

20/8/18 am

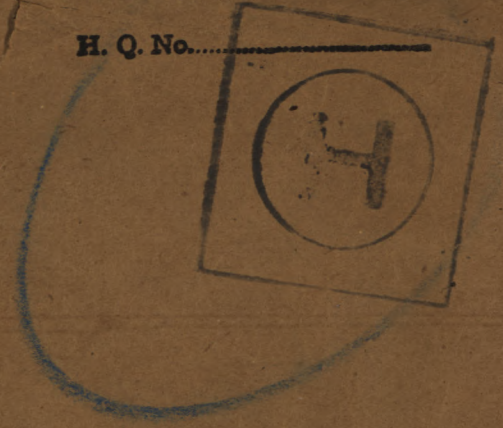
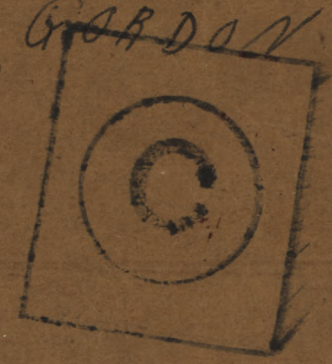
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Registration Papers.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name, WALTON HERBERT T. GARDON
 Regt, No, 3528 Rank, Plt
 Corps, 14th Home Guard
Med. Staff



Index Card
Casualty Card
Non-Effective Card
Part II Order Card
Change of Address Card
Honor & Award Card

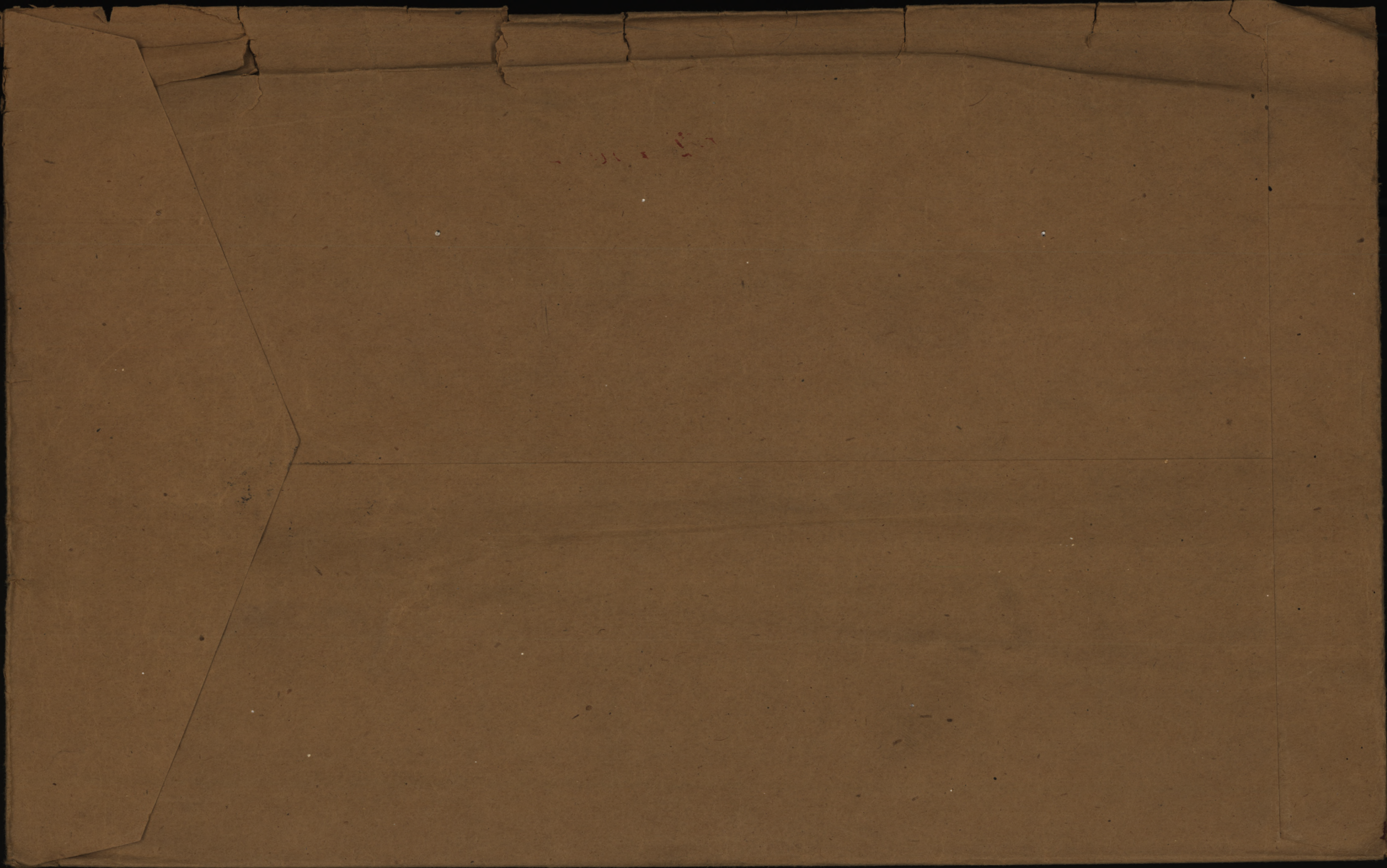
05136



9-7-B172 - 1
 mzw 399 - 1

M. F. W. 62.
 60M. - 9-16.
 H. Q. 1772-39-935.

m+8 no wae



60-W-346.

WALTON, H.G. - Pte. - #3528 -

I.S.C.

Herbert Gordon

14th Home Guards

Service in Canada only

Medals & Dec. - (Father)

- Herbert Walton,
75 Myrtle Road,
Highfields,
Leicester, England

P. & S. - (Father) - (Same as above)

Ser # 986536.

Memorial Cross - (Same address as above)
(Mother)

Resp JUN 16 1920 *612012*

(Not married)

~~Serial Date~~ Dec 10/23 ~~Recd. No.~~ 56900

~~Serial Date~~ DEC 20 1923 ~~Recd. No.~~ 50097

807

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3528 (Rank) Private

Name (in full) Walton, Herbert Gordon enlisted in
the 14th Home Guards

CANADIAN EXPEDITIONARY FORCE at Mille Roches on the 20th
day of March 19 16

HE served in CANADA

and is now discharged from the service by reason of Being Medically unfit for further
Service and in order that further treatment may be carried on by the

I.S.C.
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 26 yrs. 10 months

Marks or Scars

Height 5ft. 8 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

H. Walton

Signature of Soldier

S. Schaw

Issuing Officer

for O. C. District Depot No. 3

Major

Rank

Date of Discharge 5-8-18

Appointment

Signed at Kingston, Ontario this 5th day of August 19 18

in Military District No. Three

File Reference No. 44-W-199

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. 3528 (Rank) Pte. Name Walton, H.G.

Unit 3 District Depot.

Address on Discharge Very Good

Character and Conduct

Former Occupation Labourer.

Special Qualifications of Value in Civil Life wa. discharged to I.S.C.

Medals and Decorations nil

Remarks nil

Signed at Kingston, Ontario. this 5th. day of August. 1918.

J. Shaw
Name of Officer Major
for O. C. District Depot No. 3
Rank

Appointment

Casualty Form - Active Service

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				

This space to be for numbers

MILITARY SERVICE
AUG 12 1918
H.Q. CANADA

Proceedings on Discharge.

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

No. #3528	
Rank Private	
Surname Walton,	
Christian Name Herbert Gordon, <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 14th Home Guards.	
Date of Discharge 5-8-18	
Place of Discharge Kingston, Ontario.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 26 years..... 10 months.	Descriptive Marks Nil
Height..... 5 feet..... 8 inches.	
Complexion Fair	
Eyes Blue	
Hair Light Brown	
Trade Labourer	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being Medically unfit for further Service, and in order that further treatment may be carried on by the I.S.C.	
Auth 44-W-199 31-7-18	
<small>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.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>
	<small>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.</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Wa. discharged to I.S.C.</i>

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations.....

NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place) Kingston, Ontario.....

Schaut Major.....

for O. C. District Depot No. 3

(Date)..... 5-8-18.....

Commanding.....

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)..... Kingston, Ontario.....

F. Malton

(Signature of Soldier.)

(Date)..... 5-8-18.....

R. Reymes

(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)..... Kingston, Ontario.....

(Signature).....

Schaut

Major.....

(Date)..... 5-8-18.....

for O. C. District Depot No. 3

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.)

W. L. Walton

<p>Attestation Paper, Militia Form B. 232</p> <p>Proceedings on Discharge " B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p> <p>Conduct Sheet, " B. 203A</p> <p>Squadron Battery Company</p>
<p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been required)</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalids* B. 237</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit."</p>

W. R.—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.

W-3
AUG 15 1918

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

List of Discharge Documents.

15-8-18

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

Statement of Service:

Statement of Discharge:

The discharge of _____

Signature: _____

* N. B.—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 Queen's Military Hospital, Kingston.

on the 2 20th day of December

by order of A.D.M.S. M.D. No.3.

for the purpose of reporting on condition of

Pte. Herbert Gordon Walton,

59th Home Guard Cornwall.

PRESIDENT.

Lt. Col. W. T. Connell A.M.C.

MEMBERS.

Capt. Wm. Gibson A.M.C.

Capt. S.M. Asselstine

The Board having assembled pursuant to order, proceed to

examine said Pte. Herbert Walton and find that Pte. Walton about Jan. 1917 complained of frequent micturition. When admitted to this Hospital August 1917 he was in a drowsy state. On examination of the urine it was found loaded with sugar, and marked diacetic acid and acetone present. He was put on the Allan treatment but failed to cooperate in the treatment. He is now on a special diet but the 24 hr. specimen of urine on Dec. 19th showed Sp. gr. 1027, acid, sugar 122.17 gms. slight trace of diacetic. He has lost 20 lbs in weight. Both feet are swollen, and have been swollen for some time.

Man says he had no trouble previous to enlistment, in fact had never consulted a doctor previous to enlistment.

As man refuses to cooperate in dietetic treatment, the disease will progress to a fatal issue but no definite period can be set as to its duration.

Man requires detention in Hospital. Man not fit to pass under his own control.

W. T. Connell Lt. Col. A.M.C. President.

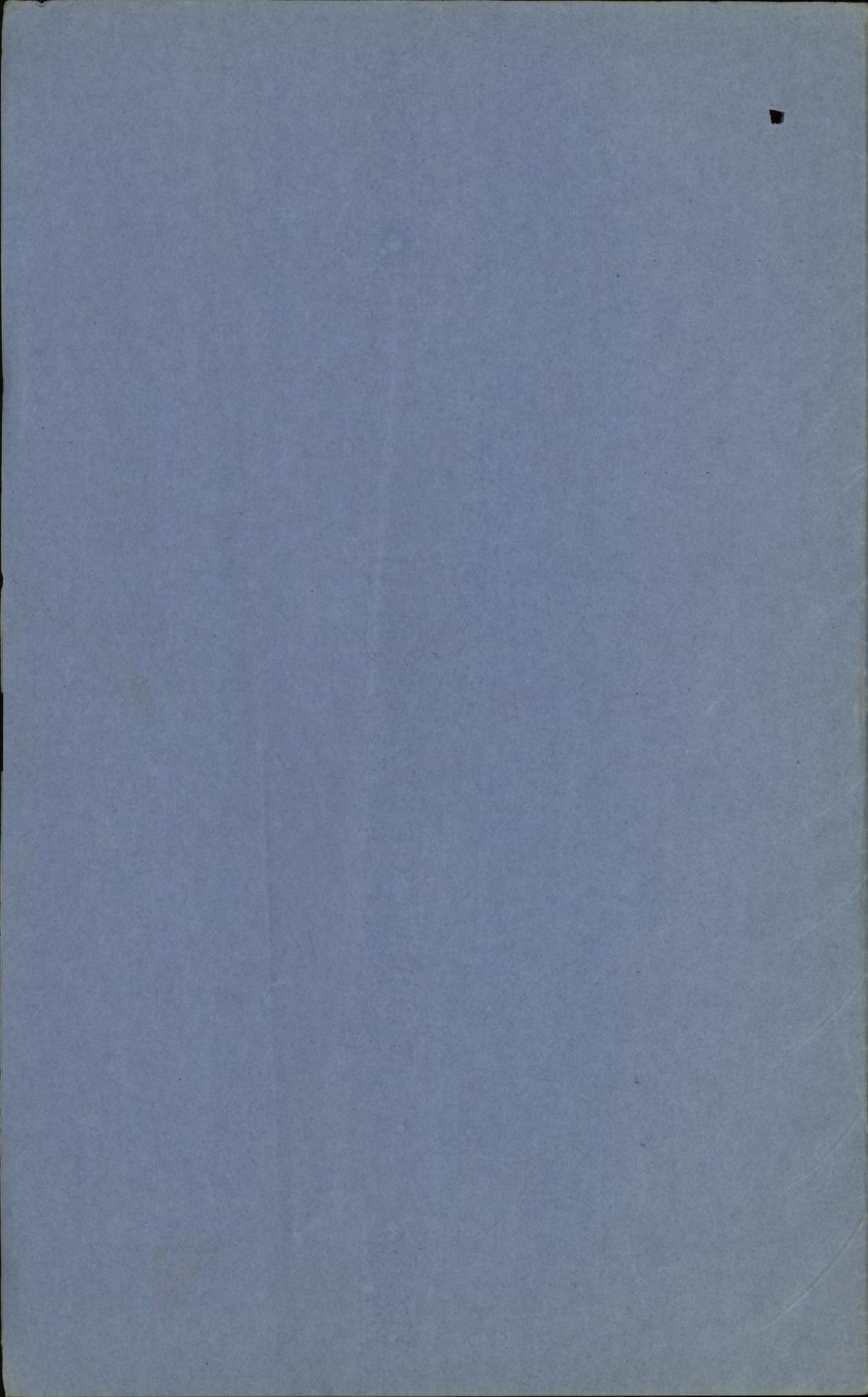
Wm. Gibson Capt. A.M.C. Member

S.M. Asselstine Capt. A.M.C. Member.



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Letter
of



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the 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 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Kingston DATE July 8/18

1. 1 (a) Unit 14th Home Guard (b) Regimental No. 3528 (c) Rank Pte.
 (d) Surname Walton (e) Christian name Herbert Gordon

2. Age last birthday 26 yrs Date of birth Oct. 14th 1891

3. Enlisted at Mille Roches on Mar. 20/16

4. Personal description:—

(a) Height 5'8" (b) Weight 102 (c) Complexion fair
(stripped)
 (d) Colour of hair lt. brown (e) Colour of eyes blue (f) Identification marks

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

90 Mrs Arthur Cooper 1194 Ethel St

6. Former trade or occupation Laborer Montreal

7. (a) Service

	PERIODS	
	From	To
14th Home Guard	Mar. 20/16	Date

(b) Has he been overseas? No 8. Original disease or disability Diabetes

(a) Date of origin Jan. 1917 (b) Place of origin Cornwall

(c) Cause* Unknown

(d) Present disease or disability Diabetes Mellitis

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Man says he feels weak & is unable to walk over 36 yds. Complains of frequent micturition, great thirst, and an enormous appetite. He also complains of swelling of feet & legs & insomnia. Man is markedly emaciated - weight 102 lbs. - unable to walk over 30 yds. There is

M. F. B. 227. marked oedema of feet and legs and some ascites.

9. Present condition. — (Continued.)

Examination of the urine shows 122.17 grs. sugar in 24 hr. specimen & a slight trace of diacetic acid, also albumen in small amount. Man's mentality is below par and he refuses to co-operate in any dietetic treatment. After walking the pulse becomes very weak and the man has fallen down on several occasions in faint.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous... See above Digestive... Yes Respiratory... Yes Cardiac... Yes
Genito-Urinary... See above Skin, Middle Ear, Eye or any other part... Yes

10. History: (a) of Condition referred to in "a" section 9.

Jan. 1917 man first complained of frequent micturation. Admitted to this hospital August 1917 in a drowsy state. Man's condition improved for a short time but he then refused dietetic treatment. Since then

(b) 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.

the man has been gradually getting weaker.

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

Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? aggravated by failure to co-operate in dietetic treatment

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent leading to fatal issue

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

Elmhurst Conv. Home

Q.M.H. since Aug. 1917

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

Yes

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

17. Recommendations
That this man be discharged as an incurable case and transferred to the care of the Invalid Soldiers Commission

Sm. Anselmie Eastman
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 and either "satisfied" or "not satisfied" struck out.)

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

G. Walton
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. 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). **Yes "E"**

20. 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).

- (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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

as an incurable case & transferred to the care of the Invalid Soldiers Commission

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Kingston

DATE... July 9/18

Wm Gibson Captain President.
W Armstrong Captain Members.

APPROVED BY

APPROVED BY

W. C. Gray Captain A. M. C.
For A. D. M. S. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE... JUL 12 1918

DATE.....

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.

PLACE..... DATE.....
President.
Members.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Kingston, Ont.** 8. General remarks on his:—
2. Regiment or Corps: **14th Regt. Guard** (a) Conduct.
3. Regimental No. and Rank. **No no.** (b) Habits.
- Private**
4. Name. **Gordon Walton** (c) Temperance.
5. Age last Birthday **23 years** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **March 20th 1916**
- at **Mible Roches**
7. Former trade or occupation. **Laborer** Date. **August 15th 1917.**

9. Service.	Years.	Days.	
		PERIODS	
		FROM	TO
59th Regt. C.D.F.	Mar. 20th 1916	June 23rd. 1917	
14th Regt. C.D.F.	June 23rd. 1917	Date.	

10. (a) Disease or disability. **Diabetes Mellitus**
- (b) Date of origin. **Jan 1917**
- (c) Place of origin. **Cornwall**
- (d) Cause. **Unknown**

11. Present condition. (Most Important.) **Subjective Symptoms He says he is weak;**
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.) **appetite poor; does not sleep very well.**

On examination:- Weight 107 lbs., 18 lbs. underweight; very much emaciated. He has a pulse 110 b.p.m. Temperature 97½.

There is a sweet odor to breath.

Urinalysis shows sugar present 6.2%

12. (a) Is the disability the result of service or climate? **Service**
- (b) Has it been aggravated by (intemperance, vice or misconduct? **No**

MEDICAL HISTORY OF AN INVALID.

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

Two vaccination marks right arm.

(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.

Not Applicable.

14. Treatment.

General Hospital Cornwall.

Elmhurst Conv. Home from June 23rd/17
to 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. When more than one disabling condition is present, the extent of the disability due to each should be stated.

4/4 extent.

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

No

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

OPINION OF THE MEDICAL BOARD.

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 :

That he be placed in Hospital fo active treatment; Category "D".

Signatures :—

W. A. Jones

President.
Capt. A.M.C.

A. J. Paudal

Capt. A.M.C.
Members.

Station. **Kingston, Ont.**

Date. **August 17th 1917.**

E. J. [Signature]

Date. **AUG 22 1917**

Asst. Director of Medical Services.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. District No. 3

Approved.

Date.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

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

10

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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.

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.....

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
300m. 8-16
H. Q. 1772-88-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

Address: C/o Mrs. Arthur Cooper,
1194 Ethel St.;

MEDICAL HISTORY OF AN INVALID. Verdun,
Montreal, Que.

1. Station. **Barriefield.** 8. General remarks on his:—
2. Regiment or Corps. **St. Lawrence Canals Patrol** Conduct. **Good.**
3. Regimental No. and Rank. **Private.** (b) Habits. **Good.**
4. Name. **Herbert Gordon Walton.** (c) Temperance. **Temperate.**
5. Age last Birthday. **23** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **March 20th. 1916.**
- at **Mille Roches, Ont.**
7. Former trade or occupation **Labourer.** Date. **June 21st-17.**

9. Service.	Years.	Days.	
		FROM	To
St. Lawrence Canals Patrol.	Mar-20-16		Date.

10. (a) Disease or disability. **Diabetes Mellitus.**
- (b) Date of origin. **January 1916.**
- (c) Place of origin. **Mille Roche, Ont.**
- (d) Cause. **Unknown.**

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man has no complaints, Says he feels well.

Urinary Examination shows-trace of sugar-1030 Sp.gr. passing 40-50 ounces a day.

(Previously passing 120-150 ounces a day with Sp.gr. 1040-50).

Other systems normal.

12. (a) Is the disability the result of service or climate? **Yes in service.**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

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

None.

(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.

Not applicable.

14. Treatment.

Cornwall General Hospital, Kingston General Hospital.

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. When more than one disabling condition is present, the extent of the disability due to each should be stated.

4/4.

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

Yes.

R R Martineau
Medical Officer by whom the case is brought forward.
Callahan

OPINION OF THE MEDICAL BOARD.

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 :

On account of Diabetes which developed in service, the Board recommends that this man be discharged as Medically Unfit, Category "E". with a disability of 100%, can carry on his own treatment. Able to pass under his own control.

Signatures :—

A. Rossalguine
Major AMC. President.

RR Macleay
Capt. AMC. Members.

Station. Barrieffield Camp,

Date. June 21st. 1917.

J. Hoyle
Capt. AMC. Members.

Date. JUL 10 1917

Approved.

Date.

[Signature]
D/ A. D. M. Asst. Director of Medical Services.
District No. 3

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
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Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-89-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

44-25-199 Home Address:-c/o Mrs. A. Cooper
 1194 Ethel St.
 Verdun, Montreal
 Que.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Post No.6** 8. General remarks on his:—
2. Regiment or Corps. **St.Lawrence Canals P.** (a) Conduct.
3. Regimental No. and Rank. **Private** (b) Habits.
4. Name. **Gordon Walton** (c) Temperance.
5. Age last Birthday. **23 years.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **Mar. 20 /16**
 at **Mille Roches, Ont.**
7. Former trade or occupation **Liveryman** Date. **June 11/17**

9. Service. Years. Days.

PERIODS

	PERIODS	
	FROM	To
St.Lawrence Canals Patrol	Mar. 20/16	Date.

10. (a) Disease or disability. **Diabetes Mellitus**
- (b) Date of origin. **Between Nov. 1916 and Jan. 1917**
- (c) Place of origin. **Mille Roches**
- (d) Cause. **Unknown.**
11. Present condition. (Most Important.) **Man illnourished, weight 105 lbs. height 5' 4". Sugar first found in urine Jan. 1917.**
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
present in large quantity. Urine over 100 ozs. a day. Sp. Gr. 1.045.
At present good trace of sugar. Sp.gr.1.025 to 1.030, quantity 30 to 40 ozs. a day. Headaches but has improved greatly.

12. (a) Is the disability the result of service or climate? **Service.**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

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

Nil.

(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.

Not Applicable.

14. Treatment.

Starvation treatment and restricted Diet and Codeine.
Cornwall General Hospital
June 4th/17 to 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. When more than one disabling condition is present, the extent of the disability due to each should be stated.

100%.

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

No.

W. A. Jones

Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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 finds this man in need of further treatment for at least one month. Category D.

Signatures :—

A. Rossalguini Maj. A.M.C. President.

W. Jones Capt. A.M.C. Members.

Station. Cornwall, Ont.

Date. June 11th/17

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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.

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Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

300mm, 8 1/6 H. Q. 1772-89-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

44-W-199

Address: C/o Mrs. Arthur Cooper,
1194 Ethel St.,
Verdun,
Montreal, Que.

MEDICAL HISTORY OF AN INVALID.

1. Station. Barriefield. 8. General remarks on his:—
2. Regiment or Corps. St. Lawrence Canals Patrol (a) Conduct. Good.
3. Regimental No. and Rank. Private. (b) Habits. Good.
4. Name. Herbert Gordon Walton. (c) Temperance. Temperate.
5. Age last Birthday. 23 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on March 20th. 1916.
- at Mille Roches, Ont.
7. Former trade or occupation Labourer. Date. June 21st-17.

DEPT. OF DEFENCE
JUL 11 1917

9. Service.	Years.	Days.	PERIODS	
			FROM	To
<u>St. Lawrence Canals Patrol.</u>	<u>Mar-20-16</u>	<u>Date.</u>		

10. (a) Disease or disability. Diabetes Mellitus.
- (b) Date of origin. January 1916.
- (c) Place of origin. Mille Roche, Ont.
- (d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man has no complaints, Says he feels well.

Urinary Examination shows-trace of sugar-1030 Sp.gr. passing 40-50 ounces a day.

(Previously passing 120-150 ounces a day with Sp.gr. 1040-50).

Other systems normal.

12. (a) Is the disability the result of service or climate? Yes in service.
- (b) Has it been aggravated by intemperance, vice or misconduct? No.

B. P. C. FOLIO
FALSE DOCKET
2

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

None.

(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.

Not applicable.

14. Treatment.

Cornwall General Hospital, Kingston General Hospital.

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. When more than one disabling condition is present, the extent of the disability due to each should be stated.

4/4.

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

Yes.

R. R. Montegon

Medical Officer by whom the case is brought forward.

Cap. [Signature]

OPINION OF THE MEDICAL BOARD.

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 :

On account of Diabetes which developed in service, the Board recommends that this man be discharged as Medically Unfit, Category "E". with a disability of 100%, can carry on his own treatment. Able to pass under his own control.

Signatures :—

A. Rosalguin
Major AMC. President.

R. R. Marhegy Capt. AMC.

Station. Barriefield Camp,

Date. June 21st. 1917.

J. H. Woyley Capt. AMC.

Members.

Date. JUL 10 1917

Approved. *Physical findings*

Date. 14/7/17

[Signature] Captain, A.M.C.
Asst. Director of Medical Services.

Cancelled
[Signature]

B. P. C. [Signature]
Director General of Medical Services.

FALSE DOCKET

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
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Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200mm, 8-16.
 H. Q. 1772-89-117.

Station _____

Corps _____

Regimental No. _____ Rank _____

Name _____

Disability _____

Date _____

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.