

AWM4
Australian Imperial Force unit war diaries,
1914-18 War

Medical, Dental & Nursing

Item number: 26/30/1

Title: Assistant Director of Medical
Services, AIF Depots in United
Kingdom

August 1917



AWM4-26/30/1

3 SEP. 1917
A.I.F. HQ.

Instructions regarding War Diaries and Intelligence Summaries are contained in F. S. Regs., Part II. and the Staff Manual respectively. Title pages will be prepared in manuscript.

WAR DIARY

or

INTELLIGENCE SUMMARY.

(Erase heading not required.)

W.K.

Army Form C. 2118.

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
Tidworth	1/8/17	7pm	Administrative duties. Visited all Australian soldiers in Sorant hospital and found that there was a delay in the evacuation of soldiers permanently unfit for general service. Instructed OC Sorant hospital not to send such cases to No 1 Aust. Aux Hospital as previously but to send them to No 2 Command dep if they were fit to travel sitting down to ensure earlier return of these cases to Australia.	
Tidworth	2/8/17	2pm	Occurrence of Venereal disease. The number of cases of venereal disease in hospital increased from 985 for week ending 19/7/17 to 1072 for week ending 26/7/17 to 1126 for week ending 2/8/17. This increase due chiefly to larger number of admissions from B.E.F. troops on leave to Bulford hospital receiving cases which previously were sent to British hospitals & to the admission of cases ex transports from Australia.	
Tidworth	3/8/17	6pm	Inspected medical units arriving from Australia with Col Ryan Consulting Surgeon & Col MAUDSLEY Consulting physician. Report on medical condition of these newly arrived troops attached as Appendix 1.	Appendix 1.
Tidworth	4/8/17	9am	Visited No 2 Command dep Weymouth and inspected all B. & Bra. classes of temporarily unfit soldiers and found that there were a number of soldiers in this temporarily unfit class who were permanently unfit for service and should have been boarded for	



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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			return to Australia. The principles to be adopted by medical officers in order to prevent a recurrence were laid down by me in an instruction - Appendix 2	Appendix 2
			The organisation for giving remedial gymnastics and manipulative treatment at No 2 Command depot was extended to soldiers of B, C & D classes awaiting return to Australia as well as to B & C, as previously	
			The organisation & methods recommended for the are laid down in a memo Appendix 3 & D.M.S. 2006	Appendix 3
Tedworth	7/8/17	9am	Visited Park House Cadet Training depot & examined 31 officers recently arrived from Australia in sketch drill. These officers complete school last Aug 14 days on 9 th unit and showed a good knowledge of sketch drill. Report of Capt Mackay on work done by the School attached	Appendix 4
			Inspected several training battalions at Lark Hill & found that Scobie cases were not in all cases being treated as required by Circular Memo (Appendix 5) & were not in all cases being exercised in 3 days. Took necessary action to remedy the ^{cases} cases	Appendix 5
Tedworth	8/8/17	6pm	Attended Conference held by DA & DM 9 at which all staff Captains from Training Group	



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3

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			<p>16 & 17th Brigade and adjutants of 1st, 3rd & 4th Command depots were present.</p> <p>Brought up the following points (1) The necessity of parading every soldier to a medical officer before going on and after returning from leave in order to ensure that all possible action may be taken to prevent venereal disease (2) The delay in parading men for dental examination which has occurred occasionally - all such must be paraded to a dental officer within 24 hours of marching in (3) Delays in inoculation of officers (4) Friction of Travelling Medical Board. This board to have a combatant officer as a member whose families with the duties home service soldiers are performing as well as two medical members. The board to consider carefully whether each home service soldier is profitably employed & if not to class them for return to Australia.</p>	
Tedworth	9/8/17	9pm	<p>Parade at Bulford hospital of all available medical officers from units on Salisbury plain area and of newly arrived officers from Australia. 40 officers present. Demonstration of cases of primary Syphilis + Secondary Syphilis + of the 'Sealing up' method of treating Gonorrhoea. The importance of sending all sores on penis at once to hospital was stressed & that no dressing other than a saline dressing was</p>	



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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			was to be used. The duties of medical officers in the Campaign against venereal disease, as mentioned in the weekly venereal return (Appendix 6) were considered in detail and the Instructions drawn up by Major S Roffan A.M.C. viz weekly lecture on V.D. to be used as a guide by HOs, instructions to 17.03 re V.D. & instructions to early treatment orderlies in the unit (Appendix 7) were distributed. <i>Hall W</i>	Appendix 6 Appendix 7.
Tidworth	13/8/17	9.30pm	Visited London on 10 + 11 th inst and investigated orthopedic treatment adopted at the orthopedic Military hospital Shepherds Bush and at the Troydon War Hospital. As a result the following recommendations (Appendix 8) were made to the DMS A.I.F. The Appendix replaces Appendix 3. <i>other duties Administration Hall W</i>	Appendix 8
Tidworth	15/8/17	4.15pm	On 14 th inst visited No 2 Command Depot Weymouth and saw 405 soldiers of Bramble class the majority of whom had been previously boarded but had been reclassified by Consultants A.I.F. I reclassified 200 of these for return to Australia as I considered their disabilities prevented them from being profitably employed in England <i>Hall W</i>	
Tidworth	16/8/17	6.50pm	Administration duties. Visited No 1 Command Depot & inspected dentists at work. A large amount of conservative work is being done eg in one case 12 fillings & dental output increasing - Last week 325 men rendered dentally fit.	



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WAR DIARY

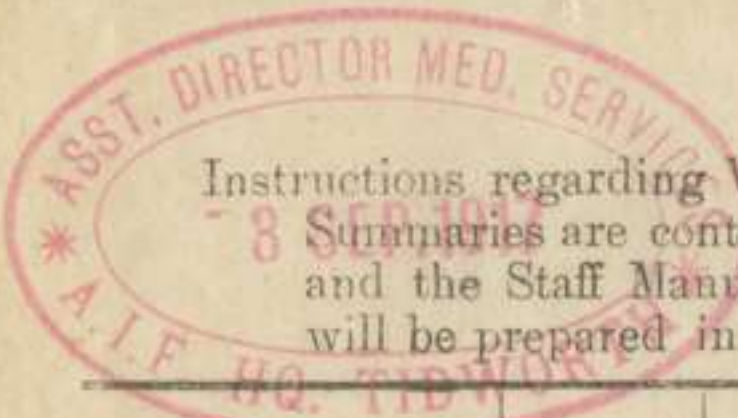
Army Form C. 2118.

INTELLIGENCE SUMMARY.

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5

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
Tidworth	18/9/17	9pm	Visited London for conference with WMS (M) (M)	
Tidworth	19/9/17	6pm	Inspected medical details of a draft of approx 650 men who were being despatched overseas - to ensure that men were medically & dentally fit fully inoculated & that necessary entries were in pay books (M) (M)	
	20/9/17	6pm	Similar visit to 17 th Bde - re draft of approx 650 men who were being sent overseas. (M) (M)	
	21/9/17	7pm	Inspection of all Australian soldiers in Military Hospital, Tidworth, Fargo & in Convalescent hospital (VAD) at Bulford - obtained 26 soldiers who were to be transferred to Weymouth for return to Australia. (M) (M)	
	23/9/17	7pm	Inspected 85 soldiers at No 1 Cd depot who had been returned from France as P.B. The majority of these were quite unfit for further service & some had been many months employed in base duties in France. About 12 cases had been gassed ^{in June 1917} but as they looked in good health & there were no signs of organic disease I cleared them B.A. for graduate training & observation. Also arranged for transfer from same training depot Park House to No 2 Convalescent depot Weymouth of all B.A. & C. Grade soldiers who were not being profitably	



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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			employed. These are to be used as <i>ad hoc</i> details on transports returning to Australia & approximately total 75. <i>SMW</i>	
Tidworth	24/8/17	3pm	Duties Administration - report on system of early discharge of Guernsey patients from hospital to the Convalescent Training Dept for a test of training before return to their units attached. <i>SMW</i>	Appendix 9
Tidworth	26/8/17	10:30am	On the 25 th visit visited V.A.D. Hospitals attached to Military Hospital Tidworth at Hungerford, Marlborough, Devizes, & Melksham. There were in these hospitals 19 soldiers who were unfit for general service for more than 6 months and who were fit to travel to Weymouth for return to Australia - <i>SMW</i> were arranged accordingly. Although soldiers who obviously required to be <i>invalided</i> ^{to Australia} were being retained too long in hospital I did not notice that soldiers undergoing convalescence before return to their units were being detained too long in hospitals & any <i>SMW</i> marked degree.	
Tidworth	29/8/17	7:30pm	On 26 & 27 visit visited No 2 Co dep A with SOC. Instructions given by SOC that all Branch soldiers employed were to be as per establishment & that every soldier of these classes in excess of establishment was to be shown as available for return to Australia. <i>SMW</i>	



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7

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
Tidworth	30.8.17	7.30pm	<p>Conference with D.O.M.S. London on 29th inst on 30th visited 5 training groups to ensure that all possible precautions were being taken to prevent spread of ^{in the Command} Measles by the newly arrived troops from Australia. Strict Isolation to be maintained. D.M.W.</p>	
Tidworth	31.8.17	7pm	<p>Visited Australian Railway Section at Bordon. Early Treatment was not being efficiently carried out for Venereal disease. Arranged for apparatus for ET to be forwarded at once. Three men found to be medically unfit even for Railway work and transport to Weymouth for return to Australia arranged. D.M.W.</p>	
			<p>Bull. Wharfe Colonel</p>	<p>ADMS A19.</p>

L/A.

APPENDIX 1

5295.

AMS

8th August 1917.

From A.D.M.S. A.I.F.
TIDWORTH.

To D.M.S. A.I.F.
Administrative Headquarters,
130 Horseferry Road,
S.W.

REPORT ON SOLDIERS ARRIVING FROM AUSTRALIA
ON 19th July 1917.

The following Transports arrived on 19th July 1917:-

"Shropshire"	with	1646	Troops
"Ascanius"	"	1654	"
"Marathon"	"	1251	"
"Benalla"	"	599	"
Total		<u>5172</u>	

1. Introduction of Infectious Disease.

49	Cases of Mumps were landed ex	"Shropshire"
82	" " " " " "	" "Ascanius"
6	" " " " " "	" "Marathon"
1	" " " " " "	" "Benalla"

In order to prevent the spread of this disease throughout the Command, all new arrivals from these ships were isolated in their Training Units for the incubation period of the disease.

2. Medical Unfits.

I inspected the reinforcements for the 36th Australian Heavy Artillery, Australian Signallers and the 4th and 5th Railway Units.

Soldiers belonging to the Artillery were all of good physique and fit for General Service.

The Signallers also were generally of a good type, only one being obviously unfit for military service on account of age and debility.

In the case of the 4th and 5th Railway Units, there were a considerable proportion of men who, although they stated their age to be between 45 and 50, were probably much older. Four soldiers have been classed permanently unfit for service in the Railway Unit and their names are included in attached Nominal Roll of Unfits. In the case of 9 others the opinion of a medical board as to the fitness for service with the Railway Units has been requested by the R.M.O. on account of Senility, but in view of the nature of their employment, I make no recommendation with regard to their return to Australia as medically unfit. I would, however, recommend that soldiers who are obviously many years older than the age they state themselves to be, should not be allowed to enlist.

All the remaining reinforcements were examined according to the usual routine by Medical Officers - those considered permanently unfit for general service were brought before a medical board and

Medical Unfits (Continued)

they were then examined by the Consultants Surgeon and Consultant Physician of the A.I.F. These Officers concurred in the Board findings.

As a result of this Medical Examination, 76 soldiers were found to be unfit for General Service; 47 of them permanently unfit for all services, 1 permanently unfit for general service and temporary unfit for home service, 28 permanently unfit for general service but fit for home service and 1 was found unfit for general service for 6 months but fit for home service.

Attached is a Nominal Roll showing the disability, board finding and Consultants' remarks.

3. Number of Dental Unfits.

Reports have been received from Dental Officers for 4470 of the Troops arriving from Australia. Of this number 1840 have been classed as dentally unfit and will require dental treatment in this Command before they are allowed to proceed Overseas.

Several Dental Officers have reported that, to a certain extent, preliminary dental work, such as extractions of septic teeth, has been carried out in Australia.

I would, however, bring under the notice of the D.M.S. the number of these soldiers who require dental treatment so that action may be taken to ensure that as much dental work as possible can be done for troops prior to their arrival in England.

4. Inoculation against Typhoid and Paratyphoid.

I have again to report that all these new arrivals from Australia require to be immediately re-inoculated with Triple Vaccine with resultant marked interference in their training. This re-inoculation would be altogether unnecessary if troops prior to arrival in England were inoculated with Triple Vaccine.

I recommend that the necessity for this be again brought under the notice of the authorities in Australia and would request

(1) That all soldiers be inoculated with Triple Vaccine by the two-dose system before arrival.

(2) That this inoculation be entered up in Pay Books in the following form:-

<u>T.A.B.</u>	2.1.17	J.H.
2	12.5.17	J.H.

The first inoculation to consist of $\frac{1}{2}$ c.c. of Triple Vaccine and the second 1 c.c. of Triple Vaccine 8 to 10 days later.

W. W. Whae
Colonel.
A.D.M.S. A.I.F.

L/A.

In reply please quote

COPY.

Appendix No 2

10

AMS

APPENDIX 2

Headquarters A.I.F.
Bhurtpore Barracks,
Tidworth.
8th August 1917.

From A.D.M.S. A.I.F.
TIDWORTH.

To S.M.O.
No. 2 Command Depot,
WEYMOUTH.

Delay in Boarding Soldiers for Australia.

At my visit to No. 2 Command Depot, on 4th and 5th instant, I classified 308 soldiers of Bla class (Temporary unfits) for return to Australia. I also classified 26 soldiers of B2a class (Temporary unfit general service 6 months but fit for home service) for return to Australia.

The vast majority of these 334 (all cases of a surgical nature) were permanently unfit for general service and suffering from disabilities which were so marked as to render them quite unfit for profitable employment in England on home service duties. A large number of them have been many months in Command Depots, or away from their units and a number have been moving about from one Command Depot to another. Further, the 26 soldiers classed as fit for home service were quite unfit for profitable ~~service~~ employment.

Attention is therefore drawn to the following points for rectification:-

1. The classification as Bla, or Temporary Unfit, of soldiers who are obviously suffering from a permanent disability.

2. The retention as temporary unfit, or on home service duties, of soldiers in whom the disability, although functional and in excess of that which can apparently be accounted for by the injury, nevertheless renders the soldier permanently unfit for all services.

3. The retaining as temporary unfit, or on home service, soldiers who with apparently a slight disability only, are probably exaggerating or feigning disease, but of which no proof can be adduced. Some of these have been for very prolonged periods in Command Depots.

4. The retaining on home service duties of labourers who, although of splendid physique, have a disability (e.g. One case in which the right shoulder was tightly bound down to the side by adhesions) which renders them permanently unfit for all military service.

5. The tendency to classify as B1 (Temporary Unfit) soldiers of the following types:-

- (a) G.S.W's through several fingers or palm of the hand, in whom several months after the injury all grip is absent or the grip is markedly affected.
- (b) Men shot through arm or elbow with marked and persistent limitation of extension of the elbow, due either to bone injury or contracture. Loss of supination or pronation due to shattered bones, or cicatrization of muscles, with, in majority of cases, marked loss of power in the hands.
- (c) Soldiers shot through the shoulder in whom stiffness and rigidity of the shoulder movements have persisted after many months.
- (d) Soldiers with extensive scarring over the Scapula but in whom the scars may or may not be adherent to the Scapula when there is resultant loss of mobility of the shoulder joint.
- (e) Soldiers with extensive injuries of the back, in whom there are deep scars causing, after 6 months or more, inability to

flex the body; or cases of concussion of the spine without any physical signs but where stiffness of the back persists for prolonged periods.

- (f) Ankle injuries with marked and persistent lameness.
- (g) Injuries to the Knee Joint with marked and persistent limp, or stiffness of the joint or inability to fully extend the joint, due to contracture, both with marked persistent ~~xxx~~ lameness. In many of these, bony changes are absent but soldiers are rendered quite unfit for all services on account of marked limp and inability to walk properly.
- (h) Men shot through the foot, in whom a limp has persisted for prolonged periods.
- (i) Cases of Nerve injury, such as Ulnar palsy with Anaesthesia and paralysis of the little and ring finger, which is very common.
Neck injuries with injuries to the cords of the Brachial Plexus and Paresis and wasting of the arm.
Injuries to the ~~Sciatic~~ Sciatic Nerve or to the External Peroneal Nerve with wasting of the leg and foot drop.
- (j) Soldiers with functional Paralysis of the Arms (e.g. Where the hand is carried in a "Claw" position), or of a leg which is carried stiff and abducted in walking, and where, with what is apparently a slight flesh wound, the lameness has existed for many months.

Medical Officers will take every possible care to ensure that soldiers of the abovementioned types are classed for return to Australia, but nothing in this instruction is to be taken as indicating that any soldier whatsoever if he is likely to be physically sound within 6 months is to be sent back to Australia.

Special attention will be given to the following:-

1. Greater care in the examination at the preliminary classification.
2. The organization which existed in the past and allowed for the remedial training of Bla class only, will be replaced by an organization in which all soldiers of the following classes, Bla, Blb, B2b, C2 or C3, will receive any necessary remedial gymnastic and manipulative training.
3. The policy of placing soldiers in Bla Remedial Class for many weeks, with an extremely doubtful hope that at the end of training they will be fit for home service, will be discontinued. The majority of the soldiers who have been so classified are permanently unfit for general service, and will never be capable of profitable employment on home service. These soldiers, if requiring remedial treatment, will receive it even if they be classified and boarded for return to Australia.

W. W. W. W. W. Colonel.
A.D.M.S. A.I.F.

AMS. 22934/11/1.

Appendix 3 6th August, 1917.

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

To D.M.S., A.I.F.,
Administrative Headquarters,
130 Horseferry Road,
S.W..

Provision of Remedial Gymnastic and Manipulative
Treatment at No. 2 Command Depot for all soldiers
who would be benefited by such treatment.

In the past this Remedial Treatment has been given to soldiers of B1 class (Temporary Unfit) only.

Arrangements have now been made for similar methods to be employed with regard to soldiers boarded for return to Australia.

All soldiers with stiffness of joints, contracture of muscles or tendons and similar lesions will receive remedial gymnastic treatment, providing no acute inflammation, oedema or unhealed wounds (except in special selected cases of the latter) are present.

e.g. Stiffness of the shoulder, elbow or wrist, limitation of extension of the elbow, limitation of supination and pronation of the forearm, stiffness of the wrist, hand or fingers with contractures and loss of hand-grip, stiffness of the knee whether accompanied or not by a flexion, contracture, stiffness or limited mobility of the ankle, contracture of the calf muscles with resultant foot drop, deformities of the foot, etc..

Soldiers requiring general exercises will not be included in this class. Such soldiers will be treated in a general class at Westham Camp. All special remedial treatment will be given at Monte Video Camp.

Arrangements at Monte Video Camp.

1. Staff.

The following staff is recommended for 500 invalid cases:-

Warrant Officer	1
Staff-Sergeants	3 (1 "C" class)
Sergeants	3 (all "C" class)
Corporal	1 ("C" class)

Staff for 1000 invalid cases:-

Warrant Officers	2
Staff-Sergeants	2 (1 "C" class)
Sergeants	8 (6 "C" class)
Corporals	3 (all "C" class)

The present staff will form the nucleus and the necessary addition can be obtained from "C" class men at No. 2 Command Depot.

2. Accommodation.

The present gymnasium with both rooms adjoining will suffice to deal with 1000 cases.

2.

APPARATUS

In addition to the present apparatus the following will be required for 500 cases:-

"Abecot" Zanders Machines	1 set
Plinths	3 (2 high, 1 low)
Cycle Exercisers	3
Rowing Machines	2
Nautical Wheel	1
Wrist Machine	1
Slide Ladder with exercisers	1
Spring and Grip Dumbbells	
Wall Exercisers	

For 1000 cases.

In addition to these there would be required

Plinths	3 more (2 high, 1 low)
Cycle Exercisers	3 more
Rowing Machine	1 more
Nautical Machine	1 more
Wrist Machine	1 more
Slide Ladders with Exercisers	2 more
Spring and Grip Dumbbells	
Wall Exercisers.	

4. Arrangements have been made at No. 2 Command Depot to obtain the necessary accommodation to supply and train the necessary staff and the extra apparatus will be obtained as soon as possible.

I wish to recommend that this Remedial Training be continued on the invalid transports on which the soldiers are returned to Australia

For every 100 cases returned on such Transports the following is required:-

(1) Staff consisting of 1 "C" class Sergeant and 1 "C" class Corporal. These can be trained at Monte Video and in 4 weeks from this date will be available if required.

(2) Appliances. Each Transport for 100 cases will require

Plinths	2 (1 high, 1 low)
Cycle Exercisers	1
Rowing Machine	1
Grip Dumbbells	6 pairs
Terry Springs Spiral	6.

I would also bring under the notice of the D.M.S. the advisability of bringing this scheme under the notice of Australian Auxiliary Hospitals so that men who would benefit by such treatment may be transferred earlier to No. 2 Command Depot.

Soldiers of this type have also been detained for prolonged periods in British Hospitals before discharge.

The above for discussion with D.M.S. only.

W. H. A. E. Colonel.
A.D.M.S., A.I.F..

APPENDIX 4 Appendix No 4

From O.C. A.A.M.C. Training Depot

To A.D.M.S. A.I.F. Tidworth.

I have to forward the following report on Officers' School held at A.A.M.C.T. Training Depot, No.2.Camp, Parkhouse from 26.7.17 to 9.8.17. †

The work done mainly consisted of drill, instruction and lectures. The drill instruction which was carried out by the Depot Training Officer, Capt. Mackay, comprised squad, company, and stretcher drill. The Officers at the School were put through their drill first and were then each allowed to take charge of the squads under the Training Officer's supervision. The result of this method, and the keen interest taken by both instructor and members of the class, was that all the Officers, at the end of the School, were capable of taking charge of a squad in a most satisfactory manner. Lectures as per attached list were given daily both by Major. Adey D.A.D.M.S. and by Major Kennedy, O.C. A.A.M.C. Training Depot.

A lecture on map reading was given by Capt. Hinton 6th Div.M.G.Coy., and one on military law by Capt. Appleford, Adjutant, A.A.M.C. Training Depot. A mock orderly room was also held at which members of the class attended. A syllabus of training and list of Officers who attended the School is also attached.

(Sgd) B.C. Kennedy
Major.
O.C. A.A.M.C. Training Depot.

No.2.Camp Parkhouse.

28.8.1917.

LECTURES FOR OFFICER'S TRAINING SCHOOLNo.2.CAMP PARKHOUSEAUGUST 1917.DAY & DATELECTURE ON

Monday August 6th inst.

Trench Feet by Major. Adey.

Tuesday August 7th inst.

Casualty Clearing Stations
by Major. B.C. Kennedy

Wednesday August 7th inst.

Hygiene of Troops in France
by Major. B.C. Kennedy

Thursday August 8th inst.

Evacuation of Wounded from
Front Line to Base
by Major. B.C. Kennedy.-----
No.2.Camp Parkhouse.

6th August 1917.

SYLLABUS OF LECTURES.

2 to 3 p.m.

<u>Date</u>	<u>Lecture</u>	<u>By Whom</u>
Thurs. 26th July.	Administration of Medical Services	Major. Adey.
Friday 27th July.	Regimental Medical Officers Behind the Line	Major. Kennedy.
Monday 30th July.	Regimental Medical Officers In the Line	Major. Kennedy.
Tuesday 1st Aug.	Gas and its Prevention	Major. Adey.
Wed 2nd Aug.	Field Ambulances	Major. Kennedy.
Thurs. 3rd Aug.	Field Ambulances	Major. Kennedy.
Friday 4th Aug.	Diseases peculiar to Soldiers	Major. Adey.

John K. Adey
Major.

APPENDIX 4

CONFIDENTIAL.

From Capt J.S. Mackay. A.M.C.

To A.D.M.S. A.I.F. Tidworth.

Sir:

I have the honor to submit the following report on Officer's Training School which commenced on July 26th 1917 and concluded on August 9th 1917.

Nominal Roll of Officers attending School as attached list.

The Training included Squad, Section, Company, and Stretcher Drill with in addition Extended Order Drill and a series of Lectures by Majors Adey and Kennedy.

All the Officers showed keenness at their work and the results obtained were very satisfactory.

The following Officers who have had previous Training showed the most proficiency:

Hon Major	Stewart	E.A.
Capt	Arnold	G.P.
Capt	Robertson	G.O.
Capt	Gray	J.
Capt	Millett	W.L.
Capt	de Lacy	O.F.
Capt	Meyers	E.S.

The remaining 23 Officers would undoubtedly benefit by further training but have gained a certain amount of knowledge.

I have the honor to be Sir,

Your obedient servant,

J.S. Mackay

Capt.

I/charge Officers Training
No 2 Camp Parkhouse.

No 2 Camp Parkhouse
9th August 1917.

CIRCULAR INSTRUCTION No. 40 - 4.7.1917 - by Colonel D.H. McBoo
D.I.S. A.I.F. DEPOTS IN U.S.A.

TREATMENT OF SCABIES.

It has been noticed that in many stations treatment recommended in Circular Instruction, issued with A.M.C. Orders of 18th March 1917, has been modified in the way of increasing the number of baths. If the preliminary bath is carried out thoroughly, as laid down in this instruction, there is no need for any further bath treatment other than the final bath, which is necessary mainly for cleanliness. As, however, there is a possibility that the facilities for bathing do not allow of the methods laid down by this instruction to be carried out in every detail, the following modified course of treatment will be adopted:

1st DAY.

(a) Preparation for Bath.

Rub the entire body from neck downwards with soft soap for 20 minutes, using a soft brush or flannel. The brush is to be dipped in Fleming's Solution, which is diluted with an equal quantity of hot water and all lesions are especially scrubbed.

(b) No. 1. Bath.

Get into a bath of temperature 96 Fahr. to 100 Fahr. to which Fleming's Solution has been added. (1 Teaspoonful to each gallon of water). The rubbing and scrubbing is continued in the bath for at least half an hour.

(c) No. 1. Rubbing.

After drying thoroughly rub in the following ointment for 10 minutes.

R.	Beta Naphthol	dr.	1
	Sulph. Præcip	dr.	2
	Azong. Porci	dr.	6
	Sapon. Virid	dr.	2
	Crêt. Alb. Pulv.	dr.	$\frac{1}{2}$

(d) Change of Clothing.

The patient then puts on a complete change of clothing. This to consist of flannel underwear, stockings, and gloves and Hospital blue uniforms which can be obtained on application to those Headquarters in the usual way.

2nd DAY.

No bath will be given.

No. 2. Rubbing) will be given as directed above with an inter-
 No. 3. Rubbing) val of 12 hours between the rubbings.

3rd DAY.

Repeat first days treatment.

(a) Preparation for Bath.

(b) No. 2. Bath.

(c) No. 4. Rubbing.

4th DAY.

No active treatment.

Nothing but the following Dusting Powder will be used e.g.

Boracic Acid Pulv., Zinci Oxidi, Talei, Amyli, in equal parts.

5th DAY.

Final bath. Duration 10 minutes. To the bath add $\frac{1}{4}$ lb. Borac
 $\frac{1}{4}$ lb. Bicarbonate Soda and 1 cupful prep. Starch. No Fleming's Solution in this bath.

The original clothing which should have been sterilized by now is put on.

The Soldier is then discharged.

with dusting powder if inflammatory lesions persist; with Carbolic Bazaar paste (6 grams Carbolic Acid to 1.oz of paste) if itching persists. Itching persists in a least 50% of cases after the Scabies is cured.

NOTES.

- (1) If this treatment is efficiently carried out it is quite impossible for any parasite to be left alive.
- (2) Soldiers are not to receive more bath and Sulphur treatment than laid down in this instruction.
- (3) Recurrences have occurred due to neglect to sterilize Soldiers kit. Special attention will be paid to ensure that all clothing receives effective sterilization.

A copy to be posted up in every hut in which Scabies Cases are retained for treatment in lines.

Final Preparation Bath for about 29th

APPENDIX

6 Appendix No 6 19

FOR WEEK ENDING 10 p.m. THURSDAY / /

UNIT.....AVERAGE BATTION STRENGTH.....

No. of V.D. EVACUATED TO HOSPITAL FOR WEEK.....
Where acquired (Stating Towns and where available addresses).

Local.....	London.....	Elsewhere.....
.....
.....
.....

EARLY TREATMENT.

1. Number reporting for E.T.	Total reported	Washed out	Sealed up	Cured
(A) With Discharge	.....	.....	.....	.....
(B) Without Sign	.....	.....	.....	.....
Totals	.....	.....	.....	.....

MONTHLY LECTURE.

Has the monthly Lecture been delivered?.....

WEEKLY EXAMINATION.

Has a short-arm parade of the whole Unit been held?.....

MEN GOING ON LEAVE.

- Has a lecture been given to all men going on leave?.....
 - Have cards of advice been handed to each man?.....
 - Have Margo Outfits been offered to each man?.....
 - Is there a supply of French Letters available?.....
 - No. of men who have gone on leave for the week.....
 - No. of cards of advice accepted for the week.....
- No. of Preventives accepted. (French Letters.....
(Margo Outfits.....

MEN ARRIVING IN CAMP. Whether from Short Leave, 14 day's Purlough or Fresh Draft.

- Has each man been examined as soon as possible after arrival?.....
- All men coming into Camp must be strongly advised to attend the E.T. Depot, if they have taken the risk without proper precautions.

Have you carried out this instruction?.....

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

.....S.M.O.

.....Unit.

DateDate Despatched.

S.M.O.

LECTURE TO BE DELIVERED BY R.M.O'sCONCERNINGTHE PREVENTION OF VENEREAL DISEASE.

Incidence - Risk of Infection - Preventive Measures
 Early Treatment - Concealment of Disease.

.....

- (1) INCIDENCE. The blood purity of our race is directly menaced owing to the spread of venereal disease amongst the Australian Imperial Force. The flower of Australian manhood, the fathers of the next generation are subjected to infection from Syphilis and Gonorrhoea unless they avoid irregular sexual intercourse. Abstinence is not harmful to the system. Too large a percentage of the fighting force is rendered unfit for duty either temporarily or permanently owing to infection from disease that is to a large extent preventable.

The honour of Australia lies in the hands of the men who left their homes to serve her. It is a serious responsibility, and every man who is worthy will endeavour to keep a clean record, so that at the end of the war we shall be able to proudly state that the percentage of venereal disease cases in the Australian Army was remarkably low.

Think of the national disgrace if the opposite results, and we have to state that the percentage of venereal disease was regrettably high.

- (2) RISK OF INFECTION : Should a Soldier be unfortunately led into illicit sexual intercourse, he should make every endeavour to preserve his health by taking precautionary measures to avoid disease

Every unprotected connection with a woman must be regarded as a possible, even a probable source of infection.

In London especially the risk of getting disease is enormous. The man who is even more dangerous than the professional. The man with alcohol in his system is more liable to become infected than the man who is sober.

The only absolutely safe method is to avoid taking the risk.

- (3) PREVENTIVE MEASURES.

(A). First and foremost the "French Letter" is recommended as the only comparatively safe means of preventing disease. The widespread superstition that using "French Letters" is harmful to the system is absolutely false. Every man who goes with a woman is strongly advised to supply himself with these articles, obtainable on application to N.C.O. i/o Medical Inspection Room.

(B) MARGOL OUTFITS. If properly used diminish the risk considerably.

(a) Galamel Ointment - should be used before as well as after connection in order to prevent chafing. A man may get a chafe during connection or there may be a chafe already present, practically invisible to the naked eye, through which the germs of Syphilis

(2)

may very rapidly penetrate within a few hours and get right into the system. It is then no longer a local disease.

(b) Nazgol Jelly - should be used within half an hour after connection. Half the contents of the tube should be squeezed in and held in for 3 to 5 minutes. If this be done the chance of getting Gonorrhoea is greatly diminished but not altogether eliminated, therefore in addition, men are advised to attend at one of the Early Treatment Depôts, which are open at all hours of the day and night.

(c) THE EARLY TREATMENT DEPÔTS at Room 100a, 130 Horseferry Road London, and in Unit lines at every Medical Inspection Room, are another valuable means of avoiding disease.

Already thousands of men have prevented disease developing by presenting themselves for treatment at these Depôts, as soon as possible after taking the risk. Men who take risks locally must attend at the Medical Inspection Room, or wherever the prophylactic hut is established, the same night without fail.

(4) EARLY TREATMENT. Should the disease develop or should there be any suspicion even that the disease is present, report at once without losing an hour to your Medical Officer, or if in London at the Early Treatment Depot, for then prompt treatment will probably cure the disease within a few days.

The earliest signs of disease are itching around the eye of the penis - "Itchy Tip", or slight burning on passing water and sometimes a slight discharge, watery or yellowish without previous itching or burning. What is popularly known as a strain, is nearly always a dose of "Gonorrhoea". Men who have been with a woman without taking adequate precautions should report to their Medical Officer immediately on return to Camp. Such men should be sealed up even if no active signs of disease are present, for it is certain that a number of such men are already infected.

(5) CONCEALMENT OF DISEASE. The man who conceals his disease will get it firmly established in his system and it may be months - even years - before he is cured. Take advantage of these opportunities to keep fit. Play the game fairly and the loss to the fighting strength from preventable disease will be considerably reduced.

Headquarters,
A.I.F. Depôts in U.K.
14th February 1917.

George Raffan

MAJOR.

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

The 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 —

The precautionary measures to be adopted.

These 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.'s to arrange to always have a supply of FRENCH LETTERS ON HAND.

Money must be paid in advance. The price is 1/6 for 10 dozen.

Staff Sergt. Magaroy, Base Medical Store, Rmurtpore Barracks, Tidworth, is authorised to receive money, and applications should be made to him alone.

French Letters can also be obtained at the L.F. Depot, Room 100a 150 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 Prepuce (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 Gallon 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 Gallon Ointment has been/used or not smear the penis with it as above described.

Should there be an obvious abrasion or tearing of the frenum (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 Balford 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.

-- C --

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 ointment. 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 Liqueur 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 itchinness 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.

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.

(9) THE ABORTIVE SEALING-UP METHOD.

Requisition for a "Complete Sealing up and Early Treatment Outfit from Base Medical Stores, or for those articles lacking in your present outfit.
For 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 Adapter 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 3% Sol. Alumen. Acetat.
- 1/2 Winchester Aqua Dest.

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

TECHNIQUE. A 5% solution of Argyrol is sealed into the anterior urethra once daily for 4 days.
It is sealed with Methyl Collodion (non-contraction) 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 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 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.

After unsealing the second time with Acortone, wash out the urethra with 3% Aluminium Acetate Solution. 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 protein is immediately precipitated and none of the silver goes into the solution. The patient should have complete rest in bed whilst this treatment is being carried out, but even without rest in bed the procedure is usually successful. Should there be any symptoms of gonorrhoeal infection after 4 days the patient should be treated by other methods in a venereal hospital.

6
--- D ---

INSTRUCTIONS TO A.M.C. ORDERLIES REGARDING
THE EARLY TREATMENT OF VENEREAL DISEASE.

- A The procedure to be adopted is as follows :-
- 1 Before treating a man tell him to pass his water.
 - 2 Wash in soap and water.
 - 3 Wash in 1 in 1000 corrosive sublimate solution. Be careful that the strength is exact.
 - 4 Using a wooden probe (like a pointed match) with cotton wool wrapped round it, swab out the meatus and first $\frac{1}{2}$ inch of the urethra with 10% Argyrol solution.
 - 5 Inject 20 to 25 minims of 10% Argyrol solution into the urethra. This is retained for 5 minutes.
 - 6 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. Carbolic 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.
- B Every part of the treatment must be carried out carefully using strict antiseptic precautions.
- C The N.C.O. in charge of the medical inspection hat will keep a record of the number of men reporting.

7

--- 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 ~~very~~ 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.

AHS

14th August 1917.

From A.D.M.S. A.I.F.
TIDWORTH.

To D.M.S. A.I.F.
Administrative Headquarters,
130 Horseferry Road,
S.W.

Orthopaedic, Remedial, Gymnastic and Manipulative
Treatment at No. 2 Command Depot, Weymouth.

I desire to make the following recommendations with regard to the treatment of all soldiers requiring Orthopaedic treatment at No. 2 Command Depot, Weymouth:-

1. That a Staff be trained on the following lines:-
 - (a). A Medical Officer be sent to the Orthopaedic Military Hospital, Shepherds Bush, for a tour of duty.
 - (b). A skilled workman or workmen from No. 2 Command Depot, Weymouth, be also sent to this Hospital for instruction in splint making, as carried out in the workshops there.
 - (c). That the Surgical Bootmaker at present at No. 2 Command Depot, Weymouth, be also sent to the workshops at the Orthopaedic Military Hospital for instruction in the methods in use there.
 - (d). The Staff Sergeant in charge of Electrical & Massage Treatment at No. 2 Command Depot receive instruction at the Orthopaedic Hospital in the use of Bristowes Coils.
2. Duties:
The Medical Officer having been trained in Orthopaedic work will
 - (a) Inspect all soldiers reporting at No. 2 Command Depot.
 - (b) Return to hospital all soldiers who require such operative treatment as nerve suture.
 - (c) Do any necessary minor operative treatment, such as division of tendons and rectification of deformities under anaesthetics.
 - (d) See that all necessary mechanical treatment to reduce deformities is carried out.
 - (e) Fit any splint necessary to overcome deformities, e.g. Plaster of Paris, Jones' Malleable Iron Splints, Foot Drop and Wrist Drop Splints.
 - (f) Classify soldiers for the following treatment if they require it:- Electrical, Massage, remedial gymnastics either individual or general.
3. No. 2 Command Depot to be entirely self contained, and to provide all necessary splints, boots and mechanical apparatus. Bristowe's method of using Electricity to be employed.
4. All soldiers with stiffness of joints, contractures of muscles or tendons or similar lesions will receive remedial

gymnastic treatment, provided there is no contra indication to its employment.

Additional apparatus, viz., slanting ladders and spar plank, wrist rollers etc., will be required.

I would also recommend that any necessary Orthopedic measures be continued on the invalid Transports on which soldiers are returned to Australia, but that no case other than those mentioned in para. 2 (b)., be delayed in England for this purpose.

I do not recommend that soldiers fit to travel to Australia be retained in England for Orthopedic Treatment, because in these, the will to get well would be absent if they knew that their return to Australia had been delayed for this purpose.

It would be advisable for the Medical Officers returning on Invalid Transports to be present at Weymouth for a week or two prior to the departure of the Transport, so that they may familiarise themselves with any treatment required by the soldiers who will be under their care on the voyage.

In addition to the Massage Staff, which is now being placed on the Transports, I would recommend that at least 2 soldiers trained in remedial gymnastic treatment at Weymouth be also put on each Transport with a few gymnastic appliances, e.g.

For 100 Cases.

Plinths	2 (1 High, 1 Low)
Cycle Exercisers	1
Rowing Machines	1
Grip Dumbbells	6 pair
Terry Spring Spirals	6.

Stull Whae

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

APPENDIX 9

AMS

24th August 1917.

From A.D.M.S. A.I.F.
TIDWORTH.

To D.M.S. A.I.F.
Administrative Headquarters,
130 Horseferry Road,
S. W.

I attach, for the information of the D.M.S., reports from O.C. 1st A.D.H. and M.O. i/c Convalescent Training Depot, for the first month in which this Depot has been used as an avenue for discharge of Gonorrhoea patients.

Soldiers requiring a test of work before discharge to their units are sent to the C.T.D. for a week's test of training before return to their units. No Gonorrhoeal Convalescent is retained in the C.T.D. for longer than a week. At the end of that period cases are discharged to units or readmitted to hospital.

For the month ending 17th August

271 Patients were discharged to C.T.D. one to two weeks earlier than if they had been discharged to units = approx. a saving of 406 weeks treatment.

56 of these 271 were readmitted to hospital

19 were discharged within 2 weeks

37 were retained in hospital for longer than 2 weeks.

Each of these 37 cases could be retained in hospital for 10 weeks before the 406 weeks gained by the earlier discharge from hospital were used up

and as the average period cases of this type would remain in hospital after such readmission, is much less than 10 weeks, the system of earlier discharge to the C.T.D. is resulting in definite diminution of the period Gonorrhoea cases are retained in hospital under treatment.

Steuwhae Colonel.
A.D.M.S. A.I.F.