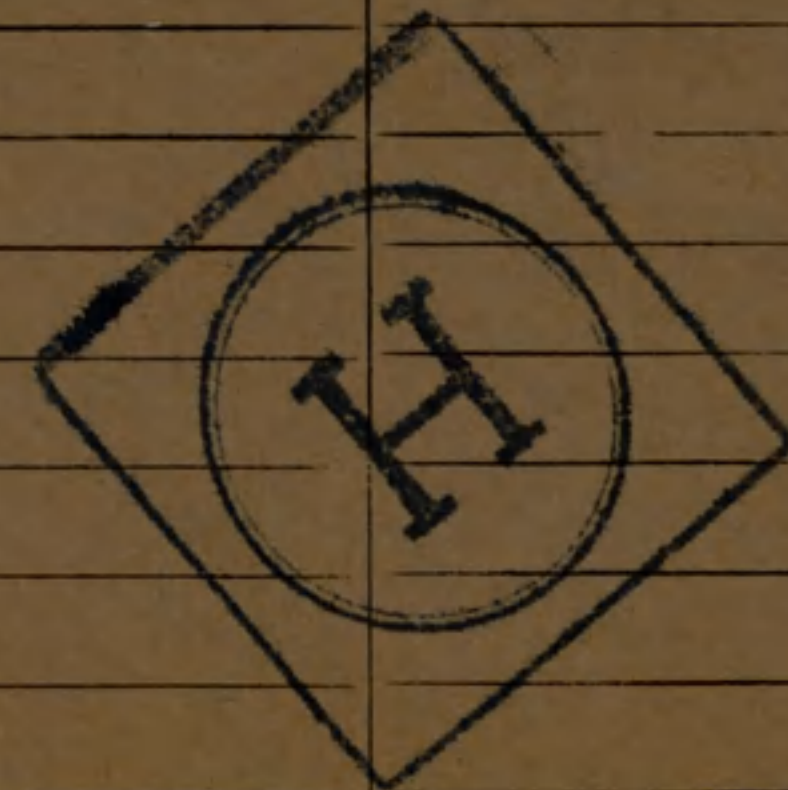
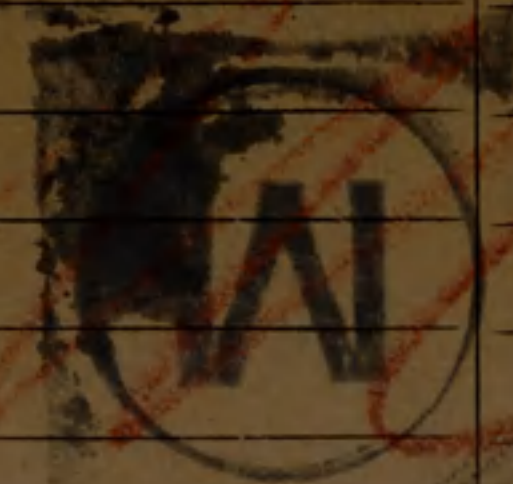


REGIMENTAL DOCUMENTS

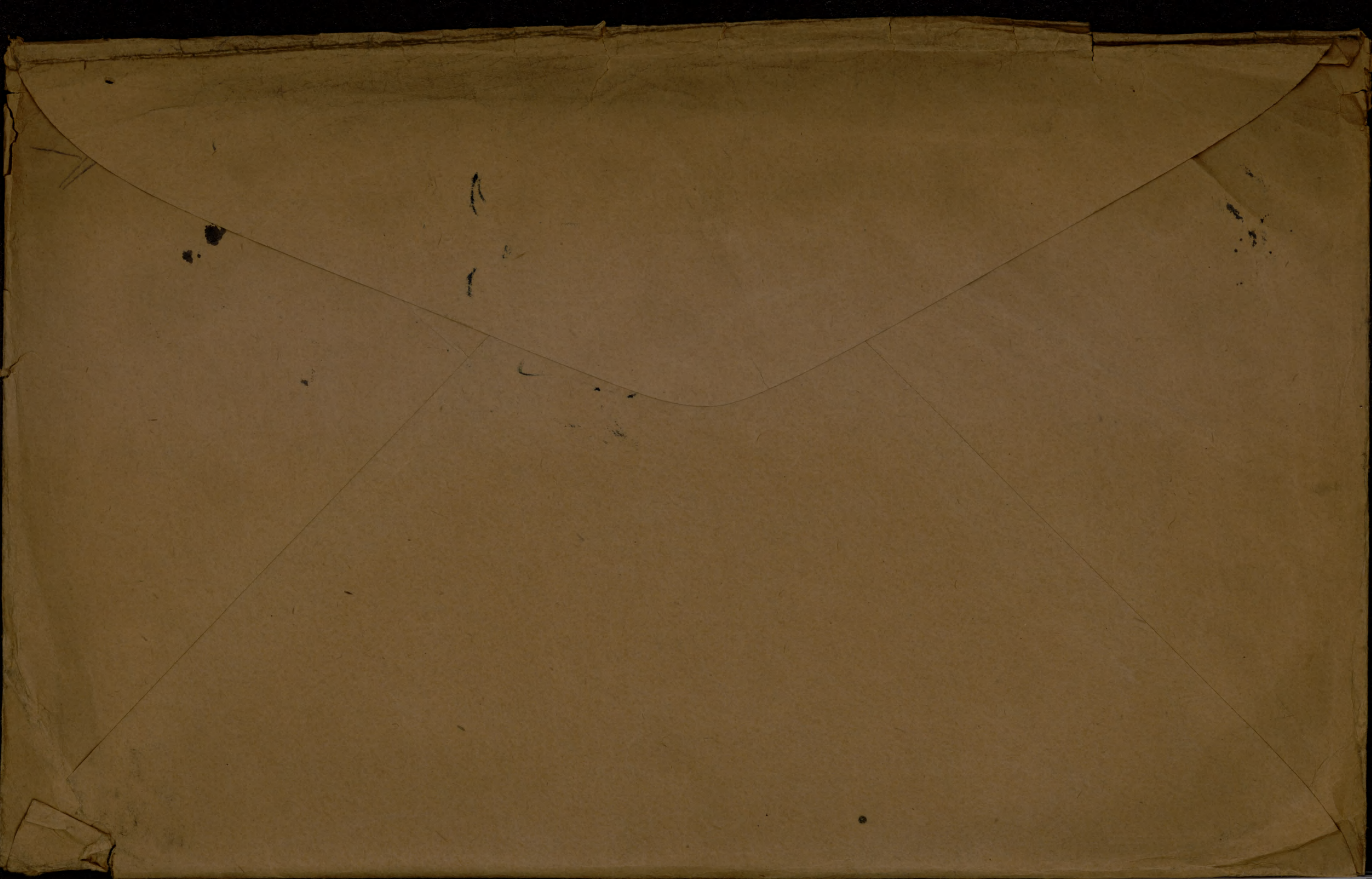
*inc* NAME Campbell William Henry REGT. NO. Lieut UNIT \_\_\_\_\_ H. Q. FILE NO. \_\_\_\_\_

<p><i>(100)</i> CONTENTS</p>	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<p>4+ ATTESTATION PAPER (M.F.W. 23, 133, or 51)</p>				<p>05230</p>	<p>DEATH</p>
<p>CASUALTY FORM (M.F.W. 54 or A.F.B. 103)</p>					<p>Category</p>
<p>TRAINING HISTORY SHEET (M.F.W. 113)</p>					
<p>FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)</p>					
<p>REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)</p>					
<p>COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)</p>					
<p>1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)</p>					<p>DISCHARGE</p>
<p>DENTAL HISTORY SHEET (M.F.B. 465)</p>					<p>Category</p>
<p>MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)</p>					
<p>MEDICAL EXAMINATION (M.F.W. 129)</p>					
<p>TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)</p>					
<p>PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)</p>					
<p>DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)</p>					
<p>LAST PAY CERTIFICATE (M.F.W. 44)</p>					
<p>PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)</p>					
<p>PARTICULARS OF CHARACTER (A.F.W. 3226)</p>					
<p>COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)</p>					
<p>1 100 200</p>					
<p>1 702 1067</p>					
<p>1 702 13880</p>					
<p>1 97015</p>					
<p>6 971133</p>					
<p>1 1000</p>					
<p>1 Army Book 172</p>					
<p>1 9701</p>					



*Handwritten notes:*  
 100 31-1-20  
 100 31-1-20

*Handwritten notes:*  
 4-6  
 11-6



No.

RANK

Lieut.

NAME

Campbell. W.

H.

T. O. S.

UNIT

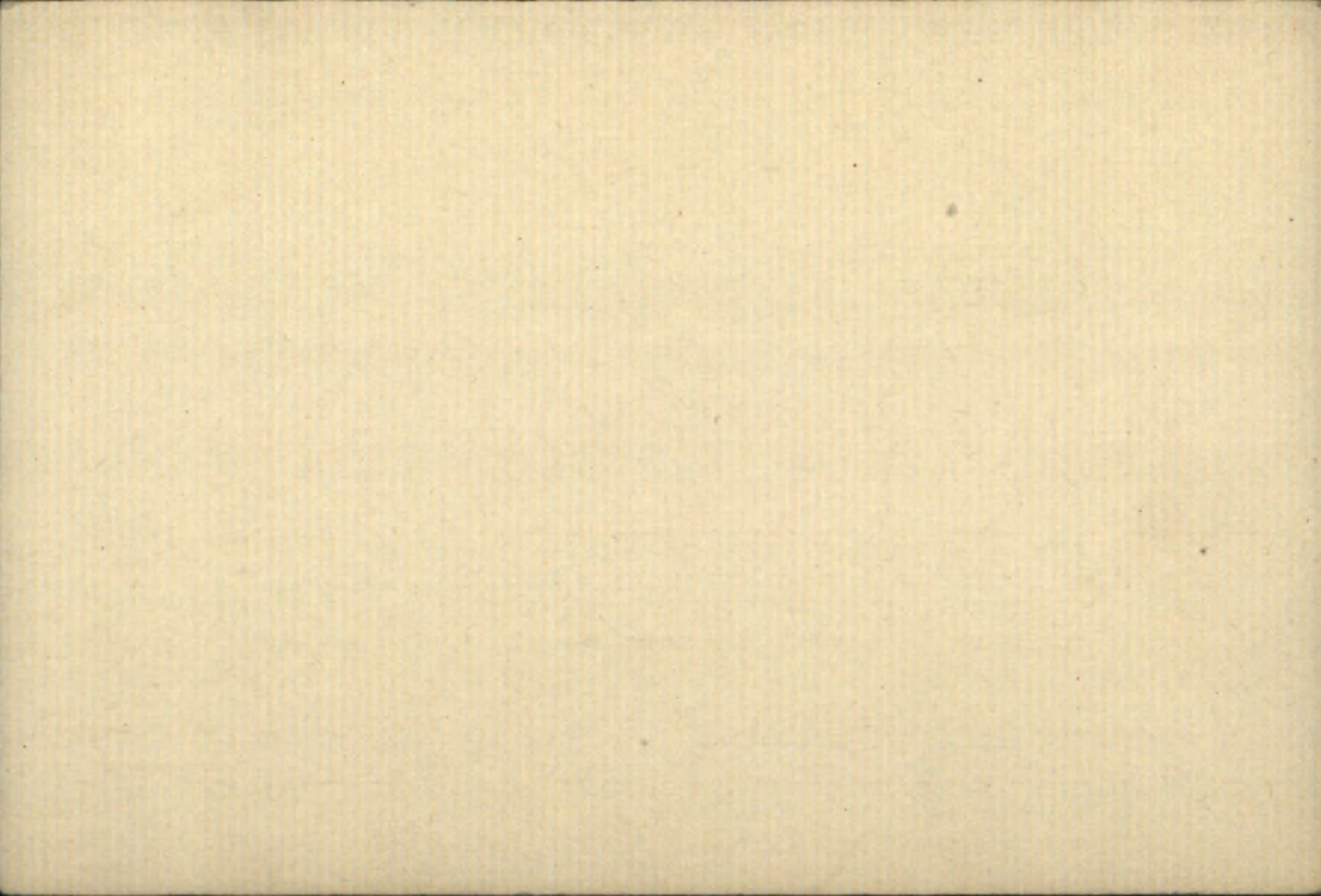
109th. Battalion.

Transferred from 50th Bn.  
23-11-15. D. O. 3. 23-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 23	1915. Nov. 30	✓		
	Dec.	✓		
1916 Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓	Prov. app. Lieut.	D.O. 171 of 4-6-16.

UNIT SAILED  
JUL 23 1916



NAME *Campbell W. H.*

REGT'L. No. \_\_\_\_\_

RANK AND CORPS *Lieut. 1st. Lond. att. R. F. C.*

H. Q. FILE NO 649

FOLLOWS  
NO.

CABLE  
No. DATE

NATURE OF CASUALTY

FOLLOWS

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

876	Ind. North. Gen. Leeds	21-17-17	Dislocation L. shldr (acc)
-----	------------------------	----------	----------------------------

934 <sup>3</sup>	Central Royal, F. Ops, <sup>Winstead</sup> Damp	13-3-18	" " " (officer's las.)
------------------	---	---------	------------------------

1007	Wisch.	27-5-18	" " " " " "
------	--------	---------	-------------

Name **CAMPBELL**

Rank

**LIEUT.**Reg. No. **96707**Unit **William H. Murray  
1st CORD. att. R.F.C.**

Next of Kin

**Canada**

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-7	2nd No. Gen Hos.	Leeds (Ltr File)	Dislocation L. Shoulder acc.	876		
13-3-18	sent R.F.C. No. Hampstead (14366)			934		
27-5-18	Discharged			1007		





SURNAME. *Campbell.*

CHRISTIAN NAMES *William, Henry.*

REGL. No. RANK *Lieut.*

UNIT *109th.*

FORMER CORPS *15<sup>th</sup> Regt. Q. & I.*

*D.O.S. 11/6/19  
Ret. to act. foll. ~~10.0.2071 9/7/19~~  
No. 171 20/6/19 #200*

*P.O. 1995 is cancelled Bn.  
by 4702122*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Campbell, Mrs. Robert.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Foxboro, Ont.*

COUNTRY OF BIRTH *Canada, Foxboro, Ont.*

DATE *July 10th. 1892.*

PLACE OF ATTESTATION

DATE

*Sailed from Halifax per. S.S.*

*S.S. to Canada 21-11-18.*

*Olympic 23/7/16 #88*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING *Cashier Ins. Co.* RELIGION *Presbyterian*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Apr. 25th. 1916*

*Present Address: Foybrow, Ont.*

*Plum by this Dept.  
no medals by Air Min.*

332-15-33

14<sup>15</sup>/<sub>25</sub>

Number..... Rank..... *Lieut.*

Surname..... *CAMPBELL*

Christian Name..... *Wm. Henry*

Units..... Theatre of War..... *England*

Date of Service.....

Remarks.....

Latest Address.....

Roll No. *(A 4279)*

1m-5-23-M63

*P.T.O.*

Dup Bonn Hex/Bapt. A. C. S.  
Swett (A 4279) to be re-issued  
for this man.

28<sup>10</sup>/<sub>25</sub> W.L.

*Broome  
attached 25-  
17/19*

*No medals by Air Dept  
BOM " this Dept. 302-10-33 14/25*

Number ..... Rank **LIEUT.**

Surname **CAMPBELL**

Christian Name **WILLIAM HENRY**

Units ..... Theatre of War **ENG.**

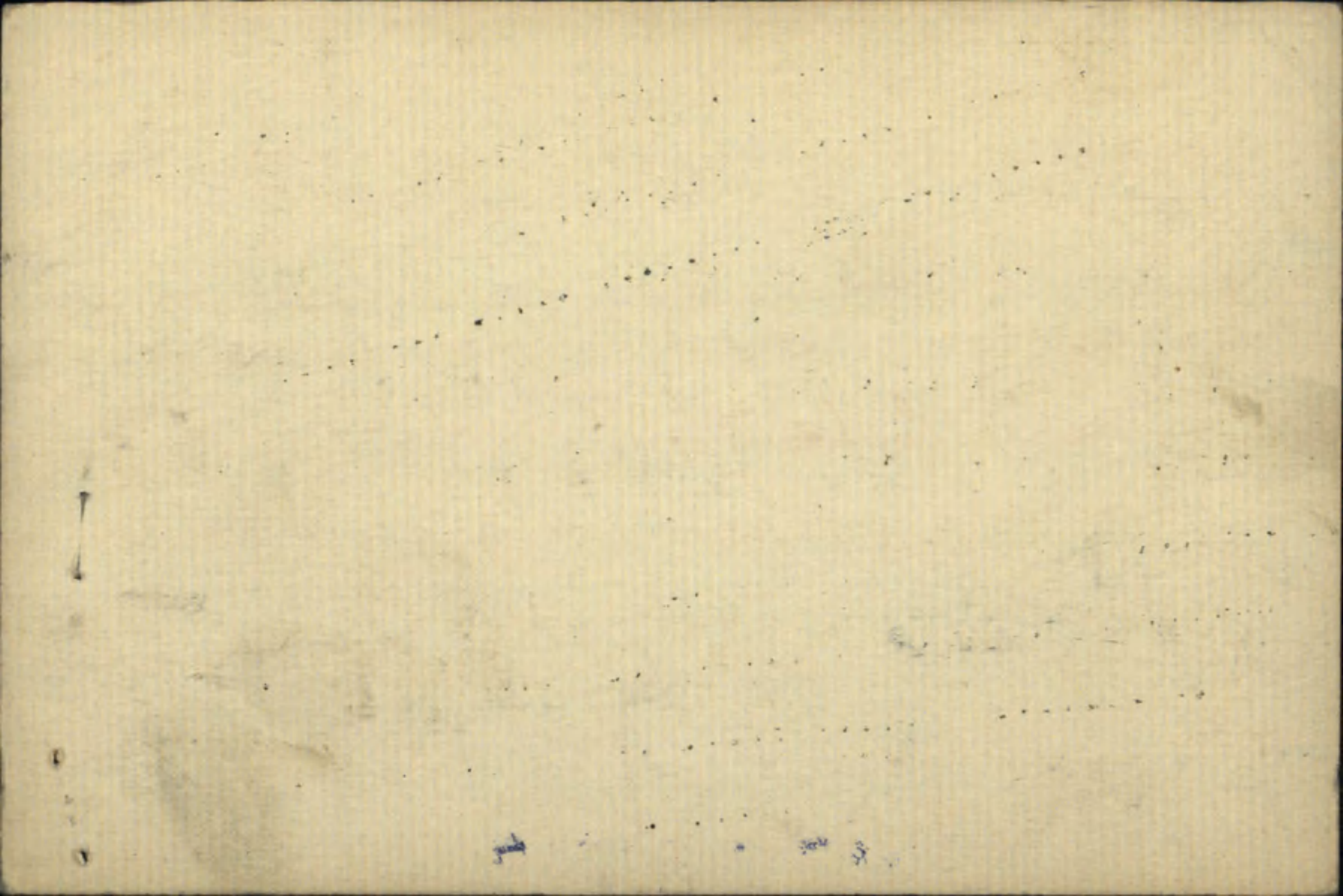
Date of Service **23.7.16** ..... **21.11.18**

Remarks *Attached to R.F.C. 29.10.16 Pt II Ord 305. 1109th Bn 31/10/16  
Ceases to be attached 21.11.18 Pt II Ord 97 1st CORP. 1/16*

*1st CORP. Air Force Roll A 2 Page 23  
A.M. 252 361/20 / 57 of 10-7-20*

Latest Address .....

Roll No *A* Page 5040



CAMPBELL

W. H.

Lieut. 1st. C.O.R.D. att. R.F.C.

2nd. Northern General Hospital, Leeds. 21-7-17

R.F.C. Central Hospital, Hampstead. 13-3-18.

Disloc. lt. Shldr Acc.

*aw.*

Discharged: -27-5-18.

C.L.	9-1-18	876-4.
	18-3-18	934-3.
	13-6-18	1007-5.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London

Surname

Christian Name

CAMPBELL.

W.H.

Rank

Unit

Lieut.

109th Battn.

MEDICAL BOARD held at

Date

Serial No.

(1) Bramshott.

7-9-16.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

(None).

Disposition Recommended

(1) Fit for General Service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks



COPY .

MILITIA AND DEFENCE

November 22nd, 1918.

To: Col. Geo. Acheson  
Medical Officer.

Sir:-

Re bearer Lieut. W.H. Campbell,  
Examinations shows apparently no response to Faradic  
current or at least not enough to state that it does  
respond.

With Lewis Jones condensor Deltord  
muscle responds to 4 M.A. and considering that it is  
now 18 months since injury I believe that bearer should  
be treated for at least 2 months to see what chances there  
are of recovery.

I will be glad to have him treated  
if he can be placed in O.C.H. Meanwhile in order that he  
may attend here.

(Sgd) Lorne Cook  
Acting SMO.

Hart House School.



# MEDICAL TRANSFER CERTIFICATE

Army Book 172

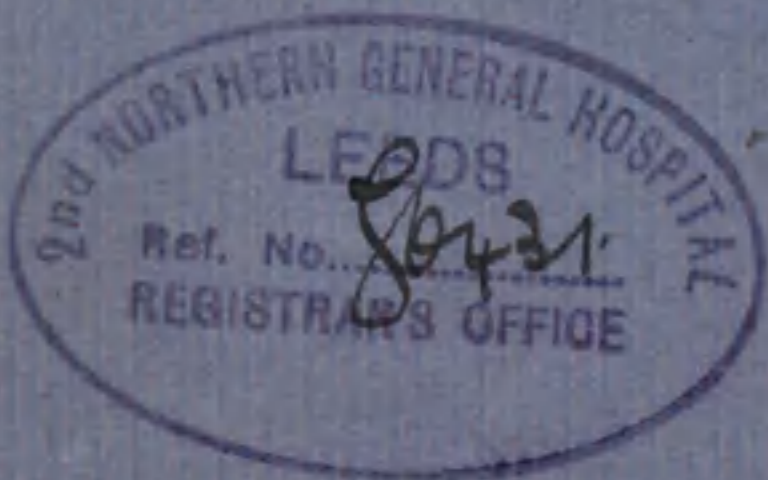
(To accompany a Man Transferred from one Hospital to another)

Extract from Admission and Discharge Book of 2nd Northern General Hospital, Leeds Hospital at \_\_\_\_\_ Date 12.3.18

No. of Case	Regiment or Corps	Troop or Company	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name.	Completed Years of			DATES		Religion	DISEASE (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred
					Age last Birthday	Service	Service in the command	Admitted into Hospital	Transferred			
U.C.I.	Canadian Infy. att. R. I. C.			Lieut Campbell W. H.	25	2	-	21-7-17	12.3.18	Pres.	Dislocation of L. Shoulder (Flying Accident in U.S.)	Central R.I.C. Hospital Orampstead

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer

*A.C. 27-1918.*

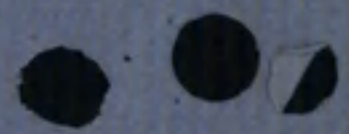


*J. Hough* CAPT. R. A. M. O., T.

Medical Officer in Charge

MEDICAL CERTIFICATE BOOK

London: Printed for H.M. Stationery Office by Willmott & Sons, Limited.



1914

...

...

...

...

...

...

Eye Specialist's Report.

Lieut. Campbell, W.H.

There is nothing wrong with the Right Eye, except half a diopetre of hypermetropic astigmatism, and this is apparently the cause of the conjunctival hyperaemia which often occurs after a few minutes' reading.

I have given him the necessary glasses which will put him right. He had the correct glasses for reading already, but had not used them. I have advised him, in addition, to have distance glasses.

(Signed) G. S. Stewart.

Eye Specialist's Report.

Lieut. Campbell, W. R.

There is nothing wrong with the Right Eye, except

half a dioptre of hypermetropic astigmatism, and this is

apparently the cause of the conjunctival hyperaemia which

often occurs after a few minutes' reading.

I have given him the necessary glasses which will

put him right. He had the correct glasses for reading

already, but had not used them. I have advised him, in

addition, to have distance glasses.

(Signed) G. S. Stewart.

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

109/30  
R-1  
R7C

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109<sup>th</sup> Battalion.

Regimental No. \_\_\_\_\_ Rank Lieut Name Campbell William Genie

C. E. F.

Enlisted (a) 1800/15 <sup>50 Bn.</sup> Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 23/7/16.

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

**CERTIFIED CORRECT**  
25 SEP 1916  
CANADIAN RECORD OFFICE

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_

*Trans. from 50 Bn to 109 Bn. 20 Nov 15*

Qualification (b) Major

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
Date	From whom received				

FOR COLLECTING RECORDS, C.E.F.  
taken from Army Form B. 213, Army Form A. 36, or other official documents.

FOR COLLECTING RECORDS; C.E.F.  
L. No. 17. 7. 16

Embarked Canada 23/7/16.  
Disembarked England.

Attd R F Corps Reading 29/10/16 Lt. G. Park II No 305  
31/10/16

by 31 May 17 (fall from aircraft)

G. F. LeCraw Adj

O. O. 109th Overseas Battalion, C. E. F.



(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				



# CANADIAN EXPEDITIONARY FORCE

P.M.M. 2-35.

R.A.P.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant .....

(Name in full)..... William Henry CAMPBELL. .....

Enlisted in..... 80th Battalion. .....

CANADIAN EXPEDITIONARY FORCE, on the.....~~XX~~.....

day of.....~~XXXXXXXXXXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 80th Battalion. .....

CANADIAN EXPEDITIONARY FORCE on the..... Eighteenth ..... day

of..... October ..... 1915.....

HE SERVED in CANADA, and England with the 80th Battalion., 109th Batta-  
lion., and 1st Central Ontario Regiment., .....

and was STRUCK OFF THE STRENGTH on the..... Eleventh ..... day

of..... June ..... 1919 by reason of..... General Demobilization .....

Dated at Ottawa, this..... Twenty Seventh ..... day

of..... May ..... 1920

Seconded for service with the Royal Flying Corps, 29-10-16.  
Ceases to be Seconded to the Royal Air Force, 11-6-19.

.....  
..... for ..... Capt.  
..... Director of Personal Services.

UNIVERSITY OF TORONTO  
LIBRARY

1911

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THE UNIVERSITY OF TORONTO

# ORIGINAL: Original MEDICAL HISTORY SHEET.

Surname Campbell Christian Name William Henry

Examined { on 25 day of April 1916  
 at Sudbury  
 Birthplace { City or Town Foxboro  
 County Ontario

Approved by J. McCulloch Capt.  
 Rank Medical Officer M.O.  
109th Overseas Battalion, C. E. F.

Apparent age 23 years  
 Trade or occupation Insurance Cashier  
 Height 5 Feet 10 1/2 Inches.  
 Weight 145 Lbs.  
 Chest measurement { Minimum 33 1/2 inches.  
 Maximum expansion 37 1/2 inches.  
 Physical development Good  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One  
 Number one

Date	Result	VACCINATIONS.
<u>22.3.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 22<sup>nd</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>8.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 25 day of April 1916 at Sudbury

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn C.E.F.</u>	<u>Lieut</u>		<u>25.4.16</u>
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



PROCEEDINGS OF A MEDICAL BOARD

228

assembled at Bramshott on 7-9-16  
 by order of A.D.M.S. Canadians  
 for the purpose of examining and reporting upon the present state of health of  
 (Rank and Name) Lt W. H. Campbell (Corps) 109<sup>th</sup> Batts  
 Age 25 Service 12/12 Disability None  
 Date of commencement of leave granted for present disability Not applicable.  
 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 fulfils the conditions of A.O. #350.1912. viz. His vision (including normal color perception) is normal.  
He does not suffer from deafness or any form of middle ear disease.  
That his respiratory, circulatory and nervous systems are normal.  
And that he is in other respects physically fit for General Service.  
Height 5 ft 11 in Weight 155<sup>lb</sup>

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.
- b. If not so fit, how long is he likely to be unfit? Not applicable.
- (2.) a. If unfit for General Service, is he fit for service at home? Not applicable.
- b. If not so fit, how long is he likely to be unfit for service at home? Not applicable.
- c. If unfit for General Service at home, is he fit for light duty at home? Not applicable.
- d. If not so fit, how long is he likely to be unfit for light duty at home? Not applicable.
- (3.) Was the disability contracted in the service? Not applicable.
- (4.) Was it contracted under circumstances over which he had no control? Not applicable.
- (5.) Was it caused by military service? Not applicable.
- (6.) If caused by military service, to what specific conditions is it attributed? Not applicable.
- (7.) If the disability was not caused by military service, was it aggravated by it? Not applicable.

W. H. Mackenzie Major President.  
A. MacLaren Capt. Member.  
A. Macfarlane Capt. Member.

Bramshott Camp, Hants. 7- SEP 1916

APPROVED.

(5725) W. 19760/112 v. 2004. 2/16. C. P., Ltd. Forms  
 D.A.D.M.S. for A.45 M.S. for G.O.C.  
 Corps, Bramshott Camp.

I concur in the findings of the Board of Medical Officers here recorded. W. H. Mackenzie

9 SEP 1916 Captain, C.A.M.C. For D.M.S. Canadian Contingents.

[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.

(9) Is your Father alive? *yes* To be made out in duplicate.

If so, state name and address *Leht Campbell Keros out*

(10) Is your Mother alive? *yes* PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN GREAT BRITAIN

If so, state name and address *Mrs Leht Campbell*  
*Keros out* INSTRUCTIONS

(11) If your Mother is a widow *no* (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 it is not to be reassigned to another man. (c) If you are her sole support, or not

(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.

(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.

(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.

*Leht Campbell*  
*Keros out*

(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.

(15) Are you insured? *no* (2) Are you married, or not?

If so, in what Company? (3) Full name of Soldier

Have you made arrangements for payment of your Insurance premium? (4) Place of Birth

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make. (5) Full name of your wife

(6) If married, state Present Postal Address

Date *July 14, 1916*

*[Signature]*  
**Lt. Col.**  
**C. C. 199th Overseas Battalion, C.E.F.**

DUPLICATE

To be made out in duplicate.

I.L.O. 50-21-20-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

Lieut.

(3) Full Name of Soldier.....

William Henry Campbell

(4) Place of Birth.....

Toronto Ontario

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

no

(6) If married, state,  
(a) Full name of your wife.....

✓

(b) Present Postal Address.....

✓

(7) Are you a widower?.....

no

(8) Have you any children?.....

no

If so, give number of boys and girls.....

✓

Also their names and ages.....

✓



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut.	Campbell	W. H.
Year	Unit.	Age.	Service.	
	Canadian Inf. Att. 7-7-6.			
Station and Date.	Disease Dislocation of shoulder, + fracture of upper & outer part of greater tuberosity of humerus (left)			
Notes cont:				
March 12 <sup>th</sup> 1918.	Fay Board			
	Recovery of papers in the Deltaid is likely to take a long time - probably six months.			
	He should continue massage & electricity.			
	A. L. Duagg. Fay (A.M.-6)			

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



Station  
and Date.

Oct 2-17. Elbow no power - No faradic response  
but now there is distinct improvement to  
galvanism Kcc & Acc  
no R.D. J.A. Burrow

I think that the Deltoid should be relaxed  
by means of Scudder's pad, or better still by  
abduction splint for shoulder.

He should have daily galvanic  
treatment to left shoulder & be  
reexamined in 28 days J.A.B.

Oct 6-17. Abduction Shoulder Splint R.L.H.

Nov 5-17. M.L. Lodge & Gent 3 Tds

Nov 11-17 Capt. Burrow 11-15 am 24<sup>th</sup> inst G.P.D.

Nov 24-17 Deltoid not recovered power  
No faradic  
Acc & Acc Slowish  
Anaesthesia partial as before  
J.A.B.

Suggest 28 Days further trial of Splinting  
which has only been effective 10 Days so far  
Dec 20/17 Board 2<sup>nd</sup> N.G.S. Leeds A.P. Burrow

Jan 1/18 This deltoid is not improving & though it  
suggests an incomplete lesion I feel that  
we are not getting on - Will Major Knapp  
consider question of surgical repair  
J.A. Burrow

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut.	Campbell	W.A.
Year		Unit.	Age.	Service.
1917		Canadian Infy 4th Batt. R.F.C.	25	2.
Station and Date.	Disease Dislocation of left Shoulder (Flying Acc)			
2 <sup>nd</sup> H Gdt Leeds	Date of Disability		31 <sup>st</sup> March-1917.	
	How caused, Where At. Lincoln. Machine came down			
July 22/17	Now there is wasting of the deltoid & stiffness of shoulder & he cannot abduct at shoulder joint. Shing.			
	Will Capt. Burrows investigate the circumstances			
	There has evidently been some injury to the greater tuberosity of this & the circumflex likely to have been involved			
July 29/17	Massage to Shoulder			
Aug 4-17	There is no circumflex action & R.D. is present probably almost complete loss J.W.D.			
Aug 16-17	Board. 2 <sup>nd</sup> H Gdt 1 month - J.W.D.			
Sept 26. 17	To stay for further treatment W.A.			
Oct 1, - 17	Will May Griffiths who has seen this case before consult with Capt Burrows as to the wisdom of op - interference R.L.K.			

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

Station  
and Date.

July 26/  
18 Board 2<sup>nd</sup> N G L. A.C.B.

March 5/18 Wounds healed. 1<sup>st</sup> intentions  
Massage & Elect<sup>y</sup> to Deltoid & etc.  
R.L.K.

Apr 12-18 For Board.  
Recovery of powers in the  
Deltoid is likely to take a long  
time - possibly six months  
He can do many kinds of  
work, but he should continue  
Elect<sup>y</sup> & Massage

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
Station and Date.	Disease			
			Lieut Campbell	W H
	Canadian Lt. Inf	25		1912
	Dislocation R <sup>t</sup> Shoulder (31-317)			
2 <sup>nd</sup> HGA Leeds 1918 Feb 9	<p>Either - Flap outlined in diagram turned. Deltoid cut from its attachments to spine of Scapula and moved outwards. Structures coming thro' Quadrilateral space exposed - Nerve isolated &amp; found in much fibrous tissue in the quad<sup>r</sup> space - It was dissected from this to the soft tissues beyond this space anteriorly &amp; much of this fibrous tissue cut away. Owing to the depth of the hole and the dislocation to divide the two Major or Triceps and so do him more harm than good to the position of the shoulder - It was not possible to clean the nerve as it easily can be done in a flat dissection, but the nerve &amp; its breaking up branches were quite well displayed &amp; at one part a constriction on the main posterior of the nerve was clearly exposed. Gargils, Meats &amp; Stery Vaseline were put round it in the space &amp; the Deltoid replaced &amp; Flap sown up. The Nerve has been adherent to the under surface of the capsule</p> <p>R L Knappa</p>			

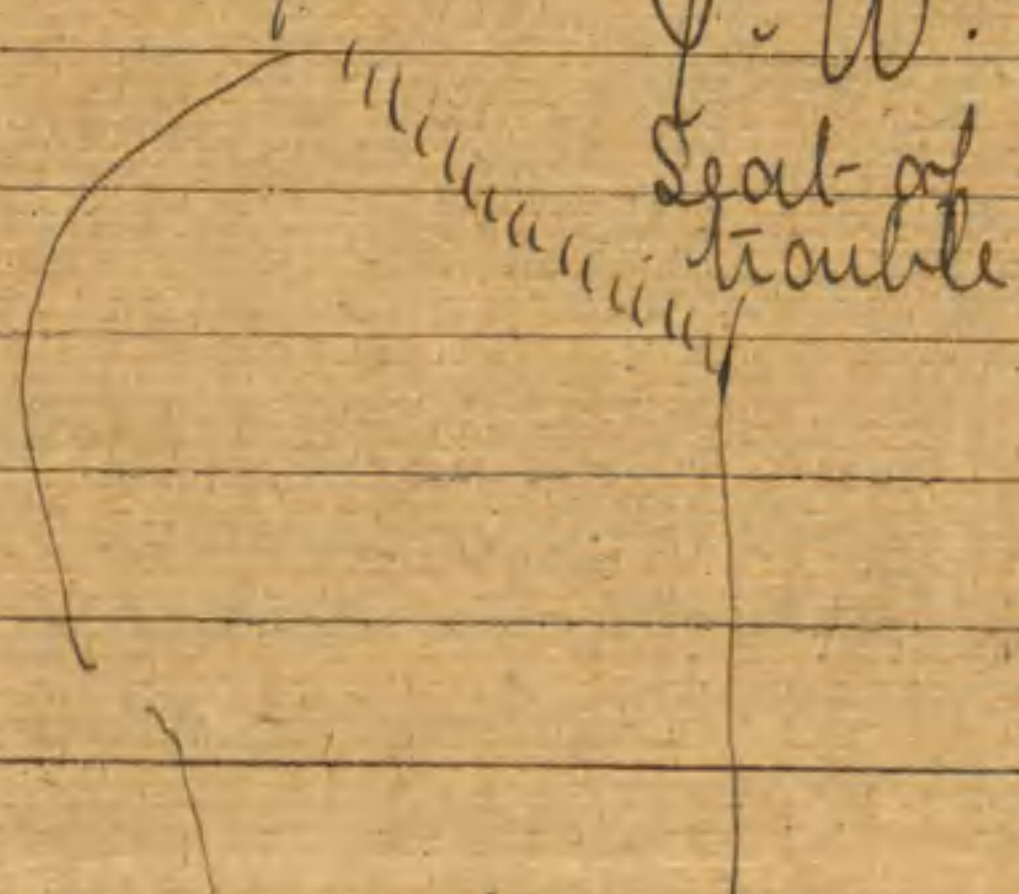
\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.

22-7-17 Will Capt. Burrow (Neurologist)  
investigate circumflex nerve.

24-7-17 There has evidently been some  
injury to the greater tuberosity  
of the humerus & the circumflex  
is likely to have been involved.

F. W. Burrows. (Capt.)



29-7-17 Massage to shoulder.

4-8-17 There is no circumflex action  
& N-D is present, probably almost  
complete loss.

F. W. Burrows

16-8-17. Medical Board.

To be retained for further treatment

16-9-17

1-10-17

Will Major Griffiths who has  
seen this case before consult  
with Capt. Burrow as to the  
wisdom of interference. R. L. Snagg

2-10-17

Deltoid - no power. - no faradic  
response, but now there is distinct  
improvement to galvanism. Ecc & Acc  
no N-D. F. W. Burrow

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
		Lieut.	Campbell.	W. H.
Year	Unit.	Age.	Service.	
	Canadian Inf.	Alt: 7-7-6.	2 yrs.	
Station and Date.	Disease			
Yarmouth Havocale	Dislocation of left shoulder & fracture of upper & outer part of greater tuberosity of humerus.			
	21-7-17 Pt. to be transferred to 2 <sup>nd</sup> Q. G. Hospital Beckett's Park. Leeds.			
	Primary trouble.			
	Dislocation of left shoulder.			
	Circumflex nerve involved.			
	Pt. has had massage & electric treatment.			
	At first there was improvement in condition of arm. Later - wasting of deltoid muscle.			
	To be admitted to 2 <sup>nd</sup> Q. G. Leeds.			
July 22 <sup>nd</sup> 1917.	Now there is wasting of left deltoid & stiffness of shoulder. We cannot abduct at shoulder joint. Diagram please. J. L. Snaggs.			
X-ray report.	There has been bony injury with partial fracture, notably of outer & upper part of greater tuberosity of humerus. W. B. Seagull			

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Station  
and Date.

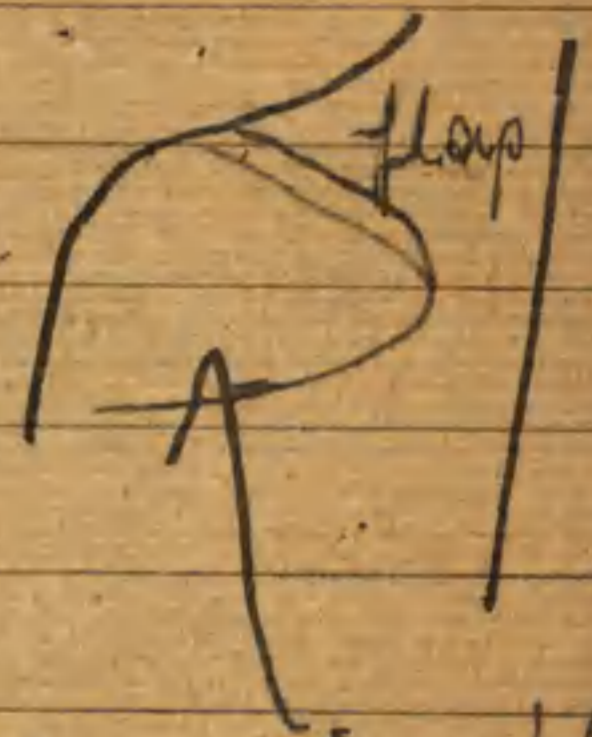
of surgical repair

J. W. Burns.

9. 2. 18.

Letter. Flap outlined  
in diagram turned.  
Deltoid cut from its  
attachments to spine  
of scapula & turned  
outwards, structures coming through  
quadrilateral spaces exposed.  
Nerve isolated & found in much  
fibrous tissue in quadrilateral  
space anteriorly — & much of  
the fibrous tissue cut away.  
Owing to the depth of the hole,  
& the **disinclination** to divide  
the two heads of triceps, & so  
do more harm than good to  
this portion of the shoulder, it  
was not possible to clean the  
nerve, **as it** clearly can be done  
in a flat dissection, but the  
nerve & its breaking up branches  
were quite well displayed & at  
one point a constriction on the  
main portion of the nerve was  
clearly exposed.

Cargyle's membrane & sterilized  
vaseline were put round it in  
this space & then Deltoid replaced,  
& flap sewn up. The nerve had been  
adherent to under surface of the capsule



N. 2. 1899

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
Year	Unit.	Age.	Service.	
			Lieut. Campbell.	W. H.
	Canadian Exp. Att: 7-7-6			2 yrs
Station and Date.	Disease			
2-10-17	Dislocation of shoulder with partial fracture of greater tuberosity of humerus (left)			
	I think that the deltoid should be relaxed by means of Sculler's pad, or better still, by abduction splint from shoulder.			
	He should have daily galvanic treatment to left shoulder & be re-examined in 28 days.			
6-10-17	Abduction shoulder splint.	J. W. Bunker		
Nov: 7 <sup>th</sup>	Went to Dodge & Gent: 3 <sup>rd</sup> T. D. S.	J. L. R.		
19-11-17	Capt. Bunker. 11-15 a.m. Deltoid not recovered. No faradic. Anesthesia partial as before. Suggest 28 days further trial of splinting, which has only been effective 10 days so far.			
Dec: 20 <sup>th</sup> 1-1-18	Board. To stay. 2 <sup>nd</sup> J. L. Leeds. This deltoid is not improving, & though it suggests an incomplete lesion, I feel we are not getting on. Will Major Snagg consider question			

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

Station  
and Date.

condition of the left shoulder.  
Abduction is still poor. The  
deltoid is flattened. The knee  
has considerably improved.

13-6-17 There is continued improvement  
in both shoulder and knee.  
Pt has had slight rheumatism  
in both trapezius muscles.

21-6-17 Movements of left shoulder much  
freer, slight weakness, and  
limitation on abduction.

Is to see eye specialist on Saturday  
with Dep's mixture.

28-6-17 Has seen eye specialist. Report  
attached. Condition of shoulder  
much improved. Omit Bissinger Water

5-7-17 Steadily improving. Abduction  
of arm still poor.

Weight.

8-6-17	11 stones. 2 1/2 lbs
20-6-17	11 " 1 1/2 "
2-7-17	11 " "
27-6-17	10 " 13 "

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
Year	Unit.	Age.	Service.	
1917.	Canadian Inf: att: 7-7-6.		Lieut. Campbell.	W. H.
Station and Date.	Disease Dislocation of left shoulder,			
31-3-17	† bony injury † lying accident at Lincoln, 31-3-17 † extensive bruising & swelling of shoulder & left arm. No fracture located, owing to amount of swelling present.			
19-5-17	Transferred to Funes Auxiliary Hospital. Hanogate. Previous Medical Case Sheet, not sent from Lincoln.			
Funes	Last Medical Board. 19-5-17 Aux: Hospital. Been in Hospital from 31-3-17 until transferred here. 19-5-17			
26-5-17	Present condition. Flattening of shoulder muscles, deltoid, etc. To have massage & movement. Patient is unable to completely flex right knee, which also was injured at time of accident. Massage, movement. Electric breeze to shoulder. Kissinger Water. (Signed). D. Allen			
31-5-17	Carry on treatment.			
7-6-17	There is slow improvement in the			

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

Rank and Name

CAMPBELL, William Henry

Lieut.

Regimental No.

Name and Address of Next-of-Kin

Mother

Unit 109th Battn.

Mrs Robt Campbell

Date of enlistment

Foxboro, Ontario, Canada.

Place of birth

Foxboro, Ontario, Canada.

Married (Yes or No)

No.

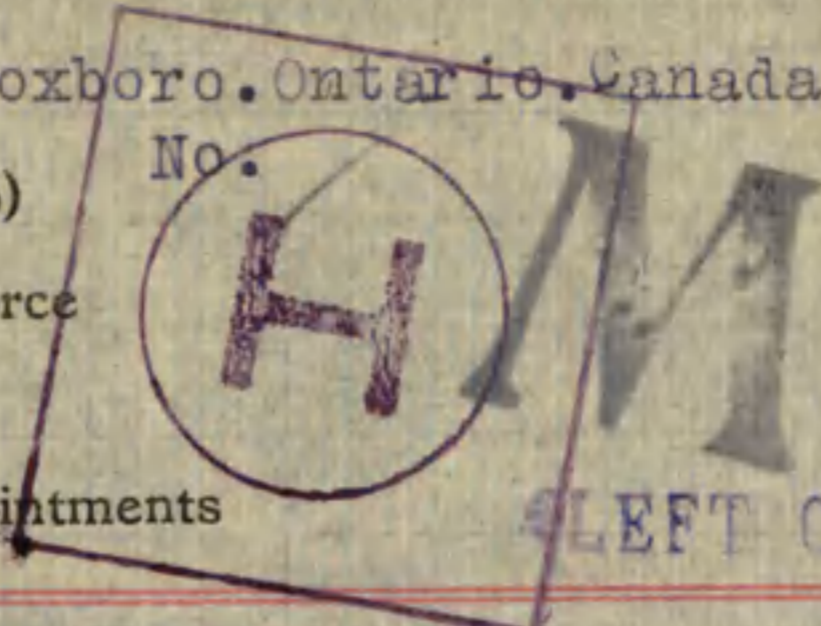
Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments



LEFT CANADA 23-7-18

HQ. A.F.B. 103 25/9/16 to unit.

109th

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				
31.10.16	109. Bu.	Proceeded to Reading for attachment to Royal Flying Corps		29.10.16	P/4 ad. 306. ✓
9.1.18	C.R.O.	Adm 2 Northern General Hospital Leeds		21.4.17	P/876 dislocation L. shoulder
21.1.18	12 Res Bn	SOS from 109 Bn		21.12.16	P/10018
21.1.18	12 Res Bn	SOS to 100 B.D.		21.5.17	P/10018
22.1.18	100 B.D.	SOS on flying from 12 Res, det. to R.F.C. -		29.10.16	P/10022
18.3.18	amb.	Adm Genl. R.F.C. Hospital, Manchester Discharged		13.3.18 29.5.18	P/934 dislocation L. shoulder CL. 1007
3-5-19	100 B.D.	Seases to be det. to R.F.C. as SOS to Canada		21.11.18	P/10094

A.F.B. 103, 11 MAY. 1917

15677

21.11.18 to Canada.

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

1885

*[Faint handwritten text, possibly a signature or name]*

*[Faint handwritten text, possibly a name or title]*

Name Lieut Campbell William Henry

M. F. W. 41  
1 OM-7-16  
1772-39 889.  
332-15-33

Regimental No. \_\_\_\_\_  
Unit 109<sup>th</sup> Bu - 4th<sup>th</sup> R.A.F.

Name and address of next-of-kin A.P. 02719-10-55

Date of enlistment \_\_\_\_\_

Place of \_\_\_\_\_

MS #2 COMF to 66<sup>th</sup> J 22<sup>nd</sup> R.O. 1917 folio 20 to June 23<sup>rd</sup> 1919  
folio 28 - placed in Category "D 3" for 6 months treatment. To Aug. 27<sup>th</sup> 1919

Married (yes or no) SA nil ✓

Date and place discharged Leave May 23<sup>rd</sup> to August 23<sup>rd</sup> 1918

Amount of pay assigned monthly \$ AP Nil ✓

Reason for discharge Recommended Category "D" for 3 months  
file folio 15 -

To whom payable

Character on discharge

Metagama

Apr 22-6-18

L.P.C. class 30-6-18  
C.P.C.

Ob 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
1.7.18	21 <sup>st</sup> 18	144	200	288.00	73	60	4380					150.00	✓	411 d/12 <sup>th</sup> 8 <sup>th</sup> M.W. #3
12.9.18	21 <sup>st</sup> 18				71	100	71.00	26.50				150.00	✓	425 d/9 <sup>th</sup> " " #3
					<u>Dr Bal.</u>		895.90	1325.00				200.00	✓	441 d/21 <sup>st</sup> 18 " " #3
												150.00	✓	453 d/7 <sup>th</sup> 18 " " #3
												200.00	✓	3656 d/9 <sup>th</sup> 19 " 2
												200.00	✓	3694 d/11 <sup>th</sup> 19 " #2
												150.00	✓	66544 d/2 <sup>nd</sup> 19 " #2
												125.00	✓	66570 d/5 <sup>th</sup> 19 " 2
				288.00			11-10922.20	1325.00				1325.00	✓	Field allow 1 <sup>st</sup> 18 to 11 <sup>th</sup> 18 at 60¢
														Field allow 12 <sup>th</sup> 18 to 21 <sup>st</sup> 18 at 1.00
														Flying Pay 1 <sup>st</sup> 18 to 22 <sup>nd</sup> 18 at 50¢

Transferred to MS #2. 21<sup>st</sup> 18 - L.P.C. rendered 25<sup>th</sup> 19

Subs. not included  
Dates of sailing  
and arrival not  
available.





Unit: 109<sup>th</sup> O/S. Batt. Rank: Lieut. Name: Campbell, Wm Henry.

### OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE TRIPLICATE

#### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Campbell
- (b) What are your Christian Names? William Henry
2. (a) Where were you born? (State place and country) Foxboro, Ont. Canada
- (b) What is your present address? Foxboro, Ont. Canada
3. What is the date of your birth? 10<sup>th</sup> July 1892.
4. What is (a) the name of your next-of-kin? Mrs Robt Campbell
- (b) the address of your next-of-kin? Foxboro Ont Canada
- (c) the relationship of your next-of-kin? mother
5. What is your profession or occupation? Cashier Insurance Company
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 15<sup>th</sup> Regt. A. C. S.
9. State particulars of any former Military Service. none
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Wm Campbell (Signature of Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 25 1916

Place Lindsay

J MacCulloch Capt.  
Medical Officer  
109th Overseas Battalion, C. E. F.

\*Insert here "fit" or "unfit".

107  
REPORT OF THE  
FEDERAL BUREAU OF INVESTIGATION

CHARLES W. ...  
MAY 1954

DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

COMMUNICATIONS SECTION

TO : SAC, NEW YORK

FROM : SAC, PHOENIX

RE : ...

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ASSIGNED PAY.

UNIT.

RANK.

NAME.

1917-18

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

*C. 76.*

*Rate of Pay  
Pay \$ 2.50  
Fall. .60  
Thee 1.00*

*Lieut*

*New Canada  
D.R. 1118 C.R.  
7-8-16*

Name

Initials

Bank

*Campbell  
W.H.  
of Montreal*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

*Apr 25 April Pay R*

*123*

*30*

*Bank*

*3010*

*123*

*May 16 Flying pay 30/16-15/17*

*4523*

*" 16 " " 30/16-15/17 No 2372*

*39*

*" 22 May Pay R*

*12710*

*26*

*Bank*

*6029*

*12710*

*June 20 June Pay R*

*123*

*26*

*Bank*

*7999*

*123*

*July 11 **Ratieris 7-31 8/17.1***

*1067 ✓*

*1/2-3-9 \$10.65 ✓*

*21*

*July Pay R*

*12710*

*26*

*Bank*

*13071*

*12710*

*Aug 20 Pay R*

*12710*

*26*

*Bank*

*17361*

*12710*

*Sept 20 Pay R*

*123*

*24*

*Bank*

*21814*

*123*

*Oct 15 Pay R*

*12710*

*27*

*Bank*

*26125*

*12710*

*Nov 16 Pay Nov. (R)*

*123*

*22*

*Bank*

*30733*

*123*

*Dec 10 Pay R Dec*

*12710*

*15*

*Bank*

*35096*

*12710*

*Jan 21 Pay R Jan*

*12710*

*4*

*Bank*

*39059*

*12710*

*Feb 15 Feb Pay R*

*11480*

*20*

*Bank*

*40995*

*11480*

*7wd*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*H. G.*

*30<sup>10</sup>/11*

*late # 50 to  
all 60  
mess 1.00*

*lieut*

Name

Initials

Bank of

*Campbell  
W. A.  
Bank of Montreal*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS

*1918*

*March 19 1918  
23  
March Pay R.  
Brot Forward*

*Bank 42616*

*127 10*

*127 10*

*0*  
*0*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

RATES

AUTHORITY

DATE & AUTHORITY

R. L. L.  
30<sup>10</sup>/<sub>76</sub>  
Pay  
1<sup>00</sup>/<sub>76</sub>  
Miss  
1  
Pay  
50  
4<sup>10</sup>/<sub>76</sub>

2 pd. Lieut.  
60 "  
1 "  
50 "  
4<sup>10</sup>/<sub>76</sub>

from Canada  
A/O, 1425, 620  
7<sup>8</sup>/<sub>16</sub>

Name Campbell.  
Initials W. H.  
Bank of Montreal

Flying Pay for 1<sup>4</sup>/<sub>8</sub> to 22<sup>8</sup>/<sub>18</sub>. V. 5216

DATE  
1918

PARTICULARS

1918-19

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

Apr 20	Apr 20 Pay R								
23	Bank	1145		123					
May 15	May 15 Pay R								
	Bank	2645		127 10					
June 3	June P & A advanced								
	Direct	2956		123 -					
13	Pay June R			108 -					
27	Flying Pay 1-30 6 <sup>1</sup> / <sub>8</sub> @ 50¢ p.d.		V. 5216	15 -					
July 7	Pay July R			111 60					
	Flying Pay 1-31 7 <sup>1</sup> / <sub>8</sub>		V. 5216	15 50					
Aug 1	" " 1-22 8 <sup>1</sup> / <sub>8</sub>		V. 5216	11 -					
20	Pay Aug R			111 60					
Sept	Pay Sept R			108 -					
	<del>Pay Oct R</del>								
Nov 14	Overcredited { Fly pay @ 50¢ 1 <sup>4</sup> / <sub>8</sub> to 22 <sup>8</sup> / <sub>18</sub> 26 <sup>50</sup> / <sub>76</sub> b. P. C. V. 482								

Long to loan  
L. P. 6 to 30<sup>6</sup>/<sub>18</sub>  
Dr. 15 - Note to be carried  
forward until returned  
a 127 10  
a 249 70  
a 357 70  
Off to Mr. Ledger  
Dr L. 5-12-9<sup>11</sup>/<sub>18</sub>

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

ISSUE DATE AUTHORITY

109th Bn.  
R.F.C.

Lieut.

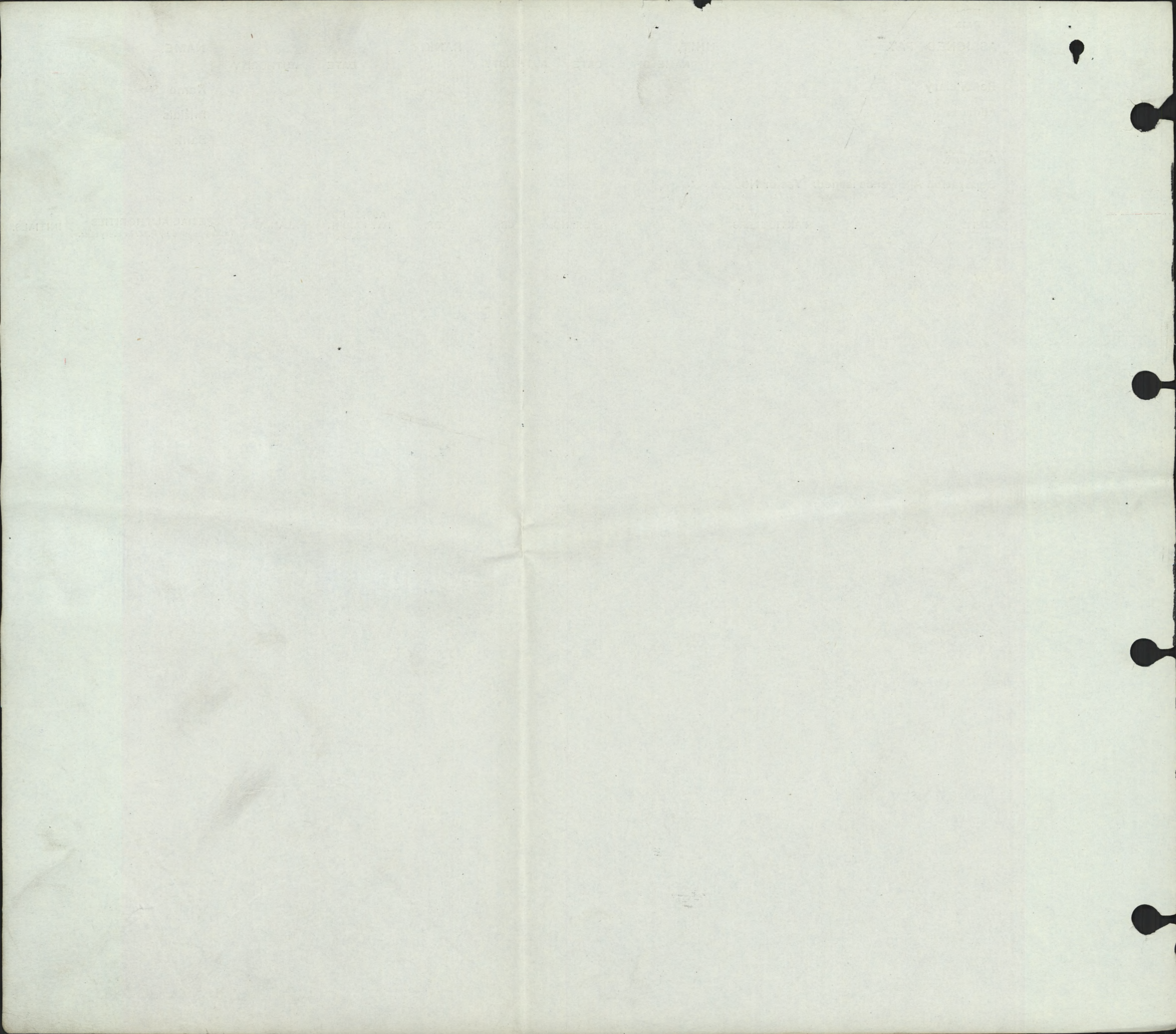
31.7.16. From Canada  
D.R.O.#1225 C.F.D.  
d/7-8-16.

Name Campbell  
Initials W.F.  
Bank of Montreal.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Aug 16	Rank	6519		40 60				
18	Pay 2 <sup>1</sup> / <sub>8</sub> - 31/8/16 Gr. Sal fr. Can		112 60					
			40 60					
24	Rank	7400		112 60				
Sept 19	Pay Sept R.		108					
		Bank 9469		108				
Oct 19	Pay Oct R.		111 60					
		Bank 10998		111 60				
25	Pay Nov R.		108					
Nov 20		Bank		108				
24		Rank	14190					
Dec 13	Dec Pay		111 60					
20		Bank		111 60				
1917			111 60					
Jan 20	Jan Pay			111 60				
26		Bank 19288		111 60				
Feb 19	Feb Pay.		100 80					
21		Bank		100 80				
27	Flying Pay 16 <sup>1</sup> / <sub>7</sub> -28 <sup>1</sup> / <sub>7</sub> 44.0450.50	Bank		22				
March 21	Do	Do	22					
"	Pay March.		127 10					
28	Bank	24837		127 10				

Transferred to ledger 11 from 15 March 10/1917.





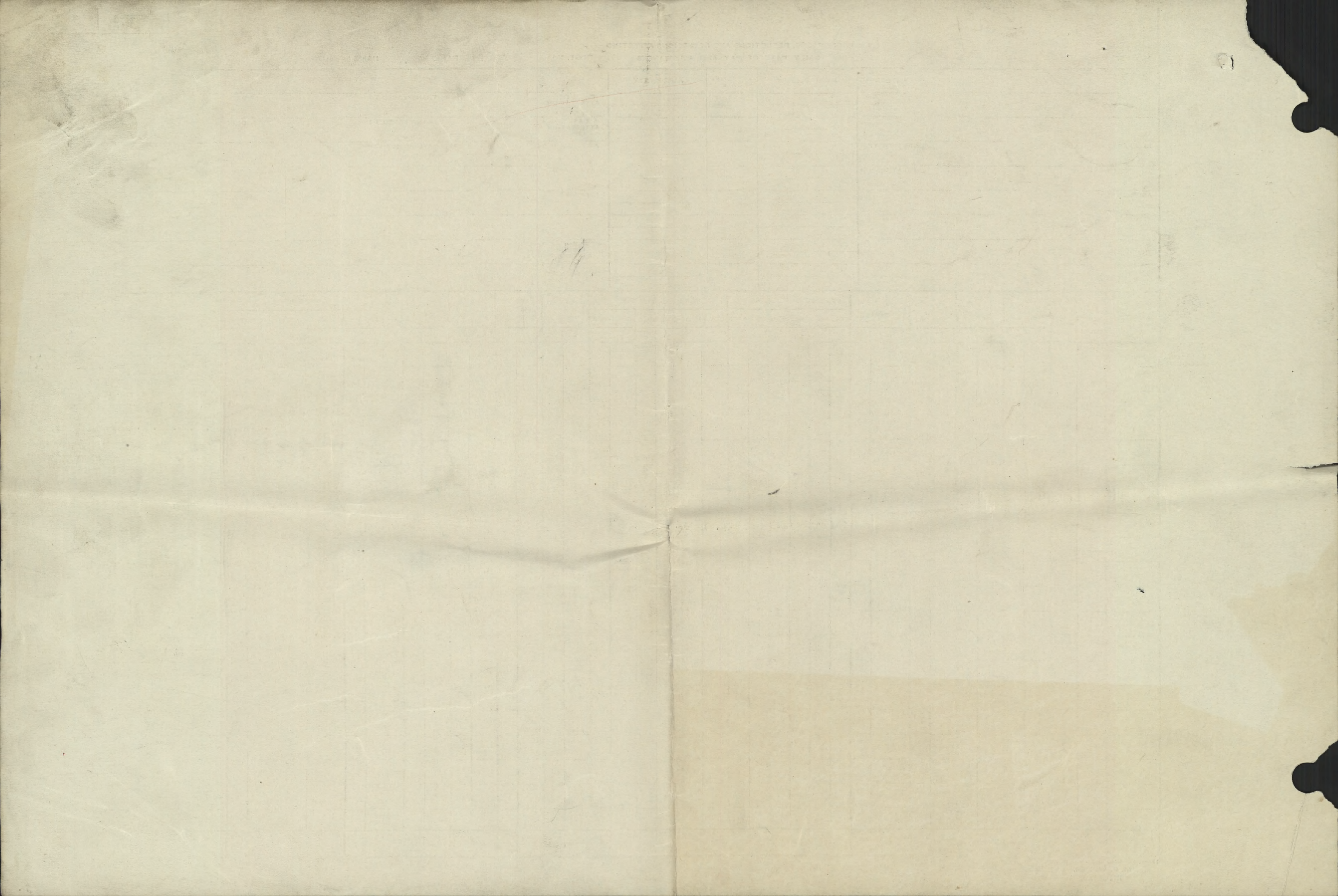
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. No. RANK LT. NAME (IN FULL) C A M P B E L L WILLIAM HENRY

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
						REASON	AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY

*200 Drummond Bldg Montreal Que*  
*17/9/15* *24/4/16 OK*  
*see file Ca 430*  
*11-6-19* *Remob.* *DD. 171*

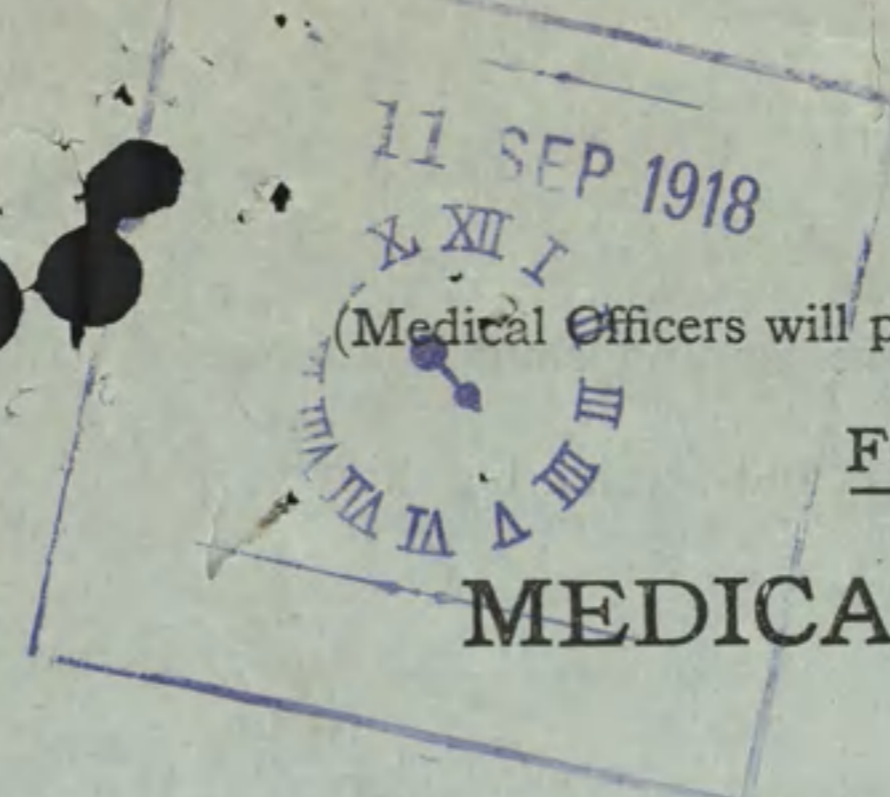
MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.													
BALANCE FROM PREVIOUS ACCOUNT																			
22-11-18	192	3 <sup>00</sup>	876		295	80	971	80					895	70			895.70 BY B.D. G.P.C.		
11-6-19													140		1108	70	295.80. Same as per B.D. of acct. 140 <sup>00</sup> was paid by Ottawa 15 <sup>00</sup> ... R.H.F. see CA 480		
													73 <sup>00</sup>						
													W.S.G.				T.O.S. D.O. 171		
183 days	3		5749		5749								236	90	312	10	W.S.G. 236.90		
			213		762								236	90	2510		AMOUNT DUE SOLDIER DEPENDENT		
									207	Jan	2 <sup>nd</sup>	175	36	73			Sur. Lt. 430 paid by Ottawa 15 <sup>00</sup> by R.H.F.		
									228	Jan	27	175	49	67			CAPT. PAYMASTER No. 2 DISTRICT DEPOT		
			762		762								432	10	669	93	No. credit \$140 <sup>00</sup> x \$13 <sup>00</sup> chgd. error = \$203 <sup>00</sup> Auth. in file Ca-430 d/p 4-12-19.		
													92	00	762	00			
													762		762		W.S.G. PAID IN FULL		



1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that 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.

can be felt over greater tuberosity of humerus.  
 Right at same level 13". A callous. He can raise arm in forward direction to within 20 degree of perpendicular and in a backward direction he can move arm 15 degree past vertical, arm pointing down; abduction practically nil. Power of grip almost normal extending from acromion inwards to inner angle of scapula, from there forward to 3" in front of posterior angle of axilla. Operation was for purpose apparently of removing pressure on circumflex nerve.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4



AP.

TRIPLICATE

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Kingaton, Ont.

Date Aug. 12-18.

NOTED ON CARDS  
P-2A  
W.L.J. 12-9.

1. (a) Unit Royal Flying Corps.  
 (b) Rank Lieut.  
 (c) Surname Campbell. (d) Christian name William H.  
 2. Age last birthday 25. Date of birth 10th July 1893.  
 3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Sept. 1915.  
 Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)  
 4. Personal description:  
 (a) Height 6' 0". (b) Weight 145.  
 (c) Complexion Fair. (d) Colour of hair D. Brown.  
 (e) Colour of eyes Blue. (f) Scars or tattoo marks Scar of operation left shoulder.  
 5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) Foxboro, Ont.  
 (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent  
 6. Former trade or occupation Cashier.

7. Service	PERIODS	
	From	To
80th Bn. C.F.A.	Sept. 1915.	Nov. 23, 1915.
109th Bn. C.F.A.	23-11-15.	Oct. 1916.
R.F.C.	Oct. 1916.	Date.

8. Disease or disability (use authorized nomenclature) Injury left shoulder.  
 (a) Date of origin 31-3-17. (b) Place of origin Lincolnshire Eng.  
 (c) Cause Ball from Airplane.

9. Present condition. (Important, to be a full description of the present condition or conditions.)  
**SUBJECTIVE -** Officer complains of inability to use arm freely. He can not lift any but the very lightest weights (4-5 lbs). There is no constant pain, but an occasional sharp pain through shoulder. In cold weather shoulder becomes stiff and sore and aches most of the time. He says that under present treatment massage, electricity and out door life that he is improving steadily.  
**OBJECTIVE -** Muscles of left shoulder much wasted. Bony prominences

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]  
 stand out clearly. The Deltoid is very much wasted, circumference of left arm at level of axilla is 11 1/2".

A MacLeod Major  
 in 4th Canadian Coy

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8. [Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

See sect. 9.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

12. Did the disability arise on or off duty? **On duty.**

13. Was a Court of Inquiry held? **No.**

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

Yes **Na.** No **NA.**

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No.**

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? **At least three months.**

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

**4th Northern Gen. 31-3-17 to 22-6-17. 2nd Northern Gen. 22-6-17. to 5-3-18. Hampstead. R.F.C. Hospital at 5-3-18 to 5-4-18. East Croydon 5-4-18 to 1-6-18.**

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

**Massage and Electrical treatment.**

19. Can the former trade or occupation be resumed? **Not at present.**

20. Recommendations.

**Category "D" for further convalescent treatment. Preferably as at present at man's home where massage and electricity, combined with out door life is causing satisfactory progress.**

*Chellid* **Capt. AMC.**  
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

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

*Wm Campbell*  
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

**Yes.**

- 22. Is the Officer 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.)

23. It is certified that the Officer

- (a) Does require treatment.
  - (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.)

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

**Category "D" for 3 mos for further treatment as at present.**

Station **Kingston, Ontario.**  
Date **12-8-18.**  
*M Mackey* **AMC.** President.  
*W. B. ...* **Capt. AMC.** Members.

APPROVED BY

Date **AUG 14 1918**

APPROVED BY

Date

*W. Craig* **Capt. A. M. C.**  
**For A. D. ...** Assistant Director of Medical Services.

Director General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

- (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.)

is fit for Home Service

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.

(Sgd) Geo. Acheson Col. President.

PLACE Toronto

(Sgd) C.A. Temp. e Capt.

Members

DATE 11th June 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President.

PLACE

Members

DATE

APPROVED BY

APPROVED BY

J. R. Christian Capt.

For Assistant Director of Medical Services.

Director-General of Medical Services.

DATE June 13, 1919

DATE

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 Toronto DATE 11th June 1919

1. 1 (a) Unit No. 2. District Depot Regimental No. (c) Rank Lieutenant.

(d) Surname CAMPBELL (e) Christian name William Henry

(f) Home address Foxboro, Ontario

(g) Next of Kin R. J. Campbell (h) Relationship Father

(i) Address of Next of Kin Foxboro, Ontario

2. Age last birthday 25 Date of birth 10th July 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston, Ontario (b) Date 7 Aug. 1915

4. Personal description:

(a) Height 6 ft. (b) Weight 147 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. scar on left shoulder

5. Former trade or occupation Cashier

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
		3

	PERIODS	
	From	To
Canada	7 Aug. 1915	1 Aug. 1916
England	1 Aug. 1916	9 June 1918
France or other theatres of War	9 June 1918	Present date
Canada	Nil	

7. Original disease, or injury (1) Fracture greater tuberosity left humerus (2) Injury left circumflex nerve.

(a) Date of origin 31-3-17 (b) Place of origin England

(c) Cause Aeroplane crash

M. F. B. 227.

300M.-8-18.  
1772-39-117.

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

Impaired function left arm

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:- Large irregular scar left shoulder posterior. Deltoid muscles have almost completely atrophied leaving left should and upper part of arm without the covering of this muscle. Movements of joint are fair except abduction which is almost completely absent. Movements of elbow are good. There is loss of sensation over area deltoid muscle was.

Subjective:- Complains of apin in scar left shoulder in cold weather. Inability to abduct left arm.

(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).)

In March 1917 while flying in England, he had a crash, left shoulder and circumflex nerve were injured. Has been in Hospital ever since then.

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

none

(c) (Here give a description of wounds, scars and deformities. Large irregular scar on posterior aspect left shoulder.

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

not applicable

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

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

Hospital, England and Canada over 2 years

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

16. Can the former trade or occupation be resumed? not entirely owing to limitation of movement of left arm. (If not, briefly state why)

17. Recommendations

Fit for Home Service

(Sgd) Geo. Acheson Col. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

(Sgd) Wm. H. Campbell Lieut. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer ~~be retired~~ (When not for retirement add special recommendation).

admitted to Officers Convalescent Home and given treatment at Hart House for two months.

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

(Sgd) Geo. Acheson Col. President.

(Sgd) C.A. Temple, Capt.

PLACE Toronto

DATE 22nd November 1918

Members

APPROVED BY

C.A. McChuish Capt.

Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE 25-11-18

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 officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members

Next of Kin: Mother Eliza Campbell Foxboro, Ont.  
Medical Examiner: Unknown, Bramshoot England  
Officer's address 1A Selby St., Toronto, Ont  
FORM TO BE USED FOR OFFICERS

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 officer 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. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
5. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
6. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
7. 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.

Headquarters.

STATION Toronto, Ont. DATE November 22nd, 1918

- 1. (a) Unit 109th Battalion Can. Inf. attached (b) Rank Lieutenant
(c) Surname CAMPBELL (d) Christian name William Henry
2. Age last birthday 25 Date of birth July 10th, 1893
3. Date of appointment to the C.E.F. (for officers of the C.E.F. A.F. October, 1916
Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
(a) Height 6 feet (b) Weight (stripped) 140 lbs.
(c) Complexion dark (d) Colour of hair black
(e) Colour of eyes blue (f) Scars or tattoo marks one vaccination scar on left arm
5. Address after retirement (for use of the Board of Pension Commissioners)
1A Selby St. Toronto, Ont. Foxboro, Ont.
6. Former trade or occupation Cashier

Table with 3 columns: Service, YEARS, DAYS. Includes Officer's statement with dates from Sept. 1915 to Nov. 1915, Nov. 1915 to Oct. 1916, and Oct. 1916 to Date.

- 8. Original disease or injury Injury to left shoulder
(a) Date of origin March 31st, 1917 (b) Place of origin England
(c) Cause Aeroplane crash
(d) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.
Incapacity is due to partial loss of function of the left shoulder

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.

(Describe all abnormalities, anatomical and functional contributing to present disability. Objective findings to be stated first then subjective findings.)

Objective: Symptoms:- Two scars, the remains of operation incisions, on the posterior aspect of the left shoulder about 6 inches and 5 1/2 inches in length. The left deltoid muscle is much wasted and bony prominences stand out conspicuously. About 15 degrees active forward movement at the shoulder (left); this is increased to about 30 degrees if he gets his arm swinging. There is a range of 45 degrees passive forward movement. Abduction is very limited at the left shoulder to about 10 degrees and 80 degrees passive movement. The lesion is evidently one of circumflex nerve injury with lower neurone muscular atrophy, limited to the deltoid.

SUBJECTIVE SYMPTOMS:- Complains of inability to use the left arm, cannot lift it from the side. The shoulder aches and pains in damp and cold weather. There has been little response to treatment during the last few months.

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

Nervous yes Digestive yes Respiratory yes Circulatory yes  
(If pulse rate abnormal B.P. will be taken.)

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes except as stated in para. 9a  
(Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9. Had an airplane crash on March 31st, 1917 and sustained injury to the left shoulder. He underwent an operation for nerve suture, in Leeds on February 9th, 1918. The shoulder has been worse since the operation.

(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (a).

None

(c) 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 officer and subjecting to a thorough physical examination.

None except as described in Para. 4f. 8 and 9a.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. 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

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

English Hospitals for 15 months. Three months leave to Canada.

14. (Continued)

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

No

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

17. Recommendations that he be discharged

(Sgd) Charles Sheard Jr. Capt.

Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

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

I, the undersigned, William Henry Campbell, 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 have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of

(Sgd) Wm. H. Campbell

Signature of officer examined.

OPINION OF THE MEDICAL BOARD

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

We concur except 9 and 17. Active abduction nil: active forward circumduction 20 degrees. Report from Hart House as follows:- "Examination shows apparently no response to Faradic current or at least not enough to state that it does respond. With Lewis Jones Condensor, deltoid muscle responds to 4 M.A. and considering that it is now eighteen months since injury, I believe that he should be treated for at least two months to see what chances there are for recovery. "I will be glad to have him treated if he can be placed in O.C.H., "meanwhile, in order that he may attend here.

(Sgd) Lorna Cook. A/S.M.O.

19. Is the soldier fit for

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

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- (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).