A Report of the Work of the Venereal Section engaged in the Treatment of Venereal Disease Amongst Australian and N.Z. Troops in Egypt and Palestine 1917–1918 and other Correspondence relating to V.D. 1916.

THE REPORT ON THE WORK OF THE VENEREAL SECTION ENGAGED IN THE TREATMENT OF VENEREAL DISEASE AMONGST THE AUSTRALIAN ~~AND~~ AND NEW ZEALAND TROOPS IN EGYPT AND PALESTINE.

JUNE 1st. 1917 to MAY 31st. 1918.

By

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No 2 Australian Stationary Hospital.

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No 2 AUSTRALIAN STATIONARY HOSPITAL. MOASCAR.

During the first five months of the reported year, this Section was attached to No 14 Australian General Hospital under the Command of Lt. Col. R.Macdonald. Since October 2nd 1917 it has been attached to No 2 Australian Stationary Hospital under the command of Lt.Col. W.L.Kirkwood.

The total number admitted during the 12 months was 1256 and the total discharged 1133. It will be seen by the attached table that the numbers of patients admitted varied a good deal at different periods. The factors determining the variation are tabulated beside the actual figures. At present (May 31st) the numbers are fairly high, 233 patients remaining in the Section.

The majority of the cases are now infected in Palestine, but about 37% are still being infected in Egypt.

From 1st June 1917 until 1st Feby 1918 I conducted the work of this Section alone; Capt E.B.M.Vance A.A.M.C. has assisted me since February 1918.

The Report is intended to give an idea of the general management of the Section as well as an outline of the method of treatment.

A new type of Monthly Report was started in May 1918, and is herewith attached. It is designed to give fuller and more accurate information from a Medical standpoint, As the publication of this Report has been delayed until August 1918, the reports for June and July 1918 are added. It will be seen that the Section has expanded considerably during this latter period, the total number of patients at the middle of August 1918 reaching 331.

ADMISSION AND DISCHARGE TABLE.

Month.	Admitted	Discharged	Remaining in at end of Month.
June 1917	109 (a)	70	149
July	127	92	184
August	126	100	210
September	54 (b)	111	153
October	66	110	109
November	57	41	125
December	69	73	121
January 1918	87 (c)	74	134
February	87	86	135
March	146	111	170
April	164	129	205
May	164 1256	136	233

(a) Fair amount of leave granted to Cairo. Admissions moderately high. Infections mostly in Cairo, with a few at Alexandria, Port Said and Ismailia.

(b) Preparations for Advance through Beersheba; very little leave granted. Admissions few.

(c) Palestine infections commence. From January the number admitted each month increases.

ANALYSIS OF CASES DISCHARGED EACH MONTH.

Month	Syph.	Gon.	Chancroid	Other Cases
June	4	42	12	12
July	9	65	7	7
August	14	58	22	6
September	7	85	10	9
October	10	88	6	6
November	6	30	4	1
December	5	49	10	9 Incl. 4 for Wassermann Tst.
January	9	40	7	18 " 13 " "
February	12	56	4	14 " 13 " "
March	18	67	14	12 " 10 " "
April	19	81	12	17 " 9 " "
May	17 130	80 74	22 130	17 " 13 " "

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AVERAGE STAY IN HOSPITAL OF CASES DISCHARGED.

Month	Syphilis	Gonorrhoea	Chancroid etc.
	Days	Days	Days
June 1917	39	58.3	12
July	32.5	35	11
August	46	46.7	22
September	46	57.9	10
October	Section transferred to No 2 A.S.H. during this month; figures are confused.		
November	32	42	21
December	59	46	43
January 1918	53	58	16
February	51	70	51
March	60	69	10
April	47	60 581	35
May	59 524	40	26

REPORT FOR MONTH ENDING 31st MAY 1918.

1. ADMISSIONS 164. 2. DISCHARGES 136.
3. Average daily No in Hospital 232.
4. No remaining in at end of Month 233.
5. Average duration of all Venereal Cases (excluding men admitted for Wassermann Test only) - 42.1 days.
6. Sources of infection (in cases of fresh infection)

Palestine	55.	Egypt	38
Australia	5	England	1

7. Analysis of Cases discharged

Syphilis 1. Cases treated for Active lesions
(a) Total No 15 (b) Average duration 61 days.
2. Cases treated for Relapsing Wassermann only.
(a) Total No 2 (b) Average duration 49 days.
3. Admitted for Wassermann & Discharged same day.
Total No 13

Gonorrhoea 1. Ant. Urethritis on adm. & remained so.
Total No 29. Average duration 27.7 days.

2. Post Urethritis on admission.
Total No. 37 Average duration 62 days.
3. Ant Urethritis on adm. but developed Post Urethritis
Total No. 1 Duration 53 days.
4. Relapse Cases
(a) After previous treatment here 10
(b) From outside sources 3
(c) Average duration of all relapse cases 48.4 days.

Chancroid. 1. Uncomplicated
(a) Total No 20 Average duration 23 days
2. Complicated by Bubo
(a) Total No 2 (b) Average duration 58 days.
3. Complicated by Phimosis
Nil.

Other Venereal Diseases
(a) Total No 2 (b) Average duration 10 days

Cases proving to be non-Venereal
Total No 2

8. No of Operations performed 5
9. No of Salvarsan Injections 101

REPORT FOR MONTH ENDING 30th JUNE, 1918.

1. Admissions 177 2. Discharges 189
3. Average daily number in Hospital 215
4. Number remaining in at end of month 230
These include:- Syphilis 27 Gonorrhoea 167
Chancroid 25 Other cases 11
5. Average duration of all cases (excluding men admitted for Wassermann only) 38.6 days.
6. Sources of infection (in cases of fresh infection of patients discharged). Palestine 76 Egypt 46
Australia 1 England nil
7. Analysis of cases discharged:-
Syphilis. 1. Cases treated for active lesions
Total No. 27, duration of stay 58 days
2. Cases treated for Relapsing Wassermann,
Total No. 2, duration of stay 32 days
3. Adm. for Wassermann and discharged same day,
Total No. 25.
Gonorrhoea. 1. Ant. urethritis on adm. and remained so,
Total No. 26, duration of stay 25 days.
2. Post. urethritis on adm.
Total No. 42, average duration 69 days.
3. Ant. urethritis on adm. but developed post.ureth.
Total No. 3, average duration 105 days.

4. Relapse Cases.
   (a) After previous treatment here 5
   (b) From outside sources 4
   Average duration of all relapse cases 41 days.

Chancroid.
1. Uncomplicated.
   Total Number 20 Average duration 18 days.
2. Complicated by bubo.
   Total number 3 Average duration 59 days.
3. Complicated by Phimosis.
   Total Number 2 Average duration 36 days.

Other Venereal Diseases.
(a) Total Number 4 Average duration 20 days.

Cases proving to be Non-Venereal. 7

8. Total Number of Operations performed. 13
9. Salvarsan Injections 66
10. Mercurial Injections. 99

Note:- The 189 cases discharged include 19 men who were sent to Field Punishment Compound for Disciplinary reasons, their treatment being continued there. These men are not included in the above analysis.

REPORT FOR MONTH ENDING JULY 31st 1918.

1. Admissions 261
2. Discharges 195
3. Average daily number in Hospital 270
4. Number remaining in at end of month 296
   These include:- Syphilis 28 Gonorrhoea 193
   Chancroid etc., 75
5. Average duration of all cases (excluding men admitted for Wassermann Test only) 42.8 days.
6. Sources of Infection (in cases of fresh infection)
   Palestine 90 Egypt 46
   Australia 2 England & Continent 2
7. Analysis of Cases discharged.

Syphilis.
1. Cases treated form active Lesions
   Total Number 16 Average duration 60.5 days.
2. Cases treated for relapsing Wassermann.
   Total Number 1 Average duration 22 days.
3. Admitted for Wassermann & discharged same day.
   Total number 27

Gonorrhoea
1. Ant. Urethritis on admission & remained so
   Total Number 36 Average duration 21.7 days.
2. Post Urethritis on admission
   Total Number 52 Average duration 68.7 days.
3. Ant. Urethritis on adm. but developed Post Urethritis.
   Total Number 2 Average duration 90 days.
4. Relapse Cases
   (a) After previous treatment here 4
   (b) From outside sources 6
   Average duration 53 days.

Chancroid.

1. Uncomplicated.
   Total Number 28 Average duration 15 days.
2. Complicated by Bubo
   Total Number 5 Average duration 47 days.
3. Complicated by phimosis
   Total Number 1 Average duration 32 days.

Other Venereal Diseases.
Total Number 3 Average duration 26 days.

Cases proving to be non-Venereal 14

8. Operations performed 29
9. Salvarsan Injections 76
10. Mercurial Injections 102

ARRANGEMENT OF WARDS.

All patients except those suffering from Syphilis and those needing special nursing are accommodated in two large wards which serve only as dormitories. At present four Hospital Marquees erected side to side compose one large ward, and five the other.

The Syphilitis patients sleep in a smaller ward composed of two Marquees.

The Sick Ward is composed of two marquees; all cases of other concurrent diseases, and of acute stages in Venereal Diseases are moved temporarily to this ward, where they are attended day and night by trained nursing orderlies. By this means each Medical Officer can follow up his cases continuously, and many serious complications of Venereal Diseases may often be avoided by a few days strict observation and nursing at a critical period. Further--more the larger wards need only be used as dormitories, no treat--ment of any kind being carried out in them, the result being that they are all the more easily kept clean and pleasant to dwell in.

MESSING ARRANGEMENTS.

The patients from the General warsd and the Syphilitic ward eat their meals in a mess hut built of Nile mud bricks, a cool and well ventilated structure. The Syphilis cases mess at special tables, and no interchange of eating utensils is allowed between their tables and the others.

The diets are divided into "Full" and "Light Special" the latter being enough to satisfy the hunger of healthy men but composed of unstimulating foods. This expedient arises out of the nature of Gonorrhoeal disease, but in cases where a man should have a diet light in quality and quantity both, he is moved to the Sick ward where any special form of diet may be prescribed.

LATRINES AND SHOWERS.

These conveniences are disposed around the outer parts of the Block. Separate urinals and latrines are marked out for the Syphilitis patients. The showers and latrines are surrounded by screens composed of rushes attached to a wooden framework.

GENERAL DISCIPLINE OF PATIENTS.

A Sergeant in charge assisted by two orderlies is responsible for the discipline and general cleanliness of the men, for the tidiness of the wards, and for all messing arrangements.

In the wards each patient is expected to keep his own bed and adjoining area of floor as clean and neat as possible.

The whole Section is inspected each day by the Commanding Officer and the Orderly Officer.

No fence or wire enclosing erection is used around the Section at present, but Guard Posts are employed. While the Section was attached to No 14 A.G.H. it was enclosed by a fence. Very little trouble has been experienced since dispensing with an enclosure, certainly no more than when a fence was used. However efforts have been made to secure a fence, and one will shortly be available.

IRRIGATION TENT.

This is one hospital marquee with a floor of soft lime--stone pavement. The arrangement of the Irrigating apparatus is very simple. A strong batten is attached to the two tent poles at a height of 11 feet from the floor, and eight pulleys are attached to its under surface. Through each pulley runs a rope which is attached to the handle of an 800 oz oil drum. A short piece of metal tubing is soldered into the bottom of each drum and to it is attached six or seven feet of rubber tubing. The lower end of this tubing is fitted on to the stem of a Wyndham Powell irrigation handle with brass shield. The nozzles used are made of non-rusting metal, and are always boiled before use.

During irrigation the men stand at a long trough placed beneath the oild drums. This trough is about 8 yards long and a littlee less than three feet high; it slopes slightly towards one end from which the fluid is led away by a pipe to a soakage pit outside the tent.

A Staff of Orderlies expert in irrigation is in attendance in this tent. The orderlies pass up and down the side of the trough opposite to the patients to make sure that men who are irrigating themselves are performing the manoeuvres properly, and in all cases where it is so ordered the orderlies perform the irrigation until the patient is allowed to irrigate himself.

TENT FOR TREATMENT OF VENEREAL SORES ETC.

This is an E.P. tent placed close to the Irrigation tent and worked by the same staff of orderlies. In it is a trough similar to that in the Irrigation tent with a pipe connected to lead away to a soakage pit.

The cleansing of penile sores is carried out by means of absorbent cotton mounted on a metal swab stick. These sticks are made of stout copper wire roughened at each end. Small metal tobacco tins serve as receptacles for the antiseptic lotions used; they are cheap, they prevent waster of antiseptics because of their small size, and can be sterilised after use by boiling thoroughly in the ordinary sterilisers supplied to the Army.

In this tent all medicines are dispensed on "Medicine parades" at fixed hours.

OPERATING THEATRE.

This is composed of two E.P. tents in one of which operative measures proper are carried out, while in the other are conducted Sick parades, Prostatic Massage parades, and all inter--views between patients and Medical Officers that may be necessary. The Staff of the Theatre consists of a trained Staff Sergeant, a clerk and a General assistant orderly.

THE TREATMENT OF GONORRHOEA.

The great majority of the patients suffer from this Disease, and in order to carry on the work of the Section efficiently, a certain amount of routine procedure is necessary. Nevertheless, the aim has been to give treatment on the merits of a case as far as possible, so that a convenient balance between routine and individual treatment has been maintained.

DIAGNOSIS.

In order to secure the necessary indications for rational and correct treatment, a good deal of attention is paid to the question of diagnosis in all stages of the disease. In an acute case it is very important to distinguish between acute anterior and acute posterior urethritis, so that proper treatment may be given, a better idea of prognosis obtained, and a more rational classification used in the statistical catergories.

The number of Gonorrhoea cases is at present just under 200 (May 31st.). They are divided between two Medical Officers, one Officer taking charge of the men whose names fall in the division A to L, the other those from M to Z. This division is extended to all cases in the Section, for it is found very convenient to know quickly under which Medical Officer any patient is, as well as assuring that each Officer secures a variety of work.

The chief diagnostic measures are taken at early morning parades, when the overnight urine is inspected. These parades are held at 6.15 a.m. and each patient is seen twice a week.

The Sergeant in charge of the Irrigation Tent has a standing order to make films for microscopic examination from all new cases as soon after their admission as possible. If Gonococci are not discovered in the first smear the examination is repeated.

The ordinary two glass test is sufficient for all ordinary purposes during most of the progress of a case, but at first, in order accurately to diagnose the stage of the urethritis the following test is performed. The anterior urethra is irrigated thoroughly by an expert orderly. This washing is done with clear boric lotion and consists of Janet's method of balooning the whole anterior urethra from meatus to sphincter urethrae muscle, and catching the return washings in a glass. When this fluid on examination by transmitted light is seen to be quite clear from any haze or filaments, one can be sure that no pathological products remain in the anterior urethra. The man is then instructed to pass his urine into one glass. Any haze or filaments in this glass indicates some lesion of the posterior urethra.

Subjective symptoms are inquired into and the discharge inspected if necessary. Full notes are made on the patient's case card at the time of the examination, and fresh treatment ordered if it is indicated.

With the assistance of three orderlies, one to make smears and perform the chemical tests on urine, another to irrigate the anterior urethra, and a third to arrange the case cards and the queue of patients, one Medical Officer can interview from 40 to 50 patients

in an hour.

A certain number of gonorrhoeal patients do not attend these early parades; these are men who have reached the stage of chronic posterior urethritis. They attend a special "Posterior Parade" which is held in the Operating Theatre during the forenoon every five days. At this parade prostatic massage is performed, & is followed by posterior installations of strong silver nitrate solutions. The work at this parade comes more properly under the heading of treatment, and so will be more fully described later.

TREATMENT.

A glance at the statistics of cases treated at this Hospital will demonstrate the high importance of early established and continued local treatment in this disease. It will be seen that over 95% of cases that enter the Section as anterior urethritis never develope any affection of the posterior urethra, and so never become liable to any of the serious complications of Gonorr-hoea except stricture of the anterior urethra. Should this complication occur, it is always discovered in its early stage (Sub-mucous infiltration) by the urethroscope, and may be treated and cured by bougies and dilators.

Unfortunately well over one half of the cases have reached the posterior urethritis stage before admission, and consequently their average stay cannot be expected to be anything under 8 or 9 weeks, whereas the average duration of the anterior urethritis cases is about four weeks.

Each case is treated on its own merits as far as possible. The treatment is practically that which is detailed below, varying from day to day according to the stages through which the urethritis passes.

ACUTE ANTERIOR URETHRITIS.

(1) Diagnosis. The usual subjective symptoms are present, and the urine passed after the anterior urethra has been thoroughly irrigated is clear by transmitted light and contains no filaments. If a haze is present in the urine, one should make sure that it is not due to phosphates, sandalwood oil globules or bacteriuria. Phosphates dissolve on adding acetic acid, while sandelwood oil globules and bacteria can be seen under the microscope. Thereare other fallacies but they are much rarer.

(2) Treatment. General antiphlogistic measures are of importance. The patients are put on a light but nourishing diet, and are instr--ucted to remain in their beds during the greater part of the day. Should the case be very acute the man is put into the Sick Ward for several days for close observation.

The most important part of the active treatment is the careful and rational use of Potassium Permanganate. Five strengths of solution are used, from 1 in 5000 to 1 in 1000, made up from a 2½% stock solution. If the case is very acute one may have to start with a very weak solution, say 1 in 8000, but usually one can start with 1 in 5000, and in less acute cases 1 in 4000,

and quite often, when the disease begins very mildly, with 1 in 3000.

All cases of anterior urethritis are irrigated by the trained orderlies on the Irrigation Tent Staff, for every effort is made to prevent the spread of the disease to the posterior urethra. Anterior irrigations are used in this stage, and at the beginning they are usually ordered twice a day, the patient being instructed to pass urine immediately before the treatment.

The amount ordered is from 2 to 4 pints, a pint being reckoned as the amount of fluid used in distending the anterior urethra 40 or 50 times according to the size of the urethra.

The strength of the solution is increased every few days in accordance with the patient's tolerance, no discomfort of any kind being allowed to occur through irrigation. If pain is caused, the integrity and fighting power of the tissues is being impaired. After a week or ten days the strength may have been advanced to 1 in 1000; no stronger solution of permanganate is used in the anterior urethra.

As soon as the urine is clear, subjective symptoms absent, and the discharge reduced to a morning drop (usually in from 5 to 10 days) anterior urethroscopy is performed.

By means of the urethroscope two important objects are achieved at this stage. Firstly all infected ducts and follicles of Littre' are destroyed by passing into their lumina a fine probe dipped in pure carbolic acid, and secondly any early infiltration of the sub-mucuous tissues is discovered. It is now well known that the pathological processes are further advanced in and around the urethral glands; for this reason the early destruction of all infected glands is extremely valuable. If areas of sub-mucuous infiltration are discovered, their progress is watched by urethro--scopy once or twice a week; in many cases they will be observed to disappear by natural resolution, but in cases where they remain careful treatment by Kollmanns dilators will cure them in several weeks.

The performance of Urethroscopy is repeated several times in each case in order to note the result of the operative measures, and to make sure that no more follicles have become infected.

Once the Urethritis is well under control (i.e.in the sub--acute stage of anterior urethritis) the strength and amount of the irrigating solution may gradually be diminished; furthermore the irrigations are only needed once a day.

When the patient is almost free from the morning drop, provided the urine is transparent and contains only a few filaments (that is, in the chronic stage of anterior urethritis), the irrigations are stopped and an anterior injection of 2 or 3 drachms of silver nitrate solution is given. A solution varying from 1 in 500 to 1 in 100 is used and is retained for 10 minutes, being renewed several times in this period. This injection is best preceded by a gentle massage of the anterior urethra over a straight 13 ccm sound in order to open up all blocked ducts and stimulate the urethral wall. The strong silver solution serves a double purpose, diagnosis and therapeusis. In the slight reaction--ary discharge produced, organisms are often discovered, while the

moderate dgree of inflamation excited is of great value in casting off any remaining infection. The strength of the first injection should be 1 in 500 or 1 in 400. The injection may need repeating 5 days later, when a strength greater by 1 in 100 is used; several injections may be needed before a cure is obtained, but the results are usually very gratifying.

ACUTE POSTERIOR URETHRITIS.

Diagnosis. The subjective symptoms denoting irritation of the vesical orifice are present, and the urine passed after preliminary cleansing of the anterior urethra is hazy with puss and contains many filaments.

Treatment. It should be realised that once the disease has reached the deep urethra it is going to run a course which will last 6 to 9 weeks from the the onset of the urethritis, and will not be hurried along by any heroic means. The other important point to remember is that the posterior urethra is physiologically very different from the anterior, being far more delicate, sensitive and absorptive. Its mucosa must therefore not be traumatised by forcing fluids into the bladder at this stage. Anterior irrigations alone are used and are employed simply to combat the disease in the anterior urethra, while the posterior urethra is treated directly only by antiseptics excreted in the urine after the exhibition of suitable drugs. For this purpose the most useful agent is sandelwood oil, but care must be taken that no renal ~~or~~ or gastric intolerance is set up by its employment. The routine dose used is 7 minims after each meal, the oil being combined in a mixture with potassium citrate, tinct of hyoscyamus and infusion of buchu. The same mixture is employed in most case of acute anterior urethritis.

Strict rest in bed is of the greatest importance, and the patient is always warned of the danger to his testicles and joints in this stage. When the subjective symptoms are urgent, a hot bag to the perineum and morphia Suppositories are very useful. Hypodermic injections 1/150th gr. of atropine are given twice a day to prevent the onset of epididymitis (Schindler's method). The diet of course is severely restricted both in quality and quantity for some days.

After one or two weeks of careful treatment the subjective symptoms disappear, and the patient is put into the class of sub-acute posterior urethritis.

SUBACUTE POSTERIOR URETHRITIS.

Diagnosis. No subjective symptoms are present, but the urine passed after cleansing of the anterior urethra is still cloudy with pus and contains filaments.

Treatment. A patient may be brought back gradually to a full diet, and is allowed to walk about but is instructed to indulge in no heating exercise. The internal drugs are discontinued, for their action is now small.

As soon as this stage is reached urethro-vesical

irrigations are instituted. The frist few days irrigations are performed by trained orderlies, and after this practically all men are able to carry out the manoeuvres themselves. One pint of fluid is used to cleanse the anterior urethra, then the bladder is filled with ~~a xxxxxxx~~ the solution, emptied by micturition, filled once more then emptied again.

The strength at the commencement is 1 in 5000, and the irrigations are given twice a day. The concentration is advanced by 1 in 1000 once or twice a week provided it is causing no discomfort. The strongest solution used in the posterior urethra is 1 in 2000, and by the time this strength is reached the urine may show signs of becoming free from the haze of pus. Once the urine becomes transparent the strength and frequency of the irrigations are fairly quickly diminished until at the end of another week or so the man is receiving only one irrigation a day of 1 in 5000 permanganate.

At the beginning of this sub-acute phase the prostate should be examined and massaged. The macroscopic appearance of the expressed fluid combined with the ~~xxxxx~~ information obtained from palpation of the gland may be taken as a fair guide to its state, but in cases of doubt the secretion should be examined under the microscope. I have seen Gonococci in smears made from a prostatic expression that was quite aqueous in appearance, and on the other hand nothing but epithelial cells in a scretion that appeared thick and creamy.

The prostatic massage is continued during this stage once or twice a week according to indications. Of course the vesicles are similarly treated if they are found to be diseased.

CHRONIC POSTERIOR URETHRITIS.

Diagnosis. No discharge may be present, but the urine contains filaments of pus or epithelium; the body of the urine ~~is~~ however is transparent. No subjective symptoms are present except vague loin or perineum pains in a few cases.

Treatment. The weak urethrovesical irrigation is continued once a day for one or two weeks after all haze has disappeared from the urine, the prostate and vesicles being massaged meanwhile if massage is indicated.

The ant. urethra must not be forgotten, and now is a favourable time to make sure whether it is free from disaese or no, Urethroscopy, palpation and massage over straight sounds, and injections of silver nitrate solutions (1 in 500 to 1 in 100) are the most valuable means for this purpose.

When the urine has been clear for a week or two, the urethrovesical irrigations are discontinued and the patient is instructed not to attend the early morning "urine parade". He then parades to the operating theatre every five days to receive massage of the prostate and silver instillation. The routine is as follows:- The prostate is massaged, the state of the gland and the appearance of the fluid being noted. Smears are made from the fluid for microscopy if the most certain information is

required. After massage the man is directed to pass water into two glasses, and the condition of the urine is noted. He is then put on the operating chair and receives a posterior instillation of strong silver nitrate solution.

One cubic centremetre of a 1% solution is instilled on the first occasion, the strength being increased by 1% every five days until a suitable reaction is produced. The strongest solution used is 5%, but some patients will stand up to this strength without any discomfort or local reaction. Usually however the effect is pronounced and completes the cure in the majority of cases.

Bacterins are sometimes given in this stage as an extra help in resistant cases. The usual organisms used are Gonococci, Staphylococci and Bacillus coli. Autogenous bacterins are made when-ever possible, their preparation being effected at the No 2 A.S.H. by Major F.Guy Griffiths, A.A.M.C.

ANALYSIS OF 300 CASES OF GONORRHOEA, TREATED BETWEEN NOVEMBER 1917 AND MAY 1918.

NUMBERS. Fresh Infection 253

RELAPSE CASES.

(a) After previous treatment here 29

(b) From outside sources 18

AVERAGE DURATION.

Fresh Infections.

Admitted as Anterior Urethritis and remained so
28.6 days (97 cases).

Admitted as Posterior Urethritis
59 days (151 cases).

Admitted as Ant.Urethritis but developed Post.Urethritis
52 days (5 cases).

Relapses.

Average duration 57 days (47 cases).

A glance at the reports for May, June and July 1918 will shew that the results are practically the same when the whole of the cases treated are taken into account. The above 300 cases were all treated by me, and include the majority but not all of the cases treated in the period between November 1917 and May 1918. Captain Vance AAMC has been assisting me since February first 1918, but the cases he treated are not included in the above analysis as it was originally intended as a study of cases personally treated. It will be seen that over 95% of cases received as anterior urethritis are saved from the developement of posterior infection, a highly desirable object.

SYPHILIS.

The treatment of Syphilis varies a good deal in diff--erent Army Hospitals, but the underlying object common to all is to render the man non-infective and fit in a reasonably short period. To accomplish this, various routine methods of using Arsenic and Mercury have been devised, but it is found that the same dosage does not suit all men and indeed the bodily reaction to these drugs vary greatly. It is probably better to consider these idiosyncrasies and treat each case as far as possible on its merits, even though it entails some inconvenience in an Army Hospital. From June to November 1917, Galyl was used and found to be less toxic and just as potent as the Salvarsan group. Some figures are attached which give the results obtained from the later observation of over 30 of these cases; they speak very highly for the efficacy of Galyl. Since November 1917 the Salvarsan group has been employed with gratifying immediate results.

PRIMARY STAGE. In this stage the diagnosis by clinical means is often very easy, but on occasions it is doubtful or difficult, Men are often uncertain about possible incubation periods, and the clinical signs may be indefinite. In such cases one leans for help on the Wassermann Test and the microscope. The former however is of very little use in the rejection of a diagnosis of Syphilis until at least 7 weeks have elapsed, so the microscope is relied upon to dispel one's doubts. Unfortunately practically all penile sore cases are energeti--cally treated with antiseptics on the way from the Front Line, so that failure to find the Treponema Pallidum does not definitely reject a diagnosis of Syphilis. Were these sores treated before admission with nothing but boiled water or normal saline, many more diagnoses of Syphilis would be made by means of the microscope.

After admission, all sores suspected in the least degree to be syphilitic are treated with normal saline only, while repeated microscopic examinations are made over as long a period as may be thought necessary.

The Wassermann tests were performed up till October 1917 by Major N.H.Fairley AAMC at the No 14 A.G.H. and since October 1917 by Captain K.A.McLean RAMC at the Ismailia Laboratory Car.

The microscopic methods include dark background illumin--ation and staining by Tribondeau's modification of Fontana's silver nitrate method; the latter is a particularly useful and satisfactory method. These examinations are made by Major F.Guy Griffiths AAMC at the No 2 A.S.H.

Treatment by Arsenic. Galyl, Salvarsan, arsenobenzol, and Kharsivan have all been used; Galyl seems to be the least toxic and is quite potent. This drug is used in doses of 0.2 or 0.3 gramme twice weekly for the first two weeks; then an interval of three weeks is allowed after which similar doses are given twice in the succeding week.

This makes an ordinary course last six weeks.

The drugs of the Salvarsan group are used differently the dose varies from 0.2 to 0.5 gramme, and exceptionally 0.6 gramme; four injections are given at intervals of 1, 2 and 3 weeks, so that the full course lasts six weeks with an interval of 3 weeks between the thrid and fourth injections. The first dose varies with the man's weight physical state and previous illness history. Succeeding doses depend upon the reaction following the first one.

Mercurial treatment, is prefaced by a thorough dental examination. The drug is administered intra-muscularly as grey oil in doses varying from 0.3 to 0.6 c.c. It has been found that the dose of 0.6 cc injected weekly causes salivation and gingivitis in the majority of cases, but if the dose is reduced as soon as slight tenderness of the gums commences, the patient can continue a full diet comfortably. The grey oil injections are given weekly during the whole of the man's stay in hospital.

A Wassermann test is performed at the end of the course, and if it is negative and no clinical signs of syphilis are present, the man is discharged.

SECONDARY STAGE. The matter of diagnosis in this stage is very seldom difficult, and moreover a negative Wassermann is compara-tively of high value in rejecting a diagnosis of syphilis.

The course of treatment is essentially the same as that outlined for the primary stage, except that in cases of late secondary syphilis, iodides are administered as well. Potassium Iodide is exhibited in a simple mixture with aromatic spirits of ammonia and chloroform water. It is taken in a ½ pint of water one hour after each meal in order to minimise gastric intolerance. The dose is gradually increased from 5 to 30 or 40 grains three times a day.

At the end of the six weeks course, all clinical signs of syphilis have usually disappeared, but if the Wassermann reaction is still positive (as it occasionally is) the patient is kept in for another two weeks, given another Salvarsan and two grey oil injections, and then discharged even though the reaction has not been rendered negative by the extra treatment.

TERTIARY STAGE. The same scheme of treatement is followed, except that Iodides are given from the start and gradually increased. On the first appearance of any signs of iodism they are reduced and kept going atasuitable level.

It is quite often found that even at the end of an eight weeks course (which includes 5 Salvarsans) the Wassermann Reaction is still positive. It is useless to keep a patient in

S.M.O.,
Anzac Training Centre,
Moascar.

Medical Officer,
D.M.C.Rest Camp,
Port Said.

No.....Rank.....Name.....Unit.....
has had Antisyphilitic Treatment in this Hospital consisting of.....
.....

He should continue to have gr iii to gr vi Hyd c Creta daily for 3 months, the dose to be diminished if oral disturbance occurs.
he should be returned here for Wassermann Test in.....months. This letter should accompany his papers on transfer to his Reg. or Other Unit.

.....
C.O. No. 2 Aust. Stat. Hospital.

MERCURIAL TREATMENT SLIP

Admitted.....Hospital on.....
Discharged.....Hospital.on.....
Wasserman Re-actions.....on.....
Treated while in Hospital with.....
.....
.....
.....

Recommended 3-6 grains Hyd.c Creta or other mercurial equivalent daily for 3 months; dose to be regulated by oral condition of patient.
He should return to No 2 A.S.H. for blood examination on.....

.....
Medical Officer i/c
No 2 A.S.H.

Record of treatment on duty.

Week ending	Mercury taken	Initials of M.O.

any longer simply because of this, for all clinical signs have disappeared, he is not infective, and his health is injured if fur--ther treatment is persisted in.

Treatment in the Field. Appended to this report will be found the two slips which are filled in when a man is discharged from hospital anti-syphilitic treatment. They have been devised that suitable mercurial (and if necessary iodide) treatment is kept up in the Field.

A letter is sent to the O.C. of each man's Unit four months after the first course, and after that every six months, asking that he be sent back to hospital for examination. If the Wassermann Reaction is found to be positive one or two injections of Salvarsan are given, as well as grey oil intramuscularly each week. After two or three weeks the reaction will negative again & the man is discharged to the Field.

So far it has never been found that clinical signs of Syphilis are present in the cases of return for examination; but the Wassermann is found occasionally to have changed to a positive reaction.

After the man has been under observation and treatment for two years he is discharged as cured, provided he shews no indi--cation of a relapse during the second year of the treatment.

STUDY OF 37 CASES OF SYPHILIS TREATED WITH GALYL AND MERCURY.

Immediate Results.

Course:- the same as that outlined in the Text (6 weeks extent)

	Prim.	Secy.	Tery.
Total numbers treated	19	17	1
Freed from all clinical signs but not from positive Wassermann	2	2	-
Negative Wassermann with no clinical signs at end of course	17	15	1

The resistant cases (2 primary and 2 secondary) were dealt with by extending the course to 8 weeks in all, giving two more Galyl injections and two more grey oils; in all four cases the Wassermann was converted to a negative reaction.

Results of later observation.

The above 37 cases were re-examined at periods varying from 4 to 10 months after the original course. It will be noticed that no relapse or clinical signs was observed in any.

Treated originally for primary Syphilis. - 19 cases.

No relapse of clinical signs in any.

Wassermann positive in 3 cases (One ~~XXX~~1 plus, one 2 plus, and one 4 plus)

Treated originally for Secondary Syphilis. - 17 Cases.

No relapse of clinical signs in any. Wassermann positive in 7 cases (Five 1 plus, One 3 plus, and one 4 plus)

Treated originally for Tertiary Syphilis. - 1 Case.
On return no relapse of clinical signs or Wassermann.

TREATMENT OF 54 CASES OF SYPHILIS BY SALVARSAN AND MERCURY.

This Table includes immediate results only, as the results of later observation are not yet to hand in sufficient numbers.

The Salvarsan includes original Salvarsan, Kharsivan and Arsenobillon.

Course the same as that outlined in the text (6 weeks extent)

	Prim.	Sec.	Tery.
Total Numbers treated	32	21	1
Freed from all clinical signs but not from positive Wassermann	4	7	-
No clinical signs and a Negative Wassermann at end of course	28	14	1

The four resistant cases of primary Syphilis were dealt with by lengthening the course by two weeks, giving one more Salvarsan injection and two more grey oils. In two of the four cases the Wassermann was changed to negative; the other two men were discharged to the Field with a positive Wassermann.

The seven resistant cases of Secondary Syphilis were dealt with in a similar manner. In five of the seven the Wassermann was changed to Negative, while the other two men were discharged.

C H A N C R O I D.

Whenever the diagnosis of a penile sore is in doubt, the lesion is treated with normal saline solution and sterile gauze examinations being made meanwhile in the attempt to discover the treponema pallidum. The examination is repeated as long as any doubt remains, and after two or three weeks a Wassermann Test is performed.

The treatment of the typical chancroid lesion varies accord--ing to circumstances but is usually carried out with Black Wash and Iodorform Powder. Occasionally Hypertonic saline or Eusol is employed.

The routine is as follows:- The sore is rubbed with Black Wash by means of wool mounted on a metal stick until all necrotic material is removed. The man is then instructed to expose the sore to the sun's rays for half an hour, after which period the surface of the ulcer is rubbed over with iodorform powder and then covered with sterile gauze. If the surface appears indolent, flabby or glazed, it is cauterised by means of the copper sulphate stick, liquified carbolic acid, or 50% zinc chloride solution once or twice a week until it shews a healthy granulating surface,

In very resistant cases the surface is treated with Zinc ionisation;,the technique of ionisation will be described below.

When the ulcer has reached the healing stage Red Ointment is applied to hasten the cure.

When any sign of enlargement or tenderness of the Inguinal glands appears the patient is put to bed, given calomel regularly, and allowed only a medium diet. The skin over the commencing bubo is inuncted lightly for 20 minutes twice a day with Scott's Dressing, covered with an ice bag during the whole day, and bandaged firmly at night; in addition 30 minims of fibro lysin are injected near the swelling every three days.

By this means the majority of commencing buboes are made to resolve. Should suppuration occur, or definite caseation of the glands be suspected, nothing is to be gained by waiting, so an anaesthetic is administered and the bubo opened. The incision should be made over the whole width of the swelling along a line paralelly to the inguinal ligament. All Loculi are broken down with the finger and all necrotic glands and other dead tissue removed with a spoon. Provided a gland is not definitely caseous it need not be removed, for the after treatment by ionisation deals with any infection in its body. After the curettage the cavity is packed with iodorform gauze; this is left in from 24 to 48 hours and after that dressed twice a day by cleaning with Eusol and packing with Iodorform Gauze.

After 3 or 4 days Zinc Ionisation is employed. No general anaesthetic is needed for cocaine ionisation precedes the painful process of ionisation by Zinc, To ionise with cocaine fill every part of the cavity with wool soaked in 4% cocaine hydrochloride and over this place an aluminum or platinum electrode shaped to fit the cavity as well as possible. This electrode is made the positive pole of the battery.

To ionise with Zinc the same procedure is followed, the solution use however being 4% Zinc Sulphate and the Electrode being of pure Zinc.

Both for the cocaine and Zinc Ionisation, 3 milliamperes of current are used for each square centimetre of surface in the cavity, and the current is allowed to flow for 10 minutes. In cases where the surface needs stronger cauterisation, up to 25 milliamperes may be used for each square centimetre of surface. For one or two days after the ionisation the wound needs dressing with a soothing starch poultice renewed two or three times a day; after that the eusol and iodoform treatment is resumed.

The immediate effect of Zinc ionisation is to leave a white cauterised surface, which disappears in one or two days leaving a healthier granulating cavity with a much smaller secretion of pus. One or two more ionisations may be required to render the whole cavity healing and entirely free from pus. To finish the cure quickly lotio rubra dressings are employed, and later on unguentum rubrum.

The great advantage of this method is that many of the gland bodies are preserved, the scar which follows therefore being less depressed and less troublesome from dragging. The time taken in healing is accelerated very much by the ionisation, in very many cases being halved.

---------- HEADQUARTERS.

March 7th, 1916.

Lieut-General Sir W.R.Birdwood, K.C.S.I., K.C.M.G., C.B., C.I.E., D.S.O., commanding A.&. N.Z. Forces.

I have the honour to bring under your notice a communication made on 19-1-16 marked "A". This letter was written after the gravest consideration and with a sincere hope that the appalling condition of Cairo might possibly be remedied, and the military situation would permit of troops under your command being trained and kept out of Cairo.

At present 1957 men are under treatment. During the month of February the Admissions to Detention Baracks show the alarming number of 1246. On one day in February 86 cases and on many others over 60 cases were admitted. About 70 or 80 are still undertreatment at Alexandria, and I have reason to believe that a very big number of men are being treated privately.

Until lately a certain amount of difficulty has arisen in treating this class of case but every effort is now being made to effect a complete cure. A Royal Commission sitting in London has lately reported on the seriousness of Venereal Disease amongst troops, and has pointed out the necessity of guarding the present and future generations.

I respectfully submit with all due diffidence, that if the military situation will not permit of all Reinforcements being kept out of Cairo, it will again be necessary for me to apply to my Government for another special Staff, so that I may provide further accommodation for two thousand more Venereal Cases.

AJS.

AUSTRALIAN IMPERIAL FORCE.

HEADQUARTERS.
A.I.F. ~~INTERMEDIATE BASE~~,
Hotel Victoria,
8, Sharia Shawarbi Pasha,
CAIRO, 191

Telephone Nos. 4255-6-7.
Teleg. Address:
"STRALIS, CAIRO."

(A)

I have the honour to bring under the notice of the L.G.C.,A, & N.Z. Army Corps.

1. The large number of your Corps who are suffering from Venereal Disease.

2. The prevalance of Venereal Disease in the big towns of Egypt, and the many temptations which beset young men on their first introduction to Eastern life.

3. The majority of the reinforcements now arriving are drawn from country districts in Australia and New Zealand, consequently they have not been exposed to the ordinary temptations of city life.

4. Australians or New Zealanders have very little acquired or ~~xxdixxx~~ racial immunity, consequently Venereal Disease is a very serious thing, and not only greatly reduces your Corps as a fighting force but causes in a number of cases irreparable damage which renders them permanently unfit for service and entails a heavy charge against the finances of Australia and New Zealnad.

5. For many months past a serious form of Cerebro Spinal Meningitis has been prevalent in many large military camps of Australia. This elusive disease, about which at present very little is known, may possibly be introduced in a large city as overcrowding is alleged to be the main factor in predisposing men to this malady.

I respectfully submit that each of these factors requires the very gravest consideration, and I consider it my duty as your Director of Medical Services to

AJS.

AUSTRALIAN IMPERIAL FORCE.

A.I.F. INTERMEDIATE BASE,
Hotel Victoria,
8, Sharia Shawarbi Pasha,
CAIRO,

Telephone Nos. 4255-6-7.
Teleg. Address:
"STRALIS, CAIRO."

19/1/1916

(2)

earnestly request, if the exigencies of the Service will permit, the selection of a Training Camp which will minimise in every way possible the dangers referred to in this communication.

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

HEADQUARTERS,
4th. AUST. INFANTRY BRIGADE.

ISMAILIA
13th. January 1916.

PREVENTATIVE TREATMENT OF VENEREAL DISEASE.

Provision will be made at the 4th. Field Ambulance whereby men of this Brigade will be provided with preventative treatment for venereal disease. This treatment will be available at any time during the day or night beginning on a date which will be notified.

Every opportunity will be given to the men to avail themselves of the treatment and it is earnestly urged that no man of the Brigade should neglect to secure this advantage.

All men who have exposed themselves to the possibility of infection should report as soon as they enter the camp to the tent which will be provided for the purpose. The most important point to be observed by the men is that treatment must be given as soon as possible. The earlier the treatment is given after exposure, the less the liability of contraction of venereal disease.

It should be pointed out to the men that the results from the treatment which is to be instituted have proved that in nearly every case the onset of venereal disease is prevented provided that treatment is given early.

A record will be kept of the names of all men who are thus treated, with a few particulars in each case, but the men will clearly understand that this record is quite private and for the use of the Medical Officer only, in order that notes may be made as to the efficacy of the treatment.

It cannot be too strongly urged that no man in the Brigade should be allowed to neglect simple precautions which will probably, if thoroughly carried out, reduce the occurrence of venereal disease in this Brigade to an absolute minimum.

It is also pointed out that it is advisable for all men who return to camp after overstaying leave and all men who are drunk should be brought to this tent for treatment.

This treatment will be provided free to all men who have exposed themselves to the risk of infection. No Official Record will be kept and for their own sakes the men should avail themselves of the opportunity.

Any further information can be obtained by the men at the tent, at the 4th. Field Ambulance, where this treatment will be carried out.

sgd. A. Jamieson Meikle.

Lieut. Col.

ISMAILIA
12. 1. 16.

O.C. 4th. Field Ambulance.

SUGGESTIONS TO MEDICAL OFFICERS REGARDING THE CARRYING OUT OF THE EARLY TREATMENT OF RECENTLY CONTRACTED URETHRITIS & SYPHILIS.

(I) In a convenient urinal or other place hang an enamelled iron slop pail to contain 1 in 3,000 Potassium Permanganate solution. Syphon the solution off by means of a rubber tube, with a rigid bridge where the tube hangs over the rim of the pail, and fitted with a spring clip to control the flow.

(II) Provide six Glass Janet Nozzles in a basin containing 1 in 2,000 Perchloride of Mercury.

(III) Have mackintosh aprons with convenient holes in them and some receptacle, if necessary, to catch the outflow.

(IV) Provide a pot of Ointment of this formula :-

Calomel,	33
Lanolin,	100
Vaselin,	10

(V) Hang up the "Directions for use of the early Treatment Apparatus" prominently in the place set apart for this purpose.

(VI) An attendant to keep the apparatus in order, and to see that it is properly used, is essential.

(VII) Before using irrigator read carefully the following instructions:

(1) Take one of the glass nozzles out of basin in cupboard and insert the long end into the rubber tubing. Do not soil the flanged end with the fingers.

(2) Pull foreskin back and wash penis well by directing a stream on to it from the irrigator (Held in R. hand and controlled by the spring clip).

(3) Shut off stream by releasing the spring clip.

(4) Now insert flanged end of glass nozzle into the orifice at end of penis (The nozzles are of different sizes). Compress the spring clip and allow some of the fluid to run into the penis. Remove nozzle and pass water into the pan. Repeat this two or three times in order to syringe out well the urethra (the canal through which you pass water.)

(5) Remove nozzle from rubber tubing.
Wash it by holding in left hand and directing a stream from the irrigator on to it.
Replace nozzle in basin of antiseptic contained in cupboard and replace end of tubing in basin or bracket.

(6) Wipe penis and apply the CALOMEL OINTMENT. Rub the ointment well into every crevice and under the foreskin.

See that the tap under the tank is "On". There is no need to turn this off after using. The spring clip is sufficient.

If there is no Calomel ointment in the cupboard obtain some from the orderly the next morning.

THE IRRIGATOR IS USED TO PREVENT GONORRHOEA. (Clap)

THE OINTMENT IS USED TO PREVENT SYPHILIS (Pox) and SOFT CHANCRE.

To lessen the chances of contracting disease, syringe yourself and apply the ointment as soon as possible after sexual connec--tion.

Because you may have omitted to do this after returning to the Camp on the day you have had connection, do not think it is too late, but use irrigator and ointment at the first opportunity.

The sooner you take precautions, the less likely are you to contract disease.

LECTURE ON VENEREAL DISEASE.

(q) Two distinct Venereal Diseases - Gonorrhoea and Syphilis.

(a) Gonorrhoea. Always caused by infection during coitus; no other source of infection.

Symptoms. Description of those early symptoms which should give rise to suspicion of infection; importance of early commencement of treatment and of complete cure.

Sequelae. Posterior Urethritis. Epididymitis.

Late results in uncured cases; Gleet, Stricture, Sterility, Infection of wife and children.

Gonorrhoea is not a disease to be regarded lightly, being often more difficult to cure than Syphilis.

(b) Syphilis. Usually result of infection during coitus but may be got in other ways.

Course. Primary, Secondary and Tertiary stages.

Cure is very much easier if begun during the primary stage; the first sign is a chancre, the case can be diagnosed with certainty then if then reported.

Infectivity of Syphilis to others.

Complication and sequelae: Bars, Eyes, Bones, Nervous system.
Sequelae to others: Congenital Syphilis.

Efficacy of modern treatment if persevered in.

(11) The only sure way to avoid Venereal disease is to abstain from promiscuous sexual intercourse. A large proportion of prostitute registered or unregistered are infected with V.D. in spite of examination, which is no guarantee of absence of disease. Further, application and preventatives, etc., while lessening the risk of V.D. are not certain. To contract V.D. is a serious thing for the individual to say nothing of the loss to the Army from the point of view of man-power.

(111) Continence is not harmful to the strongest or most vigorous man, nor is indulgence in sexual intercourse in the slightest degree a necessity.

(1V) If sexual intercourse has been indulged in steps should be taken as soon as possible afterwards use antiseptic measures to kill any infection which may have been received. This consists of washing out the uretha with Lot. Pot. Permang. and Rubbing carefully over the whole of the glans penis with Calomel Ointment. 30% facilities for applying treatment will be provided at all places where they ae likely to be required including Cairo and Alexandria. It is most important that men should take the little trouble involved in early preventive treatment and probably avoid many weeks of subsequent disability and probable ill-health for years.

(V) If, however, any suspicious sign of V.D. should appear then report at once and conscientiously follow out treatment ordered.

COPY

Australian Imperial Force in Egypt.

Commandant,
Administrative Headquarters, A.I.F.,
LONDON.

No. 180/294 17-8-1918

With reference to attached correspondence it is regretted that since the occupation of Southern Palestine, Venereal Disease in the A.I.F. in Egypt has much increased, and the reduction in the forfeiture of pay (A.I.F. Order 1282 dated 2/7/18) will not mend matters. It is considered that some steps similar to those adopted by the N.Z.E.F. should be taken.

It is recommended therefore that Orders be issued to all ranks that in the event of their having sexual connection, they will present themselves with the least possible delay for treatment at the nearest Prophylactic Station, where their names of course will have to be recorded confidentially, only to be disclosed in the event of patients contracting venereal disease. In each case where any member contracts the disease and has not availed himself of the treatment he will be punished for disobedience of Orders.

In the event of this being approved, the issue of individual prophylactic outfits might be discontinued.

(sd) H.G.Chauvel. Lieut-Genl.
Commanding A.I.F. in Egypt.

ADMISSIONS TO HOSPITALS (Contd).

4th.M.T.C.	13263	King	E.J.P.	Northamptonshire War	Debility	2.7.18(F)
3rd.D.Train	11238	Owen	C.W.	ditto	Debility	2.7.18(F)
2nd.M.T.C.	75	O'Connor	J.J.	Fovant M.H.	Influenza	1 .7.18
2nd.M.T.C.	6179	Ward	W.J.	Maudsley Neuro.Clg.H.S.E.	Hysteria slt.	2.7.18(F)

TRANSFERS TO HOSPITALS.

3rd.D.Train	14098	Hopkinson	E.R.	3rd.Aux.Hos.	Fr.Skull Base	3.7.18
4th.M.T.C.	12745	Hickson	F.B.	3rd.A.H.	PUO DAH	3.7.18
2nd.M.T.C.	853	Wake	G.G.	1st.Aux.Hos.	L.Pleru.PUO	3.7.18

DISCHARGES FROM HOSPITALS.

3rd.D.Train	11242	Ashmore	H.H.	Fur.rep.1st.C.D.	Tr.Fever	4@18.7.18
A.M.T.S.	950	Dangerfield	A.J.	Dis.Tng.Depot	Inj.Sto.Face.Chest	3.7.18
2nd.M.T.C.	13075	Page	[illegible]	Dis.rep.1st.C.D.	Influenza	2-13.7.18

A. A. M. C.

ADMISSIONS TO HOSPITALS.

3rd.A.A.H.	3200	Bertram	C.	3rd.Aux.Hos.(Ex.Staff)	Influenza	2.7.18
4th.Fld.Amb.	1011	Evans,Jnr.	R.	Reading War H.	Tr.Fvr.slt.	1.7.18(F)
10th.Fld.Amb.	12300	Gibbs	T.E.	Queen Marys,Stratford (Colchester GMH)	Gsd.slt.	28.6.18(F)
11th.Fld.Amb.	11154	Kurtz	D.M.	ditto	Gsd.sev.	28.6.18(F)
Dtls.A.M.C.	5380	Meffert	G.	Fovant M.H.	Emphysema	1.7.18
Dtls.A.M.C.	1871	Moss	L.	3rd.Aux.Hps.(Ex.Staff)	Influenza	2.7.18
6th.Fld.Amb.	1260	Markey "MI"	A.	1st.Aux.Hos.(Ex.HQ)	Influe.	2.7.18
13th.Fld.Amb.	13342	Quick	W.L.	3rd.Aux.Hos.(On lve)	.NYD	4.7.18
9th.Fld.Amb.	11888	Whitel[illegible]	P.N.	Reading War H.	Conc.Abrasions	1.7.18( )

TRANSFERS TO HOSPITALS.

11th.Fld.Amb.	12600	Braodbent	R.	3rd.Aux.Hos.	Gas Psng.burns	3.7.18
11th.Fld.Amb.	12590	Battye	A.F.	1st.Aux.Hos.	GSP	3.7.18

D. A. A. G.,
N.Z.E.F. in Egypt.
A. & N.Z. MOUNTED DIVISION.

Reference your E.N.Z 56/2 dated 2/8/18.

The G.O.C. has gone into this matter with the D.D.M.S. A.I.F. in Egypt, and the Commandant, Australian Headquarters, Cairo, and it is considered that :

(a) The fact that names will be recorded on receipt of Prophylactic treatment will keep many men from availing themselves thereof.

(b) The G.O.C. has no power under A.I.F. Regulations to punish men for not presenting themselves for prophylactic treatment.

(c) The receipt suggested, unless it bears the man's name will be of no value, as it might be passed from one to another.

He therefore does not propose at present to take any steps in this direction, but the whole matter is, however, being referred to the G.O.C., A.I.F.

In the meantime as much publicity as possible is being given by Orders, Circulars, etc., to the location of prophylactic Stations, and in addition, prophylactic outfits with instructions for use will shortly be available for issue.

Sd. C. T. Jarman Captain.
for Lieutenant-Colonel.
A.A.G. A.I.F. in Egypt.

C O P Y.

Australian Headquarters, (Egypt)
CAIRO, 13th August 1918.

No.27790
A.A.G., A.I.F. in Egypt,
Headquarters,
Desert Mounted Corps.

In reply to your 180/294 of the 7-8-18, I am very much against the recording of names at the Prophylactic Stations. There are a great many points against such a procedure. I doubt whether you could legally make any man record his name as having had sexual connection in a country where ther are "no prostitutes". He is providing circumstantial evidence for an irate husband to requisition him as a co-respondent in a first class Divorce case. I agree with Colonel Downes in his remarks that the Prophylactic Stations are not sufficiently well known to the men. Commanding Officers and the M.O's of each Regiment should be held responsible that this information is freely and periodically circulated. A supply of 5000 Prophylactic outfits per month is being forwarded from London for distribution. I suggest that these be sent direct to Commanding Officers of Units. These outfits contain tubes of specially prepared preventatives with instructions. They would be of great assistance to the troops under their present circumstances.

(sd) D. FULTON. Lieut. Col.
COMMANDANT.
AUSTRALIAN HEADQUARTERS. EGYPT.

I.B.517.5.7.18. A. A. M. C. (Contd). G.

TRANSFERS TO HOSPITALS.(Contd).

9th.Fld.Amb.	11922	Campbell	J.S.	3rd.Aux.Hos.	SW R.arm	3.7.18
3rd.A.G.H.	6622	Dundas	C.H.	1st.Aux.Hos.	Dilation Heart	3.7.18
3rd.A.G.H.	669	Fox	C.D.	3rd.Aux.Hos.	Rheum.Dbty.	3.7.18
2nd.Fld.Amb.	8195	Midwinter	A,	1st.Aux.Hos.	Tr.Fever	3.7.18
9th.Fld.Amb.	12101	Zocchi	J.H.C.	1st.Aux.Hos.	Schlates Disease periostitis	3.7.18

DISCHARGES FROM HOSPITALS.

A.A.N.S.	S/N	Cave	E.J.	Dis. duty	Appendicitis	2.7.18
A.M.C.Dtls.	6988	Cornes	F.	Dis.Tng.Depot	Influenza	2.7.18
3rd.A.A.H.	13286	Ennis	D.	Dis. duty staff	3rd.AH. Influenza	3.7.18
6th.Fld.Amb.	8838	Hendy	H.L.	Fur.rep.4th.C.D.	Gas psn.	3-17.7.18
A.A.M.C.	Capt.	Jennens	V.C.	Dis. Unit	Influenza	2.7.18
A.M.C.Dtls.	419A	Limbrick	H.C.H.	Dis.Tng.Depot	Influenza	2.7.18
11th.Fld.Amb.	12734	Lorrain	F.B.	Fur.rep.2nd.C.D.	Tr.Fvr.	4-18.7.18
9th.Fld.Amb.	12015	McKay	A.	Dis.3rd.C.D.	GSW R.thigh	4.7.18
Dental Service	6384	Shilland	D.	Dis.1st.C.D.	Influenza	3.7.18
3rd.A.G.H.	10329	Tyrrell	A.E.	Fur.rep.4th.C.D.	Rheumatism	4-18.7.18
15th.Fld.Amb.	17699	Wall	E.	Fur.rep.3rd.C.D.	Gsd.shell	4-18.7.18

MISCELLANEOUS.

DEATHS.

A.F.C.	2/Lt.	Bartley	R.V.	Gosport (CIBL2672)	Kd.Aero.Acc.	3.7.18

WOUNDED.

4th.D.Tfc.Cont.	1656	Buckpitt	H.E.	4th.A.F.A. (CIBL2671)		Adm.26.6.18
AIF Cable Sec.	5086	Hicks	H.F.	36th.Stay.Hos.(WSMD1380)	GSW R.foot	Adm.20.6.18(E)
4th.Sal.C.	4874	Mahoney	W.P.	(CIBL2671)	Inj.	21.5.18
AIF Cable Sec.	1792	Sullivan	A.L.	36th.St.Hos.(WSMD1380)	GSW L.Hand.	Adm.20.6.18(E)

MA 1380

A.A.G., A.I.F. in Egypt.

Reference your No. 180/294, of 4/8/18.

The object of issuing such a receipt is not obvious, as no difference in procedure is adopted in the A.I.F. with a man who contracts Venereal Disease whether he has received prophylactic treatment or not. It may serve the purpose of allowing more accurate figures to be obtained of the number of men in whom the treatment has not been efficacious. There is however, nothing to prevent transferrence of these receipts if the man's name is not attached.

I consider the method of taking the man's name when given early treatment and punishing any patient developing venereal disease whose name does not appear on the list, is more efficacious. At present the taking of names is being practised in Jerusalem as a number of venereal disease patients have been alleging previous early treatment, - it is thought untruthfully; a check on the results of treatment can thus be obtained.

D.D.M.S. A.I.F. in EGYPT

Headquarters,
Desert Mounted Corps.
5th. August 1918.

Colonel,
D.D.M.S., A.I.F. in Egypt.

	No. 1.
	Received Treatment.
	Date.,,.....
	(Signed by Medical Ordly)

This form to be made out in duplicate.
One to be handed to the man and the other retained.

ENZ 36/2

A.A.G.
A.I.F. in Egypt.

VENEREAL DISEASE.

With reference to your 180/294 of 17/7/18.

The question of issuing a receipt to each man on receipt of prophylactic treatment is again brought before your notice and it is strongly recommended that this procedure be generally adopted.

I attach copy of proposed slip which will act as a receipt and in no way expose the man's identity.

Sd. A. Rhodes, Captain.
D.A.A.G.
N.Z.E.F. in Egypt.

2 Aug. 1918.

180/294.
4.8.18

D.D.M.S.,
A.I.F. in Egypt.

Reference attached.
For your remarks please.

Sd. C.S. Jarman, Captain.
for Lieut-Colonel.
A.A.G. A.I.F. in Egypt.

180/294
17/7/1918.

D. A. A. G.,
N.Z.E.F. in Egypt.

With reference to your E.N.Z. 36/2 of the 11th inst. this matter was referred to the D.D.M.S. A.I.F. in Egypt.

Attached hereto are his remarks on the work of the A.I.F. in this direction, and suggestions as to assistance which can be rendered to the N.Z.E.F.

If there is anything you can think of whereby the A.I.F. can assist you further, will you please let me know of it, and every endeavour will be made to this end.

Sd. F.G. Newton, Lieut-Colonel.
A.A.G. A.I.F. in Egypt.

To
A.A.G., A.I.F. in Egypt.

Reference your No. 180/294 of 13/7/18.

Venereal disease has definitely increased in the A.I.F. in Egypt, since the advance into Palestine, but is still well below the rate obtaining in the A.I.F. in England.

The measures adopted for preventing the contraction of this disease are, the establishment of Prophylactic Treatment Stations in any towns where prostitution is marked, and the issue of slips informing men of the existence of such a place at Cairo. Recently a number of Prophylactic Treatment Stations have been instituted in the Desert Mounted Corps and the I.C.C. Brigade.

Stations at present are situated as follows:-

(1). CAIRO.	At A.I.F. Headquarters.
(2). ALEXANDRIA	Windsor Hotel. (Room No 100. 3rd Floor)
(3). ISMAILIA	Anzac Training Centre.
(4). PORT SAID.	Desert Corps Rest Camp.
(5). JERUSALEM,	Desert Corps Reinforcement Camp.
(6). JERUSALEM,	Desert Corps Ambulance Rest Station.
(7). BETHLEHEM,	At Ambulances stationed there.
(8). SOLOMON'S POOLS,	At Ambulances stationed there.
(9). I.C.C.Brigade at SURAFEND.	

At all these stations with the exception of No. 2, members of the N.Z.E.F. are freely received for treatment, and avail themselves of it.

Cases who have contracted the disease are treated at No. 2 A.S.H., Moascar, and there were 50 of such cases there last week.

I cannot suggest any further way in which we could assist the N.Z.E.F. in this matter, but as in the case of the A.I.F. no doubt much venereal disease is contracted from the insufficient dissemination of information of the locations of these Stations.

It appears that men require no encouragement to make use of such stations, if they know of their existence.

It is possible that the routine issue of Pocket Preventative Outfits, to men going on leave, as is carried out by the A.I.F., in France and I believe by N.Z.E.F. also, might further diminish the incidence of Venereal disease, but I do not think the difficulty of obtaining these in this country would be compensated by the number of cases that would avoid venereal disease; this is, however, a debatable point.

In the 3rd. L.H.Brigade, at Heliopolis, the system was adopted of making it compulsory for every man, after sexual connection, to present himself for prophylactic treatment; his name was taken, and if any man, whose name was not on the roll of those who had undergone treatment, developed venereal disease, he was considered as having disobeyed orders. If it be found that members of the N.Z.E.F. do not avail themselves voluntarily of the use of the Prophylactic Treatment Stations, the adoption of this method might perhaps be advisable.

advisable.

I would emphasize that if sufficient prophylactic treatment is obtained in all cases the incidence of Venereal Disease will be almost negligable.

Headquarters.,
July 15th 1918.

Colonel.,
D.D.M.S., A.I.F. in EGYPT.

D.D.M.S.,

A.I.F. in Egypt.

With reference to attached file.

Can you offer any suggestions as to the request of D.A.A.G., N.Z.E.F. in the last paragraph of his letter.

Lieut-Colonel.
A.A.G. A.I.F. in Egypt.

ENZ. 36/2.

11th July 1918.

A.A.G.
A.I.F. in Egypt.

VENEREAL DISEASE.

The increase of Venereal disease in the N.Z.E.F. in Egypt is alarming, and I attach herewith for your information copies of Circular Memorandum issued by the Commandant, N.Z.E.F. in United Kingdom, which the G.O.C., N.Z.E.F. in Egypt intends to bring into force here, with slight alterations, as soon as information is received from the Commandant, Headquarters, N.Z.E.F. in Egypt in answer to this office memo. E.N.Z. 36/2, copy attached.

I am not aware of any increase of venereal disease in the A.I.F. but if you could in any way assist us in this matter we would be greatly obliged.

Sd. A. Rhodes, Captain.
D. A. A. G.
N. Z. E. F. in Egypt .

for the first time and are unable to produce proof that lavage treatment was administered will also be officially reported. First offenders who produce proof of having received treatment will not be officially reported to New Zealand but will have 2/- per diem stopped from their pay. Concealment of venereal disease will be treated as a serious offence and will be dealt with under Section 2 of the Army Act. Serious cases of Venereal Disease will be returned to New Zealand for segregation.

Sgd. Geo. S. Richardson, Brig-General.
Commandant, N.Z.E.F. U.K.

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ENZ36/2.

Commandant.
Headquarters, N.Z.E.F.

VENEREAL DISEASE.

An alarming increase in Venereal Disease in the N.Z.E.F. in Egypt has been brought before the G.O.C., and the following information is required :-

(1) What existing facilities are there in Cairo for prophylactic treatment for Venereal Disease.
(2) Existing facilities for prophylactic treatment for Venereal Disease at the N.Z. Training Units and Depot, Ismalia, Moascar, and Port Said.
(3) Please give locations of lavatories where treatment is available.
(4) It is understood that all prophylactic treatment is confidential. Will you please inquire whether a slip of paper is given to a soldier who has received treatment by the medical orderly on duty, stating that treatment has been administered.
(5) What steps are being taken to inform men of the existence of lavatories where prophylactic treatment can be obtained and of the great risks they run if treatment is not administered.

It is further intended to have instructions and warnings printed on the back of every pass issued to N.C.O's and men of the N.Z.E.F. in Egypt who proceed on leave or duty from the field or base. These instructions and warnings would consist of about 100 words. If the Base Stationery, Alexandria refuse to do this extra printing it is suggested that you should indent for pass books and have the printing done in Cairo at the expense of the New Zealand Government.

Sd. A. Rhodes, Captain,
D. A. A. G.
N.Z.E.F. in Egypt.

Headquarters, N.Z.E.F.
8 Southampton Row,
London, W.C. 1.
5th May 1917.

CIRCULAR MEMORANDUM, No. UK/~~2049~~

VENEREAL DISEASE.

Venereal disease in the N.Z.E.F. in England is on the increase and the number of men out of action through this disease is in excess to what experts consider should be the normal percentage.

It is realised that efforts are being made to control this disease but the figures are so alarming that still greater efforts are necessary.

The following is a summary of what is now being done in this matter in the N.Z.E.F. in England:-

(1) Inspection by Medical Officers.
(2) Warning by Regimental Officers.
(3) Moral teachings by the Chaplains.
(4) Frequent Medical Inspections.
(5) Provision of Prophlactic treatment.
(6) Instructions and warnings on each pass form.
(7) Publication in Orders in England of names of those returned to New Zealand for segregation.
(8) The returning to New Zealand of all chronic cases and deliberate offenders.
(9) Publication in the official hospital lists in the New Zealand Press of all those who are admitted a second time to a V.D. Hospital.
(10) Loss of 2/- per diem for each patient in a V.D. Hospital.

In spite of the above there is no dimunition but an increase in the wastage from this disease.

As a further step it is directed that once a week the following order must be read on Company parades. It is suggested that it should be read on Fridays previous to week-end leave and in all cases to a draft previous to overseas leave being given.

"N.C.O's and men are warned that Venereal Disease is so prevalent in this country that infection is practically unavoidable if any risk is taken. Prophylactic treatment is provided in every camp and at the N.Z. Soldier's Club, Russell Square London for those who do risk infection, but it should be borne in mind that this treatment must be carried outnwithin two hours of the risk being taken, otherwise disease cannot be prevented. Lavatories where treatment is available are marked by a blue lamp. Prophylactic treatment is confidential and no names will be recorded but a printed slip of paper will in all cases be given by the Medical Orderly to the soldier who receives the treatment. This slip will be retained as proof that treatment has been given.

"Names of those who contract Venereal a second time will be officially reported and published in the hospital lists in New Zealand. The names of those who contract the disease

INSTRUCTIONS TO MEDICAL OFFICERS.

regarding the methods to be adopted to reduce the incidence of Venereal Disease in the Australian Imperial Force.

(A) The dissemination of the facts as to the risks of infection.

(B) The precautionary measures to be adopted should the risk be taken.

(C) The plan to follow in carrying out the Early Treatment of recently contracted Venereal Disease.

(D) Instructions to A.M.C. Orderlies regarding Early Treatment.

(E) The question of short arm parades.

(F) The disposition of cases of Venereal Disease.

George Raffan

— A —

dissemination of the facts as to the risks of infection.

Every irregular sexual intercourse must be regarded as a probable source of infection. The Amateur is even more dangerous than the Professional. The lecture attached to this report is to be delivered once a month as a routine measure, and also delivered to each fresh draft of men arriving in camp and to each draft of men going away on leave.
All Officers must be duly instructed, and their co-operation sought in imparting certain broad facts regarding venereal disease, particularly as to the dangers run and the methods they should adopt to avoid disease.
The cards of warning and advice to men on leave in London must be given to every man going away on leave. It would be a good plan to induce each man to pin the card in his paybook.

— B —

o precautionary measures to be adopted.

Those consist of (1) French Letters.
(2) Nargol Outfits.
(3) Early Treatment.

(1) THE FRENCH LETTERS ARE THE ONLY COMPARATIVELY SAFE MEANS OF PREVENTING DISEASE.
Those men who are accustomed to take the risk should be strongly advised to use French Letters. To make the procedure safer still, calomel ointment should be applied to the scrotum and skin surface adjoining the root of the penis.

Make an effort to induce the C.O. to arrange to always have a supply of FRENCH LETTERS ON HAND.
Money must be paid in advance. The price is £1. for 10 dozen.

Staff Sergt. Megarey, Base Medical Store, Hurtpore Barracks, Tidworth, is authorised to receive money, and applications should be made to him alone.
French Letters can also be obtained at the L.T.Depot, Room 100a 130 Horseferry Road, London.

(2) Nargol Outfits consisting of Calomel Ointment and Nargol Jelly must be handed out to every man going away on leave.
Men must also be informed that they can obtain outfits on demand at any time, both at Camp and at Room 100a at H.Q. London.
The method of using the Nargol Outfit must be explained to every man.

The following plan is recommended.

(a) Before connection smear the entire Penis - glans, shaft and root - as well as the scrotal and adjoining skin surfaces with the Calomel Ointment.
The foreskin must be fully drawn back, straightening out all folds especially in the regions of the Frenum (bob-stay) so that the whole organ is covered.
Insert ointment into the meatus (eye of the penis) as well,

If this procedure be carried out before connection the risk of getting Syphilis or Chancroid is very small indeed, preventing as it does abrasions; and therefore infections. If there be no Calomel Ointment available ordinary Vaseline is extremely valuable.

(b) After connection pass water, reserved especially until this moment.
Then wash carefully in SOAP AND WATER. This alone is a great help.
If available wash in a solution of Condy's Fluid, which should be of a pinkish colour, not too strong, or in Lysol, strength 1 teaspoonful to a pint of water.

(c) Insert the nozzle of the Nargol Jelly tube into the pipe and squeeze in half the contents. This must be done not later than 2 hours after connection. If there be only one connection, it is advisable to use the Nargol Jelly within half an hour.
If a man stays all night with a woman, the Nargol Jelly should be used last thing in the evening and again in the morning.
A delay of more than 2 hours in using the Nargol Jelly, diminishes the chances of avoiding infection.
Some men have adopted the practice of taking risks for 2 or 3 days and then before returning to camp use the Nargol Outfit.
This plan is not even approximately safe. Men must be instructed regarding this.

(d) Finally whether Calomel Ointment has been/used previously or not smear the penis with it as above described.

Should there be an obvious abrasion or tearing of the fremun (bob-stay) it is advisable to report this condition at once to a M.O. or at an Early Treatment Depot.
Early Treatment of such will either prevent disease developing or in that case where disease develops there is a good chance of early cure by prompt and early treatment.

(3) EARLY TREATMENT.

Every man on leave in London who has run the risk of getting disease should take advantage of the treatment available at the Depot established in the courtyard at Headquarters, 130 Horseferry Road.
Even the man who has used the Nargol Outfit should present himself for examination and treatment.

Here again, many men do not understand the function of the E.T. Depot. The practice of taking risks for 3 or 4 days and then finally turning up for a "washout" before returning to camp is followed by many.

This is not at all a safe procedure.

Many men will be, and have been woefully disappointed by relying on this method. The whole point of the treatment is that it must be applied as soon as possible after connection.

Every hours delay increases the risk of infection and men must report the same evening if possible or at anyrate the next morning early.
The Depot in London is never shut. There is always a man on duty day and night to attend to applicants.

A shilling or two spent on a taxi to get attention the same evening would be very well spent. Early treatment at the London Depot lasting a few minutes is preferable to late treatment at the Basford Venereal Hospital lasting a few weeks, or even months.

Any man who reports at an Early Treatment Depot 24 hours or more after exposing himself, must be regarded as an infected person, and such men must be sealed up with Argyrol.

-- 3 --

The plan to follow in carrying out the Early Treatment of recently contracted venereal disease.

The assumption is made that every unprotected irregular intercourse is liable to cause disease.

(1) The bladder is emptied.

(2) Wash in soap and water.

(3) Wash in 1 in 1000 corrosive sublimate.

(4) Using a wooden applicator with cotton wool wrapped round it swab out the meatus and the first half inch of the Urethra with a 10% solution of Argyrol.

(5) Inject 20 to 25 minims of 10% Argyrol into the Urethra. Retain for 5 minutes. (alternative- irrigation with 1 in 3000 Pot Permang Solution.)

(6) Smear the entire Penis , and adjoining scrotal and skin surface with 33 1/3% calomel cintment.
Wrap up the organ in gauze or linen rag.

(7) Men who have an actual abrasion have the area carefully touched up with Ac Carbol Liquer Pur. taking care that the sound area is not injured with Carbolic. Finally dress with Calomel dusting powder.

(8) Men must be warned that the injection of 10% Argyrol may and probably will cause a slight local reaction, consisting of swelling of the lips of the meatus, perhaps slight burning on passing water and even a discharge.
These symptoms will pass off in a few hours.
The penis must not be constantly handled and squeezed to see if a discharge is coming on. This squeezing may of itself produce a discharge in a urethra treated with Argyrol.
But if a similar set of symptoms - swelling of lips of meatus itchiness around meatus, slight burning on passing water, slight or moderate discharge, clear or yellow - comes on 48 hours to 3 days after connection, any of these symptoms should be reported at once to a Medical Officer or at the Early Treatment Depot in London, as soon as it is observed.
Men frequently describe these symptoms as a "Strain".
They must be informed that it is almost sure to be the onset of gonorrhoea.

Every hour gained in reporting any early symptoms of disease is extremely valuable, for the "Abortive Method of Treatment" will at this early stage cure an established infection of gonorrhoea in every case if applied within 8 hours of the commencement of the first symptom. It succeeds in a very large proportion of cases 12 hours after discharge has commenced. Even 24 hours after discharge has commenced, it is well worth while attempting the Abortive Method. In rare cases it succeeds 36 hours after discharge has been established and even if it fails, does no harm.

n enormous reduction in Venereal admissions to Hospital is
ure to result if men can be educated up-to the importance
f reporting the first symptom of suspected disease.

THE ABORTIVE SEALING-UP METHOD.

equisition for a "Complete Sealing up and Early Treatment
utfit from Base Medical Stores, or for those articles
acking in your present outfit.
or your information this consists of:-

1	Small Sterilizer.
1	Complete Irrigator. Bucket, syphon, tubing etc.
3	Glass Janet Olive Nozzles.
3	Rubber " " "
1	All Glass Hypo. Syringe (20 minims).
2	Metal Adaptor Nozzles to fit small Syringe.
1	4.oz. Metal Syringe, to which Rubber Janet Nozzles can be attached.
1	Kidney Basin.
1	Set of Scales.
1	Large round Basin.
6	Small " "
2	Pairs Rubber Gloves.
3	Waterproof Aprons, or material for making same.
2	Camel Hair Brushes.
1	lb Cotton Wool.
1	Small bundle of linen rags.
6	oz. Argyrol.
1	Pot. of Calomel Ointment.
1	oz Pulv. Calomel.
2	1 oz bottles of Collodion.
2	ozs Acetone.
100	Tabs. Normal Saline.
100	Tabs. Pot. Permang.
100	Tabs. Perchloride or Mercury.
2	Ozs. Acid Carbol. liq. pure.
12	Ozs 5% Sol. Alumen. Acetat.
½	Winchester Aqua Dest.

This form of treatment should not be persisted in for more than 4 days.

CHNIQUE. A 5% solution of Argyrol is sealed into the anterior urethra once daily for 4 days.
It is sealed with Methyl Collodion (non-contractile) or Celluloid Prep. for at least 4 hours at a time. the technique is simple, but unless it is done exactly, the attempt will fail. The patient first empties his bladder and the meatus is swobbed out with 5% Argyrol solution. The PENIS is then well cleansed and dried. An all glass 20 minim hypodermic Syringe is used. A special metal nozzle is fitted on to the syringe. From 10 to 15 minims of a 5% solution of Argyrol are injected, the syringe removed quickly, and the lips of the meatus are closed together wiped and carefully dried before brushing over with collodion or Celluloid Prep.
It is very important to remove all traces of moisture from the surface to which the Collodion is applied. To ensure that the Argyrol is held in, aid the collodion by applying a cap of the thinnest possible layer of cotton wool. The lips of the meatus should be kept pressed together until the collodion has dried. The usual fault is to inject too much Argyrol and the collodion will not hold it in. Acetone will remove the collodion when required. Acetone must be economically used, being difficult to obtain.

The Plan to follow in carrying out the Early Treatment of recently contracted venereal Disease.

The assumption is made that every unprotected irregular intercourse is liable to cause disease.

(1) The bladder is emptied.

(2) Wash in soap and water.

(3) Wash in 1 in 1000 corrosive sublimate.

(4) Using a wooden applicator with cotton wool wrapped round it swab out the meatus and the first half inch of the Urethra with a 10% solution of Argyrol.

(5) Inject 20 to 25 minims of 10% Argyrol into the Urethra. Retain for 5 minutes.

(6) Smear the entire Penis, and ~~adjoining~~ adjoining scrotal and skin surface with 33.1/3% calomel ointment. Wrap up the organ in gauze.

(7) Men who have an actual abrasion have the area carefully touched up with Ac Carbol Liquef Pur. taking care that the sound area is not injured with Carbolic. Finally dress with Calomel dusting powder.

(8) Men must be warned that the injection of 10% Argyrol may and probably will cause a slight local reaction, consisting of swelling of the lips of the meatus, perhaps slight burning on passing water and even a discharge.
These symptoms will pass off in a few hours.
The penis must not be constantly handled and squeezed to see if a discharge is coming on. This squeezing may of itself produce a discharge in a urethra treated with Argyrol.
But if a similar set of symptoms - sweeling of lips of meatus itchiness around meatus, slight burning on passing water, slight or moderate discharge, clear or yellow - comes on 48 hours to 3 days after connection any of these symptoms should be reported at once to a Medical Officer or at the Early Treatment Depot in London, as soon as it is observed.
Men frequently describe these symptoms as "a strain".
They must be informed that it is almost sure to be the onset of gonorrhoea.

Every hour gained in reporting any early symptoms of disease is extremely valuable, for the "Abortive Method of Treatment" will at this early stage cure an established infection of gonorrhoea in every case if applied within 8 hours of the commencement of the first symptom. It succeeds in a very large proportion of cases 12 hours after discharge has commenced. Even 24 hours after discharge has commenced, it is well worth while attempting the Abortive Method. In rare cases it succeeds 36 hours after discharge has been establis and even if it falls, does no harm.

An enormous reduction in Venereal admissions to Hospital is sure to result if men can be educated up to the importance of reporting the first symptom of suspected disease.

(3) THE ABORTIVE SEALING-UP METHOD.

This form of treatment should not be persisted in for more than 4 or 5 days.

TECHNIQUE : a 5% solution of Argyrol in sealed into the anterior urethra once daily for 4 or 5 days.
It is sealed with Methyl Collodion (non-contractile) for at least 4 hours at a time. The technique is simple, but unless it is done exactly, the attempt will fail. The patient first empties his bladder and the meatus is swabbed out with 5% Argyrol solution. The PENIS is then well cleansed and dried. An all glass 20 minim hypodermic Syringe is used. A special metal nozzle is fitted on to the syringe.
From 10 to 15 minims of a 5% solution of Argyrol are injected, the syringe removed quickly, and the lips of the meatus are closed together, wiped and carefully dried before brushing over with collodion.
It is very important to remove all traces of moisture from the surface to which the collodion is applied.

The lips of the meatus should be kept pressed together until the collodion has dried. The usual fault is to inject too much Argyrol and the collodion will not hold it in. Acetone will remove the collodion when required. Acetone must be economically used, being difficult to obtain.

When the solution is allowed to escape, the patient should drink freely of lime water or barley water, so as to flush out the kidneys well, and to overcome hyperaemia caused by the Argyrol.

A very important point to remember is that Argyrol solution must be freshly prepared each day. The measured quantity of distilled water must first be obtained, then the powder or powdered tablet should be slowly dissolved by degrees in it.

The water should never be poured on to the powder as the portion is immediately precipitated and none of the silver goes into the solution. The patient must have complete rest in bed whilst this treatment is being carried out.

Should there be any symptoms of gonorrhoeal infection after 6 days i.e. 2 days after the abortive treatment has ceased, the patient should be treated by other methods in a venereal hospital.

Short-arm Parades should be held once a week, not solely for the detection of venereal disease but also to ensure cleanliness of the foreskin.
A well kept penis is less likely to become abraded during connection than one under whose foreskin, smegma and debris are allowed to gather and irritate the mucous membrane.

Short-arm parades must be absolutely strict. No man should be allowed to escape them. If men know that their venereal disease is bound to be discovered sooner or later they will be induced to report early. The ideal system is for Medical Officers to gain the confidence of the men with regard to early reporting of suspected disease.

George Raffan Major

fter unsealing the second time with Acetone, wash out the
rethra with 3% Aluminium Acetate Solution.
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TIONS TO A.M.C. ORDERLIES REGARDING

ARLY TREATMENT OF VENEREAL DISEASE.

Short-arm Pa
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procedure to be adopted is as follows ;-

efore treating a man tell him to pass his water.

Wash in soap and water.

Wash in 1 in 1000 corrosive sublimate solution. Be careful that the strength is exact.

Using a wooden probe (like a pointed match) with cotton wool wapped round it, swab out the meatus and first ½ inch of the ethra with 10% Argyrol solution.

Inject 20 to 25 minims of 10% Argyrol solution into the urethra This is retained for 5 minutes.

Smear the entire penis with calomel ointment, carefully straightening all folds.

7 If there be an actual abrasion touch up the chafed area with Ac. Carbol. Liq. Pur., very carefully avoiding any contact with healthy tissues by spilling a drop of Carbolic. Make the application with a wooden probe wrapped round with a little cotton wool. Dress with calomel powder.

8 Inform the man that the injection of Argyrol may cause some irritation and even slight discharge. These symptoms will subside in a few hours.
Give him a good drink of barley water.
Tell him to report to an M.O. at once if the symptoms show themselves from 48 hours after connection, or use a 1 in 3000 solution of Pot Permang as anterior irrigation.

9 Have a fresh solution of Argyrol made daily. Only distilled water must be used in making up Argyrol solution.

10 If a man reports with an abrasion or sore that has been present for sometime and not absolutely fresh, dress with saline gauze only. On no account must any antiseptic cotton or powder of any kind be applied. That man should report at once to the Medical Officer for examination.

Every part of the treatment must be carried out carefully using strict antiseptic precautions.

The N.C.O. in charge of the medical inspection hut will keep a record of the number of men reporting.

-- E --

Short-arm Parades should be held once a WEEK and immediately after men return from leave, or arrive at camp from hospital or overseas, not solely for the detection of venereal disease but also to ensure cleanliness of the foreskin.
A well kept penis is less likely to become abraded during connection than one under whose foreskin, smegma and debris are allowed to gather and irritate the mucous membrane.

Short-arm Parades must be absolutely strict. No man should be allowed to escape them. If men know that their venereal disease is bound to be discovered sooner or later they will be induced to report ~~earlier~~ early. The ideal system is for Medical Officers to gain the confidence of the men with regard to early reporting of suspected disease.

-- F --

DISPOSITION OF CASES OF VENEREAL DISEASE.

All established cases should be sent to the 1st A.D.H. Bulford.

Chancre cases must have nothing more than a saline dressing applied to the sore, so that a dark ground examination can be made without delay on admission to hospital.

Gonorrhoeal Patients should wear an improvised suspensory bandage- a T bandage and a pad of cotton wool, from the time of discovery.

Very early cases should be sealed up at once without losing half an hour, and either sent to hospital or detained for observation for 24 hours after being sealed up, according to circumstances.

Chronic cases which have been discharged from hospital with a gleet, but certified by the hospital authority as being fit for duty, will not be sent back to hospital unless complications intervene. A record will be kept of all such cases.