

ard  
Wa 19 Brawshott Hospital. No. of Bed          Date July 24 '17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
	Lieut Watling E. W.	9th Reserve	Right sacro iliac Region <u>4 Pm</u>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Injured back of Right  
hip five weeks  
ago. There is  
tenderness over  
Sacro iliac region  
over upper part of ilium.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1211 10X12

No bone lesion  
visible

Signature of M.O. J. R. Drury

Date July 24. 17.

Signature of Radiographer A. E. Walkey Capt

Date 25.7.17

10/97

## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

725

Year

Regimental No.

Rank.

Surname.

Christian Name.

Lt.

Watling

Edw. W.

Unit.

Age.

Service.

Canadian 9<sup>th</sup> Res. Bn.

29.

26/12. 7/12.

Station  
and Date.

Disease

Rupture of muscle -

Present Complaint - Of Pain at <sup>right</sup> Sacro iliac joint when he extends leg or after sitting down on getting up causes severe pain at that joint. of slightly above. If he walks much and in certain movements such as turning in bed. has same pain.

Age 29.

Occupation - Wholesale Business -

Habits - Temperate.

Family History - Good - no tuberculosis.

En listed April 10<sup>th</sup> 1915. In England June 24<sup>th</sup> 15. France Sept 15<sup>th</sup> 15. In May came to England to take Commission. Past illnesses - None. Has always been healthy.

Present Condition - June 20<sup>th</sup> 1917 was playing Baseball and in running to base struck a baseman with his knees in a flexed position. He felt immediately a peculiar <sup>right painful</sup> sensation about right sacro iliac articular.

He continued to play on but noticed that if he sat down for 10 min or so. he had on rising a dull pain + stiffness at that point. He continued to train <sup>for sports</sup> for two weeks after this and during that time he noticed a dull aching pain at or about Rt sacro iliac articular, on and off. especially when

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

Station  
and Date.

1788

He was through with practice and in certain positions. Had no acute sharp pain. On July 1<sup>st</sup>, 17 suddenly developed severe pain in Bed on turning and the ache was continuous during night so that he got no rest. The position that he had the least pain was when lying perfectly still on his Back with limbs adducted. He was sent to Braunschott Hospital and received Out Door Treatment - consisting of Faradism and slight massage. admitted to Braunschott<sup>Hospital</sup> Aug 2<sup>nd</sup>, 17 and remained there till admittance here Aug 10<sup>th</sup>, 17. The pain did not improve under this Treatment and about July 25<sup>th</sup>, 17 he noticed pain when walking in Right calf of Leg - a dull tired ache - which has continued to grow slowly worse. At times now has numbness in Right heel if he walks only a short distance.

~~Physical~~ Examination - Movements of all joints free. In walking when leg is extended pain appears at or around Sacro iliac joint. If sitting down or rising when trunk extension is taking place he has severe pain around or near<sup>st</sup> Sacro iliac joint. Turning in bed to left or right also causes increased pain. On blowing nose when right foot is not firmly on ground has severe pain in the above place. When Bowels are moving during straining has considerable pain.

Physical Exam - When<sup>Rt</sup> leg is flexed on thigh and then thigh is flexed on Body. you can attain<sup>Right</sup> angle before pain appears - which is not seen - when extending leg and flexing thigh on Body very severe pain is felt at Right Sacro iliac joint - which radiates toward Posterior Superior Spine.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
Station and Date.	Disease Phy Exam - (Continued)			
	On Digital Pressure there is a point of tenderness at junction of Sacrum & ilium <del>from superior</del> for 1" at the superior part of the articulation. Firm pressure on foot causes against no pain around Pelvis. On Pressure there is pain over origin Gluteus Max. & Erector Spinal. Physical Exam otherwise negative. Urine Exam Acid S. G. 1015 - Also neg Sugar neg.			
Aug 13 <sup>th</sup> 17	L Ray Exam at Exeter tomorrow at 2 PM. JH Campbell			
Aug 14 <sup>th</sup> 17	L Ray report shows nothing abnormal S.H.			
Aug 20 <sup>th</sup> 17	Pain remains about same S.H.			
Aug 23 <sup>rd</sup> 17	Pain last two days has slightly increased S.H.			
Aug 24 <sup>th</sup> 17	Last night pain was severe on turning on either side radiating down the calf of Rt leg S.H.			
Aug 28 <sup>th</sup> 17	Patient has shown only slight improvement. Transferred to No 111 London General JH Campbell Capt.			

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Station  
and Date.

## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge.  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Lieut

Watting

E. W.

Year

Unit.

Age.

Service.

P Res.

29

26/12

Station  
and Date.

Disease

Laceration of muscle in hip.  
 He never had any trouble in  
 hip until June 30. 17 when he  
 struck a man with his knee  
 while playing baseball. He  
 felt a slight soreness then and  
 carried on training for two weeks  
 when hip suddenly gave out. For  
 two or three days he was unable  
 to get around, then walked with  
 difficulty - & had hip massaged.  
 The hip is still sore and he  
 thinks there is very little if any  
 improvement in hip.

He has severe pain when  
 starting to walk after resting for  
 half an hour.

He has pain in hip when  
 flexing the leg on thigh with knee  
 extended.

The pain has been just above the  
 hip joint & internal to it. It has  
 not extended down leg until the  
 last few days.

X Ray is negative.

Aug 8/17

No improvement. Transferred to Ramsgate  
 Cedric Love capt.

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Station  
and Date.

Request:

10/97

REQUISITION FOR X-RAY EXAMINATION.

Reg. No. — Rank *Lieut* Name *Watling E. W.* Date *Aug 14<sup>th</sup> 17*  
Ward *X* Unit *9<sup>th</sup> Res. Bn.* Disability *Injury to*  
*Sacro-Illic joint - (Right)?* *S. H. Campbell*  
*Capt.*

(Officer making Request, will please state exactly what is required, and give a brief report of the more important facts of the history, which might assist the radiographer in arriving at a diagnosis).

*One Plate Antro-Posterior. Right*  
*Sacro-Illic articulation and slightly above*  
*History - on extending Right leg*

*Pain is felt slightly above Right*  
*Sacro-Illic joint*

*S. H. Campbell*  
*Capt.*  
(Medical Officer)  
Canadian Officers' Hospital)  
Yarrow House)

PLEASE DO NOT WRITE IN THIS SPACE.

Date *14/8/17*  
REPORT *Nothing*  
*abnormal noted.*  
*gsm*

Radiographer.

1 (10x12)

(To be attached to Case Sheet.)

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

No. \_\_\_\_\_ Rank and Name Lieut. Hattung Age \_\_\_\_\_ Service \_\_\_\_\_

Disease_____	Date of admission_____	Date of discharge_____	Result_____
--------------	------------------------	------------------------	-------------

Days of Disease

Temperature,  
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24  
Hours

Signature \_\_\_\_\_

—In charge of case.

## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Year

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Station  
and Date.

Disease

*Previous history - has been troubled  
for several weeks with  
pain in back of calf  
of leg on exertion and vein  
swells. Otherwise healthy.*

*Present condition - Tortuous varicose  
vein posterior calf of  
left leg. Painful  
on exertion and swells  
a great deal.*

4-5-17

*operations - veins ligated, wound  
closed.*

16-5-17

*Good result. Wound well healed  
Recommended for board  
of Prisoners capt*

28-5-17

*The leg is still a little weak &  
feels stiff. L.R. Irwin capt.*

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Station  
and Date.

## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Year

Unit.

Age.

Service.

Station  
and Date.

Disease

Wounded

Reported since

while on duty.

28 AUG 1917

8.8.17 Vids attached notes

Pain along course of R. Sciatic nerve  
To see Capt. Harvis. Spence

31.8.17.

Local tenderness over erector spinae, at  
level of 5<sup>th</sup> lumbar spine on R. side.  
Pressure at this point causes referred  
pain down leg into calf.R. Achilles jerk o. Extension of sciatic  
nerve causes pain.By local deep alcohol injection of the  
recommended.

3rd Lond. Gen. Hospital.

Neurological Hut.

Sept-12

Alcohol injection of sciatic.

"Aspirin for t.d.s.

Sept. 19

Condition improved.

Sep 26

Some pain in R. buttock on getting up  
from horizontal. Sleep bad.

Oct 2

Better. Sleeps well. Less pain.

15

Much better, good movement about  
hip & practically no pain at Sacro iliac  
joint. Walks well

For a Board Spence

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Station  
and Date.



+



Army Form B. 181

Military Hospital.

9<sup>th</sup> Res.

No.

Rank and Name

(To be attached to the letter)

Sicut wait...

Age

Service

24/12.

Disease-

Date of admission.

Date of discharge

### Result.

Dates of  
Observation

Days of Disease

Temperature  
Fahrenheit

[illegible]

Operatum. A m.

Pulse per Minute

Respirations per  
Minute

Motions per 24  
hours

[illegible]



THIS FORM WILL BE USED FOR ALL RANKS  
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 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 Ripon, Yorks. DATE May 23.1919.

1. 1 (a) Unit 21st. Res. (b) Regimental No. - (c) Rank Lieut.  
(d) Surname WATLING. (e) Christian name EDWARD WALLACE WAITS.  
(f) Home address Chatham N.B.  
(g) Next of Kin Mrs D.N.Watling. (h) Relationship Wife.  
(i) Address of Next of Kin Chatham N.B.

2. Age last birthday Thirty One. Date of birth March 16. 1888.  
3. Enlistment, or Appointment (if an Officer) (a) Place Moncton N.B. (b) Date April 10.19.  
4. Personal description:  
(a) Height 5'9" (b) Weight 165.lbs.Est. (c) Complexion Fair.  
(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. ....  
Nil on enlistment.

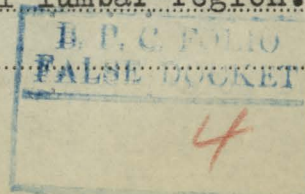
5. Former trade or occupation Clerk.

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
		Four	44
		PERIODS	
		From	To
Canada	England.	Apr 10.1915.	Jun 13.1915.
	France.	Jun 24.1915.	Sep 15.1915.
England.	England.	Sep 15.1915.	Apr.26.1916.
	Canada.	Apr 26.1916.	May 8.1916.
France or other theatres of War.	England.	May 8.1916.	Sep 26.1916.
	France.	Oct 6.1916.	Apr 14.1918.
	England.	Apr 14.1918.	Oct 20.1918.
	France.	Oct 20.1918.	Dec.14.1918.
7. Original disease, or injury	France.	Dec 14.1918.	Mar 1.1919.
	England.	Mar 1.1919.	to date.

A.Flesh wound of abdominal wall. B. Sciatica right leg.

- (a) Date of origin A.12.10.18; B.1.7.17. (b) Place of origin A.France. B.England.  
(c) Cause A.Bullet (enemy) B.Accidental contusion of lumbar region.



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. (Adherent scar of abdominal wall.) Partial loss of functions of abdominal wall.

B. (Myalgia) Partial loss of functions of muscular system of lumbar region right side.

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.)

Objective. A. Linear transversal scar 8" long from 2" above umbilicus to lt side 2" from anterior iliac spine. About 3" of adherent scar above umbilicus are slightly tender to pressure.

B. No apparent symptoms. No limitation in movements of leg. On extension of the rt leg there is tenderness to pressure of rt lumbar region.

Subjective. A. States that on any quick movements has sharp pains at point of adherence of scar which oblige him to rest.

B. States that pains in right leg- lumbar region are more severe in changeable weather. Pains are also felt in lumbar region when extending the right leg or when bending forward.

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

A. Bullet wound abdomen 12.10.18. C.C.S. & 20th. Gen.

" " " 20.10.18. 3rd. London G.H. Wansworth.

Recovered 7.12.18. Had wound excised in C.C.S. Boarded "A" G.S.W. abdominal wall. London 30.11.18.

B. Myalgia. 1.7.17 to 8.8.17. Bramshott.

" 11.8.17. to 28.8.17. Broadstairs.

Boarded Sciatica R. Traumatic London. 19.11.17. "D".

" " " " " 21.1.18. "D".

10.—(b) (For 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).)

Varicose Veins left leg operated 3.5.17. to 29.5.17.

G.S.W. back 3.9.18. to 29.9.18.

Contusion left thumb 26.5.18. to 31.5.18. (No disabilities.)

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

A.C.C. Scar left upper eyebrow. G.S.W. back rt side 2 op. scars left leg.

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. 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. Six months,

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

A & B. Hospital and Surgical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit A & B. No.  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? A & B. Yes.  
(If not, briefly state why)

17. Recommendations. C1.

J.J. Trudel Capt.

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 E.W.W. Watling. 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.

B.P.C. 100  
FALSE DOCKET

E.W.W. Watling. Lt. Rank.  
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.

Yes.

19. Is the invalid fit for

- (a) General service,  
(b) Service abroad, not general service,  
(c) Home service (Canada only),  
(d) Temporarily unfit.  
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No) No 6 mths.  
( " B) (Yes or No) No 6 mths.  
( " C) (Yes or No) Ci 6 mths.  
( " D) (Yes or No) N.A.  
( " E) (Yes or No) N.A.

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.)

(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.)

Boarded for return to Canada.

Auth. A.G.1 A/8.1.155 dated 4.1.19.

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.

W.H. Willson. Capt.

President.

PLACE Ripon. Yorks.

W.L. Post. Capt. CAMC.

Members

DATE 23.5.19.

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.

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 23.5.19.

DATE

CERTIFIED TRUE COPY  
I concur in the minutes  
of the Board of Medical Officers  
recorded in the minutes  
for Canadians.  
President.  
Members.  
Captain D.M.S.

MAJOR C.A.M.  
R.P.C. CANADIAN TROOPS  
RIPON, YORKS.

205 20-6-19 RD 2053-19

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

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STATION RIPON, YORKS. DATE MAY 23-1919

- 1 (a) Unit 21st RES. (b) Regimental No. — (c) Rank LIEUT.  
(d) Surname WATLING (e) Christian name EDWARD WALLACE WAITS  
(f) Home address CHATHAM, N.B.  
(g) Next of Kin MRS. D. N. WATLING (h) Relationship WIFE  
(i) Address of Next of Kin CHATHAM, N.B.
2. Age last birthday THIRTY-ONE Date of birth MARCH 16-1888
3. Enlistment, or Appointment (if an Officer) (a) Place MONCTON, N.B. (b) Date APRIL 10-1915
4. Personal description:  
(a) Height 5'9" (b) Weight 165 LBS - EST. (c) Complexion FAIR.  
(stripped)  
(d) Colour of hair FAIR. (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. NIL ON ENLISTMENT
5. Former trade or occupation CLERK.

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
	<u>FOUR</u>	<u>44</u>

	PERIODS	
	From	To
Canada	<u>Apr. 10-1915</u>	<u>June 13-1915</u>
France	<u>June 24-1915</u>	<u>Sept. 15-1915</u>
England	<u>Sept. 15-1915</u>	<u>Apr. 26-1916</u>
France	<u>Apr. 26-1916</u>	<u>May 8-1916</u>
Canada	<u>May 8-1916</u>	<u>Sept. 26-1916</u>
England	<u>Oct. 6-1916</u>	<u>Apr. 14-1918</u>
France	<u>Apr. 14-1918</u>	<u>Oct. 20-1918</u>
England	<u>Oct. 20-1918</u>	<u>Dec. 14-1918</u>
France	<u>Dec. 14-1918</u>	<u>Mar. 1-1919</u>
England	<u>Mar. 1-1919</u>	<u>to date</u>

7. Original disease, or injury

A - FLESH WOUND OF ABDOMINAL WALL. B - SCIATICA RIGHT LEG.

- (a) Date of origin A-12-10-18. B-1-7-17. (b) Place of origin A-FRANCE B-ENGLAND
- (c) Cause A-BULLET (ENEMY) B-ACCIDENTAL CONTUSION OF LUMBAR REGION.

M. F. B. 227.

400M.-11-18.  
1772-90-117.

B. P. C.  
FALSE  
6

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-(ADHERENT SCAR OF ABDOMINAL WALL)

PARTIAL LOSS OF FUNCTIONS OF ABDOMINAL WALL

B-(MYALGIA)

PARTIAL LOSS OF FUNCTIONS OF MUSCULAR SYSTEM OF LUMBAR REGION—RIGHT SIDE

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.)

OBJECTIVE: A— <sup>transverse</sup> linear scar—8 inches long—from two inches above umbilicus to left side, two inches from anterior iliac spine. About three inches of adherent scar above umbilicus are slightly tender to pressure.

B. No apparent symptoms—no limitation in movements of leg—On extension of the right leg, there is tenderness to pressure of right lumbar region.

SUBJECTIVE: A: States that on any quick movements, has sharp pains at point of adherence of scar which oblige him to rest.

B: States that pains in right lumbar region are more severe in changeable weather. Pains are also felt in lumbar region extending the right leg or when bending forward.

(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 no Genito-Urinary System no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

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

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

Bullet Wound—abdomen—12-10-18. C.C.S. + 20th Gen.

20-10-18—3rd London G.H. Woodworth

Recovered—7-12-18. Had wound excised in C.C.S. Boarded "A"—G.H. Abdominal Wall—London—30-11-18.

B. Myalgia—1-7-17 to 8-8-17—Bransholt

11-8-17 to 28-8-17—Broadstairs

Boarded—Sciatica R. Traumatic—London—19-11-17—D

21-1-18—D

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 to or since enlistment, and not included in Section 10 (a).)

Varicose veins - left leg - Operated 3-5-17 to 29-5-17

G.S.W. back 3-9-18 to 29-9-18.

Contusion left thumb 26-5-18 to 31-5-18.

no disabilities

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

acc scar - left upper eye brow; - G.S.W. back - rt. side; - 2 op. scars - left leg.

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 — 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 - 12 months.

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

A & B = Hospital & Surgical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? A & B = no.  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? A & B — yes.  
(If not, briefly state why)

17. Recommendations C i

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 E. W. W. Watling 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

E. W. W. Watling Lt Rank.  
Signature of invalid examined.

B. P. C. POLIO  
FALSE  
MARKET

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.

19. Is the invalid fit for

- (a) General service,  
(b) Service abroad, not general service,  
(c) Home service (Canada only),  
(d) Temporarily unfit.  
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)  
( " B) (Yes or No.)  
( " C) (Yes or No.)  
( " D) (Yes or No.)  
( " E) (Yes or No.)

no 6 months  
no 6 months  
ci 6 months  
N.A.  
N.A.

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.)

- (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.)

Boarded for return to Canada  
Auth. A.G. 1 A/S-1-155 dated 4-1-19

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.

PLACE

DATE

President.

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.

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

23 MAY 1919

MAJOR, C.A.M.C.,  
P. A.D.M.S., CANADIAN TROOPS,  
RIPON CAMP, YORKS.

I concur in the findings of the Board of Medical Officers  
Capt. D.A.M.S.  
for Canadians,  
President  
Members

**CONFIDENTIAL.****MEDICAL BOARD REPORT ON A DISABLED OFFICER.****(ALSO TO BE USED FOR DISABLED NURSES.)**Station 13, Berners St., London W.1.Date 30-11-18.

1. Rank and Name Lieut. WATLING Edward Wallace.  
 2. Unit 10th Can.Bn. R.D. BRAMSHOTT.  
 3. Age 30 4. Total Service 42 mos. War Service { (a) at home 6 mos.  
 (b) abroad 36 mos. (15 mos. Fr  
 5. Address 3rd London General Hosp.

**STATEMENT OF CASE.**

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

6. Disability G.S.W. ABDOMINAL WALL.  
 7. Date of origin of disability 12-10-18.  
 8. Place of origin of disability France.  
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

During an attack - this officer was struck by rifle bullet, in  
the abdomen. He was passed through a F.A. 1st C.C.S., 12th-10-18  
Field card states E. & E. wound of abdominal wall down to rectus  
Wounds and tract. excised - Sutures and paraffin gauze drain. 20th  
Gen. Hosp. 18-10-18. 3rd Lond. Gen. 20-10-18. M.C.S. States  
"Long transverse wound above umbilicus extending from rt.  
flank to just above, and the median line, stitches still in.  
Wound clean and satisfactory" 8-11-18. Now healed.

**OPINION OF THE MEDICAL BOARD.**

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

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

10. Was the disability contracted (a) before entering the service? No.  
 (b) in the service? Yes.  
 11. Was it attributable to military service? Yes  
 If so, to what specific military conditions is it attributed? I concur in the findings

of the Board of Medical Officers  
here recorded.  
Captain, D.A.D.M.S.  
D.M.S.  
Canadians,

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

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

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

14. What is the officer's present condition? General condition excellent. Scar  
8" long across abdominal wall from right flank just below  
costal margin, to two inches above umbilicus and 1" to the left  
of median line. The wound is perfectly healed, is not tender  
and is more or less non-adherent. The movements of the trunk  
about waist are quite unimpaired. There is no discomfort of  
any kind and the officer states he "feels very fit". All other  
systems are normal.  
Eats and sleeps well and seems bright and active.

RECOMMENDATION "A".

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

16. Is the disability permanent? N.A.

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

18. Is it necessary that the officer should be re-examined by the same Board? N.A.

19. What treatment is the officer receiving, and where, and from whom? NONE

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

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

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

A.—Fit for general service. .... Yes.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service:—

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

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

J.H.M. BELL MAJOR CAMC. President.

HAROLD BUCK MAJOR CAMC.

A.J. LOMAS CAPT. CAMC.

} Members.

VES.

**CONFIDENTIAL.**

8-W-561  
A.M.D.5/22-2-1. 29-11-18. Army Form A 45.

## MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13, Berners St., London W.1.

Date 30-11-18.

1. Rank and Name Lieut. WATLING Edward Wallace.  
2. Unit 10th Can.Bn. R.D. BRAMSHOTT.  
3. Age 30 4. Total Service 42 mos. War Service { (a) at home 6 mos.  
(b) abroad 36 mos. (15 mos. Fr  
5. Address 3rd London General Hosp.

### STATEMENT OF CASE.

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

6. Disability G.S.W. ABDOMINAL WALL.  
7. Date of origin of disability 12-10-18.  
8. Place of origin of disability France.  
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

During an attack - this officer was struck by rifle bullet, in  
the abdomen. He was passed through a F.A. 1st C.C.S. 12th-10-18  
Field card states E. & E. wound of abdominal wall down to rectus  
Wounds and tract. excised - Sutures and paraffin gauze drain. 20th  
Gen. Hosp. 18-10-18. 3rd Lond. Gen. 20-10-18. M.C.S. States  
"Long transverse wound above umbilicus extending from rt.  
flank to just above, and the median line, stitches still in.  
Wound clean and satisfactory" 8-11-18. Now healed.

### OPINION OF THE MEDICAL BOARD.

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

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

10. Was the disability contracted (a) before entering the service? No.  
(b) in the service? Yes.  
11. Was it attributable to military service? Yes.  
If so, to what specific military conditions is it attributed? BULLET.

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

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

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

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

[P.T.O.]

14. What is the officer's present condition? General condition excellent. Scar  
8" long across abdominal wall from right flank just below  
costal margin, to two inches above umbilicus and 1" to the left  
of median line. The wound is perfectly healed, is not tender  
and is more or less non-adherent. The movements of the trunk  
about waist are quite unimpaired. There is no discomfort of  
any kind and the officer states he "feels very fit". All other  
systems are normal.  
Eats and sleeps well and seems bright and active.

RECOMMENDATION "A".

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

16. Is the disability permanent? N.A.

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

18. Is it necessary that the officer should be re-examined by the same Board? N.A.

19. What treatment is the officer receiving, and where, and from whom? NONE

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

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

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

A.—Fit for general service. .... Yes.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service:—

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

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

J.H.M. BELL MAJOR CAMC. President.

HAROLD BUCK MAJOR CAMC.

VES.

A.J. LOMAS CAPT. CAMC. } Members.

**CONFIDENTIAL.**

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at.....Bramshott.....on.....21-2-18.  
by order of.....A. D. M. S.  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name)Lt. Watling, Edwd. Wallace Watt. (Corps) 21st Reserve Battalion.  
Age.....29.....Service.....33/12.....Disability.....Sciatica, rt. traumatic.  
Date of commencement of leave granted for present disability.....17-10-17.  
Date on which placed on half-pay for present disability.....Not applicable.

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

the condition resulted from injury on July 1st 1917. He has now recovered from it, and is fit for general service.

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

1. Fit for General Service.....Yes.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* }.....Not applicable.
3. Fit for Home Service.....-
4. Fit for Light Duty at Home.....-
5. Requiring indoor hospital treatment—
  - (a.) In an Officers' Hospital.....-
  - (b.) In an Officers' Convalescent Hospital.....-
6. (a.) Fit for light duty at a Command Dépôt.....-  
(b.) Fit for treatment only at a Command Dépôt.....-
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation }.....-
8. Was the disability contracted in the service?.....Yes.
9. Was it contracted under circumstances over which he had no control?.....Yes.
10. Was it caused by military service?.....Yes.
11. If caused by military service, to what specific military conditions is it attributed?.....Regimental sports playing baseball. Accident.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?.....Not applicable.  
21st Res. Bn.

Officer's Address

Bramshott.

Signatures

F. H. Mayhood, Major.

President.

W.H.T. Baillie, Capt.

Members.

W.R. Stackhouse, Capt.

[P.T.O.]

I concur in the findings of the Board of Medical Officers here reported.  
*W. H. Macdonell*  
Captain, D.A.D.M.S.  
for D.A.D.M.S. Canadians

## INSTRUCTIONS

---

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

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

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

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.

[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott on 21/2/18

by order of Adms.

for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) G. WATLING Esq. VALLACE WATT 21st Res. Bn.  
(Corps)

Age 29 Service 3 1/2 Disability SCIATICA RT. TRAUMATIC

Date of commencement of leave granted for present disability 17-10-17

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

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

The condition resulted from injury on July 1st 1917. He has now recovered from it and is fit for general service

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

1. Fit for General Service..... yes

2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category } not applicable

3. Fit for Home Service.....

4. Fit for Light Duty at Home.....

5. Requiring indoor hospital treatment—

(a.) In an Officers' Hospital.....

(b.) In an Officers' Convalescent Hospital.....

6. (a.) Fit for light duty at a Command Dépôt.....

(b.) Fit for treatment only at a Command Dépôt.....

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation

8. Was the disability contracted in the service?..... yes

9. Was it contracted under circumstances over which he had no control?..... yes

10. Was it caused by military service?..... yes

11. If caused by military service, to what specific military conditions is it attributed? Regimental sports Playing baseball. Accident.

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? not applicable

Officer's Address { 21st Res. Bn.  
Bramshott

Signatures { W. H. L. Baillie W. R. Stackhouse  
President. Capt. Members. Capt. [P.T.O.]

## INSTRUCTIONS.

---

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

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

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

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

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.

## PROCEEDINGS OF A MEDICAL BOARD

assembled at.....**Bramshott.**.....on.....**21-1-18.**  
by order of.....**A. D. M. S.**.....  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name).....**Lieut. Watling, Edward Wallace.**.....**21st Res. Bn.**  
Age.....**29.**.....Service.....**2-8/12**.....Disability.....**SCIATICA RIGHT TRAUMATIC.**  
Date of commencement of leave granted for present disability.....**17-10-17.**  
Date on which placed on half-pay for present disability.....**Not applicable.**

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that  
**he has made marked improvement since last boarded. Has no difficulty now in stepping out or marching. Has slight discomfort on stooping to lace boots. Some slight neuralgia in damp weather. In view of past progress will likely be fit in one month.**

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

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

Officer's  
Address

**Bramshott.**

Signatures

<b>F. H. MAYHOOD</b>	<b>MAJOR</b>	President.
<b>W.H.T. BAILLIE</b>	<b>CAPT.</b>	Members.
<b>W.R. STACKHOUSE</b>	<b>CAPT.</b>	

[P.T.O.]

## INSTRUCTIONS.

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

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

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

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott. on 21-1-18.  
by order of A. D. H. S.  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Lieut. Watling, Edward Wallace. 21st Res. Bn.  
Age 29. Service 2-8/12. Disability SCIATICA RIGHT TRAUMATIC.  
Date of commencement of leave granted for present disability 17-10-17.  
Date on which placed on half-pay for present disability Not applicable.

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that  
he has made marked improvement since last boarded. Has no difficulty now in stepping out or marching. Has slight discomfort on stooping to lace boots. Some slight neuralgia in damp weather. In view of past progress will likely be fit in one month.

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

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

Officer's Address { 21st Res. Bn.,  
Bramshott.  
Signatures { F. H. MAYHOOD MAJOR President.  
W. H. T. BAILLIE CAPT. Members.  
W. R. STACKHOUSE CAPT.

## INSTRUCTIONS.

---

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

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

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

**CONFIDENTIAL.**

4 - W - 460 8492  
Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at W Bramshott on 21-1-18  
by order of A.D.M.S. 8W 561  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) LT. WATLING, EDWARD WALLACE 21 Res Bn  
Age 29 Service 2 9/12 Disability SCIATICA RT TRAUMATIC  
Date of commencement of leave granted for present disability 17-10-17  
Date on which placed on half-pay for present disability not applicable

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

*He has made marked improvement since last boarded. Has no difficulty now in stepping out or marching. Has slight discomfort on stooping to lace boots. Some slight neuralgia in damp weather. In view of past progress will likely be fit in one month.*

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

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

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

Officer's Address

21 Res Bn

Bramshott

Signatures

W. H. Baillie

W. R. Stackhouse

President.

Capt

Members.

[P.T.O.]

## INSTRUCTIONS.

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

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

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

# PROCEEDINGS OF A MEDICAL BOARD

assembled at 1300 Mus St on 12-10-17

by order of Dr. M. S. Lindon

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LIEUT. W. WATLING (Corps) 9th Bn

Age 29 Service 30/12 Disability SCIATICA TRAUMATIC (R)

Date of commencement of leave granted for present disability.....17-10-17.....

Date on which placed on half-pay for present disability.....

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

He sustained an injury vis in condition described in AF 445-B the date.

He requires treatment at Y. B. Island H.

The Board recommend:

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

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

Officer's  
Address

Thos Bu  
Baumkott

## Signatures

*Assembly my name*  
 President.  
 { *9/14/67 Bldg. Capt. C.A.M.C.* }  
*Translation* } Members.  
 NT,

[P.T.O.]

INSTRUCTIONS.

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

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

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

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott. 29-6-17. on

by order of G. O. C. Canadians.

for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Lieut. Watling, D.W.W. 9th Res.Bn.(145th) (Corps)

Age 29. Service 25/12. Disability Varicose veins (Post operative).

Date of commencement of leave granted for present disability None granted.

Date on which placed on half-pay for present disability Not applicable.

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that  
this Officer has greatly improved on light duty. There is still slight swelling of leg below incisions on violent exercise but the leg is much stronger and with light bandage he should be able to do marching

May be reboarded in any area.

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

1. Fit for General Service No - one month.

2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category Not applicable.

3. Fit for Home Service. Yes.

4. Fit for Light Duty at Home.

5. Requiring indoor hospital treatment—  
(a.) In an Officers' Hospital.

(b.) In an Officers' Convalescent Hospital.

6. (a.) Fit for light duty at a Command Depot.

(b.) Fit for treatment only at a Command Depot.

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation

Was the disability contracted in the service? Yes.

Was it contracted under circumstances over which he had no control? Yes.

10. Was it caused by military service? Yes.

11. If caused by military service, to what specific military conditions is it attributed? Conditions of service.

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? Not applicable.

Officer's Address { 9th Res. Bn., Bramshott. C.E.Cooper Cole, Major CAMC President. P.H.Mayhood, Major, CAMC Members. J.Fred.Jackson, Capt. CAMC

Bramshott, Hants.  
29th June 1917.  
A P P R O V E D.

D.H.Burris Major  
for Colonel, A.D.M.S.  
Canadian Troops, Bramshott Camp

to Hospital  
30-7-17

P.T.O.  
July 29

## INSTRUCTIONS.

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

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

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

**CONFIDENTIAL.**

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott on 29-6-17.

by order of G. O. C. Canadian

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. Watling. E.W.W. (Corps) 9th Bn. (145th Bn.)

Age 29 Service 25 Disability VARICOSE VEINS (left)

Date of commencement of leave granted for present disability none granted.

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

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

this officer has greatly improved on light duty. There is still slight swelling of leg below incisions on violent exercise but the leg is much stronger and with light bandage, he should be able to do marching.

may be reboarded in any area.

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

1. Fit for General Service no - 1 month

2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category not applicable

3. Fit for Home Service. yes

4. Fit for Light Duty at Home. yes

5. Requiring indoor hospital treatment—

(a.) In an Officers' Hospital. yes

(b.) In an Officers' Convalescent Hospital. yes

6. (a.) Fit for light duty at a Command Depot. yes

(b.) Fit for treatment only at a Command Depot. yes

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation yes

8. Was the disability contracted in the service? yes

9. Was it contracted under circumstances over which he had no control? yes

10. Was it caused by military service? yes

11. If caused by military service, to what specific military conditions is it attributed? Conditions of Service

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? not applicable

Officer's Address

9th Bn. Bramshott

Signatures

W. J. Maywood President.  
W. J. Maywood Member.  
W. J. Maywood Member.