



**NAA: B2455, SHEEHAN JOHN JOSEPH**

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**Title:** SHEEHAN John Joseph : Service Number - Depot : Place of Birth - Melbourne VIC : Place of Enlistment - Melbourne VIC : Next of Kin - (Mother) SHEEHAN Eliza

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Substitute of original of duplicate attestations in accordance with KING'S REGULATIONS.

AUSTRALIAN MILITARY FORCES



AUSTRALIAN IMPERIAL FORCE

Attestation Paper of Persons Enlisted for Service Abroad.

No. Name { Surname SHEEHAN in full { Christian Name John Joseph Unit 20th Reinforce 5th Battalion Joined on 12th July 1915

DISCHARGED DISCHARGED

Questions to be put to the Person Enlisting before Attestation.

WAR GRATUITY SCHEDULE

- 1. What is your Name? ... John Joseph Sheehan
2. In or near what Parish or Town were you born? ... Melbourne Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? ... Natural born British Subject
4. What is your Age? ... 25 Years 2 Months
5. What is your Trade or Calling? ... Electrician
6. Are you, or have you been, an Apprentice? ... No
7. Are you married? ... Single
8. Who is your next of kin? ... Eliza Sheehan
9. What is your permanent address in Australia? ... Richmond Victoria
10. 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? ... No
11. Have you stated the whole, if any, of your previous service? ... Yes
12. Have you ever been rejected as unfit for His Majesty's Service? ... No
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother) ... Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day?
14. Are you prepared to undergo inoculation against small pox and enteric fever? ... Yes

I, John Joseph Sheehan 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 12th July 1915

John Joseph Sheehan 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.

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 6-11-16

[Signature]
Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

I, John Joseph Sheehan swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 12th July 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.

[Signature]
Signature of Person Enlisted.

Taken and subscribed at Melbourne in the State of Victoria

this 12th day of

July 1915, before me—

[Signature]
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 John Joseph Sheehan on Enlistment.

Age <u>25</u> years <u>2</u> months.	DISTINCTIVE MARKS. / Scar L Knee / " R " / " L Hips / " over L eye 3 Toe L arm
Height <u>5</u> feet <u>5</u> inches.	
Weight <u>11 Stone 7</u> lbs.	
Chest Measurement <u>35</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Dark</u>	
Religious Denomination <u>R.C</u>	

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; 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 .....

Place .....

*Handwritten in red ink:*  
The Earl  
Macleay  
6-11

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 of No. \_\_\_\_\_

4

Name

*John Joseph Sheehan*

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
<i>No 2 Depot Batt Seymour</i>	<i>Private</i>	<i>26/7/15</i>		
<i>Ballarat Batt</i>	<i>Cpl Sgt.</i>	<i>8/8/15</i>		
<i>11/14 Rpts Bmeadows</i>	<i>Sgt</i>			
<i>20/5 Rpts Bmeadows</i>	<i>Sgt</i>			
<i>Military Rest Camp MacLeod</i>	<i>Sergeant</i>	<i>16/10/16</i>		
	<i>Discharged</i>		<i>6/11/16</i>	
	<i>medically unfit</i>			
	<i>Inability to retain Faeces</i>			
<i>Conduct and</i>	<i>Character on discharge</i>	<i>Certificate</i>		
		<i>Good</i>		
<i>Service 1 year 117 Days)</i>				

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

*John Joseph Sheehan*  
*Lieut Camp Capt*  
*Military Rest Camp MacLeod*

COPY-ATTESTATION

Substitute of original or duplicate attestations in accordance with KING'S REGULATIONS 1904

AUSTRALIAN MILITARY FORCES.



# AUSTRALIAN IMPERIAL FORCE.

## Attestation Paper of Persons Enlisted for Service Abroad.

No. .... Name { Surname SHEEHAN  
 in full { Christian Name John Joseph  
 Unit .....  
 Joined on 12<sup>th</sup> July 1915

### Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... .. 1. John Joseph Sheehan
2. In or near what Parish or Town were you born? ... }  
 2. In the Parish of ..... in or  
 near the Town of Melbourne  
 in the County of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... .. 3. Natural born British Subject
4. What is your Age? ... .. 4. 25 years 2 months
5. What is your Trade or Calling? ... .. 5. Electrician
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. Single
8. Who is your next of kin? (Address and relationship to be stated) ... .. 8. Eloja Sheehan  
6 Dower Street  
Richmond Victoria
9. What is your permanent address in Australia? ... .. 9. 6 Dower Street  
Richmond  
Victoria
10. 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 ... .. 10. no
11. Have you stated the whole, if any, of your previous service? ... .. 11. yes
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... .. 12. no
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—  
 Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day? ... .. 13. \_\_\_\_\_
14. Are you prepared to undergo inoculation against small pox and enteric fever? ... .. 14. yes

John Joseph Sheehan 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 12<sup>th</sup> July 1915 John Joseph Sheehan  
 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.

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 6-11-16

*[Signature]*  
Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

I, John Joseph Sheehan swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 12 July 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.

*[Signature]*  
Signature of Person Enlisted.

Taken and subscribed at Melbourne in the State of Victoria this 12<sup>th</sup> day of July 1915, before me—

*[Signature]*  
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 John Joseph Sheehan on Enlistment.

Age <u>25</u> years <u>2</u> months.	DISTINCTIVE MARKS. <u>1 scar L knee</u> <u>1 " R "</u> <u>1 " L knee</u> <u>1 " over L eye.</u> <u>3 Vac L arm</u>
Height <u>5</u> feet <u>5</u> inches.	
Weight <u>11 Stone 7</u> lbs.	
Chest Measurement <u>35</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Dark</u>	
Religious Denomination <u>R.C.</u>	

#### 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; hemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; 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 14

Place Rest Camp

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 of No. \_\_\_\_\_

Name

*John Joseph Sheehan*

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
<i>No 2 Depot Batt Seymour</i>	<i>Private</i>	<i>26/7/15</i>		
<i>Ballarat Batt.</i>	<i>Cpl Sgt.</i>	<i>8/8/15</i>		
<i>11/14 Reults. Bmeadows</i>	<i>Sgt</i>			
<i>20/5 Reults Bmeadows</i>	<i>Sgt</i>			
<i>Military Rest Camp InacLeod</i>	<i>Sergeant</i>	<i>16/10/16</i>		
	<i>Discharged</i>		<i>6/11/16</i>	
<i>Medically unfit</i>				
	<i>Inability to retain Faeces</i>			
	<i>Conduct and Character on Discharge Certificate</i>			
	<i>Good</i>			
<i>Service 1 Year 117 Days)</i>				

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

*Act Adjutant Lt Col*  
*Military Rest Camp InacLeod*

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

# MEDICAL HISTORY of

Surname Sheehan Christian Name John Joseph

## TABLE I. - GENERAL TABLE.

Birthplace ... Melbourne, Victoria

Examined ... on 19<sup>th</sup> day of July 1915  
at John Hall Melbourne

Declared Age ... 25 years 3 months

Trade or Occupation ... Telephone Mechanic

Height ... 5 feet. 9 inches.

Weight ... 161 lbs.

Chest Measurement { Girth when fully Expanded 38 3/4 inches.  
Range of Expansion 36 inches.

Physical Development and Pulse rate

Vaccination Marks { Arm Right 3 Left  
Number

When Vaccinated ... Binta

Vision ... { R.E.-V =  
L.E.-V =

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects, but not sufficient to cause rejection

Approved by ... (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_  
Medical Officer.

Enlisted ... at Melbourne  
on 19 day of July 1915

Corps.	Regtl. No.
<u>76<sup>th</sup> Coy 1st Depot Sydney</u>	
<u>Reserve, 16 July 1915</u>	

Became non-effective by...  
on 25<sup>th</sup> day of November 1915

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



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

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.

To Langwarrin

Horace J. Hayes

Laundress Od  
 Operation  
 Damage. Accused V.A.

Book 7

CAPT. A.A.M.O. B.M.O.  
 ISOLATION HOSP. LANGWARRIN.

Operation 31.1.16. Drain  
 plug -  
 22.2.16 - silver nitrate -  
 14.3.16. slight discharge  
 from operation wound.  
 29.3.16. Medical discharge  
 has practically ceased with  
 use of argyrol  
 2.4.16. slight watery medical  
 discharge.  
 17.4.16 Medical discharge ceased  
 to Council House for 14 days  
 Rectal discharge has practically  
 ceased  
 4.16 Has had 14 days at Sandringham at Mr S Mackay  
 House still has slight rectal discharge  
 recommend for further 10 days at  
 Sandringham

S Mackay  
 Capt.  
 Eric Woods Capt.

26 APR 1916

13/6/16. Rubredra scitula sp. - under E.A. plastic  
 operation - granulating area covered in.  
 17/7/16. Quite well. To go to Coo. Home  
 for work.  
 18/7/16. To Coo. Home Sandringham  
 So I dut

B. King Capt.  
 B. King Capt.  
 W. Roberts Capt.

18 JUL 1916 At Home

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date.	Brief Details, and Signature.

Table IV.—Service Table.

Station.	Date of Arrival.	Date of Departure.	Station.	Date of Arrival.	Date of Departure.

copy

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

20/6

MEDICAL HISTORY of

Surname Sheehan Sgt Christian Name J J

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 {	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 \_\_\_\_\_ 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.		
CLEARING HOSPITAL BROADMEADOWS	21	7	16	21	7	16	<i>Shistula</i>	
General Hospital SANDRINGHAM	21	7	16	16	10	16	<i>Shistula</i>	
Rest camp Acland	16	10	16					

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

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.

*To Sandringham*

*[Signature]*

*Transferred H.S.P.D. light duties*

*Dell Wilkley* Capt  
O.C. Sandringham Convalescent Hospital





AUSTRALIAN



MILITARY FORCES.

A.M. Form D. 2.

(Revised 1.1.16) M. O.

SEQUENCE No 5619 \*

D.H.Q. 3RD M.D.

### DETAILED MEDICAL HISTORY OF AN INVALID.

Station Military Rest Camp Narrabead Date Oct 25

- 1. Regiment or Corps } 20/5th
- 2. Regimental No. and Rank } Serg
- 3. Name SHEEHAN John Joseph  
(Surname to be in Block Letters)
- 4. Age last Birthday 26
- 5. (a) Enlisted. on July 1915  
at Newb Farm Hall
- 6. Former Trade or Occupation Electrician
- (b) If returned from service abroad, date of return to Australia Not abroad

Before making out this Report read the following note carefully:-

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Inability to retain faeces

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his case, and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability Jan 20 - 1916

9. Place of Origin of Disability Langwarrin

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

Opd Ischio-rectal abscess Jan 21 - 1916,  
Opd Rectal fistula June 13 1916  
both in 205 A.C.M.

11. (a) Give your opinion as to the causation of the Disability Pyogenic infection,  
method unknown

(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.)

None of these

12. What is his present condition? Unable to retain faeces

if post. Frequent mucous discharge from  
anus, sometimes blood stained, especially  
after active exertion

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

D.672/10.15.—C.12164.

13. Has the disease been aggravated by—

- (a) Intemperance? No
- or
- (b) Misconduct? No

14. If the disability is a wound or other injury, was it caused—

- (a) In action? \_\_\_\_\_
  - (b) On field service? \_\_\_\_\_
  - (c) On duty? \_\_\_\_\_
  - (d) Off duty? \_\_\_\_\_
- Not applicable*

15. Was a Court of Inquiry held on the injury? No

- If so—(a) When? \_\_\_\_\_
  - (b) Where? \_\_\_\_\_
  - (c) Opinion \_\_\_\_\_
- Not applicable*

16. Was any special treatment employed? If so, state what it was No

17. Was an operation performed? If so, what? Yes, Excision of sigmoid rectal abscess, & opr for cure of rectal fistula

18. If not, was an operation advised and declined? Not applicable

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service? Not applicable

20. Do you recommend him for—

- (a) Discharge as permanently unfit? Yes
- or
- (b) For change to another State? No

M Barber Capt  
Medical Officer in Charge of the Case.

\* 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 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

Considerable relaxation of sphincter, irritation of skin due to soiling & faeces.

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?

Not applicable.

24. Is the disability permanent? Yes

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? Not applicable.

(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?

Not at all.

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

27. If an operation was advised and declined, was the refusal unreasonable? Not applicable.

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? Not applicable.

(d) Any other Recommendations No.

**CONFIRMED**

J. Mathias Major A. A. M. D.  
31.10.16 Assistant P.M.D.

Signatures:—

M. Barber Capt President.

Station Military Rec Camp, Meeboid

P. Campbell Capt Members.

Date 25.10.16.

Approved—

Station \_\_\_\_\_

Date \_\_\_\_\_

Director-General Medical Services.

(On leaving Corps or Station where Invalided.)

Transfer or Embarka- tion.	{	Date _____	Name of	{	Conveyance _____
		Station _____			Vessel _____
	{	Date _____		{	Medical Officer _____
		Port _____			

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

Re-  
trans-  
ferred. { Date \_\_\_\_\_  
          { Hospital or \_\_\_\_\_  
          { Station     \_\_\_\_\_ Medical Officer.

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_ Arrived } \_\_\_\_\_  
Hospital } \_\_\_\_\_ from } \_\_\_\_\_  
Date \_\_\_\_\_

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date :					

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Date of final Medical }  
Board, or decision } \_\_\_\_\_  
Principal Medical Officer.

A.M.F. Form 99.

DETAILED MEDICAL HISTORY  
OF 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.

ENTERED  
14 NOV 1916  
INVALID

*W*

A.M. Form D. 2.  
(Revised 1.11.15)

AUSTRALIAN



MILITARY FORCES.

A. F. M. O.  
SEQUENCE No 5019.  
D. H. Q. 3RD M. D.

DETAILED MEDICAL HISTORY OF AN INVALID.

Station Military Rest Camp  
Marblehead Date Oct 25<sup>th</sup> 1916.

- 1. Regiment } 20/5<sup>th</sup>
- or Corps }
- 2. Regimental No. } Sgt.
- and Rank }
- 3. Name SHEEHAN, John Joseph.
- (Surname to be in Block Letters)
- 4. Age last Birthday 26.
- 5. (a) Enlisted } on July 1915.
- at Effell Town Hall.
- (b) If returned from service abroad, date of return
- to Australia Not abroad.
- 6. Former Trade or Occupation Electrician.

Before making out this Report read the following note carefully :-

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Inability to retain faeces

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his case, and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability Jan 30<sup>th</sup> 1916

9. Place of Origin of Disability Langwarrin

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

bearing on the case opn Ischio-rectal abscess Jan 31-1916.  
opd rectal-fistula June 13<sup>th</sup> 1916. both in 465 A.S.H.

11. (a) Give your opinion as to the causation of the Disability Pyogenic infection  
method unknown.

(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.)

None of these.

12. What is his present condition? Unable to retain faeces if soft.  
Frequent mucous discharge <sup>from anus</sup> sometimes blood  
stained, especially after active exertion

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

D. 672/10.15.—C.12104.

13. Has the disease been aggravated by—

- (a) Intemperance? No.
- or
- (b) Misconduct? No.

14. If the disability is a wound or other injury, was it caused—

- (a) In action? \_\_\_\_\_
  - (b) On field service? \_\_\_\_\_
  - (c) On duty? \_\_\_\_\_
  - (d) Off duty? \_\_\_\_\_
- Not applicable*

15. Was a Court of Inquiry held on the injury? No.

- If so—(a) When? \_\_\_\_\_
  - (b) Where? \_\_\_\_\_
  - (c) Opinion \_\_\_\_\_
- Not applicable*

16. Was any special treatment employed? If so, state what it was No.

17. Was an operation performed? If so, what? Yes. Incision of ischio rectal abscess. & spw for cure of rectal fistula.

18. If not, was an operation advised and declined? Not applicable

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service \_\_\_\_\_
- Not applicable*

20. Do you recommend him for—

- (a) Discharge as permanently unfit? Yes
- or
- (b) For change to another State? No

W. B. Barber Capt  
Medical Officer in Charge of the Case.

\* 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 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

Considerable relaxation of sphincter, irritation of skin due to soiling by faeces,

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?

no applicable

24. Is the disability permanent? Yes

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? Not applicable  
(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?

Not at all  
(In defining the extent of his inability to earn a livelihood, estimate it at 1, 1/2, 2, or total incapacity.)

27. If an operation was advised and declined, was the refusal unreasonable? Not applicable

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? Nothing, Not applicable

(d) Any other Recommendations No

**CONFIRMED**

Analman Major A.A.M.O.  
31.10.16 Assistant P.M.O.

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:—

Medical Rest Camp  
Station Harford

Date 25-10-16

M Barber Capt President.

J Campbell Capt. Members.

Approved—

Station \_\_\_\_\_

Date \_\_\_\_\_

Director-General Medical Services.



(On leaving Corps or Station where Invalided.)

Transfer or Embarkation. { Date \_\_\_\_\_ Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_ Vessel \_\_\_\_\_ Medical Officer \_\_\_\_\_ }  
 { Date \_\_\_\_\_ Port \_\_\_\_\_ }

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

Re-transferred { Date \_\_\_\_\_ Hospital or Station \_\_\_\_\_ } Medical Officer.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }  
 Date \_\_\_\_\_

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date :					

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Date of final Medical Board, or decision } Principal Medical Officer.

A.M.F. Form 99.  
 DETAILED MEDICAL HISTORY  
 OF 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.

WAR PENSIONS ACT 1914-1916.

Form Z.3.



**DAILY STATEMENT (MILITARY)**

MK

Showing Grants, Alterations, and Cancellations of Pensions (together with date from which such action took effect); also Rejections of Claims and Deaths of Pensioners.

Statement No. 440  
Containing ..... sheets  
Date 27/8/17

State of Victoria

1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed ...	Sheehan John Joseph Sgt 20/5 Rfs Broadmeadows
2. Full name and address of person for whom pension was claimed ...	John A. Sheehan, 6 Dover St, Richmond
3. Relationship of such person to Member ...	Self
4. Result of Claim ...	Cancelled as from 16/8/17
5. Name and address of Trustee (if any) ...	

*John A. Sheehan*

Statement  
221  
VCC

1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed ...	Sheehan, John Joseph, Sgt 20/5 Rfs B'meadows
2. Full name and address of person for whom pension was claimed ...	John J. Sheehan, 6 Dover St, Richmond
3. Relationship of such person to Member ...	Self
4. Result of Claim ...	Granted 34/6 per fortnight as from 7/11/16
5. Name and address of Trustee (if any) ...	

D.964/8 16.—C.9656.—10M.

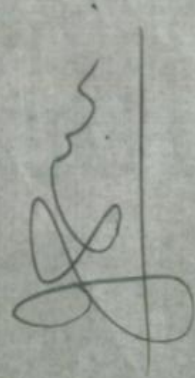
Deputy Commissioner of Pensions at MELBOURNE

*Pen*

SHEEHAN

117 1/2

The two papers have  
been 2 or 3 days  
to allow of discharge  
being resumed



NO. 5 AUST.  
GEN. HOSPITAL

No. 622/326

S. M. O.

Base Hospital

Re Sergt J. J. Sheehan

Absent in presence

sent to Base 30/1/16

Temp

Jan 29<sup>th</sup> 7am 100'  
7 P.M. 102.6

Jan 30<sup>th</sup> 7am 101.4

Western discharge contained  
many gonococci + staphylococci:  
He was to have appropriate  
vaccine this week

Witour M.D.



S.M.O.

5<sup>th</sup> General Hospital  
Melbourne

Re Sergt Sheehan Sent from Isolation Hospital  
Kawran, 5<sup>th</sup> F.G.H 30.1.16

Sonorous rales

Respiratory pain + tenderness in pleura

Mfida 27.1.16

28.1.16 T. 99

29.1.16 T. 100 - 102.4

30.1.16 T. 101

Examination of ureters disclosed a few days  
ago showed many staphylococci & gonococci:

He was to have had this as vaccine  
treatment this week in accordance with  
above

W. J. O'Connell M.D.

30.1.16

No 5 A. S. N.

6. 6. 16.

Sheehan J. J. Sgt.

3/29 Ballyn Broadmeadows  
was ordered to ward 17 on 17/5/16  
there 2 smears taken for  
gonorrhoea. He went out  
and was never seen again  
until this morning.

He was under treatment at  
the time for Ischio Rectal  
abscess. To be examined by  
Major Russell at 9 am  
on 7/6/16. E. J. O'Leary  
Capt.

6/6/16. Smear negative

No. 5. Australian General Hospital

Bacteriological report No. 5. Australian General Hospital

Patient's Bacteriological report No. ....

(Surname in block letters) *Sheehan, J. J.*

Rank *Sgt* Ward *17*

Medical Officer in charge *Capt. M. O'Keefe*

Suspected Disease *Cholera*

Specimen sent to University on date *17.5.16*

REPORT by Bacteriologist:-

*No organisms found  
in two smears examined  
R.S.B*



Camp Headquarters  
No. *16/10/3980*  
MACLEOD

DISTRICT HEAD QUARTERS  
3rd MILITARY DISTRICT  
*16/10/3980*

AUSTRALIAN MILITARY FORCES -3rd MILITARY DISTRICT.

Victoria Barracks,

D. H. Q. 3rd M.D.

Discharge of *SHEEHAN, J. J.*

*2/1/5* ..... Camp provisionally confirmed.  
C.M.D2's herewith.

*Quattras*

*1* / *11/11* 1916

Major, A.A.M.C.  
Assistant B.M.O.

*J. C. Leod* 2.  
C. O. .... Camp.

Discharge approved. Please complete and  
attach papers and return without delay.

Date of discharge *6.1.11.16*

*11/11* 1916 *Dominic J. Kelly* Lieut.  
For D.A.A.G. 3rd M.D.

-3-

A.A.G. 3rd. M. D.

Herewith Attestation Papers in duplicate 2 D1 forms 1 D2 form  
of **Sgt. Sheehan** who was Discharged from A.I.F. 6-11-16.  
Please acknowledge.

RECEIVED  
J/CP  
-7NB-10.116  
D.C.R. 3RD M.D.

*copy (3)*

*[Signature]* Lieut.  
Camp Adjutant  
For C.O. Military Rest Camp, Macleod  
(Invalids Clearing Depot).

DISTRICT NO. 106/10/3980

MINUTE

Australian Imperial Forces.

PAPER

B7189 ✓

Rec'd 14/11/16  
S.O.I. [Signature]

1.

S.O.I.....Forwarded for favor of transmission to Base Records.

13/11/1916.

[Signature] Kelly

Lieut. for a/A.A.G. 3rd. Military District.

Officer in Charge Base Records

Noted and Passed

2

14/11/16

[Signature] Capt S.O.I.

BASE RECORDS  
17. NOV. 1916.  
RECEIVED

DISTRICT HEAD QUARTERS  
Q.M.F. 3RD MILITARY DISTRICT  
NO *R16/10/3980*

15th DECEMBER, 1916.

Staff Officer for Invalids. 3rd M.D.  
O.i/c Base Records.

Please furnish this office with copy of  
Attestation Sheet and Medical Boards if any, on Sgt. Sheehan  
J. J. 20/5th Btn Broadmeadows, as same are required by  
Deputy Commissioner of Pensions.

Capt. A.A.M.C.  
STAFF OFFICER FOR INVALIDS.

*Sgt Mackey  
PA in file*

26198

EW.  
S.O.I.  
3rd Military District.

Herewith are forwarded accounts as requested above.

Melbourne.  
30/12/16.

Major.  
Officer i/c Base Records.

*Cpl Kent*

MINUTE PAPER

DISTRICT HEAD QUARTERS  
District  
*4 No 116/10/3980*

Camp Headquarters  
No. *16/4550*  
MACLEOD

C. 5130.

"NCP"

C. O. McLEOD.....Returned for signature of  
Discharging Officer on page 4 of Attestation Sheets.

8/11/16

*Maurice Kelly* Lieut.  
for a/A.A.G. 3rd Military District.

-5-

A.A.G. 3rd. M. D.

Herewith Papers completed.

RECEIVED  
13 NOV. 16 AM  
D.C.R. 3RD M.D.

J/CP  
10-11-16

*Det Andrew J* Lieut  
Camp Adjutant  
For C.O. Military Rest Camp, Macleod  
(Invalids Clearing Depot).

*ch 4 (3)*

Officer In Charge *File* Records  
Noted and *passed*

*11/11/16* ..... *Rto* Capt A.M.G.  
S/O Invalids 3rd. M.D.

THE PAW LINEN  
SUPER STRONG