

Regl. 103,

Sworn in 43rd. Regt. 1/2/15.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

1710103

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Leon Elzear Globensky.
2. In what Town, Township or Parish, and in what Country were you born?..... Canada.
3. What is the name of your next-of-kin?..... Mrs. Maria-Anna Globensky.
4. What is the address of your next-of-kin?..... 1087 Sherbrooke St. East,
5. What is the date of your birth?..... Dec. 16, 1894. Montreal, P.Q.
6. What is your Trade or Calling?..... Civil Servant.
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} Yes.

Leon Elzear Globensky (Signature of Man).
G. F. Frus-troup (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leon Elzear Globensky, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 22 February 1915. *Leon Elzear Globensky* (Signature of Recruit)
G. F. Frus-troup (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leon Elzear Globensky, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 22 February 1915. *Leon Elzear Globensky* (Signature of Recruit)
G. F. Frus-troup (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Ottawa, Ont. this 22 day of February 1915.

John J. ... (Signature of Justice)

JUSTICE OF THE PEACE IN AND FOR THE COUNTY

I certify that the above is a true copy of the Attestation of the above-named Recruit.

John J. ... Lt. Col. (Approving Officer)

Description of Leon Elzear Globensky on Enlistment.

Apparent Age 21 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Nil.

Height 5 ft. 8½ ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

Complexion Healthy.

Eyes Grey.

Hair Light Brown.

Religious denominations. { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated)
 Roman Catholic R.C?
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 22nd February 191 5

Place Ottawa Ont.

Howard Muir
 Capt. R.C.M.C.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
W. McInnis
 HOSPITAL REPRESENTATIVE,
 ONTARIO MILITARY HOSPITAL, ORPINGTON:

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Leon Elzear Globensky having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... *[Signature]* Lt. Col. (Signature of Officer)
 Date 26th February 191 5

C.E.F.

GLOBENSKY LEON E.

410103

15026

MED. UNFIT.

*Declared
3-12-60*





170m

ajep. ~~ETI~~

Number 410103

Rank

Surname GLOBENSKY

Christian Name Leon Elzeas

Units 2nd Bn Can Inf Theatre of War France

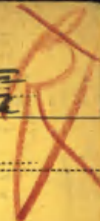
Date of Service 24-8-15

Remarks sent to

Latest Address St. Agathe des Monts
Que.

Roll No.

200m.-2-21. *B Page 17565*



Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DEFERRED
REGISTRATION
NO. 12643
1922

*—Name will be given in full; surname first.

NAME *Globensky Leone* *Leon Edgar*

RANK AND CORPS

pt. Lt. / Cpl. (2 loan. Div. Engrs. H.Q.) *Med. Dir. of London*

CABLE

NATURE OF CASUALTY

NO.	DATE
<i>WSM 05659</i>	<i>3-12-16</i>
<i>WSM 08314</i>	<i>31-1-17</i>
<i>WSM 09685</i>	<i>5/3/17</i>
<i>M. 924</i>	<i>30-3-17</i>
<i>M. 1149</i>	<i>3-4-17</i>

now DMS office att. ADMS London (from 38th 2nd Bn)

DMS office attached ADMS London & with from hosp. Sept 2nd.

FOLL.

On strength of Assistant director medical service London no record of Casualty since discharge from Hosp. Sept. 2nd.

Out of Military Hosp. tuberculosis lung sang. ill. Ont. Mil. School Mar. 29th 1917 (Tubercle. lung.) ✓

Removed from dang. ill list Ontario Mil. Hosp. Orington Apr. 3rd 1917. ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 57	O. C. No. 8 C. C. Station	19-12-15	ac. Appendicitis
✓ 57	Trans. to No 6 Train	20-12-15	ac. Appendicitis
✓ 55	St. John's Amb. Bde., Etaples	21-12-15	Abdominal N. Y. A. (2nd Batt. 14. L.)
259	Trans. to Base Details, Etaples	5-1-16	Intestinal Stasis (2nd Batt. 14. L.)
61.	O. C. Can. Base Depot	7-1-16	ac. Appendicitis.
61.	" " " "	9-1-16	" " Disc. to unit
62.	2nd London Gen. Chelsea	26-1-16	ac. Appendicitis.
65.	O. C. No 1 Can. Hd. Amb.	19-12-15	" "
B 11.	Can. Com. Bromley	28.2-16	acute "
B 66	Can. Com. Bromley	13-5-16	" - Disch.
142	" " "	31-8-16	scaris (2nd London Gen)
142	" " "	9-9-16	" " " "
251	Ant. Mil. Orpington ad. m. s. London area	5-2-11 6-2-14	Discharged y. B. Lung.

REG'TL NO 410103
H. Q. FILE NO: 649-

NAME

Globensky, Leon Elgear

RANK AND CORPS

1st Lt. (2nd. Gen. Div. Engrs HQ)

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

T330

15-4-17

*(Cpl per sailing list)
Sailed for Canada from Liverpool per the
1000p. ship "Letitia" on the 11th April
(Tubercular lung)*

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
No 284	Ont. Mill Orpington Kent Co. Reports	29-3-17.	Dangerously ill. Tubercle of Lung
290	Removed from dang. ill list	3-4-17	T. B. Lung
298	Disch. ex Ont. Mill Orpington	11-4-17	" " "
131.	M.H.C.C. Montreal ^{Kent}	15-5-17	Trans. M.G. H. to L.I.M.S.
263	" " " "	22-10-17	Trans. from L.I.M.S. to M.G. H.
264	" " " "	23-10-17	Trans. L. N. J. H.
272	" " " "	1-11-17	Trans. from L. L. H. to L. I. M. S.

Name **GLOBENSKY, L.E.** Rank **Pte.**

Reg. No. **A/10103.**

Unit **1st. Divisional Headquarters.**

Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<p><u>TRANSFERRED TO CAMC.A.D.M.S.LONDON.</u></p> <p style="text-align: right; margin-right: 50px;"><i>W.P.</i></p>						

Name **Globensky** ~~xxxx~~ Rank ~~Pvt.~~ **A/Cpl.** Reg. No. **A/10103**
Leon Elzear 410103.
 Unit ~~1st. Divisional Headquarters.~~ **ADMS. LONDON. Area.**
 Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
Dec. 19	No. 1. C. F. Amb.	Ac.	Appendicitis	65		
Dec. 19	No. 8 Cas. Clr. Sta.	Ac.	Appendicitis	57		- -
Dec. 20	Trans. No. 6 Train	do.	do.	57		
1916	21-12-15. St. Johns Amb.	Etaples.	Abdom. N. V. D.	255		
	5-1-15. Trans. to Base	Det. do	Intestinal Stasis.	259.		
Jan 7	Can. Base Depot		Appendicitis.	60		
" 9	Dis. to Unit		do.	60		
" 26	2nd. Lon. Gen. Hosp.	Chelsea	do.	62		
28.2.16.	C. F. A.	Bromley	- do -	B. 11.		
13.5.16	- do -	do	do	B 66.		
Aug. 31	Canad. Con. Hosp.	Bromley.	Scabies.	142	ER	
Sept. 2	Discharged.		do.	142.	ER	
1917.						
Feb. 6.	Ont. Mil. Hosp.	Orpington.	T. B. Lung.	251.	ER	
	<i>Advice Miss Elzear not any further info</i>					

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
29-3-17	Ont. Mil. Hosp. Orpington.	Orpington.				
	O.C. Reports 29th. March.				M 924	287
3-4-17	Ont. Mil. Hosp. <i>Still Hospital</i> REMOVED FROM		Tubercle of Lung			
			DANGEROUSLY ILL	M 1149	290	
11-4	<i>1149</i> Discharged:-		Do.		298	

No. 103

RANK

Plk

NAME

Globensky L.

T. O. S.

UNIT

38th Battalion

M. D. 8

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> Feb 12	<i>1915</i> Feb 28	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
<i>June 1</i>	<i>May</i>	<i>✓</i>		
	<i>June 23</i>	<i>✓</i>		



649-9-13493

NAME Globensky, Leon Elzear

SOS Dis 12/3/18
19-11-2/17/18

RANK & No. Pte

A-101/13

CORPS 38th - 12th 2nd

(2nd R.I.) Battalion

ENLISTMENT, PLACE Ottawa Ontario DATE Feb'y 22nd 1915 "S"

FORMER CORPS Nil

COUNTRY OF BIRTH Canada

NEXT OF KIN Globensky, Mrs Maria-Anna

ADDRESS OF NEXT OF KIN 1084 Sherbrooke St East Montreal
Quebec, 266.

Auth G n W Tel 438.

DISCHARGE, PLACE DATE 2/4/17.

Also notify: Clara Chouinard 127 Friel St. Ottawa

129
2
24/6/15

Returned to Canada Per. S.S. "Leticia", Apr 11-17

M. F. A. 22-50m-12-14.
H. Q. 1772-39-839.

(5336)

REMARKS: Taken on strength 4/7/15. 12th Batt. Auth. Part II O. 6/7/15 Shorecliff
Taken on strength of 2 Batt 24/8/15. Auth. part II O. no 28. In the Fed. 4/9/15.

REG. NO. H/0 103 NAME Globensky, R.
(SURNAME FIRST)

RANK lpl CORPS 2nd Bn

AGE 23 SERVICE

NAME OF HOSPITAL General Hospital PLACE Montreal

DATE OF ADMISSION 23 - 4 - 17

DISEASE Lung trouble

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO St Agathe 12 - 5 - 17

DISCHARGED BY MEDICAL BOARD

Surname *Globensky* Christian Name or Name *L.* Reg. No. *410103*
 Rank *Pte.* Unit *Co. Dir. Headquarters* Co. Troop Batty.
 Hospital *O.C. Gas Clearing Stat.* Date of Admission *19.12.15*
O.M.S. Low. Area.
 Transferred *To 406 Train* Hosp. *20.12.15*
St. Johns Amb. Bgde. Etaples Hosp. *21-12-15*
2nd London Gen. Chelsea. Hosp. *26-1-16*
O.C. No. 1. Gen. Fld. Amb. Hosp. *19.12.15*

Diagnosis *Acute Appendicitis (3) (over)*
 (1) Later Diagnosis (if changed)

- (2) *Abdominal N.Y.D. (1)*
- (3) *Intestinal Stasis (2)*

Additional Diagnoses: If more than one state present

Scabies
J.B. Lung.

DISPOSITION *To Base, Etaples* 5-1-16^{Date}
O.C. Canadian base depot. 7-1-16.
Dis. to unit. 9-1-16

C.L. H. 1.16 #57
C.L. 7-1-16 255.
C.L. 12-1-16 259
C.L. 25-1-16 61.
C.L. 3-2-16 65.
" 3-3-16 #B11
" 12-5-16 B66
C.L. 12-9-16 142
" 14-2-17 #257
" 31-3-17 287
C.L. 4-4-17. #290
" 16-4-17. #298.

REMARKS
Dis 13-6-16
" 2-9-16.
Daug. Ill. 29.3.17
Removed from Daugall. 3.4.17
Dis 11-4-17.

A.M.D. 2 DEPT.
 Boh. of D.G.M.S. O.M.F.C. London P.T.O.

J.M. RW
RW

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Can. Couval Bromley* 28. 2. 16

2. *Bromley* 31-8-16
Out. Mil. Orpington 6-2-17

3.

4.

5.

6.

7.

*To Canada per H.S. Lutton
from Liverpool 11.4.17*

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

Name GLOBENSKY, L. Rank Cpl. Regt. No. 410103 Unit A 4.
 Battn. 2nd. Camp or O. S. 0 File M. H. C. C. _____ H. Q. File _____
 Pension awarded _____ Date of first payment _____
 Discharged to Class _____ Conduct on discharge _____
 Next of kin Mother, 1087 Sherbrook St. E. Montreal, P. Q.
 Address on discharge Ste. Agathe des Monte.
 Diagnosis _____ Date boarded _____ D. of D. _____

DATE	CLASS	REMARKS	Part 2 Order
<u>23-4-17</u>	<u>2</u>	<u>M.G.H.</u>	<u>#114</u>
<u>15-5-17</u>	<u>2</u>	<u>L.I.M.S.</u>	<u>#131</u>
<u>22-10-17</u>	<u>2</u>	<u>G.N.C.H. From. L.I.M.S.</u>	<u>#263</u>
<u>22-10-17</u>	<u>2</u>	<u>D.C.H. from. G.N.C.H.</u>	<u>#263</u>
<u>23-10-17</u>	<u>2</u>	<u>D.C.H. (outpatient) without SUB.ALLOWANCE</u>	<u>#264</u>
<u>27-10-17</u>			<u>#269</u>
<u>29-10-17</u>		<u>A.W.L. Effts. 3 days pay</u>	
<u>1-11-17</u>	<u>2</u>	<u>L.I.M.S. from D.C.H.</u>	<u>#272</u>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

30150-601

Name *Globensky, Leon, Elzear*
Surname Christian Name

Regimental Number *410103*

Rank *Spl.*

Address (in full)

Unit *38th Bn.*

Original Unit

District where paid

Date of Discharge *17-6-18*

P. D. P. Filing Number

*P.O. Box 243
 St. Agathe des Monts
 P.Q.*

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53901—M. & D. 9721

May 4/19

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 30CM-1-19
 1772-39-1140

Remarks: *L. Sheet made from M. S. G. D. No record P. D. P.
 Dom. Civil Employee*

Dec'n No. 30156/601 W. S. G. File No. 7017-3
 Award 183 days at \$ 70.00 per day \$ 420.00
 S. A. months at \$ per mo. \$ \$ nil
 Less P. D. P. Credited \$

Less further debit balances \$
 Net due paid as below 420.00

TO SOLDIER		TO DEPENDENT		Ag. No.	Ch. No.	Amount
23/5/19	5183	H67049	210.00			
13/6/19	18360	478719	70.00			
		483284	70.00			
		47433	70.00			
	Total		420.00		Total	

13/5/19 Jan

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date... 27.10.19

P. O. Box. 243
 Ste Agathe des Monts
 P. Q.

Name Globensky Pte L.E.

M. F. W. 41
1 OM-7-16
1772-39 889.
880

Regimental No. H10103

Name and address of next-of-kin

Unit 38th Btn.

Date of enlistment ?

Place of " E

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ nil

Reason for discharge class II

To whom payable

Levitia 21st 17

Character on discharge

649-S-1354

b. 5351-M. & D. 6890.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To		Rate	Amount	Rate	Amount			No.	Date						
31 st 17	30 th 17	62	1 ^{xx} 62	-	62	10	6 20	15363								
								171 83								
								221 83								
								171 83								
								139 55								
								143 25								

Cor. Bal. 171 83

Trans. "A" Unit 17/17

"A" Bal. forward

** Sup L. PC 22/11/17*

rendered to A Unit 22 6/17

Sp PC MD 4 12 3/17

RA made 5 1/8

Def. pay Int. 31-1-17 370

Cor Bal 139 55

Cor Bal 143 25

143 25

Rank

Name

GLOBENSKY Leon Elzear

Reg'l No. A/10103

Unit

38th Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment

Ottawa, Ontario, 22nd Feby. 1915.

Place of Birth Canada

Name and Address, Next-of-Kin

Mrs Maria-Anna Globensky, 1087 Sherbrooke St. East.

Montreal, P.Q.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Canada

Reason

Character

Discharged
 FEB 28 1918
 CANADIAN CONGRESS
 Public Works DEPT.
 Entered on N.E. Card Index
 J. J. Robertson

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
24/6/15	31/7/15	38	1.00	38.00	38	10	3.80		41.80	120 171.5	✓ 10			10	31.80		
1/8/15	31/8/15	31		31	31		3.10	27	34.10	27 259	✓ 46.23			46.23	19.94	Trans to 2 nd Batt	
Sep 1	Sep 30	30	1.00	30.00	30	10	3.00		33.00		✓ 4.57			4.57	48.43		
Oct 1	Oct 31	31	✓	31.00	31	✓	3.10		34.10		✓ 7.91			7.91	74.62		
Nov 1	30	30	✓	30	30	✓	3		33.00		✓ 2.62			2.62	105.00		
Dec 1	31	31		31	31		3.10		34.10		✓ 25.74			25.74	113.36		
Jan 1	31	31		31	31		3.10		34.10		✓ 106.92			106.92	40.54		
Feb 1	29/2/16	29		29	29		2.90		31.90						72.44		
Mar 1	31/3/16	31		31	31		3.10		34.10		✓ 48.66			48.66	57.88		
				282			28.20		273.10			252.59		252.59	57.88	65th	

BALANCE TRANSFERRED TO NEW LEDGER.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 410103. (Rank) Pte.

Name (in full) GLOBENSKY, Leon Elsear. enlisted in
the 43rd. Battalion.

CANADIAN EXPEDITIONARY FORCE at Ottawa, ONTARIO. on the 22nd.
day of February, 19 15.

HE served in France.

and is now discharged from the service by reason of K.R.S.O. 377 (10) C.M. 1917.
MD4. 22-G-516. Category "E". Medically Unfit.

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

Age 21 yrs.

Height 5 ft. 8 inches.

Complexion Healthy.

Eyes Gray.

Hair Light Brown.

Marks or Scars Appendectomy scar, right lower abdominal quadrant.

Leon Elsear Globensky
Signature of Soldier

A. R. Leitch
Issuing Officer *Lieut.-Col. Depot No. 4.*

Date of Discharge June, 17th, 1918.

Rank

Signed at Montreal, QUEBEC. this 17th, day of June, 19 18.

Appointment

in Military District No. 4.

File Reference No. DD. 19-G-71.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 410103. (Rank) Pte. Name GLOBENSKY, Leon Elzear.

Unit 43rd, Battn. C.E.F.

Address on Discharge Ste. Agathe des Monts. QUEBEC.

Character and Conduct Very Good.

Former Occupation Civil Servant.

Special Qualifications of Value in Civil Life Civil Servant.

Medals and Decorations NONE.

Remarks "EUROPEAN WAR". Service in France. 24.8.15. to 26.1.16.

Signed at Montreal, QUEBEC. this 17th, day of June, 1918.

B. P. [Signature] Lieut.-Col.
Com Name of Officer at Depot No. 4.

Rank

Appointment

3531

Army Form B. 103.
CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 12th Reserve Batt.

Regimental No. 10103 Rank Pte Name Globensky, L. E.

Enlisted (a) _____ Terms of Service (a) Period of war. Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26.8.15	3. G.B.D.	Reinforcement	2 ND CANADIAN INF. BATTALION	26.8.15	Home Roll
29.8.15	2 Pon	joined unit	Field	28.8.15	B 213
10-10-15	K 3-12-1 D.A.A.S. Can Sec	attached to 1 ST D.H.Q.	1 ST D.H.Q.	10-10-15	K 3-12-1
21-12-15	St Johns Ambulance	abdominal N.Y.D.	Field	21-12-15	W 3034
20-12-15	8 C.C.S.	ac Appendicitis	1 ST No 6 Train	20-12-15	A 36 D.C.S. 126
25-12-15	3 C.F.A.	N.Y.D.	1 C.F.A.	19-12-15	A 36 do 127
4-1-16	St Johns Amb	Intestinal	Base Details	4-1-16	W 3034
9-1-16	C.B. Depot	Leaving Can Base	Field	9-1-16	Home Roll Departures
7-1-16	do	Taken on strength	Can Base Depot	7-1-16	do D.F.3 D.C.S. 128
26-12-15	1 C.F.A. D.A.A.S.	acute Appendicitis	C.C.S.	19-12-15	A 36 D.C.S. 129
5-3-16	1 ST Can Dir	Rejoined Unit	1 ST Can Dir H.Q.	11-1-16	auth A.Q. 174 N.A.G. Can Sec 165/HQ/2/1

(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.

24/7-3-16

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				
5-3-16	D.A.S. 1st Can Div.	Granted 8 days leave of absence	Field	24-1-16	Auth A.O. 174 D.A.S. Can Sec 165/HQ/2/1 d/7 3/16
26-1-16	Records London	Admitted to London Gen Hospital Chelsea as appendicitis whilst on leave	London Gen Hosp	26-1-16	Can List No 62 Pt 2 Order No 13 d/21 3/16
<i>R. Johnston</i> Lieut., for Lieut-Col. A.A.G., Canadian Section.					6

17.6.16. From C.C.A.C. Attached to Office of A.D. M.S., London Area
Part II D.O. 102

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

APR 18 1918 T. O. S. District Depot No. 4

W. J. ...
HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON;
AUTHY. PT. II D. O. No. J

Discharged, June, 17th. 1918. Auth KR&O.377.(10)CM.1917.MD4.22-G-516.CAT'E"
Medically Unfit. " *R. W. Gee* Lieutenant,
Officer in Charge Section, District Depot No. 4

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 410103 Rank Pte Name GLOBENSKY L.E.

Corps 43rd. Batt. who was* Discharged

On 17-6-18 1918 to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. June 1918, to 17 June 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay <u>17</u> days at \$ <u>1.00</u>	<u>17.00</u>	
by } No.....			Field Allow. <u>17</u> days at \$ <u>10.</u>	<u>1.70</u>	
Cheques } No.....			Separation Allowances* (Monthly).....	<u>14.00</u>	
Assigned Pay and Sep'n Allice. No. <u>4507</u>	<u>25.</u>	<u>00</u>	Other Allowances* <u>Civ. Clothing</u>	<u>8.00</u>	
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No. <u>4529</u>	<u>15.</u>	<u>70</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	40.	70	Total.....	40.	70

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has been (‡) been paid on account of Assigned Pay for the month of 17-6-18 1918 } (to) Assignee Mrs E. Globensky
 and Sep'n Allice. for month of 17-6-18 1918 }
 (Address) P.O. Box. 243
Ste. Anne Des Monts. Que.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 22-2-15
 (2) if married and if a Separation Allowance Card has been submitted to Disc. 17-6-18
 (3) cause of discharge..... authority M.D.No.4. 22-6-516
 (4) authority for transfer.....

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

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

Date June 15th, 1918

Place Montreal Que.

W. Macduff Paymaster, District Depot No. 4.
by Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster. Post Discharge Pay and triplicate, with his discharge documents.

ADJUTANT GENERAL'S OFFICE

PROPERTY ACCOUNT

DATE

NO.

DESCRIPTION

1910

1000

10

10

100.00

1000.00

100.00

TOTAL

1000.00

ADJUTANT GENERAL'S OFFICE

1910

1000

1000

1910

ADJUTANT GENERAL'S OFFICE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
139	A 10103	Pvt	Globovsky	L.
Year	Unit.		Age.	Service.
1916	Canadian Ordnance Corps.		21.	1 1/2
Station and Date.	<p>Disease <u>Appendicitis</u> On furlough from France, reported to #2 London General Hospital on Jan 26th 1916 and was operated on that day, remained there ever since. Reported here Feb 28th 1916. General condition fair.</p>			
	12-5-16. Int W.C.C.A. for board.			
	<p>W. Farrell Capt. Surgeon</p>			

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

Born Ottawa.

Enlist - "

Jan 1915

Occup Clerk

Single

Typh yes 1915

Small Pox 1904

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
26-1-15. Year. 1916	2/10103	Pte	Globovsky	Leon
		Unit.	Age.	Service.
		C. O. C.	21	1 2/10 7/10
Station and Date.	Disease			
26/1/16	Acute appendicitis.			
	Admitted yesterday. Acute attack of pain 48 hrs ago. Intermittent. Now has rigid abdomen especially over appendix.			
	Anesthesia. Appendix incised & acute inflamed. Some peritonitis (shock). No free fluid. Appendix not perforated. A good deal of pus from abscess line wound cured. Appendicectomy performed. Abdomen closed.			
	Urine. Acid. Spec. 1038. No Albumen			
5/2/16.	Stitches out. Wound healed. To go to convalescent home.			
	28/2/16 Transferred to Bromley Canadian Hosp			
	L.			

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

Station
and Date.

1287 Sherbrooke St

Montreal

8.

CAN. CON. HOSPITAL
BROMLEY, KENT.
MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.
1821.

Regimental No.

Rank.

Surname.

Christian Name.

A 10103.

He.

Gobensky

L. G.

Unit.

Age.

Service.

Year
1916.

b. b. a. b at a. d. m. s.

21.

1 9/12

Station
and Date.

Disease

Scabies

*On the 29 Aug. invalided
to Bromley with scabies.*

Aug 30

Duty to A. D. M. S. when cured.

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

November 1917

M.O.i/c Laurentide Inn Military Sanatorium

Ste. Agathe.

The:- A.D.M.S., M.D.#4

Montreal.

410103 Cpl. L.E. Globensky
38th. Res. C.E.F.
Admitted 15/5/17

Sir:-

I have the honor to submit regarding the marginally named man a,

MONTHLY MEDICAL REPORT

Symptoms:-

No cough and only scanty expectoration negative for bacilli. More dyspnoeic than usual, no more pain over bases of lungs. No more pain in epigastrium but cannot get rid of flatulency otitis media in chronic condition still intractable to treatment. His weight stands at 112 1/2 pounds being the same as at last examination.

Physical examination

Right Lung:-

From the 3rd. rib in front to the 6th dorsal spine behind breath sounds are quite harsh, resonance somewhat impaired whispering pectotogny plus one with fine crepitations There is evidence of fine moisture at the base anteriorly.

Left Lung:-

Infiltrate of a heavier type covering upper lobe and apex of posterior lobe with fine moist rales extending to the base.

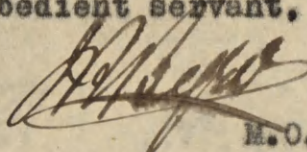
Remarks:-

- 1 The condition is about stationary
- 2 the disability is 100% indefinitely
- 3 His conduct has been good
- 4 Class exercise 1 hour A.M. and P.M.
- 5 I recommend treatment to continue.

I have the honor to be,

Sir;

Your obedient servant,



Capt.
M.O.i/c L.I.M.S.

1914

THE UNIVERSITY OF CHICAGO

CHICAGO

LIBRARY

1914

1914

1914

THE UNIVERSITY OF CHICAGO

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LIBRARY
1914

December 10th. 1917

M.O.1/c Laurentide Inn Military Sanatorium

Ste. Agathe.

The:- A.D.M.S., M.D.#4

Montreal.

410103 Cpl. L.E. Globensky
38th. Res. Bn. C.E.F.
Admitted 15/5/17

Sir:-

I have the honor to submit regarding the marginally
named ~~name~~

MONTHLY MEDICAL REPORT

Symptoms:-

Greenish mucco purulent expectoration in the morning
on waking along with slight cough. Neither cough nor
expectoration at any other time. Still somewhat
dyspnoeic. Slight apain at the base of lungs. Flatatency
about constant. Deafness with discharge from right ear
is on decrease. Weight constnat at 111½ pounds.

Physical Examination

Right lung:-

From the 8th rib anteriorly to the 6th dorsal spine
posteriorly resonance is impaired vocal transmission
is increased, whispering pectorilogny plus one. Fine
crepitations, evidence of adhesions at the base.

Left Lung:-

Fine moist rales from apex to base as previously
outlined. Afea of infiltrate from 4th rib to 8th dorsal
spine.

Ear:-

Irregular slight mucco purulent discharge with large
destruction anterior half of drum. Remains are reddened
and retracted. Mastoid negative.

Remarks:-

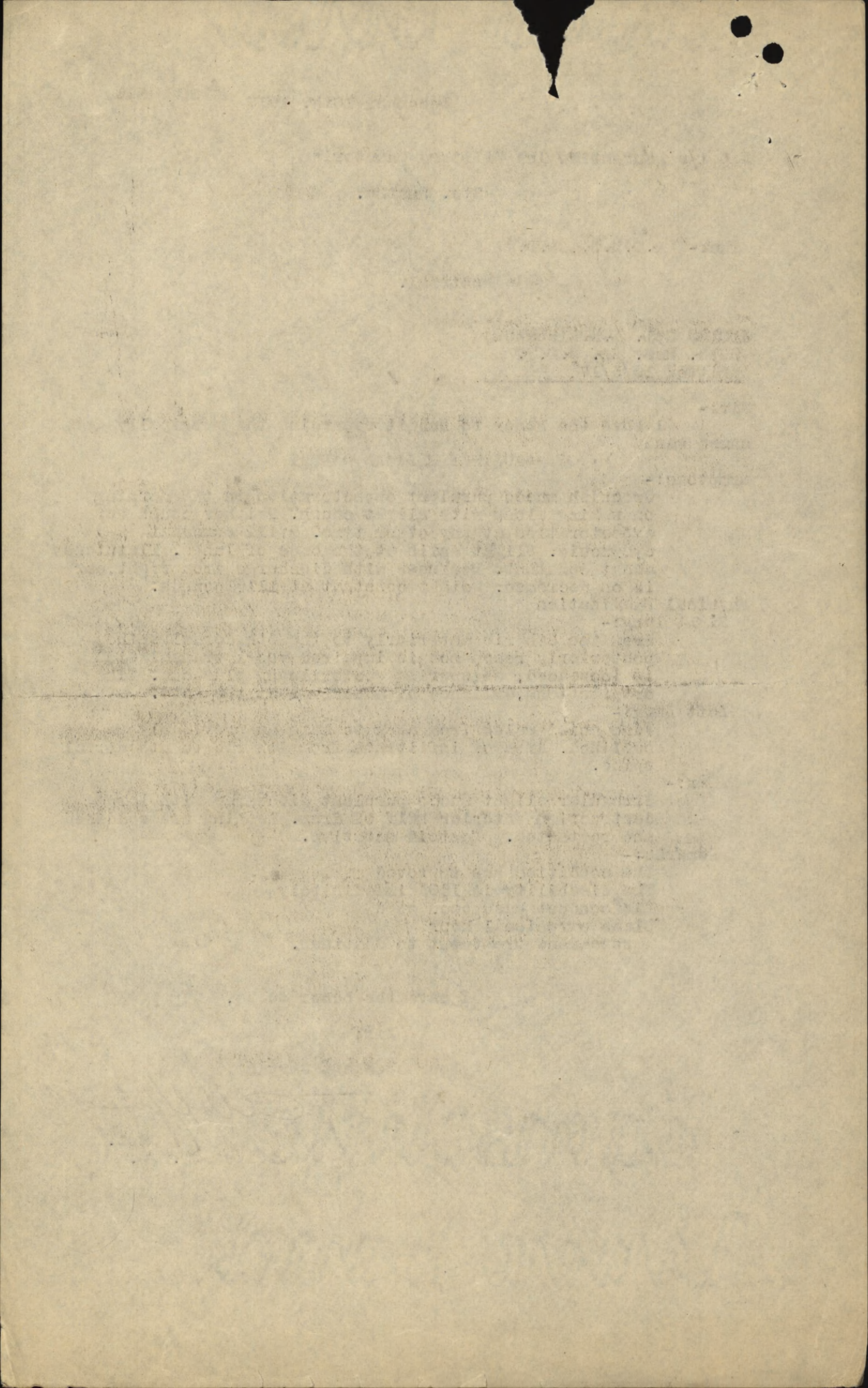
The condition has improved
The disability is 100% indefinitely
His conduct has been good
Class exrecise 1 hour
I recommend treatment to continue.

I have the honor to be,

Sir;

Your obedient servant.

T. E. Wolff Lieut. R.A.M.C.
Capt.
for M.O.1/c L.I.M.S.



Jan. 9th 1918

M.O. i/c L.I.M.S.,

Sto. Agathe.

The A. D. M. S., M.D. #4,

Montreal.

410103 Corp. Globensky, L.E.,
late of 38 Res. Bn. C.E.F.,
"A" Unit M.H.C.C.,
Admitted 15/5/17.

Sir:-

I have the honour to report upon the marginally noted N.C.O. and to state:-

Symptoms:- Morning cough, and expectoration which does not show acid fast bacilli. There is a decided improvement in the anaemia, weight remains stationary. No fever, pain or other toxic symptoms. Appetite good, bowels regular.

Examination:- Right Lung as before shows a slight impairment of resonance from the 3rd rib front to 6th dorsal spine behind, with signs of fibrosis and underlying lymphatics. Marginal basal crepitations.

Left Lung:- Shows also slight apical contraction with moist crepitations of latent character. There are also fine rales in the axilla and along the culcus, and hilus at areas, probably denoting the site of tuberculous glands, with perilymphatic congestion.

Ear, still continues to discharge.

Remarks:

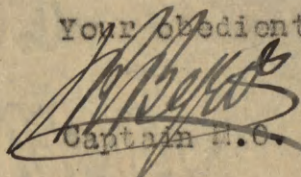
1. The condition is improving slowly.
2. The disability is 100% for an indefinite period.
3. His conduct has been good.
4. Class exercise one hour.

I recommend continuous treatment.

I have the honour to be.

Sir.

Your obedient Servant.


Captain M.O. i/c L.I.M.S.

Ste. Agathe July 14th 1917

M.O.i/c Laurentide Inn Military Sanatorium

Ste. Agathe.

The: A.D.M.S., M.D., #4.

Montreal.

#410103-Cpl. L.E. Globensky

38th. Res. C.E.F.

Admitted 15/5/17

Sir: I have the honor to submit regarding the marginally named man a,

MONTHLY MEDICAL REPORT:

SYMPTOMS:

No cough now, but slight muco-purulent expectoration in early morning. Still somewhat dyspnoeic. Practically no pain in chest during the last five days. Appetite very poor. Bowels regular. Flatulency very troublesome. Weight remains stationary.

PHYSICAL EXAMINATION:

Right lung:- Narrowing of apex with signs of fibrosis of upper lobe and apex of posteriorly lobe. Subcrepitations are elicited over this area on coughing. Marginal crepitations are elicited at the base.

Left lung:- There is a dense infiltration of the upper lobe and the apex of the posterior lobe with extension along the sulcus to the anterior percardial margins. Medium moist rales are elicited at the base. Fine crepitations over the infiltrated area.

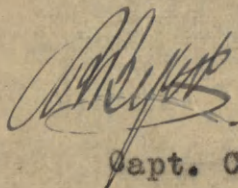
REMARKS:

1. His condition shows improvement.
2. His disability is 100% for four months.
3. His conduct has been good.
4. Class B.
5. I recommend treatment to continue.

I have the honor to be,

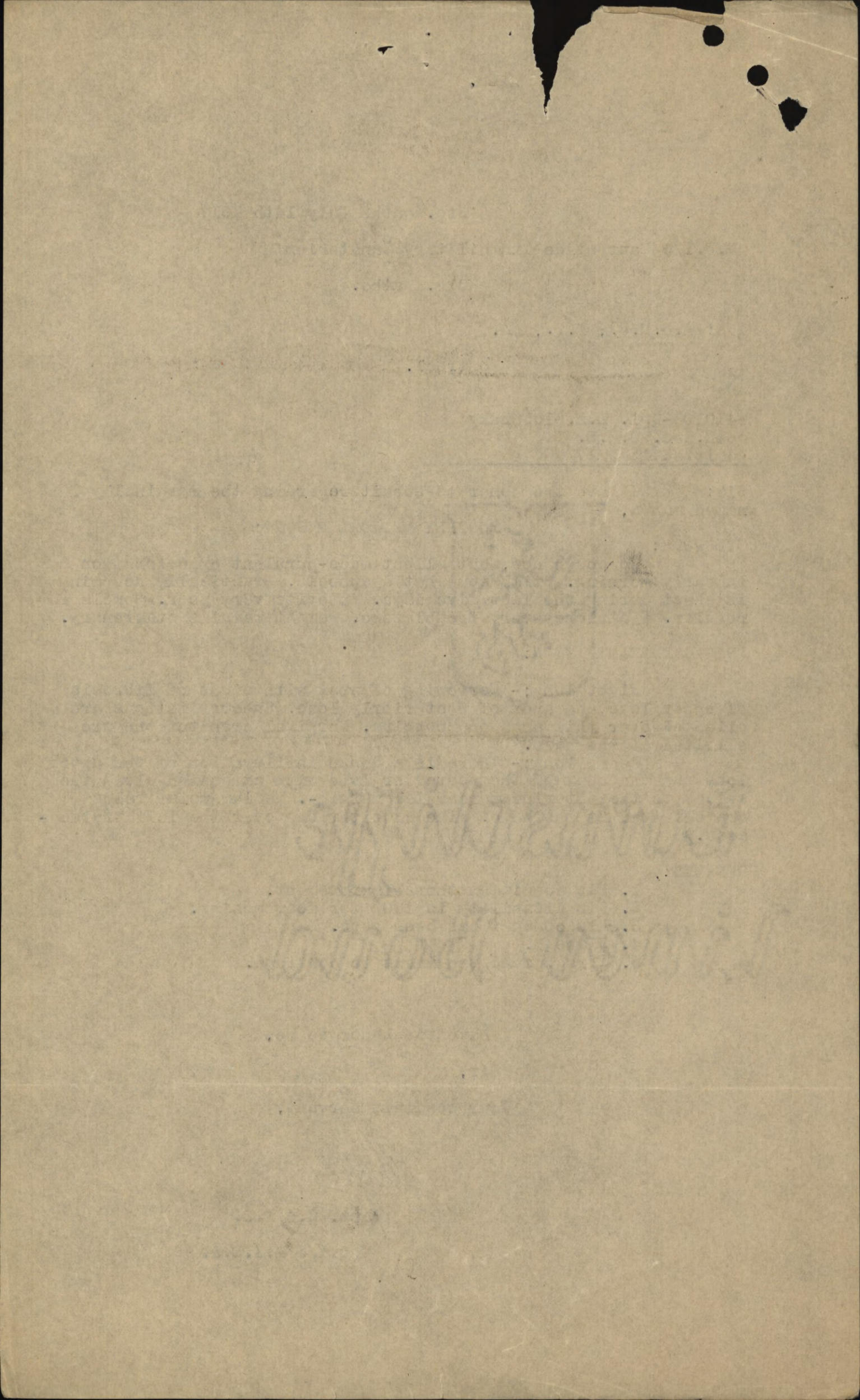
Sir,

Your obedient servant,



Capt. C.A.M.C.

M.O.i/c L.I.M.S.



CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Ontario Military Hospital Oshington

Corps 2nd Canadian

No. 410103.

Rank and Name Cpl Globensky, L.R.

Age 32

Service 23/12

Disease J.B.

Date of admission Feb 17/17

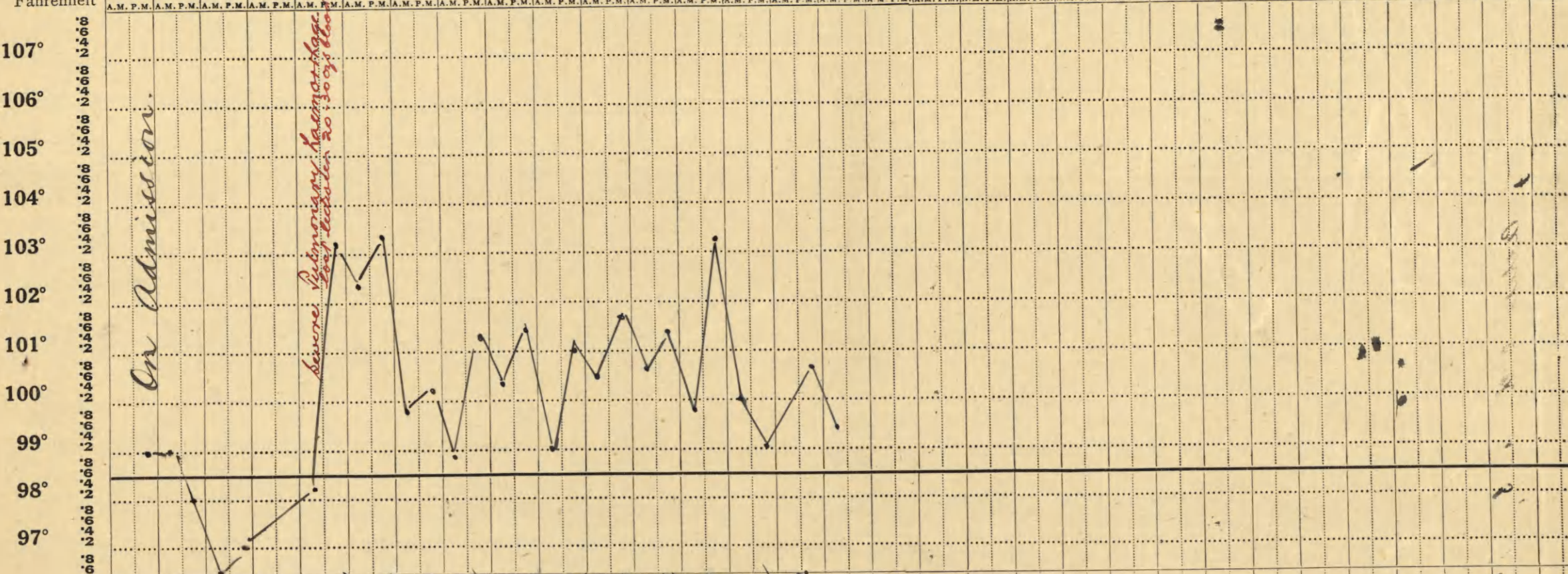
Date of discharge 11-4-17

Result Invalidated to Canada

Dates of Observation	Days of Disease																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Temperature Fahrenheit	Time																								
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
Feb 16																									
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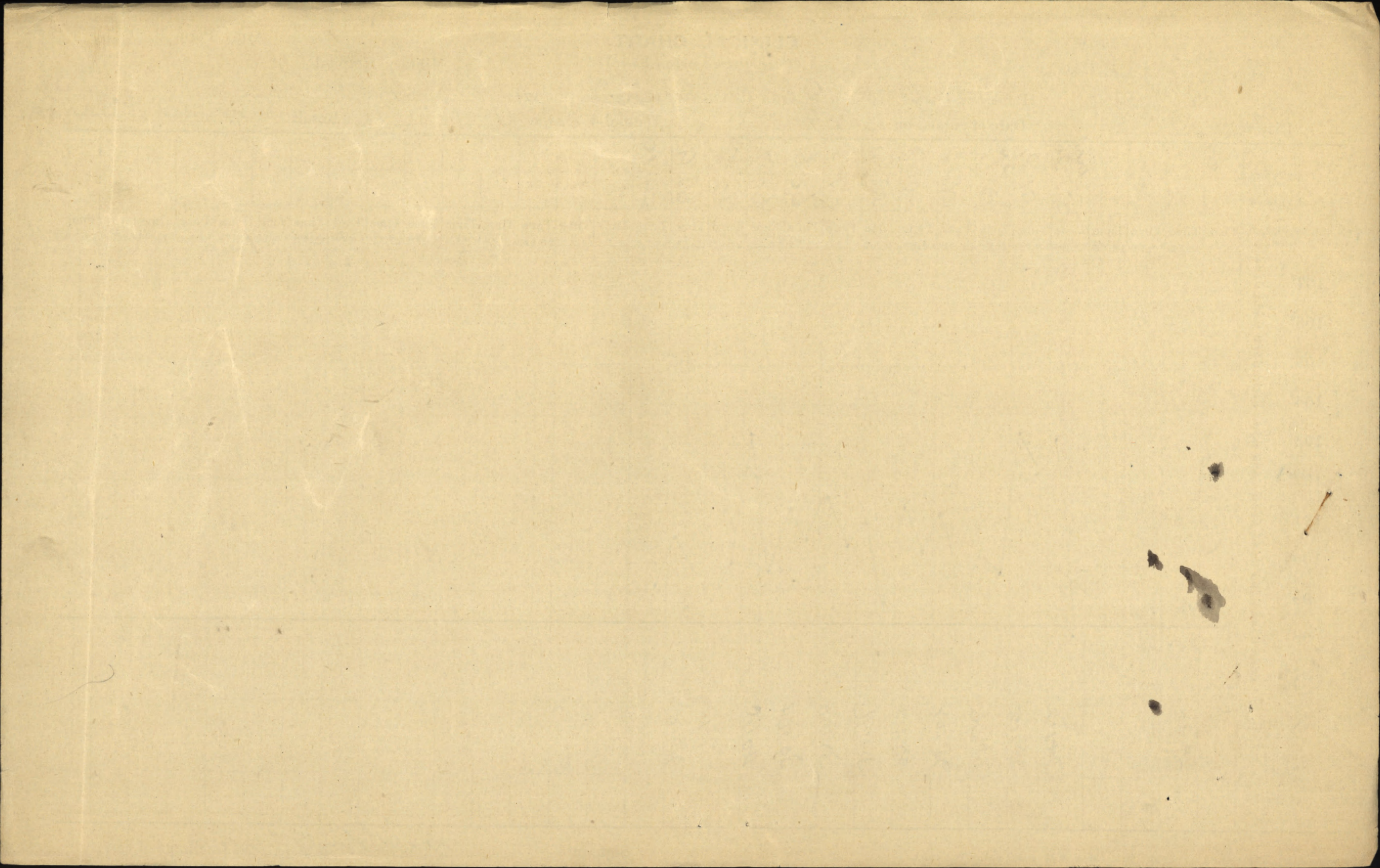
On Admission.

Severe Pulmonary Haemorrhage Feb 17-18-19-20 30° to 86°



Pulse per Minute																											
Respirations per Minute	24	92			20	86	24	112	28	112	28	96	28	101	40	112	34	116	32	100	30	104	40	118	92	24	108
Motions per 24 hours																											

Signature M. Stovel In charge of case.



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 2-T.1070 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	410103	Cpl.	Globensky.	R.E.
	Unit.	Age.	Service.	
	2nd Canadian	22	23/12	

Station and Date.
Omsk Dispensary
Feb 5-17

Disease T.B

Complaint - Cough; expectoration; weakness; night sweats; shortness of Breath; Spitting of Blood; Loss of weight.

Enlistment - on Feb 29th 1915; Came to England in April '15 went to France during May 1915.

Family History - Father died of some heart affection. Mother living & well. one sister died of kidney trouble & one of causes unknown.

Previous Sickness - never any sickness before enlistment.

Present Sickness - Starts that about two months ago, he began to cough; ten days ago, was on leave in London, when he began to spit blood.

In January 1916 came to England on leave. Was attacked by acute appendicitis & operated on at 2nd London G. H.; was there until 23rd Feb. & on his discharge sent to Bromley Conv. Hosp. There until June 1916 & then sent to C.C.C. for Board. Was given P.B. & was att'd. to C.D.M.S. office. At his Board at Letchworth was told he had a "poor chest & poor expansion".

Ten days ago, when hemoptysis occurred, he reported to M.O. & was sent to King George Hosp for examination; result of which was diagnosis of T.B. & positive Tuberc. Returned to office, given a few days leave & then sent here, admitted on 5/2/17.

Station
and Date.

Present Condition

Is thin, pale. Has cough & expectoration: poor appetite

Chest Examination

Chest thin narrow. Supra & infra clavicular fossae prominent. Respiration limited

Percussion - dullness at left apex anteriorly & left apex posteriorly. Also in rt & left inter scapular regions.

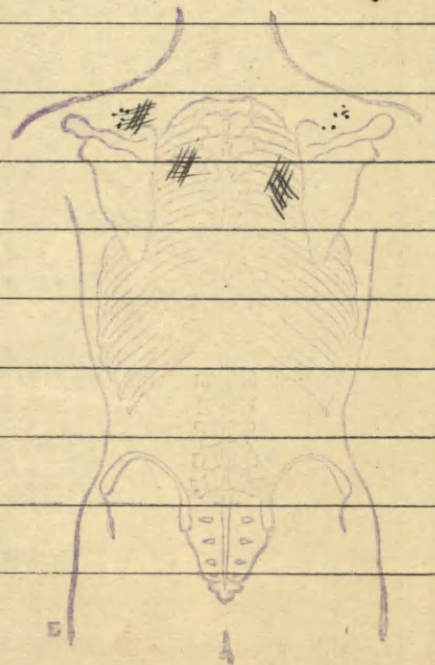
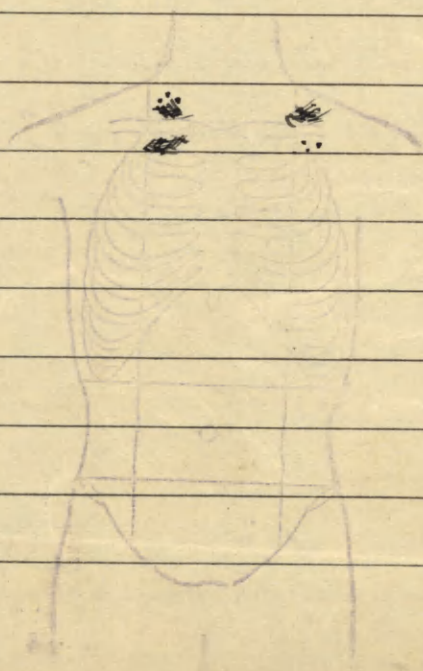
Auscultation - moisture both apices anteriorly & posteriorly: increased V R & broncho vesicular breathes same area.

6/2/17 - Urinalysis: Lemon color clear, faintly acid - spg 1008, Albo. Sugo.

6-2-17. Sputum Exam: Negative for T.B.

6-3-17. Severe pulmonary haemorrhage lost between 20 and 30 ozs of blood.

W. Greenwood



MEDICAL HISTORY SHEET.

Surname ELOBENSKY Christian Name L.E.

Examined { on day of 191..... at	Approved by _____ Rank M.O.																														
Birthplace { City or Town County	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Date.</th> <th style="width: 10%;">Fit or Unfit.</th> <th style="width: 80%;">EXAMINED FOR RE-ENGAGEMENT.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> </table>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.						M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.
Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																													
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Apparent age Trade or occupation Height Feet Inches. Weight Lbs. Chest measurement { Minimum inches. Maximum expansion inches. Physical development Small-Pox Marks Vaccination Marks { A r m Right. Left. Number When Vaccinated last (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Date.</th> <th style="width: 10%;">Result.</th> <th style="width: 80%;">VACCINATIONS.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">M.O.</td> </tr> </table>	Date.	Result.	VACCINATIONS.						M.O.			M.O.			M.O.			M.O.												
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Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.																													
		M.O.																													
		M.O.																													
		M.O.																													

Enlisted on day of 191..... at

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

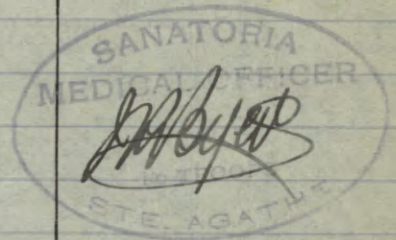
STATION.	DATE.	DISEASE.	RESULT.

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.

UNOFFICIAL.

Surname GLOBENSKY Christian Name E.L.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
L.I.M.S. Ste. Agathe.		15	5	17	21	10	17	pulmonary T. Be Otitis media tuberculous?	158	Transferred to C.S. for treatment at Ear Clinic and report.	<i>[Signature]</i> Captain. AM.C.
Montreal Que, G.N.C.H.		22	10	17	1	11	17	T.B.C.	10	Discharged to Clearing Station for transfer to Ste. Agathe. <i>with Specialist report attached.</i>	<i>[Signature]</i> Capt. A.M.C. M/O i/o G. N. C. H. and D. C. H.
<i>L.I.M.S. Ste. Agathe</i>		<i>15</i>	<i>5</i>	<i>17</i>	<i>15</i>	<i>5</i>	<i>18</i>	<i>T.B.C</i>	<i>365</i>	<i>Disease arrested.</i>	



MEDICAL HISTORY SHEET.

Surname..... Christian Name.....

Examined { on..... day of..... 191 at	Approved by _____ Rank..... M.O																																																																					
Birthplace { City or Town..... County.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Fit or Unfit</th> <th style="width: 70%;">EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">M.O</td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,						M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O			M.O
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																																																																				
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Apparent age..... Trade or occupation..... Height..... Feet..... Inches. Weight..... Lbs. Chest measurement { Minimum..... inches. Maximum expansion..... inches.																																																																						
Physical development..... Small-Pox Marks..... Vaccination Marks { Arm..... Right..... Left..... { Number.....																																																																						
When Vaccinated last..... (a) Marks indicating congenital peculiarities or previous disease.....																																																																						
(b) Slight defects but not sufficient to cause rejection																																																																						

Enlisted on..... day of..... 191..... at.....

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment				
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.

ORIGINAL.

10103

A54

MEDICAL HISTORY SHEET.

C.A.M.C.

Surname Globensky Christian Name Leon Elgear

Examined { on 22 day of February 1915
at Ottawa

Approved by Howard Munn M.D.
Howard Munn M.D.

Birthplace { City or Town
County Canada

Rank Capt A.M.C. M.O.

Apparent age 21 years

Trade or occupation civil servant

EXAMINED FOR RE-ENGAGEMENT 28 JAN 1916

Height 5 Feet 8 1/2 Inches.

MAR 20 1916

Weight _____ Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
Number _____

VACCINATIONS. Date Result

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection _____

ANTI-TYPHOID INOCULATIONS, ETC. Date Result

11/2/15 Good H Munn Capt A.M.C. M.O.

16/3/15 Good H Munn Capt A.M.C. M.O.

_____ M.O.

Enlisted on 22 day of February 1915 at Ottawa

	Corps.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>38 Bn C.E.F.</u>	<u>A10103</u>		<u>22/2/15</u>
Transferred to.....	<u>12. Res Bn</u>			
	<u>2nd Bn</u>			

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

H Munn
HOSPITAL REPRESENTATIVE
ONTARIO MILITARY HOSPITAL, ORPINGTON

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Cas</u>	<u>Aug 15-16</u>	<u>Chondriki</u>	<u>one not</u>
<u>Cas</u>	<u>June 9 1916</u>	<u>appurdicted poor physique</u>	<u>Permanent</u>
<u>Winnipeg</u>	<u>8/2/17</u>	<u>Tubercle of lung</u>	<u>Permanent</u>

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.

A.D.M.S. CANADIANS

LONDON AREA.

Approved H Munn

76, STRAND, LONDON, W.C.

13 FEB 1917


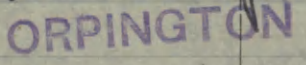
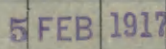
H Munn

Captain C.A.M.C.,

for A.D.M.S., Canadians, London Area.

Medical History Sheet of all men returning from overseas service to be returned by the Officer commanding their unit to the Medical Officer in Charge of Reception, Canadian Contingents, England, when they leave.

Surname Globensky Christian Name Leon Elgin

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
							To Bromley G.S.				
		26	1	16	28	2	16	Appendicitis (acute).	34	Admitted with acute attack of appendicitis. Operation. Appendicitis removed & acutely inflamed. Appendicectomy performed. Non-convalescence	Robtley Capt R.A.M.C.
CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.		28	2	16	13	5	16	Do	76	Sent to sea for board	W. J. Farrell Capt R.A.M.C.
CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.		30	8	16	2	9	16	Scabies	4	To A.D.M.S. for duty	W. J. Farrell Capt R.A.M.C.
								Pulmonary tuberculosis		Dulness Rt + left apex anteriorly + left apex posteriorly. Also Rt + left under scapular region - moderate both apices anterior + posterior. Increased vR + broncho-vascular breathy same areas. Expansion poor - chest narrow. Sputum scanty (Feb 1917) positive	W. J. Farrell Capt R.A.M.C.
Montreal	M.G.H.	23	4	17	12	5	17	Pulmonary Tuberculosis	19	To St. Agathe for Sanatorium Treatment	Prof. J. J. Murray F.R.C.S.

Rank *a/cpl* Name **GLOBENSKY Leon Elzear**

Reg'l No. **410103**
~~10103~~ *6*

Unit **38th Bn.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Ottawa, Ontario, 22nd Feby. 1915.** Place of Birth **Canada**

Name and Address, Next-of-Kin **Mrs Maria-Anna Globensky, 1087 Sherbrooke St. East, Montreal, P.Q.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship
N/E. R.B. No. **3010**
File R.L.
Category **MV. Can**

Discharge, Date and Place Reason Character

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				
6.7.15	ofc 12 th	Taken on strength 12 th B. Shorecliffe	France	14.7.15	II. 701.
		Drafted to 2 nd Bn.	France	25 th 8/15	Home Roll. PII-28
7/1/16	CO. 255	N.Y.D. abdominal	St. John's Amb. Base Hosp. Etaples	2/12/15	
4/1/16	" 57	Ac. Appendicitis	S. Cas. Cld. Stn	19.12.15	257 th Can. Div. To No. 6 Train
12.1.16	of 259 2 nd	Intestinal Stasis	To Base Details	5.1.16	
25.1.16	" 61, Dio 49	Ac. Appendicitis	Ac. Can. Base Depot	7.1.16	Dis. to Unit 9.1.16
26.1.16	" 62	" " " "	2 nd London. G. Hos. Chelsea	26.1.16	
3.2.16	" 65	" " " "	Sp/1 C. F. Amb.	19.12.15	
3.3.16	2 nd Bn	" " " "	Can. Conv. Hos. Bromley	28.2.16	CT.-B11
16-3-6	CCAC	Taken on strength.		78-2-6	P. 1023

over

410102 1/2 Lt. Glabensky R.E.

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				
21.3.16	6C. 2 nd Bn.	Struck of str of Bn. on adm. to Hoop in Eng. on leave.	In the field	26.1.16	Pt. II #13 Co. Appendic. P's
12.4.16	2nd Batt	Disch. C.C. Hosp.	Bromley	13.5.16	C.R. 1366
14.5.16	C.C.A.C.	Reported	Folkstone	13.5.16	Pt II O 162
16.5.16	"	Adm 1st CC Dep. 4 wks P.T.	"	15.5.16	" 166
18.5.16	1st CC Dep	Att for duty, pay, rations etc REPORTED TO C.C.A.C.	"	"	" 169
10.6.16	ccac	FROM 1ST COMMAND DEPOT	"	9.6.16	Pt II O 210
"	1st CC Dep	S.O.S. on Trans C.C.A.C.	"	"	"
13.6.16	OC. C.C.T.C.	No Command. S.P.D. Clerk to DMS. London.	"	12.6.16	" 216
"	D.M.S.	2nd Bn. on repty from ccac	"	"	" 136
20.6.16	"	Ceases to be act on act 1st ADMS	"	19.6.16	" 142
19.6.16	H.D.M.S.	act for duty pay & discipline	"	"	" 102
30.8.16	"	adm to Hoop (Seebies)	"	30.8.16	Pt II O 164 C.L. 142
11.9.16	"	disch from Hoop (do)	"	2.9.16	" 168 " 142
6.10.16	Adm 8 London Area	appointed app't with effect.	"	6.10.16	" 196
6.2.17	"	Adm to Hoop.	"	5.2.17	" 32 Pt II 251 Y.B. Luning 287 (Dangerously ill)
22-12-16	blab	Granted permission to marry.	"	"	Pt II 556
16-4-17	blab	Disch from Hoop.	"	11-4-17	Bl 298. Luning.
17 ³ / ₁₇	ccac	S.O.S. to S.O.R. to 4 ADMS. attached	Hastings.	10 ³ / ₁₇	Pt II. Dp. 120. S.O.R. 15.
26 ⁴ / ₁₇	S.O.R. to	ceases to be shown in Hoop. via S.O.S. on embarking to Canada for discharge.	Seaford.	11 ⁴ / ₁₇	Dp. 11. 422 ³ / ₁₇ 45

MARRIED OR SINGLE *S*

PLACE OF BIRTH *Canada*

NAME AND ADDRESS OF NEXT OF KIN *M^{rs} Marie Anna, Globensky*

1084 Sherbrooke S. E. Montreal P.Q.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>5/2/17</i>			
<i>Armed 32</i>			

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE
<i>1916</i>																	
<i>Mar. 31</i>	<i>31</i>	<i>100</i>	<i>262</i>				<i>28 20</i>				<i>27 310 47</i>						
<i>Apr. 30</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>30</i>	<i>100</i>	<i>3</i>					<i>33</i>						<i>Remun</i>
<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>						<i>Cash</i>
<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>						<i>London</i>
<i>May 31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>31</i>	<i>-</i>	<i>3 10</i>					<i>34 10</i>						<i>Remun</i>
<i>June 18</i>	<i>18</i>	<i>-</i>	<i>18</i>	<i>18</i>	<i>-</i>	<i>1 80</i>					<i>19 80</i>						<i>Cash</i>
<i>Checked 24/16 term head</i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>	<i> </i>					<i> </i>						<i>London</i>
<i>June 12/30</i>	<i>19</i>	<i>150</i>	<i>28 50</i>	<i>19</i>	<i>20</i>	<i>3 80</i>	<i>19 100</i>	<i>19 00</i>			<i>51 30</i>						
<i>July 1-31</i>	<i>31</i>	<i>-</i>	<i>46 50</i>	<i>31</i>	<i>-</i>	<i>6 20</i>	<i>31 -</i>	<i>31 -</i>			<i>83 70</i>	<i>733</i>	<i>859</i>	<i>1040</i>			
<i>Aug 1-31</i>	<i>31</i>	<i>-</i>	<i>46 50</i>	<i>31</i>	<i>-</i>	<i>6 20</i>	<i>31 -</i>	<i>31 -</i>			<i>83 70</i>	<i>1365</i> <i>1118</i>		<i>1492</i>			<i>45</i>
<i>Sept 1-30</i>	<i>30</i>	<i>-</i>	<i>45 -</i>	<i>30</i>	<i>-</i>	<i>6 -</i>	<i>30 -</i>	<i>30 -</i>			<i>81 -</i>		<i>1666</i>	<i>1844</i>			
<i>Oct 1-31</i>	<i>31</i>	<i>-</i>	<i>46 50</i>	<i>31</i>	<i>-</i>	<i>6 20</i>	<i>31 -</i>	<i>31 -</i>			<i>83 70</i>	<i>2041</i>	<i>15 10</i>				<i>2272</i> <i>2290</i> <i>2267</i> <i>204</i>
<i>Nov 1-31</i>	<i>30</i>	<i>-</i>	<i>45 00</i>	<i>30</i>	<i>-</i>	<i>6 00</i>	<i>30</i>	<i>30</i>			<i>81 00</i>	<i>1262</i>	<i>2439</i>	<i>15 10</i>	<i>2620</i>	<i>31 16</i>	
<i>Dec 1-31</i>	<i>31</i>	<i>-</i>	<i>46 50</i>	<i>31</i>	<i>-</i>	<i>6 20</i>	<i>31</i>	<i>31</i>			<i>83 70</i>	<i>2751</i>	<i>15 10</i>				
	<i>557</i>		<i>742 20</i>			<i>76 70</i>		<i>203 00</i>			<i>27 945 47</i>						

*593.
354
239*

S/L East. Ont. Regt. Seaford. Ref. A. G. 20 D. P. 2-1-50 Sailed on

EFFECTIVE DATE		AUTHORITY

REG'L NO. **410103** RANK **Pte** NAME **Globensky, Leon Elgear**

IF IN PERMT. CORPS WHAT UNIT **2nd Bn** TRANSFERRED TO **P. & R. O.** DATE **19/6/16** AUTHORITY **D.O. 19/6/16**

PERMANENT FORCE ALLOWANCES TRANSFERRED TO **Dept 2** DATE **5/2/17** AUTHORITY **By ar 23/17**

PLACE OF ATTESTATION **Ottawa** TRANSFERRED TO **K.** DATE **31/3/17** AUTHORITY

DATE OF ATTESTATION **Feb. 22/15** TRANSFERRED TO **W/B Branch** DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ **Nil** DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) **P 276 31/3/17** EFFECTIVE REASON **Discharged to Canada**

DISCHARGE DATE AND PLACE **30/7/17 Canada** REASON AND AUTHORITY **Invalided to Canada ce L 793/17**

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



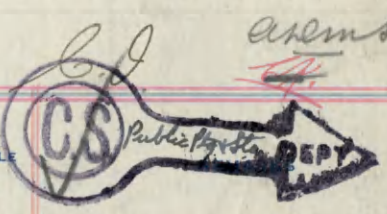
Relationship **Entered on N.P. Card Index**

Checked by **H. J. Gillison**

HOSPITAL &c.	
NAME OF HOSPITAL	

ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE			
1	2	3	4				CREDIT	DEBIT					
						252 59		57 88					
						19 73		24 33					
						14 60		66 55					
						9 73		9 73		90 92			
						9 73		9 73					
						14 60		24 33		86 39			
						14 60		14 60		123 09			
859	1070					3407	2433	2433	770	9043	11636		
						3893				11679	8327		
1492		145	155			2920	14623	243					
1666	1844					4380	3407	730	3-	8087	8340		
7041	15 ¹⁰ / ₁₆					4380		3893		9125	7585		
								122					
2439	15 ¹¹ / ₁₆	2620	3116			2433	2433	2677		7787	7898		
2578	15 ¹² / ₁₆					274	7787			8061	8207		83
						14387	21413	12140	36330	1070	86340		
											85888		



6th Bal from prev page

770 overcredited 7 days
P.R.A. 2nd Bn 12th to the
18th of June 16
adm. dis.
In corp. 20/8/16 - 2/9/16 3 days

Sailed on Hosp Ship "Letitia" from Liverpool 11/4/17

Small Ledger Sheet

410103 *Pie Globensky*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
1917																		
	557		762	20			203		27 94547							143 87 214 13 131 40 363		
Jan/31	31	170	52	70			31 -		8370							3893 43 20		
Feb/28	28		47	60			28		7560									
Mar/31	30		52	70			31		8370							253 06 175 40		
	646		495	20					5830									
Apr.									1246 77							730		
Aug																		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	RED. ALICE	PAY ENG.
1917												
Oct.	Balance FORWARD								121 35			
Jan	Deft Pay Int.	340	370						175 05			

Balance transferred to N. E. Branch. *nil*

mslly h. e.

SH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT					
13	1314036330				863 40							
				1070	85880	82 07				P3		
	934380				8273	83 04				P3		
						158 64				P3		
	0617540	1121		14580	147 01	95 33				P3		
					109 2 14	153 63						
						730	146 33					
	730			480	480	141 53						
				2018	2018	121 35						

945⁰⁰ = 54 days @ 2⁷⁰ per bank
 to date returned 6/2/17
 Trans to help 2 6/2/17 authy
 minute left 21 Mar 23/17
 \$58.30 per 4/17 to 20/17
 50 days

A3M. FORM REN'D EFFEC
 DISCHARGED TO Canada DATE 20/3/17
 PAYBOOK VERIFIED 20/3/17
 CREDIT BAL. \$15363 L.P.C. REN'D 20/3/17
 AUTHY. Ch. 1.2.793 16/3/17

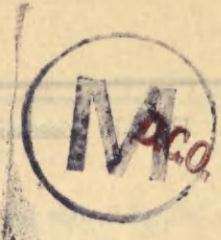
Checked J. Macneish
 L.P.C.

Sup L.P.C. 16/6/14 0* 141.53
 For 4 days. P. u. 20 16. 28/3/17

Voucher # 3263 13/17 Cost of transportation
 of wife to Montreal
 Sup L.P.C. read 28 2/2 CV Bal 128.35
 Supp L.P.C. 21/1/18 CV Bal 125.05

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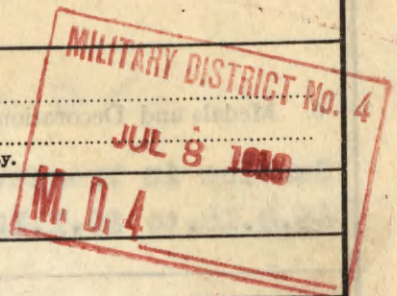
Proceedings on Discharge.



M/3

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

No. 410103.	
Rank Pte.	
Surname Globensky.	
Christian Name Leon Elzear. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 43rd. Bctn.	
Date of Discharge June, 17th, 1918.	
Place of Discharge Montreal, QUEBEC.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 21. years..... months.	Descriptive Marks Appendectomy scar, right lower abdominal quadrant. DECEASED 3-12-60
Height 5. feet..... 8. inches.	
Complexion Healthy.	
Eyes Gray.	
Hair Light Brown.	
Trade Civil Servant.	
Intended place of residence } Ste. Agathe des Monts, QUEBEC. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of K.R. & O. 377 (10) C.M. 1917. Md4. 22-G-516. Category "E" Medically Unfit.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Very Good.
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Civil Servant.	



M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5.0
7.2.61

MA b. Comp

K.R. & O. 4.10.1918

5. He is in possession of the following number of G. C. Badges:

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

6. Medals and Decorations.....

NONE.

Service in France.
24.8.15. to 26.1.16.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal, QUEBEC.....

R. Ryce
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Commanding

(Date) June, 17th, 1918.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Montreal, QUEBEC..... *Leon Em. Globensky* (Signature of Soldier.)

(Date) June, 17th, 1918..... *H. M. Pope* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Montreal, QUEBEC.....

L. R. 108 with
Lieut.-Col.
(Signature)

(Date) June, 17th, 1918.....

Reservations referred to at Para. 8.

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

List of Discharge Documents.
NO RESERVATIONS.

Lea J. C. [Signature]

<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalidity B. 237</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Only if discharged "Medically unfit."</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	---

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date left Canada

1. 8 Please.

24-6-15

In any further
correspondence on
this subject please
quote Number and
Date of this Com-
munication.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

4D.22-G-518

STATION Ste. Agathe P.Q., DATE April 4th. 1918

1. (a) Unit 38th. Batt. C.E.F. (b) Regimental No. 410103 (c) Rank Cpl
(d) Surname Globensky (e) Christian name Leon Elzear

2. Age last birthday 24 Date of birth 1896

3. Enlisted at Ottawa on February 22nd 1915

4. Personal description :—

(a) Height 5'8 1/2 (b) Weight 112 (c) Complexion Fair

(d) Colour of hair ltBrown (e) Colour of eyes Grey (f) Identification marks.....

appendectomy scar, right lower abdominal quadrant

5. Address after discharge (for the use of the Board of Pension Commissioners.)

827 Lorne Crescent Ave. Montreal

6. Former trade or occupation Civil service

7. (a) Service

	PERIODS	
	From	To
<u>Canada England</u>	<u>22/2/15</u>	<u>5/2/17</u>
<u>12th. Res. Bn., and 2nd. Batt.</u>		
<u>England and France</u>		
<u>Treatment</u>	<u>5/2/17 to Date</u>	

(b) Has he been Overseas? France England

8. Present disease or disability (use authorized nomenclature if possible). Pulmonary Tuberculosis

(a) Date of origin unknown (b) Place of origin unknown

(c) Cause* infection with tubercle bacilli
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Symptoms:- Morning cough had completely disappeared. Very scanty sputum negative for bacilli. Anaemia progressively decreasing Weight stands at 112 pounds making a gain of 1 1/2 pounds within the month. Pain has entirely cleared up. No evidence of toxæmia. Appetite much better. Bowels regular. Sleeping well.
PHYSICAL EXAMINATION:- Right lung;- Shows as from third rib to sixth dorsal spine evidence of quiescent infiltrate. subcrepitations latent. left lung;- Fine latent moisture throughout the lung, somewhat more pronounced at the base. Ear:- Discharge has practically dried up.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 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.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Carried on until February 1917 taken ill in England haemoptysis, reported in London to A.D.M.S., King George Hospital TBC. sent to Orphington M.B., February 5th. to March 29th. haemoptysis sent to Canada on April 12th. 1917 arriving Halifax Hospital since then to Montreal General Hospital 23 April stayed there until now. 15/5/17

11. To what extent, state in percentages, is capacity 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.

100%

12. Did the disability arise on or off duty? Not applicable

13. Was a Court of Inquiry held? Not applicable

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

Yes 100%

No

(If the answer is in the affirmative, state in percentages, to what extent the soldier 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? indefinite

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

Montreal General Hospital April 23rd. to 15/5/17., then I.I.M.S., 15/5/17 to Date

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

Yes.

19. Can the former trade or occupation be resumed? No.

20. Recommendations That as # 410103 Cpl. Globensky I.E., late of the 38th. Batt. C.E.F., be discharge from the service and be given further Sanatorium treatment under the Soldiers Civil Re-Establishment.,

T. E. Wolff Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Leon E. M. Globensky
Signature of soldier 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 soldier fit for

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

23. It is certified that the soldier

- (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 soldier be discharged. (When not for discharge add special recommendation).

[Handwritten Signature]
Capt. A.M.C., R.O.I/C

President.

Members.

Capt. A.M.C., C

STATION Ste. Agathe des Monts P.Q.,

DATE April 4th, 1918

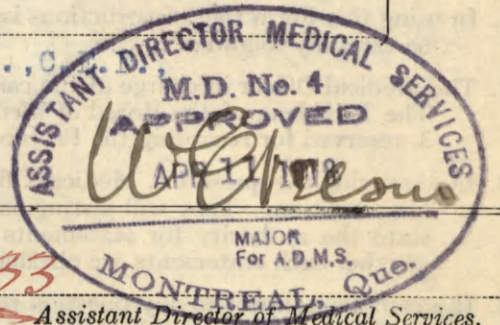
APPROVED BY

DATE

APPROVED BY

DATE

Discharge Under Pc 433



Assistant Director of Medical Services.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not, give a brief statement with reasons why the number of days is less than that recommended.

Is the soldier fit for

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

Does the soldier require treatment?

(a) Yes
 (b) No

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

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 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 a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on 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 and Sons.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Ste. Agathe DATE June 9th 1918

1. (a) Unit 38th. Res. (b) Regimental No. 410103 (c) Rank Opl.
(d) Surname Globensky L. (e) Christian name Leon. Elzear

2. Age last birthday 21 Yrs. Date of birth 1896

3. Enlisted at Ottawa, on February 22nd. 1915

4. Personal description :-

(a) Height 5'8" (b) Weight 112½ (c) Complexion.....
(d) Colour of hair Light Brown (e) Colour of eyes Gray (f) Identification marks.....

(stripped)

Appendectomy scar, right lower abdominal quadrant

5. Address after discharge (for the use of the Board of Pension Commissioners.).....

Ste. Agathe des Monts Que.

6. Former trade or occupation Civil Service

7. (a) Service	PERIODS	
	From	To
<u>38th. Res. Battalion. C.E.F. Canada and England Treatment Brance England And Canada</u>	<u>22/2/15 5/2/17</u>	<u>5/2/17 Date.</u>

(b) Has he been Overseas? France & England.

8. Present disease or disability (use authorized nomenclature if possible). Pulmonary Tuberculosis

(a) Date of origin Unknown (b) Place of origin Unknown

(c) Cause* Infection with tubercle bacilli.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Occasional attacks of indigestion. No cough or expectoration nor symptoms of toxæmia. Weight stands at 114 pounds making a gain of 2 pounds within the month. Appetate in good condition now.

EXAMINATION:- R.L. Shows lesion from the 3rd. rib to the hilus in a rapidly fibrosing condition. A very few subcrepitations at the apex.

L.L. Shows a complete clearing of the moisture from the 4th rib to the hilus behind.

Classification:- Disease Apparently Arrested.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 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.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Carried on until February 1917 taken ill in England haemoptysis, reported in London to the A.D.M.S. King George Hospital TBC. sent to Orpington M.B. February 5th to March 29th , Haemoptysis sent to Canada on April 12th 1917 arriving at Halifax Hospital, since then to Montreal General 23rd April stayed there until 15/5/17 then came to Ste. Agathe.

11. To what extent, state in percentages, is capacity 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? **Not applicable**

13. Was a Court of Inquiry held? **Not Applicable**

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

Yes **100 %** No

(If the answer is in the affirmative, state in percentages, to what extent the soldier 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? **No**

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

Montreal General Hospital April 23rd to 15/5/17 L.I.M.S. 15/5/17 to date.

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

No/

19. Can the former trade or occupation be resumed ?

20. Recommendations **That as #410105 Cpl. L.E. Globensky has apparently arrested Pulmonary Tuberculosis; that further Sanatorium Treatment is not indicated; it is recommended that he be allowed to pass under his own control.**

Cleriff Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned *Leon Globensky* 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

Leon Globensky
Signature of soldier 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 soldier fit for

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

23. It is certified that the soldier

- (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 soldier be discharged. (When not for discharge add special recommendation).

Yes.

.....
.....
.....
.....
.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

[Signature] President.
Capt. C.A.M.C., ~~UNFIT~~
[Signature] Members.
Capt. C.A.M.C., C.E.F.

STATION **Ste. Agathe des Monts**

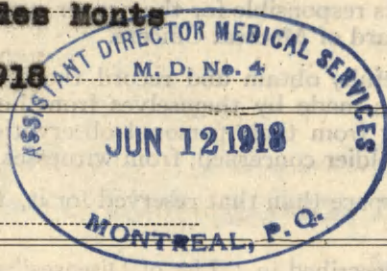
DATE **June 9th 1918**

APPROVED BY

DATE

APPROVED BY

DATE



[Signature]
 Assistant Director of Medical Services.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

1. Does the Board concur with the preceding report? If not, give brief reasons, stating the number of the answer chosen.

2. Is the soldier fit for:

(a) General service
 (b) Service abroad not general service
 (c) Home service (Canada only)
 (d) Limited for service in Categories A, B and C
 (e) Fit for service in Categories A, B and C

3. It is certified that the soldier:

(a) Does require treatment
 (b) Does not require treatment
 (c) Should pass under his own control

4. It is recommended that the soldier be discharged. (When not for discharge and special recommendations)

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

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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.
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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 on 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 and Sons.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Ste. Agathe DATE June 9th 1918

1. (a) Unit 38th. Res. (b) Regimental No. 410103 (c) Rank Cpl.
 (d) Surname Globensky I. (e) Christian name Leon. Elzear

2. Age last birthday 21 Yrs. Date of birth 1896

3. Enlisted at Ottawa, on February 22nd. 1915

4. Personal description :-

(a) Height 5'8" (b) Weight 112½ (c) Complexion.....
(stripped)
 (d) Colour of hair Light Brown (e) Colour of eyes Gray (f) Identification marks.....

Appendectomy scar, right lower abdominal quadrant

5. Address after discharge (for the use of the Board of Pension Commissioners.)

~~Ste. Agathe~~ Ste. Agathe des Monts Que.

6. Former trade or occupation Civil Service

7. (a) Service	Years	Days
	PERIODS	
	From	To
<u>38th. Res. Battalion. C.E.F.</u>	<u>22/2/15</u>	<u>5/2/17</u>
<u>Canada and England</u>	<u>5/2/17</u>	<u>Date.</u>
<u>Treatment France England And Canada</u>		

(b) Has he been Overseas? France & England.

8. Present disease or disability (use authorized nomenclature if possible). Pulmonary Tuberculosis

(a) Date of origin Unknown (b) Place of origin Unknown

(c) Cause* Infection with tubercle bacilli.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Occasional attacks of indigestion. No cough or expectoration nor symptoms of toxæmia. Weight stands at 114 pounds making a gain of 2 pounds within the month. Appetite in good condition now.

EXAMINATION:- R.L. Shows lesion from the 3rd. rib to the hilus in a rapidly fibrosing condition. A very few subcrepitations at the apex.

L.L. Shows a complete clearing of the moisture from the 4th rib to the hilus behind.

Classification:- Disease Apparently Arrested.

STATEMENT OF THE SOLDIER

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 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.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Carried on until February 1917 taken ill in England haemoptysis, reported in London to the A.D.M.S. King George Hospital TBC. sent to Orpington M.B. February 5th to March 29th, Haemoptysis sent to Canada on April 12th 1917 arriving at Halifax Hospital, since then to Montreal General 23rd April stayed there until 15/5/17 then came to Ste. Agathe.

11. To what extent, state in percentages, is capacity 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? Not applicable

13. Was a Court of Inquiry held? Not Applicable

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

Yes 100% No

(If the answer is in the affirmative, state in percentages, to what extent the soldier 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? No

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

Montreal General Hospital April 23rd to 15/5/17 L.I.M.S. 15/5/17 to date.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No/

19. Can the former trade or occupation be resumed?

20. Recommendations That as #410103 Cpl. L.E. Globensky has apparently arrested Pulmonary Tuberculosis: that further Sanatorium Treatment is not indicated; it is recommended that he be allowed to pass under his own control.

[Signature] Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned Leon Globensky 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

[Signature] Signature of soldier 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 soldier fit for

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

23. It is certified that the soldier

- (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 soldier be discharged. (When not for discharge add special recommendation).

Yes.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

[Signature] President.
 Capt. C.A.M.C., ~~XXXX~~

[Signature] Members.
 Capt. C.A.M.C., C.E.F.

STATION Ste. Agathe des Monts

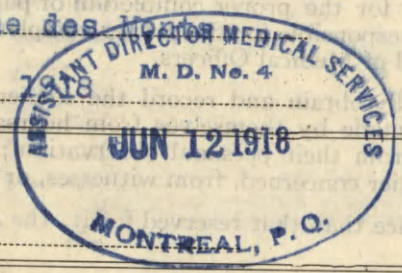
DATE June 9th 1918

APPROVED BY *[Signature]*

DATE _____

APPROVED BY _____

DATE _____



[Signature]
 Assistant Director of Medical Services.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give dissenting opinion, with reasons, during the

Lined area for writing a dissenting opinion with reasons.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

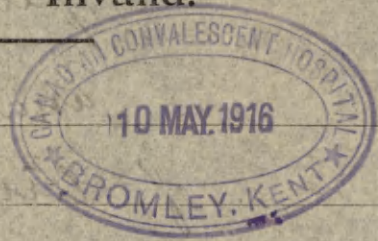
I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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

INSTRUCTIONS

- 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.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
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 on 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 and Sons.

Medical Report on an Invalid.



Station _____

Date _____

- 1. Unit *1st Btn & C.O.C.*
- 2. Regimental No. *A 10103*
- 3. Rank *Private*
- 4. Name *Globensky L.*
- 5. Age last birthday *21*
- 6. Enlisted { on *30 June 1915*
at *Ottawa*
- 7. Former Trade { or Occupation *chef*

8. Disability.

Appendix

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. *a. Feb. 1915 (b) Jan. 1916*
- 10. Place of origin of disability. *a. Ottawa b. London Eng.*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

First attack came on while in barracks at Ottawa. Reported sick and improved with treatment. Second attack in Le Poirard France and received treatment. Third attack in Dec. sent to Clapham Hosp. for 3 weeks and then back to duty. On leave in London seized with pain, nausea, & vomiting, reported sick and a few to 2nd Lond. Gen. Hospital on same day, remained in hospital since.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

*- Diet & exposure
1 - No.
2 - Yes - exposure*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition good.
Unable to do full duty on account of tiring after much exertion which is result of illness.
Would be fit for clinical work.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

no
yes
yes
no

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

no

16. Was an operation performed? If so, what?

yes - Operated on for appendicitis

17. If not, was an operation advised and declined?

no

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable.

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

no
yes
no
no

W. H. Lane
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

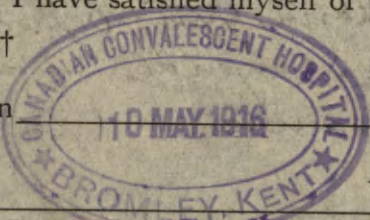
Station 10 MAY 1916

Ann Sheen
Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Reserved for M.H.C.

410103

Cpl

Globensky

Leon Elgear

Regt. No. Rank Surname Christian Name Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom

Born at—Town County or Province Country

Date of Birth—Day Month Year Age yrs. months.

Joined at Date

Former Trade or Occupation

Permanent marks or peculiarities that will serve for future identification

Height—feet inches Colour of eyes

Signature of Soldier (for identification purposes)

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).

(Follow the official nomenclature as far as possible.)

Disabilities Group (a). Cough-expectoration-weakness-night sweats-Dyspnoea-spitting of blood-loss of weight.

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

Disabilities Group (b). Appendectomy in Jan 1916

Disabilities Group (c).

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

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Tubercle of Lung 44, England, Jan 1917.

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

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

(i) As to Group (a) above? No. If yes, has Active Service aggravated it? Station Ontario Mil. Hosp. Orpington Eng.

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

(i) As to Group (a) above? Yes. (ii) As to Group (b) above? Yes. (iii) As to Group (c) above? Delete if inapplicable.

5. If a cause of disability was an injury received on Active Service, was it received— **Not applicable**

(i) While on duty? (ii) While off duty? (iii) Was a Court of Inquiry held? (iv) Where? (v) When? (vi) Opinion of the Court?

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

Previous to enlistment and until 10 days ago, never had any sickness except an attack of appendicitis in Jan'y 1916 for which an operation was done. About the end of Jan'y 1917, noted he was coughing and about the 22nd 22nd Jan'y spat blood quite freely.

He was told to report at King George Hosp. for exam, where a diagnosis of Tibercle of Lung was made; and sputum reported positive T.B..

He was then sent here admitted Feb 5th 1917.

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

Weight 113 lbs. Usual weight 137 lbs. Patient is thin, cough marked.

Chest exam;

Expansion poor and chest thin and narrow; Percussion shows dullness in Rt and left apex, anteriorly with moisture; Posteriorly dullness with moisture left apex, and moisture rt apex. Dullness rt and left inter scapular areas.

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

(ii) If so, state what. **Appendicectomy in Jan'y 1916**

(iii) Was one advised and declined?

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

9. (i) Is there loss or decay of teeth attributable to Active Service? **No**

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **Yes**

(d) Discharge from the Service as permanently unfit? **No**

Date of Report **6-2-17** 191

Signed *A. B. Greenwood*

Officer in medical charge of case.

Station **Ontario Mil. Hosp. Orpington Eng.**

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

Richard Chambers H. C. Cull
Officer in Charge Hospital (S.M.O. Brigade) Strike out one of these.

ONTARIO MILITARY HOSPITAL,

Dated at **ORPINGTON, KENT,**

Station, on **8 FEB 1917** 191

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

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

11. Is the disability fully indicated in Part I (1)? **Yes**
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? **Yes**
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? **No**
Aggravated? **No**
(b) Misconduct of the Soldier { Caused? **No**
Aggravated? **No**

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

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

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? **Yes**
(ii) If not permanent, what is its probable minimum duration (in months)? **Not applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not applicable**

18. Remarks.

19. Recommendation :—(a) Fit for duty? **No**
(b) Fit for base duty? **No**
(c) Invalid to Canada? **Yes**
(d) Discharge from Service as permanently unfit? **No**

Classification for the Military Hospitals Commission.

Date of Board **ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.**

Station **18 FEB 1917**

Signatures of the Board

Jehan Dean President.
Hadley Williams Stbol
Imant. Ruston, Capt. Ame.

Approved *A. M. Macdonell* Captain C.A.M.C., A.D.M.S.
Dated at **London** for A.D.M.S., Canadians, London Area.

Station **A.D.M.S. CANADIANS, LONDON AREA: 76, STRAND, LONDON, W.C.**
13 FEB 1917

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

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board: —

13. Is the cause of the disability fully indicated in Part I (1)?

14. THE ENTIRE DISABILITY. Without regard to his regular occupation to what extent is his capacity lessened at present for earning a full livelihood in the general market for unskilled labour?

15. THE PERSONAL DISABILITY—(see Part I (1)).

16. Permanent of the Personal Disability estimated next above in (1) is due to causes arising during Active Service?

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

18. Remarks

Appendectomy in July 1916

19. Recommendation—(a) Fit for duty? (b) Fit for home duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board, Ontario Military Hospital, Brimington, Kent, 18 FEB 1917

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname GLOBENSKY Christian Name Leon Edgar

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County Canada

Examined ... { on 22nd day of February 1915,
at Ottawa

Declared Age ... 21 years ... days.

Trade or Occupation ... Civil Servant

Height ... 5 feet 8½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 34 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b)

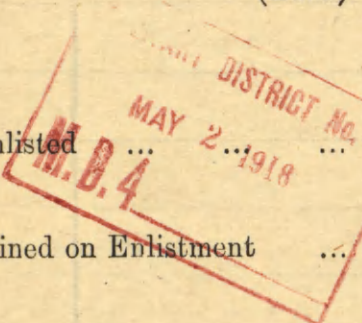
Approved by (Signature) J. Howard Munro
(Rank) Capt. A.M.C.
Medical Officer.

Enlisted ... { at Ottawa
on 22nd day of February 1915.

Corps.	Regtl. No.
<u>38 Bn. L.E.F.</u>	<u>A 1 0 1 0 3</u>
<u>12 Res. Batt.</u>	
<u>2nd Batt.</u>	

Became non-effective by ...

ON _____ day of _____ 1915.
(Signature) _____
(Rank) _____



This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
Colonel W. H. WARD, Charge of Records, Canadian Contingents.

List in the case of Warrant Officers treated in quarters.

is bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Admitted with acute attack of appendicitis.
Operation. Appendix kinked and acutely inflamed
Appendectomy performed. Normal Convalescence

C.E. Petley Capt.
R.A.M.C.(T)

This Medical History Sheet has been compared with the
Corresponding Attestation Paper, and entries made in red
have been taken from the Attestation Paper.

W. R. WARD,
Colonel in Charge of Records,
Canadian Contingent.

1755

516 D-30



EXAMINATION

BY
971

STANDING MEDICAL BOARD, SHORNCLIFFE.

No. 4/0103 Unit 2nd Bn. 12th Regt Rank Plt. 1916.
Name Globensky, L. Age 27

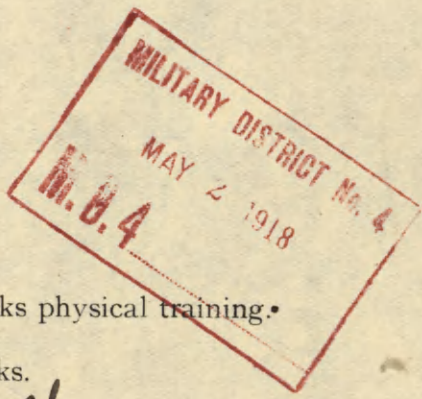
Examination held at SHORNCLIFFE - C.C.A.C.
19, W. Wharfedale, G.A.

DISABILITY.

Overseas—Local. Appended January 1916
(scratch one/out)

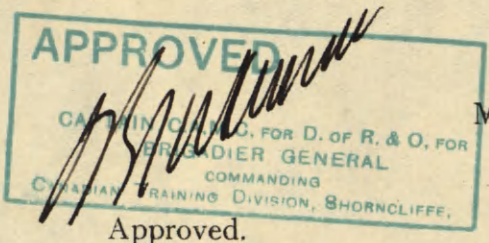
Present Condition:

Operated on for above in January.
Is of poor physique and does not look very
strong. Has a poor chest expansion
with the weak (and) abdominal wall,
unfit for full service.



Board recommends:

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for light duty.....weeks.
4. Fit for permanent Base duty. Ys
5. Discharge.



Approved.

Signatures:

Members {
Capt. Hunt Pres.
Plt. Forquison
Plt. Harje

Shorncliffe 9 JUN 1916 1916.

S. L. Walker Capt.

for A.D.M.S.
Canadian Training Division.

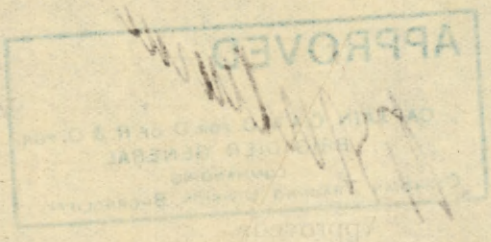
EXAMINATION

STANDING MEDICAL BOARD, SHONICHTRE

1910
1911
1912
1913
1914
1915
1916
1917
1918
1919
1920

DISABILITY

1. Name of Applicant
2. Date of Examination
3. Nature of Disability
4. Medical Officer's Report
5. Recommendation
6. Date of Decision



J. J. Barker

1918

Division

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Standing Medical Board

assembled at The Montreal General Hospital.

on the 3rd May 1917.

by order of The O. C. M. D. #4.

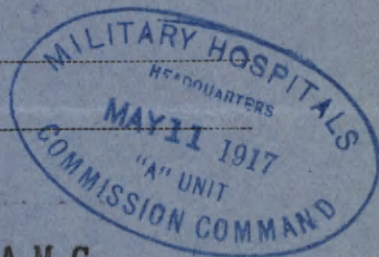
for the purpose of examining #A10103 Corporal Leon Elzear

Globensky,

38th Battalion,
12th Reserve Batt.
2nd Batt.

"A" Unit, M.H.C.C. PRESIDENT.

Major W.H.P. Hill, A.M.C.



MEMBERS.

Capt. R.E. Powell, A.M.C.

Lieut. A.M.J. Tanney, A.M.C.

The Board having assembled pursuant to order, proceed to

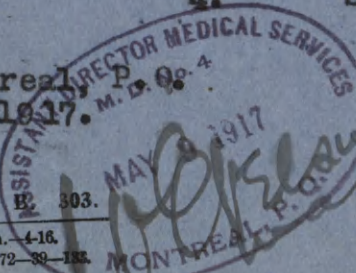
examine #A10103 Corporal Leon Elzear Globensky,
"A" Unit, M.H.C.C. (38th Batt. 12th Reserve Batt.
2nd Batt.)
and find:-

1. He has Tuberculosis of both apices extensive of the left side.
2. Tubercle bacilli have been demonstrated in the sputum.
3. Minimum disability 100% for one year.
4. Sanitarium treatment urgently recommended.

Dated at Montreal
May 3rd 1917.

M. F. E. 303.

100m. 4-16.
H. Q. 1772-39-133.



W. H. P. Hill
R. E. Powell
A. M. J. Tanney

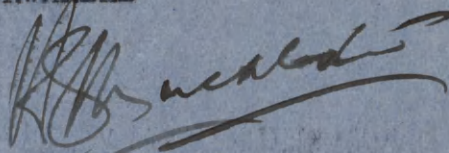
Major, Pres.

Capt. Members

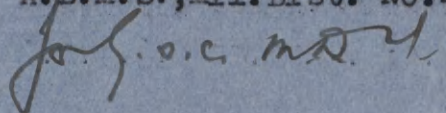
Lieut.

Secretary, Militia Council,
Ottawa, Ont.

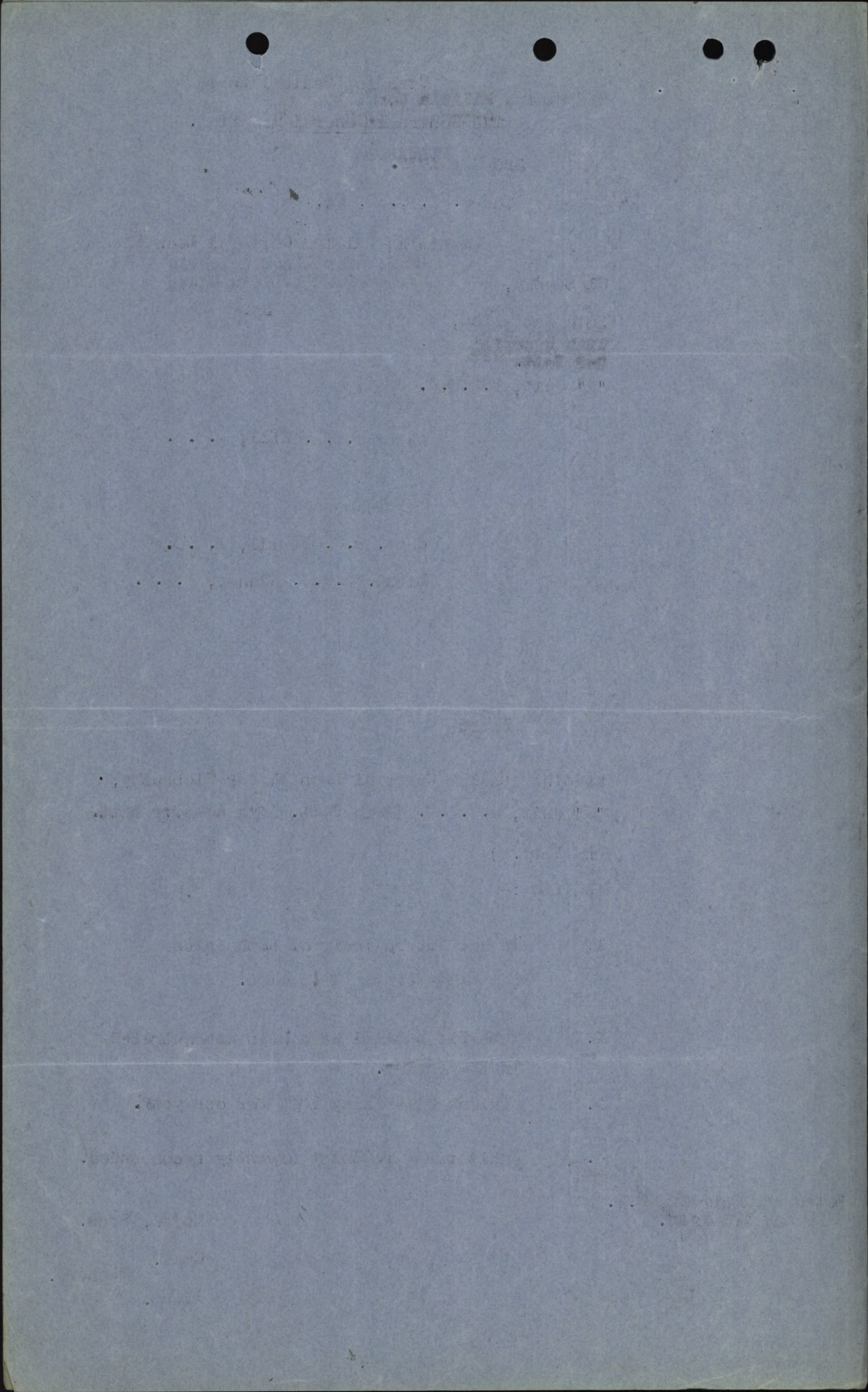
FORWARDED

A handwritten signature in dark ink, appearing to be 'J. S. C. M. D.', written in a cursive style.

Major for Lieut-Colonel.
A.D.M.S., Mil. Dist. No. 4.

A handwritten signature in dark ink, appearing to be 'J. S. C. M. D.', written in a cursive style.

MONTREAL, B. Q.
10th May, 1917.





EXAMINATION BY STANDING MEDICAL BOARD, SHORNCLIFFE.

..... June 9th 1916.

No. 410103 Unit. 2nd Batt 12th Res. Bn Rank Pte

Name..... Globensky, L Age..... 21

Examination held at..... SHORNCLIFFE—C.C.A.C.
(19, Westbourne Gardens, Folkestone).....

DISABILITY.

Overseas—Local— Appendicitis January 1916
(scratch one out)

Present Condition :

Operated on for above in January. Is of poor physique and does not look very strong. Has a poor chest expansion and with the weakened abdominal wall, unfit for full service

Board recommends :

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for light duty.....weeks.
4. Fit for permanent Base duty. **Yes**
5. Discharge.

Signatures :

Members Chas Hunt Capt. Pres.
R.W. Ferguson Capt.
W.A. Harvie Capt.

Approved.

Shorncliffe 9 JUN 1916 1916. S.L. Walker Capt.

for A.D.M.S.

Canadian Training Division

EXAMINATION

STANDING MEDICAL BOARD, SHORCLIFFE

1911
No. 100
Name

Examination held at
Date
Result

Signature of Candidate
Signature of Examiner

For permanent pass this
For temporary pass this
For no pass this

Members
Secretary
President

September 12th 1917.

M.O.i/c Laurentide Inn Military Sanatorium,

Ste. Agathe.

The:- A.D.M.S., M.D?#4

Montreal.

410103- Cpl. Globensky L.E.
38th. Res. C.E.F.
Admitted 15/5/17

Sir:-

I have the honor to submit regarding the marginally
named man a,

MONTHLY MEDICAL REPORT

Symptoms:-

Has not coughed in three months to any extent but the greenish mucous purulent expectoration is constant, Not so dyspnoeic as formerly. occasional pain of mild degree over lumbar region Appetite is now good. Digestion now in good shape no more flatulency nor epigastric pain. He now weighs 168 pounds making a gain of one pound with in the month. Feels a considerable general improvement.

Physical Examination:-

Right Lung:- Semi fibrosied infiltrate over entire upper lobe and apex of posterior lobe. Fine crepitations and subcrepitations are elicited over area on coughing. Medium moisture at the base.
Left Lung:- Gradually fibrosing infiltrate over entire upper lobe and apex of posterior lobe. Fine crepitations and subcrepitations are elicited anteriorly. Medium moisture about the hilus at the base.

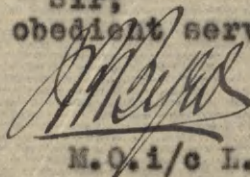
Remarks :-

- 1 The conditions shows a general improvement
- 2 The disability is 100% for an indefinite period
- 3 His conduct has been good
- 4 Class porch 30 minutes exercise.
- 5 I recommend treatment to continue.

I have the honor to be,

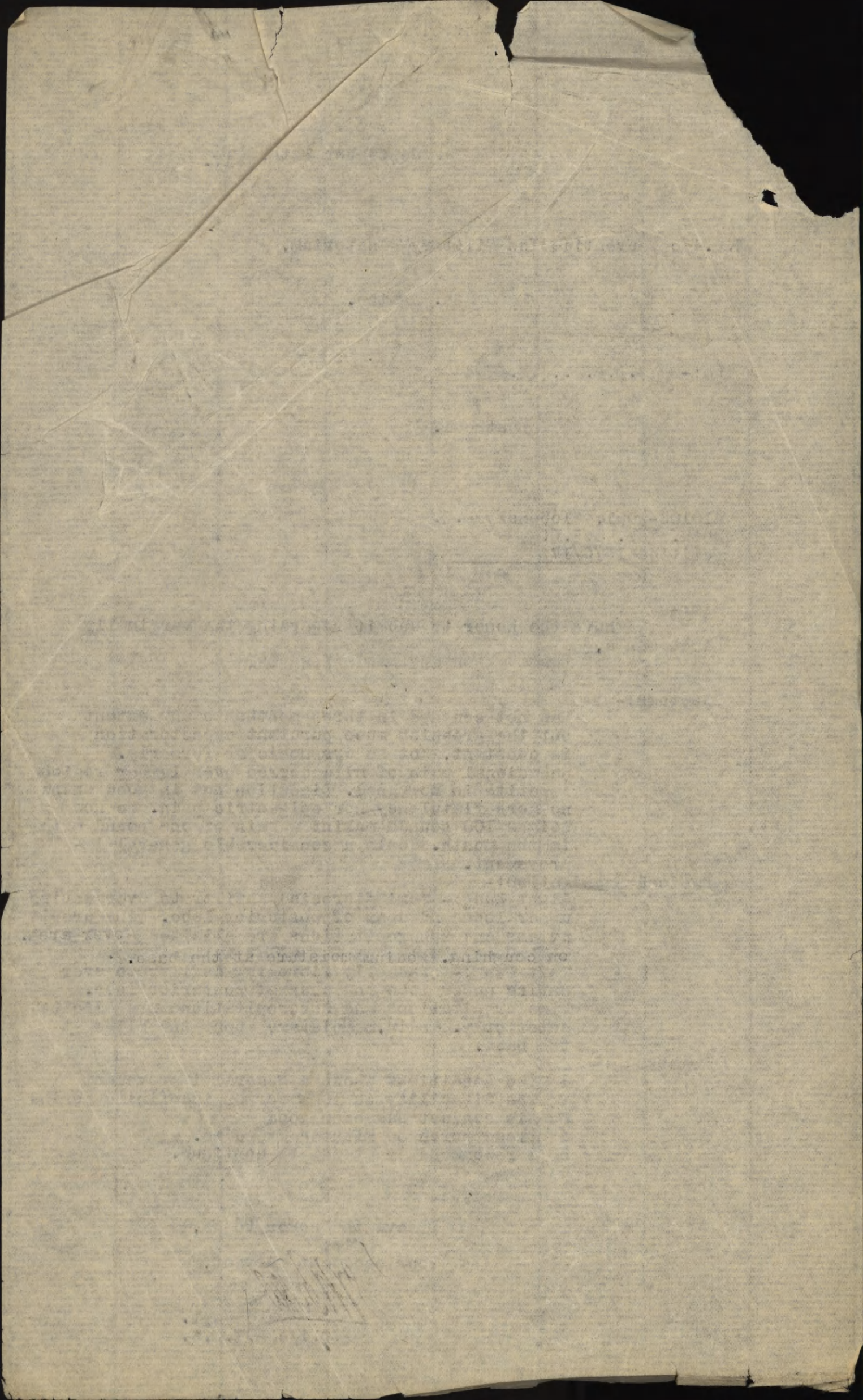
Sir;

Your obedient servant,



Capt.

M.O.i/c L.I.M.S.



October 11th, 1917

H.O.i/c Laurentide Inn Military Sanatorium

Ste. Cathé.

The:- A.D.M.S., M.D. #4

Montreal.

410103 Cpl. Globensky L.E.
38th. Res. C.E.F.
Admitted 15/5/17

Sir:-

I have the honor to submit regarding the marginally named man a,

MONTHLY MEDICAL REPORT

Symptoms:-

Has not coughed for four months, expectoration very slight and negative for tubercle bacilli. Dyspnoea daily decreasing. Pain over base of lungs occasionally. Flatulency persists but epigastric pain is no longer troublesome. Weight now stands at 111½ pounds making a gain of 3½ pounds within the month, Feels generally improved.

Physical Examination.

Right Lung:- Shows a semi fibrosis over upper lobe and apex of posterior lobe. Fine subcrepitations are elicited from 2nd. to the 4th. dorsal spine.

Left Lung:- Entire upper lobe and apex of posterior lobe shows fine crepitations and subcrepitations. Medium moisture at the base.

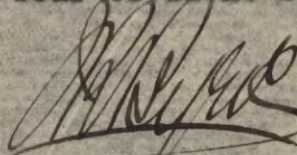
Remarks:-

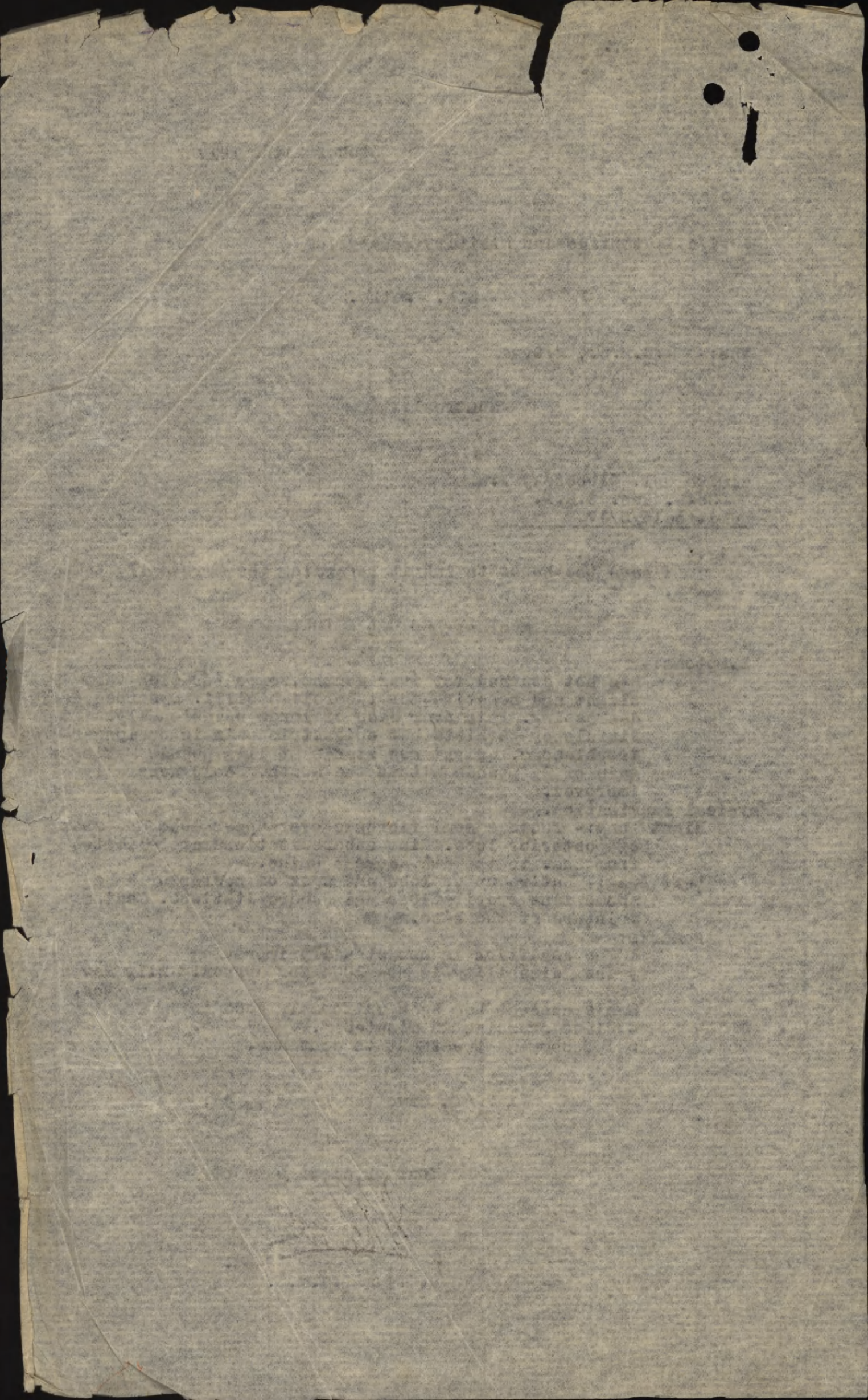
- 1 The condition is now steadily improving
- 2 The disability is now 100% for approximately seven more months.
- 3 His conduct has been uniformly good
- 4 Class exercise 45 minutes A.M. and P.M.
- 5 I recommend treatment to continue.

I have the honor to be,

Sir;

Your obedient servant,


Capt.
H.O.i/c L.I.M.S.



June 14th. 1917

M.O. i/c Laurentide Inn Military Sanatorium

Ste. Agathe.

The L A.D.M.S., M.D., #4.

Montreal.

#410103-Cpl. L.E. Globensky

38th. Res. Bn. C.E.F.

Admitted 15/5/17

Sir: I have the honour to submit regarding the marginally named man a.

MONTHLY MEDICAL REPORT:

SYMPTOMS:

Cough has cleared up considerably but is troublesome at night about sunset. Expectoration not so profuse. Temperature normal during last fortnight. Still somewhat dyspnoea. Pain on both sides of sternum on damp days. No signs of haemoptysis since admission. Feels considerably stronger but appetite is very poor. He has gained eight pounds in weight.

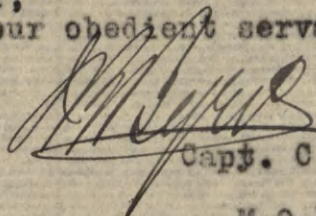
PHYSICAL EXAMINATION:

Right lung;- Shows a narrowed apex with signs of fibrosis at apex of upper and posterior lobes. Moisture has disappeared from the hilus and axilla. Left lung;- Shows a dense infiltration of the upper lobe and the apex of the posterior lobe with extension along the sulcus to the anteriorly pericardial margin. Medium moist rales are elicited at the base.

REMARKS:

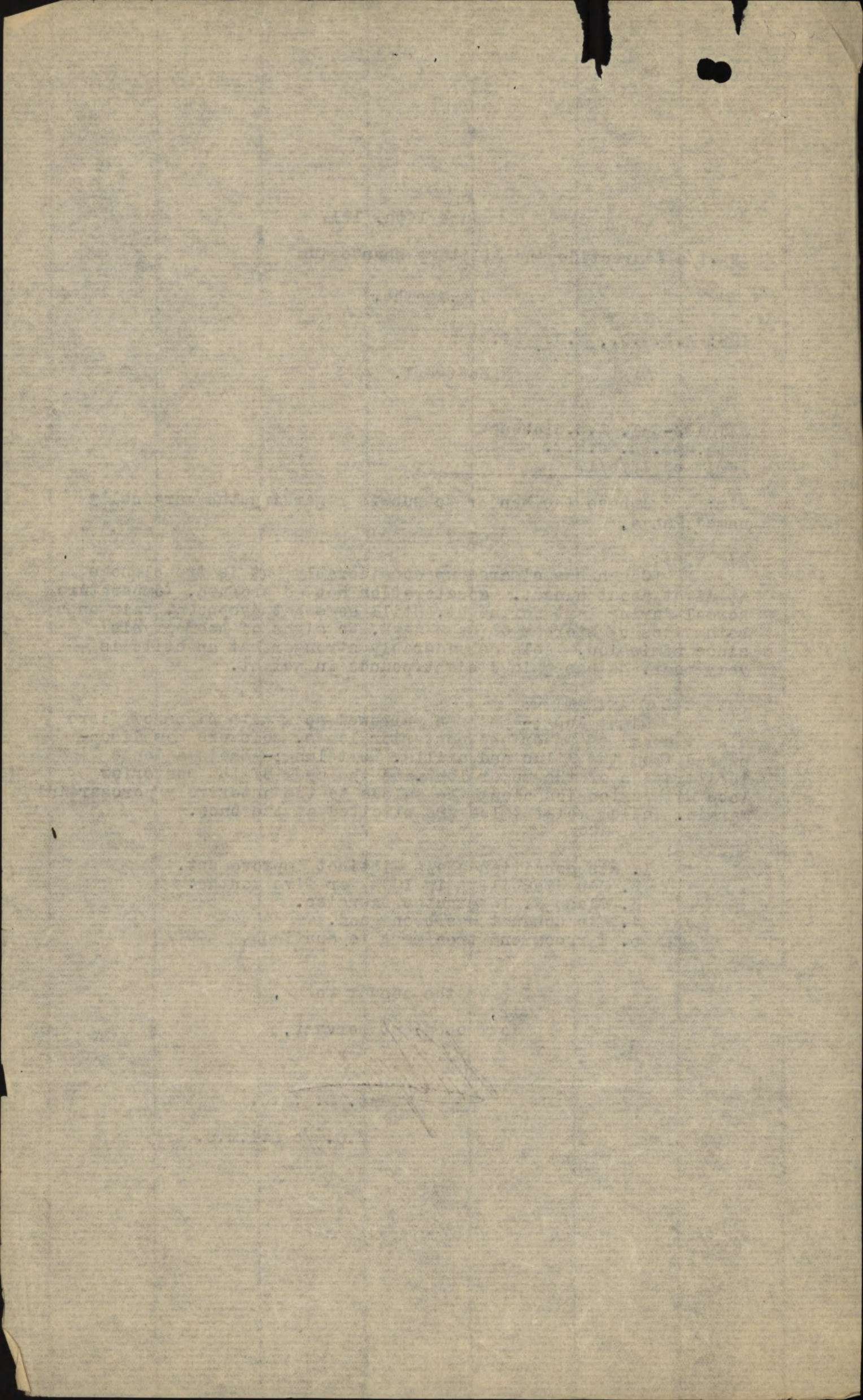
1. His condition shows distinct improvement.
2. His disability is 100% for five months.
3. Class B. 15 minutes exercise.
4. His conduct has been good.
5. I recommend treatment to continue,

I have the honour to be,
Sir,
Your obedient servant,



Capt. C.A.M.C.

M.O. i/c L.I.M.S.



Tuesday August Fourteenth 7

The M.O. i/c L.I.M.S.
Ste. Agathe des Monts
Quebec Canada

The A.D.M.S. M.D. # 4.
Montreal

#410103- Cpl. Globensky L.E.
38th. Res. C.E.F.
Admitted 15/5/17.

Sir:

I have the honor to submit regarding the marginally named N.C.O.

A MONTHLY MEDICAL REPORT.

SYMPTOMS:

Has had no cough for the past two months but is still troubled with a greenish muco purulent expectoration. Dyspnoea has to a large extent cleared up. Occasional pain in chest of very slight degree. Appetite during the past two weeks has greatly improved. Flatulency with burning epigastric pain after meals persists. He has lost about three pounds in weight during the hot weather. He states that he feels greatly improved.

PHYSICAL EXAMINATION:

RIGHT LUNG: Shows impaired percussion resonance with increased vocal transmission and harsh cogwheel breathing from the third rib in front to the fourth dorsal spine behind. Medium and fine crepitations are elicited on coughing posteriorly. Marginal crepitations at the base.

LEFT LUNG: Shows a dense infiltration of the upper lobe and the apex of the posterior lobe with considerable moisture to the hilus and marginal crepitations at the base.

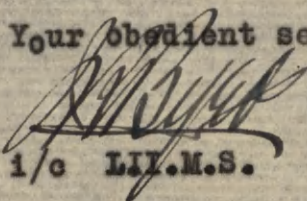
REMARKS:

1. The condition shows slight symptomatic improvement.
2. The disability is 100 % for three more months, at least
3. His conduct has been good.
4. Class B Porch 15 Mins. Exercise.
5. I recommend treatment to continue.

I have the honor to be

Sir

Your obedient servant


Captain M.O. i/c L.I.M.S.

Faint, illegible text at the top of the page, possibly a header or introductory paragraph.

Main body of faint, illegible text, appearing to be several paragraphs of a letter or report.

Text block at the bottom of the main body, possibly a concluding sentence or a list of items.

Very faint text, possibly a signature or a reference line.

Handwritten signature or initials in the bottom center of the page.

Faint text below the signature, possibly a date or a reference number.

March 12th. 1918

H.C. 1/c Laurentide Inn Military Sanatorium

Ste. Agathe.

The A.D.M.S., M.D. #4

Montreal.

410103 Cpl. Globensky Leon Elgear
58th. Res. Battalion C.E.F.
Admitted 15/5/17

Sir:-

I have the honor to submit regarding the marginally named
H.C.O. a, MONTHLY MEDICAL REPORT

Symptoms:-

Morning cough has completely disappeared. Very scanty sputum negative for bacilli. Anaemia progressively decreasing. Weight stands at 113 1/2 Pounds making a gain of 1 1/2 pounds within the month. Pain has entirely cleared up. No evidence of toxæmia. Appetite much better. Bowels regular. Sleeping well.

Physical Examination

Right Lung:-

Shows as from third rib to sixth dorsal spine evidence of quiescent infiltrate. Subcrepitations latent.

Left Lung:-

Fine latent moisture throughout the lung, somewhat more pronounced at the base.

Ear:- Discharge has practically dried up.

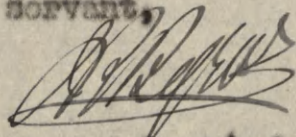
Remarks:-

1. The condition shows improvement
2. The disability is 100% indefinitely
3. His conduct has been good
4. Class exercise 1 Hour.
5. I recommend treatment to continue.

I have the honor to be,

Sir;

Your obedient servant,



Capt.

H.C. 1/c L.I.M.S.

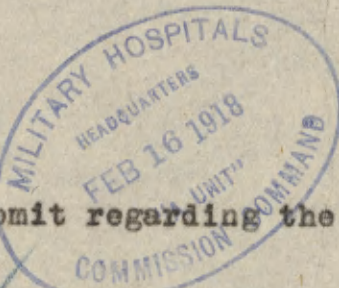
February 11th 1918

M.O.I/C Laurentide Inn Military Sanatorium
Ste. Agathe des Monts P.Q.,

A.D.M.S., M.D. #4.

Montreal P.Q.,

410103-Cpl. Globensky L.E.
38th. Res. Batt. C.E.F.
Admitted 15/5/17



Sir:-

I have the honor to submit regarding the marginally noted N.C.O. a,

MONTHLY MEDICAL REPORT:

SYMPTOMS:-

Morning cough has for the most part disappeared. Expectoration scanty and negative for bacilli. Anaemia has again decreased. Weight stationary at 117 pounds. Pain over entire left chest and right apex. No other toxic symptoms elicited. Appetite somewhat poor.

PHYSICAL EXAMINATION:-

Right lung:- Shows evidence of fibrosis from the third rib to the sixth dorsal spine. Marginal crepitations have cleared up.

Left lung:- Shows narrowing of isthmus with latent fine moisture extending over upper lobe and apex of posterior lobe to and including the hilus.

Ear:- Shows a similar amount of discharge to that previously outlined.

REMARKS:-

1. Slight improvement.
2. 100% indef.
3. Conduct good.
4. Exercise 1 hour B.I.D.
5. Treatment to continue.

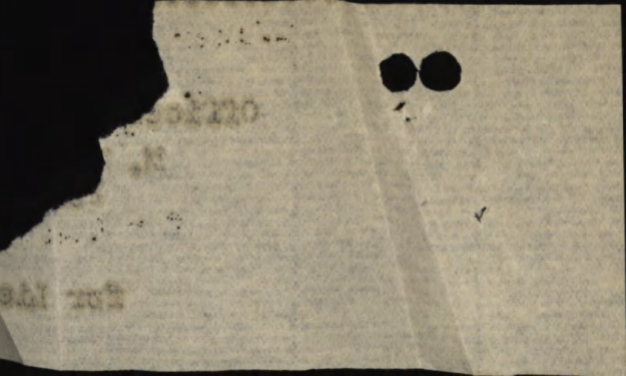
I have the honor to be,
Sir,
Your obedient servant,

Captain M.O.I./ L.I.M.S.,

Office

M.

for Lieut



Officer Com
"A" Unit

For

for

05 1991720

1120 228

103

103

.....



INSTRUCTIONS

On examination the student is required to be seated on

the left side of the desk.

The first line of each answer should be written in red ink.

Only one answer is to be given on this sheet as will show.

1. Candidates are to be examined in the following order:

(a) Candidates in the Leaving Certificate.

(b) Candidates in the Intermediate.

REMARKS

MARKS

NAME

NO.

DATE

SIGNATURE

DEPARTMENT OF EDUCATION

Reserved for M.H.C.

Regt. No. 410103 Rank Cpl Surname Globensky Christian Name Leon Elgar
 Unit or Corps—(a) Overseas from United Kingdom 2nd Caus. (b) In United Kingdom 38th Caus.
 Born at—Town Ottawa County or Province Ontario Country Canada
 Date of Birth—Day 16 Month December Year 1894 Age 22 yrs. 1 months.
 Joined at Ottawa Date Feb 29 1915
 Former Trade or Occupation Civil Service Clerk
 Permanent marks or peculiarities that will serve for future identification:—

Height—feet 5 inches 9 Colour of eyes Blue
 Signature of Soldier (for identification purposes) L. Globensky

Medical Report.

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

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

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

Disabilities Group (a). Cough expectoration weakness night sweats
dyspnoea. Spitting of Blood. Loss of weight
 Disabilities Group (b).
 Disabilities Group (c).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>Reluctance of the Lung # 44.</u>	<u>England.</u>	<u>January 1917</u>
(ii) As to Group (b) above.			
(iii) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? No
 (i) As to Group (a) above? No If yes, has Active Service aggravated it?
 (ii) As to Group (b) above? No If yes, has Active Service aggravated it?
 (iii) As to Group (c) above? No If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—
 (i) As to Group (a) above? Yes
 (ii) As to Group (b) above? No
 (iii) As to Group (c) above? No

5. If a cause of disability was an injury received on Active Service, was it received— *Not applicable.*

- (i) While on duty? *Yes*
- (ii) While off duty? *No*
- (iii) Was a Court of Inquiry held? *No*
- (iv) Where? *Canada*
- (v) When? *1917*
- (vi) Opinion of the Court? *No*

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

Previous to enlistment & until ten days ago never had any sickness except an attack of appendicitis in January 1916 for which an operation was done. About the end of January 1917, noted he was coughing, & about the 22nd January spat blood (quite fresh). He was told to report at King George Hosp. for exam when a diagnosis of tubercle of lung was made & sputum reported positive I.B. He was then sent here, admitted Feb 5th 1917.

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

Current weight 113. Usual weight 137. Patient is thin, cough marked. Chest examination: Expansion poor: chest thin & narrow. Percussion shows dullness in Rt & left apex anteriorly with moisture. Posteriorly dullness & moisture left apex & moisture Rt apex. Dullness Rt & left upper scapular area

- 8. OPERATION. (i) Was one performed? *Yes*
- (ii) If so, state what. *Appendicectomy in January 1916.*
- (iii) Was one advised and declined? *No*

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

- 9. (i) Is there loss or decay of teeth attributable to Active Service? *No*
- (ii) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalid to Canada? *Yes*
- (d) Discharge from the Service as permanently unfit? *No*

Date of Report *6/2/17* 191
 Station *Orpington*
 Signed *A. Greenwood*
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except*
Franklin Mackenzie
 { Officer i/c Hospital } Strike out one
 { S.M.O. Brigade } of these.

Dated at *ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.* Station, on *6 FEB 1917* 191

* Delete if inapplicable.

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

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

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

If not, indicate it.

Yes

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

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

no

Aggravated?

no

(b) Misconduct of the Soldier

Caused?

no

Aggravated?

no

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

100%

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, $\frac{1}{8}$, $\frac{2}{8}$, $\frac{3}{8}$, $\frac{4}{8}$, or all).

all

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

(i) Is it permanent?

Yes

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

not applicable

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

not applicable

18. Remarks.

19. Recommendation:—(a) Fit for duty?

no

(b) Fit for base duty?

no

(c) Invalid to Canada?

Yes

(d) Discharge from Service as permanently unfit?

no

Classification for the Military Hospitals Commission.

Date of Board

ONTARIO MILITARY HOSPITAL,
ORFINGTON, KENT.

Station

18 FEB 1917

Signatures of the Board

G. A. M. S. President.
Hadley Williams Lt Col
Amund. Thrusum Capt. Camp.

Approved

Dated at

G. A. M. S.
For A.D.M.S., Canadians, London Area.

A.D.M.S.

Station

A.D.M.S. CANADIANS,
LONDON AREA,
76, STRAND, LONDON, W.C.

13 FEB 1917

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

1. THE BOARD HAVING CONSIDERED THE EVIDENCE OF THE SOLDIER MARGINALLY NAMED, TOGETHER WITH THE DOCUMENTS SUBMITTED, RECOMMEND:—

Classification for the Military Hospital Commission

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board } President.