A 22427

AUSTRALIAN MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. 23 Name Boyle Clifford Gordon

Unit B Section 3rd Field Ambul

Joined on Aug. 19th 1914

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name?	1. Clifford Gordon Boyle
2. In or near what Parish or Town were you born? ...	2. In the Parish of Prospect in or near the Town of Prospect in the County of Adelaide
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Yes
4. What is your age?	4. 26 years 4 months
5. What is your trade or calling?	5. Dentistry.
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. Yes Dentist apprentice Dr Gibbs Melbourne 3 years
7. Are you married?...	7. No
8. Who is your next of kin? (Address to be stated) ...	8. Father: William Boyle Prospect
9. Have you ever been convicted by the Civil Power? ...	9. No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy?	10. No
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge	11. No
12. Have you stated the whole, if any, of your previous service?	12.
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13. No
14. (*For married men and widowers with children*)— Do you understand that no Separation Allowance will be issued to you either before or after embarkation during your term of service?	14.

I, Clifford Gordon Boyle do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife and children.*

Date Aug. 29th 1914

C G Boyle

Signature of person enlisted.

D.377/8.14.—G.10220.

*This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.

Description of Clifford Gordon Boyle on Enlistment.

Age 26 years 4 months	DISTINCTIVE MARKS.
Height 5 feet 5 inches	Vac. 4 left
Weight 115 lbs.	
Chest Measurement 35 inches	
Complexion fair	
Eyes Brown	
Hair Auburn	
Religious Denomination Methodist	

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz. :—

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see 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 he is not subject to fits of any description.

I consider him fit for active service.

Date Aug. 29th 1914

Place Morphetville

H. Kennett Fry
Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to B. Section Field Ambulance Corps

Date 29 August 1914

Place Morphetville

F. Goldsmith Major
Commanding B Section Field Amb.

Duplicate

I certify that this is a true & correct copy of the original

F Goldsmith Major

AUSTRALIAN MILITARY FORCES.

4 M 15

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. 123 Name Boyle, Clifford, Gordon

Unit "B" Sect. 3rd Field Ambulance

Joined on Aug. 19th 1914.

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name?	1. Clifford Gordon Boyle
2. In or near what Parish or Town were you born? ...	2. In the Parish of Prospect in or near the Town of Prospect in the County of Adelaide
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Yes
4. What is your age?	4. 26 years 4 mths
5. What is your trade or calling?	5. Dentistry
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. Yes Dentist. Appt Dr. Gibbs Melb. 3 years
7. Are you married?	7. No
8. Who is your next of kin? (Address to be stated) ...	8. Father Wm Boyle Prospect S.A.
9. Have you ever been convicted by the Civil Power? ...	9. No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy?	10. No
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge	11. No
12. Have you stated the whole, if any, of your previous service?	12. Yes ~~No~~
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13. No
14. (*For married men and widowers with children*)— Do you understand that no Separation Allowance will be issued to you either before or after embarkation during your term of service?	14.

APPLICATION FOR WAR SERVICE LEAVE GRATUITY PASSED MAY 8 1919 A/c. No. 38696

I, Clifford Gordon Boyle do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife and children.*

Date Aug 29th 1914.

(sd) C. G. Boyle

Signature of person enlisted.

D.277/8.14.—C.10220.

*This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.

BOYLE	Clifford, Gordon,	123	3rd F.Amb.
Surname.	Other Names.	Regimental No.	Unit.

WAR GRATUITY SCHEDULE 4 / B / 38/29

PURPORT.	AUTHORITY.
Embarked Adelaide, S.A. H.M.A.T. A7 "Medic" 20/10/14	Nom.Roll
11/6/15 G.S.W. Left ankle	M.E.F.O. 13/1/15
4/6/15 admitted to 4 Fld amb Gallipoli 4/6/15 Discharged Dental treatment	M.E.F.O. 18/2/15
14.7.15. Embarked for England per Goorkha.	M.E.F.O. 26.1.15
Discharged 14.1.16 (AG 42/370/429)	SORS 4th MD DD 27.3.16
21.9.15. Admitted. Aust. Aux. Hosp. Harefield Middlesex. Invalided to Aust. from Portland Eng. per "Runic" G.S.W. 1. ankle.	1/5. M.E.F.O. 8.1.16

D.825/2.16.—C.2024.

PURPORT.	AUTHORITY.
7/11/15 Sailed from England per "Runic"	
21/12/15 Disembarked at Melbourne GSW.L.-Ankle	
14/1/16 Discharged 4th M.D.	BR.42

4TH MILITARY DISTRICT
A.G. 42 370 429

BR 42

AUSTRALIAN MILITARY FORCES

4th Military District.

KESWICK BARRACKS,

ADELAIDE. 27 - 3 - 1916

OFFICER - IN - CHARGE,

Base Records,

Victoria Barracks,

M E L B O U R N E.

The undermentioned soldier has been granted his discharge Medical Board proceedings and other documents forwarded herewith.
D1 & D2.

NO. 123 RANK:- Pk. NAME.- Boyle, C.

UNIT:- 3rd Fld. Amb.

DATE OF ATTESTATION:- 14 - 9 - 14.

REASON FOR DISCHARGE:- G. S. W. L ankle.

DATE OF DISCHARGE:- 14-1-16.

SERVICE:- 1-123

CHARACTER:- Good.

Chas. P. Butler Major.
S. O. Returned Soldiers 4th M. D.

Jno Middleton
Cash Clk

4TH MILITARY DISTRICT
A.G. 42 370 429

C.M. Form D. 2.
(Revised 1.11.15).

AUSTRALIAN MILITARY FORCES.

DETAILED MEDICAL HISTORY OF AN INVALID.

No. 7 A. G. HOSPITAL

Station KESWICK Date 28 DEC 1915

1. Regiment or Corps 3rd Field Amb
2. Regimental No. and Rank 123 Pte
3. Name BOYLE Cuthbert (Surname to be in Block Letters.)
4. Age last Birthday 29
5. (a) Enlisted on Sept 1914 at Adelaide
6. Former Trade or Occupation Dentist's assistant
(b) If returned from service abroad, date of return to Australia 28 DEC 1915

Before making out this Report read the following note carefully :—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability G. S. W. L. ankle

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his case, and recorded evidence furnished by his documents, military and medical. **He will also carefully discriminate cases entirely due to venereal disease.**

8. Date of Origin of Disability 5. 6. 15

9. Place of Origin of Disability Gallipoli

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case Shrapnel bullet L ankle.

11. (a) Give your opinion as to the causation of the Disability S. Bullet

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it. (*See notes on page* 3.) S. B

12. What is his present condition? Weakness L ankle

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

D.872/10.15.—C.12104.

13. Has the disease been aggravated by—

(a) Intemperance? no.

or

(b) Misconduct?

14. If the disability is a wound or other injury, was it caused—

(a) In action? Yes

(b) On field service? Yes

(c) On duty? Yes

(d) Off duty? no

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

If so—(a) When? 27.9.18

(b) Where? Starefield

(c) Opinion P. unfit . incapacity 1/2

16. Was any special treatment employed? If so, state what it was no

17. Was an operation performed? If so, what? no

18. If not, was an operation advised and declined? no

19. In cases of loss or decay of teeth—

(a) Is the loss of teeth the result of wounds, injury, or disease, directly* attributable to active service

—

20. Do you recommend him for—

(a) Discharge as permanently unfit? Yes

or

(b) For change to another State?

R. S. Rogers Lt Col

Medical Officer in Charge of the Case.

* 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.)

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to **ALL** the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the authorities of the Military Forces should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension or compensation.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7–20—*i.e.*, "in toto," "partially," or "not at all."

If either of the latter, give detail Partially. disagree as to incapacity

22. The Board will describe the pathological condition present at time of examination by the Board

Scar inside left ankle. Weakness of left ankle
Scar just above left heel

23. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

A.S.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?

24. Is the disability permanent? Yes
especially as regards—
(*a*) Military service? Yes
(*b*) Previous occupation? no
(*c*) Other occupations? no

25. If not permanent, what is its probable minimum duration? —
(To be stated in months.)

26. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

nil.

(In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.)

27. If an operation was advised and declined, was the refusal unreasonable?

28. Do you recommend him for—
(*a*) Discharge as permanently unfit? Yes
or
(*b*) For change to another State? no

29. **General Recommendations:**—
(*a*) Is he at present fit for discharge to earn his living? Yes
(*b*) Does he require further treatment to restore him to health? no
(*c*) If so, what does the Board recommend? Discharge as permanently unfit ~~after usual leave~~

(*d*) Any other Recommendations

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:— No. 7 A. G. HOSPITAL KESWICK

H. H. E. Russell Lt Col PMO President.

Station 18 DEC. 1915

C. V. Todd Major Members.

Date 18 DEC 1915

Approved—

Station Keswick

H. H. E. Russell LT.-COL
Director-General Medical Services.

Date 31 12 15

P.M.O.
31. DEC 1915

(On leaving Corps or Station where Invalided.)

Transfer or Embarkation. { Date _____ Station _____ / Date _____ Port _____

Name of { Conveyance _____ Vessel _____ Medical Officer _____

Brief remarks on Case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ Hospital or Station _____

_____ Medical Officer.

(At Station or Hospital where finally disposed of.)

Station and Hospital } No. 7. A.G.H. Arrived from } Runic.

Date 18.12.15.

If Admitted.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
Index No.	From—	To—			
Date: 18.12.15.			G.S.W. Left Ankle.	Unfit.	18.12.15.

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

G. S. Wound left ankle.

Date of final Medical Board, or decision } 18.12.15. Sgd R. L. Rogers Lt Col

Principal Medical Officer.

C.M.F. Form 99.

DETAILED MEDICAL HISTORY OF INVALID.

Station— 7. A.G.H.

Corps— 3rd. F. Amb.

Regimental No. 123. Rank— Pte.

Name— Boyle. C.G.

Disability— G.S.W. Left Ankle.

Date— 18.12.15.

Hospital or Station transferred to for final disposal } 7. A.G.H.

Date of final disposal } 14-1-16

How finally disposed of } G.S.W. L ankle

The original Report is invariably to accompany the discharge documents of Invalids.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. — active service

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — bullet wound.

21. Has the disability been aggravated by

(*a*) Intemperance? — no

(*b*) Misconduct? — no

22. Is the disability permanent? — yes.

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — 1/2 (one half).

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? — —

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — for war service? yes.

(*b*) Change to England? — fit for light duties? yes.

Signatures:— Arthur E. Millard Major H.A.M.C. President.

Austin S. Clowes Capt A.A.M.C.

J J Power Capt. A.A.M.C. Members.

Station 27/9/15 — 1st Australian Auxiliary Hospital, Harefield, Middlesex

Date

Approved.

Station — Surgeon General, London, 8 Oct. 1915, A.I.F.

Date

J A Marshall H Col A.A.M.C.

Administrative Medical Officer.

W 4240 T.W.

BASE RECORDS.
VICTORIA BARRACKS.
MELBOURNE. 6th August 1915.

AUSTRALIAN IMPERIAL FORCE.

Dear Sir,

With reference to my wire of the 17th June I now have to advise you that information has been received to the effect that your son Private C.G.Boyle is now in the Hospital at London, England.

His postal address will therefore be:-

No. 123. Private C.G.Boyle,
Wounded, 3rd.Australian Filed Ambulance.
C/o Australian High Commissioner,
L O N D O N. S.W.

Any further particulars coming to hand will be immediately transmitted.

Yours faithfully,

Captain,
Officer i/c Base Records.

Mr.W.Boyle,
PROSPECT. S.A.

W.B. W. 4240

W. BOYLE,

PROSPECT. (S.A.)

REGRET SON PRIVATE C.G.BOYLE WOUNDED NOT REPORTED SERIOUSLY NO OTHER PARTICULARS AVAILABLE WILL IMMEDIATELY ADVISE ANYTHING FURTHER RECEIVED.

SECRETARY DEFENCE.

17/6/15.

THE PALM LONDON
SUPER STRONG

No. 80

SOUTH AUSTRALIA.

Army Form B. 179.

Medical Report on an Invalid.

THE AUSTRALIAN AUXILIARY HOSPITAL HAREFIELD, MIDDLESEX

Station Harefield Park

Date 24 : 9 : 15.

1. Unit 3rd Fld Amb AAMC
2. Regimental No. 128
3. Rank Pte
4. Name Boyle, Clifford.
5. Age last birthday 27
6. Enlisted { on September 1914 / at Adelaide
7. Former Trade or Occupation { Dentist Asst.

8. Disability.

G.S.W. Left ankle.

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. 5th June 1915.

10. Place of origin of disability. Gallipoli.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Shot by Shrapnell bullet on left ankle.

12. (a) Give your opinion as to the causation of the disability. Bullet

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Active Service.

13. What is his present condition? Pain Lameness. Cannot walk far.

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

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

(a) In action? Yes.

(b) On field service?

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? Yes. Bullet removed.

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

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?

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England? For war service.

D D Jameson Capt AAMC

Officer in medical charge of case.

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

Station

Date 29/9/15.

1st AUSTRALIAN AUXILIARY HOSPITAL HAREFIELD MIDDLESEX

E Butler Allan major

Officer in charge of Hospital.

* 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.

DEFENCE
B.R.

W 4240 D

Transferred to

AUSTRALIAN IMPERIAL FORCE.

No. 123.

Rank Private Name C. G. Boyle.

Unit 3rd Field. Amb.

Casualty Wounded in action at the Dardanelles
M. F. C. 13/6/15 - 4779/470.

Misc. No. Wounded Admitted Hospital London H Com/1234 Dd 30/7/15.

DATE.	Form B. 103. Received PURPORT.	REF. No.
6/8/15	No K advised in hospital London.	
26.11.15	No K advd returning "Runic"	
21.9.15	Admitted Aust Aux hosp Harefield	
	G. S. W. ankle M4/698/104 H Com 7.10.15	
21.12.15	Retd. "Runic" G. S. W. left ankle. W.R.1 H.C. cable 11/11/15	
3.2.16	COPY MADE FOR WAR PENSIONS	
	Admitted 18/12/15 to 7th A.G.H. Keswick from "Runic"	
	Class A. R 64 p2 Dated 24/12/15 S.	
	14-1-16 Discharged S.O.R.S 4 M.D. 4G43/370/439 Dd 27/3/16	
9.3.20	WAR HISTORY INDEX G.	
	1914/1915 Star Issued B.R.M. 43/1229/ aac D.O.B.	

APPLICATION FOR LEAVE GRATUITY PASSED
MAY 8 1919
A/c. No. 38696

1914/15 STAR ISSUED No. 3516 4

BRITISH WAR MEDAL ISSUED 4/1 No. 308

VICTORY MEDAL ISSUED 4/1 No. 310

LIST 43 64