

NEW ZEALAND DEFENCE FORCE PERSONNEL RECORDS

PRESERVED BY ARCHIVES NEW ZEALAND

Record Title: Charles Patrick

BOURCHIER

Archives Reference: AABK 18805 W5520 0016533

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MILITARY HISTORY SHEET.

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STATEMENT OF THE SERVICES OF No. 26778 NAME: Bouches Charles P.

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NEW FILE BEGINS

17th REINFORCEMENTS.

[Form No. 1.

NEW ZEALAND EXPEDITIONARY FORCE.

PERSONAL RECO	urname.) wher Downchies Coy. 17th - Refis.		Registration No.	26778
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DICCHARGED.

28.3.19.

NO LONGER PHYSICALLY FIT FOR WAR SETVICE.
ON ACCOUNT OF WOUNDS
RECEIVED IN ACTION.

NOTE.

The E.F. 3a History-sheet, containing particulars of casualties, promotions, reversions, &c., is not attached to this file.

History-sheet is filed in Base Records Office, and particulars of contents will be supplied on application, if required.

Opinion of the Medical Board.

Norres.—(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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (8) due to causes not connected with present war, vis. (1) earlier active service, (2) climatic disease 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.
- (iv). In answering question 21 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.

21. (a.) State whether the disability is clearly attributable to-

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary,
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
 - (a) Discharge as permanently unfit, or
 - (b) Change & F. pla
- If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or

Date.

- (e) Other institution either as an inpatient or an out-patient, and if so the period for which reconmended.
- With reference to Army Council In-struction No. 1275 of 1917, is any surgical ppliance recommended?
- 30. Does the man require the constant attendance of another person?

Station Date Approv Station

Administrative Medical Officer.

NEW ZEALAND EXPEDITIONARY FORCE.

MEDICAL HISTORY

Surname: Boil	ther	Christian No	ame: <u>Bhas</u> ,	Patrick
Examined: On 25th day of	april , 1916	Approved by		
(At Muchilan	/		Konneth &	J. Henry Co
Birthplace : Country, Warrenkie	Wictoria			auchtand
Oeclared age:	40.40	Examined for	re-engagement:	
Crade or occupation: Laboure	≯ 1803.000	13.4	day of	, 191
Height: 5 ft., 8 in.				
Weight:/4/6_lb.		* Considered :	Band .	
f.a	_in.			
Chest-measurement: Maximum expansion				N. B. C.
Physical development:			Medical Officer, e disability.	
Small-pox marks:		-11 dults, stat	e disability.	
Vaccination marks: Arm, Albox	nt.	Re-vaccinated	onday	of, 191
Number,		Arm:	1	Number:
When vaccinated:		Result:		
			Medical Officer,	
Enlisted on 30th	day of	ay,1	916 , at TRI	ENTHAM
	Corps		Regimental No.	Date.
Joined on enlistment	A-Coy.17th	Refis.	26778	30/5/16
Transferred to				•
PROPOSED	FOR DISCHARO	GE BY A	MEDICAL BO	ARD.
Station.	Date.	Discase.		Result.
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			5	

Station or Troopship.	Date of Arrival at the Station or of Embarkation.	Admission into Discharge from Hospital. Day, Won Year, Day Mon Year.	Disease of 1	Number if completely recovered from, whether sny particular treatment was adopted. In ventured disease state unitare of primary disease and whether necenty has been given. If an accident state whether it cocurred on duty and whether a court of inquiry was held.	Signature of Medical Officer.
TRENTHAM YOU.	91/6/18			104 Sunoadallow 19.7.16	Genoa
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NEW ZEALAND EXPEDITIONARY FORCE.

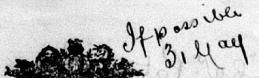
[Form No 3.

MILITARY HISTORY SHEET.

No. 2677	Name:	1 Louis	In the	artes 1.	atrick	in de for
	Country.	Prom	то	Years.	Days.	Initials of Officer making Entry.
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	Foreign	25.9.16				
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				100		
		R\$8879Y0	HO			
2. Certificates						
Passed classes of instruction ' This includes any authoris lass of instruction	••					
4. Active service						
5. Wounded						
6. Effects of wounds .	{					
7. Special instances gallant or meritor ous conduct						
ous conducts	Name of Meda	ı.	Clasps.	D	ate of Grant.	
8. Medals and decor	•-					
		 		<u> </u>		
9 Injuries in or by the Service	Il left.	m Bour	chior			
10 Name and address next-of-kin	of Welke	in Boa Plonkers Remo	eler (1	father aues	tland	
	and Surname of Woman to whom		Spinster or Widow			
Particulars as to Marriage.	(a.)					
= \						
	ristian Names.	Date and	Place of Birth.	When	re registered.	
Children.						
2						

STATEMENT OF THE SERVICES OF No. 26778 NAME: Bourshier Charles P

tegiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Correctness of Entries.
-Coy.!7th	Posted to R/o 535	Pt	1/6/16	J. C. Allin
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WEW ZEALAND EXPEDITIONARY FORCE.

in.	26778 Name: Char Papick Twickegiment or Unit:
	Hallo.
	Questions to be put to the recruit before enlistment.
1.	What is your name? Char Patrick & Torrell
2.	Where were you born? Marrenheip. 2. Victoria australia
3.	Are you a British subject? 3. YES
1.	What is the date of your birth? 4. 38 "Quego 189"
5.	What is your trade or calling? 5
6.	Are you an indentured apprentice? If so, where, 6. U
7.	What was the address at which you last resided? 7 Cloubern Road Remuen
	Have you passed the Fourth Educational Standard
).	What is the name and address of your present or 9. Okland City Council last employer?
).	Are you married? 10. V
	Have you ever been sentenced to imprisonment by 11 0 the Civil power? If so, when and where?
2.	De you now belong to any military or naval force? 12. 0
3.	Have you ever served in any military or naval force? 13. \(\text{\text{\$0\$}}\) If so, state which and cause of discharge.
4.	Have you truly stated the whole (if any) of your 14.YFF previous service?
5.	Have you been registered for compulsory military. 15. training under the Defence Act, 1909? If so, where?
6.	Have you ever been rejected as unfit for the military or naval forces of the Crown? If so, on what
7.	grounds? Are you willing to be vaccinated or revaccinated and 17. YES inoculated?
8.	Are you willing to serve in the Expeditionary Force in or beyond the Dominion of New Zealand under the following conditions, provided your services should so long be required: For the term of the present European war and for such further period as is necessary to bring the Expeditionary Force back to New Zealand and to disband it?
.0	Nors.—Your discharge will not be granted before your return to New Zealand unless permission for discharge elsewhere be obtained from the C. the New Zealand Expeditionary Force.
he	I, CROS. Pal will Touch on do solemnly declare that the above answers made by me to above questions are true, and that I am willing to fulfil the engagement made.
	Signature of Recruit: C. R. Bourchell
	Signature of Witness: De on Wusin
	Oath to be taken by recruit on attestation.
Zes His	I, The string of the King, his Heirs and Successors, and that I will be faithful and Military Forces, according to my liability under the Defence Act, and that I will observe and obey all orders of Majesty, his Heirs and Successors, and of the Generals and Officers set over me, until I shall be lawfully discharged help me, God.
	Certificate of Magistrate or Attesting Officer. The above questions were read to the above-named recruit in my presence. I have taken care that he understands each the above questions were read to the above-named recruit in my presence and the said recruit has made and since
	stion, and that his answer to each question has ocen duly entered as replied to, and the said test are had and
he	declaration and taken the oath before me, at Zuen Ham NZ, on this 3/ day
	May 191 6 Signature of Attesting Officer afallanly Kiens

Description of Char. Patrick Torgetu

on Enlistment.

Apparent age: Wyears	months,	Distinctive marks, and marks indicat	ing congenital		
To be determined according to the instruction	ms given in the Regulations	peculiarities or previous disc			
for Army Medical Serv	rice.)	bugho'r alfue			
Height: 5 feet & inches.					
Weight: 146 lb.	3-1 (3.3)	AND SECTION OF THE SE			
Chest- Minimum, 33	inches.	\widetilde{I} . The second se			
measurement: Maximum,	6 inches.				
Complexion: Paul	April D. J.				
Colour of eyes: Blue	a land	\			
Colour of hair: _ 670	ris 1				
CRO	dand				
Religious profession:	o y cools .	<u> </u>			
the Comment	Medical Ex	amination.			
Sight: Right eye,	NORMAL	Is he free from hernia?	YES		
. Left eye,	NORMAL	Is he free from varicocele?	YE8		
Hearing: Right ear,	NORMAL	Is he free from varicose veins	YES.		
Left ear.	NORMAL	Is he free from hæmorrhoids?	YES		
Colour-vision:	NORMAL	Is he free from inveterate or contagious s	kin-disease? 🕎 🗵 🕾		
Are his limbs well formed?	YES	and the second of the second o			
	· was	Is he in good bodily and mental health	and free from any		
Are the movements of all his joints fu	vas/	physical defect likely to interfere w			
Is his chest well formed?	4.00	The state of the s	A STATE OF THE STA		
Is his heart normal?	X 3 8	formance of his duties?	Stage and series		
Are his lungs normal?		Are there any slight defects, but not	sufficient to cause		
What is the condition of the teeth?_		rejection?	_		
Have you had any illnesses?	'ho	Have you ever had a fit?			
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or Kind or about the basis of	ter an important tra		Mary and the second		
the contract of the table to	Certificate of Med	dical Examination.			
I have examined the share saw		resent any of the causes of rejection specif	ied in the Regulation		
for Army Medical Services.					

I consider him fit for service in the New Zealand Expeditionary Force 75 . 191

Address :

NEW ZEALAND EXPEDITIONARY FORCE.

Z.R. 2

Rank St Name Bourchies Chas laterels Unit 2nd a. 5. R. No. 25778

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TABLE I.—General Table.	TABLE I	II. Boards	Courts of	f Francisco
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for Grade I. II. III. IV. (Strike out those which do not apply.)				
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for Grade I. II. III. IV. (Strike out those which do not apply.) ure Chairman of Medical Board.	TA	BLE IV.	Service Tabl	e.
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ined and found— I. III. IV. (Strike out those which do not apply.) ture Chairman of Medical Board. amined for posting at day of 191 Corps Regtl No. on istment 7.7. Jauchlands 26778	Station or Station or Became non-effect	ABLE IV.— Troopship	Service Tabl	e.
ined and found— I. III. IV. (Strike out those which do not apply.) ure Chairman of Medical Board. unined for posting at day of 191 con day of 191 Corps Regtl No. on timent 7. / Auch land: 26778	Station or Station or Became non-effect on	ABLE IV.— Troopship etive by	Service Tabl	e.
ined and found— I. II. III. IV. (Strike out those which do not apply.) ture Chairman of Medical Board. amined for posting at day of 191 Corps Regtl No.	Station or Station or Became non-effect	ABLE IV.— Troopship etive by	Service Tabl	e. Date of departure

TABLE II.-Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of		Admitted Hospital		Dis	charged ! Hospital		Disease	Number of days in	Remarks learing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of sypallis, admissions and re-admissions to hospital	Signature of
Hospital	Day	Month	Year	Day	Month	Year		Hospital	or of future use. In cases of sypallis, 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 short.	Modical Officer
netten .	10	10	18	19	11	18	mulliple GS W.	38	Hounded in action in France on 3.10.18	15.87
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TEMPORARY

MEDICAL HISTORY of-

A.F. B.178

Vaccination, for Field or F	Boards, Courts of Inoculations, etc.; Ex Foreign Service; Ext or Prolongation of gical Appliances, Par ement, etc. Brief details and Signa	amination ension, Re- f Service ticulars o
Examined County Date Dental Treat Date	ment, etc.	
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(Strike out those which do not apply.)		
	LE IV. Service Tab	le.
Chairman of Medical Board.	Date of arrival	at the second
Station or Tr	roopship or embarkation	Date of departur or disembarkation
Re-examined for posting at Onday of		
On 191		-
Enlisted at		
(on day of 191		
Corps Regtl. No.		
Joined on enlistment A.R. 267.78		
	ive by	
Transfer (1)	_day of	
(Signature))	

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated is quarters

Name	1000		Admitted Hospita	to il	Dia	Hospital	from l	Diesas	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest of of future use. In cases of symbilis, admissions and re-admissions to homital	Signature of
Hospi	(a)	Day	Month	Year	Day	Month	Year		Hospital	or of future use. In case of sphillis, admissions and re-admission by optical will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer
tley Hosp	ital	13.	20	18 -	19	11	10	multiple daw.	'	sounded in actio in France on 3.18,18.	
+								invers Flesh	30 -	Falls o reneved and sounds excited.	2001
		1								in admission:- Flesh wounds R. thigh, R. Shot	1der
	24									it. arm and hand. Lover part of Radius and un	Ba
12 2 7	8.10								11.	thin sed. wounds olean and granulating.	R SA
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3	1	$\parallel \perp$			3 0	TAXIS	010				
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	14.	i e								Snoulder wound - J. A.	**************************************
	111									Forearn sound on dorsum of wrist still septi	,
										but extension of mid two fingers restricted	10 §
Valley o										normal - section of tentons.	J.B. Baird.
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		1								his himil. Movement two missels	5.00
								- 11		fingers confusing - all othe wound	4
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	-11									wound nealed;	A hon
								Part I to			1 -0 0
		913									4.14.10

Army Form B. 179.

Medical Report on an Invalid.

Station 2 1 DEC. 1918

L. Unit 4R

2. Regimental No. 26778

3. Rank Pte

4. Name Bourching C.

5. Age last birthday 27.

6. Enlisted on 30 may 1916.

7. Former Trade or Occupation

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

gor and - Seekin of Eleusor Tendaro.

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. 3. 10 . 18.

10. Place of origin of disability. France.

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

lodging wound back of write R- JU. out we fund

adm. 19:11:18.

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. would in action

10.

10

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dustane of wright -	
13. What is his present condition?	-1 1.1 1. F
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	Thous ship hadine
14. If the disability is an injury, was it caused— (a) In action?	decision of middle two
(b) On field service? (c) On duty? (d) Off duty? Ho	due to cahin 1 he.
15. Was a Court of Inquiry held on the injury? If so—(a) When? (b) Where? (c) Opinion?	
16. Was an operation performed? If so, what?	
7. If not, was an operation advised and declined?	
8. 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?	
9. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	0.10.18
Sor thick R Showed all heald new with	lan Rama X
disalieit	ro remarent
20. Do you recommend (a) Discharge as permanently unfit or (2)	on Interior
	100 Capt
	Officer in medical charge of case.
I have satisfied myself of the general a	ccuracy of this report, and concur therewith,
xcept †	A 51
Station TALAND GENERAL HOSE	Himmill
Date 3 1. DEC. 1918	Officer in charge of Hospital.
Loss of teeth on or immediately after active service, should be at	ributed thereto, unless there is evidence that it is due to some

† Delete this word if no exceptions are to be made.