

B. P. C. ORIGINAL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Calgary DATE 4-8-19

1. (a) Unit C.A.M.C. (b) Regimental No. 24922 (c) Rank Pte.
 (d) Surname Barker (e) Christian name JENNISON
 (f) Home address 104 18th Ave. West, Calgary
 (g) Next of Kin Mr. V.W. Barker. (h) Relationship Father
 (i) Address of Next of Kin Hampthorpe Works, England.

2. Age last birthday 29 Date of birth 2-6-1889

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary (b) Date 10-8-14

4. Personal description:
 (a) Height 5' 7" (b) Weight 144 (c) Complexion Medium
(scrapped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Small scar 2" to right of 2nd. dorsal spine of verteb 2 scars right side of neck.

5. Former trade or occupation Stone cutter.

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 | |
|---------------------------------|----------------|----------------|------------------------|----|
| | From | To | From | To |
| C.A.M.C. | <u>4</u> | | <u>5 mths.</u> | |
| 17th Batta. | | | | |
| 13th Batta. | | | | |
| C.A.M.C. | | | | |
| Canada | <u>10-8-14</u> | <u>28-8-14</u> | | |
| England | <u>7-10-14</u> | <u>15-7-15</u> | | |
| France or other theatres of War | <u>15-7-15</u> | <u>2-9-15</u> | <u>7 mths. France.</u> | |

7. Original disease, or injury Varicose veins (left leg).

(a) Date of origin Prior to enlistment (b) Place of origin Canada
 (c) Cause Unknown

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

Varicose veins (left leg) marked.

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 findings. This man is well nourished and of good muscular development. Appetite good and sleeps well. Internal saphenous veins is dilated and only slightly tortuous on the inner aspect of the left thigh. Is markedly dilated and tortuous on the calf of the left leg. Subjective findings. He complains of varicose veins of left leg. He states they do not cause him any pain and can march five miles without any difficulty.

(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 (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).)

Soldier says he had a very slight degree of varicose veins in the calf of left leg on enlistment. This gave him no trouble whatever until about Oct. 1915 when he was discharged from Hospital and began to drill again. The varicose veins increased in size and the leg became painful and was unable to wear puttees.

10.—(b) 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 19 (a).

Received wound by rifle bullet in April 1916 at Korea Entrance 2" to right of 2nd. dorsal spine of vertebra. Exit left side of neck wound healed completely. Received U.S.W. over in right side of neck another just above and to outer side of axillary fold.

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

Two small scars right side of neck small scar on right shoulder small scar to right of 2nd. dorsal vertebra.

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(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.)

Yes. Soldier states he had a very slight degree of varicose veins prior to enlistment. Medical history sheet don't show that he had varicose veins on enlistment.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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? Permanent, without operation.

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

Has had no treatment for varicose veins.

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 Operative treatment.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

For reclassification.

M. Shipley, Capt. C. A. M. S.
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, B. Barker, 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. Barker

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 Yes.

19. Is the invalid fit for

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

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.)

No No.

(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.)

Class "E"
Class 6

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 *Calgary* *J. Stewart* President.
 DATE *Feb 11 1919* *W. McKay* 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 _____ } Members

APPROVED BY *J. A. Smith* Captain. APPROVED BY _____
 For Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *11-2-19* DATE _____