

C.E.F. REGIMENTAL DOCUMENTS

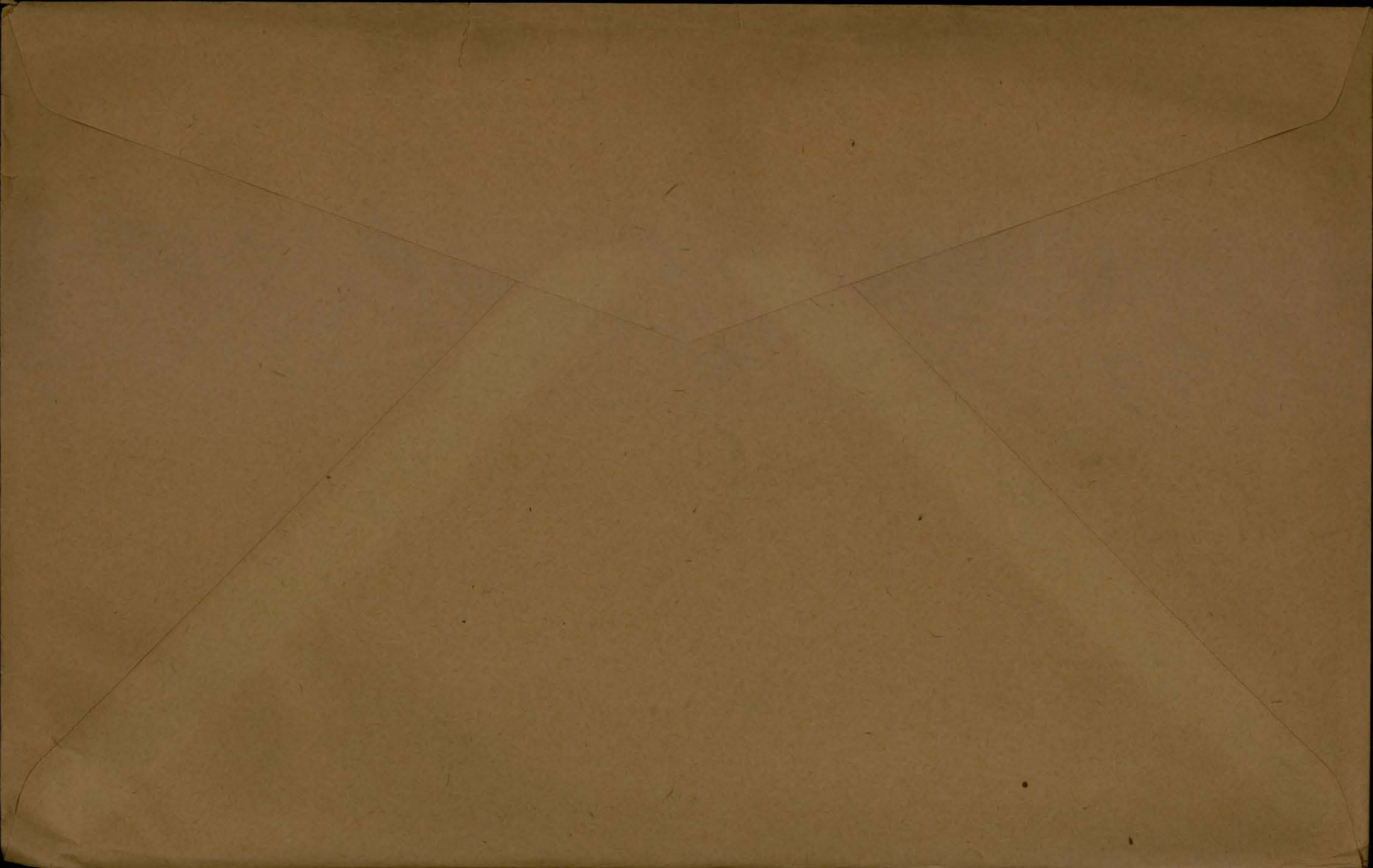
NAME B I N N S . W M .

REGT. No. 1268

UNIT.....COMP. BN.....

...H. Q. FILE No. 19558

[illegible]



ATTESTATION PAPER.

No. 1268

Folio. 140/18.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name?..... *William P. H. C. Birns*
2. In what Town, Township or Parish, and in what Country were you born?..... *Hastings, Sussex, England*
3. What is the name of your next-of-kin?..... *Annie Birns (wife)*
4. What is the address of your next-of-kin?..... *156 St Louis, LaSalle*
5. What is the date of your birth?..... *18th August 1872*
6. What is your Trade or Calling?..... *Shoemaker*
7. Are you married?..... *Yes.*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *Yes.*
10. Have you ever served in any Military Force?..... *12 years 6th Hussars 6th Irish Hussars Dragoon.*
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?.....

W Birns (Signature of Man).
W Hunter (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

..... (Signature of Recruit)

Date: 191 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

..... (Signature of Recruit)

Date: 191 (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 this day of 191 .

..... (Signature of Justice)

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

..... (Approving Officer)

Cobden Description of *William Philip Bins* on Enlistment.

Apparent Age *42* years *11* months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height *5* ft. *11 1/4* ins.

Chest measurement { Girth when fully expanded *42* ins.
Range of expansion *2* ins.

Complexion *Fair* *wt. 152 lbs.*

Eyes *Brown*

Hair *Greyish*

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

5 scars. L. arm
3 do. R. arm
Scar L. leg

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *31st July* 191*5*

Place *Montreal*

J. A. Fairie
Lieut A.M.C.
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.

.....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.....191*5*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

1269.		Private.	
This is to Certify that No. _____ (Rank) _____			
Name (in full) <u>BINNS, William.</u>			
enlisted in		the	
<u>Composite Battalion,</u>		<u>Montreal, QUEBEC.</u>	
CANADIAN EXPEDITIONARY FORCE at		on the	
<u>July,</u>		<u>31st,</u>	
day of		19	
<u>Canada.</u>			
HE served in _____			
<u>K.R.A.O. 377 (10) C.M. 1917.</u>			
and is now discharged from the service by reason of _____			
<u>MD4. 22-B-208. Category "E". Medically Unfit. P.C. #433.</u>			

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—			
<u>45 yrs.</u>			
Age	_____		
Height	<u>5 ft.</u>	<u>11½ ins.</u>	
Complexion	<u>Fair.</u>		
Eyes	<u>Hazel.</u>		
Hair	<u>Light.</u>		
Signature of Soldier		_____	
<u>W. Binns</u>		_____	
Date of Discharge		_____	
<u>September, 18th, 1918.</u>		_____	
Signed at		this _____ day of _____ 19 _____	
<u>Montreal, QUEBEC.</u>		<u>18th,</u>	
in Military District No.		Appointment _____	
<u>DD4-19-B-208.</u>		<u>September, 18.</u>	
File Reference No. _____			

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 1268. (Rank) Private. Name BIRNIE, William.
Unit Composite Battalion, C.E.F.
Address on Discharge 156 St. Lewis Street, Lachine, QUEBEC.
Character and Conduct Good
Former Occupation Labourer.
Special Qualifications of Value in Civil Life Labourer.
Medals and Decorations NONE.
Remarks "EUROPEAN WAR". Service in Canada. 31.7.15. to 18.9.18.
Signed at Montreal, QUEBEC. this 18th. day of September, 19 18.

Name of Officer

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

MEDICAL HISTORY SHEET.

Surname Bines Christian Name William Philip Cobden

Examined { on 31st day of July 1915
at Montreal

Birthplace { City or Town Hastings
County Essex

Apparent age 43 yrs. 11 mths

Trade or occupation Shoemaker

Height 5 Feet 11 1/4 Inches.

Weight 152 Lbs.

Chest measurement { Minimum 40 inches.
Maximum expansion 42 inches.

Physical development Good

Small-Pox Marks ✓

Vaccination Marks { Arm Right 3 Left 5
Number 8

When Vaccinated last 1908

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Varicose veins on right leg

Approved by J. A. Fairie
Rank Lieut A.M.C. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17th 15.</u>		<u>J. A. Fairie</u> M.O.
		M.O.
		M.O.

Enlisted on 31st day of July 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th Hussars</u>	<u>1268</u>		<u>31-7-15.</u>
Transferred to..	<u>Composite Regt.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal</u>	<u>21-1-16</u>	<u>myocarditis Rheumatism</u>	<u>303- 6 weeks.</u>
<u>do</u>	<u>24-1-16</u>	<u>myocarditis</u>	<u>m 7th 227- unfit</u>
<u>do</u>	<u>24-6-16</u>	<u>auricular fibrillation</u>	<u>303- 2 mo hospital</u>
<u>do</u>	<u>30-8-16</u>	<u>myocarditis</u>	<u>m 7th 227- Rec. discharge</u>
<u>do</u>		<u>auricular fibrillation</u>	<u>to Home</u>

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

Christian Name

Surname

Bimus

MONTREAL GENERAL HOSPITAL

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				
Montreal General Hospital		5	Jan	16	26	Feb	16	Fever Acute Rheumatic - Tonsillitis.		on m. f. B. 227. Bed.	C. R. Bourne
Kahkka 6 months out from Montreal M. G. H.		26	Feb	16	20	June	16	Rheumatic Heart disease - Auricular fibrillation Myocarditis	115	Joints require bathing. minor salivary gland "infected" K.F.H. Heart irregular + rapid.	F. J. Conway
		20	6	16	18	10	16		118	Best - unfit	Albawell
										During attacks of break in compensation, m. x v in digitalis has been given. Morphine Hypo qm 1/4 p. o. n. Diet - Light - 2 fish chicken vegetables eggs etc.	
Grey Nuns Conv, Home.		18	10	16	8	3	17	Chronic myocarditis	121	M. 7 B 229. "unfit" discharged as such on instructions from Home Bureau as from Feb 8/17 Retained as incurable in G. H. on recommendation Home Bureau 2 nd March 9 th 1917 - 40-72 B. 159	Dr. J. W. Gray Capt. A. B. C.
J. N. H. W. Montreuil.		18	10	16	16	2	18	Chronic Myocarditis.		Transferred to C. Q. & S. O. for admission to Montreal General Hosp	Sachabot Capt. A. B. C.
L GENERAL HOSPITAL		15/2/18			22	3	18	do curves liver	35	In conv home	Albawell Capt. A. B. C. M. O. 1/c Troop

MILITARY SERVICE ACT, 1917.
MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname BINNS Christian name W. P. C.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the..... day of..... 1917, by the undersigned medical board sitting at.....

5. Age as stated..... Years..... Months. 6. Apparent age..... Years..... Months
7. Height..... Feet..... Inches. 8. Weight..... Pounds.
9. Chest measurement { Minimum..... Ins. 10. Complexion..... { Eyes.....
Maximum..... Ins. Hair.....
11. Physical development..... { Good
Fair 12. Smallpox marks.....
Poor
13. Number of vaccination marks { Right arm.....
Left arm..... 14. When vaccinated last.....
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision R..... L.....
(b) Hearing. R..... L.....

President.

Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined..... day of..... 191..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Composite Bn.	1268		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

Surname.....

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				
Drummond Military Hospital.		22	3	18	16	8	18	Myocarditis, 294 Endocarditis, 292 Congestion of liver(acites) 571		Admitted; General condition very poor. Decubitus. Much dyspnoea, and complains of palpitation, shortness of breath, and swelling of feet. Poorly nourished and cyanosed, and has a slight icteroid tint to skin. Abdomen is tense with fluid. Tongue coated, teeth in poor condition. Heart enlarged. Apex beat 6th intercostal space, heaving in character. Systolic murmur at apex transmitted to axilla. 2nd sound clear. Sounds at base clear, no murmurs. Liver enlarged, 3" below costal margin. Abdomen full of fluid, much distended. Urine clear except for a very faint trace of albumen. Lungs, poor expansion. Vocal fremitus decreased in front and at bases posteriorly. Dullness on percussion. Moist rales in left apex and both bases, signs of oedema. 227 made, boarded April 26/18. Discharged class E, to Invalid Soldiers' Commission, as incurable.	<i>A. Chabot Kaplansky</i>

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. C1268 Rank Pte. Name BINNS W.

Corps Com. Bn. who was* Discharged

On 18-9-18 191 , to I.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 191 ,
to 18-9-18 191 , the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'tl Pay <u>18</u> days at \$ <u>1.00</u>	<u>18.00</u>	
by } No.			Field Allow. <u>18</u> days at \$ <u>c.10</u>	<u>1.80</u>	
Cheques } No.			Other Allowances* <u>Civ. Clothing</u>	<u>35.00</u>	
Assigned Pay No. <u>S.A. No. 6070</u>	<u>40.00</u>		<u>Sep'n Allow.</u>	<u>25.00</u>	
Other Charges*			Other Credits*		
	<u>6069</u>	<u>35.00</u>			
Payment on transfer or discharge No. <u>6068</u>	<u>4.80</u>				
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	<u>79.80</u>		Total	<u>79.80</u>	

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has been (†) been paid on account of Assigned
Pay for the month of August 1918 to (Assignee) Mrs. Annie Mary Binns
S.A. for the month August 1918.
(Address) 97 16th Ave.,

Decarie Park, Machine

(†) Insert amount to be assigned, whether it has been paid or not.
(†) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment Re attested

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge and authority M.D. No. 4. 22-B-159

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date SEP 18 1918

Place DEMOLITION DIVISION

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M-4-17.

H. Q. 1772-52-223.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Composite Battalion

Regimental No. 1268 Rank Pte. Name BINNS William

C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18-9-18	Discharged	Auth KR&O 377 (10) CM 1917 MD 4 22-B-208 Cat. "E"			
	Medically Unfit	R.O. #433 P.C. #433 discharged to I. S. C.			
<p style="text-align: center;"><i>R. W. Lee</i></p> <p style="text-align: center;">Lieutenant, Officer i/c Discharge Section, District Depot No. 4.</p>					

(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				

Three months pay and allowances after discharge.

Three months pay at
Bivine. William
Surname Christian Name

Surname

Christian Name

1268

Rank

Address (in full)

Unit

Comp. Battn.

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Remarks.

M. F. W. 127
300M-1-19
1772-39-1140

File No. 1519-W-34**WAR SERVICE GRATUITY.**Register No. Spec. Reg
79
2367Reg. No. 1268Name Binns, WilliamAddress (deceased)Dependent Miss Caroline Alice Maud Binns (Guardian)Address In trust for five youngest children
181-17th Ave. Larchmont, N.Y.

Pay Soldier \$

St. Jacques & Bradbury

Pay Dependent \$

Days 92 Rate 100 Due 300.00Less P.D.P. credited ☒Clerk W. M. Phillips 12-11-20Less further Dr. Bal. ☒
or overpayment.Net 300.00R. W. W. 23-11-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1				Pay the whole	1	65188	13-11-20 1882279	300.00
2				of the W.S.G.	2			
3				to Guardian	3			
4				of Soldier's children	4			
5				In trust for five	5			
6				youngest children	6			300.00



Register No. *AB. 1655*

WAR SERVICE GRATUITY

TO

A.P. File No. *1519-1034*

DEPENDENTS OF DECEASED SOLDIERS

Reg'tl No. *1268* Name *Wm* *Bennett*
(Christian Name) (Surname)

Unit *Composite Regt* Rank *Pte* Date of enlistment

Date of casualty *Nov. 19. 1919* B.P.C. File No. *184336*

Was service performed overseas? *No*

DEPENDENT

Name *B.P.C. District Office* Relationship *Children*

Address *for Bennett Children*

*406 Drummond and Bldg
Montreal P2*

Amount of Special Pension Bonus *\$196.?* Abstracted by *J McCallum*

Eligible for Gratuity \$

Less amount of Special Pension Bonus paid \$

Less Debit Balance of S. A. or A.P. \$

Total deductions \$

Balance due \$

Cheque No. Date issued

REMARKS: *Discharged Sept 1918
Taken on strength of I.S.C.
Immediately for further treatment
Query as to W.S.G.
Not eligible under P.C. 1486
Casualty date subs 1/10/19*

Clerk *W Mitchell*

Audited by

Date

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

[illegible]

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

*Name Binns W.P.C. Rank Pvt. Regtl. No. 2268
 Original unit Comp. Reg. Present unit Camp. M. or S. X Age 45 Religion C.E. Fyle Depot B. 200
 Port, ship, and date of arrival
 Next of kin (W) 156 Louis St. Lachine P. Que.
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Date and place of enlistment
 Diagnosis Auricular Tibullatium Myocardibis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>Apr. 18. 18.</u>	<u>U.S. Hosp. Sec. D.O. Part. 2. n</u>	<u>16 17..</u>
	<u>Adm to D.M.H. No 1. Conv Home. 20-3-18</u>	
<u>9-9-18.</u>	<u>S.O.S. Hospital Section on trans to Dis Sec.</u>	<u>144-p-2</u>

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

(over)

Date.

Remarks.

Pt. 2 Order No.

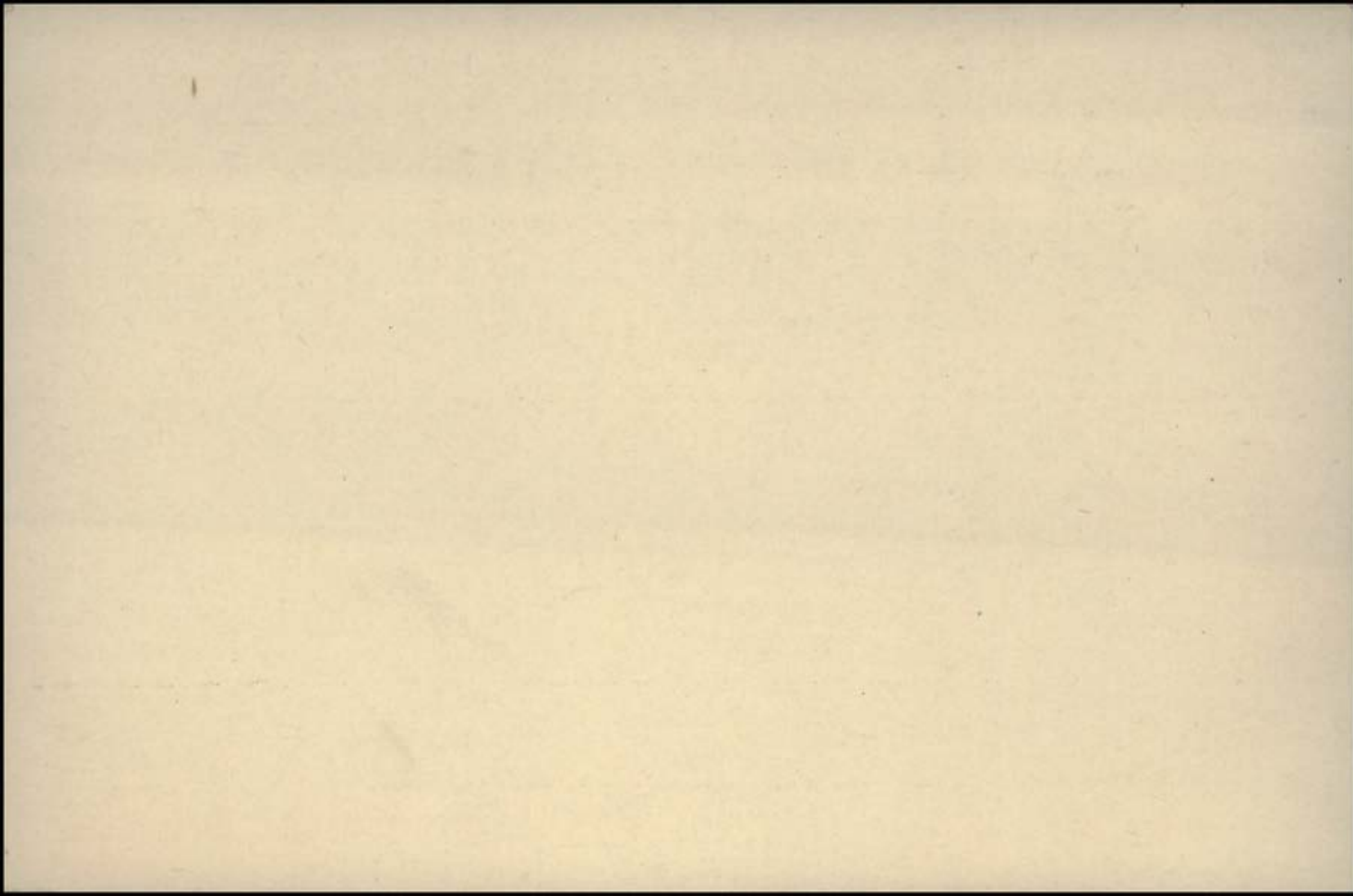
18-9-18 Discharged Auth KR&O 577 (10) CM 1917 MD 4 22-B-208 Cat. "E"

Medically Unfit P&O #453 discharged to I. S. C.

Surname *Binns* H. Q. *649-B-2118*
Christian names *William* M. D. No.
Regtl. No. *1268* Rank *Pvt.* T. O. S. 19
Unit *Comp. B.* S. O. S. *18.9.19 18*
Reason *M. 21.*
Auth. *Doc. Proc. on Dis.*

Next of kin *Binns Mrs. Annie* Relationship *Wife*
Address *156 St. Louis St.*
Lachine, P. Q.
Also notify:

BORN—Place *England* Date *Sussex Aug. 18th 1872*
ATTESTED—Place *Montreal, P. Q.* Date *July 31st 1915*
O/S R/C



S.O.S.M.U. Date to I.S.C. 18. 9. 18.
File No 649-B-2118

BINNS, Pte. Wm #1268

Composite Regt.

M & D, ^{Son}~~rother~~, Mr. Alfred John Binns, 181 17th Ave
Lachine, Que

P & S

"

"

"

(Ser. # 811943)
Mem X Nil

a

Canada only.

Scroll Desp.

MAY 11 1921

Reqn. No

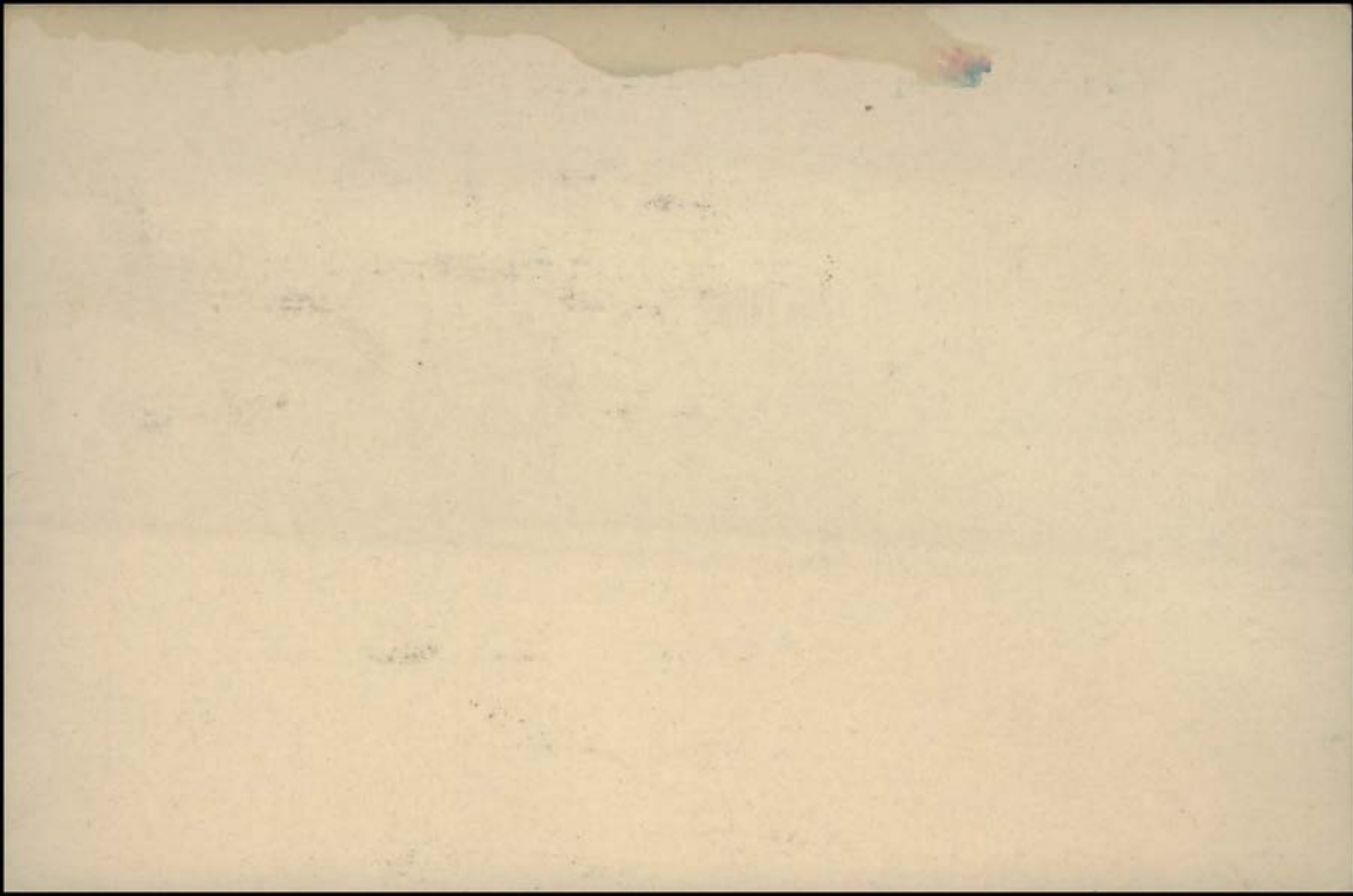
2-42418

JAN 24 1922

Plague Desp.

Reqn. No

P24382



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 (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Cer- tificate,	" D. 877.		

*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.

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.	1268
Rank	Private
Surname	BINNS
Christian Name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Composite Battalion
Date of Discharge	September 18th. 1918
Place of Discharge	Montreal QUEBEC
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....45.....years.....months.	Descriptive Marks
Height.....5.....feet.....11½.....inches.	Varicose veins on right leg
Complexion Fair	Scar on right arm
Eyes Hazel	
Hair Light	
Trade Labourer	
Intended place of residence } 156 St Lewis St;	
(To be given as fully as practicable.) } Lachine QUEBEC	
2. The above-named man is discharged in consequence of 159	
KR&O 377 (10) C.M. 1917 MD4 22-B-208 Category "E"	
MEDICALLY UNFIT P.C.#433 Discharged to I.S.C.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
Good	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Labourer	

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

26.1.21
JAS

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

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

6. Medals and Decorations.....
Served in Canada from
31-7-15 to 18-9-18

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) Montreal QUEBEC
(Date) September 18th.1918

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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) Montreal QUEBEC
(Date) September 18th.1918

(Signature of Soldier.)
(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) Montreal QUEBEC
(Date) September 18th.1918

(Signature) Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

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

NO RESERVATIONS
W. B. B. B.

(OVER)

Arrived
from

001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 021 022 023 024 025 026 027 028 029 030 031 032 033 034 035 036 037 038 039 040 041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057 058 059 060 061 062 063 064 065 066 067 068 069 070 071 072 073 074 075 076 077 078 079 080 081 082 083 084 085 086 087 088 089 090 091 092 093 094 095 096 097 098 099 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 101

[illegible]

Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Medical
decision

decision. } _____
Administrative Medical Officer

Hospital or Station transferred to for final disposal.	}
Date of final disposal	}
How finally disposed of	}

DETAILED MEDICAL HISTORY OF INVALID.	
Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
<div> <div> Hospital or Station transferred to for final disposal. </div> <div> Date of final disposal </div> <div> How finally disposed of </div> </div>	

PL. 6. 1712-38-117.

MEDICAL HISTOR

Ranl

No.

for Station
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	150 m - 6-16.	
	H. Q. 1772-89-117.	

MEDICAL HISTORY

Regimental No.	Rank	or Station
		referred to for disposal.
		final }
		al }
		ally }
		ed of }

1. Station. Montreal 8. General remarks on his :—

2. Regiment or Corps. Composite 5th Hussars (a) Conduct

3. Regimental No. and Rank. **1268. Private** (b) Habits.

4. Name. William H. King (c) Temperance.

5. Age last Birthday. 45 years (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on July 31st, 1915

at Montreal

7. Former Trade or Occupation. Shoemaker Date. January 8th, 1917

9. Service. 1 Years. 161 Days.

PERIODS.

FROM.

To.

Composite Battalion, 6th Hussars

July 31/15

Jan. 8/17

10. (a) Disease or disability. **Chronic myocarditis**
(b) Date of origin. **In January 1916**
(c) Place of origin. **At Peel St. Barracks (Composite Battalion)**
(d) Cause. **Rheumatism acute. Dampness, cold on picket duty**

11. Present Condition. (Most Important).
(To include full description of present
disabling condition or conditions.)

General condition: poor. No history of

even rheumatic pains previous to enlistment. Acute rheumatism treated in Montreal General Hospital. Complains of shortness of breath, no appetite, headache, restlessness to a great degree.

Examination: Invalid is very anaemic. Lungs, negative. Heart, slight enlargement to left, irregular and intermittent. Heart sounds are weak, but no murmur actually. Blood pressure(Sanli) systolic 110 diastolic 90. occasionally jumps to 145 and then so weak that cannot be recorded. Urine analysis negative.

12. (a) Is the disability the result of service or climate

(b) Has it been aggravated by intemperance, vice or misconduct?

Yes

No

M. F. B. 227.

150 M—5-1
1772-39-117

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar inside right leg, 4 inch scar right forearm near elbow.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Did picket duty very often and claims got wet and cold frequently

14. Treatment

Montreal General Hospital from January 5th, 1916 to February 26th, 1916
Khaki Convalescent Home from February 26th to June 20th, 1916
Montreal General Hospital from June 20th to October 18th, 1916
Grey Nurse Convalescent Home October 18th, 1916 to present date

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

100% permanent

18. State if for discharge on account of unfitness for Service.

Yes, medically unfit for Service in the C.E.F.

W. A. B. O. C. P. A. M. S.

Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations: The Board having met and examined Pte. W. Binns, #1268, Composite Battalion, concur with the above report and recommend his discharge as medically unfit for service in the C.E.F., giving the man the option of being placed in a Home for Incurables.

Signatures:—

W. A. B. O. C. P. A. M. S.
President.

P. G. O. L. E. T. Y. M. A. S.
Members.

Station. Montreal

Date. January 10th, 1917

Date.

Approved.

Date.

1917

W. A. B. O. C. P. A. M. S.
Asst. Director of Medical Services.

Director-General of Medical Services.

-C-O-P-Y-
MEDICAL HISTORY OF AN INVALID.

1. Station. **Montreal P.Q.** 8. General remarks on his :—
2. Regiment or Corps. **Composite Regiment.** (a) Conduct.
3. Regimental No. and Rank. **#1268 Pte.** (b) Habits.
4. Name. **William Binns.** (c) Temperance.
5. Age last Birthday. **44.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **1st July 1916.**
at **Montreal P.Q.**
7. Former Trade or Occupation. **Shoemaker.** Date. **August 30th 1916.**

9. Service.	Years. 61	Days.
PERIODS.		
	FROM.	TO.
Composite Regiment.	1st July 1916.	August 30th 1916.

10. (a) Disease or disability. **Myocarditis.**
- (b) Date of origin. **Indefinite.**
- (c) Place of origin. **Unknown.**
- (d) Cause. **must be attributed to acute Rheumatic Fever probably contracted during service.**

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Myocarditis= Enlarged Heart to Percussion.
Auricular Fibrillation= by Electiocardigraph.
Slight Fever 99° in afternoon.
Occasional dyspnoea.
Confined to bed.

12. (a) Is the disability the result of service or climate? **yes.**
- (b) Has it been aggravated by intemperance, vice or misconduct? **not to my knowledge.**

M. F. B. 227.

150 M-5-18.
1772-39-117.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.					
Militia Form B. 227. 150 M-5-18. H. Q. 1772-39-117.					
Date	Disability	Name	Regimental No.	Rank	Station
					Corps
					Hospital or Station transferred to for final disposal.
					Date of final disposal
					How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Does the Board concur with the preceding report? If not, give differing opinion.

10. **yes.**

11. **"**

12. **"**

15.

16. **"**

17. **"**

18. Is he unfit for Military Service.

Recommendations :

The Board concurs with this report and recommends that #1268 Pte. William Binns, Composite Regiment be discharged as Unfit for Military Service.

Signatures :—

McPawell **Capt.** President.

E.R. Bourne **Capt.**
Approbation
McPawell **Capt.** Members.

Station. **Montreal P.Q.**

Date. **August 30th 1916.**

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

not applicable.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

**no exceptional exposure elicited.
Probably due to ordinary military duty.**

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

**Bed. Rest.
Salicylates. Fomentations
Gaultheria to joints.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

**100% for one year, at least
and probably permanent.**

18. State if for discharge on account of unfitness for Service.

yes.

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

D. M. C. H. Aug. 3th.18.

We agree with the previous findings and recommend
discharge to I.S.C.



J. G. Brown
E. E. Robbins Capt. A.M.C.

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

INSTRUCTIONS

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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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 and Sons.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION. Montreal, Que. DATE. Apr. 24/181. (a) Unit. Composite Bn (b) Regimental No. 1268 (c) Rank. Pte(d) Surname. BINNS (e) Christian name. W.P.C.2. Age last birthday. 45 Date of birth. Aug. 18/18723. Enlisted at. Montreal, Que. on. July 31/15

4. Personal description :-

(a) Height. 5' 11 1/2" (b) Weight. 130 (approx.) (c) Complexion. Fair(d) Colour of hair. Light (e) Colour of eyes. Hazel (f) Identification marksVaricose veins on right leg. Scar on right arm.

5. Address after discharge (for the use of the Board of Pension Commissioners).

156 St. Lewis St., Lachine.6. Former trade or occupation. Labourer7. (a) Service 2 Years 10 Days mos.

	PERIODS	
	From	To
6th Hussars	July 31/15	do
Composite Bn	do.	Jan. 3/16
A Unit, Can. #4	Jan. 3/16	date.

(b) Has he been overseas? NO8. Present disease or disability (use authorized nomenclature if possible). (1) Myocarditis #294
(2) Endocarditis #292. (3) Congestion of liver (ascites) #571.(a) Date of origin. Jan. 3/16 (b) Place of origin. Canada(c) Cause* Rheumatic fever.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

General condition very poor. Decubitus. Much
dyspnoea, & complains of palpitation, shortness of breath, &
swelling of feet. Poorly nourished and cyanosed, & has a
slight icteroid tint to skin. Abdomen is tense with fluid.
Tongue coated, teeth in poor condition. Heart enlarged. Apex
beat in 6th intercostal space, heaving in character. Systolic
murmur at apex transmitted to axilla. 2nd sound clear. Sounds
at base clear, no murmurs. Liver enlarged, 3" below costal
margin. Abdomen full of fluid, much distended. Urine clear
except for a very faint trace of albumen. Lungs:- poor ex-
pansion. Vocal fremitus decreased in front and at bases pos-
teriorly. Dullness in percussion. Moist rales in left apex and
both bases, signs of oedema.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 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. 227.

75M-12-17.
1772-33-117.

10. History :

story :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Had acute rheumatic fever, and was treated at the M.G.H. for same from Jan. 3/16 till Feb. 26/16. Was discharged and re-admitted to same hospital in June 10/16. Convalescence ever since at G.N.C.H., M.G.H., & D.M.H.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, 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**

If the answer is in the affirmative, state in percentages, *to what extent the soldier 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.....

to accept treatment?.....

(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?..... **Permanent**

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

Tr. Digitales M.X, Syr. Squills, 1 oz. Caffeine, $\frac{1}{2}$ gr. t.i.d.
P.C.

Rest and restricted diet.

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?..... **No**

- ## 20. Recommendations.

Discharge Class "E" to Invalid Soldiers Commission for further treatment.

W. Tomlinson Esq
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Signature of soldier examined.

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.

CONCUR.

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

Incurable

- (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 soldier be discharged. (When not for discharge add special recommendation).

Discharge Class "E". to Invalid Soldier's
Commission as incurable.

STATION..... Montreal, Que.

DATE..... April 26/18

APPROVED BY

DATE _____

APPROVED BY

DATE _____

Assistant Director of Medical Services.

.....
Director-General of Medical Services.

* This Form being applicable to any Board of Officers, or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD
assembled at The Gray Nuns Convalescent Home,
on the 10th day of January 1917
by order of The A.D.M.S. Military District #4,
for the purpose of Examining
Pte. William Binns, #1268, Composite Regiment.

PRESIDENT.

Captain H.R.D. Gray A.M.C.

MEMBERS.

Captain L.A. Chabot A.M.C.

Lieut. F.W. Gilday A.M.C.

EMERGENCY CASE

The Board having assembled pursuant to order, proceed to

Examine Pte. W. Binns, #1268, Composite Regt Regiment, find and report:-

Diagnosis, chronic myocarditis.

1. Present condition-
General condition: poor and anaemic.
At present in bed complaining of acute pain in heart region. The pulse is very rapid, weak, intermittent and irregular. His condition is looked upon as incurable. At present he is suffering from an acute attack of tachycardia, the condition is considered dangerous, and may prove fatal.

It is recommended that his relatives be notified of his condition.

President

Members

H.R.D. Gray Capt
L.A. Chabot Capt

Ind. W. Gilday Lt.

I concur
To Father
in Col
admiral