

Your story, our history

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Fact sheet 7 – Citing archival records

Fact sheet 8 – Copyright

20th Bn
H10
20th Bn
10th. Reinf's
20th. Bn.

AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No.

1125

Name

GLOVER Harold

Unit

Joined on

11 11 15

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name?

Harold Arthur Glover

2. In or near what Parish or Town were you born?

2. In the Parish of in or
near the Town of Newcastle
in the County of Northumberland.

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. 30 years 3 months

5. What is your trade or calling?

5. Clerk.

6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?

6. No

7. Are you married?

7. No

8. Who is your next of kin? (Address to be stated)

8. Mother: Margaret Thomas Glover
Sydney
New South Wales

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

13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?

13. No

14. Do you understand that no Separation Allowance will be issued in respect of your service beyond an amount which together with Pay would reach eight shillings per day.

14. Yes

15. Are you prepared to undergo inoculation against smallpox and enteric fever?

15. Yes

I, Harold Arthur Glover 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 15/11/15

H. Glover
Signature of person enlisted.

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

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers, and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date. 15 — 11 — 15.

ACR Soden Capt.

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, Harold Arthur Glover, swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 15th Novr. 1915 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME, GOD.

H. Glover

Signature of Person Enlisted.

Taken and subscribed at Casula in the State of New South Wales this 15th day Novr. of 1915, before me—

ACR Soden Capt.

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

3
CLOVER *Harold*

on Enlistment.

30 years 1 months
5 feet 6 1/2 inches
Weight 153 lbs.
Chest Measurement 34 37 inches
Complexion *Red*
Race *Byron* R 1/16 L 1/16
Religion *Wesleyan*

DISTINCTIVE MARKS.

Wesleyan

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.

Consider him fit for active service.

Date

Place



Harold Marie
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 *2nd Lt. 20th BATTALION*

Date *FEB 1 1916*

Place *CASULA*

of Commanding *Skritten*
2nd Lt.

B108 England
27.12.16

CARD CHECKED

4

Statement of Service of No. 1125 Name GLOVER Harold

| Unit in which served. | Promotions, Reductions, Casualties, &c. | Period of service in each rank. | | Remarks. |
|-----------------------|--|---------------------------------|-----------|------------------------|
| | | From | To | |
| | <i>9/Sept 15</i> | | | |
| | Embarked for ops to join B.E.F. per H.T. "Geokian" at Alexandria | 9/5/16 | 16/9/16 | 47/3606. |
| | Promoted to Lt Colt (with Pay) at 2nd Aust. Div. Base Depot, | 24/6/16. | | 56/4675, 25/8/16. |
| | Embarked H.T. "Ibarama" at Haifa for England, Shell, Shock, | 9/8/16. | | |
| | TAKEN ON STRENGTH from 10th | 10/10/16 | | 57/4769. |
| | Wounded in Action | France | 3/8/16 | 2/9/16 |
| | | England | 17/3/17 | 57/5232 |
| | RETURN TO AUSTRALIA per H.T. Bellana For Disc SS. Myocardia | | | 100 24/E 3.1.3.17 |
| | Arr. G.W. of No 2 Com. Depot for Return to Aust. | Weymouth | 17.3.17 | B213 & R1012 7026/13 |
| | Discharged from 3rd Aust Hospital. | | 20.12.16. | PHE 3-598E. 10/1/17. |
| | trnsf. to No. 2 Com. Depot from Australian Hdqrs. | Weymouth | 4/1/17. | PHE 7-1214E. E.R. 9118 |

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

Certified
copy

Written
and h.t.

3rd M.D.

AUSTRALIAN



MILITARY FORCES.

Glover

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad

No.

1125

Name

GLOVER

Harold Arthur

Unit

10 REIN-20-EATIN

Joined on

11

11

15

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... 1. Harold Arthur Glover
2. In or near what Parish or Town were you born? ... 2. In the Parish of ... in or near the Town of Newcastle in the County of Cumberland NSW
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. 30 yrs
5. What is your trade or calling? ... 5. Clerk
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period, ... 6. No
7. Are you married? ... 7. No
8. Who is your next of kin? (Address to be stated) ... 8. (Brother) George Henry Glover, Eastbourne, Little League Sydney NSW, Heidelberg Sydney NSW
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
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... 13. No
14. Do you understand that no Separation Allowance will be issued in respect of your service beyond an amount which, together with Pay, would reach eight shillings per day? ... 14. Yes
15. Are you prepared to undergo inoculation against small-pox and enteric fever? ... 15. Yes

I, Harold Arthur Glover 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 three-fifths

Date

15

11

15

(Sgd)

H. A. Glover

Signature of person enlisted.

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

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers, and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 15 - 11 - 15.

(sgd) A.C.R. Soden Capt
Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, Harold Arthur Glover swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 15 - 11 - 15 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME, GOD.

(sgd) H. A. Glover
Signature of Person Enlisted.

Taken and subscribed at Casula in
the State of New South Wales
this 15th day of Nov of
1915, before me—

(sgd) A.C.R. Soden Capt
Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

Description of

GLOVER.

3

Hand

on Enlistment.

Age 30 years 1 months.
 Height 5 feet 6 inches.
 Weight 153 lbs.
 Chest Measurement 34 — 31 inches.
 Complexion Swedish
 Eyes Brown R 4 1/2 L 4 1/2
 Hair Dark
 Religious Denomination Methodyan

DISTINCTIVE MARKS.

Hand

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 11 — 11 — 15

Place Sydney

(Sgd) Hand Perrie

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 10th Reg'ts

Date CASULA

Place FEB 1 1916

(Sgd)

20th FATT ON

Commanding A. G. L. H. E. N.

2nd Lt.

Statement of Service of No.

1125

Name

GLOVER, Donald

| Unit in which served. | Promotions, Reductions, Casualties, &c. | Period of service in each rank. | | Remarks. |
|-----------------------|---|---------------------------------|-----|----------|
| | | From— | To— | |
| D/20 Btl | | 12/12/15 | | |
| 20 Batt | A Corporal | 24/6/16 | | 13/6/16 |
| 17/5/17 | Rtd Bellana to 2nd Lt. Shell Shock & Tachycardia. | | | |

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

S. Gritten.
2nd Lt.

Casula
15/11/15.

15
11
15

Original
Duplicate

Application to Enlist in the Australian Imperial Force

To the Recruiting Officer

(OFFICIAL STAMP)

at

TOWN HALL.

I, Harold Glover

hereby offer myself for Enlistment in the Australian Imperial Force for Active Service Abroad, and undertake to enlist in the manner prescribed, if I am accepted by the Military Authorities, within one month from date hereof

POSTAL ADDRESS
G. F. H. Stewart
2 Leichhardt St
Leichhardt

Signature

H. Glover

Occupation

Clerk

Date

10th November 1915

(For Identification purposes the above space should be filled in personally by the Applicant.)

CONSENT OF PARENTS OR GUARDIANS (For Persons under 21 years of Age)

I HEREBY CERTIFY that I approve of the above application, and consent to the enlistment of my ^{son} _{ward} for Active Service Abroad.

Statement regarding Death or Absence of either or both Parents.

Father's Signature

Mother's Signature

or

Guardian's Signature

PERSONAL PARTICULARS

Age 30 yrs. 1 mos. Height 5 ft. 6 1/2 ins

Chest Measurement (fully expanded)

Married. Widower. Single.

Weight

153

34-37 inches

PRELIMINARY MEDICAL EXAMINATION

Decision of Medical Authority FIT for Active Service
UNFIT for the following reasons:-

Place

Date

I Concur

Place

Date

Signature of M.O. at Central Recruiting Depot

CERTIFICATE OF RECRUITING OFFICER

I CERTIFY that I have this day provisionally Accepted ~~Rejected~~ this applicant for enlistment in the Australian Imperial Force.

Place

Date

Signature

J. C. Timothy
Recruiting Officer

[OVER

INSTRUCTIONS.

(1) Application forms received by Recruiting Officers will not be handed back again to applicants but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depot to which recruits are instructed by them to Report.

(2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in duplicate at the time of Medical Examination, and the word "original" or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depot, where the duplicate will be impressed with the official stamp and then returned to the applicant.

(3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depot by post.

(4) Names of accepted applicants who do not report at Central Recruiting Depot within the prescribed time will be forwarded to the Local Recruiting Officer for information.

(5) When alternatives are shown on the front of the form such as:—

| | | | |
|-------|------|---------|-----------|
| Fit | Son | Married | Original |
| Unfit | Ward | Widower | Duplicate |
| | | Single | |

 strike out the words which are not applicable.

(6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.

(7) The Central Recruiting Depot to which accepted applicants from various places will be sent for final medical examination will be determined by District Commandants. Recruiting Officers at outlying places will require to issue clear instructions to such applicants informing them where and when to report, and will forward the application forms in time to ensure that they will be in the hands of the Officer in Charge of the Central Recruiting Depot when the recruit reports for enlistment.

Spaces for identification by means
of handwriting.

Australian Military Forces.

2nd Military District.

VICTORIA BARRACKS,

SYDNEY, 30/5/17

OFFICER IN CHARGE,

BASE RECORDS,

VICTORIA BARRACKS,

MELBOURNE.

4125. Pte. Glover. H.L. 20th Batt.

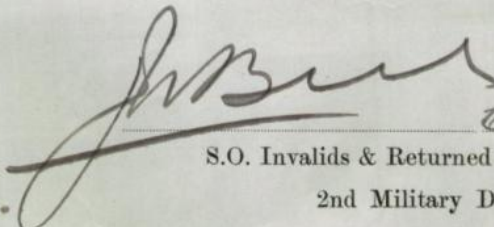
The above mentioned Soldier who returned to Australia per H.M.A.T.

"Bellona"

on the 15/5/17 was discharged from the Australian Imperial

Force in consequence of medical unfitness on 9. 6. 17 19

Documents relating to this man's discharge forwarded herewith completed.

 Captain.
S.O. Invalids & Returned Soldiers,
2nd Military District.

Australian Military Forces.

2nd Military District.

VICTORIA BARRACKS,

SYDNEY, 30/5/17

OFFICER IN CHARGE,

BASE RECORDS,

VICTORIA BARRACKS,

MELBOURNE.

4125. Pte. Glover. H.L. 20th Batt.

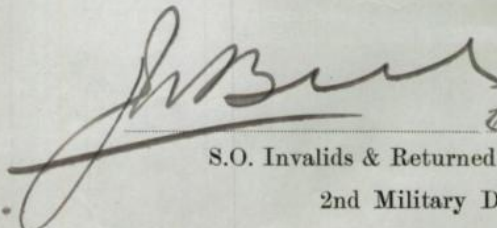
The above mentioned Soldier who returned to Australia per H.M.A.T.

"Bellona"

on the 15/5/17 was discharged from the Australian Imperial

Force in consequence of medical unfitness on 9. 6. 17 19

Documents relating to this man's discharge forwarded herewith completed.

 Captain.

S.O. Invalids & Returned Soldiers,
2nd Military District.

Medical Report on an Invalid.

6744



Station _____

Date _____

1. Unit 20th Battalion

2. Regimental No. 4125

3. Rank Private

4. Name CLOVER

5. Age last birthday 31

6. Enlisted { on 15th November 1915
at Sydney N.S.W.

7. Former Trade or Occupation { Stationer &c.

8. Disability.

Single

Shell Shock. Tachycardia.

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.

4th August 1916

10. Place of origin of disability.

France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Good health until 4th Aug 1916 when he was shell shocked and buried. Unconscious for some hours. Invalided through various Hospitals. admitted 26/8/16 with headaches, variable sleep, bad dreams, marked tremors, fainting attacks, bad palpitations, sharp cardiac pain, flushed face and general nervous excitability.

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

(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 8).

Active Service

Shell Shock



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.

Neurological Symptoms improved but still present.
Cardiac - unfit for exercises or light work. Heart heaving and irritable - pulse 96 to 112.
General - Health good ^{night} 11-14 ^{from 12-14}

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

- (a) In action ?
(b) On field service ?
(c) On duty ?
(d) Off duty ?

Yes.
Yes.
No.
Yes.
No.

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

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

No.
No.

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

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

Not applicable
Not applicable

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~~ ? *Just*

Yes.
No.

J W Sprague D. Co.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except† *19 bygs*

Station _____

H. M. Powell
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.

Opinion of the Medical Board.

4125. Pte. Glover H.A. 20th Bath.

15/12.

31 yrs.

6744

Shell shock. Neurosis

Aortic regurgitation.

Permanently unfit
for all military service
Service is the cause.

Jan 30 17

H. M. and by be

Weymouth

20.1.17

Sgd. H.C. Hudsley. Col.

4125. Pte. Glover H.A. 20th Bn. 15/12 31.
Shell shock. Neurosis. Aortic regurgitation.
Permanently unfit for all military service.
Service is the cause.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Yes

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

not applicable

26. Do the Board recommend

- (a) Discharge as permanently unfit,
or
(b) Change to England?

finding permanently unfit for general & temporarily unfit for home service

Signatures :—

H. M. and by be

President.

J. W. and by be

Members.

Station

Date

Approved.

Station

Date

H. B. Lewis

Major

Administrative Medical Officer.

D.M.S. A.I.F.



y filled in by the Board, as,
else Hospital should be in
claim to pension.

tributed to (a) active service,
the cause of the disability to

tween disease resulting from
vil life.

military conditions and disease to which

(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?

Shell explosion

20.1.17

4125. Pte. Glover. N. A. 20th Bn. 15/12 21.
Shell shock. Neurosis. Aortic regurgitation.
Permanently unfit for all military service.
Service is the cause.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

(c) Any of the conditions mentioned in question 20, and if so, which?

Not applicable

22. Is the disability permanent?

No

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

12 months or so

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?

Total

In defining the extent of his inability to earn a livelihood, estimate it at 1, 1/2, 2, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Yes

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

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, or
(b) Change to England?

Finding Permanently unfit for general & temporarily unfit for home service

Signatures:—

H. A. B. Bull

President.

Station

J. W. B. Smith

Members.

Date

Approved.

Station

H. B. Lewis

Major.

Administrative Medical Officer.

Date

D.M.S. A.I.F.



(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ } Name _____
or { Date _____ of _____
Embarkation { Port _____ } Vessel Beltana
Officer in medical charge F. Steele Scott.
Major
Smo

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

Condition same.
BELTANA.
MAY 15 1917

Re-transferred { Date 14th May 1917
Hospital or Station 4th A. G. H. } Officer in medical charge F. Steele Scott.
Major

(At Station or Hospital where finally disposed of.)

Station and Hospital { No. 4 AUSTRALIAN GENERAL HOSPITAL
England. } Arrived from England. Date 10/5/17. Beltana.
RANDWICK, SYDNEY, N.S.W.

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|----------------|--------------------|----------------|--|--|------------------------|
| | Date | From To | | | |
| <u>24/5/17</u> | <u>24/5/17</u> | <u>25/5/17</u> | <u>Shell Shock</u> <u>Tachycardia</u> | <u>Discharge</u> <u>&</u> <u>Pension</u> | |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Recommend discharge.

22 no. Permanent -

23 -

24 no ($\frac{1}{2}$) manual.

Benton & Rott Colonel, PRESIDENT.
H. C. A. C. I. R. Captain, MEMBER.
PERMANENT MEDICAL REFERENCE BOARD,
2nd. MILITARY DISTRICT.

CONFIRMED
FOR DISCHARGE

SYDNEY 26 MAY 1917

Date of final Medical Board, or decision

Adit. P. M. O. 2nd. M. D.

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station Exbury
Corps 20th Battalion

Regimental No. 4125.

Rank Private

Name Glenn. H. A.

Disability S. S. Tachycardia

Date 4th August 1916.

Hospital or Station transferred to for final disposal 4th A. G. H. Randwick

Date of final disposal 11/6/1917

How finally disposed of Discharged

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

Wt. W8330/2774 500M 9-15 M.&C.I.A.

Forms
B. 179
34

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

MEDICAL HISTORY of

Surname *Glover*Christian Name *H. R.*

TABLE I.—GENERAL TABLE.

| | | | |
|---|-----|-------------------------------|------------------|
| Birthplace | ... | ... | ... |
| Examined | ... | on ... day of ... 19 | ... |
| | ... | at ... | ... |
| Declared Age | ... | ... | ... |
| Trade or Occupation | ... | ... | ... |
| Height | ... | ... feet ... | ... inches. |
| Weight | ... | ... | ... lbs. |
| Chest Measurement | ... | Girth when fully Expanded ... | ... inches. |
| | ... | Range of Expansion ... | ... inches. |
| Physical Development and Pulse rate | ... | ... | ... |
| Vaccination Marks | ... | 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) | ... | ... | ... |
| | ... | (Rank) | ... |
| | ... | | Medical Officer. |
| Enlisted | ... | at ... | ... |
| | ... | on ... day of ... 19 | ... |
| Joined on Enlistment | ... | Corps. | Regtl. No. |
| Transferred to | ... | ... | ... |
| Became non-effective by | ... | ... | ... |
| | ... | on ... day of ... 19 | ... |
| | ... | (Signature) | ... |
| | ... | (Rank) | ... |

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

| Name of Hospital. | Admitted to Hospital. | | | Discharged from Hospital. | | | Disease. | Number of days in Hospital. |
|------------------------------------|-----------------------|--------|-------|---------------------------|--------|-------|---------------------------------------|-----------------------------|
| | Day. | Month. | Year. | Day. | Month. | Year. | | |
| No. 4 AUSTRALIAN GENERAL HOSPITAL, | 24 | MAY | 1917 | | | | <i>U. Shock</i> <i>Tachycardia</i> | |
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Part 1

Sick List in the case of Warrant Officers treated in Quarters.

RS 4707

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. If an accident, state whether it occurred on duty.

Signature of Medical Officer.

Tachycardia still present. Excitment aspects
 less. Sleep well. Lesion of finger not
 marked. Doubtful

W. M. Frank Capt.

Part 2

RM 4792

Table IV.—Service Table.[illegible]

D

74 Bullen St,
Lane Cove
4th April 1967.

Dear Sir

I wish to apply for the Anzac Commemorative
Medallion. I am the widow of deceased Anzac -
Pte Harold Arthur Glover

No 4125

Unit, 20th Bn.

Yours truly,
P. M. Glover



RECEIPT ACKNOWLEDGED

Date _____

N/E
PF sent
[Signature] 2 July 67

20/12/16

198

Army Form B. 179.

Medical Report on an Invalid.

Station _____

Date _____

1. Unit 20th Battalion

2. Regimental No. 4125

3. Rank Private

4. Name GLOVER K. A.

5. Age last birthday 31

6. Enlisted { on 15th November 1915
at Sydney N.S.W.

7. Former Trade or Occupation { Stationer &c.

8. Disability.

Single. Shell Shock. Tachycardia.

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.

4th August 1916.

10. Place of origin of disability.

France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Good health until 4th Aug 1916 when he was shell shocked and buried. Unconscious for some hours. Invalided through various hospitals. admitted 26/10/16 with headaches, variable sleep, bad dreams, marked tremors, fainting attacks, bad palpitations, sharp cardiac pain, flushed face and general nervous excitability.

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

Active Service

(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 8).

Shell Shock

18. 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.

Neurological Symptoms improved, but still present.

Cardiac - unfit for exercises or light work. Heart heaving and irritable - pulse 86 to 112.

General Health good weight 11.4 from 12.6

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

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

Yes.
Yes.
No
Yes
No.

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

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

No.
No.

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

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

Not applicable

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) Discharge as permanently unfit, or
- (b) Change to England ?

Yes
No.

J. W. Spry, M.D.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except ^{and} 19 by ^{yes}

Station _____

H. Arthur Powell, M.D.
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.

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, 1918).

(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?

Shell explosion

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

Not applicable

22. Is the disability permanent?

No

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

12 months or so.

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?

Total

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Yes.

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

Not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Finding

*Permanently unfit for general
temporarily unfit for home
service.*

Signatures:—

H. C. Powell M.D.

President.

J. W. Spence M.D.

Members.

Station _____

Date _____

Approved.

Station _____

Date _____

Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ } Name of { Conveyance _____
Vessel _____ }
or
Embark- { Date _____
ation { Port _____ } Officer in }
medical charge }

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

Re-transferred { Date _____
Hospital or } _____ Officer in medical charge.
Station }

(At Station or Hospital where finally disposed of.)

Station and } _____
Hospital } _____
Arrived from _____ Date _____

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|-------------|--------------------|---------|---------|-------------------------|------------------------|
| | Date | From To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }
Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station

Corps

Regimental No.

Rank

Name

Disability

Date

Hospital or Station }
transferred to for }
final disposal }

Date of final }
disposal }

How finally }
disposed of }

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

Wt. W8530/2774 500M 9-15 M&C.L.A.

Forms
B. 179
34

34
1963

Board

B35

Temporary A10792

Red 4

ARMY FORM B. 178.

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Ret to Ans

Surname

Glover

Christian Name

H. A.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ...

Examined ... { on ... day of ... 191
at ...

Declared Age ... years ... days.

Trade or Occupation ...

Height ... feet ... inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded ... inches.
Range of Expansion ... 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) ...
(Rank) ... Medical Officer.

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

Joined on Enlistment ... { Corps. Regtl. No.
4125.

Transferred to ...

Became non-effective by ...

on ... day of ... 191

(Signature)

(Rank)

Table II.—Only for Admissions to Hospital or to the Sick

[illegible]

Part 1

List in the case of Warrant Officers treated in quarters.

its 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

transferred to Darlford

J. Lamont
Capt: R. M. C. Registrar

Enlisted Nov 1915 - good health until Aug 4th 1916 when he was shell shocked & buried - unconscious for some hours - marked high venous hypertension

Admitted 26-10-16 with headaches, variable sleep, bad dreams, marked tremor, fainting attacks, loss of palpitations, sharp cardiac pain, flushed face, general nervous excitability.

Neurological symptoms improved but still present.

Cardiac - implies nervous system - heart becoming unstable

Pulse 86-112 - - General health good. Wt. 11.4 lbs 12.6

J. H. P. Registrar

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.

[illegible]

Table IV.—Service Table.

[illegible]

Medical Report on an Invalid.

6744

Station _____

Date _____

1. Unit *20th Battalion*2. Regimental No. *4125*3. Rank *Private*4. Name *GLOVER*5. Age last birthday *31*

6. Enlisted

{ on *15th November 1915*{ at *Sydney N.S.W.*

7. Former Trade or Occupation

{ *Stationer &c.*

8. Disability.

*Single**Shell Shock. Tachycardia.*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.

4th August 1916

10. Place of origin of disability.

France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Good health until 4th Aug 1916 when he was shell shocked and burned. Unconscious for some hours. Invalided through various Hospitals. admitted 26 Sept with headaches, variable sleep, bad dreams, marked tremors, fainting attacks, bad palpitations, sharp cardiac pain, flushed face and general nervous excitability.

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

Active Service

(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 8).

Shell Shock

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.

Neurological Symptoms improved, but still present.
Cardiac - unfit for exercises or light work. Heart heaving and irritable - pulse 86 to 112.
General. Health good ^{weight} 11.4 from 12.6.

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

- (a) In action ?
 (b) On field service ?
 (c) On duty ?
 (d) Off duty ?

Yes.
 Yes.
 No.
 Yes.
 No.

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

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

} No.
 No.

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

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

Not applicable
 Not applicable

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~~ ? Aust

Yes.
 No.

J W Sprague R. C. E.
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except† 19 ^{no} to ^{yes}

Station _____

Date _____

H. Arthur Powell Stoe
 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.

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.

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

Active service

Shell explosion

30.1.17

4125. Pte. Glover, ... A. 20th Bn. 15/12 31. Shell shock. Neurosis. Aortic regurgitation. Permanently unfit for all military service. Service is the cause.

6744

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

(c) Any of the conditions mentioned in question 20, and if so, which?

No

No

Not applicable

No

22. Is the disability permanent?

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

To be stated in months.

12 months or so

24. 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, 2, 3, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Yes

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

Not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit,

or
(b) Change to England?

FINDING

Permanently unfit for general & temporary for home service

Signatures:—

H. M. Powell

President.

J. W. ...

Members.

Station

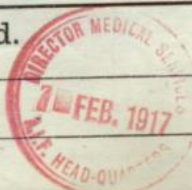
Date

Approved.

Station

Date

H. B. Lewis Major, Administrative Medical Officer.



(On leaving Corps or Station where invalidated.)

Transfer { Date _____
Station _____ } Name of { Conveyance _____
Vessel _____
or { Date _____
Port _____ } Officer in medical charge _____

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

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____
Arrived from _____ Date _____

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|-------------|--------------------|----|---------|-------------------------|------------------------|
| | From | To | | | |
| Date | | | | | |
| | | | | | |
| | | | | | |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision _____

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____
Hospital or Station transferred to for final disposal _____
Date of final disposal _____
How finally disposed of _____

The original Report is invariably to accompany the discharge documents of Invalids.
Wt. W8530/2774 900M 9-15 M&C.L.A.
Forms B. 179 34

WAR PENSION STATEMENT NO. 518 DATED 18/1/18

NEW SOUTH WALES

1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed.

Glover, Harold Arthur, 4125, Pte., 20th Bn.

2. Full name and address of person for whom pension was claimed.

Self - C/o F. A. Stewart, Liverpool Rd., Enfield.

3. Relationship of such person to Member

...

4. Result of Claim

... ..

pension of 30/- p.f. amended to 60/- p.f. from 10/6/17.

5. Name and address of Trustee (if any)

...

WAR PENSION STATEMENT NO. DATED

VICTORIA.

Statement - 328 N 80

1. Full name, number, rank, and unit of Member
of Forces in respect of whose death or
incapacity pension was claimed ...

Glover, Harold Arthur - 4125, Pte. 20th Batt.

2. Full name and address of person for whom
pension was claimed ...

Self - C/o F.H. Stewart, Liverpool Rd. Enfield.

3. Relationship of such person to Member ...

4. Result of Claim ...

£1/10/- p.f. granted from 10/6/17.

5. Name and address of Trustee (if any) ...

COMMONWEALTH OF AUSTRALIA.

Department of Defence,

MELBOURNE 1st May 1917

PL

Dear Sir,

I am in receipt of cable advice to the effect that

No 4125 Private H. A. Glover, 20th Battalion,
is returning to Australia and is due in Sydney about the

middle of May.
It is regretted that the movements or
name of the transport on which he is arriving cannot be disclosed.

It is to be noted that owing to possible mutilations in
the cabled advice and other causes this notification may not be
correct pending verification from the roll on arrival of the
Troopship.

Yours faithfully,

Mt. G. H. Glover,
Eastbourne Avenue,
Little Coogee,
SYDNEY N.S.W.

J. M. LEANE Major.
Officer i/o Base Records.

P.S.
No further particulars
can be disclosed.

H.W.

AUSTRALIAN IMPERIAL FORCE.

Base Records Office, A.I.F.F.
Victoria Barracks
1st. Sept. 1916.
MELBOURNE.

Dear Sir,
20th. Battalion

No. 4125 Pte. H.A. Glover
I regret to advise you that
has been reported wounded,

the nature of which and the name of the hospital to which he has been admitted are not at present known here, but on receipt of later information you will be promptly notified. It is not stated as being serious and in the absence of further reports it is to be assumed that all wounded are progressing satisfactorily.

It should be clearly understood that if no further advices received this Department has no later information to give. Letters should be addressed as under:-

WOUNDED. Regimental Number, Rank and Name,
Unit,

Australian Imperial Force,
C/o A. I. F. Headquarters,
130 Horseferry Road,
Westminster, LONDON S.W.

Yours faithfully,

Mr. G.H. Glover, *Admiral*
Eastbourne St.,
Little Coogee,
SYDNEY, N.S.W.




J. M. LEAN.

Major.
Officer i/c Base Records.

W

Transferred to

14/2/47 *Died after Discharge*
AUSTRALIAN IMPERIAL FORCE.No. *4125* ✓Rank *Private* ✓ Name *GLOVER, H.A.* ✓Unit *20th Battalion* ✓217 Casualty *Wounded* *B.I.B.L. 330/6915L. Ald. Lond. 26.8.16/16**Returning to Australia per N.Y. Bellana. Left Plymouth 17.1.17**20.12-4.1.17 Disch. ex 3rd Aust Hosp. to Furlough & repl. to Weymouth. S. Shock.*
I.B. 115/11 D. London 26.12.16 D.

| DATE. | PURPORT. | REF. NO. |
|--|--|----------|
| SEP 1 1916 | N. O. K. Advised Wounded | |
| 1 MAY 1917 | N. O. K. Advised Returning to Australia | |
| 12/5/17 | <i>Ret. "Bellana" to 2nd M.D. Shell Shock. & Lachardie.</i> | |
| WAR HISTORY INDEX <i>any</i> | | |
|    | | |

APPLICATION FOR WAR SERVICE
LEAVE GRATUITY PASSED
MAY 24 1919
A/c. No. *21340*

LIST.

D.S. 4/5.16.—C.9442.—10m.