



Department of Militia, Newfoundland
 Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**AUGUST 30TH., 1920.**.....

Date.....**ST. JOHN'S MILITARY HOSP.**.....

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday |
| 2. Regimental No. 8231 | 6. Enlisted on JUNE 5TH., 1917. |
| 3. Rank CORPORAL | at |
| 4. Name LANGDON | 7. Former trade or occupation |
| | 8. Disability |

SPINAL CARIES

9. History
- PROCEEDED OVERSEAS TO SCOTLAND IN AUGUST 1917 AND WORKED AT DUNKELD AND KENMORE LOGGING ETC. IN GOOD HEALTH UNTIL ARMISTICE DAY 1918 WHEN HE HURT HIS BACK AND HAD TO "LIE OFF" IN MEDICAL HUT FOR THREE WEEKS, GETTING A LITTLE BETTER. JOINED A LATER BRAFT THEN THE ONE HE WAS SCHEDULED FOR AND RETURNED TO NEED. FEBRUARY 7TH., 1919. DEMOBILIZED APRIL 11TH., 1919 B11**

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

SINCE HIS DEMOBILIZATION HE HAS BEEN UNABLE TO DO ANY HARD WORK AT FIRST AND LATER ANYWORK AT ALL, AND STATES THAT HE HAS BEEN ON HIS BACK FOR A CONSIDERABLE TIME ON ACCOUNT OF RHEUMATISM (?) REPORTED ST. ANTHONY HOSPITAL, PLASTER JACKET APPLIED. APPLIED TO ST. JOHN'S FOR BOARD. EXAMINATION SHOWED: DORSI LUMBAR CURVITURE WITH AREAS OF PAIN ON PRESSURE OVER EXIT OF LUMBAR NERVES. FEELINGS OF NUMBNESS DOWN BOTH LEGS AT TIMES, MORE PRONOUNCED IN LEFT SIDE. WALKS WITH STIFF BACK. RONCHI IN BOTH LUNGS.

11. Was ^{sanatorium} advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

Signature (SGD) J. STP. KNIGHT.....

Rank or Qualification MAJOR

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x.
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
~~due to—~~
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

YES

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **100%**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **50%**
- Remarks if any:—

16. Is the disability permanent? **YES**
17. Has the disability been aggravated by (a) Intemperance **N.A.** (b) Misconduct **N.A.**
18. The refusal of operation sanatorium is:— (a) Reasonable **N.A.**
(b) Unreasonable
- Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con- **MILITARY HOSP.**
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army **ALREADY DISCHARGED**

Remarks if any:—

(SGD) L. PATERSON, LIEUT. COL.

J. B. O'REILLY, CAPTAIN.
President

Signatures.....

ST. JOHN'S

Place

Date **AUGUST 30TH., 1920**

APPROVED

Station

Date

.....
Administrative Medical Officer.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8231 Rank Cpl Name Langdon J.
 Intended place of residence Northern Arm Twillingate

2. Occupation Lumberman
 Classification of soldier E Medical Category BSII

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place

Date MAR. 26. 1919 H. Mrs. H.
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S John Langdon
Signature of soldier

26-3-19

J. A. Bowles
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S John Langdon
Signature of soldier

26-3-19

E. Wilson, Sgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5.6.17 No of days on Military

Discharged from service 28.3.19 plus 04 days Service 676

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. Sait
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date MAR 26 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed M. Bowley Capt

Place St John's, Nfld Officer i/c Records

Date April 11/1919 The Royal Newfoundland Regiment

2079/1798

5
31
19
55

35
57
310



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Date ... **AUGUST 30th 1920**

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Remarks if any by Officer i/c Hospital.

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J. B. O'REILLY, CAPT. President

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