5 — 1st DEPOT BATTALION 2nd QUEBEC REGIMENT — ORIGINAL

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. 4040040

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Desjardins
2. Christian name: Louis Ignace Alfred
3. Present address: Hotel Union Rue St-Paul Quebec P.Q.
4. Military Service Act letter and number:
5. Date of birth: 27 Mai 1896
6. Place of birth (town, township or county and country): St-Germain Co. Kamouraska P.Q.
7. Married, widower or single: Non
8. Religion: R.C.
9. Trade or calling: Boulanger
10. Name of next-of-kin: Jean Baptiste Desjardins
11. Relationship of next-of-kin: Pere
12. Address of next-of-kin: St-Louis Co. Kamouraska P.Q.
13. Whether at present a member of the Active Militia: Non.
14. Particulars of previous military or naval service, if any: Non.
15. Medical Examination under Military Service Act:—

(a) Place Fernie B.C. (b) Date Oct 1917 (c) Category A-2

DECLARATION OF RECRUIT

I, Louis Ignace Alfred Desjardins, do solemnly declare that the above particulars refer to me, and are true.

Alfred Desjardins (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 7 mths.

Height 5 ft 4 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 37½ ins.

Complexion Clear

Eyes Hazel

Hair Brown

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

Nil.

LT.-COL.

O.C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

O. C. ..... Depot Bttn.

1st DEPOT BATTALION 2nd QUEBEC REGIMENT

..... Regt.

Place Quebec P.Q. Date 3 Janvier 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

Desjardins

Louis Ignace Alfred

Hotel Union Ste Pt-Paul Quebec P.Q.

27 Mai 1900

St-Germain Co. Kamouraska P.Q.

Non

R.C.

Boulanger

Jean Baptiste Desjardins

Père

St-Louis Co. Kamouraska P.Q.

Non.

Non.

Ernie E.C.

Oct 1918

A-2

REGIMENTAL DOCUMENTS

Pte NAME Desjardins alfred Louis Ignace REGT. NO. 4040040 UNIT 2/2 Q.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
S	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
52	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				13251	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Med. Unfit
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 333 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					8-21
	PARTICULARS OF CHARACTER (A.F.W. 3226)					18-21
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 398)					31 · 21
1	Can Card					3
1	AVD					
1	M&R 67					
1	988,235					

W. 2589
100M-11-18
1772-39-1377

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

DUPLICATE

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 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

(2) Regimental Number 404040

(3) Full Name of Soldier Louis Ignace Alfred Desjardins

(4) Place of Birth St-Germain Co. Kamouraska P.Q.

(5) Are you married, or not? Non

(6) If married, state,
(a) Full name of your wife Nil Not Applicable

(b) Present Postal Address Nil Not Applicable

(7) Are you a widower? Nil Not Applicable

(8) Have you any children? Nil Not Applicable

If so, give number of boys and girls Nil Not Applicable

Also their names and ages Nil Not Applicable

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

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

If so, state name and address .Jean-Baptiste Desjardins St-Louis Co. Kamouraska P

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

If so, state name and address.....Not Applicable.....

.....

(11) If your Mother is a widow.....Nil Not Applicable.....

Are you her sole support, or not ?.....Nil Not Applicable.....

(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.

.....Nil Not Applicable.....

.....

(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.

.....Nil Not Applicable.....

.....

.....

(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.

.....Nil Not Applicable.....

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

If so, in what Company ?.....Prevoyance du Canada.....

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

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

.....LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
Officer Commanding.

Date.....10/1/18.....

2nd ORIGINAL

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

4040040 ~~[illegible]~~ A II

MEDICAL HISTORY SHEET.

~~4040040~~

Surname Desjardins *Christian Name* Louis Ignace Alfred

FILE

Examined { on 3 day of January 1918 / at Drill Hall Quebec

Approved by Mac D. Ford

Rank ..... M.O.

Birthplace { City or Town St Germain de / County Kamouraska

Apparent age 21

Trade or occupation Baker

Height 5 Feet 4 Inches.

Weight 146 Lbs.

Chest measurement { Minimum 36 inches. / Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right. Left. / Number — —

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	Examined for Re-engagement.
3/1/18	A II	Rue Ferguson Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

A 5

Date.	Result.	Vaccinations.
7/1/18		Rue Ferguson M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
7/1/18		Rue Ferguson M.O.
18-1-18		Rue M.O.
28-1-18		Rue M.O.

Enlisted on 3rd *day of* January 1918 *at* Quebec P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st. Depot Bn. 2nd Quebec Rg't.	4040040		3-1-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
H. Arm H.	Feb. 24. 1920	Chron Chest Cond Chron Debility	Cat E. Francis D. Reed Pres Med Bd.

CANADA

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Desjardins Christian Name Louis Ignace Alfred

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	22 JUL 1919				8 AUG 1919			K Emphysema		Still progress discharge.	J B Hallman Major
H.M.A.C. Braguaya	8	8	19		18	8	19	"		Same as above	C.K. Church Capt RAMC
St Anns Hosp	18	8	19					Emphysema		Transfer to M.H. Hosp	C. Lineman Capt
St Anns Hosp.	16	1	20					Ch. Chest Cardiac Marked debility		Transfer to S.I.R.	C. Lineman Capt

Form P. 85.

1918—60M—29-11-16.

187820

FORM OF WILL.

Name in full.

I Alfred Desjardins

Regimental Number 4040848 serving in 10th Can. Res. Batt.

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Pean Baptiste Desjardins
St. Louis Co Kamouraska.
Province of Quebec.
Canada

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Fourteenth day of March. A.D. 1918.

Alfred Desjardins
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness S/L C. E. Flynn.
Address of Witness 10th Can Res Batt.
Occupation of Witness Pay Sergt.
Name of Witness A. Mauer CAPT.
Address of Witness PAYMASTER, 10TH RES. BATT'N.
Occupation of Witness

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name: DESJARDINES, Louis Ignace Alfred | Reg'l No. 4040040

Unit: Dft 1st Bn 2nd QUE Reg | If in perm. Corps, What Unit? | Married or Single: Single.

Place and Date of Enlistment: Quebec, 3rd Jan, 1918. | Place of Birth: St Germain P.Q.

Name and Address, Next-of-Kin: Jean Baptiste Desjardines St Louis Co. Kamouraska P.Q. | Relationship: Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
QUEBEC		Arrived in England		4-3-18	S/S SAXONIA
5 3 18	10th Res	Taken on Strength	Witley	4.3.18	D.O. 57
9.8.18	—	S O S to 22 Bn Of Sen	B'Shott	8.8.18	Pte Do 184, + D.O. 82. d/ 15/8/18 to 22 Bn
3. 9. 18	O.R.	Wounded.	Field	29.8.18	Ch A #309
14. 9. 18	O.R.D.	S.O.S. from 22nd	Bshott	6.9.18	Do #254 } 22 Bn D.O. 93. d/ 21. 9.18.
15-8-19	O.R.	Invalided to Canada Ex No 5 Can. Gen. Hospital	Liverpool	8-8-19	C.L. "B" 580
22-8-19	ORD	S.O.S. to Canada (Inv)	Witley	8.8.19	Pte D.O. 174

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.					

CASE HISTORY SHEET.

MILITARY Hospital. Ste Anne de Bellevue, P.Q. Station.

No. 4040040 Rank Pte. Name Desjardins, Alfred Age 23

Unit 22nd Bn. D.D.#4 Completed years of service (Where and how long) C. 7/12 E. 17/12 F.1/12

Date of admission 18-8-19 Date of discharge MAR 8 1920

Diagnosis S.W. with Frac.Lt. Hum. ~~Empyema~~ Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE HISTORY Wounded 28-9-18, Jaw and shoulder. ~~Fracture~~ jaw was fractured and shoulder smashed. Evacuated to 4th London General Hospital. Case History sheet states, fracture practically through head of humerus - Exit and entry wounds enlarged; and pieces of broken bone removed.

X-RAY 21-10-18 Extensive Necrosis, head of humerus. Medical Case Sheet 4th L.G.H. shows - excision head of humerus.

February 1919 Influenza and broncho-pneumonia affecting right lung.

14-2-19 Operation for empyema. 13-3-19, Operation for empyema opening enlarged to increase drainage. Large amount of foul smelling pus evacuated and two lung tubes inserted.

21-3-19. Counter-incision made in 2nd rt. intercostal space. Tube inserted.

X-Ray of Shoulder. 3-7-19. Head andneck of humerus carried away. Lower fragment displaced toward axilla about one inch.

X-Ray of Chest 20-8-19. Irregular density through almost whole of left side. Diaphragm, not visible - Apex dull, ribs have fallen in somewhat.

No. F.B. present

Present Condition.

General conditionpoor. Marked loss of weight. Face flushed, especially in afternoon when there is rise in temp. ranging from normal to 102°. Also acceleration in pulse rate. Patient is confined to bed.

In second intercostal space right side anterior- an opening size of fifty cent piece. This opening communicates with chest cavity, and through it can be seen the lung during respiration. From this opening is thick pussy discharge. Using a probe it is found that the cavity is large and extends ~~down~~ downward and backward, also to apical region. Another large opening in 7th space right side posterior - Discharge from this opening is very profuse.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) 20-8-19. X*Ray Irregular density through almost whole of left chest. Diaphragm not visible. Probably no fluid. Apex dull, ribs have fallen in somewhat. Examination of Chest corroborates X-Ray findings. Upper lobe- Breath sounds not heard front or back. Over base sounds are diminished. Very large cavity present. Patient confined to bed. Running a temperature in amy weak condition. Given tonics, extra feeding.

TREATMENT (Especially any specific or special form) 2-9-19 General condition improved somewhat but drainage is not satisfactory although there is discharge from both anterior and posterior sinus.

5-9-19 Operation. General anaesthesia. Posterior sinus enlarged and through and through drainage established from front to back. Cavity very large and practically occupies that space usually occupied by upper lobe. B.I.Pid gauze inserted through anterior and out posterior incision.

10-9-19. Packing removed. Profuse discharge mostly from back. incision

21-9-19 General condition improved but physical signs show no change in lung condition. Weight 124 lbs. which is 20 lbs. below pre-enlistment weight.

CONDITION ON DISCHARGE (and disposal made of case.) 30-10-19 Patient up and about. Discharging freely. thick creamy pus. Musty odor from dressings. Further surgical interferences indicated.

3-11-19. Correll Dakin treatment in tubes inserted in anterior sinus. 2 ozs. Ensol injected q 2 h.

Date

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

7-11-19. Tubes removed. Not such an odor from dressings, but otherwise condition as before treatment.
9-11-19. For operation 12-11-19.
Weight at present 120 lbs.
Breath sounds absent above anterior opening, and all of upper lobe Posterior Breath sounds diminished.
12-11-19. Operation, General ~~xxxxxxxx~~ anaesthetic (Intrapharyngeal) Incision 12 cm. in length over third rib from sternum into axillary line. Third rib resected far as mid axillary line. This gave moderate exposure anterior ½ cavity, the thick membrane covering the lung was incised along anterior margin. An effort made to decordicate anterior half of cavity. Patient made to cough, The freed lung at bottom of cavity immediately swelled up. The line of cleavage followed an incision chest cavity was between middle and upper lobe. The turned up flap consisting of part of upper lobe was resected and an section this lung tissue was found to contain no air. The harmorrhage resulting was easily controlled whole exposed lung surface covered with a thin layer of B.I.P. and through & through gauze drain inserted. It is hoped that freed middle lobe will inflate and form posterior cavity. Anterior wound sutured. Little or no shock accompanied operation.
13/11/19. Condition satisfactory. Discharge all coming from posterior sinus.
19/11/19 Has had troublesome cough for past few days. Sutures removed and to the present, incision firm although skin over and where rib has been resected bulges. Much on straining and coughing.
22/11/19. Signs of incision breaking down at anterior end. Some discharge passing from this point but discharge from posterior is profuse and of musty odor.
26/11/19. Air entering from anterior. Small opening about size of 5 cent piece at anterior of incision. There is evidence of expansion upward of middle. replacing to a great extent cavity previously present.
1/12/19 On auscultation. breath sounds heard above line of incision anterior which was not the case prior to operation. Cavity now practically posterior.
4/12/19 Coughing much and has an opening anterior about ½ inch in diameter through which there is a great deal of air entering on respiration. General condition is satisfactory.
8/12/19 Running a high temperature. Septic type. Profuse discharge and general condition not so good. Discharge coming from anterior and posterior incisions.
14/12/19 Condition unchanged. Discharge profuse, thick and dressings have musty odor. Temperature ranging from 99 to 101.
15/12/19 Syringed daily with Eusol. Good through & through drainage.
18/12-19 Since washing out cavity for past few days. condition somewhat improved. Discharge thiner not so much oder, and temperature running a less high and more even course. Treatment to be continued.
23/12/19 Condition not satisfactory. Cavity not draining properly Running rather high temp. Appetite very poor and generally speaking patient becoming weaker. Further Surgical interference considered advisable, with aim to improving drainage.
31/12/19 Operation. Local and slight Chloroform Anaesthesic. Curved incision made in region of posterior sinus. Rib resected about 1" removed. Cavity explored with finger as far as was possible. Incisions made in visceral plura and some of this thickened pleura removed. Lung tissue easily torn. Finger easily inserted between upper and middle lobes. Upper lobe-not at all functioning, cavity left wide opened. and packed with paroffine B.I.P. gauze. Condition on leaving O.K. good.
5/1/20. Gauze pack removed. Free discharge of pus. Little if any change in general condition.
14/1/20 Looks better and states that he is feeling better. Discharging freely. Thick excuade good part of which is fibrin collected over bared surface of lung.
24/2/20 Extreme debility and for most part patient remains in bed during day. Discharging sinus anterior and posterior Very large cavity present. Upper lobe of right lung is useless and function of lower lobes much impaired. as evidenced by examination.

Through and through drainage with established and cavity lung

C Kennedy PTO

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

FORM OF WILL

I, Louis Ignace Alfred Desjardins (Name in full)

Regimental Number 4040040 serving in 1st. Depot Bn. 2nd Quebec Rg't.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mr. Jean-Baptiste Desjardins (Pere) St-Louis Co. Kamouraska P.Q.	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr. Jean-Baptiste Desjardins (Pere) St-Louis Co. Kamouraska P.Q.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 9 day of January A.D. 1918

Alfred Desjardins Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness: [illegible] Orderly Room Sgt. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Address of Witness: Drill Hall Quebec

Occupation of Witness: Orderly Room Sgt. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Signature of Second Witness: [illegible] Woodley Sgt

Address of Witness: Drill Hall Quebec

Occupation of Witness: O R C.

M. F. W. 82.
300M.-12-16.
1772-39-983.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2576	4040040	Pte	Desjardins	L. J. A.
Year 1918	Unit. 20 Res.		Age. 21	Service. 3/12

Station and Date. Bramshott 8.4.18.

Disease Mumps.

Complaint. Swelling & tenderness R parotid gland with slight malaise 24 hours duration.

Family History. Negative.

Personal. Hist. Neg.

Present Illness. Began 7.4.18 in am. with stiffness & tenderness at R. temporo-mandibular articulation. There was a slight swelling in front of R ear. Paraded to M.O. 8.4.18 and admitted immediately.

Present Condition. Patient robust, does not look very ill. Temp & pulse normal. There is moderate swelling of R. parotid gland with some tenderness to pressure or movement of jaws. No other salivary glands are yet affected. Patient feels a little seedy but no headache or sore throat. Skin Clear. Genito Urinary. Testicle, normal. Urinalysis.
Heart & lungs. negative.
~~Patient feels~~ No abnormality except above mentioned complaints.

5/6/18 Quite well. Discharged to duty.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

G B Fegan
Capt.

Station and Date.	

No. 12 Canadian General Hospital.

URINE LABORATORY.

Ward Annex. 31 Date Apr 8 1918.

Reg. No. 4040040 Rank Pte Name Desjardins T. Unit 20 Res.

Reaction Acid Sp. Gr. 1027 Bile —

Albumen Trace Sugar Trace Blood —

Sediment

L. D. Kaufman Capt. CAMC

M.O. i/c Ward.

A. Montgomery Capt. CAMC

Officer i/c Laboratory.

CASE HISTORY SHEET.

Hospital. Station.

No. Rank Name Desjardins A. Age

Unit Completed years of service (Where and how long)

Date of admission Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Continued. washed out daily with Eusol. Given extra feeding tonics.
For Discharge to SCR. To continue treatment.

C. Lyndon Ward

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

CASE HISTORY SHEET.

Military Hospital. St Anne de Bellevue Station.

No. 404044 Rank Pte Name Desjardins L. Age 23-

Unit DO 4 Completed years of service (Where and how long) C E F.

Date of admission 18-8-19- Date of discharge JAN 15 1920

Diagnosis Empyema: Place of origin France:

CONDITION ON ADMISSION AND PROGRESS OF CASE

28-9-18- Wounded in face and left shoulder - Sent to C.C.S - where wounds were dressed - Evacuated to Eng land Oct 6-18-
Under operations for removal of bone - F/B.S. etc.
Feb 1919 - Influenza - followed by pneumonia - Empyema developed - 21-3-19 - Incision made in 3rd r/t intercostal space - Tube inserted Counter opening posterior -
Long stay - Then has been two chronic discharging sinuses
Two operations at this hosp -
Rule resection in front - Incision healed but later broke down -
Upper lobe not functioning at all -
Condition
General cond. poor -
Free pusy discharge - Emaciated confined to bed -
Running a temp - Appetite poor -
Rt upper lobe not functioning
Prognosis is not good -
Well again treatment for some month.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.)

#15/20 - Transfer to Montreal Neil Hosp:

CONDITION ON DISCHARGE, (and disposal made of case.)

E Lundon Capt

Date.

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

8-4-18 Omsk
7-6-18

6-9-18 Kyiv
9-2-19 Shoulder
fever

9-2-19 Ufimtsa
3-3-20 Entrance
[illegible]

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 404004D (Rank) Pte

Name (in full) DESJARDINS Louis Ignace enlisted in

the 2/2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at QUEBEC P.Q. on the 3rd

day of January 1918

HE served in - - - - - - - - - FRANCE - - - - - - - - - - - - - -

and is now discharged from the service by reason of - - - - - - - - - - - - - - -

- - - - - - - - - - MEDICALLY UNFIT - - - - - - - - - - - - - - -

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

Age 23 years

Height 5 feet 4 inches

Complexion clear

Eyes hazel

Hair brown

Marks or Scars

GSW chest & jaw 29.8.18

scars left shoulder

scar under rt. clavicle

A. Desjardins
Signature of Soldier

R.R. Hashley
Issuing Officer

Lieut
Rank

for
Appointment

O.C. District Depot No. 4

Date of Discharge 3.3.20

Signed at Montreal, QUEBEC this 3rd day of March 1920

in Military District No. 4

File Reference No. DD4 19-D-926

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Army Form I. 1237.

I. 1237
14

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	4040040	PRIVATE	DESJARDINS	ALFRED

Year.	Unit.	Age.	Service.
	22nd CANADIANS	23 yrs 6 mos	18/12

Station and Date.	Disease
#16 CANADIAN GENERAL HOSPITAL ORPINGTON KENT	~~Upper portion of~~ lung collapsed against ribs, still functions slightly. Large cavity in 7th interspace, in which Tube is inserted, still draining freely.
	HEAD OF HUMERUS AMPUTATED OWING TO NECROSIS.
	FRACTURE OF RAMUS OF LOWER JAW ON LEFT SIDE
	T. C. Wolff Capt.
28-6-19	Boarded for Invalided to Canada T.C.W.
4-7-19	Steady and gradual improvement T.C.W.
11-7-19	Wound in anterior portion of right chest healing gradually by granulation T.C.W.
18-7-19	Wound in posterior portion of chest gradually narrowing T.C.W.
21-7-19	Tube in posterior portion of chest feels very tight and beginning to be painful Smaller Tube inserted Fit for discharge to Kirkdale T. C. Wolff Capt. C.A.M.C.

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

(P.T.O.

Station and Date.	
5 Can Gen Hos, 24/7/19.	2Lt Proposed discharge, Observance Conducting fails, P W Wilkinson Maj

FILE

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	4040040	PRIVATE	DESJARDINS	ALFRED

Year	Unit.	Age.	Service.
1919	22nd BATTALION CANADIAN INFANTRY	23 yrs	18/12

Station and Date. #16 CANADIAN GENERAL HOSPITAL ORPINGTON KENT JUNE 19th 1919

Disease EMPYAEMA.

FAMILY HISTORY

Negative.

PERSONAL HISTORY

Born at St. Germain, Quebec, Canada May 27th 1896.
Farmer up to 19 years of age
Baker thereafter.
Diphtheria at 12 years
Pneumonia at 13 years
Denies venereal disease.
Mumps at Brainshott, April 8th 1918.

MILITARY HISTORY

Enlisted January 3rd 1918 at Quebec City. Left Canada February 15th 1918. France August 8th 1918 – thence to the 22nd Canadian Battalion.
Wounded in left shoulder and lung
Coughed up a quantity of blood immediately following. Shrapnel particle passed thru chest and went out.
Spent one night at Field Dressing Station thence to 59th Imperial General Hospital.
Left France September 6th for England.
Thence to 4th London General Hospital.
Condition improved materially up till

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.

the beginning of February when he caught Influenza on the Ward at the 4th Condon General, Bronchio pneumonia, empyema right side of chest. Operation for removal of pus February 13th 1919 (in back) 2nd operation also in back, 13th month, 3rd operation in front, 28th month.

Improvement has been very slow.

PHYSICAL EXAMINATION

LEFT CHEST AND NEIGHBORHOOD

G.S.W. adherent scar very thinly covered with integument two inches in diameter, below outer third of clavicle projecting apex of acromion process especially thinly covered. No tenderness

G.S.W. 2nd adherent hollow over head of humerus narrowing below into a longitudinal scar 4 inches in length approximately. Tenderness about area, moderate.

G.S.W. adherent Scar 4 inches in length 1 inch in width projecting below scapula from mid scapular line to ~~middle of~~ head of humerus posteriorly. Tenderness moderate about area.

Expansion of left chest quite good, no areas of impairment in resonance detected, vocal transmission normal, no adventitious sounds.

Deep, marked oedema about left elbow joint which is enormously enlarged

RIGHT CHEST

Large open wound in 2nd right intercostal space draining freely thru large Tube.

Dft 1st DEPOT BATTALION 2nd QUEBEC REGIMENT

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION 2nd QUEBEC REGIMENT

Regimental No. 4040040 Rank Pte. Name ~~Louis Ignace Alfred~~ Louis Ignace Alfred Desjardins

C. E. F.

Enlisted (a) 3-1-18 Terms of Service (a) D. of War Service reckons from (a) 3-1-18

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

Extended Re-engaged Qualification (b) Baker.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		EMBARKED	Canada	FEB 18 1918	
		DISEMBARKED	England	4.3.18	✓
5.3.18	C/10th Res. Bn.	T.O.S. on arriving from Canada	Witley	4.3.18	D.O.P. II 57 ✓
9-8-18	O. C. 10th. Res. Bn.	Transf. to 22nd Bn. B. E. F. Falardeau	B'shott-hurst	8-8-18	D. P. 11. O. 187 Ass-Adj. 10th. Can. Res. Battn,
10.8.18	C. I. B. D.	Arrived & T. O. S. 22nd Bn.	France	10.8.18	A732 P20. 82 d/30 8/18
10.8.18	C. I. B. D.	Left for C.C. Rein. C.	Field	14.8.18	NR.
15.8.18	C. C. Rein. C.	Arrived.	"	15.8.18	" 1255.
		Left for Unit Field			
	22th Bn.	Arrived Field			
29-8-18	55 Gen'l	Gsw. Chest & jaw Adm	55 Gen'l	29.8.18	H 4500

Y.J.

(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				
6-9-18.	55 Genl.	INVALIDED WOUNDED TO ENGLAND AND POSTED TO QUEBEC REGTL. DEPOT BRAMSHOTT. PER "A. Pieter de Conincks Whogan Major for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon B.E.F.	ENGLAND	6-9-18.	W3083-5955. O.R.O. 93/1918.
14.9.18.	P.R.D.	T.O.S. from 22 Bn.	B'shott	6.9.18	D.O. 324. Chalker Lieut For Lt-Col 1/c of records
19-8-19	Montreal	TOS.DD.4.from Cl.Depot	Montreal	8-8-19	Authy.D.O.Pt.2.#231
5.3.20	Montreal	S.O.S med. unfit R01420	Montreal	3/3/20	Do Pt 2 " 65-1

R Chaplin
O. C. District Depot No. 4.

D.M.S. 1300 50M-21-1.17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Desjardins	L. J. A.	4040040

RANK	UNIT	CO.	TROOP	BATTY.
Pte	Que 10 Res.			

HOSPITAL	DATE OF ADMISSION
12 b. G. Bahott	8.4.18
1. S.S. Eme. Boulogne	HOSP. 29.8.18
4. L. G. Henmark Hill.	6.9.18.
2. 16 C. G. Orpington.	HOSP. 20-6-19
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1. mumps. R.
2. G.S.W Chest & Jaw Sev. Rt
3. G.S.W Chest Jaw Sev. & Empyema.

DISPOSITION

C.12.4.18 b185
Dis. 4-5-18
29-5-18 b208
3.9.18 a 309-9
11.9.18 B 316-2
25-6-19 B550
25.4.19 B511
15-8-19 B550

DATE

20.4.19

REMARKS

Inv. to Canada 8-8-19
S.L 509 4 D.S

S

A.M.D. 2 Dept.
Reh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

A.T. Serum
Dose and date } 1st

2nd 4.9.18.

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion

Army Form W. 3118.

FIELD MEDICAL CARD. D

FILED

No. Rank
Name
Unit

Battle Casualty Accidentally Wounded. "Sick"
(Strike out description which does not apply)

No. of F.A. IV Field Ambulance C. E. F.
Date of admission
F.A. diagnosis
Gs chest & Jaw

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

(1690) Wt.W1500/P259. 3mil. 16-11-17. J.R.&C. (E 2099). Forms W. 3118/3.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 12th

Date of entry 28-8-18

Wd. of left shoulder

Large haematoma - back of shoulder

Dressed 7/5 Bo.

FD evac.

No. of Hospital

Date of entry

(or col)

) post shoulder.

) Front sur (TTT wd.)

Temp P. wd. clean

W.B. [illegible]

Capt

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Form DMS 1401.

a 11

12. Gen Gen HOSPITAL.

A. & D. CARD

AT

A. & D. No. 2576 PL. OF ACTION

RANK Pte REG. No. 40 H 0044 UNIT 20th Res Bn SICK OR WOUNDED

NAME Desjardins AGE 21 RELIGION R. C.

PLACE IN HOSPITAL Ward 21

DIAGNOSIS mumps.

ADMITTED 8. 4. 18 FROM

DISCHARGED MAY 7 1918 TO

TRANSFERRED

SERVICE AT HOME 3/12. IN FIELD

RESULTS 1/52.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Yes 6m

Number 4040040 Rank Pte

Surname DESJARDINS

Christian Name Louis Ignace Alfred

Units 22nd Bn C Inf Theatre of War France

Date of Service 8/8/18

Remarks

Latest Address ~~Riviere du Loup~~

24 Jarvis

Riviere du Loup Station

Roll No.

200m.-2-21. B Page 21801

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF ORIG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL .....

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL .....

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....

* CROSS OU

M. F. W. 142.

1772—39—1171.
50m.—2-19.

No. 4040040 RANK Pte. NAME Desjardines Rs Ignace

T. O. S. 3-1-18 (DO 3 of 3-1-18) UNIT 1st Depot Battalion 2nd Quebec Regt.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan. 3	Jan. 31	N.		
Feb. 1	Feb. 15	N.	Transfd O/S. 15-2-18	DO 46 of 15-2-18

Reg. No. 404040 Name Desjardins

Rank Pte Corps #4 D.D Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Ste Anne de Bellevue	18-8-19	G.S.W Frac lt Humerus
Trans Military Montreal	15.1.20	Empyema

P.T.O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

NAME Desjardins Alfred REGT'L No. 4040040

H. Q. FILE NO. 649.

RANK AND CORPS Pte 22nd Bn Dom. R.

FOLLOWS 2nd Rue Rte M

NO. 1st Depot Bn FOLLOWS

CABLE

NO.	DATE	NATURE OF CASUALTY
98		C
H291.	5-9-18	Adm 5-5 Gen H Boulogne Aug
H2309a	8-9-18	2-9-1918 G.S.W. Chest Jaw
		unofficial (20-9-18)
		Desjardins Jean Baptiste (Father)
		Louis de Kamouraska Kamouraska Q. P.R.
		Letter Sent 16-9-18.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

DIST. NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C185	2/12 Can Gen B'shott	8-4-18	mumps.
C289		7-3-18	D-sick
B316 2/4	Can. Gen Denmark Hill	6-9-18	GSW chest jaw
A481 1/2	No 53 C.C.S.	16-3-19	Impetigo
B550 1	Et. Hosp. Denmark Hill No 16 Can Gen. Hp.	20-6-19	GSW chest jaw sev. + Empyema.
B571 1/2	No 5 Can Gen Hospl	23-7-19	GSW jaw + l shldr.
B580	Invalided to Can. (L.L. 509 M.O.5)	8-8-19	GSW jaw & shldr. Empyema

Sel: Alfred Louis Ignace Desjardins

H. Q.

M. D. No.

Surname Desjardins

T. O. S. 19

Christian names Louis J.

D. O. Pt. II of

Regtl. No. 404004 Rank Pte

S. O. S. 5.3.20 to 19

Unit 3rd Can Inf

Reason M.U.

Auth. W.O. 65 J 5.3.20 DS4

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S

R/C

W. 22—50M.-3-19. 1772-39-839.

FORM F. 559
8248-150M.-7/8/17

Reg'l No. 4040040 Rank Private Name Desjardins Alfred

Place of Attestation Québec 2-1-18 Date of Attestation Original Unit 2nd Quebec Res.

Present Unit 10th Can Res Bn

Married or Single Single

Place of Birth St Germain de Kamouraska Qué

Name of Next of Kin J.B. Desjardins Relationship Father

Address St Louis de Kamouraska P. Qué

Name of Next of Kin Relationship

Address

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

Particulars	Effective Date	Authority

Date Admitted	Admissions Date Disch'd	V. or A.	To Hospital, &c. Name of Hospital

ASSIGNED PAY

(1) Per Month $	Date Effective	Authy.	(1) Stopped Effective	
Payable to			Cause	
	Relationship		Date A3M Forms rend.	
(2) Per Month $	Date Effective	Authy.	(2) Stopped Effective	
Payable to			Cause	
	Relationship		Date A3M Forms rend.	
(3) Per Month $	Date Effective	Authy.	(3) Stopped Effective	
Payable to			Cause	
	Relationship		Date A3M Forms rend.	
(4) Per Month $	Date Effective	Authy.	(4) Stopped Effective	
Payable to			Cause	
	Relationship		Date A3M Forms rend.	

Discharge Date and Place

Reason and Authority

Account Transferred to N.E. Branch (date

Account Transferred to Officers' Pay Branch (date)

Particulars of Transfers

To Unit	Effective Date	Authority

SEPARATION ALLOWANCE

Separation Allowance Monthly $	Effective (Date)	Stopped Effective (Date	
Payable to		Reason	
	Relationship	Authority	
Authority for issue		Remarks	
Separation Allowance Monthly $	Effective (Date)	Stopped Effective (Date)	
Payable to		Reason	
	Relationship	Authority	
Authority for Issue		Remarks	
New Paybook Issued		New Paybook Issued	

Period From	Period To	Pay and Field Allowance No. of Days	Pay and Field Allowance Rate	Pay and Field Allowance $ c.	Working Pay No. of Days	Working Pay Rate	Working Pay $ c.	Separation Allowance $ c.	Assigned Pay Credits $ c.	Any Other Credits $ c.	Total Credits $ c.	Separation Allowance $ c.	Cash Payments During the Month 1 $ c.	2 $ c.	3 $ c.	4 $ c.	Assigned Pay $ c.	Other Charges $ c.	Total Debits $ c.	Balance Carried Forward Credit $ c.	Balance Carried Forward Debit $ c.	Number of Acquittance Rolls 1	2	Number of S.A. and A.P. Cheque	Remarks. All casualties, promotions, &c., to be noted, also particulars of "other credits" or "other charges"
15-2-18				Balance from Canada							16 38									16 38					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer. Pay	Sep. Allce. Eng.
March				Canada					16 38		
	P.P. 16/2 31/3	48 40							64 78		
				AR 1223 10 Ores 11 3/18	243				62 35		
				" 1313 - 18 -	487				57 48	22 50	
		48 40			730						

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
													1	2	3	4									
FROM	TO	NO. OF DAYS	RATE	$ C.	NO. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME:– DESJARDINS Alfred

NUMBER:– 404004

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Qur Dep. Bn

DATE ACCOUNT FIRST OPENED:– 16.2.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2 QRD
BC.82. 30/8/18.	1.9.18.	20.9.18.	22nd Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
15-7-19	7496	Orpington	4846				
						MD ?	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'GE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Canada. 8-19 ORPA 185 Orp 21-7-19 Chiselhurst. Ch. 428 84

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal. Fwd								57 48	22 50	
Apl	Pra	33 00							90 48	37 50	
		33									
May	Pay & Allce	34 10		AR.605. #12 C.G. Hospl. 1/5/18	4 87				119 71		
				" 252 10 Res Bn 15/5/18	4 87				114 84	52 50	
				" 591 " 26/5/18	4 87				109 97		
		34 10			14 61					52 50	
June	P & A	33		AR488 10 Res Bn. 13/6/18.	4 87				138 10	67 50	
				" 618 " 26/6/18	4 87				133 23		
		33			9 74						
July	P & A	34 10		" 771 " 15-7-18	29 20				138 13		
				" 899 " 26-7-18	4 87				133 26	82 50	
		34 10			34 07						
Aug	PP.	34 10		AR1001 " 10-8-18	4 87				162 49		
				" 180 5 C 9 Bde 22-8-18	3 57				158 92	97 50	
		34 10			8 44						
Sept	PP.	33							191 92	112 50	
		33									
OCT	✓	34 10							226 02		
				HR 48113. 30/10	9 73				216 29		
		34 10			9 73					127 50	
Nov	✓	33							249 29		
Dec Jan	✓	68 20							317 49		
		101 20								172 50	
Feb.				HR. 70046. 21-1	9 73				307 76		
	✓	30 80			9 73				338 56		
				HR 74482 —	9 73				328 83		
				Forward	1946						

NUMBER 4040040 RANK Pte NAME DESJARDINS A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb.	Fwd.	30 80			1946				328 83		
Mch	PP	34 10							362 93		
		6x 90			1946					202 50	
APR	v	33							395 93	217 50	
				AR AR 78654.	973				386 20		
May	do	34 10			973				420 30	232 50	
		67 10			973						
June	do	33-							453 30	247 50	
				AR 8593 Camberwell	973				443 57		
				31-AR 5978 - 25.6-19 Orp. Kent	973				433 84		
July	d	34 10							467 94		
		67 10			1946					162 50	
	Fwd.	9 56							479 50		
				AR 7496 15/7/14 Orp	48 67				428 83		
		9 56			48 67						
Aug.				7578. 30/7. Kirkdale End	487				423 96		
					487						
				DOD 8/19 MD5 SL 4509.							

477.50
48.66
428.84

This space to be for numbers.

65

Proceedings on Discharge.

M

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

No. 4040040

Rank Pte

Surname DESJARDINS

Christian name Louis J.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Quebec Regt.

Date of discharge 3.3.20

Place of discharge Montreal.QUEBEC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years months.

Height 5 feet 4 inches.

Complexion clear

Eyes hazel

Hair brown

Trade baker

Intended place of residence (To be given as fully as practicable.) Riviere de Loup P.Q

Descriptive marks

Scars left shoulder.
Scar under rt. clavicle
wound rt. side of back

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

R.O.693 Med.Unfit to SCR

Authority for discharge

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) MONTREAL, QUE. A. Desjardins X *(Signature of Soldier.)*

(Date) 3. 3. 20 G. A. Parker Sgt *(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, QUE.

(Date) 3. 3. 20

(Signature) R R Ashley Lieut

for O. C. 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

H. Desjardins

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

FILE

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT. DATE 3-7-1919

1. 1 (a) Unit 22nd Bn. Can. INF. (b) Regimental No. 4040040 (c) Rank Pte.

(d) Surname DESJARDINS (e) Christian name ALFRED

(f) Home address St. Louis de Kamouraska Quebec Canada.

(g) Next of Kin Jean Baptiste Desjardins (h) Relationship Father

(i) Address of Next of Kin St. Louis de Kamouraska Quebec Canada.

2. Age last birthday 23 yrs. Date of birth May 27th 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Quebec City Que. (b) Date 3-1-18

4. Personal description:

(a) Height 5' 9" (b) Weight 100 lbs (Est.) (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Empyaema wounds 2nd Rt. intercostal space. 7th intercostal space. Deep depression over area of amputation of head of left humerus.

5. Former trade or occupation BAKER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

PATIENT'S STATEMENT.	Periods From	Periods To
Canada	3-1-18	15-2-18
England 15-2-18 to 8-8-18	6-9-18	
France or other theatres of War	8-8-18	6-9-18

7. Original disease, or injury (A) COMPOUND COMMINUTED FRACTURE HEAD OF HUMERUS LT.

(B) COMPOUND COMMINUTED FRACTURE UPPER RAMUS LEFT MANDIBLE

(C) INFLUENZAL BRONCHO PNEUMONIA RIGHT.

(a) Date of origin A&B Sept 28th 1918 C Feb 1st 1919 (b) Place of origin (A&B) Battle of Cambrai. (C) 4th London Gen. Hosp.

(c) Cause (A&B) Shrapnel

(C) Infection.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

(A)(AMPUTATED LEFT SHOULDER JOINT BELOW SURGICAL NECK OF HUMERUS) causing total and permanent loss of function of left shoulder joint.
(B)(EMPYAEMA RIGHT CHEST MARKED) with free drainage above and below, partial collapse of right lung and moderate general toxaemia.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(A) OBJECTIVE:- Shoulder joint apparently completely removed, muscles and tissues have filled in the intervening space leaving a hollow. Old oper. scar for removal of head & neck of humerus adherent to underlyinh tissues 4" in length 1" in width. Tenderness on pressure over this area. Scar tissue is evidently pressing on the veins of the upper arm as there is marked oedema about the left elbow joint. Movements at old joint Nil. Movements of elbow wrist and fingers unimpaired. X-Ray Report 16 CGH 3-7-19:-"Head and neck of humerus carried away. Lower fragment displaced towards axilla about 1". Sgd. L.Gilchrist Capt. Radiologist.
(A) SUBJECTIVE:- Complains of tenderness especially on deep pressure over old joint area and of occasional tenderness in left elbow joint.
(B) OBJECTIVE:- Large open wound in 2nd rt. intercostal space draining freely thru large tube. Similar large open wound in 7th rt. intermaxxxx space posteriorly draining draining freely thru large tube. Wounds widely open but clean. X-Ray report No.16 CGH 6-7-19:- "Haziness in right side of chest Apparent cavity in axillary portion of chest at the level of the 7th & 8th ribs but no evidence of fluid in it. Sgd. L.Gilchrist Capt. C.A.M.C.
(B) SUBJECTIVE:- Complains of slight dyspnoea, occasional pleurodymia and occasional general malaise.

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

Nervous System..... Cardio-Vascular System..... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..... (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems.....Yes..... Any other general condition.....

X-Ray Report No1 16 CGH 3-7-19 shows:- Comminuted fracture of mandible on left side in region of angle. Few small pieces of detached bone in region. Sgd. L.Gilchrist Capt. C.A.M.C.
OBJECTIVE:- Left jaw over upper ramus hollowed out. Tenderness on deep pressure. Movements of lower jaw not restricted.
SUBJECTIVE :-)Only complaint is neuralgiac (occasional) pain over jaw. No disability.

10. (*a*) History (of the condition referred to in Section 9 (*a*).) PATIENT STATES THAT:- while on active service during the battle of Cambrai 28-9-18 he was wounded by shrapnel which broke his jaw and smashed his shoulder. He was taken the same day to a field dressing Station and was then sent directly to the 55th Imp. Gen. Hosp. On Oct 6th 1918 he was evacuated to Eng. to the 4th London Gen. Hosp. Medical case sheet entry 4th L.G.H. shows Frac. practically thru the head of the humerus exit & entry wounds enlarged, pieces of broken bone removed 12-9-18 entry unsigned. X-Ray Report. 4th LGH 21-10-18:- shows extensive necrosis of the head of humerus. Sgd. E.W.Reed Capt. RAMC. Medical Case Sheet 4 LGH 24-10-18 shows excision of head of left humerus. Entry unsigned.
(B) PATIENT STATES THAT in the beginning of Feb 1919 he had an attack of influenxal Br-pneu. affecting the rt.lung. Medical Case Sheet Entry:-14-2-19 operation for empyaema Sgd.F.B. Peorick Capt.MCUS. 13-3-19 Operation for empyaema incision enlarged because flap had closed the opening. Large quantities (about 2 qts.) of pussy bad smelling fluid was evacuated. Two long tubes inserted. Sgd. F.B.Peorick MCUS 21-3-19 Counter insision made in 2nd rt. intercostal space & tube inserted to facilitate drainage. Entry unsigned Condition gradually improved. Transferred to No.16 Can.Gen. 19-6-19.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

PATIENT STATES HE HAS HAD Diphtheria and pneumonia in childhood. recovered No disability. Mumps at Bramshott April 8th 1918. No disability now.

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

See para 4(f)

FILE

11.—(*a*) Did the disabling condition have its origin before enlistment? (A&B) No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(A&B) Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (A&B) a&b No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (A) Permanent (B) One year at least.

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

Hospitalization as per paragraph 10 (a)

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)

(A) Orthopedic measures could most likely improve the condition of left arm. (B) Treatment in Sanitorium for respiratory diseases is indicated during the next twelve months.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why)

17. Recommendations. Invalid to Canada.

T. C. Wolff Captain CAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned LOUIS IGNACE ALFRED DESJARDINS 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~~

Louis Ignace Alfred Desjardins Rank. PTE.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur

See X-Ray report on left shoulder.

See X-Ray Report on chest.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.) NO
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) NO
(*c*) Home service (Canada only),	(" C)	(Yes or No.) NA
(*d*) Temporarily unfit.	(" D)	(Yes or No.) Yes. 1 T C
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.) NO

20. It is certified that the invalid

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

Excision left shoulder joint. Empyaema right 12 months sanitorium

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

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

Patient be invalided to Canada.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

PLACE

W.H.Eby Capt. C.A.M.C. *President.*

E.N.Ballantyne Capt. C.A.M.C. } Members

DATE 9 JUL 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

CERTIFIED TRUE COPY

} Members

DATE

APPROVED BY

Assistant Director of Medical Services.

DATE Captain, C.A.M.C.

for A.D.M.S., Canadians London Area.

APPROVED BY

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA. 18, BERNERS ST. LONDON, W.1

Director-General of Medical Services.

DATE 10 JUL 1919

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 20 Res. Military Hospital 12 Conv. Pen.

No. 4040040 Rank and Name Pte. Desjardins. L. A. Age 21 Service 3/12.

Disease Mumps. Date of admission 8.4.18. Date of discharge 7.5.18. Result Recovered.

Dates of Observation	8	9	10	11	12	13	14	15	16	17	18	19.
Days of Disease	1											
Temperature, Fahrenheit (Time A.M. P.M.)												
Pulse per Minute	80	84 78										80
Respirations per Minute	16.											
Motions per 24 Hours												

Day of Admission

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature M B Fryned Capt. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ____________________

Military Hospital ____________________

No. ____________ Rank and Name ______________________________ Age __________ Service ____________________

Disease ____________ Date of admission ____________________ Date of discharge ____________________ Result ____________________

Dates of Observation																																
Days of Disease																																
Temperature, Fahrenheit		Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°	·8 ·6 ·4 ·2																															
106°	·8 ·6 ·4 ·2																															
105°	·8 ·6 ·4 ·2																															
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98°	·8 ·6 ·4 ·2																															
97°	·8 ·6 ·4 ·2																															
	·8 ·6																															
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 Hours																																

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature ____________________ ____________________ In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

FILE

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION St. Annes Hosp. DATE Feb. 23/20

1. 1 (a) Unit 22nd. Batt (b) Regimental No. 4040040 (c) Rank Pte

(d) Surname Desjardin (e) Christian name Louis Ignace

(f) Home address Riviere du Loup. P.Q.

(g) Next of Kin Joseph Desjardin (h) Relationship Brother.

(i) Address of Next of Kin Same as above.

2. Age last birthday 23 Date of birth May 27/1896

3. Enlistment, or ~~Appointment (if an Officer)~~ (a) Place Quebec P.Q. (b) Date Jan. 3/18

4. Personal description:

(a) Height 5--6" (b) Weight 110 est. (stripped) (c) Complexion medium

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. Multiple scars left shoulder-Scar under rt clavicle c discharging sinus--unhealed wound rt side of back.

5. Former trade or occupation Baker.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days

	Periods From	Periods To
Canada	Jan. 3/1918 Aug. 1919	Feb 15/1918 Date
England	Feb. 1918 Sept. 1918	Aug. 1918 Aug. 1919
France or other theatres of War	Aug. 1918	Sept. 1918

7. Original disease, or injury Wounds of 1. Face 11. Left Shoulder 111 Influenza (Flu)

(a) Date of origin Aug. 1918. I.II.III. (b) Place of origin France I.II.III.

(c) Cause Shrapnel I.II. III. Infection.

M. F. B. 227.

40UM.—11-18.
1772-39-117.

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

(1) Marked General Debility

(2) Chronic discharging sinuses, right side of ~~shoulder~~ chest ant. & Posterior

(3) Marked impairment function rt. lung (4) Impaired funct. lt. shoulder

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition poor - Patient lost much weight, tires easily and except at intervals remains in bed most of time. Debility is marked. (2) Under rt. clavicle level of 3rd rib, which has been resected, is a chr. discharging sinus from which there is a busy discharge. At lower level posterior is another large sinus in a post/ operation wound. Discharge from back is more profuse.
(3) Right lung, function markedly impaired - Upper lobe does not function and chest being explored at operation showed upper lobe of lung useless. Other lobes partially functioning and examination shows drainage good. The Middle lobes of rt. lung - following last operation has somewhat taken up upper lobe space. (4) Left shoulder is useless following G.S.W. Head of humerus missing and contour of shoulder is destroyed owing to loss of bone substance. Chronic discharging sinus in region of shoulder. Arm held in sli at side.

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

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

Special Senses: No. — Respiratory System: No — Integumentary System: No

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

Osseous and Joint Systems: No — Any other general condition: No

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

Wounded 28-9-18. Shoulder smashed by shrapnel. Fracture through head of humerus. Wounds opened and F.B's removed. Head of bone excised February 1919. Influenza and Broncho-pneumonia - Empyema developed and operation performed to drain cavity 14-2-19. 12-11-19, 3rd rib ant. resected and an attempt made to free middle lobe of lung so that it would come up and fill cavity in upper part of chest. This was partly successful as examination later showed. Opening posterior enlarged and T & T. drainage established.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

G.S.W. with fracture left inferior maxilla

August 1918, Facial deformity is slight.

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

See section (9-a) (10b)

FILE

11.—(*a*) Did the disabling condition have its origin before enlistment? No.1,2,3,4.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A. 1-2-3-4

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No 1-2-3-4

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 - 2 Indefinite - 3-4 Permanent

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

France & England Hospital treatment.

Canada-Hospital - Sirgucal and general treatment.

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, surgical and general treatment as case should require.

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

17. Recommendations

Discharge to S.C.R. to continue treatment.

C. Thompson

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned ..... 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 .....

A. Desjardins ..... Rank.

Signature of invalid examined.

73 S

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

In Hospital for many months.

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

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

Yes for further treatment

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Geo. B. Gwyn ..... President.

PLACE Ste. Anne de Bellevue, P.Q.

DATE February 24-1920

..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President

PLACE.....

DATE..... } Members

APPROVED BY

For Assistant Director of Medical Services.

MAR 8 1920 M.D. 4

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

2192. W.6520/M.2949. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward R. 40 No. of Bed Cage 2 Date

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
404 0840	Pte Deepardines	22 Can:	Lt Shoulder

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

32

G.S.W. to
Lt Shoulder
Head of humerus
excised

Signature of M.O. [illegible]

Date 16.1.19

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate A 151

The head of the Humerus has been excised. The Glenoid cavity has been partially denuded and there is some dead bone at the end of the Humerus

Signature of Radiographer RK

Date 21. 1. 19

Repeal Ex 2519

Red Patient

Trans. 6th Cond. Gen.

830. GS Ld. W.603. P.35. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

#16 CANADIAN GENERAL Hospital.

Ward 11 No. of Bed 1 Date JULY 3rd 1919

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
9040040	PTE DESJARDINS A	22nd BATTALION	RIGHT CHEST LEFT CHEST

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Influenza while recovering from G.S.W. Empyema right chest followed. Condition very fair at present, relative to extent of injuries.

Signature of M.O. T. Crosby Capt.

Date July 3rd 1919

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate L.A. 474 15X12 A.P.

Hazziness in ~~right~~ side of chest. Apparent cavity in axillary portion of the chest at the level of the 7th and 8th ribs but no evidence of fluid in it.

Signature of Radiographer L. Gilchrist Capt

Date 6/7/19

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward [redacted] PB 60 No. of Bed [redacted] 24 Date _____

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
404[redacted]40	Pte Desjardins	22 Can:	Left Shoulder

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

(2[redacted])

G.S.W. of Shoulder

(Repeat Ex 2049)

Signature of M.O. [illegible]

Date 21/10/18

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate Ex ~~2040~~ 2519

There is extensive necrosis of head of humerus

Signature of Radiographer [illegible] Capt.

Date 22. 10. 18

880. CS 186. W.503/P.36. 20,000 Pads 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

Hospital.

Ward R. 10 No. of Bed Date

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
4040040	Pte Desjardins	22 Can:	

Short History of Case.
(To be completed by M.O. i/c case.)

22

To have Bismuth emulsion injected into Lung cavity & the Screen & Repeat

Repeat A5426

Signature of M.O. [illegible]

Date 18/6/19

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate A 1064

Large emphysema cavity filled with bismuth. The cavity is about 4" from the and extends as high as 7th rib

Signature of Radiographer RK

Date 24. 6. 19

Lower wound plugged with gauze.
about vi ℥ Bismuth-paraffin preparation
injected thro tube & funnel. (small amount
escaping thro' plugged wound, ~~thro~~ into
upper wound in pouch.

880. CS 186. W 503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1055.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward R.P. 10 No. of Bed _____ Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
4040040	Pte Desjardins	22nd Canad	Left shoulder and jaw.

Short History of Case.
(To be completed by M.O. i/c case.)

(22)
F.S.W. of
left shoulder
and jaw.

Signature of M.O. [illegible]
Date 10/9/18

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate Ex 2049
Fracture of lower jaw.
There is some injury to
head of humerus

Signature of Radiographer [illegible] Capt
Date 11. 9. 18

16th Canadian General Hospital,
Orpington, Kent July 9th 1919.

SPECIALIST'S REPORTS ON:-

4040040 Pte. Desjardins A. 22nd Batt'n Can. INF.

X-Ray Report 6-7-1919:- Haziness in right side of chest. Apparent cavity axillary portion of chest at the level of the 7th & 8th ribs but no evidence of fluid in it.

Sgd. L.Gilchrist Capt. C.A.M.C.
Radiographer.

X-Ray Report 3-7-1919:- JAW:- Comminuted fracture of mandible on left side in region of angle. Few small pieces of detached bone in region. SHOULDER:- Head and neck of humerus carried away. Lower fragment displaced towards axilla about 1".

Sgd. L.Gilchrist Capt. C.A.M.C.
Radiographer.

John Lanchion General Hospital,
Brooklyn, New York, July 1919.

SPECIALIST'S REPORTS 30--

Psychopathic. Malingering. 2nd Medical Div. 11th.

4-Day Report 6-7-1919:- Malingerer in right side of chest, apparently military position at present at the level of the 7th rib with no evidence of injury in it.

Sgd. Medical Capt. U.S.A.M.C.
Medicorrupter.

4-Day Report 5-5-1919 - 1919:- Complaining of a tremor of muscles of left side in region of thorax. Now small piece of detached bone in region. NOTE:- Does not work on account of nervous disorder. Lower extremities tremor. Walks with cane.

Sgd. Medical Capt. U.S.A.M.C.
Medicorrupter.

830/ CS 186. W.5/ 6/ 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Pad Patient

Trans. 4th Lond. Gen.

Army Form W. 3172

(In pads of 50)

#16 CANADIAN GENERAL Hospital.

Ward 9 No. of Bed 17 Date July 3rd 1919

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
4040040	Pte. Desjardins A	22nd Battalion	Left Shoulder & Jaw

Short History of Case.
(To be completed by M.O. i/c case.)

Wounded left shoulder and lung } 29th September
Fracture left Jaw
Necrosis of head of humerus followed
Amputation of head of humerus 24-10-18
Part of ramus left jaw shattered by G.S.W.

Signature of M.O. T. C. Wolff

Date July 3rd 1919

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate L. 44 L. 47 A

10 x 8 A.P.
8½ x 6½. L.

not screens

Jaw: Comminuted frac. of mandible on left side in region of angle. Two small pieces of detached bone in region.

Shoulder: Head and neck of Humerus carried away. Lower fragment displaced toward axilla about 1".

Signature of Radiographer L. Gilchrist Capt.

Date 3/7/19

16th Canadian General Hospital,
Orpington, Kent July 9th 1919.

SPECIALIST'S REPORTS ON:-

4040040 Pte. Desjardins A. 22nd Batt'n Can. INF.

X-Ray Report 6-7-1919:- Haziness in right side of chest. Apparent cavity axillary portion of chest at the level of the 7th & 8th ribs but no evidence of fluid in it.

Sgd. L.Gilchrist Capt. C.A.M.C.
Radiographer.

X-Ray Report 3-7-1919:- JAW:- Comminuted fracture of mandible on left side in region of angle. Few small pieces of detached bone in region. SHOULDER:- Head and neck of humerus carried away. Lower fragment displaced towards axilla about 1".

Sgd. L.Gilchrist Capt. C.A.M.C.
Radiographer.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 4040040 RANK Pte NAME (IN FULL) DESJARDINS, Louis, J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID: Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
J.O.S posted to Hosp. Sect.	8-8-19	DO 231 P1
Ranked pay w/s	20-8-19	Do.

ORIGINAL UNIT C.E.F.: 2nd Q.R. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION: 3/1/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $: Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS: St Louis Comte Kamouraska C.Q.

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED: Montreal | PLACE | DATE: 3-3-20 | REASON: Med. Unfit | To S.C.R. | AUTHORITY: 19-D-926 | IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. No. 2276 SEP 18 1917

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								428	84	428	84																									428	84	Balance Sing. L.P.C. 428.84 31/7/19
1-8-19	31	1.10	34	10	9	60				43	70	7378	30/7/19	Base Train	DSC 194077			4 87		4 87 / 5 00		50 00														407	80	9 60 for W/S 20-31-8-19
																																							2 40 " " 1-3-9-19
Sept	30	1.10	33	00	2	40				35	40	15386	27					15	00													15	00			428	20	
Oct	31	1.10	34	10						34	10	17302	27					15	00													15	00			447	30	
Nov.	30	1.10	33	00						33	00	~~20/12/19~~						~~15 00~~																		480	30	
Dec	31	1.10	34	10				25		34	35	20/2/20	19					15	00													15	00			499	65	25c Xmas grant
Jan	31	1.10	34	10						34	10																									533	75	
Feb	29	1.10	31	90						31	90	22337	4					15	00													15	00			550	65	
Mars	3	1.10	3	30	35	00				38	30	22820 / 3		22821 / 3				25	00	553	95											588	95			-		
										713	69																					713	69					
					280	00				280	00																	140 00				140	00	140	00			ch# 18504 12-11-19
																												70 00				70	00	70	00			Ch 201431 5/12/19
																												70 00				70	00	Paid				Ch 215181 3-1-20
																												280 00										

Credits W.S.G.S.A. War Service Gratuity Other Charges W.S.G.S.A. Total Balance Soldier Dependents

20GM-3-19.—L. L. 58788-H. & D. 9685.
M. F. W. 2596.
1772-39-1298.