

AUSTRALIAN

MILITARY FORCES.



AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD.

No. 510614 Name HARRINGTON Sydney William
Unit _____
Joined on 16 FEB 1917

Questions to be put to the Person Enlisting before Attestation.

1. What is your name? ... Sydney William Harrington
2. In the Parish of _____ in or near the Town of Adelaide in the County of SOUTH AUSTRALIA
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... Natural Born
4. What is your age? ... 23 1/2 years
5. What is your trade or calling? ... Builder & Carpenter
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... 5 1/2 years to S.H.R. 4 months to serve & granted leave
7. Are you married? ... Yes 4 children
8. Who is your next of kin? (Address to be stated) ... (Mother) HARRINGTON - MARY LOUISE CHEITEN HADY SOUTH AUSTRALIA
The answer to this question shall not be construed as in the nature of a Will.
9. Have you ever been convicted by the Civil Power? ... No
10. Have you ever been discharged from any part of His Majesty's Forces with Ignominy, or as Incurable 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? ... 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. ... 2 yrs. S.M. & R. & 1/2 years to 8th A.C.H. Dis. Service Expired (2 3/4 yrs) Instruct Staff Still Serving
12. Have you stated the whole, if any, of your previous service? ... Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach £1- per day? ... Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... Yes

I, Sydney William Harrington 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 & 4 wife and children

Date 16/2/17

Sydney William Harrington

Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

Description of Sydney William Harrington on Enlistment.

Age 33 years 8 months

Height 5 feet 7 1/2 inches

Weight 172 lbs.

Chest Measurement 35 1/2 38 1/2 inches

Complexion Flesh

Eyes Blue

Hair L. Brown

Religious Denomination C. E.

DISTINCTIVE MARKS.

Dis B 6 1/2 L 6 1/4

Scar + L

scar on l. shoulder
& left hip.

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 15 FEB 1917

Place ADELAIDE.

E. Johnson
A. A. 14. C. Dept.

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 _____

Date _____

Place _____

Commanding _____

三、九、五、四、二、一



C.M. Form A 45.
(Revised 1.6.13.)

MILITARY FORCES OF THE COMMONWEALTH.

PROCEEDINGS ON DISCHARGE.

No. *510614*

Rank— *Sergeant*

Name— *HARRINGTON Sydney William*

NOTE.—The name must agree strictly with that on enlistment, unless changed subsequently by authority.

Corps— *B Company*

Date of Discharge— *September 14. 1917*

Place of Discharge— *Mitcham A.I.F. Camp*

1. Description on Discharge.

Age *33* years *8* months

Height *5* feet *7 1/2* inches

Complexion— *Fair*

Eyes— *Blue*

Hair— *Light Brown*

Trade— *Builder & Carpenter*

Intended place of
Residence }

(This should be given as
fully as practicable.)

Descriptive Marks.

*Scar on left shoulder
and hip.*

2. The above-named man is discharged in consequence of— *Being
Medically unfit for further Service
[not due to misconduct]*

3. His conduct and character while in the service have been, according to the records, &c.—

Good

4. Special Qualifications for employment in civil life— *Unknown*

5. He is in possession of the following number of G.C. Badges } _____
 (if the man is a N.C.O. the number he would have been
 entitled to had he not been promoted should be stated) }

Medals and Decorations ...

Certificate of Education ...

6. I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

Mitcham AIF Camp Albrechtswich

(Date)

September 14 1917 *J. Commanding*

Certificate to be signed by the soldier on discharge.

7. I hereby acknowledge that I have 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)

Mitcham AIF Camp

Signature of Soldier.

(Date)

September 14 1917 Albrechtswich

Signature of Witness.

8. *Statement of Service.*

	Towards Limited Engagement		For Fixing the Rate of Pension		Towards G.C. Pay	
	Years	Days	Years	Days	Years	Days
Service up to <i>211</i> (this date should be that to which the record of Service has been completed) ...		<i>211</i>				
Further Service up to the date of confirmation of Discharge ...						
Total Service to date of Discharge ...		<i>211</i>				

9. *Confirmation of Discharge.*

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

(Place)

Mitcham AIF Camp

Signature

Walter Doleman

Colonel.

(Date)

September 14 1917

CAMP. COMMANDANT.

AUSTRALIAN



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

DETAILED MEDICAL HISTORY OF AN INVALID.

Station Witcham Date 307 8/17
1. Regiment or Corps B. Coy 2. Regimental No. and Rank Sgt
3. Name HARRINGTON Sydney 4. Age last Birthday 34
(Surname to be in Block Letters) William
5. (a) Enlisted on Feb 16th 1917
at Adelaide 6. Former Trade or Occupation
(b) If returned from Service abroad, date of Builder & Carpenter
return to Australia

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 Pleurisy with effusion

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 28/5/17

9. Place of Origin of Disability Witcham Camp

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical

History Sheet bearing on the case Admitted to Witcham Clearing
Hospital complaining of pain & cough. P.N. diminished
at R. L. base & axilla. V.R. & V.F. diminished friction
sub L. and axilla; fluid aspirated from L. side at 7th A.G.H.
friction sub also on R. side

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

Exposure

(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.)

Ordinary military service

12. What is his present condition? Complains of pain & shortness

of breath.

no physical signs detected

Heart clear.

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

In Toto.

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

After effects of Pleurisy.

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

Ordinary Military Service

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

Exposure.

24. Is the disability permanent?
especially as regards—

(a) Military Service?

yes.

(b) Previous Occupation?

yes

(c) Other Occupations?

yes.

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?

Total.

In defining the extent of his inability to earn a livelihood, estimate it at, 1/4, 1/2, 3/4, 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?

no.

(b) Does he require further treatment to restore him to health?

(c) If so, what does the Board recommend?

Discharge as medically unfit. Incompetent total for 12 months.

(d) Any other recommendations

If Board considers case one for compensation or pension the Board should be informed at the same time that final decision rests with the War Office.

Signatures:—

Station

Rosewick

Date

31 8. 17

Approved—

Station

Rosewick

Date

31 8 17

H. H. E. Russell

Director-General Medical Services

CONFIRMED

31 AUG 1917

H. H. E. Russell

President

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

Members

To be used for Enlistment in the Permanent Military Forces only.

A.M. Form D. 1.

MEDICAL HISTORY OF

Surname HARRINGTON

Christian Name Sydney William

TABLE I.—GENERAL TABLE.

Birthplace ... Adelaide SOUTH AUSTRALIA
Examined ... { on 15th day of Feb. 1917
at ADELAIDE.

Declared Age ... 33 8/12 years
Trade or Occupation ... Builder & Carpenter
Height ... 5 feet 7 1/2 inches.
Weight ... 172 lbs.
Chest Measurement { Girth when fully Expanded 36 1/2 inches.
Range of Expansion 2 inches.

Physical Development and Pulse rate {

Vaccination Marks { Arm Right Left
Number 4

When Vaccinated ...

Vision ... { R.E.—V=6/12
L.E.—V=6/24.

(a) Marks indicating congenital peculiarities or previous disease { had malaria in S. Africa
none since 1907

(b) Slight defects, but not sufficient to cause rejection { No history of
Epilepsy, Insanity, Tuberculosis, Rheumatism.

Approved by ... (Signature) E. A. Johnson
(Rank) A. A. M. O. Medical Officer.

Enlisted ... { at ADELAIDE.
on 16 FEB 1917 day of 19

Joined on Enlistment ... { 13 Coy Corps Regl. No.
Transferred to ...

Became non-effective by ... Discharge

on 14 day of Sept 1917
(Signature) Arnold
(Rank) Capt of S.M.C

Table II.—Only for Admissions to Hospitals or to the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital
	Day	Month	Year	Day	Month	Year		
Mitch Bl Hos.	28	5	17	29	5	17	Pleurisy with Effusion	2
4 A. G. Hosp	29	5	17	25	7	17	Pleurisy & effusion	59 58
NO. 17 AUXILIARY HOSPITAL, TORRENS PARK.	25	7	17	3	8	17	—	10

Part 1



SOUTH AUSTRALIA.

COMMONWEALTH CONTINGENT FOR SERVICE IN SOUTH AFRICA.

ATTESTATION of

No. *08/27*

Name

Harrington S W

Joined at

Adelaide

On

21st - April 1902

Questions.	Answers.
1. What is your name?	1. <i>Sydney William Harrington</i>
2. What is your place of birth?	2. <i>Adelaide</i>
3. Are you a British subject?	3. <i>Yes</i>
4. What is your age?	4. <i>29</i> years <i>-</i> months.
5. What is your trade or calling?	5. <i>Coachbuilder</i>
6. Are you married?	6. <i>No</i>
7. Who is your next of kin, and what is the address of same and degree of relationship?	7. <i>David Harrington (father)</i> <i>Prospect</i>
8. Particulars of any previous service in present South African war, and state in what Contingent enrolled and if discharged?	8. <i>none</i>
9. Are you willing to serve for a period of twelve months, or for the duration of war in the Contingent for service in South Africa with His Majesty's Forces?	9. <i>Yes</i>
10. Are you willing to be vaccinated or re-vaccinated if deemed advisable?	10. <i>Yes</i>
11. Present permanent address?	11. <i>Prospect</i>
12. Religion?	12. <i>Wesleyan</i>

I, *Sydney William Harrington* 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 made for service under the Imperial Government, and that I have no claim on the Commonwealth Government, and that I do not expect to receive for myself or any of my relations any compensation whatsoever from the Commonwealth Government in case of my disablement or death.

S W Harrington

Signature.

A R Corpe

Signature of Witness.

MEDICAL CERTIFICATE.

I have examined the above-named applicant and ~~can~~ ^{can} ~~cannot~~ certify that he is medically fit for service in South Africa.

Height *5* feet *4* inches.

Eyes *hazel*

Chest measurement *38* inches.

Hair *Light Brown*

Complexion *Fair*

Distinctive Marks *scar on both knees*

S. S. Dunn Capt. M.D.C.

Signature of Medical Officer.

* One to be struck out and initialed by Medical Officer.



SOUTH AUSTRALIA

COMMONWEALTH CONTINGENT FOR SERVICE IN SOUTH AFRICA

ATTESTATION OF

OATH TO BE TAKEN ON ATTESTATION.

I, Sydney William Harrington do make oath that I will be faithful and bear true allegiance to His Majesty, 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 the Generals and Officers set over me.

So help me God!

Signature S W Harrington

Signature of Witness H R Corpe

Sworn before me, James Powell Justice of the Peace. South Australia