidence & many morbid sensations - (Psychoses)

10. Complications

11. Present condition (if x-rayed, result to be stated) *Improved with rest -*

12. Date on which he will be fit to attend medical board *25/4/18*

13. Date on which he will be fit to travel to his home.

14. Address to which proceeding

Place *1st Lt. Hospital*

Date *25 April 1918*

H. H. Hart
Signature of medical attendant.
Cape Town

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of 13th Gen^l Aid Amb Hospital at St Catherine Date 11-4-18

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
595	87 th Gen ^l Amb Br			Lieut. Tait. M. H.	36	18 12	3 1/2 12	11-4-18	11-4-18		N. Y. D MENTAL.	# 11 th Gen ^l Aid Amb to C.C.S H.M.

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

unable to hold for observation as m.A.S. being shelled continuously & so evacuated directly from A.S.S.

H. Lionel Gilday
Rheol.

Medical Officer in Charge.

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MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

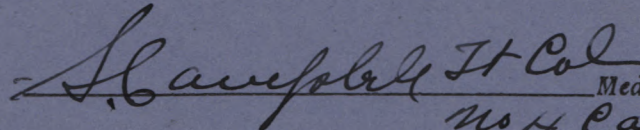
(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of H Canadian C.S. Hospital at Pernes Date 20.4.18.

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write " M " under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations,	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	87 Can. Batt 1		-	Lieut T A IT. M. M.	36	$\frac{18}{12}$	$\frac{3\frac{1}{2}}{12}$	16.4.18	20.4.18		Neurosthenia	Base.

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

I have examined this officer and consider him to be suffering from neurosthenia. He is unfit for front line work for some time.


 S. H. Campbell Lt Col
 Medical Officer in Charge,
 No 4. Can. C. S.

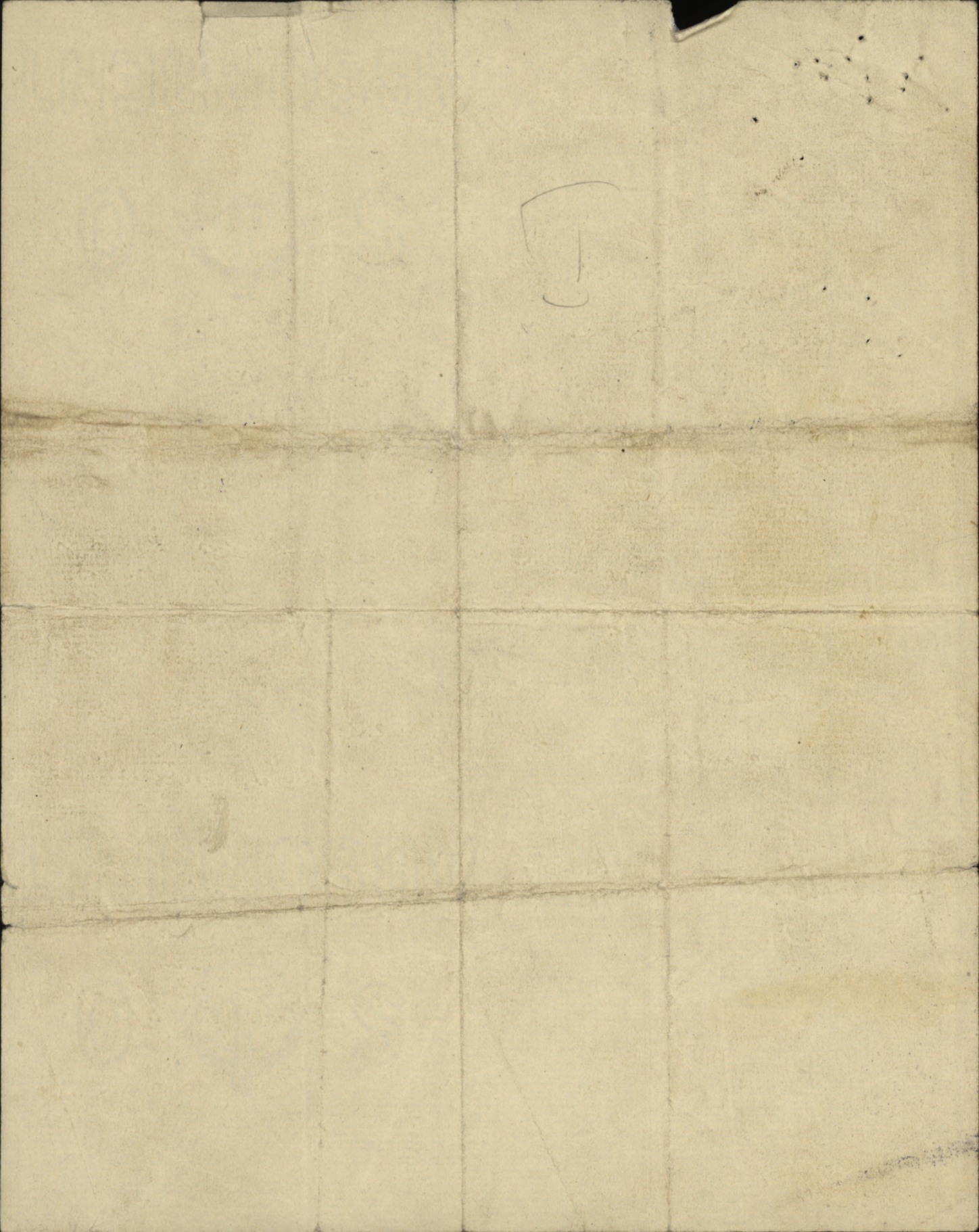
Re Lieut McKee Tait

10-4-18-

87th Can Inf. Battⁿ

The above mentioned officer has been in front line with his company for past six days. For the past two days he has been suffering with ideas of persecution. He imagines that the men of his company & in fact the whole battalion are talking adversely about him - saying he is "yellow", and that they are going to "get him". These ideas seem to stay with him, in spite of assurances to the contrary by the O.C. his C.O. commander, and his intimate friends among the officers.

Major H. H. G. Capt.
No. 87th Battⁿ



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

OFFICER

Unit, Regiment or Corps 245th Bn. C.E.F.

Regimental No. Rank Lieut. Name Tail, Melbourne Maclell
C. E. F.

Enlisted (a) 18916 Terms of Service (a) D of W Service reckons from (a) 18916 3-5-17

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) Tobacco Merchant

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				
	O.C. 245 th Bn	Embarked at Halifax May 3 rd /17 H.M.T. 7628 "Justicia" Disembarked at Liverpool, May 14 th /17.			
18.5.17	23rd R. Bn,		Taken on strength	Shoreham	15.5.17
17.5.17	O.C. 245th Bn.	Transferred to 23rd Res. Bn,	Shoreham.	15.5.17	D. P. 11. O.
22.1.18	245th Bn.	Posted to 47th Bn.	G.S. Stairs Major Pembroke	for O.C. 245th Bn, C.E.F.	22.1.18 D.P. II O.22
					1st Lieut. O.C. 23rd Can. Res. Battr.

P.T.O.

(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.

CANADIAN HEAD OFFICE
 24 JAN 1918
 CERTIFIED CORRECT

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				
21.1.18	4C88D	S.O.S. 87 th P.M.		21.1.18	UR.
29.1.18	CCRC	S.O.S.		29.1.18	UR
9.3.18	Unit	ad units for duty		8.3.18	B213
16.3.18	"	ceased to be at for duty		11.3.18	B213
4.4.18	lele Rb	S.O.S. to Unit		4.4.18	UR360
6.4.18	Unit	joined Unit		4.4.18	B213
13.4.18	116 FA	U.S.		11.4.18	E3906
"	136 FA	"		11.4.18	"
13.4.18	Unit	Evac Sick		11.4.18	B213
18.4.18	11C FA	U.S. mental		17.4.18	E5628
21.4.18	1 Rbk	Neurasthenia		21.4.18	E5641
23.4.18	1 "	"		23.4.18	E7414
20.4.18	4Cdncc	U.S. mental	To 34 Base	20.4.18	E7594
23-4-18	HMAT Ville de Leige	Invalidated SICK and detached to 1st Q.R.D. Bramshott		23-4-18	A.F.W./3083/5275 D.O.No.38 d/6.5.18
					
		<p style="margin: 0;">Lieutenant, for Lieut. Col. A.A.G. Canadian Section, 3rd Echelon, G.H.Q.</p>			
27.4.18		TAKEN ON STRENGTH	Quater Regt, Depot, B'shott	Pt. II. D.O.	103. 23-4-18
15.7.18		S.O.S. Returned to Canada for disposal	by A. G. Ottawa	Pt II Do 171.	27.6-18
		<p style="margin: 0;">Svs. 15.7.18 Av. 1 Regt 2.2.20</p>			
		<p style="margin: 0;">Glas Ducket Lt QUINCY REGT. DEPOT.</p>			

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J.B.C.-4-13.

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full).....**Melbourne McGill TAIT**.....

Enlisted in.....**245th Battalion**.....

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

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

in.....**245th Battalion**.....

CANADIAN EXPEDITIONARY FORCE on the.....**Thirteenth**..... day

of.....**September**..... 191.....**6**.....

He SERVED in CANADA,.....**England and France with the 245th**.....

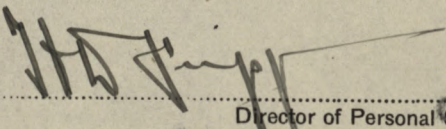
.....**Battalion, 23rd Reserve Battalion and 87th Battalion**.....

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

of.....**July**..... 191.....**8**..... by reason of.....**being medically unfit**.....

Dated at Ottawa, this.....**Thirtieth**..... day

of.....**August**..... 191.....**9**.....

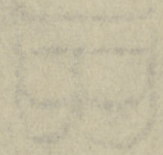

.....
Director of Personal Services.
for

CANADIAN EXPEDITIONARY FORCE

Certificate of Appreciation

ISSUED TO OFFICERS AND MEMBERS

This is to certify that _____
rank of _____
of the _____
CANADIAN EXPEDITIONARY FORCE, of the _____
rank of _____
and was appointed a COMMISSIONED BARRACKMASTER
of the _____
CANADIAN EXPEDITIONARY FORCE on the _____
at _____
and was struck off the strength on the _____
at _____
for _____
and _____
and _____
and _____



POST DISCHARGE PAY OFFICE

20775/414

Three months pay and allowances after discharge.

E
SA

Name **Tait, Melbourne Magill**
Surname Christian Name

7B 12222-M-1

Regimental Number Rank **Lieut.**

Address (in full) **The Chomeely Apts. (22),**

Unit **87th Bn.**

Cote Des Neiges Hill,

Original Unit

Montreal, P.Q.

District where paid **Ottawa**

Date of Discharge **15-7-18**

P. D. P. Filing Number **124245**

Rates:—Regimental pay \$ **2.00** per diem: Field Allowance \$ **.60** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
23660	8003	7/8/18	7800	7499	9/9/18	4800	7185	10.18	8060		23660
21441	946603	20/3/19	8060								

Over

M. F. W. 127.
50M - 6 17.
1772 39-1140.

Remarks:

Park Lt. Melbourne M

at

22 The Clonely Apts.

West San Diego Hill

Montreal

Doc'n No 20775/414 File No 17777-M-9

Award ... days at \$ 3.66 per day \$

S. A. months at \$... per mo. \$ 317.20

Less P. D. P. Credited \$ 236.60

\$

Less further debit balance \$

Net due paid as below \$ 80.60

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch. No	Amount	Ag. No	Ch No	Amount
1	2144	46603	80 60			
2						
3						
4						
5						
6						
7						
T			80 60			

20/3/19

317.20
236.60
80.60

GEN'L AUDITOR
Posting checked by
A. Kelly
Date *18/10/19*

20/3

MEDICAL HISTORY SHEET

Surname: *Doat* Christian Name: *Melbourne Doat*

Examined on: *18th June 1916* at: *Montreal*
 City or Town: *Montreal* Birthplace: *County*
 Apparent age: *33 years* Trade or occupation: *Police Officer*
 Height: *6 feet 2 inches* Weight: *215 lbs.*

Minimum: *37* inches Chest measurement Maximum expansion: *43* inches
 Physical development: *Good* Small-pox Marks: *None*
 Vaccination Marks: Number: *1* Arm: *Left*
 When Vaccinated last: *28/1/17* (a) Marks indicating congenital peculiarities or previous disease: *None*
 (b) Slight defects but not sufficient to cause rejection: *None*

DATE	RESULT	ANTY-TYPHOID INOCULATIONS, ETC.
<i>28/1/17</i>	<i>Good</i>	<i>Good</i>
<i>27/1/17</i>	<i>Good</i>	<i>Good</i>
<i>24/1/17</i>	<i>Good</i>	<i>Good</i>

CORPS	REG'T. NUMBER	HABITS	DATE
<i>245th</i>	<i>1001</i>	<i>None</i>	<i>13.9.16</i>

Enlisted on *13th* day of *September* 1916 at *Montreal P.Q.*

STATION	DATE	DISEASE	RESULT
<i>Montreal</i>	<i>8-1-17</i>	<i>fit</i>	<i>Passed by Medical Board</i>
<i>Stary</i>	<i>12-11-17</i>		
<i>Hastings</i>	<i>21-11-17</i>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.
Montreal Part 16-1-18
 M. F. B. 313
 500M-3-16
 H. Q. 1772-39-439

INSPECTING MEDICAL BOARD
 M. D. No. 4
 APR 3 1917
 MONTREAL, P.Q.
 Passed by Medical Board

Christian Name *Melbourne Magill*

Surname *Tait*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>N 213 can't read</i>		<i>30</i>	<i>10</i>	<i>17</i>	<i>12</i>	<i>11</i>	<i>17</i>	<i>Bronchitis</i>	<i>14</i>	<i>discharged to Board.</i>	<i>Magill</i>
<i>4th London General Hosp. Denmark Hill. S.E. 5.</i>		<i>23.</i>	<i>4</i>	<i>18</i>	<i>27</i>	<i>4</i>	<i>18</i>	<i>neurasthenia</i>	<i>4.</i>	<i>He is suffering from neurasthenia with mental depression, loss of confidence, morbid sensations, headaches, lumbago - Psycho-neurosis. He is supersensitive and emotional and requires rest.</i>	<i>Magill</i>
<i>Bob mattok bath</i>		<i>15</i>	<i>18</i>		<i>7</i>	<i>6</i>		<i>neurasthenia</i>	<i>38</i>	<i>mainly protracted and poor condition</i>	<i>Magill</i>



PROCEEDINGS OF A MEDICAL BOARD

assembled at Hastings on 26-XI-17
 by order of H.A.D.M.S. Canadians, Seaford
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. Tait, M.C.M. (Corps) C.T.S.
 Age 35 Service 18/2 Disability Bronchitis
 Date of commencement of leave granted for present disability 12-XI-17
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

*This officer re-appears before this board after having had two weeks leave granted 12-XI-17. He states that he is now feeling very much better; although has almost disappeared and he has no complaints -
 Urine - no scales nor present in chest -
 Lungs clear -
 Heart N.A.D.*

The Board recommended fit for General Service -

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service..... *yes -*
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*
3. Fit for Home Service.....
4. Fit for Light Duty at Home.....
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.....
 - (b.) In an Officers' Convalescent Hospital.....
6. (a.) Fit for light duty at a Command Depôt.....
- (b.) Fit for treatment only at a Command Depôt.....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service?..... *yes -*
9. Was it contracted under circumstances over which he had no control?..... *yes -*
10. Was it caused by military service?..... *yes -*
11. If caused by military service, to what specific military conditions is it attributed?..... *Infection -*
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... *not applicable -*

I concur in the findings of the Board of Medical Officers here recorded
Captain, D.A.D.M.S. for D.A.S. Canadians

Officer's Address { C.T.S.
Bexhill

Signatures { _____ President.
W. Wallace Cogh. Members.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[198] Wt. W.8632--M.2739. 100,000. 9/17. V. & S., Ltd.

[228] Wt. W.1327--P.142. 50,000. 11/17. V. & S., Ltd.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Hasting on Nov. 17/17

by order of Cable's Command

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Lt TAIT M.M. (Corps) C.T.S.

Age 35 Service 1812 Disability BRONCHITIS

Date of commencement of leave granted for present disability 12/11/17

Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this officer has been in hospital for two weeks with severe disability.
Lungs are clear now with exception of a few high pitched rales over apex of chest.
Pulse rate 80 - Heart sounds good.
Eats well - sleeps well - but still coughs at night - & tires readily.

Board recommends 2 weeks leave

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service no - 2 weeks
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* no - 2 weeks
- 3. Fit for Home Service no - 2 weeks
- 4. Fit for Light Duty at Home no - 2 weeks
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital no - 2 weeks
 - (b.) In an Officers' Convalescent Hospital no - 2 weeks
- 6. (a.) Fit for light duty at a Command Depôt no - 2 weeks
- (b.) Fit for treatment only at a Command Depôt no - 2 weeks
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation no - 2 weeks
- 8. Was the disability contracted in the service? yes
- 9. Was it contracted under circumstances over which he had no control? yes
- 10. Was it caused by military service? yes
- 11. If caused by military service, to what specific military conditions is it attributed? Infection
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? not applicable

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians

Officer's Address Bank of Montreal
Waterloo Place
London

Signatures J.D. Graham Capt. President.
M. K. Liph... Members.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station C.C.O. Hosp. Matlock Bath
 Date May 20 1918
 1. Rank and Name Lieut. Tait, M.M.
 2. Unit 84 Bn. 23rd 1st Quebec Bn. Bramshott.
 3. Age 36 4. Total Service 22 yrs. War Service { (a) at home 7 months
 (b) abroad 15 months (France 4 mos)
 5. Address 9, W. 4 Morrison, St. Georges' Bank, Bant Molesey, Surrey, (Telephone 153 Molesey)

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability NEURASTHENIA
 7. Date of origin of disability Apr. 18 - To Hosp 9 Apr. 18.
 8. Place of origin of disability France
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Nervous condition began as soon as he reached the firing line, mental depression, loss of confidence and worry over his inability to handle men. Shell fire did not seem to worry him very much, but what others thought of his soldierly qualifications did. His condition became so aggravated that he had to be evacuated. Sent to 4th London General Hosp. 23.4.18 and diagnosed Neurasthenia & Psycho-neurosis. To C.C.O.H. 1.5.18. On admission - supersensitive and emotional with no serious illnesses. Family History - Neurotic Mother & Father - one brother epileptic.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
- (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
- (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? Yes
 (b) in the service? Yes
 11. Was it attributable to military service? Yes
 If so, to what specific military conditions is it attributed? Nervous strain in Active Service in France

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable
 If so, by what specific military conditions? Not applicable

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

I concur in the findings of the Board of Medical Officers here recorded.
 W. Melville
 Captain, D.A.D.M.S.
 for Canadians, D.M.S.

14. What is the officer's present condition? Considerably improved as to nervous condition, sleeps better, less mental depression, tongue coated and tremulous, fine tremor of hands. Hands cold & clammy. Heart & Lungs normal. Abdomen - neg. Bowels quite normal now. Memory has improved. Notwithstanding the above general improvement which is doubtless transient, and taking into consideration his medical history, the Board does not consider this officer will be fit for General Service with six months.

15. To what degree is the officer disabled at the present time? _____
 (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? _____ months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Baths, Remedial P. T. at Canadian Convalescent Officers Hospital, Matlock Bath Derbyshire.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service. _____
- B.—Fit for service in a garrison or labour unit abroad. _____
- C.—Fit for home service:—
 - (i) Active duty with troops. _____
 - (ii) Sedentary employment only. _____
- D.—For admission to a command depot. _____
- E.—Requiring indoor hospital treatment:—
 - (i) In an officers' military or auxiliary convalescent hospital. _____
 - (ii) In an officers' hospital. _____
- F.—Permanently unfit for any further military service. _____

No Six months
No Six months
Yes
 } not applicable

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? _____

[Signature] President.
[Signature]
[Signature] Members.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Year 1918	Regimental No.	Rank. LIEUT.	Surname. TAIT	Christian Name. M.M.
		Unit. 87th Bn.	Age. 36	Service. 22 Mos.
Station and Date. C.C.O.H.	Disease <u>NEURASTHENIA.</u>			
Matlock Bath, Derbyshire. 1-5-18.	Complaints:- Nervousness and headaches.			
	Personal History:- Always been of very nervous temperament and painfully self-conscious. Never had any serious illness, except frequent nervous breakdowns.			
	Family History:- Mother neurasthenic. Father was also of nervous disposition. Younger brother was epileptic.			
	Present Illness:- Began in April (between 5th and 12th) 18, as soon as he got to front line. He was very very nervous, slept very little, worried about his inability to handle his men. Thinks he would be better in the ranks where he would have no responsibility. He feels that his men know his unfitness to lead them and worries extremely about it. From front line went to 13th F.A., to C.C.R.S. at Frezincourt. There he got up in the night on 3 or 4 occasions and talked about his troubles. / Then to 4th C.C.S.; to Duchess of Westminster Hosp., Le Toquet, to 4th London Gen'l. and to C.C.O.H. here.			
	Present Cond:- Tongue heavily furred. Appetite poor. Bowels constipated. Has good deal of pain in lumbar muscles. Greatly depressed mentally. Pulse 90. Heart and Lungs and abdominal organs normal. Knee Jerks normal. Memory for names and faces is poor. The hearing of noises make him very nervous.			
	Treatment:- Tr. Ferri. mer. m xx. Liq. Acoomon. Acet. 3 gs. 4 g. t.i.d.p.e.			

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

Station
and Date.

May 5th. Filing notes —

6 Urine negative for albumen & sugar. Acid. Sp. Gr. 1020

" 11th. Improving satifetment.

" 14th. Cond. about same.

" 16th. Bounded S. S. 6 weeks

Wm. Caldwell M.D.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>64 Can 12</i> Year <i>1918</i>		<i>Lt</i>	<i>Lair</i>	<i>Melbourne Magie</i>
	Unit.	Age.	Service.	
	<i>84 Canadians</i>	<i>36</i>	<i>1 7/2</i>	

4th LONDON
Station
GENERAL HOSPITAL
and Date.
R. A. M. C. (T.)
DENMARK HILL
S. E.

Disease *Neurasthenia (143)*
Case of nervous symptoms in a person
of neuropathic temperament.
Now shows lack of confidence, impaired
memory, feelings of morbid mental depression
and various morbid sensations - headache,
lumbago - Psycho-neuroses.
Is supersensitive and emotional. Requires
period of rest. Home by boat
Cape

DISCHARGED FROM HOSPITAL

1-5-18

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

Station
and Date.

NO 13. CAN HP 32
HASTINGS
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	Tait	M.
Year	Unit.		Age.	Service.
	C. Y. P. B			
Station and Date.	Disease <u>Bronchitis</u>			
	<p>Had two attacks of Pleurisy with Effusion. 1905 & 1907 in Montreal Rt Lung effected on both occasions Each winter has an attack of bronchitis, duration 3 weeks.</p>			
	<p>Three weeks ago was exposed to cold wind & rain, developed a cold Has never been in France. Arrived in England May 1917.</p>			
	<p>On Admission, complained of feeling of tightness across chest Coughs much at night, free expectoration.</p>			
	<p>On Examination, Rales over base of right lung.</p>			
	Weight 205			
	Heart normal			
	Digestive system normal			
4/11/17	Condition improved			
	Dis: 17/11/17			

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

Station
and Date.

Reg. No.

Rank, ... *Lieut*

Name, *Tait, Melbourne, Magill*

Unit, ... *L. 45th Bn.*

This form to be completed and filed with
the M/N *Officers* documents.

H. Q. File Reference,

Date Struck Off Strength, ... *15-7-18*

Reason, ... *medically Unfit*

Military District, ... *4*

Auth. Pt 96 of 20-7-18 #H.D.19

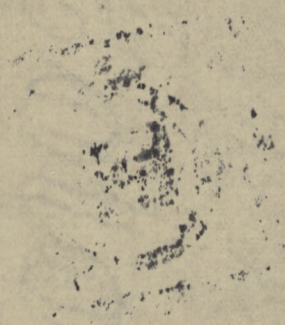
Clerk's Initials, ... *R.M.C.* ...

Date, ... *10-9-18*

Doc, S.F. 10.
1000-9-18
LHP

*W S G. Comp
20-2-19
EC*

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(NEUROLOGICAL OFFICERS' SECTION)

SPECIALIST'S REPORT.

(For the use of Visiting Medical Board).

Rank *Sr* Surname *Tait*
Unit *87th Canadian* Age

Christian Name *M. M.*
Service *17/12*

Disability. *Neurasthenia*

Place of Injury *France*

Date of Injury. *March 1918*

G.S.T.	} <i>v</i>	Shell Shock and Neurasthenia. <i>Yes.</i>
Nature of Injury.		Circumstances of Injury
X-ray report		Burial <i>✓ Stress of service</i>
Fracture		Tremor <i>✓</i>
Foreign bodies.		Reflexes <i>normal</i>
		Pupils <i>react sluggishly -</i>
		Insomnia. <i>Yes.</i>
		Dreams <i>Yes.</i>
		Dizziness
		Headache <i>Yes</i>
		Hearing <i>Good</i>
		Speech. <i>Normal.</i>

Symptoms - chiefly mental depression & morbid fears & obsessions.

a) Probable date of leaving Hospital

b) Probable date of leaving Convalescent Hospital

Other Remarks.

25/4 191*8*

Signature of
a la suite
officer

Recommended Convalescent Hospital in Country.

350

350

18

20

No. 11

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

UNIT. NAME OF UNIT DATE AUTHORITY
 23rd Re. Pm (245th)
 Pay 2.00
 F. G. .60
 Men 1.00
3.60

Leitch

Miss
 DATE AUTHORITY
 14/17/17 Canada 29/6

Name Tail
 Initials M. M.
 Bank of Montreal

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
May 28	Pay R. 1-31 st Mess for 14 th border 38	5843		13660				
21	Pay as above. V. 8230		9860					
	Gr. Pay for con. V. 663		38					
June 19	Pay R.		108					
21	Bank	7999		108				
July 17	Pay R.		11160					
25	Bank	13071		11160				
Aug 21	Pay R.		11160					
23	Bank	17080		11160				
30	Rations 7-31 st	4762					£1.13.4 ✓	
Sep 13	Do 1-30 th + 1-7 th	4776					£2.9.4	
18	Pay R.		108					
22	Bank	21905		108				
Oct 1	Rations 1-31 st	5673					£2.1.4	
13	Pay R.		11160					
15	Rations 1-11 th	6698					14/8	
19	Do 18-30 th	7073					17/4	
22	Bank	26282		11160				
Nov 17	Pay R.		108					
21	Bank	30733		108				
Dec 11	Pay R.		11160					
13	Bank	35096		11160				
Jan 15	Repairs, Gold Crowns on Bridges by of 50 634			49				
16	Pay R.		11160					
21	Bank	39443		11111				
23	Rations 1-30 th (less 26 dys)	11184					5/4	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Feb 12	Pay R							
18	Pay R	Bank 40953	100 80	100 80		0		
20	Rations 1-30 ¹⁰ 17	9111					42-0-0	
Feb 25	Rations 1-22 ¹⁸ 18. (less 9 days)	14823.					17/4	
Mar 14	Pay R		111 60					
22	Rations 1-31 ¹² 17 Less 4 days	Bank 42898 12734		111 60			£1-16-0	

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

Mess. DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

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

23rd Ls. Bn. (245th Bn.)
87 Bn.
Pay 2.00
F.A. .60
Messing 1.00
3.60

Lieut.

14th 17th 5th L.C. Newfoundland

Name Tait
Initials M. M.
Bank of Montreal

Pltd to ban for Displ A.C. Ottawa N. for G.S. 6 mos 27th 18 N.O. R.O. 43 + 2 d/13th 18

DATE

PARTICULARS

1918-19

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

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

INITIALS

1918

Apr 16 Pay R.

24

May 13

23

June 11

22

Pay R.

June Pay R.

Bank.

Bank 7673

Bank 4047

1173.

108.

111 60

108 00

108

111 60

108 00

—

—

*Ret to ban
L. P. to 30th 18
Sp. to N.C. Regt.
Transferred fr Lr 3 to Lr 1st 18.*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Pay

F.A.

Messing

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED-
PAY PAID IN
CANADA

BALANCE

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

INITIALS

(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 Montreal, Que.

Date 9-7-18.

- 1. (a) Unit District Depot #4
- (b) Rank Lieut.
- (c) Surname TAIT
- (d) Christian name Melbourne Magill.
- 2. Age last birthday 35 Date of birth 25-3-1883.
- 3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Sept. 1916.
- Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Same.

- 4. Personal description:
 - (a) Height 6-1 1/2
 - (b) Weight 187 lbs.
 - (c) Complexion Fair
 - (d) Colour of hair 1 Brown.
 - (e) Colour of eyes Blue.
 - (f) Scars or tattoo marks None.
- 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) 22 Chomey Apts. Montreal.
- (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent District Depot #4

6. Former trade or occupation Eastern sales manager, Imperial Tobacco Co.

7. (a) Service

	PERIODS	
	From	To
<u>245th. Batt. C.E.F.</u>	<u>Sept. 1916.</u>	<u>8-7-18.</u>
<u>District Depot #4</u>	<u>8-7-18.</u>	<u>Date.</u>

- (b) Has he been Overseas? Yes.
- 8. Disease or disability (use authorized nomenclature if possible). Neurasthenis.
 - (a) Date of origin March 1918.
 - (b) Place of origin Rocklancourt, France.
 - (c) Cause* Exposure to shell fire.

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

Complains of moderate insomnia, distressing dreams and nervousness. This officer is very nervous in all his actions, has marked tremors at the extremities and tongue and the reflexes are moderately exaggerated. He complains of tiring easily, and pulse rate is increased from 88 to 104 by slight P.T. exercises or after slight stress of having been examined. Heart and lungs and urine normal. General nutrition good.

[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.]

FALSE DOCKET
5

- 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.]

History of Bronchitis Dec.1917.

- 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 **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? **Six months.**

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

Ore Hosp. (Can) Hastings.	5 weeks.
4th. Imp. Gen. Hosp. London.	8 days.
Can. Comd. Hosp. Hatfield Bath.	6 weeks.

18. Can the treatment in hospital, convalescent home, etc., likely to be of material benefit?
No.

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

20. Recommendations. **Unfitness for service.**

W. J. Bourne
 Medical Officer by whom the case is brought forward.

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

I, the undersigned.....**Officer**.....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 **nothing.**

M. M. Fair
 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.

We concur.

- | | | |
|---|---------------|--------------|
| 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.~~

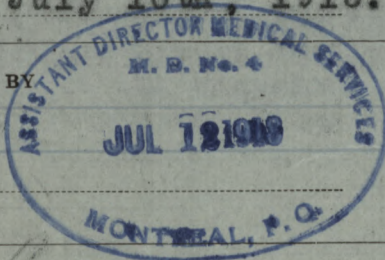
(Strike out condition not applicable.)

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

Category B.

Station Montreal, P.Q.
Date July 10th, 1918.

APPROVED BY



Date

APPROVED BY

Date

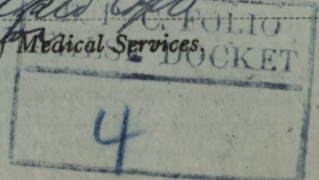
13, 7, 18

H. Aubrey President.

Lawrence } Members.

W. Macdonald
Major
Assistant Director of Medical Services.

Jas. Mackie EpD
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.

22. Is the Officer fit for (a) General service
 (b) Service abroad (not general service)
 (c) Home service (not general service)
 (d) Temporary duty
 (e) Light (or other) service (not general service)

23. It is certified that the Officer
 (a) Does require treatment
 (b) Does not require treatment
 (c) Should not be under the care of a medical officer
 (d) Should not be under the care of a medical officer

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

Station
 Date
 Approved by
 Date
 Approved by
 Date

MEDICAL CASE SHEET.

Lieut. M. McGill TAIT.

87th Canadians Bn.

Age. 36.

DISEASE :- MENTAL CASE.

11-4-18. This Officer was sent to our A.D.S. where we were unable to hold him for observation as we were in the midst of a "move" so was transferred to No. XI Canadians Field Amb.

(Sgd.) A. LOWEL GILDAY?

16-4-18. This Officer has been under observation at this unit for the past five days. He is at times excited and then moody. He is afraid that the other Officers in the Ward suspect him of cowardice. There is no evidence to support this. Furthermore he is at times given to bursts of determination to do desperate work to convince everyone to the contrary. His judgement of his environment is very much disturbed.

(Sgd.) H. H. MISHNER? LT. COL.
CAMC.

O.C. 11th Can. Field Amb.

20-4-18. This Officer has improved during his four days here. He has always been of a nervous and highly strung temperament and by reason of that is unfit for the stress of front line work. Memory and intelligence are good. I consider he is suffering from neurasthenia

(Sgd.) S. CAMPBELL. LT. COL.
No. 4 Can C.C.S.4th Lon. Gen. Hosp.

Onset of nervous symptoms in a period of neuropathic temperament. Now shows lack of confidence, impaired memory, feeling of morbid mental depression and various morbid sensations. Headaches lumbago, psycho-neuroses. Is supersensitive and emotional, requires period of rest.

(Sgd.) J. D? M. O.
Captain.

1934. 11. 28. BY: [Name] M.D.

This patient was sent to our ward where we were notified to hold him for observation as we were in the midst of a "move" so was transferred to No. 11 Camp Street Field and

(1934) A. J. [Name]

This patient has been under observation at this unit for the past five days. He is at times excited and somewhat. He is afraid of the other Officers in the ward and suspect him of covering. There is no evidence to support this. Furthermore he is at times given to bursts of determined to do better work as convicts everyone to the contrary. His judgment of his environment is very much distorted.

(1934) H. R. [Name] M.D.
Camp
0.0. 11th Con. Field, N.Y.

This patient has arrived during the last few days here. He has always been of a nervous and slightly nervous temperament and by reason of that is unfit for the stress of front line work. Memory and intelligence are good. I consider he is suffering from neurasthenia

(1934) S. O. [Name] M.D.
No. 4 Con. C.S.

Case of nervous system in a period of nervous temperament. Now shows lack of confidence, impaired memory, feeling of mental depression and various morbid sensations. Headaches, lamps, psycho-neurosis. Is superstitious and emotional, rapid in period of rest.

(1934) J. D. [Name] M.D.
Captain

E. T.

Surname **TAIT**
Rank **Lieut.**

Christian Names **Melbourne Magill** ✓

Name and Address of Next-of-Kin **Father.**

Promotion
Unit **245th Bn to 1stv Quebec Regt.:**
Place of birth **Montreal. Canada**
Married (Yes or No)
Appointments

Sir Melbourne Tait. ✓
1004, Dorchester St. W. Montreal. AFB 158
Quebec. Canada 23rd Res Bn 1.7.17

One to NE

Date of leaving Canada **3-5-17** *M.O. 134* Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
16.5.17	Shoreham	T.O.S of 23 rd Res Bn		15.5.17	RO 2179
2.11.17	CRO	Adm. No 13 Can. Mil Hosp. Washington		12.11.17	PTII of 214 (CTS) CL 886
22.1.18	23 rd Res Bn	S.O.S. Proceeded Overseas to 87 th Bn.		31.10.17	CL 821 Bronchitis
26.1.18	87 th Bn	T.O.S of 87 th Bn on Arrival from England.		22.1.18	PTII of 22.
19.4.18	AMS	Adm. No 11 Can Field Ambulance		24.1.18	PTII of 4
6.5.18	87 th Bn	Invalided Sick & detached to QueRD		11.4.18	CL 960. My D. (D)
27.4.18	Q.R.D	T.O.S of QueRD on Adm to Hospital		23.4.18	PTII of 38
24.4.18	AMS	Adm. 4 th Lon Gen Hosp. Denmark Hill SE		23.4.18	CL 964 Neurasthenia
3.5.18	AMS	Adm Can. Conv. Officers Hosp. Mallock Bldg		7.6.18	CL 1004
11.6.18	Q.R.D	On leave from 7-6-18		2.5.18	CL 972 - do -
13.7.18	HQ. CEF.	S.O.S of OMFC, Returned to Canada for disposal by. A.G. Ottawa.		28.6.18	PTII of 142
		<i>7948</i>		27.6.18	RO 4342, PTII of 17 (PTII)

M

A.F.B. 103.
25 JAN 1918

A.F.B. 103.
18 MAY 1918

A.F.B. 103.
18 AUG 1918

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 245th O/S Battalion, C.E.F.
"Canadian Grenadier Guards"

(2) Regimental Number - - -

(3) Full Name of Soldier..... TAIT, Melbourne Megill

(4) Place of Birth..... Montreal. P.Q.

(5) Are you married, or not? No.

(6) If married, state,
(a) Full name of your wife..... - - -

(b) Present Postal Address..... - - -

(7) Are you a widower? No.

(8) Have you any children? - - -

If so, give number of boys and girls..... - - -

Also their names and ages..... - - -

(9) Is your Father alive?..... Yes.....

If so, state name and address Sir Melbourne Tait, 1004 Dorchester St. West, Montreal. P.Q.

(10) Is your Mother alive?..... Yes.....

If so, state name and address Lady Tait,

1004 Dorchester St. West, Montreal. P.Q.

(11) If your Mother is a widow..... - - -.....

Are you her sole support, or not?..... - - -.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

- - -

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

- - -

(15) Are you insured?..... Yes.....

If so, in what Company?..... Standard Life Assurance Co......

Have you made arrangements for payment of your Insurance premium..... Yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. B. Ballentyne
Officer Commanding.

Date..... APR 1 - 1917.....

CLINICAL CHART.

Army Form B. 181

Corps C. G. S.

(To be attached to Case Sheet.)

Military Hospital Canadian Hastings

No. _____ Rank and Name St. M. M. Galt

Age 35 Service 29/12

Disease Bronchitis Date of admission 30-10-14 Date of discharge _____ Result _____

Dates of Observation	Days of Disease																													
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
Temperature Fahrenheit	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
106°																														
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102°																														
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100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature _____ In charge of case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>595</u>	Regimental No.	Rank.	Surname.	Christian Name.
	Year <u>1918</u>	Unit. <u>87th Canadian Bn.</u>	Age. <u>36</u>	Service.

Station and Date. 11/4/18

Disease MENTAL CASE

This officer was sent to our A.D.S. when we were unable to hold him for observation as we were in the midst of a "move" so was transferred to No 11 Canadian Field Ambulance.
 R. R. E. Giddings M.D.

16/4/18. This officer has been under observation at this unit for the past five days. He is at times excited and then moody. He is afraid that the other officers in the ward suspect him of cowardice. There is no evidence to support this. Furthermore, he is at times given to bursts of determination to do desperate work to convince everyone to the contrary. His judgment of his environment is very much disturbed.

Lt. Col. Earl
 D.C. 11th Canadian Field Amb.

20
17/4/18

This officer has improved during his four days here. He has always been of a nervous and highly strung temperament and by reason of that is unfit for the stress of front line work. Memory and intelligence are good. I consider he is suffering from neurasthenia.

H. C. Sibley Lt Col
 No 11 Canadian F. A.

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

Station
and Date.

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ No. _____ Rank and Name _____ Age _____ Military Hospital _____
 Disease _____ Date of admission _____ Date of discharge _____ Service _____ Result _____

Dates of Observation	Days of Disease	Temperature, Fahrenheit																													
		Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
		A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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Signature _____ In charge of case.