

RAILWAY UNIT

AUSTRALIAN



DENTAL "B" CLASS
MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD.

No. 510150 Name LAWRIE HURTLER LESLIE CYRIL ROY
Unit _____
Joined on JAN 8 - 1917

Questions to be put to the Person Enlisting before Attestation.

1. What is your name? ... Hurtler Leslie Cyril Roy Lawrie
2. In the Parish of _____ in or near the Town of MELTON 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? ... 26 1/2 years.
5. What is your trade or calling? ... Fireman S.A. Rly.
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No.
7. Are you married? ... Yes.
8. Who is your next of kin? (Address to be stated) ... (WIFE) LAWRIE ETHEL MAUDE MRS. LILY STREET PROSPECT SOUTH AUSTRALIA.
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 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? ... 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. ... No.
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 mothers) 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 _____ per day? ... Yes.
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... Yes.

Hurtler Leslie Cyril Lawrie 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 * †

Date JAN 9 - 1917 H. L. C. R. Lawrie
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.

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Description of Hurtle Leslie Cyril Roy Laurie on Enlistment.

Age 26 years 5 months
Height 5 feet 6 1/4 inches
Weight 133 lbs.
Chest Measurement 33 3/4 inches
Complexion medium
Eyes grey
Hair W. Brown
Religious Denomination C. of E.

DISTINCTIVE MARKS.

Vis R 6/6 L 6/6
Vacc. one S

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 JAN 8 - 1917
Place Adelaide.

P. S. Man
A. A. M. O.
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 _____

Statement of Service No. _____

Name *LAWRIE Burke Leslie Cyril Roy*

Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank		Remarks
		From	To	
<i>B Co Mitchem</i>	<i>Private</i>	<i>8-1-17</i>		<i>C/o 9/2</i>

50th
DISCHARGED **27 JAN 1917** **SEE O.O. 232**

HAVING BEEN FOUND MEDICALLY
 UNFIT FOR FURTHER SERVICE.
 (NOT DUE TO MISCONDUCT).

I have examined the above details, and find them correct in every respect.

Waeterdoelman

.....Lt. Colonel,
CAMP. COMMANDANT.



MILITARY FORCES OF THE COMMONWEALTH.

PROCEEDINGS ON DISCHARGE.

No. ¹⁰¹⁵⁰

Rank— *Lance Corporal*

Name— *Private*

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

Corps— *B Coy Recceing Depot*

Date of Discharge— *30th January 1917*

Place of Discharge— *AJ9 Camp Mitcham South Australia*

1. Description on Discharge.

Age *26* years *5* months

Height *5* feet *6 1/4* inches

Complexion— *medium*

Eyes— *Grey*

Hair— *Lt Brown*

Trade— *Fitterman S.A. Rail*

Intended place of Residence }

(This should be given as fully as practicable.)

Descriptive Marks.

None

2. The above-named man is discharged in consequence of—

*Medically unfit
(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—

Not known



DETAILED MEDICAL HISTORY OF AN INVALID.

Station Milokham Date 12/1/17.
 1. Regiment or Corps B. Bde. 2. Regimental No. and Rank P6.
 3. Name LAWRIE ^{Walter Lewis} 4. Age last Birthday 26.
(Surname to be in Block Letters)
 5. (a) Enlisted on 8/1/17.
 at Adelaide 6. Former Trade or Occupation
 (b) If returned from Service abroad, date of Swan Railways
 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 to give the facts of the case being reported, so that the authorities of the Military Forces of the Commonwealth in possession of the most reliable information available upon the service of those who are capable of entering the Army may be able to make their own selection of suitable candidates, clear and concise answers must in all cases be given. ALL QUESTIONS MUST BE ANSWERED.

7. Disease or Disability Morbus Cordis
(In answering the following questions the Medical Officer will carefully distinguish between the cause of unexplained symptoms in the 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 Doubtful.

9. Place of Origin of Disability Adelaide.

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case
No serious illness. Was unaware of any disability. Shortness of breath on running.

11. (a) Give your opinion as to the causation of the Disability.
Strain ^{incurred in Car} no Occupation.

(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.)

12. What is his present condition?
General condition good.
Mild Systolic murmur, slight enlargement of heart.

Weights should be given in all cases when it is likely to affect evidence of the progress of the Disability.

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
Marasmus Cordis

23. (a) State whether the disability is the result of (i) active service, (ii) climate, or (iii) ordinary Military Service
none of these
(b) If due to one of these causes, to what specific conditions do the Board attribute it?

24. Is the disability permanent?
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 stating the extent of his disability to earn a livelihood, estimate it as 25, 50, 75, 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?
(d) Any other recommendations.

If Board considers case one for compensation in pension (the patient may be informed, so to may make General Application. But he is to be informed at the same time that this depends upon the War Pensions Board.

Station *Mitcham* Signatures: *[Signature]* President
[Signature] Members
Date *16/1/17*

Approved—
Station *Reswick* *[Signature]*
Date *JAN 23 1917* *H. H. C. Russell*
Director-General Medical Services.