

Frederick G. H.

(6429) W 8466/P1968 1,000,000 1/19 Mc A & W Ltd (E 4374)

Army Form W3997.

Reg't. No. *42080* Rank *Pte*

Name *Thomas Rochester*
(Christian Names in full) (Surname)

Unit *4th Bn* Regt. or Corps

WORCESTERSHIRE REG'T.



Date of { ~~Discharge~~
~~Disembodiment~~
Transfer to the Reserve* } *7th June* 191*9*
* Strike out whichever inapplicable.

*Refuge Cottage
Bolton Alwicks
Northumberland*

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



3/19 Home Address: Z/No 11086. Ex. Transferred from: Singlefield Green, Warr. Army Form B. 179A. 43

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *was ce. sta. 296*
2. Regtl. No. *2080*
3. Rank... *Private*
4. Name *ROCHESTER* (Surname) *Thomas* (Christian Names)
5. Age last birthday... *28*
6. Posted for duty on *1-12-1915* at *Alnwick* in category (or grade) *A.T.*
7. Former Trade or Occupation *loom*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. _____
(b) Date of Discharge; —
(c) Cause of Discharge. —
(d) Particulars of Pension or Gratuity (if any) _____
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When —
(b) Where —
(c) Opinion of Court —

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

Old Pleurisy (left side).

11. Date of origin of disability. *Active service - 1919*
12. Place of origin of disability. *Army of occupation - Germany*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Perfectly fit before enlistment. No serious illness. Enlisted Dec '15 in horse transport and later trans. to infantry. Had no trouble with training and did 2 1/2 yrs. up the line with the transport. Never reported sick except once with a cold, whilst in the army of occupation on the Rhine, got left sided pleurisy and later bronchopneumonia and was sent back to England. Since then has been a little short of breath on exertion.*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <u>Yes</u> | ..... |
| (ii.) Previous active service.. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | ..... | ..... |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

Looks a little pale and washed out.
Many decayed tooth roots.

Heart Apex in 5th I.C. inside nipple line
C.A.D. 3 3/4 in to left in 5th I.C. inside nipple line
P. accent.
Exp. Pulse Before After In 2w
Resp. 18 30 Reactor fast
S.L. diff. more

16. Was an operation performed? If so, when and what was its nature? no

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Lungs - Expansion of chest greater than left. Over left lower lobe, there is marked dullness, breath sounds are very distant, fremitus is almost absent, voice sounds are much diminished. Breath sounds over left upper lobe are also diminished. No rale heard.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Desperal Hospital

T.A. Smalls, Capt MCUSA
Medical Officer in charge of case.

Station

Date May 7 19

* 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 definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Old Pleurisy (left side)

(b) The present condition thereof.

*The bases pleura. Diminished resonance, fremitus, breath and voice sounds over left lower lobe.
Exercise tolerance good.
No cardiac lesion.*

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

.....	<i>Yes</i>	.....
.....
.....
.....
.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

.....

23. Is the disability in a final stationary condition? If not

Yes

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

[A long diagonal line is drawn across the bottom right section of the form.]

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

50 (Five)

nil

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

27 Wro
H086
no

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement

Recommend
Cat A

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—
- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

no



Signatures:—
 J. H. ? { President or Chairman.
 W. H. ? { Members.
 Capt. name

Station
 Date

Discharge Approved under Para. 392 (xvi) King's Regulations.
 Station
 Date
 Officer in charge, Central Hospital. } Only applicable in cases of Patients in Hospitals.

OR
 Discharge Approved under Para. 392 () King's Regulations,
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).
 Station
 Date
 O.C. Discharge Centre.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 42080.....

Rank... Private.....

Name. ROCHESTER - Thomas.....
(Surname) (Christian Names)

Unit and Corps } 4 Worcester Regt

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France

Belgium

Germany

3. Years

(b) In what capacity?

Horse Transport and Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

Nothing

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

Sobraon Military Hospital
Colchester

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

None

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

Scottish. Kular. Worker

7. What is the name and address of your last employer before joining the Army?

R. L. Allgood, Esq
Tillington Hall
Ganton, Alnwick
Northumberland

8. (a) What was your occupation before joining the Army?

Groom

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station

Colchester (Sobraon Hill)

Signed (Soldier)

J. Rochester

Date

7/5/19

Signed

G. Holliday

Witness

1755

31- consolidated 1966 JA

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Rochester Christian Name Thomas

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Edinburgh County Midloth

Examined { on 27 day of November 1915!
at Alnwick

Declared Age 23 years 9 months 10 days

Trade or Occupation .. Youn.

Height 5 feet, 4 1/2 inches.

Weight lbs.

Chest Measurement { Girth when fully Expanded 38 1/2 inches.

{ Range of Expansion 4 1/2 inches.

Physical Development .. Excellent

Vaccination Marks { Arm .. Right Left
Number 3

When Vaccinated

Vision { R.E.—V = 0 = 6
L.E.—V = 0 = 6

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

(b) Slight defects but not sufficient to cause rejection (b) flat feet no pain.

Approved by .. (Signature) Dr. for General Service
(Rank) C. S. J. Burman M.B.B.S.
Medical Officer.

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

Joined on Enlistment ..	Corps.	Regtl. No.
Transferred to ..	<u>WURCESTERSHIRE REGT</u>	<u>T4/160107</u> <u>42083</u>

Became non-effective by
on .. day of .. 191 ..
(Signature) ..
(Rank) ..

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks 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
	Day	Month	Year	Day	Month	Year				
THE PRINCESS CHRISTIANA MILITARY HOSPITAL, VALEFIELD GREEN, BURETT	4	3	19	23	4	19	Broncho-pneumonia	50	18/4/19 Ill in diurnal. High fever. Tachycardia. Late irregular temperature. Initial rigors. 23/4/19. Pulse slowing 46. P. falling 100. Dyspnoea on exertion. Urine normal. B.P. 120/80. Not improving To return to barracks Colchester.	<i>[Signature]</i>
RAON MILITARY HOSPITAL, COLCHESTER. 20 114.	23	4	19	9	5	19	DCAH	17.	Ex. Toluance. Good	<i>[Signature]</i> Lieut.-Colonel, R.A.M. Corps
									Recommended for Disposal under E.O.O. 2707 of 1912. CATEGORY A	TRANSFERRED TO General M.H. Hosp. Colchester, FOR DISPOSAL SAME DAY

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
<p>28. 12. 15. 6. 1. 16.</p>	<p>Inoculated at Codford.</p>

2525 *0402505*

Casualty Form—Active Service.

42080 *4/63*

Regimental No. *D4 760107* Rank *Driver* Name *Rochester Thomas*
 Enlisted (a) *24.11.15* Terms of Service (a) *Duration* Service reckons from (a) *24.11.15*
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (i) _____

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				
		<i>H^a A Company 31st Divⁿ Train</i>			
		<i>Embarked</i>	<i>Southampton</i>	<i>8/3/16</i>	
		<i>Disembarked</i>	<i>Harve</i>	<i>16/3/16</i>	
<i>10th 76 Oc.</i>		<i>Forfeits one day pay -</i>			
		<i>10 minute late for morning roll call.</i>	<i>In the Field</i>	<i>22nd 76</i>	<i>B2069 of 25th 76</i>
<i>6/6/16</i>	<i>A/C</i>	<i>Posted to Indian Cav Res Pt</i>		<i>18/5/16</i>	<i>DCR 25/5/16</i>
		<i>Now. 4 Cav. Res. Pt</i>		<i>N.T.R.</i>	<i>A.R. 25/5/16</i>
<i>10.3.17</i>	<i>5 Cav. Fd. Adm. Pt. (P.W.O.)</i>			<i>21.2.17</i>	<i>ED 365 9 23.2.17</i>
<i>19.3.17</i>	<i>Lib. to Duty</i>			<i>28.2.17</i>	<i>ED 703 9 2.2.17</i>
<i>19.9.17</i>	<i>14. Cav. Btl. Leave. 7.9.17 to 17.9.17</i>				<i>B213. 8 9/17 C38/17</i>
<i>30/11</i>	<i>BS (HTS) To Base Depot (HTS)</i>			<i>16/11/17</i>	<i>SAC 17/11/17 C129/17</i>
<i>28/2</i>	<i>To "A" I.B.D.</i>			<i>17/5/18</i>	<i>DCR 18/2/18</i>

(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. [P.T.O.]

