

**PARTICULARS OF RECRUIT**  
**DRAFTED UNDER MILITARY SERVICE ACT, 1917**

G.M.K. (Class First)

**D**

1. Surname..... **HUGHES**

2. Christian name..... **Albert Stanford,**

3. Present address..... **St. George's Club, Sherbrooke, P.Q.,**

4. Military Service Act letter and number..... **28722 DR.**

5. Date of birth..... **12th. November, 1886**

6. Place of birth..... **Birmingham, Eng.,**  
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Church of England**

9. Trade or calling..... **Club Manager.**

10. Name of next-of-kin..... **John Augustie Hughes**

11. Relationship of next-of-kin..... **Father**

12. Address of next-of-kin..... **Narston Road, Belgrave, Leicester, Eng.,** **SUFFICIENT ADDRESS**

13. Whether at present a member of the Active Militia..... **No.**

14. Particulars of previous military or naval service, if any..... **A. S. H.**  
No.

15. Medical Examination under Military Service Act:—  
 (a) Place..... **Montreal** (b) Date..... **7th. Jan. 1918.** (c) Category..... **A 2.**

**DECLARATION OF RECRUIT**

I, **Albert Stanford HUGHES**, do solemnly declare that the above particulars refer to me, and are true.

*Albert Stanford Hughes* (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age..... **31** yrs..... **1** mths.

Height..... **5** ft **11** ins.

Chest measurement } fully expanded..... **37 1/2** ins.  
 } range of expansion..... **2 1/4** ins.

Complexion..... **ruddy**

Eyes..... **grey**

Hair..... **fair**

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

*RD 20  
 LD 20  
 Ears OK*

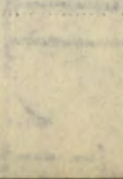
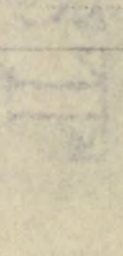
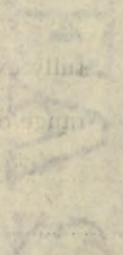
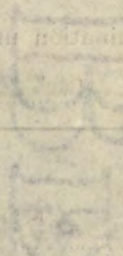
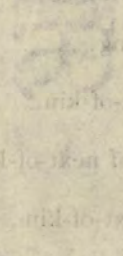
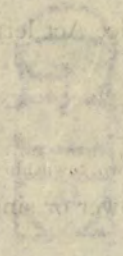
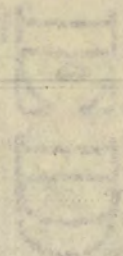
*Chas. G. Wellington* Major  
 for O.C. 1st Depot Bn. 1st Quebec Regiment.  
 O. C. **First** Depot Btln.  
**First Quebec** Regt.

Place..... **Montreal,** Date..... **7th. Jan. 1918.**

Regt. No. ....

# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class) .....



1. Surname .....
2. Christian name .....
3. Present address .....
4. Military or civil service number .....
5. Date of birth .....
6. Place of birth .....
7. Married, widow, single .....
8. Religion .....
9. Trade or calling .....
10. Name of next of kin .....
11. Relationship of next of kin .....
12. Address of next of kin .....
13. Whether at present a member of the reserve militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical history under Military Service Act, 1917 .....

## DECLARATION OF RECRUIT

I, the undersigned, being the person named in the above particulars, declare that the above particulars are true and correct, and that I am not a member of the reserve militia, and that I have not been previously called up for military or naval service under the Military Service Act, 1917.

(Signature of Recruit) .....

## DESCRIPTION ON CALLING UP

Height	inches	.....
Weight	.....	.....
Chest measurement	inches	.....
		.....
Complexion	.....	.....
Eyes	.....	.....
Hair	.....	.....

Place .....

M. S. W. 100  
No. 100  
17-20-17

Date .....

Regt. No. ....

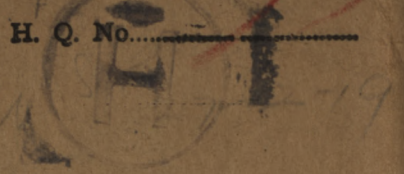
Depo. Battalion .....

MADE IN CANADA

16-12-18

DISCHARGE DOCUMENTS

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

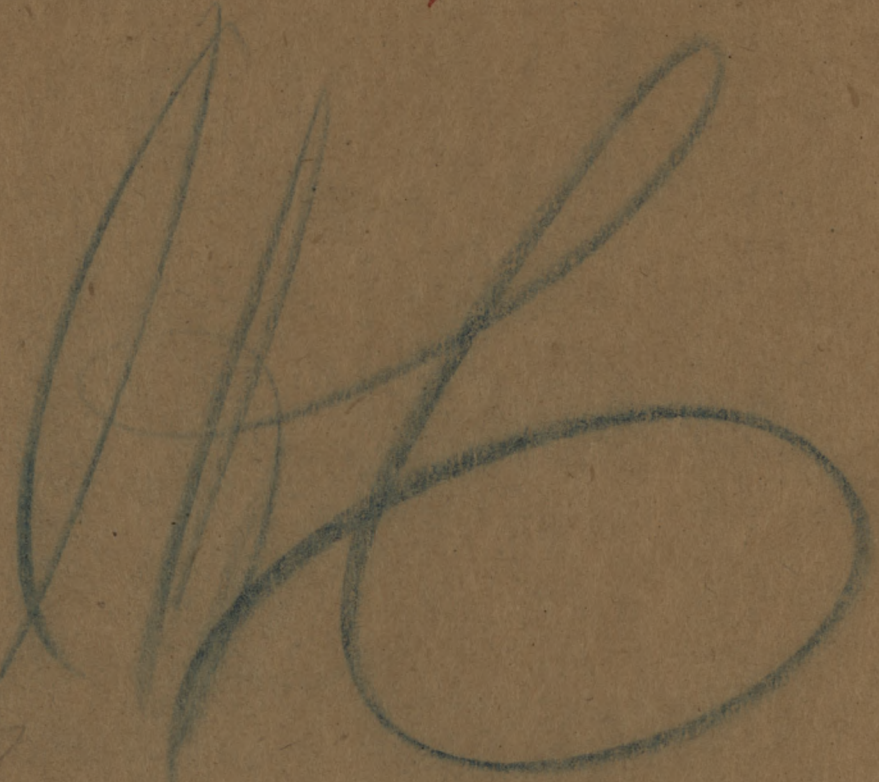


Name HUGHES, ALBERT, STANFORD

Regt. No. 3081163 Rank Pte

Corps 1st Depot Bn. 1st Div. Blue Regt 37929

*Med unfit*



11/10  
24-10  
30 10  
(1)

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation 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.....

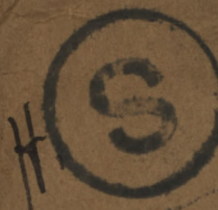
*A & B - 268 - 1*

*A & B 122 - 1*

*M & W 389a - 1*

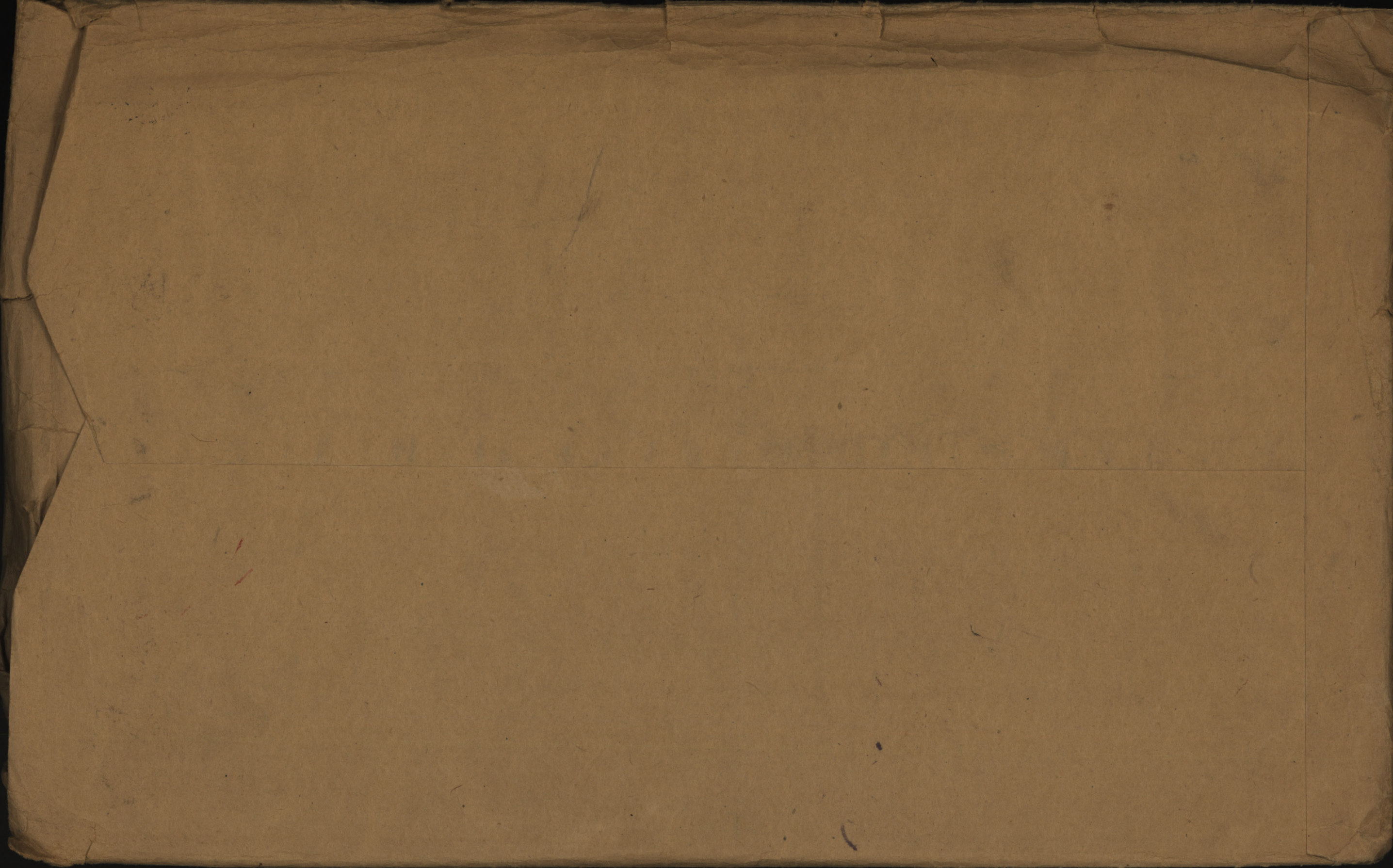
*Sentinel Cert - 1*

*1 MFW 67  
A & B - 1237 - 3  
A & B - 181 - 4  
1122 - 1*



*H  
Q*

*M 4  
22-21  
mas*



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Hughes A.S.

3081163

RANK

UNIT

Co.

TROOP

BATTY

HOSPITAL

DATE OF ADMISSION

H. C. G. Baseingstone  
C. S. Lenham

26.3.18.  
11-6-18

HOSP.

HOSP.

HOSP.

HOSP.

DIAGNOSIS

~~Pneumonia~~ J. B. Sup. "D"  
Fibroid J. B. Pulm. St. at.

notical

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

DISPOSITION

DATE

Q. 2. 31. 18. 6185

REMARKS

29-4-18 C. 199(2) note. Change Diag. on C.S. C185  
13-6-18 C. 2380  
1.10.18 6331-3. Inv. to Canada 20.9.18.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

S.O.S. 19-11-18 Med Engr - M.D.H

H. Q. 649-H-23409

✓ ✓ ✓ ✓  
HUGHES, Pte. Albert S. #3081163, 1st Depot Bn.

Med & D (Mother)

Mrs. Ann Hughes,  
"Summerfield Villa",  
Marston road,  
Belgrave, Leicester,  
England.

986214

(M)

P & S (Father)

Mr. John A. Hughes,  
Address as above.

Mem Cross (Mother)

Address as above.

England only.

46801

B.  
M.D.H

JUL 11 1923

Scroll Desq. ~~\_\_\_\_\_~~ Reqn. No. 56596

Plaque Desq. ~~\_\_\_\_\_~~ Reqn. No. 49849

NOV 15 1923

1923 OCT 13

66944 2W

444



MC#  
Number

308/163

Rank

Pte

Surname

HUGHES

Christian Name

Albert Stanford

Units

Q R

Theatre of War

England

Date of Service

4-3-18

(D)

Remarks

Mother - Mrs Ann Hughes  
Summerfield Villa Marston Road Belgrave  
Leicester England

Latest Address

70-a Brooke Street  
Sherbrooke PQ

Roll No.

A Page 3760

200m.-2-21.M.

DESP. OCT 29 1924

REGN. NO. 6912



HOSPITAL.

A. & D.  
CARD

AT.....

A. & D. No. B-3.177. PL. OF ACTION.....

RANK Pte REG. NO. 308163 UNIT 1st Depot Bn 1st Cavalry Reg SICK OR WOUNDED.....

NAME Hughes, AS AGE 32 RELIGION Col E.

PLACE IN HOSPITAL Et

DIAGNOSIS Pneumonia & J.B. suspect

ADMITTED 25. 3. 18 FROM Co. 5. Cav Gen Spt

DISCHARGED..... TO.....

TRANSFERRED 10. 6. 18. CSTP. Lenham.

SERVICE AT HOME 3 mo. IN FIELD —

RESULTS.....

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



LEDGER NO. 179

SERIAL NO. 30726 7

REG. NUMBER 3081163 NAME Hughes G G

RANK Pte CORPS 554

AGE SERVICE

NAME OF HOSPITAL D-MCH PLACE Montreal

DATE OF ADMISSION 28-10-18

DISEASE TBC Lungs

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO July 12/11/18 IN CATEGORY E

M. F. W. 2553.

50m.-6-18.  
1772-39-1332.

P. T. O.

REMARKS:.....

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.....

.....

NAME

*Hughes, A. L.*

RANK AND CORPS

*pte.*

*23A.*

REGT'L. No.

*3081163*

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C 185 <sup>(1)</sup>	46 Can Gen Basingstoke	26-3-18	Pneumonia of G. B. Suspect
C 238 <sup>(1)</sup>	Can Spec Lenham Kent	11-6-18	Griboird G. B. Pulm. Ill. 10. 199 (2) "
C 331 <sup>5</sup>	Invalided to Canada	20-9-18.	G. B. Pulm 'L.



ALBERT STANFORD

Name HUGHES

Rank Pte

Reg. No. 3081163

Unit 23<sup>rd</sup> ResNext of Kin JOHN AUGUSTUS HUGHES. NARSTON ROAD, BELGRAVE  
LEICESTER ENGLAND

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 26	3 H. G. Basingstoke	Pneumonia	4 205	105		15061
			Sept 25			
	Acc 11 days	Tuberculous TB Pulm	6 109			7093
11	6 base 1st Lenham	do -	6 238			19520
20	9 Invalided to Canada			C331		2526



SURNAME.

Hughes

CHRISTIAN NAMES

West Stanford

REG. NO.

3081163

RANK

1st Lt

UNIT

~~1st Cav Regt. of Amer. Inf. (S. A. I.) \* 4th Div.~~

FORMER CORPS

NEXT OF KIN.

Hughes, John Gustave

NAMES IN FULL

Wasson Rd, Hollywood

ADDRESS

Excelsior, cony.

RELATIONSHIP TO SOLDIER

Wasson Rd, Hollywood

COUNTRY OF BIRTH

England, Birmingham

PLACE OF ATTESTATION

Meriden

DATE

March 12, 1886

DATE

Jan 7, 1918

CARD NO.

4

Added. 10-11-18 P.  
E.O. 218. FOL. 2-11-18  
M. 11. 4. B. P.

CHANGE OF ADDRESS

L. I. 6016. M. & L. 6894.

015. 21/5/18. 1086 - 4. 6

88.80.0000. P. Walker 15.2.18.

870. 11. 10. 18. 2. 13  
M. S. W. 22. 100M. - 8. 11. 11. 12. 21. 23. 25. 27. 29.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Club Manager*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*31*

YEARS

*1*

MONTHS

HEIGHT

*5' 10"*

FEET

*5' 10"*

INCHES

CHEST MEASUREMENT

*37 1/2*

INCHES

EXPANSION

*2 1/4*

INCHES

COMPLEXION

*Rud. Dy.*

EYES

*Grey*

HAIR

*Fair*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Montreal, P.Q.*

DATE

*Jan 7<sup>th</sup> 1918*

*Present Address, St. George's Club, Sherbrooke, P.Q.*

MILITARY SERVICE ACT, 1917.

G.M.K. MEDICAL HISTORY SHEET.

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

1. Surname **HUGHE S** Christian name **Albert Stanford**  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule **26722 DR.**  
3. Consecutive number on schedule of men reporting for service (if he appears on it)  
4. Address (including street and number, if any) **St. George's Club, Sherbrooke, P.Q.,**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **7th.** day of **Jan. 1918.** 1917, by the undersigned medical board sitting at **Montreal**

5. Age as stated **31** Years **1** Months 6. Apparent age **31** Years **1** Months  
7. Height **5** Feet **11** Inches. 8. Weight **168** Pounds.

9. Chest measurement { Minimum **35 1/4** Ins. 10. Complexion **ruddy** { Eyes **grey**  
Maximum **37 1/2** Ins. { Hair **fair**

11. Physical development **Good** { Good Fair Poor 12. Smallpox marks **0**

13. Number of vaccination marks { Right arm **0** 14. When vaccinated last **Child**  
Left arm **2**

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

16. Slight defects but not sufficient to cause rejection **Dental Caries**

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**

**H. L. P. ...** President  
**M. C. ...** Member  
**A. ...** Member

VACCINATIONS			ANTI-TYPHOID INOCULATIONS, ETC.		
Date	Result		Date	Result	
17.1.18		J. A. Jaine Capt	7.1.18		J. A. Jaine Capt
		M.O.	12.1.18		J. A. Jaine Capt
		M.O.	24.1.18		J. A. Jaine Capt

Joined **7th.** day of **Jan. 1918.** 191 at **Montreal**

CORPS	REG'TL NUMBER	HABITS	DATE
<b>1st DEPOT BN. 1st QUEBEC REG'T.</b>	<b>3081163</b>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<b>MONTREAL</b>	<b>FEB 6 1918</b>	<b>nil</b>	<b>A2</b>

**C. H. Lenham** 29.6.18 **Tubercle Thym** **J. A. Jaine Capt** **Invalidated of Canada**  
**Montreal** **29.6.18** **Tubercle Thym** **J. A. Jaine Capt** **Invalidated of Canada**  
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming ineffective, the date and cause being stated on next page.

Signature of Man

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT  
**HOSPITAL REPRESENTATIVE, CANADIAN SPECIAL HOSPITAL, LENHAM.**

Wearing R. Ear  
L. D. =

Wearing R. D. =

Surname HUGHES Christian Name Alford Stanford

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Dr. Basoria		23	2	18			Pneumonia		Comencing transferred to Ambulance Officer	J. Scully Capt	
Hostel Gen. Hospital Lumbard.		5	2	18			Pneumonia		Dullness in both apices & down left side Subclavicular fossae quite deep especially right. Harsh breath sounds & increased vocal sounds in both apices	J. E. Johnson Capt	
No. 4 Canadian Gen. Hospital Basingstoke		25	3	18	10	6	18	77	Chronic T. B.	Fibrosis of lungs thickened pleura old adhesions at apex History of haemoptysis	R. Finlayson Capt.
Capt. Tenham		10	6	18	21	9	18	104	do.	Spitting neg for T. B. signs of disease in both lungs. most of present activity in Rt base post. 2nd to Canada	T. Hewitt Capt
Wm. H. H. H.		20	9	18	1	10	18	11	do.	Same as on above	E. M. H. H. Capt
Wm. H. H. M. H. H.		28	10	18	12	11	18		do.	Discharge Class E E. E. H. H. Capt AMC.	

OCT 23 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

3081163

MEDICAL HISTORY SHEET.

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

- 1. Surname Dugher Christian name Albert
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any)..... 11 Grosvenor Club Street



The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15 day of Oct 1917, by the undersigned medical board sitting at Sherbrooke

- 5. Age as stated 31 Years 11 Months.
- 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months
- 7. Height 5 Feet 11 Inches.
- 8. Weight 168 Pounds.
- 9. Chest measurement { Minimum 35 1/4 Ins. Maximum 37 1/2 Ins.
- 10. Complexion Fair { Eyes Blue Hair Fair
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks 0
- 13. Number of vaccination marks { Right arm 0 Left arm 2
- 14. When vaccinated last Child
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT  
 Signature of Man [Signature]  
 HOSPITAL REPRESENTATIVE  
 CANADIAN SPECIAL HOSPITAL LONDON.

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

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

[Signature] President.  
[Signature] Member.  
[Signature] Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
17.1.18		J. A. Fairie Capt M.O.	7.1.18		J. A. Fairie Capt M.O.
		M.O.	12.1.18		J. A. Fairie Capt M.O.
		M.O.	24.1.18		J. A. Fairie Capt M.O.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191 at \_\_\_\_\_

Corps	REG'TL NUMBER	HABITS	DATE
	<b>1st DEPOT BN. 1st QUEBEC REG'T.</b>		
	<b>3081163</b>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u> <b>MONTREAL</b>	<u>Jan 7/18</u> <b>FEB 6 1918</b>	<u>2d Varicocela</u> <u>nil</u>	<u>As H. Fairie</u> <u>As J. A. Fairie</u>

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

Surname *Hughes*      christ *Stanford*      Name

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>D. maxima</i>		<i>23</i>	<i>2</i>	<i>18</i>					<i>total pneumonia</i>	<i>transferred to Fort Knickerbocker, Co. Wash. by J. Scully</i>	
<i>D. m. c. b.</i>		<i>28</i>	<i>10</i>	<i>18</i>	<i>12</i>	<i>11</i>	<i>18</i>		<i>Pulm. tbc.</i>	<i>227 made disch. for Sanatorium treatment with L.S.C.</i>	

*J. Chabokcapane  
Registrar*



CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 3081163

No. \_\_\_\_\_

Rank and Name Pte. Hughes

Age 32

Military Hospital Lenham, Edn. Spec.

Service \_\_\_\_\_

Disease T.B. of Lung.

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation

Sept.

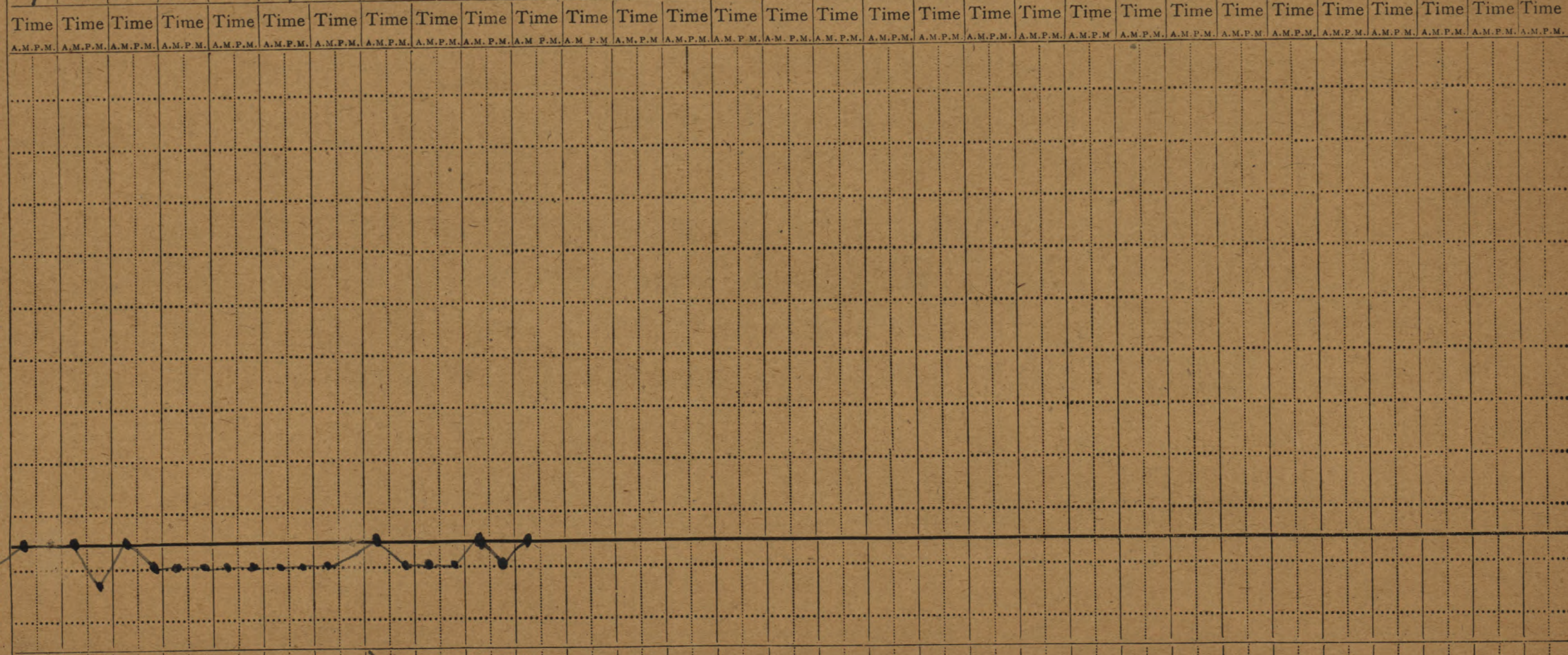
Oct

Days of Disease

9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9

Temperature Fahrenheit

107°  
106°  
105°  
104°  
103°  
102°  
101°  
100°  
99°  
98°  
97°



Pulse per Minute

96 84 84 96 84 78 80 96 96 80 84 88 78 90 84 82 96 90 96

Respirations per Minute

18 18 18 18 20 20 20 20 22 20 20 18 20 20 20 20 20 20 20

Motions per 24 hours

\_\_\_\_\_

Signature Wm. Campbell In-charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps \_\_\_\_\_

No. \_\_\_\_\_ Rank and Name \_\_\_\_\_

Military Hospital \_\_\_\_\_

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature Fahrenheit

	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time			
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.				
107°																																				
106°																																				
105°																																				
104°																																				
103°																																				
102°																																				
101°																																				
100°																																				
99°																																				
98°																																				
97°																																				
Pulse per Minute																																				
Respirations per Minute																																				
Motions per 24 hours																																				

### CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps \_\_\_\_\_ No. 3081163

Rank and Name Pte Hughes

Age 32

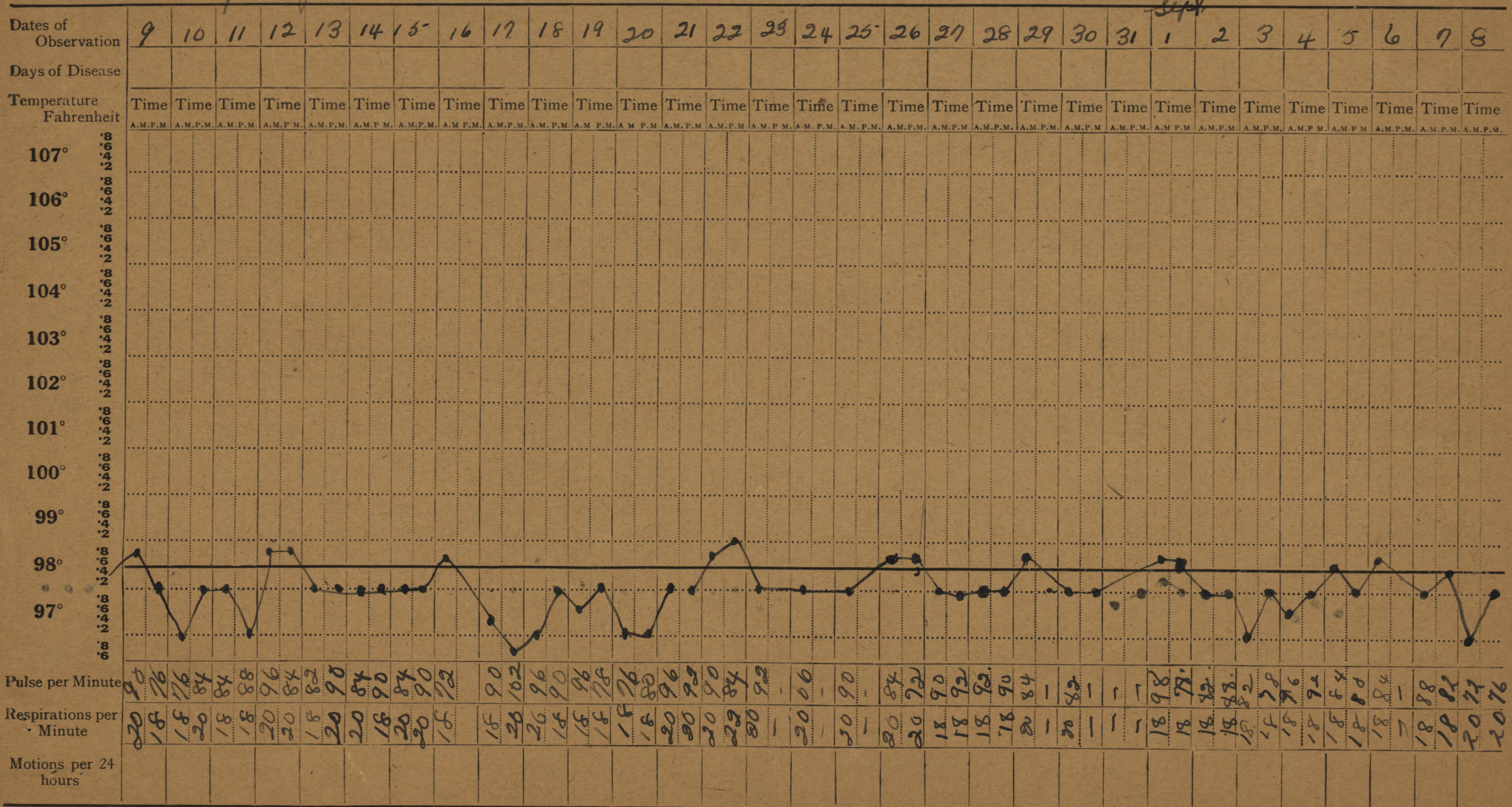
Military Hospital Lebanon Hospital Service \_\_\_\_\_

Disease P. B. Lung

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_ In charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 51 O. P. Bn.

No. 3081163

Rank and Name 1st Lt. Hughes A. P.

Military Hospital

Can. General Hosp.

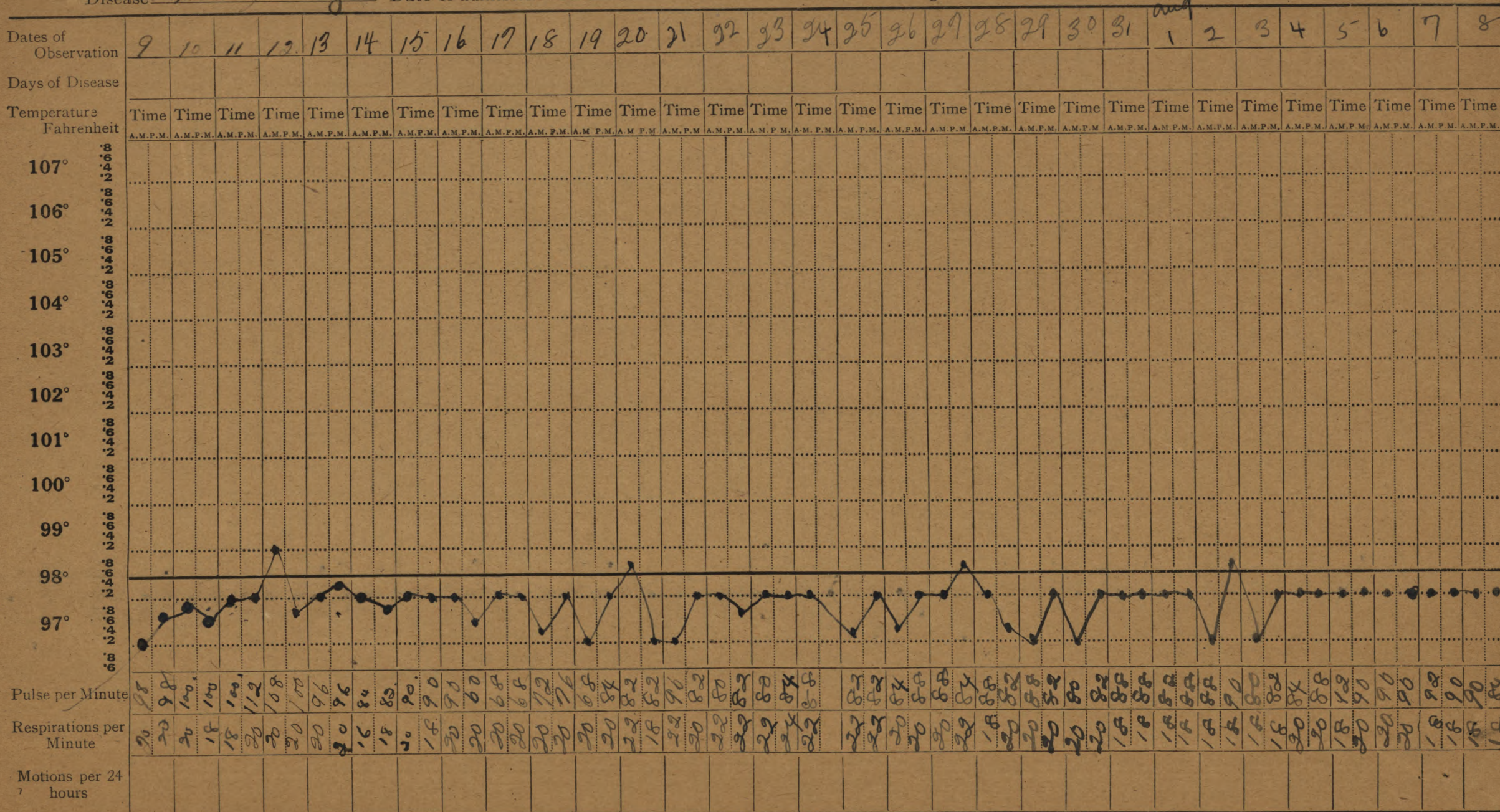
Age 32

Service 5/12

Disease T.B. of Lung. Date of admission 10-6-18

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_

# CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 1st O.R. Bn.

No. 3081163

Rank and Name Pfc Hughes A.S.

Age 32

Military Hospital Camp Special Hosp.

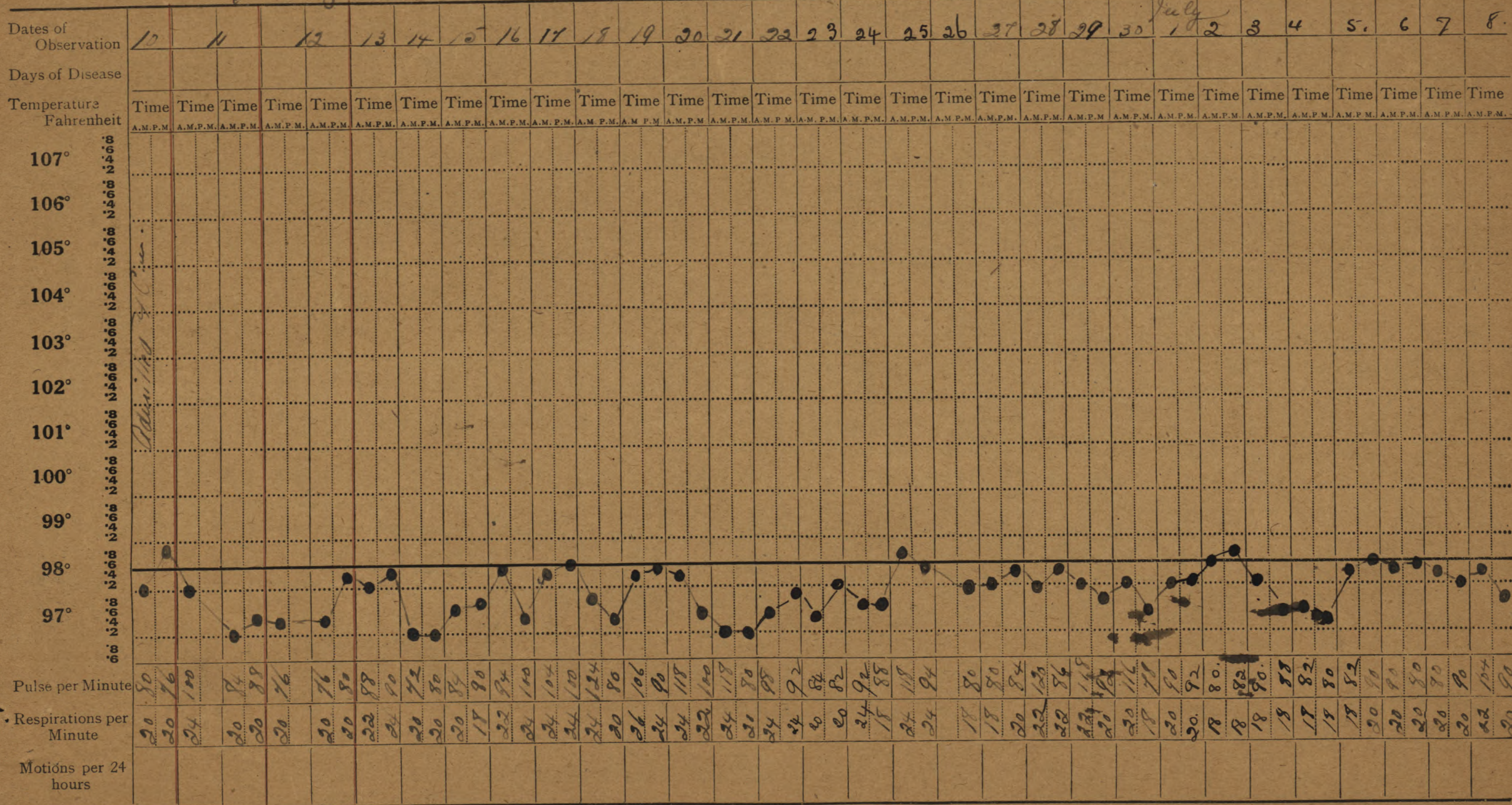
Service 5/12

Disease T.B. of Lung

Date of admission 10-6-18

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation																												
	Days of Disease																											
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°	.8	.6	.4	.2																								
106°	.8	.6	.4	.2																								
105°	.8	.6	.4	.2																								
104°	.8	.6	.4	.2																								
103°	.8	.6	.4	.2																								
102°	.8	.6	.4	.2																								
101°	.8	.6	.4	.2																								
100°	.8	.6	.4	.2																								
99°	.8	.6	.4	.2																								
98°	.8	.6	.4	.2																								
97°	.8	.6	.4	.2																								
	.8	.6	.4	.2																								
Pulse per Minute																												
Respirations per Minute																												
Motions per 24 hours																												

Signature \_\_\_\_\_

In charge of case.

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps *First Quebec*

Hospital Station *Asanoid*

No. *3081163* Rank and Name *Pte Hughes, O.* Age *32* Service *6 Yrs.*

Disease *Pneumonia* Date of Admission *23/2/18* Date of Discharge \_\_\_\_\_ Result \_\_\_\_\_ Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation	23		24		25		26		27		28		1		2		3		4																	
	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME		
Days of Disease	1																																			
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
106°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
105°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
104°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
103°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
102°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
101°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
100°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
99°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
98°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
97°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Pulse per Minute	86	88	84	108	102	84	78	78	84																											
Respirations per Minute	18	20	20	46	24	18	42	36	36																											
Motions	2	1	1	2	2	2	1	1																												

M. F. B. 288.  
50m.—7-16.  
H. Q. 1772-39-513.

Signature \_\_\_\_\_ In charge of case.





# CASE HISTORY SHEET.

D.M.C. Hospital. Montreal Station.  
No. 3081163 Rank Private Name HUGHES, Age 31.  
Unit D.D.#4. Completed years of service Where and how long }  
Date of admission Octr. 28th.18. Date of discharge Nov. 12/18  
Diagnosis Tubercle of Lung. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE Cough for 2 years - Loss of weight (7 lbs)

Hemoptyses on two occasions (mouthful). Thorax is normal in shape subcostal angle 70 deg. There is some flattening in left infra-clavicular fossae. Expansion limited but apparently equal. Anteriorly no impairment of Resonance - No adventitious sounds. V.F. & V.R. equal. Left Base Resonance impaired for i. H.B. At Left Apex occasional moist sound heard which clears up on coughing. No increase in V.F. or V.R. At Left Base Breath sounds fairly well heard over area of impaired Resonance. No adventitious sounds. Sputum - negative. X-Ray: - Very slight increased density in Apices. Marked increase in shadows of hili. Diaphragm - Regular not screened. Heart shadow Normal. Heart and other systems normal. Condition on Discharge: - As above: Discharge Class "E".

(Sd) E.E. Robbins, Capt  
M.O. i/c Case.

## 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.

D.M.C.

Montreal

3081103

Private

HUGHES

31

D.D.#.

Oct. 28th. 18.

Tubercle of Lung.

Canada.

Cough for 2 years - loss of weight (7 lbs

Hemoptysis on two occasions (monthly). Thorax is normal in shape and costal angle 70 deg. There is some flattening in left infra clavicular fossae. Expansion limited but apparently equal. Anteriorly no impairment of Resonance - No adventitious sounds. V.P. & V.R. equal. Left Base Resonance impaired for I. H.B. At left Apex occasional moist sound heard which clears up on coughing. No increase in V.P. or V.R. At Left Base Breath sounds fairly well heard over area of impaired Resonance. No adventitious sounds. Sputum - negative. X-Ray: - Very slight increased density in Apices. Marked increase in shadows of Hill. Diaphragm - Regular not screened. Heart shadow Normal. Heart and other systems normal.

Condition on Discharge: - As above: Discharge Class "B".

(Ed) W.H. Robbins, (Ca)  
M.O. 1/c Case.

## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

2081163

Pte

Hughes

G. S.

Unit.

Age.

Service.

Year

1st Que. Bn.

32

 $\frac{2}{12}$ Station  
and Date.

Disease

L. Pneumonia

Previous Occupation Club Manager

Enlisted Sherbrooke Que 7.1.18

Embarked Canada 24.2.18

Taken sick 23.2.18

Arrived England 4.3.18

No 5, Can Gen

Liverpool

4.3.18

N.P.O. Had temperature  $101.4^{\circ}$  on 23.2.18 which rose to  $104.6^{\circ}$  on evening of 26.2.18

Temperature normal on 3.3.18 pulse 84 Resp 36.

Patient states that he had pain in left side when he coughed or moved. Had only slight headache.

Patient states that he has caught cold very easily for last 4 or 5 years. Has been rarely free from it. Present Condition. General Condition poor.

Physical Exam. Expansion of lungs poor

complains of pain in left side on taking long breath

Supra claviclar fossae quite depressed especially right. Marked dullness in both apices

Dullness down whole of left side

Harsh breathing &amp; increased vocal sounds in both apices.

Breath sounds not decreased in dull area left side. Specimen of sputum sent for examination

During &amp; afternoon temperature to be taken for 3 days. J. E. Anderson Capt

12.3.18.

Breath sounds in apices not nearly as harsh.

Has pain in left <sup>base</sup> side. Marked dullness there but no

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

Station  
and Date.

friction rub heard JEBH

16. 3. 18

Seen by Col Rudolph recommended that he  
be sent to Basingstoke as TB suspect  
for observation JEBH

# CASE HISTORY SHEET.

D.M.C. Hospital. Montreal Station.  
No. 3081163 Rank Private Name HUGHES, Age 31.  
Unit D.D.#4. Completed years of service            <sup>Where and how long</sup> }  
Date of admission Octr. 28th.18. Date of discharge Nov. 12/18  
Diagnosis Tubercle of Lung. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Cough for 2 years - Loss of weight (7 lbs)

Hemoptyses on two occasions (mouthful). Thorax is normal in shape subcostal angle 70 deg. There is some flattening in left infra clavicular fossae. Expansion limited but apparently equal. Anteriorly no impairment of Resonance - No adventitious sounds. V.F. & V.R. equal. Left Base Resonance impaired for 1. H.B. At Left Apex occasional moist sound heard which clears up on coughing. No increase in V.F. or V.R. At Left Base Breath sounds fairly well heard over area of impaired Resonance No adventitious sounds. Sputum - negative.  
X-Ray:- Very slight increased density in Apices. Marked increase in shadows of hili. Diaphragm - Regular not screened. Heart shadow Normal. Heart and other systems normal.  
Condition on Discharge:- As above: Discharge Class "E".

(Sd). E.E. Robbins, Capt.  
M.O. i/c Case.

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.

CASE HISTORY SHEET

Station Montreal Hospital Date 11.11.55  
Age 51 Name HUGHES  
Sex M Date of birth 11.11.1904  
Place of birth Canada

Examination of the chest - Loss of weight 15 lbs  
Two emphysematous bullae. There is normal in size and  
position. There is also flattening in left inter-  
scapular space. Anteriorly the impaction of  
the ribs is not marked. V.R. & V.L. equal.  
At left apex bullae 1.5 x 1.5. At left base  
bullae 1.5 x 1.5. No increase in V.R. or V.L.  
At left base there is fairly well marked  
emphysematous bullae. System - negative.  
There is slight increase in density in  
apices. Heart shadow normal.  
No shadow of aortic knob. Heart and  
other vessels normal.  
Conclusion on chest: - as above; discharge class "B".

(Dr. J. B. ...)  
W. D. ...

Case History

Examination

Conclusion

479

To be made out in duplicate.

H.Q. 54-21-23-51

G .M.K.

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.

1st DEPOT BN. 1st QUEBEC REG'T.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 3081163

(3) Full Name of Soldier..... Albert Stanford HUGHES

(4) Place of Birth..... Birmingham, Eng.,

(5) Are you married, or not?..... Single

(6) If married, state,  
(a) Full name of your wife..... Not applicable

(b) Present Postal Address..... Not applicable

(7) Are you a widower?..... No

(8) Have you any children?..... No

If so, give number of boys and girls..... Not applicable

Also their names and ages..... Not applicable

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

If so, state name and address...**John Augustis Hughes, Narston Road, Belgrave, England.**

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

If so, state name and address...**Mrs. Ann Hughes, Narston Road Belgrave, Leicester, Eng.,**

(11) If your Mother is a widow.....**No**.....

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

**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.

**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.

**Not applicable**

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

If so, in what Company?.....**Britannic Ins. Co.,**

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

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

*Wm. T. Mackenzie* Major.  
for O.C. 1st Depot Bn. 1st Quebec Regiment.  
Officer Commanding.

Date.....**7th. Jan. 1918 .**



FORM OF WILL 203586

749

I, Albert Stanford HUGHES (Name in full)

Regimental Number 3081163 serving in 1st DEPOT BN. 1st QUEBEC REGT.

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

Nil

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

absolutely, and my personal estate I bequeath to

Mrs. Ann Hughes, Narston Road, Balgrave, Leicester, En.g.,

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 4th day of January A.D. 191

Albert Stanford Hughes 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.

Signature of First Witness R. E. McPartlin Plc  
Address of Witness Guy St Barracks  
Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Donald Frank Smyth  
Address of Witness Guy St Barrack Montien  
Occupation of Witness Soldier

FORM OF WILL

I, ROBERT BRIDGEMAN HUGHES

of the County of London do hereby declare that I am of sound mind and memory and I hereby declare that I have not been induced, coerced or influenced in any manner to make this my last will and testament.

I hereby declare that I have not made any other will or testamentary disposition of my property.

I hereby declare that I have not made any other will or testamentary disposition of my property.

**REGISTERED.**  
**WILLS - SECTION**  
**19 JUN. 1918**  
**ESTATES, O.M.F.C., LONDON.**

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3081163. (Rank) Private.

Name (in full) HUGHES, Albert Stanford. enlisted in

the 1st. Depot Battalion, 1st. Quebec Regiment,

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC. on the 7th,

day of January, 19 18.

HE served in England.

and is now discharged from the service by reason of K.R.A.O. 377 (10) C.M. 1918.

DD4. 22-H-5119. Category "B". Medically Unfit. R.O. 4693.

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

Age 31 yrs.

Height 5 ft. 11 ins.

Complexion Ruddy.

Eyes Gray.

Hair Fair.

Marks or Scars

Small scar on back

of left hand.

Signature of Soldier

Issuing Officer

Date of Discharge November, 19th, 1918.

Lieutenant,  
Officer in Charge Discharge Section, Depot No. 4,

Appointment

Signed at Montreal, QUEBEC. this 19th, day of November, 19 18.

in Military District No. 4.

File Reference No. DD4-19-H-194.

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. 3081163. (Rank) Private. Name HUGHES, Albert Stanford.

Unit 1st. Depot Battalion, 1st. Quebec Regiment, C.E.F.

Address on Discharge 70A Brook Street, Sherbrooke, P.Q.

Character and Conduct

Good

Former Occupation

Club Manager.

Special Qualifications of Value in Civil Life

Club Manager.

Medals and Decorations

NONE.

Remarks "EUROPEAN WAR". Service in England. 4-2-18 to 20-2-18.

Signed at Montreal, QUEBEC. this 19th, day of November, 1918.

Rutledge  
Name of Officer Lieutenant,

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

Rank

Appointment

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 3081163 Rank Pfc Name Albert S. Hughes.  
 Corps 1st Div. 1st Inf. Regt. who was\* Discharged  
 On 19-11-18 191... to 1-8-19  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191... to 19-11-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	159	46
Advances } No. .... <u>9889</u>	30	00	Reg'tl Pay..... <u>19</u> days at \$..... <u>1</u> c.	19	00
Cheques } No. ....			Field Allow. .... <u>19</u> days at \$..... c.	10	90
Assigned Pay and Sep'n Allice. No. ....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* <u>17. Clothing</u>	35	00
Payment on transfer or discharge No. <u>10016</u>	35	00	Other Credits* <u>Sub. D.O. 210-3</u>	4	80
Balance Cr. (to be paid by the new unit).....			" " <u>187-3</u>		80
			Bal. Dr. (to be deducted by new unit).....		
Total.....	210	96	Total.....	220	96

\* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee..... Nil  
 and Sep'n Allice. for month of..... 191... }  
 (Address) .....

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

### On Transfer of an Officer

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

### REMARKS:—

- State (1) date of enlistment ..... 7-1-18  
 (2) if married and if a Separation Allowance Card has been submitted.....  
 (3) cause of discharge..... authority MD (2-11-19)  
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date..... NOV 20 1918

Place..... DEMobilIZATION

*Chuvah*  
 CAPTAIN

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



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

M. F. W. 54. (A. F. D. 10a.

500M.—9-16

H. Q. 1772-39-9-0.

D.

# Casualty Form—Active Service.

Unit, Regiment or Corps

1st DEPOT BN. 1st QUEBEC REG'T.

Regimental No. 3081163 Rank Private Name HUGHES Albert Stanford

C. E. F.

Enlisted (a) 7-1-18 Terms of Service (a) CEF Service reckons from (a) 7-1-18

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) .....

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				
		<i>Embarked Canada</i>	<i>18/2/18</i>		<i>Saxonia</i>
		<b>DISEMBARKED</b>	<i>England</i>	<i>4/2/18</i>	
<i>28/9/18</i>	23rd. Res. Batt'n.	Taken on strength from Canada	Bramshott.	5.3.18.	D.P.11 I.74
	23rd. CAN. RES. BN.	POSTED TO 1st. QUE. REG. DEPOT.	<i>do</i>	<i>7/10/18</i>	<i>D.P. H. O. N. 240</i> <i>W. Chalmer</i> for O. C. 23rd. Can. Res. Bn.
5-10-18	Montreal	T.O.S. District Depot No.4		20-9-18	Daily Orders Pt 2.No.170
19-11-18	Dis to	I.S.C. KR&O 377 (10) C.M. 1917 MD4 22-H-2119 Category "E" R.O.#693			

*R. W. Lee*  
Lieutenant,  
Officer in Charge Section, District Depot No. 4

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

# Casualty Form - Active Service

Unit, Regiment or Corps

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	Name	Rank	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received					



5th Iftl. En, 1st Quebec

E.E.

Rank

Name HUGHES, Albert Stanford

Reg'l No. 3081163

Unit

If in perm. Corps,  
What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal. 7th Jan. 1918

Place of Birth Birmingham, Eng:

Name and Address, Next-of-Kin John Augustis Hughes,

Narston Road, Belgrave, Leicester, England

Relationship Father

Assigned Pay Monthly \$

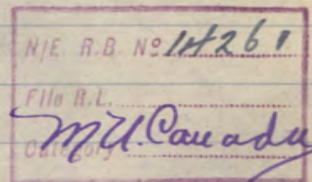
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.				
			Arrived in England	4-3-18	S/S SAXONIA
	15 3 13 23 Res	Taken on Strength	B'sholt	5 3 18	Pt 2 D O 74
30-8-18.	Q.R.D.	J.O.S. prom 23 <sup>rd</sup> Res	B'sholt.	13-8-18.	D.O. 211 + D.O. 240. d/28 <sup>th</sup> /18.23 <sup>rd</sup> R.
1-10-18	Q.R.	Inw To Canada			
		ex. Can Special Hoop Lenham.		207-18	CK 231
4.10.18		S.O.S to C.C. In Canada			
		further med treatment	B'sholt	20.9.18	D.O. 241.

*Mx  
9-2-21  
mas*



*Mey*

ASSIGNED PAY      ENGLAND OR CANADA.      SEPARATION ALLOWANCE.      ENGLAND OR CANADA.

EFFECTIVE DATE:—      EFFECTIVE DATE:—

AMOUNT:—      AMOUNT:—

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.

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
1-7-18	453	Lenham	<del>24 33</del>				
						L.P.C. Bal. Cr. <del>153.79</del> 153.79	31/7/18

*L.P.C. Bal. \$153.79 31/7/18*

PARTICULARS OF RENDERING NON-EFFECTIVE:— *Dis to Gen. 1.8.18 LEn. 27*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS
Mar 31	Bal forward.			
April	P.P.	33-		AR P. 163. 8/4/18. 4 Gen Gen. Corp
		33-		AR 7006 19/3/18 5 " " "
May	PP	34 10		AR 1179. 10 RR. 6-5-18
JUN	PP	34 10		
		33.		
July	P.P. Int on Dep. Pay to 23:6:18	34 10		AR 2121. 5/6/18. No 4 Gen
		93		AR P. 374. 18-6-18. 65th Gen
		68 03		
Sept				AR 453 Lenham 1/7/18
Oct				AR P. 660 ✓ 9/9/18 E
				DN Sailed #62 20/9

ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: HUGHES, Albert Stanford.

EFFECTIVE DATE: -

NUMBER: - 3081163.

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

RELATIONSHIP & AUTHORITY

UNIT AND TRANSFERS

ORIGINAL UNIT: - 1<sup>st</sup> Depot Bn, 1<sup>st</sup> Quebec Regt.

DATE ACCOUNT FIRST OPENED -

RELATIONSHIP & AUTHORITY

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
	1.7.18	30.7.18	Non-eff "D"

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

T PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.P.	UNIT PAID BY	AMOUNT
-----------	--------	-----------------	----------------	--------------	--------

Sam	24 33			L.P. 6. 6. 153.79	31/7/18
-----	-------	--	--	-------------------	---------

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1.	-	10	

l. \$153 79 31/7/18

ORDERING NON-EFFECTIVE: - Dis to Sam. 1.8.18 Len. 23/52 28/6/18 Invalidated

PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
ward.								64 90	15 -	
P.P.	33 -		AR P. 163. 8/4/18. 4 loan Gen Hosp.	4 87 -						
		33 -	AR 7006 19/2/18 5 " " "	2 42 -				90 60	30 -	
			AR 1179. 10 R.R. 6-5-18	4 87 -				85 73		
PP	34 10			4 87				119 83	45 -	
	33 -							152 83		
			AR 2121. 5/6/18. No 4 Gen.	4 87 -				147 96		
			AR P. 374. 18-6-18. BS Lenham	4 87 -				143 09		
	34 10							177 19		
Def pay to 23:6:18	93							178 12		
	68 03									
			AR 453 Lenham 1/7/18	24 33				153 79		
			AR P. 660 v 9/9/18 End	9 73				144 06		
			DN Sailed #62 20/9	144 06				NIL		

NUMBER

RANK

NAME

MONTH PARTICULARS CR. 1. CR. 2. PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4. BALANCE

Blank ledger grid with columns for MONTH, PARTICULARS, CR. 1, CR. 2, PARTICULARS, DR. 1, DR. 2, DR. 3, DR. 4, and BALANCE.



APPOINTMENTS.  
PROMOTIONS AND REVERSIONS.

MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Birmingham, England*  
 NAME OF NEXT OF KIN *John Augustus Hughes* RELATIONSHIP *Father*  
 ADDRESS *Harston Road, Belgrave,  
Leicester, England*

PARTICULARS		EFFECTIVE DATE	AUTHORITY

NAME OF NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

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	PAY AND FIELD ALLOWANCE				WORKING PAY				SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH		
	FROM	TO	No. OF DAYS	RATE \$ C.	No. OF DAYS	RATE \$ C.	\$ C.	\$ C.						\$ C.	\$ C.	1
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEBIT	CREDIT	PAY	DATE			
28 FEB 1918	<i>Balance from Canada</i>								30.80							
	<i> </i>															
	<i> </i>															
	<i> </i>															
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	<i> </i>															

*64 90 15  
Carried forward to  
Large Ledger sheet*

REVERSALS.

EFFECTIVE DATE	AUTHORITY

REG'L. No. *3081163* RANK *Pte.* NAME *Hughes Albert Stanford*

PLACE OF ATTESTATION *Montreal* DATE OF ATTESTATION *7/1/18* ORIGINAL UNIT *1st Depot Bn 1st Que. Reg*

PRESENT UNIT *23rd Can Reg*

ASSIGNED PAY *Nil*

PARTICULARS OF TRANSFERS

PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE	TO UNIT	EFFECTIVE DATE	AUTHORITY
PAYABLE TO				CAUSE		
RELATIONSHIP				DATE A3M FORMS REND.		
PAYABLE TO				CAUSE		
RELATIONSHIP				DATE A3M FORMS REND.		
PAYABLE TO				CAUSE		
RELATIONSHIP				DATE A3M FORMS REND.		
PAYABLE TO				CAUSE		
RELATIONSHIP				DATE A3M FORMS REND.		

DISCHARGE DATE AND PLACE *Canada 1/8.18* ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

REASON AND AUTHORITY *Invalided Len. 23<sup>e</sup>/52 28/6/18* ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DEC 5 1918

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.
1	2	3	4	\$	\$	\$	CREDIT	DEBIT	1	2		
c.	\$	c.	\$	c.	\$	c.	\$	c.				

*80*  
*90 15*  
Carried forward to  
the Ledger sheet

*930*

*31-6-18*







Card Destroyed  
14-12-18a-x  
218-1

This space to be for numbers

# Proceedings on Discharge.

*eco*

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

No. <b>3081163.</b>	
Rank <b>Private.</b>	
Surname <b>HUGHES.</b>	
Christian Name <b>Albert Stanford.</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>1st, Depot Battn., 1st, Quebec Regt., CEF.</b>	
Date of Discharge <b>November, 19th, 1918.</b>	
Place of Discharge <b>Montreal, QUEBEC.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>31</b> years..... months.	Descriptive Marks
Height <b>5</b> feet <b>11</b> inches.	
Complexion <b>Ruddy.</b>	Small scar on back of left hand.
Eyes <b>Gray.</b>	
Hair <b>Fair.</b>	
Trade <b>Club Manager.</b>	
Intended place of residence (To be given as fully as practicable.)	<b>70A Brooke Street, Sherbrooke, P.Q.</b>
2. The above-named man is discharged in consequence of <b>K.R.&amp;O. 377 (10) C.M. 1917. MD4. 22-H-2119. Category "E". Medically Unfit. R.O.#693. Discharged to the I.S.C.</b>	
<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 hand writing 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>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>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <b>Club Manager.</b>	

MILITARY DISTRICT No. 4  
NOV 23 1918  
M. D. 4

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:

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

6. Medals and Decorations.....

NONE.

Service in England.

4-3-18 to 28-8-18.

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) Montreal, QUEBEC.

(Date) November, 19th, 1918.

*R. W. G. Lee*  
Lieutenant,  
Commanding Officer, Discharge Section, District Depot No. 4.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, QUEBEC.

(Date) November, 19th, 1918.

*B. S. Hughes* (Signature of Soldier.)  
*St. J. J. ...* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, QUEBEC.

(Date) November, 19th, 1918.

*R. W. G. Lee*  
(Signature) Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

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

List of Discharge Documents

NO RESERVATIONS.

*W. B. Wright*

Reg. Conduct Sheet, Militia Form B. 363	Attestation Paper, Militia Form B. 333
Conduct Sheet, Militia Form B. 363	Proceedings on Discharge, Militia Form B. 318
Medical Report for Invalid, Militia Form B. 313	Proceedings on Discharge, Militia Form B. 318
Statement of Man's Account on Transfer and Last Pay Certificate, D. 877	Medical History Sheet (in the event of such having been prepared), Militia Form B. 313

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.

Only if discharged "Medically unfit" attach this

Reservations referred to at Part 8.  
(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.

NO RESERVATIONS.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">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>
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*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.

Classification of Discharge.

# 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 Montreal DATE Nov. 6th.18.

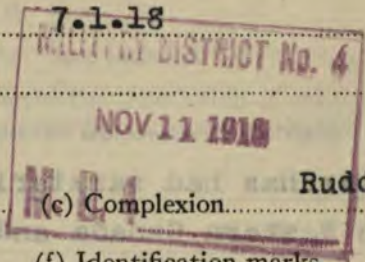
1. 1 (a) Unit D.D.#4. (b) Regimental No. 3081163 (c) Rank Pte.  
 (d) Surname HUGHES (e) Christian name A.S.

2. Age last birthday 31 Date of birth 12.11.1886

3. Enlisted at Montreal on 7.1.18

4. Personal description:—

(a) Height 5' 11" (b) Weight 160 (c) Complexion Ruddy  
 (d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks



Small Scar back left hand.

5. Address after discharge (for the use of the Board of Pension Commissioners) 70A Brook Street - Sherbrooke - P.Q.

6. Former trade or occupation Club Manager.

7. (a) Service

	PERIODS	
	From	To
I/I Que. Regt.	7.1.18	To date.

(b) Has he been overseas? Yes 8. Original disease or disability Pneumonia.

(a) Date of origin March 1918 (b) Place of origin En route to England.

(c) Cause\* Service.

(d) Present disease or disability Pulmonary Tuberculosis. # 44.

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.]

Cough and occasional expectoration. Has lost 7 lbs in past year.

Hemoptysis on two occasions in England (Mouthful). Thorax is normal in shape subcostal angle 70°. There is some flattening in left infraclavicular

9. Present condition.—(Continued.)

fossa. Expansion limited but apparently equal. Anteriorly no impairment of Resonance. No adventitious sounds V.F. & V.R. equal. Left Base - Resonance impaired for hands breadth. On left apex occasional moist sound heard, which clears up on coughing.

No increase in V.F. or V.R. At Left Base - Breath sounds fairly well heard over area of impaired resonance. No adventitious sounds. Sputum Negative. for Tbc. X-Ray of chest - Very slight increase of density in apices.

Marked increase of shadows of hili. Diaphragm neg. not screened. Heart shadow normal.

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

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

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

One sister has had sanatorium treatment - Pleurisy at 14 years of age. Lived in Western Canada and had pretty good health till coming to Sherbrooke in Oct. 1914. States that he was rejected for R.A.F. & Navy in 1915. In June

(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.

1917 began to have a cough which has persisted. In Jan. 1918 he joined up and did only one route march and was excused duty next day as he was all in. Took Pneumonia on boat en route to England, attack by lysis. Was sent to Hospital as T.B. suspect and transferred to Lenham as clinical TB.

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? 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? Six months.

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

S.S.Saxonia. 10 days.
No. 5. C.G.Hpl. 20
No. 4. 77



**OPINION OF THE MEDICAL BOARD**

14. (Continued).

Lenham. C.S.H. 103 days.

D.M.C.H. 9 "

X-Ray of Lungs:- Sputum Exam.

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? Yes.  
(If not, briefly state why.)

17. Recommendations Discharge Class "E" - To I.S.C.

*E. E. Robbins Capt.*

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

*A. S. Hughes*

Signature of soldier examinee.

**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.

Concur.

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).       |

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).

Yes to I.S.C. for disposal.

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.

*H. Browne Major A.M.B.* President.  
*Dr. Tompman C.M.B.* Members.

PLACE Montreal.

DATE Novr. 6th.18.

APPROVED BY  
*[Signature]*  
Assistant Director of Medical Services.

APPROVED BY  
Director-General of Medical Services.

DATE

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.

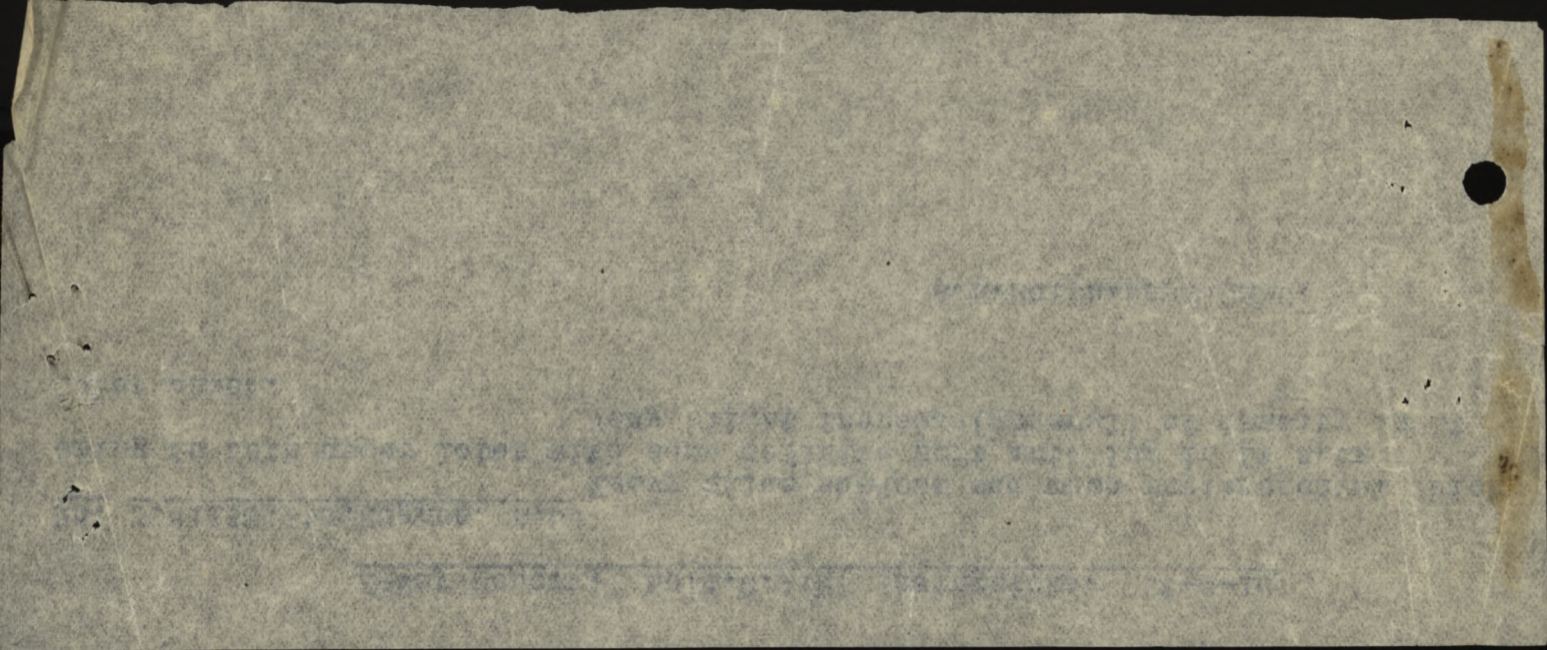
PLACE  
DATE  
President.  
Members.

X-Ray Report. No.4.C.G.H. Basingstoke. 22-4-18.

No. 3081163.Pte.Hughes. A.S.

Heavy hilus shadows and much peribronchial thickening in both upper lobes with some definite soft mottling in Lt apex.  
Very slight increase (general) of density in Lt lower chest.

A. H. Rolph. Capt. CAMC.



*Condensed copy*

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 26003k II	3081163	Pte	Hughes	A. S.
Year	Unit.	Age.	Service.	
1918	1 <sup>st</sup> Dep Bn L.R.D.	32	5/12	

Station and Date.	Disease
	<p><i>Tubercle of Lung.</i></p> <p><i>Onset years ago with attack of pleurisy. Went to base 10 yrs ago. Was pretty well till summer of 1917. when he began to have a good deal of cough. Enlisted Jan 18. Eng Feb 18. Taken ill with pneumonia on boat. In hosp ever since. Signs of disease in both lungs. Present activity in Rt base part. Sputum neg for G.O.B. In to Canada.</i></p>

*Signed*  
*J. R. Wetwood*  
*Capt. C. A. M.*

HOSPITAL REPRESENTATIVE,  
 CANADIAN SPECIAL HOSPITAL, LENHAM.

*W. H. Hunt*

INVALIDED TO CANADA FOR  
 FURTHER MEDICAL TREATMENT

\* 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.]

Station  
and Date.

*reg* *EL* *75*  
**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. <i>(B12.177)</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	3081163.	<i>Pte</i>	<i>Hughes,</i>	<i>Arthur</i>
	Unit.	Age.	Service.	
	<i>1st Bn. 1st Anz. Reg</i>	<i>32</i>	<i>3/5</i>	

Station and Date. Disease *Pneumonia & I.B. Fibroid Chlorosis suspect (Clinical)*

General Hospital, BASINGSTOKE

Present Condition:

Patient states that he has pain over left chest about region of nipple, when he coughs, or takes a deep breath. Does not cough very much, and very little sputum. General condition is not very good, as he does not appear well nourished.

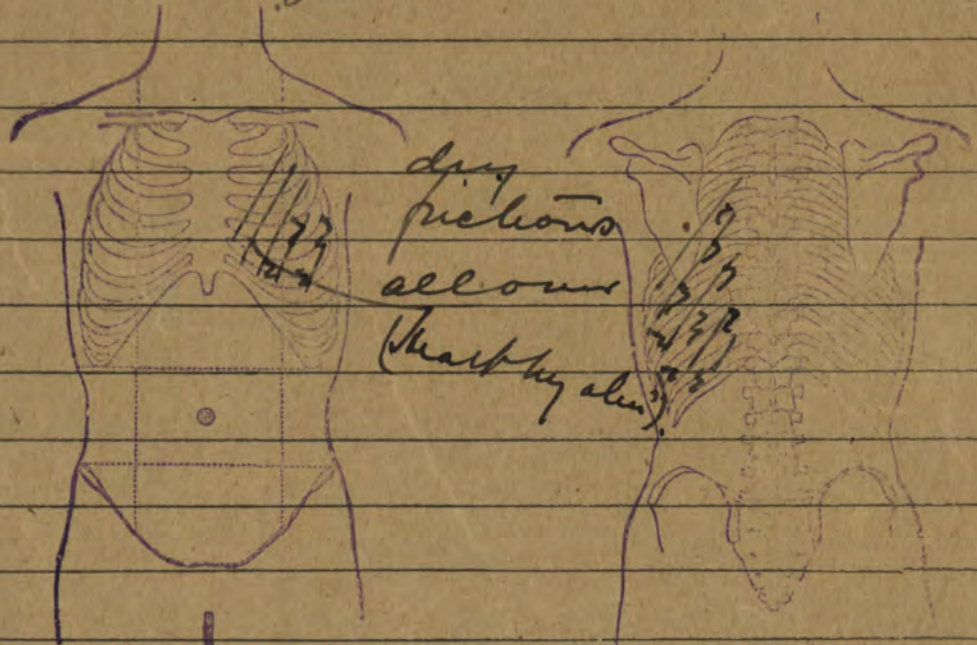
He has had cough & phlegm for 9 or 12 months. Says he has coughed up clots of blood. He last had one month ago. *i.w.s. c. l.t.*

Exam: - Had fever at 13004 yrs ago. Has lung expansion of 2 1/2". more expansion over rt. chest than left. Dullness over both apices, more marked on left side, while there is marked dullness all over left side in axillary region. B. sounds harsh, and expiratory more prolonged over left apex. B. sds. very faint all over left side. vocal resonance increased over left chest and apex. *F.H. - F+M. low. - I.B. low. - 2 S. aliter one is in open air simultaneous a lacerated. P'kechot exposed. No B or S. dead.*

\* 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. & Sr. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.

Wound in left side, teeth loosened,  
deep inoph. painful.



Patient broken up. + about for  
a week. - to religion to aid -

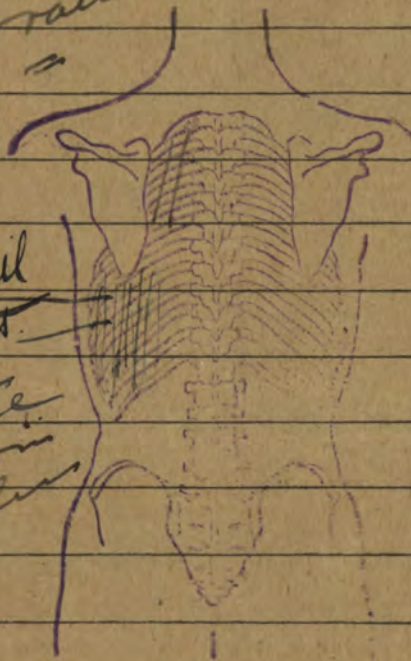
H.C.P.

9/4/18.

Sputum neg. T.B. Pat. has about  
355 sputum daily.

8/4/18.

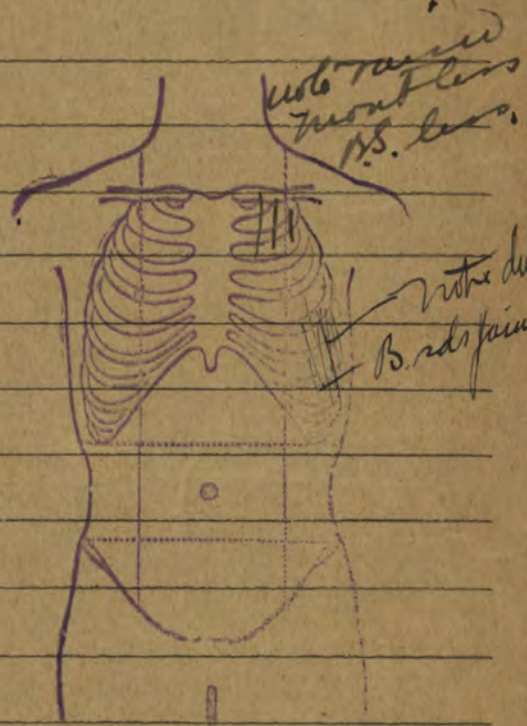
note raised  
V.F.



note dull  
B. reds faint

no moisture  
pictious  
fairless

only  
V.F.



note raised  
moistless  
B.S. less

note dull  
B. reds faint

Throat  
Fibroid

Pat. has cough + about 355 sputum  
daily. Appetite good + bowels in good  
condition

Fibroid  
T.B. of lung  
H. Chancres

Fibroids of lung, thickened pleura.  
old T.B. lesions in left apex. history of  
haemoptysis



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 30 8116 3      Rank. Pte      Surname. Hughes      Christian Name. Ad.

Year 1918      Unit. 1st Bn., 1st Quebec Reg      Age. 32      Service. 3/12

Station and Date. 1/5/18      Disease Pneumonia & T. B. suspect.

Says he coughed up a little bright blood this morning but it was thrown out before I saw it. Sputum to be saved again.

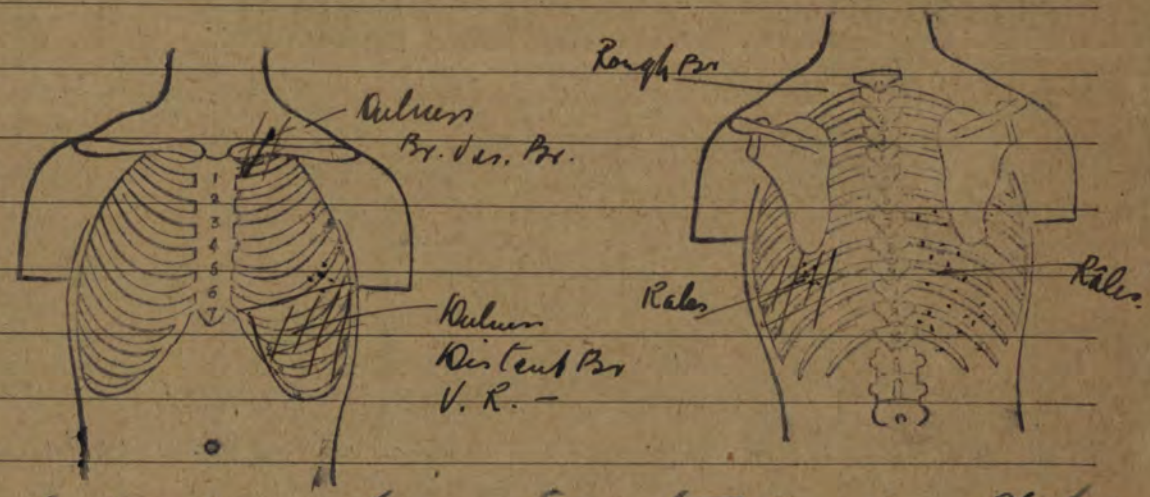
9/5/18      No more blood in sputum. Condition improving as far as general appearance & strength is concerned

19/5/18      Improving every day in appearance but says he feels weak

24/5/18      Not feeling well last few days.

CANADIAN SPECIAL HOSPITAL,  
REGISTRAR'S  
10 JUN 1918  
OFFICE,  
LENHAM, KENT.

26.6.18.



One sister has had same treatment. Pt had pleurisy 15 yrs ago and poor health till he went to Can. 5 yrs later. fairly well there till summer of 1917 when he began to have cough which he has had ever since. Entered Jan/18. Pneumonia on way over to Eng Feb/18. In hosp. ever since. Sputum neg. Eryth in both lungs. Activity in Rt base post. Chest findings as per chart. Inv to Can. Revised Report

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6804/M 2870-1,500,000-3/17-H. & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.

31 - 8 - 18.

Cough better Appetite good Gaining  $\frac{1}{2}$  lb last week  
Considerable improvement Still activity in left upper  
lobe - lower part.



MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE RCLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	CCL. NO.			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.					NO.	DATE	NO.													

Reserved for M.H.C.

Regt. No. **3081163** Rank **P6** Surname **HUGHES** Christian Name **ALBERT STANFORD**  
 Unit or Corps—(a) Overseas from United Kingdom **Local** (b) In United Kingdom **1st Q.R.D.**  
 Born at—Town **Worcester** County or Province **Worcestershire** Country **England**  
 Date of Birth—Day **12** Month **12** Year **1886** Age **31** yrs **7** months.  
 Joined at **Worcester** Date **7.1.18.**  
 Former Trade or Occupation **Manager**  
 Permanent marks or peculiarities that will serve for future identification:—

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT  
 HOSPITAL REPRESENTATIVE  
 CANADIAN SPECIAL HOSPITAL, LENHAM

Small scar on back of left hand.

Height—feet **5** inches **11** Colour of eyes **Gray**  
 Signature of Soldier (for identification purposes) **Albert Stanford Hughes**

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

TUBERCLE OF LUNG

Disabilities Group (b)

Disabilities Group (c)

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<b>INFECTION</b>	<b>ENGLAND</b>	<b>Before Enlistment</b>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? **YES** If yes, has Active Service aggravated it? **YES**
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? **NO**
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

submitted.

91

resident.

5. If a cause of disability was an injury received on Active Service as it received -

Not applicable

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

F.H. One sister has had same treatment, no contact. Pt. had pneumonia when 14 yrs of age and had poor health till he went to Can. 10 yrs ago. Lived in Western Can. and had pretty good health till he went to the Brooke P.A. in Oct/14. In June 1917 began to have cough which has had ever since. Joined up Jan/18. Did only one route march in Can. and was exposed duty next day as he was "all in". Came by Reg. Mar/18. Taken ill on boat and sent to No 3 C.H. from 23.3.18 to 25.3.18 as pneumonia. Attack ended by lysis. Was sent to No 4 C.H. 25.3.18 as T.B. suspect and transferred here 10.6.18 as Clin. T.B.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Wt. 151 1/2 usual wt 175. Sputum neg. for T.B. X-ray report suggests involvement of both lungs. Report attached. Has not much cough or expectoration now. Temp. normal. lungs: Rb. supra clav. fossa marked. Resonance impaired over apex and over base post. Post-taric rales over back from 6 to 8 S. to base. Left: supra clav. fossa marked. Retraction on inspiration. Rb. ves. 2d and raised ducts over apex. A few rales in axilla off middle. Also at lower angle of scap. post. Marked dulness and distant breath sounds over base ant. and post. Other systems apparently normal.

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service?

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

no

(b) Fit for base duty?

no

(c) Invalid to Canada?

yes

(d) Discharge from the Service as permanently unfit?

no

Date of Report 26.6.18 191

Signed [Signature] Officer in medical charge of case.

Station C.H. Leith and

I have satisfied myself of the general accuracy of the above Report, and concur therein.

[Signature] Major C.A.M.C.

Officer i/c Hospital Strike out one S.M.O. Brigade of these.

Dated at [Signature] for O.C. Canadian Special Hospital, on 27 JUN 1918 191

\* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier

Caused? no Aggravated? no (b) Caused? no Aggravated? no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

not app.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

not app.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

not app.

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not app.

18. Remarks.

N.I.

19. Recommendation:—(a) Fit for duty? no (b) Fit for base duty? no (c) Invalid to Canada? yes (d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

F

Date of Board 29.6.18

Station C.M. Kenham

Signatures of the Board.

Revelwood, Capt. Comm. President. H. H. ... Thomas Campbell, Capt. Comm.

Approved [Signature]

A.D.M.S.

Dated at ... Station

C.M.S. CANADIANS LONDON AREA LONDON

