

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

Medical, Dental & Nursing

Item number: 26/30/11

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

June 1918



AWM4-26/30/11

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WAR DIARY
or
INTELLIGENCE SUMMARY.

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Army Form C. 2118.



Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			<p><u>WAR DIARY MEDICAL SECTION, HEADQUARTERS A.I.F. DEPOTS IN U.K. FOR THE MONTH OF JUNE, 1918.</u></p> <p>During the month of June the strength of A.I.F. Depots in U.K. has increased from 33,432 to 33,994.</p> <p><u>"A" MEDICAL OFFICERS.</u></p> <p>The number of Medical Officers on the strength of the Command on 1.6.18 was 77, and on 30.6.18 74. There have not been nearly so many changes this month; two reinforcement Officers arrived from Australia and five reported to the Command from the D.M.S. Seven Officers marched out to the D.M.S. for passage Overseas, and two embarked for return to Australia.</p> <p>On 22.6.18 Captain S. McLennan, S.M.O. 3rd. Training Brigade, Codford, had to relinquish duty on account of Influenza; his place is temporarily being filled by Major H.A.C. Irving from No. 3 Command Depot.</p> <p>Major A. Cook, formerly Medical Officer of the Convalescent Training Depot, Parkhouse, has been appointed S.M.O., Parkhouse, in addition to his present duties at the C.T.D.; this appointment is practically a new one and was necessitated by the transfer of the A.A.M.C. Training Depot to another area as described later. The Units which come under his medical supervision are the Convalescent Training Depot, The Machine Gun Training Depot, The A.A.S.C. Training Depot, and certain details located at No. 2 Camp, Parkhouse.</p> <p>The Birthday Honours list contained the names of Lt. Colonel W.E. Grigor, and Lt. Colonel J.K. Adey, S.M.O. Hurdcott Area, both of whom were awarded the O.B.E.</p> <p>With regret it is recorded that Captain R.A. Sillar, A.A.M.C., who only recently arrived from Australia, met with an accident on 30.6.18 and died a few hours later.</p> <p><u>APPENDIX "A"</u> (Attached) shows the weekly distribution and posting of Medical Officers for the month of June.</p> <p><u>"B" HEALTH OF TROOPS.</u></p> <p><u>General:</u> The outstanding feature of the health of the troops for this month has been the occurrence of a widely spread Influenza Epidemic. During May there were two or three small and scattered outbreaks of this disease and in addition towards the end of that month</p>	

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			<p>a more severe form occurred amongst troops, at Parkhouse, and subsequently at the Engineering Training Depot, at Brightlingsea, who had recently arrived from Australia ex. Transport "Runic". As a result the admissions to Hospital for Influenza for the week ending 30.5.18 rose to 199; during the first fortnight of June these epidemics appear to have abated with the result that for the weeks ending 6.6.18 and 13.6.18, the numbers sent to Hospital were 62 and 91 respectively. After this, however, these figures went up with a bound, and the disease became absolutely generalised throughout the Command. The civilian population of England was at the same time afflicted, and it is understood that it also prevailed amongst the troops in Europe both of the Allies and the enemy.</p>	
			<p>So far as A.I.F. Depots are concerned the infection was probably in part the sequel of the May outbreaks but no doubt in the main it was part of the more widely distributed epidemic, and was introduced to the Camps by men returning from leave. Attached as APPENDIX "B". is a graph showing the total number of soldier in Hospital at each week end for the past two months and the no of cases of Influenza sent to Hospital weekly during the same period.</p>	Appendix B
			<p>The epidemic in a generalised form commenced to manifest itself about the 20th. instant, and for several days admissions to Hospital increased at an alarming rate. During the last two of three days of June it began to show signs of abating. Special weekly reports are being obtained from all S.M.O's. and when these are all received it is intended to consolidate them.</p>	
			<p>The form of the disease has been typical of true Influenza. Most cases had a sudden onset, high temperature, great prostration, marked headache, generalised body pains, and catarrhal symptoms mainly of upper respiratory passages.</p>	
			<p>In the majority of the cases the attack has lasted only 2 - 4 days and convalescence has been uneventful. In the Sutton Veny Area an Influenza vaccine has been used both prophylactically and curatively, but the report as to its efficiency is not yet to hand. In other areas it is considered that no medicinal treatment has had any effect on the progress of the attack.</p>	
			<p>The steps taken to cope with the epidemic are fully set out in Circular Memorandum No.252 issued from these Headquarters, a copy of which is attached to the Weekly report of health for the week ending 27.6.15 (See Appendix "C") A plentiful supply of fresh air was considered to be the most likely to limit the epidemic and so the number of men allotted to Huts and Barracks was decreased to half the normal, tents being freely used where necessary. Special attention was also devoted to airing of blankets.</p>	measure
			<p>A6945 Wt. W11422/M1160 350,000 12/16 D. D. & L. Forms/C.2118/14.</p>	

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			<p>The British Hospitals were, early in the epidemic, unable to accept any more patients and so our Group Clearing Hospitals were temporarily expanded; the Camp Hospital at Parkhouse was increased from 50 to 150 beds, at Hurdcott from 250 to 343, and at Codford from 100 to about 160.</p>	
			<p>Two cases have been reported as having died from Influenza during June, one of which was complicated by Pneumonia. Particulars are not yet to hand.</p>	
			<p>Apart from Influenza the general health of the Troops has been quite satisfactory. For the four weeks ending 6.6.18, 13.6.18, 20.6.18, and 27.6.18, the total numbers in Hospital were respectively 1678, 1637, 2052, and 2458, the corresponding percentages being 4.99, 4.94, 6.20, and 7.31; of the above quoted totals the following numbers viz. 631, 636, 819, and 1122 are patients in Group Clearing or Camp Hospitals i.e., not true statistical Hospitals.</p>	
			<p>There have been 8 cases of Pneumonia during the month, and one of cerebro-spinal Meningitis. There have been 9 deaths from all causes.</p>	
			<p>For full statistical details as to the Health of Troops, see <u>APPENDIX "C"</u> which consists of the weekly reports on this subject submitted to the D.M.S.</p>	Appendix C
			<p><u>2. Infectious Disease:</u> The number of soldiers in Hospital during the month on account of Infectious Disease (excluding Scabies) for the weeks ending 6.6.18, 13.6.18, 20.6.18, and 27.6.18, were respectively 80, 68, 79, and 69, and the number of soldiers isolated as contacts for the same periods were 962, 1010, 1031, and 707.</p>	
			<p>The incidence of Infectious Disease has shown a definite fall during the month, 23 soldiers only having been admitted with Mumps during the last two weeks of June as compared with 75 during the first half of the month. This is largely due to the fact that during the month no Transports from Australia with Infectious Diseases have arrived. The incidence of Measles and Mumps in the Command always rises with the arrival of an expected draft of reinforcements, and then shows a gradual fall till a similar subsequent reinfection occurs.</p>	
			<p><u>3. Venereal Disease:</u> The incidence of Venereal Disease shows practically no change as compared with the previous two months, the numbers of soldiers in Hospital on account of V.D. varying from 433 to 466.</p>	
			<p>32 cases of Gonorrhoea were discharged to the Convalescent Training</p>	
			<p>A6945 Wt. W11422/M1160 350,000 12/16 D. D. & L. Forms/C.2118/14.</p>	

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			<p>Depot for trial by graduated Training prior to being returned to their Units. 8 such cases relapsed and were returned to Hospital for further treatment.</p>	
			<p><u>Early Treatment:</u> 9842 soldiers attended the Early Treatment Depots during the month. Of these 681 showing signs of disease were sealed up and 619 such cases were aborted. These figures can hardly be considered as reliable scientific data, as many of the men described as "showing signs of disease" present subjective symptoms only and doubtless some of them are not infected cases; moreover in no case is microscopical examination of the discharge, if present, carried out.</p>	
			<p>See <u>APPENDIX "D"</u> which consists of the Consolidated Weekly Early Treatment</p>	<u>Appendix D</u>
			<p>Returns.</p>	
			<p><u>"A" A.A.M.C. TRAINING DEPOT.</u></p>	
			<p>The A.A.M.C. Training Depot has been removed from "Parkhouse Camp" to Rowant. This move which commenced on the 13.6.18 and was completed on 16.6.18, was effected in order to provide room for the Australian Machine Gun Training Depot, which was transferred to Parkhouse from Grantham. Advantage was taken of this move to return to Ordnance a large quantity of surplus Hospital Stores which had been retained at Parkhouse ever since the disbandment of the Parkhouse Venereal and Mumps Hospital in June, 1917.</p>	
			<p>The A.A.M.C. Training Depot's new camp is situated close to the 2nd. Training Brigade, and consequently now comes under the medical administration of the S.M.O., Hurdcott Area.</p>	
			<p>During the month the strength of the Depot has decreased from 500 to 460. 16 other ranks have arrived as reinforcements from Australia and 48 have marched in from Overseas Training Brigade. There has again been no call from France for general reinforcements but 51 casuals have been returned to their Units; of the latter a comparatively large proportion have been N.C.O's, instructions having been received from the D.M.S. that all "A" Class, N.C.O's. are to be returned to their Units as soon as they are medically fit to do so.</p>	
			<p>On 26.6.18 Captain R.A.R. Green reported from the D.M.S. for duty at the A.A.M.C. Training Depot as adjutant. This appointment of an ^{OFFICER} man with Active Service experience to permanently fill this position was highly desirable and should prove much more satisfactory</p>	

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			<p><u>WAR DIARY MEDICAL SECTION, HEADQUARTERS A.I.F. DEPOTS IN U.K., FOR THE MONTH OF JUNE, 1918.</u></p> <p>than utilizing for this duty a newly arrived Officer from Australia, as has been done for several months past.</p> <p><u>"D." COMMAND DEPOTS.</u></p> <p><u>1. General:</u> The intake to and the output from Command Depots shows little change as compared with last month. Soldiers of B1b category continue to predominate and consequently all accommodation at No. 3 Command Depot has been taxed to its uttermost - v. APPENDIX "E" which consists of the consolidated Command Depot returns (Note - these are for a five weekly month.) These show that for the five weeks ending 1.6.18, 8.6.18, 15.6.18, 22.6.18, and 29.6.18, 5154 soldier have reported at Nos. 1, 3, and 4 Command Depots, either direct from Auxiliary Hospitals or after furlough, as compared with 3574 for the four weekly month of May; while No. 2 Command Depot has received 859 soldiers from these sources as compared with 874 last month.</p> <p>There have been no special changes in policy at Command Depots during the month. The new system of graduated training described last month is now in full swing and is being carried out with keenness and good results.</p> <p><u>2. No. 2 Command Depot:</u> The strength of this Depot has again fallen, the average for the month being about 3000. 1973 soldiers have marched out from Weymouth to the port of embarkation for return to Australia as compared with 1692 for the preceding month.</p> <p><u>3. Training of Invalids returning to Australia:</u> A matter which for several months has engaged the attention of the A.D.M.S. has been the training at No. 2 Command Depot of those soldiers who, though returning to Australia as invalids are in need of no special treatment such as massage, electrical, or remedial gymnastics. At one time these soldiers did not receive any very systematic training, and the result was undoubtedly that they became "soft" physically and inert mentally. At the beginning of this year a system of grading these men according to the amount of training they were physically fit to perform was introduced and at his primary classification every soldier's card was marked U1, T1, or T2, meaning, Unfit for training, training of a mild degree, and training of a more strenuous nature. This training formerly took the form of Route marches and subsequently organised games.</p>	<p>435</p> <p>Appendix E</p>

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			<p>vide <u>Appendix "F"</u>, Annexure "D" of last month's diary. These men at Weymouth are therefore now receiving definite training; much of the good results of this, however, will be annulled unless similar measures are adopted on the Homeward Bound Hospital Carriers. With this object in view the A.D.M.S. submitted to the D.M.S. on the 24th. instant a recommendation as regards the continuation on the ships of this training; see <u>APPENDIX "F"</u> which is a copy of this report. Further reference to this matter will be made next month.</p>	<u>Appendix F</u>															
			<p><u>"E" TRAINING UNITS.</u></p>																
			<p>During the month only 92 reinforcements arrived from Australia - not a very adequate number to support five divisions in the field.</p>																
			<p><u>APPENDIX "G"</u> is a copy of an additional report on soldiers arriving in England in January and February of this year who have been boarded as unfit for Service. This is directly in continuation of Appendix "F" of the March Diary and Appendix "L" of May Diary</p>	<u>Appendix G</u>															
			<p><u>APPENDIX "H"</u> is a report on the dental fitness of reinforcements arriving from Australia in May, 1918 - it will be seen that 52% of these soldiers required Dental attention of one form or another.</p>	<u>Appendix H</u>															
			<p><u>"F" OVERSEAS TRAINING BRIGADE.</u></p>																
			<p>The return of soldiers retrograded from "A" Class to lower Medical categories for the month of May is as follows:-</p>																
			<table border="1"> <thead> <tr> <th data-bbox="822 1391 1218 1441"><u>No. Marching in.</u></th> <th colspan="4" data-bbox="1629 1391 2072 1441"><u>Number retrograded.</u></th> </tr> <tr> <td></td> <th data-bbox="1376 1431 1566 1481"><u>To B1a.</u></th> <th data-bbox="1629 1431 1819 1481"><u>To C1.</u></th> <th data-bbox="1882 1431 2072 1481"><u>To B2b.</u></th> <th data-bbox="2135 1431 2420 1481"><u>To C2 or C3.</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="949 1491 1075 1540">3223</td> <td data-bbox="1423 1491 1502 1540">29</td> <td data-bbox="1661 1491 1740 1540">25</td> <td data-bbox="1930 1491 1977 1540">1</td> <td data-bbox="2167 1491 2278 1540">Nil.</td> </tr> </tbody> </table>	<u>No. Marching in.</u>	<u>Number retrograded.</u>					<u>To B1a.</u>	<u>To C1.</u>	<u>To B2b.</u>	<u>To C2 or C3.</u>	3223	29	25	1	Nil.	
<u>No. Marching in.</u>	<u>Number retrograded.</u>																		
	<u>To B1a.</u>	<u>To C1.</u>	<u>To B2b.</u>	<u>To C2 or C3.</u>															
3223	29	25	1	Nil.															
			<p>Total - 55. Of these 55, 19 were suffering from the condition now classed as "Effort Syndrome", and 12 from Defective Vision. This figure compares very favourably with those given last month for the earlier part of the year, and are a reflection of general increased efficiency at Command Depots and at the O.T.B. itself.</p>																
			<p>REF A6945 Wt. W11422/M1160 350,000 12/16 D. D. & L. Forms/C.2118/14.</p>																

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			<p><u>"G" GENERAL MATTERS.</u></p>	
			<p><u>1. Review of other than "A" Class personnel.</u></p>	
			<p>For several months towards the end of last year and until March of this year there was in existence a Travelling Medical Board, this Board, which consisted of two Medical Officers, periodically visited all Units in the Command, and Medically reviewed all soldiers who had been classified B2a or C1; it took this Board approximately three months to complete its tour; at each unit a combatant Officer was detailed to sit with the Medical Members of the Board and to advise the latter as to the nature of the man's employment and their ability to carry out same. In March, owing mainly to the shortage of Medical Officers this Board was disbanded.</p>	
			<p>It is considered highly desirable, however, to have all such soldiers reviewed at regular intervals, and with this end in view Circular Memorandum No. 247 was issued from A.I.F. Depot Headquarters on 10.6.18, a copy of which is appended as <u>APPENDIX "J"</u>. The functions of this Board and the procedure to be adopted is clearly set out in this memorandum. It will be seen that in addition to the strictly medical functions of these Area Medical Boards, they are to also report to these Headquarters all cases of soldiers who are fit only for Home Service and who cannot be profitably employed upon such duties. Such men will be sent to Weymouth for return to Australia and discharge - an obviously sound proceeding economically.</p>	<u>Appendix J</u>
			<p><u>APPENDIX "K"</u> is a copy of a memo sent to all S.M.O's. on 30.6.18, pointing out the inadvisability of placing a soldier, though not fit for General Service, in a lower category than his condition absolutely warrants. This is, in part, pursuant to the policy indicated last month of replacing C1 soldiers on Home Services Duties by those of B2a category.</p>	<u>Appendix K.</u>
			<p><u>2. Inspection by Colonel A. Honman, A.A.M.C.</u></p>	
			<p>On 11.6.18 Colonel A. Honman arrived in this Command. This Officer had been sent from Australia by the Commonwealth Government to enquire into, and report upon, Orthopaedic Work and other allied matters relating to the care and treatment of soldiers invalided by Military Service. On the 12th. instant he visited Sutton Veny, on the 13th. instant No. 3 Command Depot, Hurdcott, and thence he proceeded to Weymouth, where he spent three days at No. 2 Command Depot. Attached as <u>APPENDIX "L"</u> is a copy of his report on Orthopaedics as carried out in A.I.F. Depots.</p>	<u>Appendix L</u>

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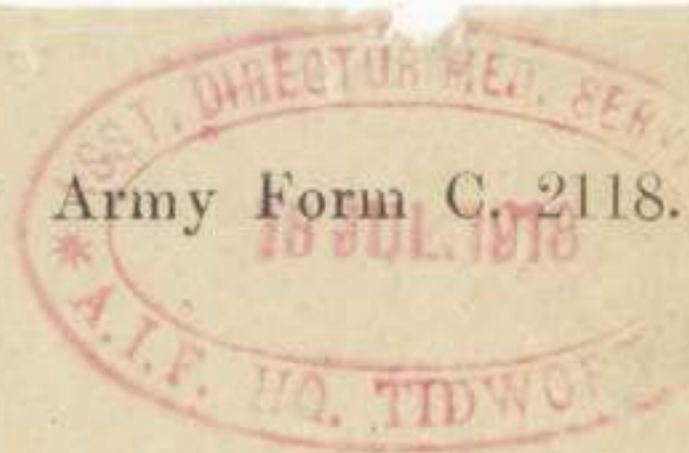
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			<p><u>3. A.I.F. Detention Barracks, Lewes.</u></p>	<u>Appendix M.</u>
			<p>Attached as <u>APPENDIX "M"</u> is a decidedly interesting report on the Medical work carried out at these Barracks. It will be seen that quite a large amount of Venereal work is carried out at these Barracks, and for this reason the Medical Officer posted for duty at Lewes, ^{must} be one who has had experience of Venereal Disease as met with in the Army. Major Macky had been on the staff of No. 1 A.D. Hospital for many months prior to being appointed to his present position. It may be mentioned that this Detention Barracks has always been most favourably commented upon by inspecting Officers - Medical and otherwise. The organization is very thorough and an exceptionally high standard of discipline is maintained.</p>	
			<p><u>4. Medical History Sheets (A.F.B. 178)</u></p>	
			<p>Considerable attention has been devoted to the completion and preservation of this Army Form during the month. Theoretically a soldier's Medical History Sheet should accompany him throughout his Military Career (except when he proceeds to a sphere of active operations, when it is held by Records till he returns, sick, wounded, or otherwise) All Medical facts relating to him such as inoculation, vaccination, Dental fitness, admissions to Hospital, Specialist's examinations, etc., should be entered thereon, and at the completion of his Military Career it should constitute a complete Medical History of the man; as such it would, of course, be very valuable in assessing pensions, etc.</p>	
			<p>Unfortunately, however, these documents have not in the past in this Command nor elsewhere, been treated with the care and respect which they deserve, and in many cases the documents are of practically no value. With a view to improving this state of affairs Circular Instruction No. 56 (Copy of which is attached as <u>APPENDIX "N"</u>) was issued on the 19th. instant. The procedure therein set out should result in greater attention being paid, in A.I.F. Depots at least, to the care of these documents.</p>	<u>Appendix N.</u>
			<p><u>5. Payment of soldiers suffering from Venereal Disease.</u></p>	
			<p>This is a question of considerable administrative interest. The present position in the A.I.F. is that a soldier admitted to Hospital on account of V.D. forfeits all pay whilst in Hospital unless it can be proved to the satisfaction of the D.M.S. A.I.F. that the disease was acquired prior to enlistment. Both Col. Smith, C.M.G., late O.C. of No. 1 A.D.H., Bulford,</p>	
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			<p>and Colonel J.M.Y. Stewart, B.S.O., the present O.C., were in favour of payment in some form being made to their patients. The views of these two Officers are attached herewith as <u>APPENDIX "O"</u> together with a report on this matter which was submitted by the A.D.M.S. to the D.M.S. on the 18th. instant. It will be seen that the A.D.M.S' views do not coincide with those of Col. Smith and Col. Stewart.</p>	<u>Appendix O</u>
			<p>As this report is being written an order has been issued by Headquarters, A.I.F. France, that as from 1.1.18, members of the A.I.F. will forfeit only one third of their pay whilst in Hospital on account of Venereal Disease. It will be interesting to see if this Order, somewhat revolutionary in its character, is followed by any appreciable increase in the incidence of Venereal Disease.</p>	
			<p><u>5. Sanitation, 6th. Sanitary Section.</u></p>	<u>Appendix P.</u>
			<p>Attached as <u>APPENDIX "P"</u> is a report on the work carried out History of the 6th. Sanitary Section, together with an account of the Sanitary methods employed in this Command. This report has been compiled by Major H.H. Grieve, M.C., O.C., 6th. Sanitary Section.</p>	
			<p><u>7. Group Clearing Hospital, Hurdcott.</u></p>	<u>Appendix Q.</u>
			<p>Attached as <u>APPENDIX "Q"</u> is a report on the work carried on at this Group Clearing Hospital. This has been written by Captain C.P. Rosenthal, Medical Officer in charge, and gives a good idea of the value of these Hospitals. Had it not been for the existence of these the position during the Influenza Epidemic would have been really serious, as the British Military Hospitals were quite unequal to the demands made upon their accomodation.</p>	
			<p><u>8. Military Laundries.</u></p>	<u>Appendix R.</u>
			<p>During the month the question arose as to whether it was preferable in dealing with soldiers largely to have one large centrally situated Laundry, or to have several comparatively small hand laundries distributed amongst the various camps. The D.M.S. asked for a report on this subject and on 25th. June, this was forwarded to the D.M.S. Attached as <u>APPENDIX "R"</u> is a copy of this report. It will be seen that the latter system is favoured in this Command.</p>	
			<p><u>9. Dental Services.</u></p>	
			<p>A Special Report from the S.O.A.D.S. is attached. This includes an interesting article on <u>Ulcerative Gingivitis.</u></p>	Must have been as U.S.

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APPENDIX A

Headquarters, AIF.,
Shurtpore Barracks,
Tidworth,
3rd June 1918.

10

D.M.S., A.I.F.,
Administrative Headquarters,
130, Horseferry Road,
S.W.1.

DISTRIBUTION AND POSTING OF A.A.M.C. OFFICERS AND DENTAL UNITS.

HEADQUARTERS A.I.F. DEPOTS IN U.K.

TIDWORTH.

1.	Colonel	McWhae	D.M. (CMG)	A.D.M.S.
2.	Major	Beamish	F.T.	D.A.D.M.S.
3.	"	Grieve	K.H. (MC)	O.C., 6th San.Sect.
4.	"	Down	J.E.	S.O.A.D.S

A.A.M.C. TRAINING DEPOT AND MUMPS HOSPITAL

PARKHOUSE.

1.	Major	Fraser	A.C.	O.C.
2.	Captain	McCallum	F.	Officer i/c Trng.
3.	"	Baldwin	A.H.	R.M.O. No 3 and 4 Camps.
4.	"	Webb	J.H.	" No 2 Camp.
5.	QM & Hon.Lt.	Eddington	W.J.	

AVAILABLE AT PARKHOUSE (A.A.M.C. TRNG. DEPOT).

1.	Captain	Downer	H.C.
2.	"	Clatworthy	C.H.

CONVALESCENT TRAINING DEPOT

PARKHOUSE.

1.	Major	Cook	A.
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SUTTON VERNY AREA.

S.M.O.	Lieut. Col.	Williams	H.J. (DSO)
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NO. 1 COMMAND DEPOT.

SUTTON VERNY.

1.	Major	Maplestone	P.A. (DSO)
2.	"	Mayo	J.C.
3.	"	McPherson	J.
4.	"	Hagen	H.A.
5.	Captain	Fethers	B.D.
6.	"	Maxwell	C.

OVERSEAS TRAINING DEPOT

LONGBRIDGE, DEVERELL

1.	Major	Fogarty	J.P. (MC)
2.	"	Guyner	E.A.
3.	Captain	Cosgrove	C. (MC)
4.	"	Broadbent	H.R.
5.	"	Brookes	G.A.

R.B.A.A.

HEYTESBURY

1.	Captain	Hayes	W.I.
2.	"	Bean	A.R. (Temporary Duty)

1st TRAINING BRIGADE

SUTTON VERNY.

1st Training Battn.	Camps 3 and 4	1.	Captain Jacobs H.S.
Pioneer Training Battn.	Camp 6	2.	" Robertson J.R.

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2.

WEYMOUTH AREA.

WEYMOUTH

NO. 2 COMMAND DEPOT

- 1. Lieut. Col. Betts L.O. (OBE)
- 2. Major Cross K.S.
- 3. Captain Thomas E.B.
- 4. " Badock A.
- 5. " Bowman A.W.
- 6. " Morris A.B. (Duty "D.11")

LITTLEMOOR DETACHMENT.

- 7. Major Moodie C.G.C.

VERNE CITADEL.

- 8. Captain Van Someren B.

WESTHAM DETACHMENT.

- 9. Captain Seton H.C.C.
- 10. " McKenzie E.

HURDCOTT AREA.

- S.M.O. Lieut. Col. Adey J.K.

2nd TRAINING BRIGADE

FOVANT

- 5th Training Battn. Camps 1 and 2 1. Captain Dinwoodie C.D.
- 9th Training Battn. " 12, 16 and 17.2. " Le Souef R.F.

NO 3 COMMAND DEPOT

HURDCOTT

- 1. Major McKenzie J.B.F.
- 2. " Irving H.A.C.
- 3. " Lewis J.B.
- 4. Captain Rosenthal C.F.
- 5. " Crombie D.
- 6. " Fergie A.J.
- 7. " Wilton A.C.
- 8. " Shaw R.M.

NO 4 COMMAND DEPOT

- 1. Major McDonald J.
- 2. " Tofft W.H.
- 3. ~~McWilliams~~ McWilliams H.H.
- 4. Captain Dawson J.
- 5. " Sillar R.A.
- 6. " MacLure H.A.

GODFORD AREA.

GODFORD.

- A/S.M.O. Captain McLennan S.

3th TRAINING BRIGADE.

- 12th Training Bn. Camps 13 and 14. 1. Capt. Burke-Gaffney A.E.
- 14th Training Bn. " 5, 6 and 7. 2. " Britten E.H.
- Group Clearing Hosp. 3. " Crowley A.H.

1st AUSTRALIAN DERMATOLOGICAL HOSPITAL (Estab. 12) BULFORD.

- 1. Colonel Stewart J.M.Y. (DSO. VD) C.O.
- 2. Lieut.Col. Grigor W.E. (On leave to 20.6.18.)
- 3. " " Raffan G. (Temporary Duty)
- 4. Major Bean J.W.B.
- " " Gibson W.M.

1ST ADESLATOLOGICAL HOSP. (Contd.)

- 6. Major Goldstein A.
- 7. " Strabhan J.O.P.
- 8. Captain Warne J.
- 9. " Beveridge W.J.
- 10. " DeLacy O.P.
- 11. " Young W.R.
- 12. Hon. Capt & QM. Armstrong T. de C.
- 13. Hon Lieut Ramsey A.M.

AUSTRALIAN ENGINEERS TRAINING DEPOT

BRIGHTLINGSEA.

- 1. Captain Scott R.S.

AUSTRALIAN MACHINE GUN TRAINING DEPOT.

GRANTHAM.

- 1. Captain de Crespigny F.C.

A.I.F. DETENTION BARRACKS

LEWES

- 1. Major Macky F.

SICK OFFICERS.

- 1. Captain Jernyn W.H. From 17.4.18 No 3 C.D. (Fovant Hosp.)
- 2. " Streeter J.P. " 25.5.18 Parkhouse (Delhi Hosp.)

SPECIAL DUTY.

- 1. Major Rosenfield R.L. With Sutton Veny Military Hosp. from 14.1.18.

1st. TRAINING BRIGADE, SUTTON VENNY.

	Major. Hayley,	F.W.	
	S.D.O. 1st & 3rd Trng. Bgds.		
No. 78.	Capt. Harbeck,	L. O.T.B.	
83.	" Jennens,	V.C. "	
47.	Lieut. Bell,	G.A. 1st. T.B.	
82.	" Christiansen,	F.H. E.B.A.A.	
63.	" Huet,	F.P.Y. Pioneers.	

2nd. TRAINING BRIGADE, FOVANT.

No. 84.	Capt. Ponsford,	C.H.S. 5th. T.B.
51.	" Eann,	F.C. 9th. T.B.
92.	Lieut. Hebson,	E.E. 9th. T.B.
36.	" Hogg,	O.S.B. 5th. T.B.

3rd. TRAINING BRIGADE, GODFORD.

No. 62.	Capt. Amphlett,	W.M. 12th. T.B.
20.	Lieut. Lumsden,	W.J. 13th. T.B.
30.	Capt. Wright,	H. 14th. T.B.

MACHINE GUN TRAINING DEPOT, GRANTHAM
5 SIGNAL ENGINEERS, GLIFTON, BEDS.

No. 60. H/Cpt. Lucadou-Wells, D.P.

ENGINEERS TRAINING DEPOT, BRIGETLINGSEA.

No. 15. Capt. McIntosh, A.R.

1st. A.D.H. BULFORD.

No. 68. Lieut. Gatehouse, R.

A.A.M.C. TRAINING DEPOT, PARKHOUSE.

No. 38. Capt. Seward, T.L.

A.I.F. HEADQUARTERS, TIDWORTH.

No. 81. Lieut. Broughton, F.W.W.

A.I.F. DETENTION BARRACKS, LEWES.

No. 13. Capt. Taunton, H.C.D.

A.R.O.D. LONGMOOR.

No. 77. Lieut. Chapman, G.B.

HOSPITAL.

Lieut. Hines, A.P.

WARNED OVERSEAS.

Capt. Heaphy, G.A.

No. 1 COMMAND DEPOT, SUTTON VENNY.

	Capt. Marshall,	W.H.
	A/S.P.O.	
	Capt. Austin,	D.M.
No. 87.	Capt. Watts,	H.H.
12.	Lieut. Scott,	E.S.
91.	" Adam,	W.
66.	" Street,	J.R.W.
72.	" Payne,	G.A.
75.	" Seymour-Wells,	P. de M.
76.	" Barnes,	A.E.B.
86.	" Maddern,	C.B.
58.	" Done,	H.J.
93.	" Binns,	J.S.
95.	" Adam,	R.J.

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No. 2 COMMAND DEPOT, WEYMOUTH.

No. 43. Capt. McDougall, E.J.

No. 3 COMMAND DEPOT, BURDOTT.

	Major. Vernon,	R.E.H.
	(S.D.O.)	
	Capt. Fraser,	R.
No. 14.	" Henderson,	A.R.P.
85.	" Heaphy,	G.A.
70.	H/Cpt. Harris,	C.G.
39.	Lieut. Storey,	E.
49.	" Arnold,	H.R.
53.	" Willis,	C.B.
57.	" Herbert,	F.T.
64.	" Wilson,	T.A.M.
65.	" Cooper,	C.M.
79.	" Freeman,	L.A.
61.	" Newman,	A.H.
8.	" Hegue,	J.S.

No. 4 COMMAND DEPOT, BURDOTT.

	Major. Riley,	E.B.G.
	(S.D.O.)	
No. 42.	Capt. Satchell,	G.K.
69.	" Ferguson,	H.D.
21.	" Bennett,	G.B.
88.	" Stevens,	H.E.
28.	Lieut. Wills,	E.W.
54.	" McGregor,	L.R.
67.	" Bonkin,	G.D.
74.	" Maclean,	J.B.
80.	" Peterson,	S.E.
94.	" Coles,	A.D.

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

E/C

CR.AIF.

Headquarters, AIF.,
Bhurtapore Barracks,
Tidworth,
10th June 1918.

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D.M.S., A.I.F.,
Administrative Headquarters,
130, Horsferry Road,
S.W.1.

DISTRIBUTION AND POSTING OF A.A.M.C. OFFICERS AND DENTAL UNITS.

HEADQUARTERS A.I.F. DEPOTS IN U.K.

TIDWORTH.

1.	Colonel	McWhae	D.M. (CMG)	A.D.M.S.
2.	Major	Beamish	F.T.	D.A.D.M.S.
3.	"	Grieve	K.H. (MC)	O.C., 6th San. Section
4.	"	Down	J.E.	S.O.A.D.S.

A.A.M.C. TRAINING DEPOT.

PARKHOUSE.

1.	Major	Fraser	A.C.	O.C.
2.	"	Downer	H.G.	Adjutant
3.	Captain	McCallum	F.	Officer i/c Training
4.	"	Baldwin	A.H.	R.M.O. 3 and 4 Camps
5.	"	Webb	J.N.	" 2 Camp (Warned O/Seas)
6.	QM & Hon.Lt.	Eddington	W.J.	

AVAILABLE AT PARKHOUSE (A.A.M.C. TRNG. DEPOT)

1.	Captain	Oakley	W.G. ex "Ormonde"
2.	"	Robinson	A.T.R. ex "Ulysses"

CONVALESCENT TRAINING DEPOT

PARKHOUSE

1.	Major	Cook	A.
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SUTTON VENY AREA.

S.M.O. Lieut. Col.	Williams	H.J. (DSO)
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NO 1 COMMAND DEPOT

Camps 7, 8, 9 and 10

SUTTON VENY.

1.	Major	Maplestone	P.A. (DSO)
2.	"	Mayo	J.C.
3.	"	McPherson	J.
4.	"	Hagen	H.A.
5.	Captain	Fethers	B.D.
6.	"	Clatworthy	C.H.

OVERSEAS TRAINING BRIGADE

LONGBRIDGE, DEVERELL

1.	Major	Fogarty	J.P. (MC)
2.	"	Guymer	E.A.
3.	Captain	Cosgrove	C. (MC)
4.	"	Broadbent	E.E.
5.	"	Brookes	G.A.

R.B.A.A.

HEYTESBURY

1.	Captain	Hayes	W.I.
----	---------	-------	------

1st TRAINING BRIGADE

SUTTON VENY.

1st Training Bn.	Camps 2, 3, 4 and 5	(1. Capt. Jacobs H.S. 2. Capt. Bean A.R. (Temp.Duty) (Warned O/Seas).
Pioneer Trng. Bn	Camp 6 and R.E.	3. Capt. Robertson J.R.

WEYMOUTH AREA.WEYMOUTHNO 2 COMMAND DEPOT

1.	Lieut. Col.	Betts	L.O. (OBE)
2.	Major	Cross	K.S.
3.	Captain	Thomas	E.B.
4.	"	Badock	A.
5.	"	Bowman	A.W.
6.			

LITTLEMOOR DETACHMENT

6.	Major	Moodie	C.G.G.
7.	Captain	Van Someren	B.

WESTHAM DETACHMENT

8.	Captain	Seton	M.C.C.
9.	"	McKenzie	E.

HURDCOTT AREA.

S.M.O.	Lieut. Col.	Adey	J.K.
--------	-------------	------	------

2nd TRAINING BRIGADEFOVANT

5th Training Bn.	Camps 1, 2, 3 and 4	1.	Captain Dinwoodie	C.D.
9th Training Bn.	Camp 13	2.	" Le Souef	R.F.

NO 3 COMMAND DEPOT Camps 5, 6, 7 and 8 and "Cyclists" HURDCOTT

1.	Major	McKenzie	J.B.F.
2.	"	Irving	H.A.C.
3.	"	Lewis	J.B.
4.	Captain	Rosenthal	C.P.
5.	"	Crombie	D.
6.	"	Fergie	A.J.
7.	"	Wilton	A.C.
8.	"	Shaw	R.M.

NO 4 COMMAND DEPOT Camps 9, 10, 11 and 12 HURDCOTT

1.	Major	McDonald	J.
2.	"	Tofft	W.H.
3.	"	McWilliams	H.H.
4.	Captain	Dawson	J.
5.	"	Sillar	R.A.
6.	"	MacLure	N.A. (Warned O/Seas)

CODFORD AREA.CODFORD.

A/ S.M.O.	Captain	McLennan	S.
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3rd TRAINING BRIGADE

12th Training Bn.	Camps 3, 4 and 14	1.	Capt. Burke-Gaffney	A.E.
14th Training Bn.	" 6 and 7	2.	" Britten	E.H.
Group Clearing Hosp.		(3.	" Crowley	A.H.
		((Warned O/Seas)	

1st DERMATOLOGICAL HOSPITAL (Estab. 12) BULFORD.

1.	Colonel	Stewart	J.M.Y. (DSO.VD.)	C.O.
2.	Lieut.Col.	Grigor	W.E.	(On leave to 20.6.18)
3.	"	Raffan	G.	(Temp. Duty)
4.	Major	Bean	J.W.B.	
5.	"	Gibson	N.M.	
6.	"	Goldstein	A.	
7.	"	Strachan	J.C.P.	

1st DERMATOLOGICAL HOSPITAL (Contd.)

8.	Captain	Warne	J.
9.	"	Beveridge	W.J.
10.	"	DeLacy	O.F.
11.	"	Young	W.R.
12.	Hon. Capt. & QM.	Armstrong T. de C.	
13.	Hon. Lieut	Ramsey	A.M.

AUSTRALIAN ENGINEERS TRAINING DEPOTBRIGHTLINGSEA.

1.	Captain	Scott	R.S.
----	---------	-------	------

AUSTRALIAN MACHINE GUN TRAINING DEPOT.GRANTHAM

1.	Captain	de Crespigny F.C.	
----	---------	-------------------	--

A.I.F. DETENTION BARRACKSLEWES

1.	Major	Macky	F.
----	-------	-------	----

SICK OFFICERS

1.	Captain	Jermyn	W.H.	From 17.4.18	No 3 C.D. (Fovant Hosp.)
2.	"	Streeter	J.P.	" 25.5.18	Parkhouse (Delhi Hosp.)
3.	"	Maxwell	C.	" 4.6.18	No 1 C.D. (Sutton Veny Hosp.)

SPECIAL DUTY

1.	Major	Rosenfield	R.L.	With Sutton Veny Military Hospital from 14.1.18.
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WARNED OVERSEAS.

1.	Capt.	Crowley	A.H.	Group Clearing Hosp. <i>Codford</i>
2.	"	Bean	A.R.	R.B.A.A. Heytesbury
3.	"	Webb	J.N.	Parkhouse
4.	"	MacLure	N.A.	No 4 Command Depot

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1st. TRAINING BRIGADE, SUTTON VENY.

	Major. Hayley,	F.W.	
	S.D.O. 1st & 3rd. Trng. Bgds.		
No.78.	Capt. Harbeck,	L.	O.T.B.
83	" Jennens,	V.C.	"
47	Lieut. Bell,	G.A.	1st. T.B.
82	" Christiansen,	F.E.	R.B.A.A.
63	" Huet,	F.P.Y.	Pioneers.

2nd. TRAINING BRIGADE, FOVANT.

No.84.	Capt. Ponsford,	C.H.S.	5th. T.B.
51	" Dunn,	F.C.	9th. T.B.
92	Lieut. Hobson,	E.S.	9th. T.B.
36	" Hogg,	O.S.B.	5th. T.B.

3rd. TRAINING BRIGADE, CODFORD.

No.62.	Capt. Amphlett,	W.M.	12th. T.B.
20.	Lieut. Lumsden,	W.J.	12th. T.B.
30.	Capt. Wright,	H.	14th. T.B.

MACHINE GUN TRAINING DEPOT, GRANTHAM
& SIGNAL ENGINEERS, CLIFTON, BEDS.

No.60. H/Cpt. Lucadou-Wells, D.P.

ENGINEERS TRAINING DEPOT, BRIGHTLINGSSEA.

No.15. Capt. McIntosh, A.M.

1st. A.D.H. BULFORD.

No.68. Lieut. Gatehouse, R.

A.A.M.C. TRAINING DEPOT, PARKHOUSE.

No.38. Capt. Seward, T.L.

A.I.F. HEADQUARTERS, TIDWORTH.

No.81. Lieut. Broughton, F.W.W.

A.I.F. DETENTION BARRACKS, LEWES.

No.13. Capt. Taunton, H.C.D.

A.R.O.D. LONGMOOR.

No.77. Lieut. Chapman, G.B.

HOSPITAL.

Lieut. Chapman, G.B.

WARNED OVERSEAS.

Capt. Seward, T.L.

No. 1 COMMAND DEPOT,
SUTTON VENY.

	Capt. Marshall,	W.H.
	(A/S.D.O.)	
Sup. Ep. 1.	Capt. Austin,	D.M.
No.87.	Capt. Watts,	N.N.
12.	Lieut. Scott,	E.S.
91	" Adam,	W.
66	" Street,	J.R.W.
72	" Payne,	G.A.
75	" Seymour-Wells,	P de M.
76	" Barnes,	A.E.B.
86	" Maddern,	C.B.
58	" Done,	H.J.
93	" Binns,	J.S.
95	" Adam,	E.J.
48	" Hines,	A.P.

No. 2 COMMAND DEPOT,
WEYMOUTH.

No.43. Capt. McDougall, E.J.

No. 3 COMMAND DEPOT,
HURDCOTT.

	Major. Vernon,	R.E.H.
	(S.D.O.)	
No.85.	Capt. Fraser,	R.
14	" Henderson,	A.R.P.
70	H/Cpt. Harris,	C.G.
39	Lieut. Storey,	E.
49	" Arnold,	H.R.
53	" Willis,	C.B.
57	" Herbert,	F.T.
64	" Wilson,	T.A.M.
65	" Cooper,	C.M.
79	" Freeman,	L.A.
61	" Newman,	A.H.
8	" Hogue,	J.S.

No. 4 COMMAND DEPOT,
HURDCOTT.

	Major. Riley,	E.B.G.
	(S.D.O.)	
No.42.	Capt. Satchell,	G.K.
69	" Ferguson,	H.D.
21	" Bennett,	G.B.
88	" Stevens,	H.E.
28	Lieut. Wills,	E.W.
54	" McGregor,	L.R.
67	" Donkin,	G.D.
74	" Maclean,	J.B.
80	" Paterson,	S.E.
94	" Coles,	A.D.

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

S/D.
CR.AIF.

Headquarters, A.I.F.,
Bhurtpore Barracks,
Tidworth.
17th. June, 1918.

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D.M.S. A.I.F.,
Administrative Headquarters,
130 Horseferry Road,
S.W.1.

DISTRIBUTION AND POSTING OF A.A.M.C. OFFICERS AND DENTAL
UNITS.

HEADQUARTERS A.I.F. DEPOTS IN U.K.

TIDWORTH.

1. Colonel	McWhae	D.M..	(CMG)	A.D.M.S.
2. Major	Beamish	F. T.		D.A.D.M.S.
3. "	Grieve	K.H.	(MC)	O.C., 6th. San. Section.
4. "	Down	J.E.		S.O.A.D.S.

A.A.M.C. TRAINING DEPOT

FOVANT.

1. Major	Fraser	A.C.		O.C.
2. Captain	Downer	H.G.		Adjutant
3. "	McCallum	F.		Officer i/c Training.
4. QM & Hon. Lt.	Edgington	W.J.		

AVAILABLE AT A.A.M.C.T. DEPOT.

1. Captain	Robinson	A.T.R.		ex. "Ulysses"
2. "	Streeter	J.E.		Hospital (On leave till 23.6.18)

PARKHOUSE.

1. Major	Cook	A.		Convalescent Training Depot.
2. Captain	Baldwin	A.H.		Group Clearing Hospital.
3. "	Oakeley	W.G.		Nos. 2 and 4 Camps.

SUTTON VENY AREA.

S.M.O. Lieut. Colonel Williams H.J. (D.S.O.)

No. 1 Command Depot.

Camps 7, 8, 9, and 10.

SUTTON VENY.

1. Major	Maplestone	F.A.	(D.S.O.)	
2. "	Hayo	J.C.		
3. "	McPherson	J.		
4. "	Hagen	H.A.		
5. Captain	Fethers	B.D.		
6. "	Clatworthy	C.H.		

Overseas Training Brigade.

LONGBRIDGE DEVERELL.

1. Major	Fogarty	J.P.	(MC)	
2. "	Guymer	H.A.		
3. Captain	Cosgrove	C	(MC)	
4. "	Broadbent	E.S.		
5. "	Brookes	G.A.		

R.B.A.A.

HEYTEBURY.

1. Captain	Hayes	W.I.		
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1st. Training Brigade.

SUTTON VENY.

1st. Trng. Bn.	Camps 2, 3, 4, and 5.	1. Captain Jacobs	H.S.	
Pioneer "	6 and R.E.	2. "	Robertson	J.R.

WEYMOUTH AREA.WEYMOUTH.No. 2 Command Depot.

1. Lieut. Col.	Betts	L.O.	(OBE)
2. Major	Cross	K.S.	
3. Captain	Thomas	E.B.	
4. "	Badock	A.	
5. "	Bowman	A.W.	

Littlemoor Detachment.

6. Major	Moodie	C.G.G.	
7. Captain	Van Someren	B.	

Westham Detachment

8. Lt. Colonel	Fry	H.K.	
9. Captain	Seton	M.C.C.	
9. "	McKenzie	E.	

HURDCOTT AREA.

S.M.O. Lieut. Colonel Adey J.K. (OBE)

End. Training Brigade.FOVANT.

5th. Training Battalion	Camps 1, 2, 3, and 4.	1. Captain Dinwoodie C.D.
9th. Training Battalion	" 13	2. " Le Souef R.F.

No. 3 Command Depot. Camps 5, 6, 7, and 8 and "Cyclists" HURDCOTT.

1. Major	McKenzie	J.B.F.
2. "	Irving	H.A.C.
3. "	Lewis	J.B.
4. Captain	Rosenthal	C.P.
5. "	Crombie	B.
6. "	Bergie	A.J.
7. "	Wilton	A.C.
8. "	Shaw	R.M.

No. 4 Command Depot. Camps 9, 10, 11, and 12. HURDCOTT.

1. Major	McDonald	J.
2. "	Tofft	W.H.
3. "	McWilliams	H.H.
4. Captain	Dawson	J.
5. "	Sillar	R.A.

CODFORD AREA.CODFORD.

A/S.M.O. Captain McLennan S.

3rd. Training Brigade

12th. Training Bn.	Camps 3, 4, and 14.	1. Capt. Burke-Gaffney A.E.
14th. Training Bn.	" 6 and 7.	2. " Britten E.H.

1st. AUSTRALIAN DERMATOLOGICAL HOSPITAL (Estab'd 12) BULFORD.

1. Colonel	Stewart	J.M.Y.	(DSC.VD) C.O.
2. Lt. Colonel	Brigor	W.E.	(OBE) (On leave to 20.6.18)
3. "	Raffan	G.	(Temp.Duty)
4. Major	Bean	J.W.B.	
5. "	Gibson	H.M.	
6. "	Goldstein	A.	
7. "	Strachan	J.C.P.	
8. Captain	Warne	J.	
9. "	Beveridge	W.J.	
10. "	De Lacy	O.F.	
11. Hon. Capt. & QM.	Armstrong	T. de C.	
12. Hon. Lieut.	Ransey	A.M.	
13. Capt.	Young	W.R.	

450

3.

AUSTRALIAN ENGINEERS TRAINING DEPOT.

BRIGHTLINGSEA

1. Captain Scott v R.S.

AUSTRALIAN MACHINE GUN TRAINING DEPOT.

GRAN THAM

1. Captain de Crespigny F.C.

A.I.F. DETENTION BARRACKS.

LEWES.

1. Major Macky F.

SPECIAL DUTY.

1. Major	Rosenfield	R.L.	with Sutton Vony Military Hospital from 14.1.18.
2. "	Cross	K.S.	No. 2 C.D., with Military Orthopaedic Hospital, Shepherds Bush from 17.6.18 till 27.6.18.

- DENTAL UNITS. -

435

1st TRAINING BRIGADE, SUTTON VENY.

	Major. Hayley,	F.W.	
	S.D.O. 1st & 3rd Trng. Bdes.		
No.78.	Capt. Harbeck,	L.	O.T.B.
83.	" Jennens,	V.C.	1st T.B.
47.	Lieut. Bell,	G.A.	do
82.	" Christiansen,	F.E.	R.B.A.A.
63.	" Huet,	F.P.Y.	Pioneers.

2nd TRAINING BRIGADE, & A.A.M.C. TRAINING DEPOT, FOVANT.

No.38.	Major. Blogg,	K.V.	AAMC.TD.
	(S.D.O.)		
84.	Capt. Ponsford,	C.H.S.	5th T.B.
51.	" Dunn,	F.C.	9th T.B.
92.	Lieut. Hobson,	E.S.	9th T.B.
36.	" Hogg,	O.S.B.	5th T.B.

3rd TRAINING BRIGADE, GODFORD.

No.62.	Capt. Amphlett,	W.M.	12th T.B.
20.	Lieut. Iamsden,	W.J.	12th T.B.
30.	Capt. Wright,	H.	14th T.B.

MACHINE GUN TRAINING DEPOT, PARKHOUSE.

No.60. H/Capt. Lucadou-Wells, D.P.

ENGINEERS TRAINING DEPOT, BRIGHTLINGSSEA.

No.15. Capt. McIntosh, A.M.

1st. A. D. H. BULFORD.

No.68. Lieut. Gatehouse, R.

A.I.F. HEADQUARTERS, TIDWORTH.

No.81. Lieut. Broughton, F.W.W.

A.I.F. DETENTION BARRACKS, LEWES.

No.13. Capt. Taunton, H.C.D.

SIGNAL ENGINEERS TRAINING DEPOT, CLIFTON.

No.77. Lieut. Chapman, G.B.

WARNED OVERSEAS.

No. Lieut. Coles, A.D.

No.1. COMMAND DEPOT, SUTTON VENY.

24

Capt. Marshall, W.H. (A/S.D.O.)

Super. Eq. No.1.	Capt. Austin,	D.M.
No.87.	Capt. Watts,	N.I.
12.	Lieut. Scott,	E.S.
91.	" Adam,	W.
72.	" Payne,	G.A.
75.	" Seymour-Wells,	P.de M
86.	" Maddern,	C.B.
58.	" Done,	H.J.
93.	" Binns,	J.S.
95.	" Adam,	E.J.
48.	" Hines,	A.P.
76.	" Barnes,	A.E.B.

No.2. COMMAND DEPOT, WEXMOUTH.

No.43. Capt. McDougall, H.

No.3. COMMAND DEPOT, HURDCOTT.

	Major. Vernon,	R.E.F.
	(X/S.D.O.)	
No.85	Capt. Fraser,	
14.	" Henderson,	A.R.J.
70.	H/Cpt. Harris,	C.
39.	Lieut. Storey,	
49.	" Arnold,	H.J.
53.	" Willis,	C.
57.	" Herbert,	F.
64.	" Wilson,	T.A.
65.	" Cooper,	C.
79.	" Freeman,	L.
61.	" Newman,	A.
8.	" Rogue,	J.

No.4. COMMAND DEPOT, HURDCOTT.

	Major. Riley,	E.B.
	(X/S.D.O.)	
No.42.	Capt. Satchell,	G.
69.	" Ferguson,	H.
21.	" Bennett,	G.
88.	" Stevens,	H.
28.	Lieut. Willis,	E.
54.	" McGregor,	L.
67.	" Donkin,	G.
74.	" Maclean,	J.
80.	" Paterson,	S.
94.	Capt. Hall,	D.

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

1. Lieut.
2. Major
3. Capt.
4.
5.
6. Major
7. Capt.
8. Major
9.

A.A.M.C.
1. Major
2.

L/D.
GR. A.I.F.

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Headquarters A.I.F. Depots in U.K.
Bhurtore Barracks,
Tidworth.
24th June 1918.

D.M.S. A.I.F.
Administrative Headquarters,
130 Horseferry Road, S. 4

DISTRIBUTION AND POSTING OF A.A.M.C. OFFICERS
AND DENTAL UNITS.

HEADQUARTERS A.I.F. DEPOTS IN U.K.

TID WORTH

1. Colonel	Mc Abne	D.M.	(CMG)	A.D.M.S.
2. Major	Beamish	F.T.		D.A.D.M.S.
3. "	Grieve	K.H.	(MC)	O.C. 6th San. Section.
4. "	Down	J.E.		S.O.A.D.S.

PARKHOUSE.

1. Major	Cook	A.	Convalescent Training Depot
2. Captain	Baldwin	A.H.	Group Clearing Hospital
3. "	Cokeley	J.G.	Hos. 2 and 4 Camps.

SUTTON VEHY AREA.

S.M.O. Lieut. Colonel Williams H.J. (D.S.O.)

No. 1 Command Depot. Camps 7, 8, 9 and 10.

SUTTON VEHY.

1. Major	Maplestone	F.A.	(D.S.O.)
2. "	Mayo	J.C.	
3. "	McPherson	J.	
4. "	Hagen	H.A.	
5. Captain	Fethers	B.D.	
6. "	Glatworthy	C.E.	

Overseas Training Brigade.

LONGBRIDGE DEVERILL.

1. Major	Hogarty	J.P.	(MC)
2. "	Guymer	E.A.	
3. Captain	Cosgrove	G.	(MC)
4. "	Broadbent	H.E.	
5. "	Brookes	G.A.	

R.B.A.A.

HEXTEDBURY.

1. Captain	Hayes	W.I.	
------------	-------	------	--

1st Training Brigade.

SUTTON VEHY.

1st Training Bn. Camps 2, 3, 4, and 5
Pioneer " " " 6 and R.E.

1. Captain	Robinson	A.T.R.
2. "	Robertson	J.R.

NO. 2 COMMAND DEPOT

WEYMOUTH.

1. Lieut. Colonel	Betts	L.O.	(OBE)	S.M.O.
2. Major	Cross	K.S.		
3. Captain	Thomas	E.B.		
4. "	Baddock	A.		
5. "	Bowman	A.H.		

Littlemoor Detachment.

6. Major	Moody	C.G.G.	
7. Captain	Van Someren	B.	

Westham Detachment.

8. Captain	Seton	M.C.C.	
9. "	McKenzie	E.	

HURDGOTT AREA.

S.M.O. Lieut. Colonel Adey J.K. (OBE) 2

A.A.M.C. Training Depot.

FOVANT.

1. Major	Fraser	A.C.	O.C.
2. Capt.	Downer	H.G.	Adjutant

A.A.M.C. TRAINING DEPOT (Continued).

- 3. Capt. McCallum F. Officer i/c Training
- 4. QM. & Hon Lt. Eddington W. J.

Available at A.A.M.C. Training Depot.

- 1. Capt. Streeter J. B. Hospital (On leave till 28.6.18)

2nd Training Brigade.

FOVANT.

- | | | | |
|------------------|-----------------------|----------------------|-------|
| 5th Training Bn. | Camps 1, 2, 3, and 4. | 1. Captain Dinwoodie | G. D. |
| 9th " " | "13 | 2. " LeSourf | R. F. |

No. 3 Command Depot. Camps 5, 6, 7, and 8 and "Cyclists" HURDCOTT.

- 1. Major McKenzie J. B. F.
- 2. ~~Major~~ "Lewis J. B.
- 3. Capt. Rosenthal G. P.
- 4. " Crombie D.
- 5. " Fergie A. J.
- 6. " Wilton A. G.
- 7. " Shaw R. M.

No. 4 Command Depot. Camps 9, 10, 11 and 12.

HURDCOTT.

- 1. Major McDonald J.
- 2. " Tofft W. H.
- 3. " McWilliams H. H.
- 4. Captain Dawson J.
- 5. " Sillar R. A.

GODFORD AREA.

GODFORD.

- A/S.M.C. Major Irving H.A.C.

3rd Training Brigade

- | | | | |
|-------------------|---------------------|------------------------|-------|
| 12th Training Bn. | Camps 3, 4, and 14. | 1. Capt. Burke-Gaffney | A. E. |
| 14th " " | " 6 and 7 | 2. " Britten | E. H. |

1st AUSTRALIAN DERMATOLOGICAL HOSPITAL. (Estab. 12) BULFORD.

- 1. Colonel Stewart J. E. Y. (DSO. VD.) G. C.
- 2. Lt. Colonel Grigor W. E. (OBE) (suspended)
- 3. " Raffan G. (Temp. Duty)
- 4. Major Bean J. W. B.
- 5. " Gibson H. M.
- 6. " Goldstein A.
- 7. " Strachan J. C. P.
- 8. Capt. Wayne J.
- 9. " Beveridge W. J.
- 10. " De Lacy O. F.
- 11. " Young W. R.
- 12. Hon. Capt. & M. Armstrong T. de G.
- 13. Hon. Lt. Ramsey A. M.

AUSTRALIAN ENGINEERS TRAINING DEPOT.

BRIGHTLINGSBA

- 1. Capt. Scott R. S.

AUSTRALIAN MACHINE GUN TRAINING DEPOT.

PARKHOUSE.

- 1. Capt. de Crespigny F. C.

A. I. F. DETENTION BARRACKS.

LEWES.

- 1. Major Macky F.

SPECIAL DUTY.

- 1. Major Rosenfield R. L. with Sutton Vony Military Hospital from 14.1.18
- 2. " Cross E. S. No. 2 G. B. with Military Orthopaedic Hospital Shepherd's Bush from 17.6.18 till 27.6.18.

SICK OFFICERS.

- Capt. Jacobs H. S. 1st Trng. Bn. from 20.6.18 to S.V. Military Hosp.
- " McLennan S. 3rd Trng. Bde. " 28.6.18

DENTAL UNITS.

24

1st TRAINING BRIGADE, SUTTON VAHY.

Major. Hayley, F.W.
 S.D.O. 1st & 3rd Trng. Bdes.
 No. 78. Capt. Harbeck, L. O.T.B.
 83. " Jennons, V.C. 1st T.B.
 47. Lieut. Bell, G.A. do.
 82. " Christianson, F.E. R.B.A.A.
 63. " Huet, F.P.Y. Pioneers

2nd TRAINING BRIGADE, & A.A.M.C. TRAINING DEPOT, FOVAH.....

No. 38. A.A.M.C. T.D.
 84. Capt. Ponsford, C.H.S. 5th T.B.
 86. Lieut. Hogg, O.S.B. 5th T.B.
 51. Capt. Dunn, F.C. 9th T.B.
 92. Lieut. Hobson, B.S. 9th T.B.

3rd TRAINING BRIGADE, GODFORD.

No. 62 Capt. Amphlett, W.M. 12th T.B.
 20 Lieut. Lumsden, W.J. 12th T.B.
 30 Capt. Wright, H. 14th T.B.

MACHINE GUN TRAINING DEPOT, PARKHOUSE.

No. 60. H/Capt. Inceadon-Wells, D.P.

ENGINEERS TRAINING DEPOT, BRIGHELINGRA.

No. 15. Capt. McIntosh, A.M.

ENGINEERS TRAINING DEPOT, CLIFTON, BIDS.

No. 77. Lieut. Chapman, G.B.

1st A. D. H. BULFORD.

No. 68 Lieut. Gatchouse, R.

A.I.F. HEADQUARTERS, TIDWORTH.

No. 81. Lieut. Broughton, F.W.N.

A.I.F. DETENTION BARRACKS, LEWES.

No. 13. Capt. Sunton, H.C.B.

SICK LIST.

Major. Blogg, E.V.

No. 1. COMMAND DEPOT, SUTTON VAHY.

Capt. Marshall, W.H.
 (S.D.O.)
 (super. Hq. No. 1. Capt. Austin, D.M.
 No. 87. Capt. Watts, H.N.
 12. Lieut. Scott, E.S.
 91. " Adam, W.
 72. " Payne, G.A.
 75. " Seymour-Wells, P de M.
 86. " Maddern, C.B.
 58. " Done, H.J.
 93. " Binns, J.S.
 95. " Adam, E.J.
 48. " Hines, A.P.
 76. " Barnes, A.E.B.

No. 2. COMMAND DEPOT, WEYMOUTH.

No. 43. Capt. McDougall, E.J.

No. 3. COMMAND DEPOT, HURDCOTT.

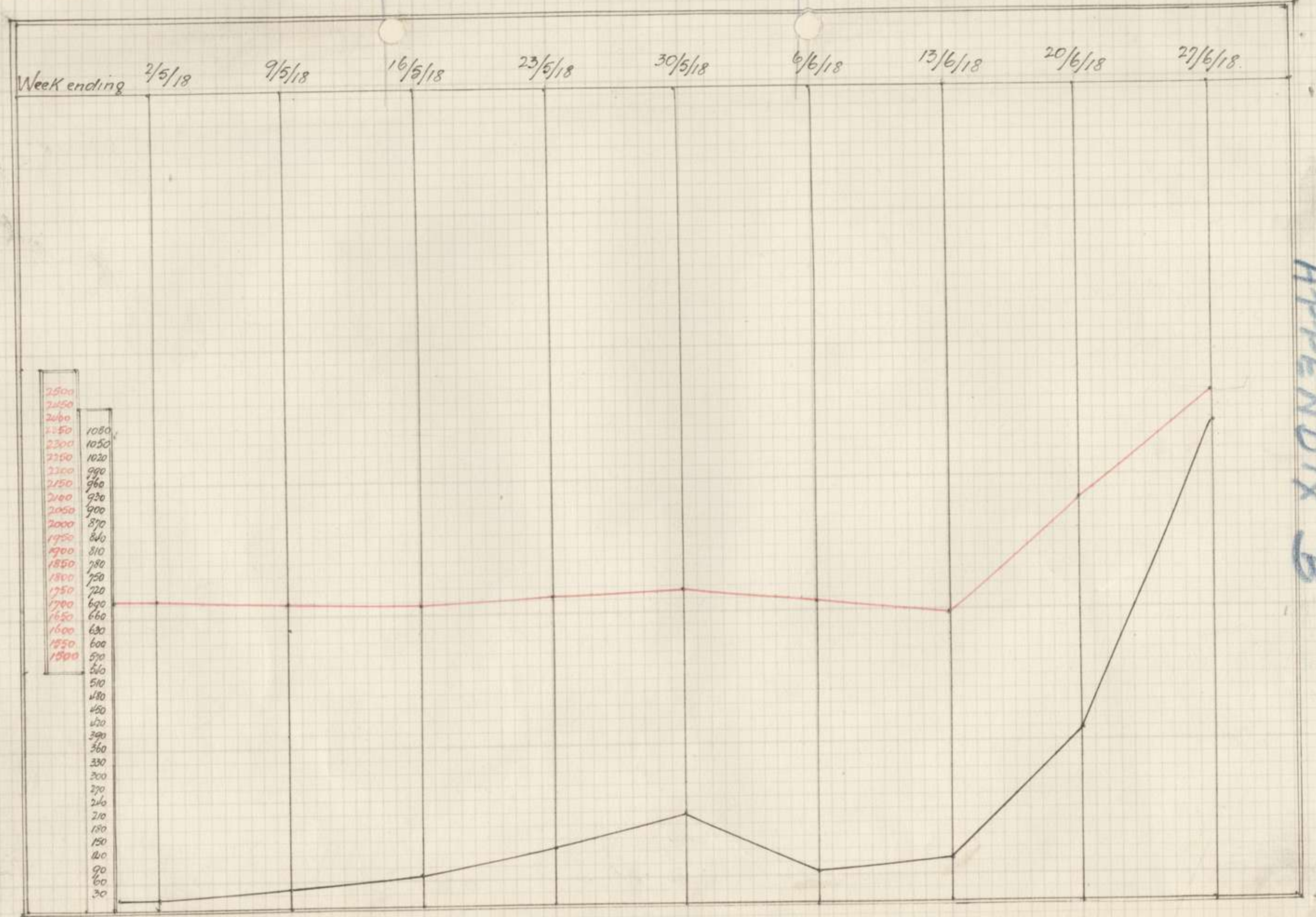
No. Major. Vernon, R.E.H.
 (S.D.O.)
 No. 85. Capt. Fraser, R.
 14. " Henderson, A.R.P.
 70. H/Cpt. Harris, C.G.
 39. Lieut. Storey, E.
 49. " Arnold, H.R.
 53. " Willis, G.B.
 57. " Herbert, F.T.
 64. " Wilson, T.A.M.
 65. " Cooper, C.M.
 79. " Freeman, L.A.
 61. " Newman, A.H.
 8. " Hogue, J.S.

No. 4. COMMAND DEPOT, HURDCOTT.

Major. Riley, R.E.G.
 (S.D.O.)
 No. 42. Capt. Batchell, G.K.
 69. " Ferguson, H.D.
 94. " Hall, D.S.
 21. " Bennett, G.B.
 88. " Stevens, H.E.
 28. Lieut. Wills, E.W.
 54. " McGregor, L.R.
 67. " Donkin, G.D.
 74. " Maclean, J.B.
 80. " Paterson, S.S.

Colonel.

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



— = Total number of troops in Hospital.
 — = Number of cases of influenza sent to Hospital.

APPENDIX B

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RESPIRATORY DISEASE (Continued).

Three deaths from Respiratory Disease complicating Measles have occurred.

INFECTIOUS DISEASE:

Excluding Scabies, the total number of Infectious Disease in hospital has decreased from 87 to 80.

Number of Contacts has decreased from 1374 to 962.

Mumps: Number of cases admitted to hospital has increased from 8 to 11. Of these 10 occurred among troops already segregated and 1 occurred among unisolated troops.

Measles: Number of cases admitted to hospital has decreased from 37 to 23. Infection was acquired as follows:-

Among soldiers already isolated as Contacts:

The number has decreased from 35 to 22

Fresh cases among unisolated troops:

The number has decreased from 2 to 1

C. S. M.: 1 Positive case of this disease has been reported during the week and no deaths have occurred.

Scabies: Total number of Scabies undergoing treatment has decreased from 106 to 107.

VENEREAL DISEASE:

Number of cases in hospital has increased from 447 (1.32%) to 463 (1.38%).

Number of cases admitted to hospital has increased

from 102 less 3 Readmissions from C.T.D. = 99

to 129 less 6 Readmissions from C.T.D. = 123

Infection was acquired as follows:-

Prior to being taken on the Strength:

The number has increased from 10 to 21

After being taken on the Strength but

Before Reporting to the Command:

The number has decreased from 10 to 9

After reporting to the Command:

The number has increased from 54 to 62.

2 cases have occurred among soldiers on the strength of Administrative Headquarters and the number of cases occurring among B.E.F. troops on leave from France has increased from 23 to 29.

Number discharged from hospital during the week has increased from 90 to 113.

Early Treatment:

2538 soldiers reported for Early Treatment during the week. Of these 165 showing signs of disease were "Sealed up" and 182 such cases were cured.

Stull Whae

Colonel.

A.D.M.S. A.I.F. Depots in U.K.

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CONFIDENTIAL.
WEEKLY RETURN OF HEALTH OF A.I.F. TROOPS.
FOR WEEK ENDING 6.6.18.

28

TABLE 1. - PROPORTION IN HOSPITAL - ALL UNITS.

		<u>TOTAL.</u>	<u>PERCENTAGE.</u>
Total Strength at Week End		33600	
Total in Hospital at Week End		1678	4.99
Of these Syphilis		48	.14
Other Venereal		415	1.24
(Mumps	38)		
Infectious (Scabies	33)	113	.33
(Others	42)		
General		1102	3.28

TABLE 2. - PROPORTION OF SICK IN TRAINING UNITS.

		<u>TOTAL.</u>	<u>PERCENTAGE.</u>
Average Daily Strength		33800	
Average Daily Sick Parade		693	2.05
Sent to Hospital for the Week		552	1.63
Of these Mumps (Already Segregated			
(& Ex. Transports 10 Ex. Depots 1)		11	.03
Scabies		38	.11
A.I.F. Depots. Prior to being taken on Strength: 21)			
After being taken on Strength			
But before reporting	9)	92	.27
Venereal. After reporting	62)		
Readmissions from C.T.D.		6	
Administrative Headquarters		2	
B.E.F.		29	
C.S.M.: (Positive		1	
(Carriers & Suspects		-	
Measles		23	.07
Diphtheria (Suspect)		1	
Others		3	
General (Including Respiratory Disease 93)		346	1.02

TABLE 3. - INCIDENCE OF RESPIRATORY DISEASE.

Sent to Hospital for the Week		93
Of these - Influenza	62	
Bronchitis & Asthma	10	
Pneumonia & Br. Pneumonia	1	
Fleurisy	3	
T.B. (Phthisis) 14 Suspects 3)	<u>17</u>	

TABLE 4. - DEATHS.

<u>1. FROM RESPIRATORY DISEASE.</u>		
From Bronchitis & Measles	1)	
" " " & Pneumonia	1)	3
" Pneumonia & Influenza	1)	
" Tubercle of Lung		-
<u>2. FROM OTHER CAUSES</u>		<u>1</u> Total 4.

TABLE 5. - UNDER TREATMENT IN UNIT LINES.

Venereal - Undergoing E.T.	138)	
Awaiting Evacuation to Hospital	<u>5</u>)	143
Mumps		1
Scabies		<u>74</u>

TABLE 6. - CEREBRO SPINAL MENINGITIS.

Positive	1
Suspect (Not yet confirmed)	-
Deaths	-

TABLE 7. - CONTACTS IN LINES.

Of Infectious Disease	962
-----------------------	-----

CR.AIF.

15th. June, 1918.

D.M.S. A.I.F.,
 Administrative Headquarters,
 130 Horseferry Road,
 S.W.1.

Weekly Report of Health of A.I.F. Troops for
Week ending 15th. June, 1918.

Statistical Report attached.

GENERAL HEALTH:

The General Health of the Troops has been good, except for an epidemic of Influenza which has broken out in the Australian Engineers Training Depot, Brightlingsea.

This epidemic commenced about 14 days ago, and 83 cases have occurred. There have been no Meningeal symptoms, and although it is of comparatively serious type there have so far been no serious symptoms. The source of the epidemic is being investigated and will be reported upon in next weeks report. All contacts are isolated and examined daily by Medical Officers. A draft which was to have proceeded overseas on the 15th. instant has been held up.

The number of cases in Hospital has decreased from 1678 (4.99%) to 1637 (4.94%) and the number of admissions to Hospital has decreased from 552 (1.63%) to 490 (1.48%)

The number of admissions from General Disease (including Respiratory Disease) has decreased from 346 (1.02%) to 297 (.89%) and the total number of General cases in Hospital has decreased from 1102 (3.28%) to 1077 (3.25%)

The average number attending daily sick parade has decreased from 693 (2.05%) to 635 (1.91%)

RESPIRATORY DISEASE:

The number of cases of Respiratory Disease sent to Hospital has increased from 93 to 108, including an increase in the number of cases of Influenza from 62 to 91.

One case of Pneumonia has occurred but there have been no deaths from this Disease.

INFECTIOUS DISEASE:

The total number of Infectious cases in Hospital, excluding Scabies, has decreased from 80 to 68 and the number of contacts has increased from 962 to 1010.

Measles: The number of cases of Measles admitted to Hospital has increased from 23 to 26. The general source of these Measles cases has been an epidemic which occurred among soldiers arriving in England in the "Hester" on 20.4.18, which has already been ~~referred~~ referred to in a previous report. During the week 15 cases occurred in the 1st. Training Battalion, all among troops who arrived in the "Hester". All of these had been isolated as contacts ~~xxxxxxxx~~ prior to the occurrence of the infection except one. Of the 26 cases only 5 occurred among soldiers who were not already isolated as contacts.

xxxxxxxx: Mumps: The number of Mumps cases in Hospital has increased from 38 to 43 and the number of cases occurring during the week has increased from 11 to 15. Of this number infection was acquired as follows:-

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Among soldiers already segregated;

The number has increased from 10 to 12.

Fresh cases among unisolated Troops;

The number has increased from 1 to 3.

C.S.M: No cases occurred.

Scabies: The number of cases under treatment has decreased from 107 to 91.

VENEREAL DISEASE:

The number of cases in Hospital has decreased from 463 (1.38%) to 460 (1.39%) The number of admissions to Hospital has decreased from 129 less 6 readmissions from the C.T.D. - 123. to 112 less 4 readmissions from the C.T.D. - 108. Infection was acquired as follows:-

Prior to being taken on the strength;

The number has decreased from 21 to 13.

After being taken on the strength but before reporting;

The number has increased from 9 to 12.

After reporting to the Command;

The number has decreased from 62 to 54.

The number of soldiers discharged from Hospital during the week has decreased from 115 to 113.
increased 113 to 115

EARLY TREATMENT:

2421 soldiers have reported for Early Treatment during the week of these 155 showing signs of disease were sealed up and 130 such cases have been aborted.

Stuart Whar Colonel,
A.D.M.S. A.I.F. Depots.

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CONFIDENTIAL.

WEEKLY RETURN OF HEALTH OF A.I.F. TROOPS FOR WEEK ENDING 13.6.1918.

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TABLE 1 - PROPORTION IN HOSPITAL - ALL UNITS.

	Total	Percent age.
Total Strength at Week End.....	33100	
Total in Hospital at Week End.....	1637	4.94
Of these Syphilis.....	51	.15
Other Venereal.....	409	1.24
(Mumps..... 43)		
Infect- (Scabies..... 32)	100	.30
ious. (Others..... 25)		
General.....	1077	3.25

TABLE 2 - PROPORTION OF SICK IN TRAINING UNITS.

Average Daily Strength.....	33200	
Average Daily Sick Parade.....	635	1.91
Sent to Hospital for the week.....	490	1.48
Of these Mumps (Already Segregated		
(& Ex. Transports 12 Ex. Depots 3).....	15	.05
Scabies.....	39	.12
A.I.F. Depots, prior to being taken on the strength		
..... 13)		
After being taken on the strength but		
before reporting..... 12)	79	.24
After reporting..... 54)		
Readmissions from C.T.D.....	4	
Administrative Headquarters.....	-	
B.E.F.....	29	
C.S.M. (Positive.....	-	
(Carriers & Suspects.....	26	.08
Measles.....	-	
Diphtheria.....	1	
Others.....	297	.89
General (Including Respiratory Disease 108).....		

VENEREAL

C.S.M.

TABLE 3 - INCIDENCE OF RESPIRATORY DISEASE

Sent to Hospital for the week.....		108
Of these - Influenza.....	91	
Bronchitis & Asthma.....	5	
Pneumonia & Br. Pneumonia.....	1	
Pleurisy.....	4	
T.B. (Phthisis) 6 suspects 1....	7	

TABLE 4 - DEATHS.

1. FROM RESPIRATORY DISEASE

From Bronchitis.....	-
Pneumonia & Br. Pneumonia.....	-
Tubercle of Lung.....	-
	1

2. FROM OTHER CAUSES

Total 1

TABLE 5 - UNDER TREATMENT IN UNIT LINES.

Venereal; Undergoing Early Treatment..... 150)	
Awaiting evacuation to Hospital.. 3)	153
Mumps.....	-
Scabies.....	59

TABLE 6 - CEREBRO SPINAL MENINGITIS

Positive.....	<u>Nil.</u>
Suspects (Not Yet Confirmed).....	
Deaths.....	

TABLE 7 - CONTACTS IN LINES

Of Infectious Disease.....	1010
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CR.AIF.

24th. June, 1918.

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

Weekly report of Health of A.I.F. Troops for
Week ending 20th. June, 1918.

Statistical Report attached.

GENERAL HEALTH.

A widely spread epidemic of Influenza has become manifest during the week. The largest number of cases has occurred at No. 1 Command Depot, Sutton, ^{Very} 12th. T.B., Codford, and Australian Engineers, Training Depot, Brightlingsea, from which Units during the week, 132, 95, and 65 cases were respectively admitted to Hospital. The disease is of a ^{acute} contagious type but so far there have been no serious symptoms and in most cases the attack has been of short duration.

Special attention is being paid to ventilation of huts and fumigation of blankets before re-issue. At Codford all huts have been disinfected.

The number of cases in Hospital has increased from 1637 (4.94%) to 2052 (6.20%) and the number of admissions to Hospital has increased from 490 (1.48%) to 819 (2.45%)

The number of admissions from General Disease, including Respiratory Disease has increased from 297 (.89%) to 650 (1.95%) and the total number of General Cases in Hospital has increased from 1077 (3.25%) to 1455 (4.39%)

The average number attending Daily Sick Parade has increased from 635 (1.91%) to 747 (2.24%)

RESPIRATORY DISEASE.

The number of cases of Respiratory Disease sent to Hospital has increased from 108 to 409, including an increase in the number of cases of Influenza from 91 to 392.

There have been 4 cases of Pneumonia and Br. Pneumonia during the week and one death from Pneumonia.

INFECTIOUS DISEASE.

The total number of Infectious cases in Hospital, excluding Scabies, has increased from 68 to 79 and the number of Contacts has increased from 1010 to 1031.

Measles: The number of cases of Measles admitted to Hospital has decreased from 26 to 6. 2 occurred amongst soldiers already segregated and 4 amongst unisolated troops.

Mumps: The number of Mumps cases in Hospital has decreased from 43 to 39. The number of cases admitted during the week has decreased from 11 to 7. Infection was acquired as follows:-

Amongst soldiers already segregated:

The number has decreased from 12 to 1.

Fresh cases amongst unisolated Troops:

The number has increased from 3 to 6.

C: S: M:Scabies:

No cases occurred.
 The number of cases under treatment has increased from 91 to 130.

VENEREAL DISEASE:

The number of cases in Hospital has increased from 460 (1.39%) to 466 (1.40%)

The number of admissions to Hospital has increased from 112 less 4 readmission from C.F.D. - 108 to 123 less 3 readmissions from C.F.D. - 120.

Infection was acquired as follows:-

Prior to being taken on the strength

The number has increased from 13 to 14.

After being taken on the strength but before reporting to the Comms

The number has decreased from 12 to 5.

After reporting to the Command.

The number has increased from 54 to 52.

The number of cases among B.E.F. troops in leave has increased from 24 to 37

The number of soldiers discharged from Hospital during the week has increased from 115 to 118.

EARLY TREATMENT:

2391 soldiers have reported for Early Treatment during the week of these 171 showing signs of Disease were sealed up and 120 such cases were aborted.

Stullwhae Colonel,
 A.D.M.S. A.I.F. Depots.

CR.AIF.

1st July 1918.

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

Weekly Report of Health of A.I.F. Troops
For week ending 27.6.18.

Statistical Report attached.

GENERAL HEALTH:

The Influenza Epidemic has become general throughout the Command and consequently the admissions to hospital during the week show an increase of 75% over those of last week. There is as yet no definite indication of the epidemic abating, but fortunately it continues to be of quite a mild type, no case of serious complications having supervened.

Attached herewith is a copy of Circular Memo issued by Headquarters, A.I.F. Depots in U.K., laying down the steps to be taken to limit the spread of the disease.

Number of cases in hospital has increased from 2052 (6.20%) to 2458 (7.31%) and the number of admissions to hospital has increased from 619 (2.45%) to 1399 (4.20%).

Number of admissions from General disease including Respiratory Disease, has increased from 650 (1.95%) to 1270 (3.81%), an increase of almost 100%

Total number of General cases in hospital has increased from 1455 (4.39%) to 1924 (5.73%)

The average number attending Daily Sick Parade has increased from ~~747~~ 747 (2.24%) to 880 (2.64%).

RESPIRATORY DISEASE.

Number of cases of Respiratory Disease sent to hospital has increased from 409 to 1097., including an increase in the number of cases of Influenza from 332 to 1077.

There have been two cases of Pneumonia and Br. Pneumonia and 1 death from Pneumonia.

INFECTIOUS DISEASE.

Total number of Infectious cases in hospital, excluding Scabies, has decreased from 75 to 69 and the number of Contacts has decreased from 1031 to 707.

Measles: Number of cases of Measles admitted to hospital has decreased from 6 to 5. 2 occurred among soldiers already isolated and 3 among unisolated troops.

Mumps: Number of Mumps cases in hospital has increased from 35 to 40. Number of cases admitted during the week to hospital has decreased from 7 to 5. 2 occurred amongst soldiers already segregated and 3 among unisolated troops.

C. S. M.: No cases have occurred.

2.

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Scabies: Number of cases of Scabies under treatment has decreased from 130 to 94.

VENEREAL DISEASE:

Number of cases in hospital has decreased from 466 (1.40%) to 433 (1.28%)

Number of admissions to hospital has decreased from 124 less 3 Readmissions from C.T.D. = 121 to 91 less 3 Readmissions from C.T.D. = 88

Infection was acquired as follows:-

Prior to being taken on Strength:

The number has decreased from 14 to 12

After being taken on Strength but

before reporting to the Command:

The number has increased from 5 to 10

After reporting to the Command:

The number has decreased from 62 to 46.

One soldier admitted was on the strength of Administrative Headquarters.

Number of cases occurring among B. E. F. troops on leave from France has decreased from 37 to 19

Number of soldiers discharged from hospital during the week has increased from 118 to 124.

Early Treatment:

2502 soldiers have reported for Early Treatment during the week. Of these 190 showing signs of disease were sealed up and 157 of such cases were cured.

Colonel.
 A. D. M. S. A. I. F. Depots in U. K.

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CONFIDENTIAL.
WEEKLY RETURN OF HEALTH OF A.I.F. TROOPS
FOR WEEK ENDING 27. 6. 18.

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TABLE 1. - PROPORTION IN HOSPITAL - ALL UNITS.

	<u>Total.</u>	<u>Percent</u>
Total Strength at Week End	33600	
Total in Hospital at Week End	2458	7.31
Of these Syphilis	32	.09
Other Venereal	401	1.19
(Mumps	40	
Infectious (Scabies	32	
(Others	29	
General	1924	5.73

TABLE 2. - PROPORTION OF SICK IN TRAINING UNITS.

Average Daily Strength	33300	
Average Daily Sick Parade	880	2.64
Sent to Hospital for the Week	1398	4.20
Of these Mumps (Already Segregated 2 Ex Depots 3)	5	.02
Scabies	27	.08
A.I.F. Depots: Prior to being taken on Strength:	12	
After being taken on Strength but	68	.20
before reporting to Command:	10	
After reporting to Command:	46	
Venereal: Readmissions from C.T.D.	3	
Administrative Headquarters	1	
B.E.F.	19	
C.S.M. - (Positive	-	
(Carriers and Suspects	-	
Measles (Already Segregated 2 Ex Depots 3)	5	
Diphtheria	-	
Others	-	
General (Including Respiratory Disease 1097)	1270	3.81

TABLE 3. - INCIDENCE OF RESPIRATORY DISEASE.

Sent to Hospital for the Week	1097	1097
Of these Influenza	1077	
Bronchitis & Asthma	11	
Pneumonia & Br. Pneumonia	2	
Fleurisy	4	
T.B. (Phthisis) 2 Suspect 1)	8	

TABLE 4. - DEATHS.

<u>1. FROM RESPIRATORY DISEASE.</u>		
From Bronchitis	1	
" Br. Pneumonia	1	
" Tubercle of Lung	1	
<u>2. FROM OTHER CAUSES</u>	-	
	-	Total 3.

TABLE 5. - UNDER TREATMENT IN UNIT LINES.

Venereal - Undergoing Early Treatment	161	
Awaiting Evacuation to Hospital	-	161
Mumps		2
Scabies		62

TABLE 6. - CEREBRO SPINAL MENINGITIS.

Positive	-	
Suspect (Not yet confirmed)	-	Nil.
Deaths	-	

TABLE 7. - CONTACTS IN LINES.

Of Infectious Disease	707.
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AUSTRALIAN IMPERIAL FORCE DEPOTS IN UNITED KINGDOM.

CIRCULAR MEMO, No. 252.

Headquarters, Bhurtpore Barracks,
Tidworth, 25th June, 1918.

I N F L U E N Z A E P I D E M I C.

Owing to the present Influenza Epidemic, until further notice the following measures will be taken to limit the spread of this disease:-

1. The floor space allotted to each soldier in Barrack Rooms will be increased from 40 sq. feet to 80 sq. feet - thus the number of soldiers in the ordinary Barrack Hut will be reduced from 30 to 15.
2. All soldiers in excess of those who cannot be accommodated in Barrack Rooms according to this scale will be placed in tents. The number of soldiers in each tent will not exceed six.
3. Barrack Rooms will be scrubbed out daily.
All doors and windows will be kept open day and night, except when it is raining, when they will be closed on the weather side only.
Weather permitting every day tents will be lowered and their sites will be changed and all blankets will be placed outside huts and opened out for airing.
4. Rooms or huts in which cases of influenza occur will be vacated for 48 hours and the men will be placed under canvas; the rooms or huts will then be sprayed with formalin solution and left open.
5. All windows will be kept open day and night in Institutes, Canteens, Y.M.C.A. and Red Cross Huts, Concert Halls, and places of amusement. O.S.C. Units will see that no overcrowding occurs in these buildings.
6. Once a week Medical Officers will lecture to troops on the measures to be taken to prevent the spread of Influenza and will specially stress the necessity for maintaining a good supply of air in living rooms by efficient ventilation, for avoiding crowds, and for spending as much time as possible in the open air.
7. Contacts of cases of Influenza may be included in o/seas drafts.
8. MEDICAL ARRANGEMENTS.

(a) Group Clearing Hospitals will be immediately enlarged so that every soldier with a temperature may be at once put to bed. For this purpose, if necessary, Barrack Rooms adjacent to Group Clearing Hospitals will be handed over to S.M.Os. and each room will be equipped with 24 bedsteads, mattresses, and pillows, the necessary equipment being drawn from Ordnance. Any additional A.A.M.C. staff will be obtained from the A.D.M.S. on the following scale:-

1 nursing corporal and 3 orderlies for each 50 patients.

(b) All such patients will have their temperatures taken twice daily and will be seen twice a day by a Medical Officer.

Any patient who requires more nursing attention than can be given under these circumstances will be admitted to the nearest Military Hospital.

(c) If the strain on the accommodation requires rapid evacuation of patients the following procedure will be adopted:-

Patients may be discharged to Barrack Huts containing the usual Barrack furniture after their temperatures have been normal for 36 hours. These Huts will be set apart for this purpose and will be adjacent to Group Clearing Hospitals.

Patients may be discharged to their Lines after two days in these Huts.

S.M.Os. will arrange for frequent Medical inspections of Barrack Rooms, Institutes, and places of entertainment and will report to O.C. concerned any instances in which these instructions are not complied with.

If the irregularity complained of is not rectified the matter will be reported to these Headquarters.

J.S. Knolly.

Lieut.-Col.

A.A.G.

A.I.F. Depots in U.K.

25-6-18.

[Faint, mostly illegible text follows, appearing to be a list of instructions or a detailed report. Some legible fragments include:]

... All windows will be kept open and night in Institutes, Barracks, Y.M.C.A. and Red Cross Halls, Officers' Messes, and places of entertainment. O.C. Units will see that no overcrowding occurs in these buildings.

... Once a week Medical Officers will inspect the troops on the parade to be taken to prevent the spread of influenza and will especially stress the necessity for maintaining a good supply of air in living rooms by efficient ventilation for avoiding crowds, and for spending as much time as possible in the open air.

... Contacts of cases of influenza may be included in special drills.

... Group Clearing Hospitals will be immediately enlarged so that every soldier with a feverishness may be at once put to rest. For this purpose, all necessary barrack rooms adjacent to Group Clearing Hospitals will be handed over to S.M.Os. and each room will be equipped with 20 beds, blankets, mattresses, and pillows. The necessary equipment shall be drawn from stores. Any additional A.A.M.C. staff will be obtained from the A.I.F. at the following rates:-

1 Nursing corporal and 2 orderlies for each 20 patients.

(b) All such patients will have their temperatures taken twice daily and will be seen twice a day by a Medical Officer.

At periods when nursing more nursing attention than can be given under these circumstances will be allotted to the nearest Military Hospital.

(c) If the strain on the accommodation requires rapid evacuation of patients the following procedure will be adopted:-

Patients may be discharged to Barrack Halls containing the newly formed tented areas after their temperatures have been normal for 24 hours. These Halls will be set apart for this purpose and will be adjacent to Group Clearing Hospitals.

Patients may be transferred to their homes after two days in these Halls.

CONSOLIDATED PROPHYLACTIC & EARLY TREATMENT VENEREAL REPORT FOR WEEK ENDING 6/6/18

UNIT.	Strength.	No. on Leave.	No. of F.L. Bought.	No. of B.L. Outfits accepted.	No. reporting for Treatment.			Method of Prophylaxis	ABORTIVE TREATMENT.					Number sent to Bulford.							
					Prophyl	Abort.	With Sores		Total.	No. repts and how early					No. Cured.	No. still under ET	Abortive method used	REMARKS.	Gonorr	Sores	Total.
										6 hrs	6-12	12-24	Over 24 hrs	Total							
No. 1 Cmd. Depot	2319	250	—	250	82	19							15	19				12			
OTB. No. 1 Bn.	539	55	23	12	7	6							14	5				6			
" 2 Bn.	607	52	20	46	—	7							17	6				3			
" 3 Bn.	596	73	28	73	28	9							14	9				1			
" 4 Bn.	768	27	—	27	—	17							28	12				2			
1st Trng. Bn.	1204	26	60	15	15	2							1	1				—			
Nurs. Trng. Bn.	381	30	30	22	75	2							2	—				—			
R.F.A.A.	1455	83	75	83	59	2							1	1				6			
AASC. Det. Wmster	256	12	8	2	10	—							—	—				—			
No. 2 Cmd. Dep.	1109	16	86	50	309	13							10	15				2			
Verne Detachment																					
Westham "	1500	21	40	30	540	—							—	—				—			
Littlemoor "	179	20	60	83	179	—							—	—				—			
No. 3 Cml. Depot	3436	476	42	376	542	31							36	5				13			
No. 4 Cml. Depot	2491	510	96	140	270	30							27	35				3			
5th Trng. Bn.	984	20	18	20	12	1							2	1				1			
9th Trng. Bn.	898	50	17	37	7	3							3	—				3			
12th Trng. Bn.	1049	56	22	25	4	3							1	2				—			
14th Trng. Bn.	1115	34	19	20	31	3							4	4				1			
Hdgrs. Tidworth	640	27	78	2	29	2							—	4				1			
P ¹ House AASC. TD	474	52	2	20	9	—							—	1				1			
" Details	303	—	—	—	2	—							—	—				2			
" AASC. TD	303	16	—	6	11	2							—	2				1			
AETD. Bright'sea	904	115	98	150	50	2							2	—				—			
M.C.S. Grantham	1673	60	50	60	75	6							3	5				3			
AHA. TD. Dev report	151	—	36	20	16	1							—	—				—			
Eng. Co. Dev report	105	10	33	9	17	—							—	5				—			
AROD. Longmoor	96	5	12	2	—	—							—	—				—			
No. 1 A.D.H.																					
TOTALS.	24935	2086	897	1603	2370	161							170	132				61.			

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APPENDIX D
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CONSOLIDATED REPORT ON THE DAILY TREATMENT AND VENEREAL REPORT FOR WEEK ENDING 13/6/18

UNIT.	Strength.	No. on Leave.	No. of F.L. Bought.	No. of B.L. Outfits accepted.	No. reporting for Treatment.			Method of Prophylaxis	ABORTIVE TREATMENT.					Number sent to Bulford.							
					Prophyl	Abort.	With Sores		Total.	No. reptg and how early.					No. Cured.	No. still under ET	Abortive method used	REMARKS.	Gonorr	Sores	Total
										within 6 hrs	from 6-12	12-24	over 24 hrs	Total							
No. 1 Cmd. Depot	1918	239	42	239	54	37							19	38				16			
CTB. No. 1 Bn.	522	76	24	17	8	11							16	10				—			
" 2 Bn.	575	28	25	25	4	8							8	8				—			
" 3 Bn.	602	78	18	78	26	9							5	13				1			
" 4 Bn.	712	50	5	50	—	15							13	14				3			
1st Trng. Bn.	412	35	60	20	25	5							2	5				—			
Gnrs. Trng. Bn.	348	25	15	12	63	—							—	—				—			
R.B.A.A.	1425	98	70	98	63	4							—	4				3			
AASC. Det. Wmster	247	11	6	3	14	—							—	—				—			
No. 2 Cmd. Depot	1084	28	95	52	284	7							12	9				4			
Verne Detachment													—	—				—			
Nestham "	1129	39	54	87	487	—							—	—				—			
Littlemoor "	878	21	28	47	149	—							—	—				—			
No. 3 Cmd. Depot	3219	527	52	400	525	16							18	3				13			
No. 4 Cmd. Depot	2595	568	96	125	305	23							29	18				10			
5th Trng. Bn.	838	20	17	20	10	2							2	1				—			
9th Trng. Bn.	712	23	31	98	6	—							—	—				—			
12th Trng. Bn.	4599	171	144	100	6	2							1	3				2			
14th Trng. Bn.	1028	122	60	100	30	3							2	3				2			
Hdqs. Tidworth	625	30	92	1	16	1							1	3				2			
P House AASC. TD	471	37	—	15	11	1							1	2				—			
" Details	91	—	—	—	—	—							1	3				2			
" AASC. TD	420	50	—	10	9	2							1	1				—			
ABTD. Brightsea	1080	290	110	250	58	1							—	1				—			
M.G.S. Grantham	1062	65	40	65	80	8							—	1				—			
AHA. TD. Devonport	140	3	20	24	12	1							1	8				3			
Eng. Sig. Sec. (1st)	104	12	10	6	24	—							—	—				1			
AROD. Longmoor	71	10	28	5	1	—							—	4				—			
No. 1 A.D.H.													—	—				—			
TOTALS.	24537	2656	1142	1967	2270	159							121	148				62			

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MONITORING OF EPIDEMIOLOGIC & EARLY TREATMENT VERIFIABLE REPORT FOR WEEK ENDING

2016/18

UNIT.	Strength.	No. on leaves.	No. of F.L. Bought.	No. of B.L. Outfits accepted.	No. reporting for Treatment.				Method of Prophylaxis	ABORTIVE TREATMENT.					Number sent to Bulford.			
					Prophyl	Abort.	With Sores	Total.		No. repts and how early.					REMARKS.	Gonorrh.	Sores	Total.
										Within 6 hrs	from 6-12	12-24	over 24 hrs	Total				
No. 1 Cmd. Depot	2813	237	50	237	76	24							37	39			18	
OTB. No. 1 Bn.	512	83	15	16	9	8							9	9			1	
" 2 Bn.	600	41	30	38	6	7							5	8			2	
" 3 Bn.	641	85	36	85	17	14							16	11			2	
" 4 Bn.	738	53	40	50	3	12							11	15			4	
1st Trng. Bn.	1071	97	84	53	30	3							2	3			3	
Nurs. Trng. Bn.	308	28	17	26	7	3							-	3			1	
R.B.A.A.	1473	102	66	102	71	10							5	3			1	
AASC. Det. Wimster	257	12	8	4	20	1							-	1			1	
No. 2 Cmd. Depot	1016	37	90	116	293	6							7	7			2	
Verne Detachment																		
Westham "	1148	49	47	63	437	-							-	-			-	
Littlemoor "	850	30	34	29	162	-							-	-			-	
No. 3 Cmd. Depot	3482	537	60	471	515	29							25	6			5	
No. 4 Cmd. Depot	2625	473	84	90	240	27							22	25			7	
5th Trng. Bn.	786	20	30	20	14	1							2	1			1	
9th Trng. Bn.	636	105	97	45	7	2							-	2			2	
12th Trng. Bn.	1503	231	108	200	7	8							3	5			1	
14th Trng. Bn.	942	123	60	120	30	1							3	-			1	
Hqrs. Tidworth	618	34	138	7	21	-							1	-			2	
R House AAWG. ED	450	31	-	20	12	1							1	3			3	
" Details	88	-	-	-	-	-							-	-			-	
" AASC. ED	347	16	-	6	-	1							1	-			1	
ABED. Brightsea	761	511	400	850	76	10							-	11			1	
M.G.S. Grantham	473	60	80	60	60	11							-	11			1	
AHA. TD. Devonport	115	2	24	6	12	-							-	-			-	
Eng. Sig. Sec. (1st)	106	10	3	9	15	-							-	4			-	
AROD. Longmoor	38	35	12	33	1	-							-	-			1	
No. 1 A.D.H.																		
TOTALS.	24797	3042	1618	2456	2207	179							150	157			51	

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CONSOLIDATED PHYLAXIC & EARLY TREATMENT VENEREAL REPORT FOR WEEK ENDING 27/6/1918

UNIT.	Strength.	No. on leaves.	No. of F.L. Bought.	No. of B.L. Outfits accepted.	No. reporting for Treatment.			Method of Prophylaxis	ABORTIVE TREATMENT.					REMARKS.	Number sent to Bulford.						
					Prophyl	Abort.	With Sores		Total.	No. reptg and how early.					No. Cured.	No. still under trt	Abortive method used	Gonorr	Sores	Total.	
										Within 6 hrs	From 6-12	12-24	Over 24 hrs								Total
No. 1 Cml. Depot	2762	226	40	226	54	12							23	11				15			
CTB. No. 1 Bn.	449	61	23	14	12	8							8	9				2			
" 2 Bn.	657	48	20	40	3	10							6	12				1			
" 3 Bn.	598	87	24	87	24	8							10	9				1			
" 4 Bn.	753	67	54	40	9	9							11	13				1			
1st Trng. Bn.	1027	84	42	50	18	2							4	2				1			
Mrs. Trng. Bn.	288	25	25	19	41	4							3	1				2			
R.B.A.A.	1423	104	60	104	67	10							7	3							
AASC. Det. Wmster	265	11	4	6	20	-							-	-							
No. 2 Cml. Depot	963	58	45	60	303	1							7	1							
Verne Detachment	844	60	33	50	130	-							-	-							
Westham "	1042	19	43	58	416	-							-	-							
Littlemoor "																					
No. 3 Cml. Depot	3508	545	33	459	537	28							25	9				6			
No. 4 Cml. Depot	2830	429	86	130	240	27							25	24							
5th Trng. Bn.	682	26	25	26	10	2							1	2							
9th Trng. Bn.	609	60	61	60	9	2							9	2				1			
12th Trng. Bn.	1512	329	130	300	9	13							5	8				2			
14th Trng. Bn.	935	68	40	70	42	6							-	5				2			
Hqrs. Tidworth	581	24	64	3	7	-							-	-				3			
R House AASC. TD	399	57	-	36	17	-							1	1							
" Details	90	-	-	-	-	-							-	-							
" AASC. TD	341	50	37	7	22	1							-	1							
ABTD. Brightsea	1116	39	48	40	29	3							5	4							
M.G.S. Grantham	981	-	-	-	24	13							2	-				3			
AHA. TD. Devonport	1440	3	20	24	12	1							2	-				1			
Eng. Sig. Sec. (H)	104	12	10	6	24	-							-	4							
AROD. Longmoor	51	10	17	5	-	-							-	-							
No. 1 A.D.H.	-	-	-	-	-	-							-	-							
TOTALS.	25965	2502	984	1920	2129	160							157	124				41			

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APPENDIX E

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A.M.C. Form 6.

WEEKLY COMMAND DEPÔT RETURN.

Week ending, Saturday m/n 1/6/18

	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
Accommodation	4300	7646	3500	3700		19026
No. in Depôt, Saturday, midnight	2347	4256	3779	3063		13345
ADMISSIONS.						
Number reporting from Admin. Headquarters after Furlough	200	57	98	259	614	
Number reporting direct from Australian Auxiliary Hospitals		119	391	51	561	
Number of Permanent Base men reporting direct from France		79			79	1754
Number of men reporting from Other Sources ...	231	95	1	12	339	
Number of men reporting from Training Battalions ...	19	143	2		164	
Number of men reporting from other Command Depôts...	1	221	20	204		566
DISCHARGES.						
Number of returned Expeditionary Force discharged for General Service to Overseas T.B. and elsewhere ...	189		328	213	730	
Number of men discharged to Training Units ...	5	1	1	3	10	
Number of men discharged for Home Service ...	26	12			38	927
Discharged as Invalids—to Australia		5			5	
in England		1			1	
Discharged elsewhere—Hospitals, A.W.L., etc. ...	275	26	29	13	343	
Number of men discharged to other Command Depôts ...	46	60	321	128		563

Classes in Depôt	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
A 3	77	105	174	284	640	766
A 4	62	41	6	17	126	
Bia 4	439	37	315	173	1014	
Bia 3	527	27	603	771	1928	5331
Bia 2	163	21	630	753	1567	
Bia 1	36	7	307	392	742	
Bib	32	66	1004	7	1109	1109
Home Service Personnel } B 2a	40	302	25	24	422	2152
} C i	200	1990	277	103	1770	
Invalid Cases to return to Australia } B 2b	4	709	1	1	715	
} C 2	4	604		1	609	1910
} C 3	10	473	3	5	491	
Training Battalions ...	52				52	
Unclassified	98	13		279	405	2677
Staff	493	521	353	253	1620	
TOTALS	2347	4256	3779	3063		13345

AVAILABLE FOR RETURN TO AUSTRALIA FROM No. 2 COMMAND DEPOT. As from 6 a.m. Thursday, 20.5.18

	Hammock (including P.B.)	Berth	Cot	T.B.	Mental	Totals
Revised	2353	303		27	23	2706
Unrevised	115	23		20	3	161
TOTALS	2468	326		47	26	2867

Gale & Polden, Ltd., Printers, Aldershot. 198-y.

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

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A.M.C. Form 6.

WEEKLY COMMAND DEPÔT RETURN.

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Week ending, Saturday m/n 8 6 18

	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
Accommodation	4100	7656	3500	3780		19036
No. in Depôt, Saturday, midnight	2796	2984	3580	3235		12595
ADMISSIONS.						
Number reporting from Admin. Headquarters after Furlough	285	57	47	294	681	
Number reporting direct from Australian Auxiliary Hospitals		156	489	35	630	
Number of Permanent Base men reporting direct from France		51			51	1682
Number of men reporting from Other Sources ...	175	16	3	15	209	
Number of men reporting from Training Battalions ...	17	87	7		111	
Number of men reporting from other Command Depôts...	430	27	12	64		533
DISCHARGES.						
Number of returned Expeditionary Force discharged for General Service to Overseas T.B. and elsewhere ...	266	2	195	248	711	
Number of men discharged to Training Units ...	45	7	12	4	68	
Number of men discharged for Home Service ...	4	66			70	2427
Discharged as Invalids—to Australia		1390			1390	
in England		2			2	
Discharged elsewhere—Hospitals, A.W.L., etc. ...	136	4	26	20	186	
Number of men discharged to other Command Depôts ...	5	66	457	7		535

Classes in Depôt	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	TOTAL	GRAND TOTAL
A 3	129	79	131	337	676	733
A 4	62	23	5	17	107	
Bia 4	728	34	105	213	1080	
Bia 3	605	20	458	799	1882	5741
Bia 2	185	22	520	887	1614	
Bia 1	26	8	605	526	1165	
Bib	37	87	1108	6	1238	1238
Home Service Personnel } B 2a	50	147	30	65	292	1519
} C i	281	558	284	104	1227	
Invalid Cases to return to Australia } B 2b	5	550	3	1	559	
} C 2	6	454	2	2	464	1366
} C 3	11	321	3	8	343	
Training Battalions ...	13				13	
Unclassified		96		6	268	1948
Staff	166	585	326	264	1667	
TOTALS	2796	2984	3580	3235		12595

)AS from 5 a.m.

AVAILABLE FOR RETURN TO AUSTRALIA FROM No. 2 COMMAND DEPOT.

)Thursday 6th. 18

	Hammock (including P.B.)	Berth	Cot	T.B.	Typhoid Mental	Totals
Revised	2332	326		34	23	2715
Unrevised	277	424		26	6	351
TOTALS	2609	368		60	29	3066

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Colonel,

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

WEEKLY COMMAND DEPÔT RETURN.

Week ending, Saturday m/n 15 / 6 / 18

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	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
Accommodation	4100	7640	3500	3780		19020
No. in Depôt, Saturday, midnight	2818	3216	3842	3269		13145
ADMISSIONS.						
Number reporting from Admin. Headquarters after Furlough	332	78	42	211	663	
Number reporting direct from Australian Auxiliary Hospitals		90	367	48	505	
Number of Permanent Base men reporting direct from France		219			219	
Number of men reporting from Other Sources ...	147	59	9	4	219	1728
Number of men reporting from Training Battalions ...	13	99	3	2	117	
Number of men reporting from other Command Depôts...		52	61	75		188
DISCHARGES.						
Number of returned Expeditionary Force discharged for General Service to Overseas T.B. and elsewhere ...	204		132	297	703	
Number of men discharged to Training Units ...	21	80	8	8	57	
Number of men discharged for Home Service ...	20	31			51	
Discharged as Invalids—to Australia		28			28	1020
in England		1			1	
Discharged elsewhere—Hospitals, A.W.L., etc. ...	107	12	43	18	180	
Number of men discharged to other Command Depôts ...	30	97	41	18		194
Classes in Depôt						
	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
A 3	89	104	174	348	715	
A 4	62	14	3	17	96	811
Bia 4	667	31	139	291	1128	
Bia 3	739	22	493	645	2100	
Bia 2	200	30	472	794	1496	6069
Bia 1	32	23	802	488	1345	
Bib						
Home Service Personnel	7	63	1096	7		1173
B 2a	50	155	32	63	300	
C i	299	553	296	107	1255	1555
Invalid Cases to return to Australia						
B 2b	5	636	7	2	650	
C 2	10	614		1	625	1662
C 3	18	363	2	4	397	
Training Battalions ...					3	
Unclassified	3				3	
Staff	150	125		23	298	1875
	487	483	326	278	1574	
TOTALS	2818	3216	3842	3269		13145

AVAILABLE FOR RETURN TO AUSTRALIA FROM No. 2 COMMAND DEPOT.) As from 6 a.

	Hammock (including P.B.)	Berth	Cot	T.B.	Mental Inst.	Totals
Revised						
Unrevised	1252	365		35	29	1681
	354	49		21		424
TOTALS	1606	414		56	29	2105

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WEEKLY COMMAND DEPÔT RETURN.

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Week ending, Saturday m/n 23. / 6 / 18.

	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total
Accommodation	4100	7646	3500	3780		19026
No. in Depôt, Saturday, midnight	2756	2732	4102	3255		12845
ADMISSIONS.						
Number reporting from Admin. Headquarters after Furlough	282	31	26	214	553	
Number reporting direct from Australian Auxiliary Hospitals		111	452	60	623	
Number of Permanent Base men reporting direct from France		25			25	1435
Number of men reporting from Other Sources ...	176	15	8	5	204	
Number of men reporting from Training Battalions ...	4	26			30	
Number of men reporting from other Command Depôts...	13	33	23	87		156
DISCHARGES.						
Number of returned Expeditionary Force discharged for General Service to Overseas T.B. and elsewhere ...	234	1	176	299	710	
Number of men discharged to Training Units ...	20	6	8	8	42	
Number of men discharged for Home Service ...	4	16			20	
Discharged as Invalids—to Australia		534			534	1678
in England		16			16	
Discharged elsewhere—Hospitals, A.W.L., etc. ...	276	12	40	28	356	
Number of men discharged to other Command Depôts ...	3	83	24	22		137

Classes in Depôt	No. 1 C.D.	No. 2 C.D.	No. 3 C.D.	No. 4 C.D.	Total	Grand Total.
A 3	101	84	232	375	792	877
A 4	56	13	3	13	85	
Bia 4	702	24	169	358	1253	
Bia 3	873	7	452	833	2015	6048
Bia 2	191	13	498	779	1481	
Bia 1	29	11	373	386	1299	
Bib	16	75	1202	6	1299	1299
Home Service Personnel } B 2a	45	171	33	63	312	1638
} C i	289	620	309	108	1326	
Invalid Cases to return to Australia } B 2b	5	426	1	1	433	
} C 2	9	508	1		518	1269
} C 3	21	290	2	5	318	
Training Battalions ...	4				4	
Unclassified	139	23			162	1714
Staff	475	467	327	278	1548	
TOTALS	2756	2732	4102	3255		12845

AVAILABLE FOR RETURN TO AUSTRALIA FROM No. 2 COMMAND DEPOT.

As from 6 a.m.
Thursday
20.6.18

	Hammock (including P.B.)	Berth	Cot	T.B.	Mental Trachoma	Totals
Revised	1128	282		44	10	1464
Unrevised	436	50		16	1	503
TOTALS	1564	332		60	11	1967

APPENDIX F

24th June 1918.

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

Training of Invalids on Transports Returning to Australia.

I recommend that the following procedure be carried out in connection with the Training of soldiers of B2 and C Class on Invalid Transports.

1. REMEDIAL GYMNASTIC TRAINING.

The S.M.O. of the ship will receive a Nominal Roll with Progress Reports for all soldiers who have been on this treatment at No. 2 Command Depot.

He will keep a record of the treatment given on the attached Treatment Card.

He will be responsible that thorough supervision is exercised by Medical Officers over this training and that every soldier is medically examined at least twice weekly.

The Treatment Card will be initialled and dated by the Medical Officer at each examination.

He will hand over through the Embarkation Staff Officer to the P.M.O. of each State concerned, the Nominal Rolls with Treatment Cards for soldiers on Remedial Treatment who are disembarked at that State.

2. PHYSICAL TRAINING OF SOLDIERS OF B2 and C Class NOT RECEIVING REMEDIAL ~~XXXXXXXXXX~~ TRAINING.

such

Every/soldier except those of C1 Class employed on the staff of the Transport, will be medically examined once each fortnight.

On the "Embarkation Labels" will be stated for the information of the S.M.O. the disability and the grade of training the soldier was carrying out at No. 2 Command Depot, i.e. whether U.T., T1., or T.2.

At each fortnightly examination these labels will be dated and initialled by the Medical Officer and training will be prescribed according to the attached Schedule. Those unfit for training will be marked U.T.

3. The S.M.O. of the Transport is responsible for carrying out the Remedial Training referred to in para. 1.

The C.O. of the Transport is responsible for carrying out the Physical training referred to in para. 2., and a Physical Training Instructor will be placed on each Transport to assist him in this. Whenever a soldier for whom training has been ordered, states he is unfit to do it he will be at once paraded to a Medical Officer with a view to amending or confirming the previously prescribed scale.

4. It is very necessary to see that all soldiers are exercised in accordance with these instructions as otherwise the idleness of a long sea voyage causes the man to become slack both mentally and physically.

With systematic training on Transports the majority of men should be ready to resume civilian occupations as soon as they arrive in Australia.

Colonel.

A.D.M.S. A.I.F. Depots in U.K.

CR. AIF. 31869/9/91 (MS)

17th July 1918.

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G.O.C.

A.I.F. Depots in U.K.
TIDWORTH.

and

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

Administrative Headquarters,
130 Horseferry Road, S. I.

In furtherance of my 31869/9/91 of 12.3.18., I am forwarding herewith Nominal Roll showing particulars of 116 Additional unfits who arrived ex Transports "Indarra", "Canberra", "Nestor" (5.1.18), "Port Sydney" and "Ulysses".

These soldiers have been classified as follows:-

Temporarily Unfit General Service for mor than 6 months, but Fit for Home Service - B2a	1
Permanently Unfit General Service, but Fit Home Service - C1	72
Permanently Unfit General Service, but Fit Home Service in Australia - C1(Australia)	4
Permanently Unfit General Service, Temporarily Unfit Home Service - C2	1
Permanently Unfit General Service and Permanently Unfit Home Service - C3	38
	<u>116</u>

The Disabilities of these soldiers are summarised as follows:-

Senility	4
Medical Disabilities	32
Surgical Disabilities	32
Inguinal Hernia	4
Gonorrhoeal Rheumatism	1
Foot Deformities	20
Defective Vision	7
Defective Hearing	8
Defective Physique	2
Mental Deficiency	3
Epilepsy	3
	<u>116.</u>

These unfits are additional to the 98 soldiers already reported as unfit to D.M.S. The total number of soldiers arriving in the above mentioned ships and boarded unfit for General Service, therefore, now totals 214. The D.G.M.S. General Fetherstone, inspected between 25 and 30 of these unfits at Weymouth on 1.6.18., and concurred in their medical classifications. 90 unfits were on this occasion paraded for inspection by the D.G.M.S. but after seeing the number stated, the D.G.M.S. said he did not wish to see any more.

~~Major~~ Colonel.
A.D.M.S. A.I.F. Depots in U.K.

APPENDIX H

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CR. AIF.

29819/

18th. June, 1918.

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

Dental fitness of Reinforcements arriving from Australia
 in May, 1918.

Herewith for the information of the D.M.S., report on Dental
 Condition of 1555 soldiers who arrived in Transports "Runic", "Ormonde",
 "Persic", and "Nestor" in May, 1918.

52% required Dental Treatment.

The Dental Treatment necessary was as follows:-

35	men	required	extractions.
599	"	"	fillings.
244	"	"	Dentures.
34	"	"	Scaling
171	extractions	were	necessary
1379	fillings	were	necessary
308	Dentures	were	necessary.

W. W. L. Colonel,
 A.D.M.S. A.I.F. Depots.

APPENDIX J

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AUSTRALIAN IMPERIAL FORCE.

Headquarters,
A.I.F. Depots in U.K.,
Bhurtpore Barracks,
Tidworth. 10.6.1918.

CIRCULAR MEMORANDUM No. 247

REVIEW OF "OTHER THAN 'A' CLASS" PERSONNEL BY AREA

MEDICAL BOARDS.

The Travelling Medical Board has been discontinued and its duties will be taken over by Area Medical Boards.

Circular Memorandum No. 152 of 15.9.1917 with the exception of Para. 3 is therefore cancelled.

1. The Constitution of an Area Medical Board will be as follows: -

(a) President: The S.M.O. of the Area. (viz., S.M.O.s. Sutton Veny Area, Hurdcott Area, 3rd Training Brigade, Codford, No. 2 Command Depot, Weymouth, O.C., 1st A.D. Hospital, Bulford and O.C., A.A.M.C. Training Depot, Parkhouse.

(b) One Medical Officer as Member.

(c) One Combatant Officer as Member:-

" This Officer will advise the Board as to the profitable employment or otherwise of the home service personnel who are being reviewed and will be specially detailed by the O.C., of the Unit concerned for that purpose."

Note. In the case of detached Units the Medical members of the Board will be provided by these Headquarters.

2. Functions of Area Medical Boards:-

(a) They will examine once every three months the following personnel:-

i. In Training Units - All soldiers who are "other than 'A' Class".

ii In Command Depots - All soldiers "other than 'A' Class" who are employed on the Permanent Cadre or attached to the Permanent Cadre.

(b) They will reclassify "A" Class all soldiers who have become fit for general service.

(c) They will reclassify "B1b, B2b, C2 or C3" any soldiers who have become unfit for Home Service.

(d) They will report to these Headquarters all Home Service personnel who are not profitably employed.

(e) In Command Depots they will examine all soldiers who have remained "B1" Class for over three months and in the case of those who are at this examination still classified as "B1" Class they will forward to the A.D.M.S., a brief history of the disability causing the unfitness for general service. No combatant Officer will sit on the Board when such soldiers are being reviewed.

(f) They will report to these Headquarters any instances in which existing instructions regarding "other than 'A' Class" are not being complied with, viz.,

Where Officers Commanding Units fail to keep a record of the medical classifications of "other than 'A' Class" personnel employed in the Unit.

Where men are not paraded before the Board.

Where soldiers in training Units are classified "other than 'A' Class" except by a Medical Board.

Where there is a delay in bringing before the Standing Medical Board, soldiers in training Units who have been classified "other than 'A' Class" by R.M.O's.

Where soldiers previously classified "B2b, C2 or C3" by a Medical Board have not been transferred to No. 2 Command Depot, Weymouth, etc.

(g) At No.2 Command Depot the Area Medical Board will examine all soldiers "other than 'A' Class" on, or attached to, the "Permanent Cadre" who are for that reason unavailable for return to Australia. Soldiers of B2 or C Class who are available for return to Australia will be examined by the Consultants, A.I.F., in accordance with instructions issued elsewhere and not by the Area Medical Board.

The Area Medical Board may alter the classifications of any soldier of "B2a" or "C1" Class without reference to the Consultants, A.I.F.

Where a soldier has been classified "B2b, C2 or C3" by the Consultants, A.I.F., he will not be placed in a higher category without the approval of the Consultants.

If such soldiers are employed at Weymouth they will not be held off beat rolls unless this approval has been obtained.

3. The procedure will be as follows:-

(a) The President of the Board will obtain:-

i. From the C.O. of each Unit to be reviewed Nominal Rolls in duplicate of the personnel referred to in Para.2 (a) and (c).

The Rolls of the personnel mentioned in Para.2 (a) will be on the proforma attached as Appendix A.

ii From the A.D.M.S. (except in the case of No2 Command Depot) A.F's B.179 for all soldiers classified "B2a" or "C1".

(b) A Reclassification Slip on the proforma attached as Appendix B. will be completed for each soldier of "B2a" or "C1" Class and will be pinned to the A.F.B. 179.

The Finding in the case of soldiers whose classifications have been altered, will be written in words. When the classification is unaltered the letters "B2a" or "C1" will suffice.

4. When each Unit has been completed the following will be forwarded to the A.D.M.S.

(a) A statement of work done on proforma attached as Appendix C.

(b) A nominal roll of soldiers whose classifications have been altered under the following headings:-

No.	Rank.	Name.	Unit.	Age.	Disability.	Previous Classfn.	Reviewed Finding.
-----	-------	-------	-------	------	-------------	-------------------	-------------------

A.M.C. Form 2 modified accordingly will be used for this purpose.

(c) All A.Fs.B.179 with the following exceptions:-

i. Those for soldiers at No.2 Command Depot which will be retained by the S.M.O.

ii. Those for soldiers at Nos.1, 3 and 4 Command Depots who are re-classified "B2b, C2, or C3". These Board Papers will accompany the soldiers when they are transferred to Weymouth.

(d) A Nominal Roll of all soldiers who have been in Command Depots in "B1" Class for over four months and who are still classified "B1" by the Area Medical Board.

A brief history for such soldiers of the disability causing the unfitness for general service will be given.

(e) A statement of any irregularities noted, in accordance with Para.2 (f).

(f) A nominal roll of all "C1" soldiers considered by the Board to be unprofitably employed.

5. On the last day of March, June, September, and December, the President of each Area Medical Board will forward the following certificate to these Headquarters:-

I CERTIFY that all "other than 'A' Class" soldiers under my Medical Administration referred to in Circular Memorandum No.247 of 10.6.1918, have been examined and dealt with as required by this memorandum.

Issued at 11.15a.m.

[Signature]
 Colonel.
 D.L. & C.M.G.
 A.I.F. DEPOTS IN UNITED KINGDOM.

APPENDIX "A".

NOTHING THAN "A" CLASS" PERSONNEL FOR REVIEW
BY AREA MEDICAL BOARD AT

X (To be left blank for use of
Area Medical Board).

No.	RANK.	NAME	UNIT.	HOW EMPLOYED.	DISABILITY.	CLASSIF- ICATION.	FINDING OF REVIEWING BOARD.	REMARKS.

.....
PRESIDENT AREA MEDICAL BOARD.

...../...../.....

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APPENDIX "B"

RECLASSIFICATION BY A7MA MEDICAL BOARD HELD AT _____ OF ____ / ____ / 1918.

No.....Rank....Name.....Unit.....

We the undersigned certify that we have examined the above named soldier.

His medical classification has been altered for the following reasons.

(If unaltered the fact that this is inapplicable should be stated)

FINDING. (In words)

.....President.
.....Member.
.....Member.

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APPENDIX "C"

THREE-MONTHLY REVIEW OF "OTHER THAN 'A' CLASS" PERSONNEL BY AREA MEDICAL BOARD.

UNIT.....AT.....

DATE COMMENCED.	DATE COMPLETED.	NO. of SOLDIERS EXAMINED.					NO. of SOLDIERS WHO AFTER REVIEW WERE CLASSED.							
		B1a	B1b	B2a	O1	Total.	A.	B1a	B1b	B2a	O1	B2b	C2	C3

.....

PRESIDENT AREA MEDICAL BOARD

...../...../.....

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CONFIDENTIAL
H/A

For War Diary
APPENDIX K

Headquarters, A.I.F.,
Bhurstpore Barracks,
Tidworth,
30th June 1918.

To S.M.O., A.I.F. Sutton Veny.
" " Hurdcott
" " Codford.
O.C., A.A.M.C. Training Depot, Fovant.

Medical Boards.

It has been reported that some Medical Boards are classifying as C3, soldiers who are obviously C1 or C2 and that often soldiers are being classified as C Class, who are really B2a or B2b.

Although soldiers who are placed in too low a medical category are subsequently marked up again by Area Medical Boards or by the Consultants, A.I.F., the following defects tend to occur:-

- (1) The boarding of a soldier C3 tends to encourage him in the belief that he is not now and never will be fit for full work again. This effect tends to persist even if the soldier is subsequently raised to B2 or C1 Class.
- (2) It has been found that soldiers of C1 Class do not give such good service on home service duties as those classified B2a, as the latter cannot become available for return to Australia even if they do their home service duty unsatisfactorily.

Therefore, where Medical Boards are in doubt as to whether a soldier should be placed in a higher or a lower category, preference will be given to the former. This applies especially to the placing of soldiers in B2a Class rather than in C1 Class, unless it is certain that they will never be fit for general service again.

A.D.M.S. A.I.F. DEPOTS IN U.K. Colonel,

It appeared to me that any enquiries into the condition of orthopaedic work, by which I mean any method adopted for the restoration of the functions, operative or not, prevailing in the United Kingdom or elsewhere, as applicable to Australian conditions, should be first directed to the methods adopted by the A.I.F. to men who were to be sent back to Australia, more especially from the condition of men who had returned there, the impression had gained ground that there was an absence of any co-ordinated curative training in England and an inefficient method of dealing with the men during their voyage on the Transport.

Whether there was an absence of method in the past or not it cannot now be said to exist, and that which has been gradually evolved, and which has been in existence nearly twelve months, shows a well considered plan of dealing with this class of cases not only in England, but for the continuance of any treatment required on board the Transport.

The methods adopted for remedial treatment can be divided into two classes, one of those only temporarily unfit for Active Service, and therefore not returning to Australia, and one for those unfit for more than six months for General Service or Home Service, or obviously permanently unfit for either.

The method adopted in the first class which I saw in practice at Sutton Veny explains the reason of so few of the men returned to Australia being found fit to return to duty there, for by a careful system of weeding out, and the system of boarding and re-boarding explains why such is the case. But I propose to deal only with the methods adopted for those men who are down for transport to Australia. These classes of men are sent to No. 2 Command Depot at Weymouth from the following sources:-

First and mainly from the Australian Auxiliary Hospitals at Harefield and Dartford, with the exception of amputation cases of lower limbs - these are collected at Southall where they are fitted with limbs and sent direct to Hospital Ships for transport to Australia.

Secondly a small number of men who have been previously considered by medical officers as able to return to duty within six months, and therefore sent to other Command Depots, have on a more extended trial been found unfit.

Thirdly another class consists of men whilst not suffering from any disability of a definite or acute nature, are found by medical officers at the Front to be unfit for service in the Field. These men are sent to the Base in France, and from there to Weymouth without being admitted to Hospital. This class in the majority suffer from the wear and tear of prolonged ~~service~~ active service, and their disabilities are ~~not~~ the results of this service though they present no condition which is obviously directly caused by active service although aggravated by it, and then -

Lastly comes the class of men who on arrival in England from Australia have been found unfit for military purposes.

Until this year there was no systematic classification for training purposes of men of B2b, C1, C2 or C3 classes, (vide Appendix No. 1) who though marked for return to Australia required no special remedial work. Now however, these are all classified as per Appendix 2 of Syllabus of Training, Command Depots, A.I.F. and receive training in proportion to their ability to carry out the same. The training consists of:-

- (a) Organised games
- (b) Route Marches
- (c) Fatigues.

These keep the men occupied for at least four (4) hours a day.

Each fresh draft of invalids to Weymouth is sent to Westham Camp where they are examined by a medical officer of experience, and the cases classified are sent to -

- (a) Littlemoor Camp - cases requiring no special treatment but classified for return to Australia.
- (b) Retained at Westham Camp - these are the men classified as fit for Home Service in England.
- (c). Orthopaedic cases sent to Monte Video Camp.

(a) and (b) have to go through a general course of training consisting of Route Marches, Organised Games by an instructor, General Fatigue and are seen by medical officers regularly.

The orthopaedic treatment adopted at Monte Video appears to me can scarcely be improved upon with the time available before being put on a Transport, unless it is determined that a system of occupational and curative treatment of a prolonged nature should be undertaken in England - a course which would hardly be approved of in Australia. Moreover, it can safely be said that practically no cases are now returned to Australia who can be fit for General Service within six months - and I can bear witness to the meticulous care taken to avoid sending back cases that will become fit - and of those cases returned who do not need treatment with the new methods established on board the Transport for the continuation of the treatment received at Weymouth, the majority need not be admitted to hospital, but can be discharged at once to civil life or handed over to the Repatriation Commission to be dealt with by it. Of course this does not refer to orthopaedic cases.

The orthopaedic treatment is now the care of a medical officer, Capt. E.B. THOMAS, whose work is of high character, which I watched with interest and consists of:-

- (a) Massage,
- (b) Electrical treatment
- (c) Mechanical or Remedial Gymnastics.

Hot air is used but baths are not used.

The Massage Department has to depend largely upon masseurs who have received their training in this Department and have been selected because they have shown their individual capacity for their work and besides being practically trained, they receive a course of lectures. Their work although not that of a certificated masseur, appears to me satisfactory and shows the possibility of training selected orderlies in this work and supplying the want of skilled masseurs.

The same may be said of the Electrical Treatment; a number of orderlies who have shown evidence of adaptability are being trained in this work.

The Remedial or Mechanical Gymnastics Department has a most excellent equipment and is staffed by trained instructors, many of whom have been sent to Aldershot and received certificates there.

In reference to the training of masseurs, although it may not be considered satisfactory that unqualified masseurs are being used, yet the difficulty of obtaining men who have been through the University course of training renders such use absolutely necessary. These men receive instruction by the Warrant Officer, Mr. Leeming, in charge of the Massage Department, who is a fully qualified masseur and teaches the trainees both in the theory and practice of massage, using a most excellent hand-book by Despard as his text-book.

Transports now receive a definite staff for carrying on the orthopaedic work during the voyage. Massage trainees for duty on transports before going on board receive the following training:-

1. Theoretical lectures 5 times a week on the following subjects:-
 - (a) Theoretical and practical massage
 - (b) Theoretical and practical Electro-Therapeutics

- (c). Elementary Physiology.
(d). Elementary Anatomy.

2. Practical: Instructions in practical massage are given by a certified masseur.

No masseur is placed on a transport until he has had six weeks training which is more often extended to a much longer period. Each masseur on board the transport continues with the patients who have been under him in Weymouth so as to ensure continuity of treatment.

Besides the staff of Electrical Operators there is also a staff of Remedial Gymnastic Instructors who have all been trained. The syllabus of their training is given in Appendix 3.

3. The following is provided for staff for a transport carrying orthopaedic cases:-

Remedial Gymnastic Instructors	- 1 per 50 cases
Masseurs	- 1 per 20 cases
Electrical Operators	- 1 per 50 cases.

Remedial Gymnastic Apparatus placed on board a transport:-

If approximately 50 cases:-

- 1 Plinth
- 1 Cycle Exerciser
- 2 Spiral Spring Wall Developers
- 6 Pairs Terry's Hand Grips

If approximately 250 cases:-

- 2 Plinths
- 1 Cycle Exerciser
- 1 Hydraulic Rowing Machine
- 1 Nautical Wheel
- 12 pairs Terry's Spiral Hand Grips
- 6 Spiral Spring Wall Developers

Number of Batteries placed on board:-

- 1 per every 50 cases requiring Electrical treatment.

For the Electrical Apparatus, besides ordinary batteries, Bristowe's Oils are now placed on every transport. The "BORDA" leaving 15.4.18, "RUAHINI" 12.5.18 and "MATATUA" 17.6.18 It is suggested that these be retained in Australia for use in the different Orthopaedic Centres; it is also suggested that the Gymnastic Apparatus be retained in Australia for the same purpose.

At my visit I was informed that 31718 cases had been dealt with at Weymouth, out of these 9.98% were found to be suffering from senility, premature or otherwise. It is considered that these numbers are under estimated, as very many men are invalided for some definite disability for which their age was more or less responsible. Rheumatism was responsible for 7.8% and 2.54 for defective vision.

As all men returned to Australia are boarded on a 179 irrespective of having been in hospital or not, it is suggested it should be made clear on their papers that although they have been considered unfit for medical services, they have never been in hospital. This would obviate their being sent to hospital and detained there until dealt with by the hospital authorities.

Another point which I would like to draw attention to is that invalids undergoing orthopaedic treatment, whether by exercises, massage or electrical treatment, have a nominal roll sent on board showing what treatment they have been under, the progress they have made and the condition for which the treatment has been adopted. This method is continued on board the Transport, and it is recommended that the S.M.Os. of transports should make out for each Military District a nominal roll showing

the treatment which the men have been undergoing and the progress made, instead of what appears to have been done, a nominal roll for the whole of the invalids. If this were done it would be of extreme use to the hospital authorities, who should be supplied with a copy of each.

At No. 3 Command Depot, Hurdcott, where men who are considered will be fit to return to duty within six months are treated, the following figures will show the amount of work done in the massage department:-

<u>February.</u>	Total Number	260
	Daily Average attendance	212
	Marked up to higher class	128
	Boarded to lower class	14
<u>March.</u>	Total Number	206
	Daily average attendance	140
	Marked up to higher class	188
	Boarded to lower class	23
<u>April</u>	Total Number	361
	Daily average attendance	198
	Marked up to higher class	214
	Boarded to lower class	12
<u>May</u>	Total Number	534
	Daily Average attendance	-
	Marked up to higher class	317
	Boarded to lower class	8

Average number of daily dressings at No. 3 Command Depot,
Hurdcott 360

From my experience in Australia it seems to me to be imperative if the work of orthopaedic treatment and curative training is to be carried out efficiently there, that a certain number of selected younger medical officers should be trained for 3 months at the big Orthopaedic Centres and then seconded for duty with different centres in Australia under the supervision of senior general surgeons. This is especially advised by Colonel Sir Robert Jones C.B. in a paper read before the Inter-Allied Conference in May of this year on the after care of Disabled Men, as it is recognised that M.Os. invalided to Australia and who have been absent for some years from their practices cannot take up military work when they are discharged from the A.I.F. By seconding men for duty they would be available for duty as required. I would suggest that the selection of these officers be entirely in the hands of the D.M.S. A.I.F. here.

Boots and Splints.

My attention was particularly drawn to the workshop for splints and for boots at Weymouth; this was most satisfactory, and is the means of supplying special splints which are required expeditiously - and the same may be said in reference to special forms of boots, which are so necessary in dealing promptly with foot deformities. It is suggested that men specially trained in these workshops, both at Weymouth and elsewhere, should be sent to Australia.

I have to acknowledge the help of Colonel McJhae, A.A.M.C. the A.D.M.S. of the district, who has been in charge for over twelve months and to whose efforts the advanced condition of the methods adopted there is due, not only in taking me round personally to the different Command Depots at Tidworth, but placing at my disposal the services of Major P. Beamish, D.A.D.M.S. to assist me in my work at Weymouth.

Men fit for service in less than six months are sent to No. 1, 3 or 4 Command Depots, Sutton Veny and Hurdcott respectively, and are classified as follows:-

B1b require remedial training and dressings and are sent to No. 3 Command Depot.

As they improve they are marked -

Class B1a1, B1a2, B1a3, B1a4 respectively, and after being made dentally fit are transferred to

Class A3 fit for G.S. and Overseas Training Brigade (O.T.B.)

Class A1 fit for G.S. and France.

Class B2a Men unfit for General Service for more than six months but fit for Home Service in England.

Not eligible to return to Australia.

~~(Remedial training at No. 2 Command Depot, Weymouth)~~

Class B2b. Men unfit for General Service and Home Service for more than six months.

Eligible to return to Australia

(Remedial training at No. 2 Command Depot, Weymouth)

Class C1. Men permanently unfit for General Service but fit for Home Service.

Eligible to return to Australia if not wanted.

Class C2. Men permanently unfit for General Service. Temporarily unfit for Home Service.

For Australia.

Class C3. Men permanently unfit for General Service and Home Service.

For Australia.

TRAINING OF "B2" & "C" CLASS SOLDIERSAT NO. 2 COMMAND DEPOT

(1). All soldiers of "B2" and "C" classes on marching into No. 2 Command Depot will be classified according to their fitness or otherwise to undergo training and will be marked as under:-

Unable to undergo Training or Exercise "U.T."

Fit to walk $\frac{1}{2}$ to 1 mile in the morning and
 $\frac{1}{2}$ to 1 mile in the afternoon:
Rate 96 per minute (Total 1 - 2 miles) "T.1."

Fit to walk 2 miles in the morning and
2 miles in the afternoon. Rate 96 per minute
(Total 4 miles) "T.2"

(2). Soldiers classed "T.1" and "T.2" will be exercised as follows:-

Daily 10.30 - 12 noon.

Selected Light Games	$\frac{1}{2}$ hour
Walk "T.1") Half the distance as	
"T.2") set out in Standard	
Classification	1 hour

Daily (Except Saturday) 2.30 - 4 p.m.

Competitive Games.

The following games are suggested:-

Fox & Geese
Guarding the Rations
Stepping Stones
Jump or Drown
Catch and Pull
Out of the Ring
Prisoners Base
Hop Step Skip and Jump
Singlesticks Game
Follow Leader
Medicine Ball Tennis and Games
Rolling Target
Black and White
Games of a similar light nature.

NOTES: (a) Supplement the above programme with short talks and lectures on subjects of interest during rest periods. These rest periods should be of as frequent occurrence as is deemed necessary.

(b) On wet days substitute for the above, lectures on Current Topics and matters of interest.

(3). Should any soldier be unable to perform the exercises set out he will be paraded without delay to a Medical Officer with a view to re-classification.

(4). Soldiers will be re-examined by Medical Officers once every three weeks with a view to re-classification or confirmation of existing classification.

SYLLABUS OF SCHOOL OF TRAINING FOR INDIVIDUAL REMEDIAL
GYMNASTIC INSTRUCTORS.

Course extending over one month.

1. Elementary Anatomy and Physiology.
2. Passive, Resistive and Manipulative Work.
3. Theory of Exercise and Swedish Remedial Movements.
4. Knowledge of War Wounds and Injuries.

Hours 9 - 12
2 4

<u>FIRST WEEK.</u>	9 till 12	Attendance at all Classes in Gymnasium.
	2 " 3	Practical work in Swedish Movements, using the Army System as a basis.
	3 " 3.30	Lecture on Elementary Anatomy and Physiology, especially in regard to its application in Remedial Work.
	3.30 " 4	Lecture on the Theory of exercise generally.
<u>SECOND WEEK.</u>	9 till 12	Attendance at all Classes in Gymnasium.
	2 " 3	Progressive Practical Work as in the First Week
	3 " 3.30	Elementary Anatomy and Physiology
	3.30 " 4	Theory of Exercises Passive and Resistive Movements as applied in Remedial Work
<u>THIRD WEEK.</u>	9 till 12	Attendance at all Classes in Gymnasium
	2 " 3	Progressive Practical Work, Students assisting in Treatment under supervision
	3 " 3.30	Lectures, Demonstration from Class of War Wounds and Injuries, and the application of exercises in their treatment.
	3.30 " 4	Elementary Anatomy and Physiology.
<u>FOURTH WEEK.</u>	9 till 12	Attendance at all Classes in Gymnasium Practical work all the morning, including use of all Appliances etc.
	2 " 3	Examinations on Anatomy and Physiology
	3 " 4	Lecture on General Remedial Work; Temperament Handling of functional Cases, the Use of Suggestion, Special Breathing, Relaxation etc.

This is the course of Training for men who are placed on Transports as Remedial Gymnastic Instructors.

Appendix M.

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MAIN ENTRANCE.

A. I. F.
DETENTION BARRACKS.
LEWES.

POST CARD

This Space for communication The Address to be written here

For Australian War Records.
with Half year's deposit.

See also by way of
A. I. F.
R. M. D.

HERE * STAMP

435



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STAMP * HERE

Central Hall.

POST CARD

The Address to be written here

Mr. Detention Board
Lewes.
Showing Diet Board.
Readings, separate rooms.

This Space for communication

Mr. Australian War Record

Shelby Wynn M.A. R.W.O.

Appendix M.

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POST CARD

This Space for communication The Address to be written here

*A.I.F. Detention Barracks
Newes.*

General View of main Wings.

In Australian War Records.

*Traced by way
R.H.O.*

STAMP

*

HERE

22473

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being a summary of the Medical work at the above Barracks for a period of 26 weeks, from 24.11.17 to 12.6.18

The A.I.F. Detention Barracks, Lewes, were taken over by the A.I.F. on Nov. 1st. 1917; the premises occupied having formerly been used as a Civil Prison. The building is in two (2) wings:- The larger, formerly the Male prison, was made ready for detention of healthy soldiers, and had an available accommodation of 270, 262 in separate rooms. The smaller section separated altogether from the preceding ~~or~~ formerly used for female prisoners, was converted into a Venereal Disease Hospital with accommodation for 59 patients all in separate rooms.

From the Medical point of view the two wings are excellently adapted to their purpose, especially in the following particulars:-

- A. Ventilation is good.
 - B. There is an efficient and cleanly system of artificial heating, worked from furnaces in the basement.
 - C. The rooms are so constructed and painted that they are easily cleaned and dirt easily detected.
 - D. Buildings and grounds are well sewered.
 - E. Kitchen and stores are roomy, well ventilated and sanitary.
- The Venereal Hospital - known as "F" wing - ~~is~~ itself readily to its purpose, suitable rooms being available for an infirmary (4beds), "606" and operating room (2tables) irrigation room capable of accommodating 9 patients at a time; more could be irrigated at once, but Detention Barrack Routine and strict supervision of treatment are more easily maintained with the smaller numbers.

Necessity for this establishment.

A. Number of men in detention.

On 24.10.17 there were 332 Australian soldiers undergoing detention in England. They were spread over 15 different detention Barracks, none of which was satisfactorily equipped for the treatment of V.D. Cases were therefore transferred to No. 1 A.D.H. for treatment and consequently avoided their punishment of detention during the time treatment lasted.

B. Evidence of V.D. among men in Detention.

An examination of the A.F.B. 178 of men at present undergoing detention here and not suffering from V.D., gives the following results:-

No. of histories examined.	No record	V.D. Entries		Total
		Syphilis	Gon.	
247	85	33	44	77

It therefore appears that 41.3% of men undergoing detention have during service, suffered from V.D.; while a further 15.7% are found to be actually suffering and under treatment. This figure errs markedly in the small side however.

1. 85 Medical Histories show no entry whatever having fresh substitutes issued at the last station to complete the soldier's papers, and of these 85 men, probably 41% would be found to have had V.D.

2. Of the 247 histories in which some entry ~~appeared~~ ^{was} approved, many are incomplete histories.

If the total figures for these Barracks be taken including those in "F" wing, the result is:-

No. of Men in Detention	No. V.D.		total Percent. V.D.	Percent. V.D.	
	Syph.	Other V.D.		A.I.F.	A.I.F. in U.K.
250	15	24	15.7		

1.97

It therefore appears that there is a particularly high percentage incidence of V.D. among men in Detention.



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27-30

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 Accommodation was also required for the large number of cases of V.D. occurring in men under arrest for offences and awaiting trial and promulgation of sentence. P166

Former System. Prior to the establishment of these Barracks all V.D. cases under arrest were sent to Bulford, and in September 1917 their number was such that 3 wards capable of holding 120 patients were in use for these patients.

D. Defects of this System. 1. Good and bad characters in detention could not be kept apart to the detriment of first offenders.

2. Efficient disciplinary control was almost impossible.

3. Men in detention could not be exercised.

4. Concerted actions towards escape from

custody was frequent and occasionally successful.

5. Trials by Court Martial had to be delayed until the man was cured and if sentenced the man could not be subjected to strict discipline, and consequently the chief benefit of his sentence was lost.

6. The foregoing considerations frequently induced a man to delay a case, a practice difficult to prevent where men are in association.

7. At least one case of deliberate self infection from another patient, I know to have occurred.

8. Difficulties of treatment occurred necessitating the maintenance of excessive staff and guard personnel. Patients had frequently to be paraded singly under escort and handcuffed, to various parts of the hospital for treatment.

Advantages of present System. All the above disadvantages are obviated here. The institution is self contained and it is easy to exercise efficient supervision over treatment and behavior. Each man occupies a separate room which has the advantage of practically eliminating inter-current epidemic diseases. There is the additional advantage that each man's spare time is fully occupied in graded occupations suited to his medical condition, and ranging from the manufacture of mail bags in the workshop to graduated physical training and drill for the convalescent. It thus combines the formation of the hospital and the Convalescent Training Depot.

x. A single N.C.O. can satisfactorily control a large party without the possibility of any prisoner escaping.

I find this useful occupation has an excellent beneficial effect in the general health of the patients, while the discipline has a similar good effect in their soldierly bearing.

The system of remission earned for good conduct in use in all detention barracks, has been extended to apply to soldiers suffering from V.D.

Normally a man admitted to hospital where his disease is due to his own neglect or intent, does not earn marks for remission while in hospital. An exception from the strict regulations has been much in favour of men in "F" Wing at these Barracks.

Further, special releases for service overseas, are granted to men of good behaviour. The benefit of the application of this principle to men suffering from V.D. is very doubtful. The man, if released, is not fit for service overseas until cured. He has to be transferred from here to 1st. A.D. Hosp. Bulford which means a serious interruption in his treatment, more especially as so many of these cases are still not being sent direct but are taken, first to their unit and then to Bulford, where the benefit of his detention is largely dissipated before he can be placed on a draft, and the risk of his again going A.W.L. greatly increased.

F. Medical Work of Detention Barracks. Is composed of two (2) separate parts:-

1. Routine duties in connection with main hall.

2. Special duties in connection with "F" Wing.

1. Routine Duties, consist briefly in:-

A. Morning sick parade on which are paraded:-

1. All men for orderly room who have to be certified as fit or not for "Punishment Diet No.1."

P.D.1. is the most severe diet punishment laid down in the scale, and consists of excluding all ordinary rations for a period not exceeding 3 days and substituting therefore a ration of 10 oz. of bread and unlimited water. A man must be certified fit for this punishment before proceeding to Orderly room.

2. Release for the day who are certified free from Infective diseases.

3. Admissions who must be examined and classified, and any exemption or special requirements outside routine, detailed for information of the Commandant.

4. Ordinary sick which number is usually small. Average 12
Average strength 310, or

4%. Several disorders are common, noticeably :-

Diarrhoea. due to the large proportion of coarse cellulose (peas, porridge, maize meal) in the diet with occasional, dysentive cases added.

Rheumatism partly due to the fact that for the first 14 days the men sleep on boards without a mattress. Boils possibly from lack of fruit and green stuffs which soldiers usually supply themselves with.

Malingering has not been very marked.

Self inflicted Wounds, has occurred in 4 cases, 3 prior to admissions, consisted in the injection of an irritant (kerosene in one case) under the skin, two near the knee and one below the external malleolus. The fourth case consisted in swallowing metal objects which had to be removed by gastrotomy.

Minor Surgical cases - abscess of leg-whitlows, and have been common and there is a big tendency for men to keep abscess open to avoid parades. There is an average of 35 dressings to be seen and renewed each day.

Serious Medical Cases have occurred which should have been avoided if men had been thoroughly examined before being sent here and a number of these have been evacuated to the 2nd. Eastern General Hospital, Brighton (R.A.M.C.)

Minor Medical Cases are treated here and for this purpose 6 beds are available, and have accommodated 95 patients. There has been one case of Mumps and no further cases of infective diseases.

B. Inspection of Men undergoing P.D.1 These are inspected daily to ensure that no ill effects follow the reduced diets.

C. Sanitary Inspection and inspection of Stores and Rations.

D. Dispensing.

2. Duties in "F" Wing Consist in the treatment of cases of Syphilis Gonorrhoea and scabies and in the performance of minor operations, consisting mainly in ~~circumstances~~ circumcisions, and the incision of abscesses.

On two days a week "606" is given and the Syphilis patients examined. As soon as primary ~~sores~~ are healed, prisoners placed in graduated training.

(Wasserman Tests are performed by Group Pathological Laboratory, Brighton.)

Average No. of Syphilis patients 15.

Gonorrhoea Patients are seen 4 days a week and every case is examined at least once during stay in hospital by ~~Autoscope~~ ^{Microscope}. Routine treatment by Condy's solution irrigations is carried out 4 times a day. (Microscopic specimens are examined as required.)

Average Gonorrhoea Patients 24.

Scabies Patients are given routine treatment by baths and ~~ointment~~ ointment and are seen daily. Average number 6.

Summary of figures for "F" Wing for 6 months

Weekly Average of Patients in Hospital

Gonorrhoea	24	
Syphilis	15	
Scabies	6	

	45	Available accommodation. 59.

Total cases treated

Gonorrhoea	202
Syphilis	87
Mixed	7
Scabies	132

Total	428

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Difficulties

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1. Great delay has occurred in obtaining a direct water supply to the irrigation room. This is said to be due to the scarcity of iron piping necessary, and the delay continues.
2. Difficulties were experienced in the evacuation of patients to Hospital as the hospital authorities were unwilling to undertake their safe custody. This has now been arranged.
3. The detachment of the unit leads to difficulties more especially in
 1. Boarding cases quickly
 2. Obtaining a second opinion on a doubtful case
 3. No second medical officer is available for anaesthetics so that local anaesthetic has largely to be used. In septic cases this is contra indicated and considerable inconvenience arises and some risk to the patient.
 4. No relief is available for the R.M.O. who must remain near Barracks continually.

1. Staff

In selection of staff two qualifications have to be borne in mind.

- a. A. Class personnel with good command and necessary from a disciplinary point of view, because a single N.C.O. has to take charge of large parties of able bodied prisoners and must be able to protect himself.
- b. Men specially trained and experienced in V.D. work and nursing are necessary on account of the special work, and the isolation of the unit and the desirability of transferring only serious cases.

The medical staff are not A. class men but have nevertheless fulfilled both these conditions well.

Establishment laid down

Officers	2		
N.C.O.'s	2	1 sergeant	1 corporal
Other ranks	5		

Actual strength

Officers	1		
N.C.O.'s	2	2 corporals	
Other ranks	4		

J. Mackay

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P

K. RATIONS.

Differ for the two main classes & are as follows in ounces:-

	BREAD	MEAT	MARGARINE	SUGAR	TEA	POTATOES	VEGETABLES	DRY PEAS	MAIZE MEAL	COCOA	RICE
<u>A. B.</u>	14	8	1	1	1/4	16	2	2	2	1	2
<u>C.</u>	3	6	1/2	1/2	1/4	16	4	2	2 1/2	1	2
	OATMEAL	CHEESE	FLOUR								
<u>A. B.</u>	2	2	10 1/2								
<u>C.</u>	4										

This diet is practically the same from day to day & is ample and well served & reaches the men hot men in detention more than 28 days & healthy always put on weight though a slight loss is common in short periods. bread is baked in the premises. The kitchen and arrangements for rationing are excellent in every respect.

Swaby
6/1/18

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A. I. F. Detention Barracks.

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LEWES, SUSSEX.

J. CLASSIFICATION OF MEN ON ADMISSION.

The following system of classification has been adopted here as a guide to both the employment and rationing of each man. He is examined and classified on admission and reclassified as required during his period of detention usually temporarily by the R.M.O. but if necessary by medical board.

CLASSIFICATION OF ADMISSIONS.

CLASS. A.	CLASS. B.X.	CLASS. B.Y.	CLASS. B.Z.	CLASS. C.
Fit for full training includes all A. & most B.1a men.	Temporarily fit for industry only with exercise includes all <i>acute</i> V.D. 42, all V.D. 20 & minor temporarily surgical complaints eg ulcer on leg.	Temporarily unfit for full training but fit for P.T. & exercise P.T. 1 hr daily convalescents certain B.1a men.	Fit for full training temporarily exempted doubling bayonet fighting leaping etc C.T.D. routine.	Fit industry temporarily unfit for full training during period of detention includes all C. class & B.2 class men.

It will be seen that the classes adopted are not exactly the general medical classifications but is modified to meet the special conditions here to be applicable to every man entering. The appropriate letter is then *marked* in the head of the *mark* register which is the daily record of the man.

A. CLASS.

Full training consists in instruction in bombing, musketry, P.T. and bayonet fighting, squad drill and defensive measures against gas. Quick march consists of 140 paces to the minute and movement by individuals must all be done at the double so that the training is severe. Hours are from 9.15 A.M. till 12 Noo and 3.15 P.M. till 4.30 P.M. To be A. Class a man must be fit and well.

B. CLASS Training is graduated upwards from industry only to a close approximation of the A. Class routine (B.Z.) all A.&B. Class men will sooner or later be fit for G.S. probably before release only those temporarily disabled are included in B. Class.

C. CLASS (& B.X. MEN).

are employed in industry which consists in making of Coirmats, mail bags for Postal Use & Coal Bags for the Navy. This work is carried out in a large airy well lit workshop capable of accomodating 50 men sufficiently apart to prevent communication. Work commenced and ~~is~~ learned in the workshop is continued by all classes of men in their rooms from 1 P.M. to 2 P.M. and from 6.30 P.M. to 8 P.M. Idleness at these hours indicated by non *completion* of the stipulated task is punishable as an offence.

The employment I consider to have a beneficial effect on all ^{V.O.} patients and unfit for drill as tending to keep thier minds off thier condition.

APPENDIX N

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CIRCULAR INSTRUCTION

BY COLONEL D. H. McHANE C.M.G. A.A.M.C.

A.D.M.S. A.I.F. DEPOTS IN U.K.

NO. 56 - 19.6.18.

MEDICAL HISTORY SHEETS (A.F. B. 178 or C.M.F. D.1.)

The attention of all Medical Officers is again directed to A.A.M.C. Order No. 191 of 7.6.17., especially to the following points:-

- (1). That the Medical History Sheet must contain a complete and concise record of a soldier's Hospital or Command Depot treatment.
- (2). That this document is the basis on which all claims to disability pensions are considered on a soldier's discharge from service.
- (3). That Medical Officers are responsible for the accuracy, brevity, and relevancy of all entries of a medical character and that they will sign and date any entry at the time it is made.

Although for many months there has been a considerable improvement in the keeping of medical records, an inspection of Medical History Sheets has shown that the above mentioned instructions are not always being carried out.

The following defects were occasionally noticed:-

- (1). Lack of continuity in the medical history of a soldier, owing to the non-arrival of the Medical History Sheet when the soldier first reports to the Command, or to loss of Medical History Sheet during the movements of the soldier within the Command.
- (2). Temporary Medical History Sheets are sometimes made out unnecessarily and without any attempt being made to obtain the original sheets.
- (3). The medical entries by Medical Officers are sometimes careless, undated, or unsigned.
- (4). The following example of lack of continuity of the Medical record of a soldier (although such extremes cases are rare) is promulgated for general information:-

"2513 Pte. N. Tupicoff 47th Bn.
1916 Returned from France to hospital in England.
August 1917. Returned from France to hospital in England a second time.
Sept. 1917. - Admitted to a Command Depot.
November 1917. - Transferred to another Command Depot
17th Decbr. 1917. Transferred to Overseas Training Depo. where he broke down under training and was placed on the staff.
21st May. 1918 - Admitted to Bulford Hospital with Venereal Disease, subsequently discharged to the Convalescent Training Depot and then on 1st March 1918 transferred to a Command Depot."

The Medical History Sheet now with the soldier is a temporary one which was made out on 1st March 1918 and contains no medical entries prior to this date.

These irregularities must cease, and the following procedure will be carried out:-

- (1). As there is reason to believe that there has been an accumulation of Medical History Sheets in units, a careful search will be at

once instituted for Medical History Sheets belonging to soldiers who are not on the strength of units.

- (2). By the 25th June all Medical History Sheets which are found as a result of this search will be forwarded to the A.D.M.S. with a covering Nominal Roll containing the following information:-

No.	Rank.	Name.	Unit.	Date Struck Off Strength	Whereabouts when struck off strength.	Reason for non-compliance with existing instructions disposal of Medical History Sheets.
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Nil returns will be rendered.

- (3). When soldiers arrive first in this Command and are unaccompanied by Medical History Sheets, Medical Officers will apply for them to the Officer i/c Records, or to the Hospital concerned; if they fail to obtain them they will report the matter to the A.D.M.S. The same procedure will be carried out when a soldier on the strength of this Command reports back to his unit after a period spent in a British Hospital or other unit outside the Command.

- (4). When a soldier who is being transferred from one unit to another within the Command is unaccompanied by a Medical History Sheet, the A.D.M.S. will be at once notified.

- (5). Whenever a temporary Medical History Sheet is made out, the S.M.O. will sign the following certificate on the top of the first page of the sheet:-

"I certify that I have applied for the original Medical History sheet, as required by Circular Instruction No. 56 of 19.6.18., that I have been unable to obtain it, and that the A.D.M.S. has been notified"
S.M.O.

- (6). All cases of soldiers arriving from Australia unaccompanied by Medical History sheets (D.I. Forms) will be reported to A.D.M.S.

- (7). At regular intervals S.M.O.'s will check Medical History Sheets against the names of the men on the strength of units to ensure that no accumulation of Medical History Sheets occurs, and will satisfy themselves that these abovementioned instructions are being carried out.

J. J. Bennett
Colonel.

A.D.M.S. A.I.P. Depots in U.K.

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18th. March, 1918

D.M.S. A.I.F.,
Administrative Headquarters,
130 Horseferry Road,
S.W.1.

Payment of soldiers suffering from Venereal Disease while in Hospital.

Herewith as requested statement giving the views of the O.C., 1st. A.D.Hospital, on the desirability of paying Venereal cases while in Hospital.

This Officer concurs with the late O.C., 1st. A.D.Hospital, in recommending that these cases receive pay, with the proviso, however, that the payment be given to "first attacks" cases only.

The reasons which these Officers give for making this recommendation are:-

1. The late O.C., 1st. A.D.Hospital, considered that Gonorrhoeal patients could be thoroughly trained after two weeks treatment without interfering with treatment.
2. He also considers that 50% of present Staff of Hospital could be replaced by patients if the latter were paid.
3. The present O.C. states that concealment of disease would not be so frequent.
4. That better discipline could be maintained as patients could be controlled by forfeiture of pay.
5. That Officer and N.C.O's. could then be employed on light Routine Duties with the result that the Hospital Staff could devote their whole time to treatment.
6. That the patients could be kept fitter by giving them easy route marches under Officer and N.C.O. patients.
7. Both these Officer point out that Syphilitic patients lose only a few days pay, whereas, Gonorrhoea patients lose many weeks pay.

In connection with the abovementioned considerations my own views are the following:-

1. That reduction of the Staff at Bulford Hospital by the employment of paid patients is not possible, without interfering with treatment and delaying discharge of patients.
2. That as concealment of Venereal Disease has been practically abolished (in this Command at any rate) by other measures, the payment of V.D. cases while in Hospital would have very little effect in this direction.
3. That if patients were paid, better discipline could be maintained in Hospital and that N.C.Os and men could be kept fitter by undergoing easy Route Marching.
4. I cannot, however, recommend that the Government be put to the great expense which would be entailed if the recommendation of the O.C.'s. 1st. A.D.Hospital, were carried out. The better Hospital discipline and the slight increase in physical fitness of patients which would result do not appear to me to be sufficient to justify the expense. Further, I believe that the abolition of the deterrent effect produced by the knowledge that men lose all pay while in Hospital with Venereal Disease would tend to increase the incidence of Venereal Disease, and that if patients received pay while in Hospital a large proportion would do all in their power to delay cure.

(Sd) D.McWhae Colonel,
A.D.M.S. A.I.F.

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The figures showing the average stay in Hospital of patients suffering from Syphilis and from Gonorrhoea show that those suffering from Gonorrhoea lose on an average 30 to 40 days more pay than those suffering from Syphilis. Many Gonorrhoeal cases ~~remain~~ remain in Hospital for two to three months or longer, and thus are under a far greater penalty than the Syphilitics who, although the course of treatment last about 7 weeks, are only penalised as regards pay for two weeks of that time. It is indeed to be regretted that it cannot be proved as in Syphilis that early treatment results in a more rapid cure of Gonorrhoea, so that still one more argument ~~is~~ could be added to bring the men to the Early Treatment Depot.

After my experience in command of this Hospital, and after consultation with the Medical Officer, I am quite certain that all patients suffering from gonorrhoea could be trained in the same manner as the C.T.D. after two weeks treatment, not only without detriment to regular treatment but with advantage and very probably with a diminution of the period under treatment. The reaction to treatment ~~depends~~ depends so much on the general physical state of the individual, that the advantages to be obtained by a graduated system of training need not be argued here. From the military point of view there would be the advantages of continued training and a maintenance of discipline. It is the present idleness and loss of pay which reacts so strongly on the patients and although the introduction of a system of training would naturally mean that at least half pay would have to be granted, the advantages to be gained would outweigh any expense in that direction. The patients could then with advantage be used for all general duties about the Hospital, and Orderlies, except in Sick Wards could be dispensed with, thus greatly reducing the Staff of the Hospital. The Officer patients could be utilised for training the men; fully 90% of the patients could be placed on ordinary rations, and funds thus made available for Barrack and other damages which at present have to be placed to the public expense.

I estimate that by these means the Hospital Staff can be reduced by 50%. The patients could also be utilised for Guard duties thus doing away with the present A.P.C. Guard, with the exception of the Officer who must be permanent, as he has numerous Court Martial Duties in addition to those as O.C., Guard.

It may be said that patients can be used at present for many general duties and so they are, but it needs the magic touch of pay to transform them in to willing workers. It is the experience of those patients who are willing workers, and who ask for constant employment during their stay in Hospital, that makes me so very anxious that some scheme for employment of the whole should be given a thorough trial.

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Bulford,
16th. March, 1918.

STOPPAGE OF PAY IN CASES OF VENEREAL DISEASE.

Authority - F. & A. Regulation 265 A.I.F. Order No. 1005 of 7.12.1

Pay for all ranks ceases, in cases of Venereal Disease on admission to Hospital, in accordance with A.I.F. Order No. 1005 which has modified F. & A. Regulation 265 of A.I.F.

The present system, therefore, only penalises the soldier when his case resists prophylactic and/or abortive treatment, and he is admitted to No. 1, A.D.H. or a similar Hospital for treatment and cure; while the man who is fortunate enough to be cured by Early Treatment escapes all forfeiture of pay, though equally to blame for exposing himself.

The soldier with Syphilis uncomplicated by gonorrhoea, etc., loses less pay than any other type of V.D., as he is discharged between the 4th. and 6th. day after admission, and though non-infectious, is still far from cured, for he continues his course of treatment at the Convalescent Training Depot, where his pay at once commences from date of being discharged from Hospital.

The soldier with Gonorrhoea of necessity remains in Hospital on an average for 37 days even if he assists by every means in his power in hastening his cure.

The loss of pay over a long period has a marked disheartening effect on all ranks, and chronic cases become quite indifferent as to their recovery; while in the commissioned ranks there is a great temptation placed before Officers to conceal their disease and try private and often inefficient treatment.

A very important fact must also be kept in mind, namely that the risk of acquiring V.D. is much greater now than at the beginning of 1915 and is increasing without a doubt every week because no organised or determined effort is being made to deal with the females already infected and being infected.

I am of opinion that every case of first attack subsequent to attestation, which requires Hospital treatment, should be treated and cured without loss of pay, and that ~~any~~ any and all subsequent attacks necessitating the case going into Hospital, should forfeit all pay for the period in Hospital or at Convalescent Training Depot until the course of treatment is ~~complete~~ complete, in the case of Syphilis. I am of opinion that if this were widely and frequently promulgated in the A.I.F. a marked diminution of V.D. would manifest itself in the future, and concealment would not be so frequent as it is at the present, for second and subsequent attacks would be fewer.

The Records of the No. 1 A.D.H. go back to 28.1.1916, the date on which it was opened in Egypt, and with the exception of about 160 gonorrhoea cases unrecorded when the Military Hospital was taken over from the R.A.M.C. on the 16.10.1916, these records are complete. A search at Headquarters Records would probably supply the necessary information regarding the above-mentioned 160 cases, but in any case these are a negligible quantity.

As the C.O. has been granted disciplinary powers since 3.12.17, the patients can be controlled by fines and forfeitures of pay in all cases, and the "first attack" soldier would be careful, in the great majority of instances to avoid any such loss of pay; the others are no worse off than at present.

I would respectfully suggest that if this scheme were approved of the pay due to the soldiers while in Hospital or under treatment at Convalescent Training Depot, should not be available for at least 14 days after he returns to his Training Unit or Depot, and should not even then be paid to him in a lump sum, but be controlled by the present instructions issued by the Chief Paymaster; there would therefore probably be a sum in the Soldiers Pay Book, in all "first attack" cases, which he would be able, or easily induced, if inducement were necessary, to invest in War Saving Certificates, and thus he would have derived some slight benefit financially from his stay in Hospital, and at the same time be rendering some of his savings available for the use of his country.

The services of Officer and N.C.O. patients would be available for Routine Duties of a light nature, thus permitting the Officers and N.C.O.'s of the Hospital Staff, whose whole time should be devoted to treatment, being properly occupied, and further a certain number of patients would be given easy route marching under Officer and N.C.O. patients, which would be beneficial to all, instead of loafing about the Hospital Grounds, which is the only exercise available for them at present.

2.

Any extra clerical work involved in effecting this change would not be great or complicated, as all records are available, and at present a Sergeant on this Hospital Staff deals with all entries in Patient's Pay Books I would, however, suggest that this N.C.O. (No. 9299 Sgt. T. Williams - Date of Attestation 27.7.15 - Promoted to Sergeant 24.4.17) be transferred to the A.P.C. with the rank of Staff Sergeant, but be left on this work with which he is thoroughly conversant and extremely efficient.

The Nominal Rolls for all patients with V.D. are supplied daily to the Sergeant dealing with the Pay Book entries, by the A. and D. Room, whose Records would enable these Rolls to show "first attacks" and subsequent "First attack" cases, would have an entry to that effect made in his book.

I feel fully justified in putting forward the above scheme after very careful and thorough investigation and consultation with the Senior Officers of my Staff, who have been attached to No. 1 A.D.H. for many months. Both of these Officers approve of this scheme, though they were against previous schemes put forward last year.

(Sd) J.M.Y. Stewart Col. XXXX
A.A.M.C.
O.C., 1st. A.D. Hospital, A.I.F.

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6th AUSTRALIAN SANITARY SECTION

FORMATION & DEVELOPMENT, -

PRESENT LOCATION AND STRENGTH -

DUTIES PERFORMED -

SYSTEM OF SANITATION THROUGHOUT A.I.F. DEPOTS IN U. K.

FORMATION & DEVELOPMENT.

Approval for the establishment of Sanitary Sections having been published in A.I.F. Orders dated 28.1.16., the 6th Australian Sanitary Section was formed in Abbassia, Cairo, Egypt on 20.3.16., by Lieut.Colonel Purdy, A.A.M.C., the then S.S.O. A.I.F. Egypt, who commanded and trained the personnel.

The original personnel, 17 in number, were selected from men considered at the time, to be medically unfit for further Active Service. The men chosen were skilled tradesmen and men with experience in Sanitary Construction and Sanitary Inspection in Civil Life, and comprised Plumbers (4), Plasterers (2), Mechanical Engineers (2), Carpenters (6), Butcher (1), Health and Meat and Food Inspector (1) - Total 17.

The additional number required to complete the establishment were later transferred to 6th Sanitary Section and comprised 2 overstrength Sergeants (Accountant 1., School Teacher 1) from the A.A.M.C., and the remainder from soldiers who had served in Pioneer and Sanitary squads.

After initial training at Polygon Camp, Abbassia, Cairo, the Section marched out to Tel-el-Kebir, where during the months of April and May 1916., considerable work was done under the supervision of the Section, viz., construction of drainage, disposal areas, burning off excreta found in field incinerators, disposal of vast quantities of manure. Camp and village inspections were carried out daily and large parties of natives were employed on constructional and cleaning work.

On 30th June 1916, the Unit sailed for England and took up camp at Parkhouse. Here a re-construction of the Section took place and certain of the personnel who had been found unsuitable were transferred out of the Section.

The organisation of A.I.F. Depots in U.K. with the allotment of more or less widely separated training areas and camps rendered it impossible to carry out the work of Sanitary Supervision and at the same time retain the personnel of the Section in one camp.

Consequently, the personnel were distributed to the various ~~XXXXX~~ areas and attached to the S.M.Os for duty. In this division of the Section, detachments were stationed at Lark Hill, Rolleston, Perham Down, Parkhouse and Tidworth and in each area the N.C.O. or soldier i/c each detachment rendered reports direct to the S.M.O. concerned and copies of reports were forwarded to the A.D.M.S., the work of the Section thus coming to be controlled by A.D.M.S. A.I.F. Depots in U.K.

Under A.I.F. Orders of 19.8.16 the 6th Sanitary Section was allotted for duty to the A.I.F. Depots in U.K.

PRESENT LOCATION AND STRENGTH.

Since the original splitting up of the Section, the Areas occupied by A.I.F. Troops have been changed and certain changes have occurred in the personnel, some being returned to Australia, some having been transferred to Units in France, and the personnel now consists of 5 detachments stationed as follows:-

<u>Sutton Veny.</u>	1 Sgt. (T/S/Sgt)	7 Privates	(4 Home service & 3 A Class)
<u>Hurdcott Area.</u>	1 Cpl. (A/Sgt)	5 "	(1 " " 4 A "
<u>Godford.</u>	1 Cpl. (A/Sgt)	3 "	(2 " " 1 A "

PRESENT LOCATION AND STRENGTH (Continued).

Brought Forward	435	5 N.C.Os.	15 Privates.	
Weymouth		1 L/Cpl.	2 "	(2 Home Service A Class)
Tidworth.			1 "	(1 Home Service A Class)
<hr/>				
Total.		4 N.C.Os.	18 Privates.	

DUTIES PERFORMED.

During the two years of duty in England the members of the Section have had to work on many occasions, under very disadvantageous conditions.

The Sanitary Section as such, being a product of the present War, its duties and authority were in the early stages but imperfectly understood by the Combatant Units with which the members came in contact, and consequently it was with difficulty that members were able to contrive to have Sanitary defects remedied by Units without occasional friction. This resentment of criticism and advice has now been practically overcome by the exercise of considerable tact by the various inspectors and the issuing by the G.O.C. A.I.F. Depots in U.K., of orders laying down definitely the powers of members of the Section to enter all camps for the purpose of inspection.

The members of the various detachments are directly controlled by the S.M.Os. of the Areas concerned and render reports direct to him.

The N.C.O. or soldier in charge of detachment arranges for the duties to be performed by the individual members and each week renders a complete report to the S.M.O. and reports all urgent matters immediately the occasion arises. Minor defects are remedied on the spot as all members of the Section establish mutual working arrangements with the Unit Sanitary squads.

The duties performed by the Section are

- (1) Daily Inspections of All Camps. At these inspections particular attention is paid to Cookhouses having regard to cleanliness of buildings, cleanliness of cooks personally, their clothes and their utensils. Grease traps are inspected daily as are all sinks, swill tins and surroundings, sculleries and drainage racks.
- Baths and Ablutions Places. Ensuring that they are regularly cleansed daily by the Regimental Sanitary Squad and that the drains are kept free and clean.
- Latrines, having regard to the efficient cleansing of seats and of buckets and their coating with heavy oil and general cleanliness of latrines, and urinals and their drains.
- Meat and Food Stores, having regard to the efficient prevention of contamination of food by flies or dust.
- Hutments. Their cleanliness and ventilation.
- Canteens, Cinemas and Institutions. In inspecting these buildings considerable tact requires to be exercised to ensure that satisfactory ventilation is maintained and that all surroundings as well as the interiors shall be kept clean by the Managers and Manageresses.
- Stables. To see that they are regularly cleansed and that no accumulations of manure are allowed to remain long enough to allow of fly breeding.
- Guard Rooms, especially as to cleanliness of prisoners and ventilation or overcrowding.

- (2) The Supervision of Infectious Diseases.
 In the event of a case of notifiable Infectious Disease occurring, the N.C.O. i/c Sanitary Section is notified and immediately arranges for the cleansing and disinfection of the quarters of the patient, the spraying of the blankets and kit with Formalin and the preparation of infected articles for removal and steam disinfection.

The procedure adopted is outlined hereunder:-

1) Procedure for Cleansing & Disinfection of Huts & Tents

1. Huts to be completely emptied.
2. Rafters swept down with Broom, or Mop, damped in Phenyle Solution.
3. Similar procedure for Shelves, Ledges, and Window Sills etc.
4. Consolidated dirt, and Debris, removed from corners of Rifle Stands, from under Stoves, and other corners. This can be done easily with the blade of a knife.
5. Tea-leaves scattered on floors, or water sprinkled to lay dust, the whole swept up carefully, and sweepings removed to Incinerator and burnt.
6. Floor scrubbed with Bass Brooms and scrubbers, and disinfectant solution from 1 oz. to 2 oz. to a bucket of water. From 15 to 20 buckets of water is generally required to do a hut floor properly.
7. Shelves, Ledges, and all dust-bearing surfaces, wiped over with a cloth soaked in Phenyle solution.
8. The whole sprayed, except floor, particular attention being given to ceilings, walls, corners, and behind doors. Strength of Solution either Formalin, or Phenyle from 3 to 4 ozs. to a bucket of water. About 1½ buckets of Solution with a Mackenzie Spray will complete a hut.
9. Bed boards and trestles, wiped over with Phenyle Solution. Tables and Forms scrubbed.
10. Doors and windows left open, and hut not occupied for a period of 48 hours.

Tents.

1. Tents removed from area on which they stood, turned inside out, and erected loosely on an adjacent site. Spray fabric of Tent with disinfectant, same strength as for huts.
2. Tent boards removed, scrubbed both sides with Phenyle Solution and stood on end.
3. Surface of ground on which tent floor rested to be loosened with entrenchings tools or pickaxe.
4. Tents left unoccupied for a period of 48 hours after disinfection.

Infected Bedding & Blankets.

1. Patients' Blankets, Kitbags and Paillasses are to be kept separate from Contact articles.
2. Straw from Paillasses to be burnt immediately at Incinerator. Blankets and Kits sprayed, with Formalin if available, if not Phenyle Solution. Paillasses covers soaked in solution of Phenyle, wrung out, and infected kit, blankets etc., put in Paillasse. Soldier's name and number and number of camp written on Paillasse in indelible pencil or label attached and put in room or tent set aside for infected articles, prior to being removed for Steam disinfection.

Contact Articles.

1. Straw burnt, blankets sprayed, rolled in bundles of ten, and inserted into Paillasse, paillasses having been soaked in Phenyle Solution. Spare Paillasses to be treated similarly. If no Paillasse, then give the outside blanket a very thorough spraying. Contact articles are then removed to the room set apart for same, the same as infected articles, but kept on the opposite side, prior to being removed to the disinfector.
2. The sending of articles for disinfection or fumigation is the business of the respective units; inspectors' obligation ceases when all preliminary measures and precautions have been carefully taken, and the articles are deposited in the rooms set apart for them, care being taken that they do not get mixed with clean articles. A receipt must be obtained for any Kit-bags handled by members of this Section in relation to Infectious Disease before leaving a camp. A book is kept for this purpose, if not available get the disinfection pro forma notice signed.

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DUTIES PERFORMED (Continued)

General.

Formalin is not to be used for scrubbing floors, but for ~~spray~~ spraying walls, ceilings, rafters, blankets etc. While using same in huts, close all doors and windows, and hut is to remain closed for 2 or 3 hours, after which all doors and windows are to be opened and hut left unoccupied until the 48 hours expire.

Phenyle. If used for spraying with a Mackenzie Spray this agent should be sprayed through a piece of Blanket, or cloth to prevent clogging of Spray.

Mackenzie Sprays.

These sprays should be thoroughly washed after each time of using and very particular attention should be given to them after working with Phenyle or any of its Allies. If this is not done, in a short time the fine nozzle, the bore of the sections, and the canvas tubing will become caked with a deposit. Moreover the lining of the Canvas Hose will perish and the Spray rendered useless in a very short time. The actual pumping must be done steadily and not jerked, otherwise it is very easy to break the joints and strain the internal valve. The double branched nozzle should not be used as the pressure developed is too much strain on the structure of the Spray. When not in use the Pump should be suspended from the handle on a nail, the joints unscrewed and tied together. The canvas tubing lightly coiled and tied with a piece of string and hung up. The nozzle should be removed from the spray and placed in some safe position. It must always be borne in mind that unless these sprays are carefully handled at all times and kept scrupulously clean especially inside, they will fail to do what they are made for and break down when it is important they should be working. "

Similar work is carried out in the cleansing of Guard Rooms and the disinfection of clothing and blankets infected by Scabies, Venereal Disease and Lice.

Clothing and blankets belonging to cases of Infectious Disease and articles infected by Scabies, Venereal Disease or Lice are all steam disinfected.

Blankets and Clothing of Contacts may be either Sulphur fumigated or steam disinfected.

SYSTEM OF SANITATION.

At Headquarters A.I.F. Depots in U.K., Tidworth, the accommodation is in Barracks which are of modern structure, well ventilated and fitted throughout with modern sanitary conveniences.

The remainder of the units are accommodated in hatted Camps of the uniform type, viz., wooden huts with louvred windows. Open pan latrines, urinals and ablution places draining either to Municipal sewage system or to local septic tanks and sewage farms, fly proofed butchers' shops and food stores, and centrally situated cookhouses, concrete floored, with Barrack ranges and grease traps and drains leading to camp drainage system.

Conservancy System.

Excreta. - Latrines are of the open pan system and ample accommodation is provided in all camps. The shelters are of iron, sufficient roofing being provided to protect users from weather. The floors are of concrete and water is laid on to enable cleansing to be easily performed. Floors are swilled out with disinfectant and seats are scrubbed with disinfectant solution daily. The latrine pans are emptied daily and coated with heavy oil.

Hurdcott excreta are disposed of by incineration with the exception of one camp.

A large Meldrum incinerator deals with the refuse and excreta from 6 camps. At the other camps a Horsfall incinerator has been installed in each camp. The work of emptying buckets, straining urine

SYSTEM OF SANITATION (Continued).

off into Sewage System, washing buckets, and ~~washing~~ incineration of excreta is performed by an Imperial Labour Unit in a generally satisfactory and sanitary manner. At No. 4 Camp, Fovant, occupied by 5th Training Bn., a modification of "Moules" Dry Earth System" is employed. Latrines are constructed similarly to those for the bucket system. Running the whole length at the rear is a lean-to structure with a concrete floor 2 feet below ground level. There are also compartments provided to receive the faecae matter in its different ~~xxxx~~ stages of conversion into earth, and a platform to allow of the proper mixing turning and working generally of the excreta and earth. A store is provided to burn paper. Garden mould is stored in a compartment and is estimated on the basis of 2-3 lbs. per man per ~~xxxx~~ day. Excreta and paper drop on to the concrete floor which has a slight slope towards a cement drain draining liquids to the Sewage system. At certain intervals during the day paper is collected and burnt and the excreta covered with dry earth. At intervals of 2 or 3 days the mixture of earth and excreta is treated by turning over to promote drying and proper mixing, and after a number of turnings the compost is spread out to a depth not greater than 4 inches and left to rest for a period determined by climatic conditions. When dried the compost is sifted and stored in a compartment to be used again as dry earth.

The system is not eminently satisfactory because

- (1). The amount of urine deposited prevents the proper drying and humifying action. It is expected that urine should not be passed into the latrine. This is rather too much to expect of the average Australian soldier, whose stay in the particular camp is but short.
- (2). While that part of the building in which humification occurs is flyproof, the superstructure is not, and in suitable weather and season the latrine is fly infested and malodorous.

Codford - Each camp has its Horsfall incinerator. Pans are emptied and cleansed by members of an Imperial Sanitary Squad, who perform the work efficiently.

Weymouth, Parkhouse and Sutton Veny. - Excreta are removed from pans and carted away by contractors to be dealt with by Municipal authorities.

Urine and Sullage Water.

At Sutton Veny, Codford, Hurdcott and Parkhouse Urine and Sullage Water are drained by a sewage system into Camp settlement or Septic Tanks, the effluent being finally disposed of by irrigation.

At Weymouth Urine and Sullage Water are drained into the Municipal Sewage System which drains into the sea.

Cookhouses.

Each Camp has a commodious, well built centrally situated Cookhouse, provided with ample range area and capable of complete cooking for upwards of 1000 men. Floors are of concrete draining to all sides, thus allowing of frequent scrubbing and drying. In addition to the ranges each Cookhouse have from 4 to 8 large boilers. Water is laid on, and attached to the Cookhouses are sculleries for washing of utensils. All sinks are connected by intervening Grease Traps to the Sewage System. Outside Cookhouses platforms are installed upon which the Swill tins, for the collection of waste kitchen refuse, are placed. Pantries are attached to Cookhouses for the storage of food stuffs to be used each day by Cooks. These pantries are not structurally fly proof but extemporised proofing has been added in practically all cases and Cookhouses are singularly free from flies, and except in occasional isolated instances kept spotlessly clean, and are under the immediate supervision of Messing Officers.

Baths & Ablution Benches. - Are present in all camps. These

SYSTEM OF SANITATION (Continued).Baths & Ablution Places (Continued).

structures are cleansed out with disinfectant solution each day and the effluent discharges into the Sewage System.

Fumigation of Blankets and Clothing.

(1). The ordinary soldier's blankets which is uninfected is returned at intervals not exceeding 6 months and exchanged for clean fumigated blankets. The old blankets are washed and sterilised under arrangements made by Imperial Barracks Services.

(2). Blankets used in Detention Rooms are issued clean to prisoners on arrival and are returned to Quartermasters' stores on marching out. These blankets in all camps are then sterilised as a routine measure.

(3). All blankets belonging to soldiers suffering from Infectious diseases, Scabies, Venereal Disease and Lice are steam disinfected as a routine procedure. All blankets belonging to Contacts of Infectious Disease are also fumigated. The facilities existing for the sterilization of Blankets etc., at each area are as follows:-

Parkhouse & Tidworth Areas.

- (1). Steam Disinfector.
- (2). Clayton Hut at Tidworth under the supervision of Specialist Sanitary Officer Tidworth Area.

Codford.

- (1). Portable Single Barrel Thresh Steam Disinfector entirely at the disposal of A.I.F. Troops.
- (2). Clayton Hut. Under the charge of Imperial Authorities.

Sutton Veny.

- (1). Portable Single Barrel Thresh Steam Disinfector at No. 1 Command Depot entirely at the disposal of A.I.F. Troops.
- (2). Thresh Steam Disinfector at Military Hospital, available to disinfect 400 blankets daily for A.I.F.
- (3). Clayton Hut at Codford.

HURDCOTT.

- (1). Portable Single Barrel Thresh Steam Disinfector entirely used by A.I.F. Troops and located at Group Clearing Hospital.
- (2). High Pressure Meldrum Steam Disinfector situated No. 7 Camp Fovant.
- (3). Clayton Hut at Fovant Rail Head.

Weymouth.

- (1). Portable Single Barrel Thresh Steam Disinfector stationed at Monte Video Camp, entirely used by A.I.F. Troops.
- (2). Steam Disinfector stationed at and worked by the Corporation at Weymouth.

It is of interest to note that at Hurdcott during 15 months from 1.3.17 to 1.6.18 under the direct supervision of the Detachment stationed there (consisting for some considerable time of 1 N.C.O. and 1 Private) there have been specially fumigated after Infectious Disease

618	Huts
451	Tents
407	Rooms
133	Ambulance Cars.

The detachment has sprayed prior to steam disinfection during that period

26,563	Blankets
6,942	Paillasses
349	Kits.

The portable single barrel Thresh in 236 consecutive days sterilized

64,653	Blankets
6,416	Paillasses
2,768	Kits and Sundries.

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82

SYSTEM OF SANITATION (Continued).

The large Meldrum Incinerator deriving its heat power from the Destructor, has been working for only a short period and sterilized

- 8,000 Blankets of Troops on Draft
- 1,630 Infected Blankets
- 400 Paillasses
- 63 Kitbags.

An idea may be gained from the above figures of the work carried out under the supervision of the 6th Sanitary Section in Hurdcott and all other areas, the same duties being performed throughout the Command.

The 6th Sanitary Section has been commanded by Major K.H.Grieve since August 1917., the detachments being under the immediate administration of S.M.Os. of the various Areas, who forward all the Weekly Reports to Headquarters A.I.F.Depots in U.K.

K.H.Grieve

Major.
O.C. 6th Sanitary Section.

In reply please quote:-

D/S/9

APPENDIX Q

83

TO:- S.M.O.,
Hurdcott Area.
Fovant.

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Reference your HA/1126/138 of 4-6-18.

Herewith Monthly Report by M.O. i/c Group Clearing Hospital, No.3 Command Depot, for period from 1st June, 1918 to 30th June, 1918, inclusive.

1. The Total Admissions for the period stated were 948, which easily constitutes a record for any month since the inception of the Hospital, and is accounted for by the recent epidemic of Influenza, which at present appears to be gradually abating.

ADMISSIONS TO HOSPITAL Medical Cases 721, Surgical Cases 225 Total 948

DISCHARGES (CURED) Medical Cases 534, Surgical Cases 130 Total 664.

TOTAL TRANSFERRED TO OTHER HOSPITALS. Medical Cases 135, Surgical Cases 97, Total 232

TOTAL IN HOSPITAL MIDNIGHT 30-6-18. Medical Cases 172, Surgical Cases 87, Total 259.

2. Medical Cases transferred to other Hospitals include conditions requiring:-

- Strict Dieting.
- Bismuth Meal Tests.
- Infectious Conditions, not kept in Depot. e.g. No. 5, Diphtheria
- Scarlet Fever etc.
- Influenza Cases sent direct to Fovant, 22-6-18 owing to Hospital being full on that date.
- Functional Aphonia Cases.
- Certain Ear, Eye, Nose & Throat Cases.
- Patients for Wasserman Test.

3. Surgical Cases transferred to other Hospitals are composed of patients requiring operative treatment, and cases boarded while in the Group Hospital.

4. Formerly the Hospital contained 263 beds, ⁸⁰ 88 Surgical, & 175 Medical. Owing to the Influenza Epidemic it was found necessary to augment the bed strength on the Medical side by ~~46~~ beds, which were enabled to do so by putting the convalescent infectious patients under canvas, thereby acquiring three wards, and also erecting canvas sufficient to hold 46 beds for convalescent Medical cases. While this was in progress it was necessary to send all patients to Fovant Military Hospital, for one day only, owing to the hospital being full. At present the bed state is as follows:-

Admission Block	15 beds.	} Medical Beds.
Medical Wards	176 "	
Under Canvas	46 "	
Surgical Wards	88 beds	
Under canvas (Infectious)	16 "	
Total Beds	343	



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5. The present Influenza Epidemic is fortunately of a mild type, but general throughout the area. Two types were observed:-

- (a) Meningeal Type with the following symptoms, onset sudden, Temperature 101 to 105, pulse 100 to 125, regular, high tension, severe headache, (basal type), general body and joint pains, exaggerated reflexes, and patients looked very ill, in some cases very collapsed. The majority of these cases were also accompanied by Bronchitic symptoms.
- (b) Gastric type with the following symptoms:- history of loss of appetite for two or three days, vomiting, constipation, In addition to most of those of type (a), temperature 99 to 101.
- (a) The meningeal type recovered rapidly. The temperature reached normal by crisis within 48 hours, and remained normal, and the bronchial signs generally cleared up rapidly, and the patients could be discharged safely in from four to six days.
- (b) The gastric type do not respond to treatment so rapidly, the vomiting was checked by suitable diet, but the pyrexia fell by lysis, generally about the seventh day after which the patient makes a rapid recovery, but is somewhat debilitated.
- (a) The meningeal type was frequently complicated with tonsillitis and bronchitis, occasionally pharyngitis, and in a few cases urticaria. The number of cases admitted to Group Hospital to midnight 30-6-18 was 558. Measles and mumps were the only two infectious conditions during the month.

Admissions	Measles 11	Mumps 5	Total 16.
------------	------------	---------	-----------

6. Special attention has been paid to cases recovering from Trench Fever and gas poisoning, who have been admitted to Hospital whilst passing through the Depot. Trench fever admitted to this Hospital are of two classes as follows:-

- (a) Cases which present a typical picture of the original conditions, and which are diagnosed "Trench Fever Recurrence". The temperature rises in an intermittent course between 99 & 102 for four to seven days, accompanied by joint and shin pain, headaches, lassitude, pain in lumbar region, slight albuminuria, for 10 to 14 days. These cases make a quick recovery after the pyrexia subsides. It is rare for cases to be re-admitted, with a similar condition while passing through the Depot. Most of these cases come from patients, who have spent a short convalescence in Hospital, before arrival in at the Depot.
 - (b) Debility following Trench Fever. These cases run an apyrexial course, and the chief symptoms complained of are lassitude, shin pains, loss of appetite, an in-ability to stand fatigue. Most of these patients are found to be more or less debilitated, and anaemic, and some few have a transient albuminuria, which clears up under diet and treatment. With quite a number of these cases I consider the neurotic element of the patient manifests itself, as some patients are inclined to attribute every little ache and pain to the result of trench fever. The treatment applied to this type is similar after the Pyrexia in the first subsides. Suggestive treatment gives the best result.
- Tanics:- Keep out of bed and out of ward during the day and encourage exercise.

7. Gas Poisoning cases admitted to the Hospital are fairly numerous and are of two types :-

- (a) Cases marked Bronchial Symptoms e.g. Cough, Dyspnoea, praecordial pain, vertigo palpitation, P.R. 90 to 130 & irregular. Some of these cases also present marked gastric symptoms e.g. vomiting, indigestion, and flatulence, O.E. Rhonci, and dilated heart. These cases are boarded unfit for active service.



No. 7
(Contd.)

(b) Cases which show no Bronchial Symptoms on admission, but complain of dyspnoea praecordial pain, fatigue on exertion, pr 70 to 120 regular O.E. no clinical signs in lungs, heart not enlarged, sounds clear. These patients after a short rest in hospital on suitable diets and tonics upon being discharged will tolerate and improve on graduated training, and seldom have to be re-admitted. Eye conditions, aphonia and laryngitis are treated by specialists.

8. The progress of patients has been very satisfactory, the average stay in hospital being about 8 days. Most difficulty has been experienced with the messing of the patients, at present we are being supplied from one of the Coy. Cookhouses, and it has been frequently found impossible to obtain suitable dishes for patients who require dieting, as rations supplied to the cookhouse are the ordinary soldiers rations, and are not in any way augmented to permit of sufficient light diets, & milk diets.

I should like to suggest that the Hospital be equipped with its own kitchen as this would then permit the M.O. i/c Hospital to order suitable dishes and supervise the cooking of the food.

We have been enabled to augment the variety and quantity of milk and light diets owing to an extra issue of milk, and an issue of eggs drawn from the A.A.S.C. and also by the endeavours of our Red Cross Representatives Messrs. Payne, and Whitney, who have both taken keen interest in the welfare and comfort of the patients since their arrival in the district.

Another suggestion I should like to add, is that the Hospital be equipped with a microscope. This would prove of great assistance on many occasions.

9. The surgical wards are occupied chiefly by patients having unhealed wounds of the lower extremities, and cases requiring supervision, and attention by Medical Officer. It has been found that patients who arrive in the Depot with old, discharging, and unhealthy granulated wounds of long standing yield to treatment readily. These cases are discharged to a higher category, which enables them to take up their graduated training immediately. All cases which will not be fit for General Service in 6 months are boarded, also P.U. Patients, minor operation, skin grafts, and all anaesthetics are carried out on this side of the Hospital. In view of the increased number of Blb Category men, who are now reporting to the Depot, I think it would be advisable to increase the bed strength on this side of the Hospital, as men have to be kept waiting as long as a week in some instances, before a bed can be provided for them. Should this be done one Medical Officer would be necessary to take charge of the Section, as the work ~~will demand~~ will demand his entire attention, and will not allow of his doing other duties.

10. Finally I should like to record my appreciation of the loyal ^{work} of the Hospital Staff, who have all worked splendidly during a particularly strenuous month.

(Sgd) C.P. Rosenthal, Capt.
M.O. i/c Group Hospital.

Hurdcott,
3-7-18.

J. McKee
Major,
S.M.O., No. 3 Command Depot, A.I.F.



APPENDIX R

CR. AIF. 28759/11/1

25th June 1918.

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

Laundries in A.I.F. Depots.

As requested, herewith information re establishment of Laundries for washing soldiers' clothing.

At the New Zealand Command Depot, Codford, a 15 HP. Steam engine with other machinery has been erected to do all the necessary washing of clothing for New Zealand Troops in the Codford Area.

The scheme was started over 6 months ago and the laundry should commence work in another month's time.

The total outlay in connection with the scheme (excluding payment for labour which has been done by New Zealand Troops) will be £1300.

The staff required for the laundry will consist of 10 "C" Class men.

The output will be 25,000 articles per week and each soldier will be charged 3d. per week for washing.

At the Overseas Training Brigade the following system has been in existence since January 1918:-

Similar methods are being carried out in other units in A.I.F. Depots but not in all.

The Laundry is run by hand, contains two washing machines, and employs a staff of

12 women and 6 C1 Class soldiers

(Each woman is paid 25/- a week)

The output is 3000 articles per week and only issue clothing is washed. A soldier is given clean clothing when he hands his soiled clothing in to the laundry.

The comparatively small hand laundries have the following advantages over the large steam laundries:-

- (1). They can be started in a few weeks, whereas it has taken over 6 months to establish the steam laundry at Codford.
- (2). There is a great scarcity of of the machinery required for steam laundries.
- (3). The laundry at the Overseas Training Brigade is sufficient for the needs of the Brigade. More washing is necessary in this Brigade than in any other Unit in the Command, because its average strength is 3,500, and soldiers are not retained there for longer than 3 weeks.

(4) It is easier to control and supervise Unit laundries, as one large Central Laundry in each Area would receive clothing from various units

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which would require to be kept quite separately at the Laundry.

The G.O.C. has therefore issued instructions that all Units in A.I.F. Depots are to provide themselves forthwith with laundries similar to that at the Overseas Training Brigade.

Stunwhae Colonel.
A.D.M.S. A.I.F. Depots in U.K.

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REPORT FOR THE MONTH OF JUNE 1918 ON

DENTAL SERVICES

by

MAJOR J.E. DOWN, S.O.A.D.S.

88

WAR DIARY

or

INTELLIGENCE SUMMARY.

(Erase heading not required.)



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.

Remarks and references to Appendices

Summary of Events and Information

Place Date Hour

Personnel.

The following data conveys an accurate appreciation of movement of personnel:-

435

Officers marched out to D.M.S. 8.

" " " " Australia. -

" " in from D.M.S. 3.

" " " " Australia. -

Other Ranks marched out to D.M.S. 11.

" " " " " Australia. 3.

" " " in from D.M.S. 1.

" " " " " Australia. -.

Transfers effected in the Command.

Officers. 8. Mechanics. 13. Orderlies. 9.

Other Ranks transferred to Combatant Units. 2.

An epidemic of Influenza has seriously interfered with the work of Dental Units during the month both because of the number of dental personnel affected with the complaint for varying periods, and because of the number of men required for treatment who could not parade

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WAR DIARY

or

INTELLIGENCE SUMMARY.

(Erase heading not required.)

Army Form C. 2118.

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.

Page 2.



Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
			for the same reason.	435
			<u>Dental Work in Command Depots.</u>	
			The outstanding feature of the month's operations, from a dental standpoint, is the increase in the number of Dental Unfits in the Command Depots. - The reason is obvious, namely, that the weekly inflow into the Depots is greater than the ^{weekly} number of men who can be made Dentally Fit by the present dental operating and prosthetic staff. Just over 1,000 men have been made fit each week, but the unfits have increased from 2,730 to 3,700. This state of affairs is directly attributed to the increase of fighting that naturally exists during the Spring and Summer months. So far it has been possible to keep the number of men of "Bl.a4" Category at a fairly constant level, the increase of this class being under 200, but I fully expect that the men at present passing through the Depots will become medically fit fairly rapidly so that an increase of men in Command Depots, who are Medically Fit but Dentally Unfit, is to be anticipated.	
			The above statements are valuable chiefly because they tend to show the difficulty of assessing what is a suitable proportion of dental personnel to a Command Depot of any given	90

- AUSTRALIAN DENTAL SERVICES. -

- Weekly Consolidated Return for Week-ending 1 / 6 / 1918. -



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	Cases Treated.	Dentally Unfit.	Gum Cases.	Requiring "D".	Requiring "Y".	Requiring "L".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"L" Completed.	No. of Units.	Total Strength.
No.1. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1877	428	85	200	145	9	150	204	27	676	132	12	2728.
No.2. Comm. Dep. Blb R.C.	169	55	6	16	33	9	20	16	6	33	44	1	4271.
No.3. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1436	268	14	121	113	2	177	147	22	1054	82	12	4564.
No.4. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1027	176	11	68	100	11	67	151	17	505	77	10	2865.
Totals.	4509	2764	178	1208	1432	158	943	518	72	2268	335	35	14428.
1st. Training Brigade.													
Trng. Bn. No....1.	72	205	2	41	172	24	21	9	7	42	4	1	1374.
" " No....2.													
" " Pioneers.	55	19		9	9	3	38	11	11	31	3	1	516.
" " R.B.A.A.	109	136	2	14	113	15	57	6	9	71	16	1	1523.
2nd. Training Brigade.													
Trng. Bn. No....5.	139	394	4	84	341	15	96	28	18	172	45	2	1310.
" " No....6.													
" " No....9.	104	378	3	143	294	15	38	19	16	142	6	2	1040.
" " No....10.													
3rd. Training Brigade.													
Trng. B. No....12.	180	90	6	35	70	3	37	29	2	57	2	2	981.
" " No....13.													
" " No....14.	81	212	4	70	127	8	43	24	6	90	5	1	1093.
" " No....15.													

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	Cases Created.	Physically Unfit.	Gun Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Non Completed.	"D" Completed.	"P" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
Brought Forward.	740	1434	21	396	1126	83	330	126	69	605	81	10	7837.
Engineers, Field. Brightlingsea.	93	15	4		8	1	39	4	5	23	4	1	746.
Engineers, Signal. Clifton, Beds.													339.
A.A.M.C. T.D. Parkhouse.	64	175	4	26	150	20	46	19	10	37	9	1	2070.
A. M. G. T. D. Grantham.	113	39	2	30.	1	1	46	9	11	22	5	1	1148.
Overseas Troop. Brigade.	289	40		16	11		44	5	12	23	8	2	3219.
1st. A.D.K. Bulford.	147							10	5	23	12	1	245.
A.I.F. Det. Barracks. Lewes.	73	121	3	44	73	10	28	10		67	10	1	36 (333)
A.I.F. Headquarters. Tidworth.	102						36	15	3	106	17	1	927.
A.R.O.D. Longmoor.	48	13		9	4		14	12	1	5		1	109.
T o t a l s.	1669	1837	34	521	1373	115	583	210	116	911	146	19	16676.

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- AUSTRALIAN DENTAL SERVICES. -

- Weekly Consolidated Return for Week-ending 8 / 6 / 1918. -



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			Cases Treated.	Dentally Unfit.	Gum Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Men Completed.	"D" Completed.	"P" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
No.1. Comm. Dep. Bl a4.			2204	654	74	360	297	18	165	170	30	892	189	12	3278
Bl Cases less Bl a4.				330	27	158	165	21	153						
No.2. Comm. Dep. Blb R.C.			137	60	10	13	33	10	25	15	5	33	52	1	3045
No.3. Comm. Dep. Bl a4.			1281	94	5	36	49	33	123	120	34	1186	109	12	4175
Bl Cases less Bl a4.				758	22	312	366		324						
No.4. Comm. Dep. Bl a4.			1500	207	16	95	215	12	82	133	20	516	103	10	3329
Bl Cases less Bl a4.				1164	25	479	864	160	230						
Totals.			5122	3267	179	1453	1989	254	1002	438	89	2627	453	35	13827
1st. Training Brigade.															
Trng.	Bn.	No....1.	110	213	1	28	170	7	29	13	5	65	21	1	1331
"	"	No....3.													
"	"	Pioneers.	47	22		10	11	4	25	9	3	34	21	1	443
"	"	R.B.A.A.	133	130	2	19	111	9	50	8	10	65	23	1	1554
2nd. Training Brigade.															
Trng.	Bn.	No....5.	157	227	8	40	184	14	118	40	16	163	23	2	990.
"	"	No....6.													
"	"	No....9.	103	292	5	94	198	6	33	20	15	116	20	2	852
"	"	No....10.													
3rd. Training Brigade.															
Trng.	B.	No....12.	150	400	10	120	301	20	43	27	3	69	7	2	1750
"	"	No....13.													
"	"	No....14.	60	217	2	80	125	10	31	13	6	57	2	1	1209
"	"	No....15.													

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	Cases Treated.	Dentally Unfit.	Gun Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
Brought Forward.	760	1501	28	391	1100	70	329	130	58	569	117	10	8129
Engineers, Field. Brightlingsea.	89.	143	6	14	78	3	43	3	7	31	6	1	1170
Engineers, Signal. Clifton, Beds.													333
A.A.M.C. T.D. Parkhouse.	58	78	3	10	76	8	37	19	6	38	16	1	1786
A. M. G. T. D. Grantham.	148	62	3	37	10	1	69	8	29	27	7	1	1081
Overseas Trng. Brigade.	325	62		14	34		58	14	20	30	10	2	3073
1st. A.D.E. Bulford.	159							11	4	27	9	1	240
A.I.F. Det. Bks. Lewes.	100	100	3	39	55	14	34	10	2	82	14	1	36 (303)
A.R.O.D. Longmoor. CPOMAL.	52	4			4.		12	11	5			1	81
A.I.F. Headquarters. Tidworth.	81						11	13	6	70		1	918
Totals	1772	1950	43	505	1357	96	593	219	137	874	179	19	16847.

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- AUSTRALIAN DENTAL SERVICES. -



- Weekly Consolidated Return for Week-ending 15 / 6 / 1918. -

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			Cases Treated.	Dentally Unfit.	Gum Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
No.1. Comm. Dep. Bl a4.			2393	570	74	375	218	23	200	223	25	950	134	12	3383
Bl Cases less Bl a4.				469	25	229	210	49	142						
No.2. Comm. Dep. Blb R.C.			161	101	10	7	26	4	21	15	3	37	43	1	3425
No.3. Comm. Dep. Bl a4.			1453	121	7	50	57	8	87	98	28	1356	120	12	4316
Bl Cases less Bl a4.				745	35	320	361		374						
No.4. Comm. Dep. Bl a4.			1744	269	16	139	149	28	113	137	20	495	91	10	3326
Bl Cases less Bl a4.				1206	69	517	890	161	185						
Totals.			5751	3481	236	1637	1911	273	1122	473	76	2838	388	35	14450
1st. Training Brigade.															
Trng.	Bn.	No.....1.	167	204	2	26	153	8	44	12	14	90	30	1	1279
"	"	No.....2.													
"	"	Pioneers.	49	68	2	17	46	6	12	8	1	13	13	1	474
		R.B.A.A.	151	139		10	124	4	67	8	7	81	13	1	1574
2nd. Training Brigade.															
Trng.	Bn.	No.....5.	240	230	7	11	198	14	94	20	11	191	28	2	976
"	"	No.....6.													
"	"	No.....9.	112	268	6	72	189	5	39	31	16	173	2	2	947
"	"	No.....10.													
3rd. Training Brigade.															
Trng.	B.	No....12.	201	362	101	11	280	15	62	30	6	101	17	2	1791
"	"	No....13.													
"	"	No....14.	82	193	5	83	98	8	39	22	9	79	8	1	1183
"	"	No....15.													

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	Cases Treated.	Dentally Unfit.	Gun Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Non Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
Brought Forward.	1002	1464	123	230	1088	60	357	131	64	728	111	10	8224
Engineers, Field. Brightlingsea.	135	101	3	14	51	3	61	12	13	39	3	1	1193
Engineers, Signal. Clifton, Beds.													335
A.A.M.C. T.D. Parkhouse.	43	160	3	11	140	15	23	7	3	33	11	1	1762
A. M. G. T. D. Grantham.	90	63	1	4	17	1	36	5	12	14	3	1	1072
Overseas Troop. Brigade.	280	52		14	21	1	76	22	19	40	5	2	3318
1st. A.D.E. Bulford.	137							11	6	20	6	1	247
A.I.F. Det Barracks. Lewes.	97	106	3	37	59	15	21	9	4	76	9	1	36 (319)
A.R.O. Details. Longmoor. 3024												1	70
A.I.F. Headquarters Tidworth.	105						24	9	6	97	1	1	941.
T o t a l s.	1889	1946	133	310	1376	95	598	206	127	1047	149	19	17198.

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- AUSTRALIAN DENTAL SERVICES. -

- Weekly Consolidated Return for Week-ending 22 / 6 / 1918. -



435

			Cases Treated.	Dentally Unfit.	Gum Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
No.1. Comm. Dep. Bl a4.			2246	541	40	337	236	36	165	239	15	873	143	12	3437
Bl Cases less Bl a4.				532	21	229	359	56	130						
No.2. Comm. Dep. Blb R.C.			153	66	13	8	31	8	22	14	4	44	39	1	3158
Bl Cases less Bl a4.			1525	136	8	53	64	1	93	140	37	1434	86	12	4641
No.4. Comm. Dep. Bl a4.			1856	356	14	179	218	49	117	155	25	600	100	10	3351
Bl Cases less Bl a4.				1247	35	564	909	171	173						
Totals.			5780	3594	168	1697	2127	337	1030	548	81	2951	368	35	14587
1st. Training Brigade.															
Trng.	Bn.	No....1.	173	195	2	27	166	10	68	11	11	96	7	2	1270
"	"	No....2.													
"	"	Pioneers.	72	76	2	24	34	2	29	10	3	34	12	1	465
		R.B.A.A.	129	118	1	7	106	4	53	4	9	76	6	1	1518
2nd. Training Brigade.															
Trng.	Bn.	No....5.	119	204	9	9	168	22	89	19	11	170	7	2	890.
"	"	No....6.													
"	"	No....9.	115	298	5	53	251	8	57	31	18	157	3	2	850
"	"	No....10.													
3rd. Training Brigade.															
Trng.	B.	No....12.	190	297	11	88	237	10	81	26	11	122	6	2	1784
"	"	No....13.													
"	"	No....14.	65	170	2	74	89	7	40	23	5	72	2	1	1130
"	"	No....15.													

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	Cases Treated.	Dentally Unfit.	Gun Cases.	Requiring "D".	Requiring "Y"	Requiring "A".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
Brought Forward.	863	1358	32	282	1051	63	417	124	68	727	43	11	7907
Engineers, Field. Brightlingsea.	63	85	3	14	42	2	29		10	20	3	1	1207
Engineers, Signal. Clifton, Beds.													331
A.A.M.C. T.D. Barkhouse Evant.	24	100	3	10	93	6	12	7	7	4	2	1	493
A. M. G. T. D. Grantham.	35	58		6	13	2	7		1			1	2316
Overseas Troop. Brigade.	344	63		5	34		65	16	18	36	4	1	3219
1st. A.D.M. Bulford.	128							11	6	25	13	1	254
A.I.F. Det. Bks. Lewes.	114	103	4	39	62	9	32	12	1	77	21	1	36
A.R.O.D. Longmoor TOEAT.												1	69
A.I.F. H-quarters. Tidworth.	71						20	7	4	82	4	1	930
T o t a l s.	1642	1767	42	356	1295	82	282	177	115	971	90	19	16762

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- AUSTRALIAN DENTAL SERVICES. -

- Weekly Consolidated Return for Week-ending 29 / 6 / 1918. -



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	Cases Treated.	Dentally Unfit.	Gum Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Non Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
No.1. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1992	582	47	301	344	46	138	211	21	908	171	12	3676
No.2. Comm. Dep. Blb R.C.	147	77	15	11	47	11	19	15	6	47	48	1	3524
No.3. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1364	138	10	49	53	2	69	91	40	1162	119	12	4713
No.4. Comm. Dep. Bl a4. Bl Cases less Bl a4.	1904	470	33	217	305	52	147	148	23	494	213	10	3371
Totals.	5407	2700	199	1692	2231	362	950	465	90	2611	551	35	15284
1st. Training Brigade.													
Trng. Bn. No....1.	155	159	2	27	125	10	64	9	6	150	3	2	1268
" " No....2. Pioneers.	50	12	1	7	5	1	5	8	2	24	2	1	461
" " R.B.A.A.	129	96		7	82	4	46	8	2	72	13	1	1347
2nd. Training Brigade.													
Trng. Bn. No....5.	85	190	5	9	164	13	56	12	10	96	6	2	877
" " No....6.													
" " No....9.	102	295	2	38	248	7	47	25	18	105	8	2	863
" " No....10.													
3rd. Training Brigade.													
Trng. B. No....12.	175	229	11	60	182	8	59	32	5	85	2	2	1798
" " No....13.													
" " No....14.	67	140	1	69	69	6	39	21	8	64	2	1	1128
" " No....15.													

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	Cases Treated.	Dentally Unfit.	Gun Cases.	Requiring "D".	Requiring "Y".	Requiring "A".	Men Completed.	"D" Completed.	"R" Completed.	"Y" Completed.	"A" Completed.	No. of Units.	Total Strength.
Brought Forward.	763	1121	22	217	875	49	316	115	51	596	36	11	7742
Engineers, Field. Brightlingsea.	137	63	2	12	20	2	53	13	5	59	4	1	1214
Engineers, Signal. Clifton, Beds.	58	169		57	105	7	17	9	2	40	4	1	312
A.A.M.C. T.D. Parkhouse.	68	90	1	14	80	5	19	10	6	40	1	1	461
A. M. G. T. D. Grantham.	91	51		3	11	3	32	9	6	5	3	1	2250
Overseas Trng. Brigade.	142	55		4	13	1	52	6	21	28	1	1	3372
1st. ...D.E. Bulford.	101									2	5	1	253
A.I.F. Det. Bks. Lewes.	83	93	5	36	53	8	29	8	3	77	14	1	36
A.R.O.D. Longmoor. TO													45
A.I.F. Headquarters. Tidworth.	19						3	10	2	9		1	957
T o t a l s.	1462	1642	30	343	1157	75	526	180	96	856	68	19	16642.

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REPORT ON ULCERATIVE GINGIVITIS IN A.I.F. DEPOTS IN U.K.

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Ulcerative conditions of the oral cavity not directly associated with carious teeth or ordinary alveolar abscess have become so numerous among troops serving with the A.I.F. that a short resumé of the types of this disability which most frequently present for treatment, and the steps which have been taken to stamp it out, might be of some historical value.

Nomenclature.

It might be well to enumerate the different names that have been applied to the disease.

Infectious Ulcer.
 Membranous Stomatitis.
 Trench Mouth.
 Infectious Gingivitis and Stomatitis.
 Fusco Spirillary Periapical Gingivitis.
 Vincent's Gingivitis.

A. Clinical features of the disease.

The patient complains of a soreness and bleeding of the gums, with tenderness of the teeth, and a general feeling of depression. Patient's temperature varies from 99° Fah. to 102° Fah. Examination shows generally a deposit on the teeth, the margin of the gums in affected region are invariably inflamed with a greyish line of necrosed tissue showing along the free margin of the gum from which a small amount of pus will exude when pressure is applied. Any pressure or even a slight touch will set up a more or less profuse bleeding. The teeth may be tender and loose, the gum attachment frequently being lost. The breath is foul and the foetid odour is quite characteristic of the disease. A large ulceration frequently occurs in the disto-labial aspect of the lower wisdoms accompanied by an extreme difficulty to open the mouth, this situation might, with safety be said to be the starting point from which the disease extends forward, gradually embracing more or all of the mucous membrane of the gum.

The ulcers are generally shallow and are covered with a greyish necrotic membrane, very fragile, which when wiped away exposes a red and bleeding surface.

The surrounding tissue is usually more or less inflamed, and the submaxillary and sublingual glands are usually sore to the touch. The ulceration may advance until it involves a large area of the mucous membrane of the mouth. The teeth may become so loose as to drop out.

The disease sometimes appears only in the anterior region of the mouth either in the upper maxilla or more frequently the lower maxilla or both. In such cases some calculus is usually found around the necks of the teeth in affected area, and possibly the existence of such deposits is a contributing factor by causing an unhealthy irritated gum, which then becomes an easy prey to the organisms causing the disease.

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In some patients the gums display a very anaemic appearance; in these cases the disease is rather resistant to treatment, and the patient usually gives a history of gas poisoning. The pale unhealthy gums are probably only an index to a general debility, and are attacked with Ulcerative Gingivitis because of the lowered resistance.

Some cases show a typical Mercurial Stomatitis, and on examination it is usually found that, though the morbid condition has originally arisen through the continued injection of mercury, the ulceration so formed rapidly becomes infected with one or more of the organisms usually associated with Ulcerative Gingivitis

B The disease in all its forms is undoubtedly due to micro-organisms, but lack of opportunity to probe thoroughly into the bacteriology of the cases dealt with has brought about a multiplicity of opinions as to what organism is in the main responsible for the various types of the complaint. Vincent's fusiform bacillus and spirochaete have been nearly always present when smears from the ulcers have been examined under the microscope, so that I consider it safe to assume that in most of the cases of Ulcerative Gingivitis met with in the mouths of soldiers the organisms present are almost identical with those found in ordinary Vincent's Angina of the throat and tonsil.

Whichever may be the chief organism in causing these lesions the contributing causes are more definite, and can be more directly set out, because the removal of such causes has invariably assisted in rapidly cleaning up the diseased area.

1. Mercurial Stomatitis.
2. Salivary Calculus, Tartar and Serumnal Deposits.
3. Artificial Dentures.
4. Crowns of all descriptions, which are not perfectly adapted.
5. Bridge Structures that permit food accumulations.
6. Fillings with overlapping edges at the gum margin.
7. Impacted and otherwise improperly erupted wisdoms.
8. Improper use of tooth picks.

Some operators who have treated a large number of cases claim that a lowered vitality following Trench Fever, Gas Poisoning and auto-intoxication from intestinal putrefaction are largely responsible for the frequency of the disease amongst soldiers.

One general cause that may be applied to the great majority of cases is :- Uncleanliness or insufficient attention to oral hygiene. Neglect of ordinary dental toilet procedure is not always due to carelessness on behalf of a soldier when on active service, because the occasions are many when the conditions are unfavorable for the soldier to use a tooth brush daily.

C. The disease is without doubt infectious, as an outbreak has frequently been traced to one mess hut, and when the eating and drinking utensils have been kept separate the spread of the disease has been prevented.

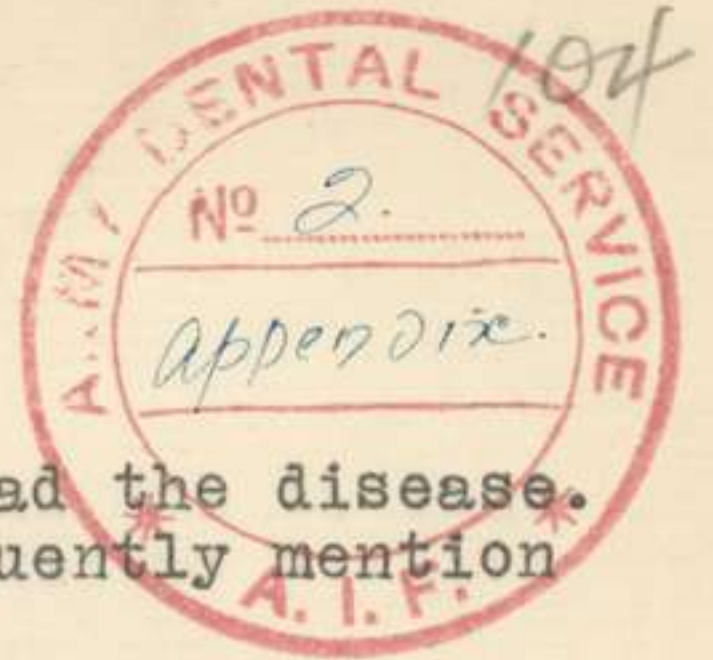
Among men in the line it is reported that the indiscriminate use of gas masks led to an increase in the disease, therefore each man retains his own mask whenever possible.

A case has also been reported of men infecting themselves by bruising their gums with a match which had previously been

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rubbed on the gum of one of their number who had the disease. Married soldiers presenting for treatment frequently mention that their wives have the same complaint.

During the first week of February 1917, eleven members of the band at No. 1 Command Depot developed the condition, this was traced to the fact that they frequently used each others mouth pieces.

In the Munchener Medizinische Wochenschrift of January 1916 the following is reported:- The disease occurred in a Russian village in an epidemic form. In a group of 900 men 12 cases occurred the first day, 60 the second, 169 the third, and 200 on the fourth day; 420 men out of the 900 contracted the disease.

D. Frequency of the disease.

On 2-3-17 in No. 1 Command Depot 3% of the men were under treatment for Ulcerative Gingivitis, on the same date it was reported that 5% of the men in No. 3 Command Depot were being treated, whereas in No. 4 Command Depot on 4-3-17 one hundred and twelve men or 4% of the strength were affected. These figures are quoted from areas in which a dental Officer had been located to deal exclusively with ulcerative conditions, and though nearly all cases readily responded to treatment the figures show the difficulty of eradicating the disease. In a Command Depot the difficulty is naturally greater than in other Units, because new cases are constantly marching in, and they spread the infection before they are themselves brought under treatment.

E. Treatment.

The treatments advocated are even more numerous than the names by which the disease is known, but liberally one might be justified in asserting that any systematic and thorough antiseptic treatment will produce satisfactory results. One drug however stands out as being more favorably looked upon than any other, and that is Liquor Arsenicalis. It would be impossible to give in detail all the treatments prescribed, but they may be epitomised thus:-

For all cases the following preliminary measures are indicated.

A thorough cleansing of the mouth including the removal of all deposits on the teeth by scaling, excision of gum flaps over erupting 3rd. molars, the removal of dentures or faulty mechanical contrivances, the polishing of all approximal fillings, and finally the destruction of the tooth brush in use and the issue of a fresh one giving instructions as to how it should be disinfected after use. A very free irrigation should follow these operations using first a 1 in 4 solution of H₂O₂ followed by a warm normal solution.

N.B. When once commenced the treatment should be continued twice daily until the disease appears to have been cured, then continue the treatment once daily for a period of 7 days in order to guard against a recurrence.

After the preliminary prophylactic treatment, which should invariably be carried out, any of the following medicaments will give



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satisfactory results; a cure being effected in from 7 to 21 days, except in such cases as settle down into a subacute or chronic state (probably in all such cases a focus of infection will be found in the throat or tonsils).

Liq: Arsenicalis 60 M.M. held in the mouth for 3 minutes being well flushed around the teeth and gums by the action of the tongue and cheeks.

Iod: Glycerol painted over the affected area twice daily.

A strong solution of Iodine in alcohol painted over the affected region first irrigating well and then drying the part with small pledgets of cotton wool.

N.B. 1/3 grain nonocain should be added to each fluid drachm to allay the pain usually associated with this treatment.

A saturated solution of Cu S.O.4 has also been advocated. 10% solution of Chromic Acid is said to be an efficient medicament when the influence of Mercury is known to be present.

Perhaps the most popular medicament ^{IN USE.} is a mixture of equal parts Vinum Epicac, Liq: Arsenicalis, and Aromatic Sulphuric Acid, used in an atomiser, the affected region being liberally sprayed, this prescription is claimed by its advocates to be both amoebicidal as well as spirochaeticidal thus helping to accelerate the cure should amoeba be present, and also being haemostatic in action, it tends to prevent profuse bleeding.

It is also claimed that this mixture is much more rapid in its action on the organisms of Vincent's Disease than Liq: Arsenicalis per se.

N.B. The mouth should always be kept as dry as possible particularly in the affected regions before any medicament is applied.

A saline purge should be prescribed at regular intervals.

F.

This report is based mainly on reports received from the Dental Officers who have been detailed to deal exclusively with the conditions described, and an endeavour has been made to leave out all theories and to deal only with such matters as are proved beyond all doubt. Even though in reaching a decision as to what is the best method of dealing with the disease the operators have been handicapped badly for want of laboratory conveniences, and have been forced to grope their way by hearsay and empirical methods, the lines of treatment suggested are all sound. Experience alone can teach the operator which of the reagents quoted will be best for any particular case which presents for treatment.

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Six Monthly Report of the operations of the various Dental Units

attached to A.I.F. Depots in U.K.

1. Organisation.

There has been no change in the main points of the organisation between January 1st. and June 30th. except that a Staff Sergeant has been allotted to the Staff Officer for Dental Services, whose duties are to supervise the accurate accounting for all Dental Equipment and Material issued to Units in this Command from Base Dental Stores, London. In order that this accounting may be rendered more certain, and to make this aspect of our organisation synchronise with other branches of the Service, the Ordnance system of accounting has been adopted in the main, and only altered where unavoidable to meet the particular requirements of the Dental Services. This step has already proved its usefulness and while permitting a much more definite observation on the Government property in use, it has not unduly added to the clerical work of the individual Dental Units. In furtherance of this policy, which has economy for its main objective, the various dental equipments on issue are gradually being standardised by the issue of definite pattern instruments to replace the various types at present on issue as these become unserviceable.

2. Personnel.

In pursuance of the policy of sending Dental Officers Overseas to relieve those who have been in France for some months, the following moves have taken place.

Departures Overseas.	23.
Arrivals from Australia.	15.

In addition 4 complete Dental Units have been marched Overseas and 2 to D.M.S., thus reducing the number of Dental Units in this Command from 59 to 53.

It has been possible to cope with the work with this lesser number of Units by reason of the fewer number of reinforcements arriving.

- 19 Officers have reported from Australia.
- 7 Officers have marched out to Australia.

Some difficulty has been experienced in maintaining the strength of Dental Mechanics as there have been no reinforcements from Australia, and we have had to depend upon drawing a sufficiency from men serving in other branches of the A.I.F. This source of supply is now becoming exhausted and a request has been made for reinforcements from Australia.

In order to guard against unsuitable men being promoted Staff Sergeant Mechanics, and to provide an avenue of promotion, a suggestion was put forward that men withdrawn from other branches or promoted from position of Dental Orderly be first promoted to rank of Corporal, this suggestion has been acted upon by the D.M.S. and there are now 12 Corporals classed as Dental Mechanics. This action is also sound from a disciplinary point of view.

3. Command Depots.

There has consistently been more dental work required for troops passing through Command Depots than in any other areas, and

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a persistent effort has been made to render every soldier completely Dentally Fit before he is marched out to the Overseas Training Brigade whence he again becomes available for service with his Battalion.

On Saturday January 5th. there were 2,390 men in the Command Depots who were Medically Fit, but who had not been made Dentally Fit. A policy was therefore instituted to endeavour to undertake the dental work for soldiers as soon as possible after they marched in to a Command Depot, in order that as many as possible would already have been made Dentally Fit before they were deemed sufficiently Medically Fit to be marched out.

To effect this change it was necessary to make more men Dentally Fit per week than could be made Medically Fit, and it was estimated that on the then rate of inflow into Command Depots 1,000 men per week would have to be made Dentally Fit. As there were no more Dental Units available it became essential that each individual Dental Officer in a Command Depot had to execute a greater amount of work. It is satisfactory to note that 24,259 men were made Dentally Fit in the six months or an average of 933 men per week. This figure would have been higher except for the fact that the number of Dentally Unfit men had dropped so low in April that it was not possible to keep the Dental Staff fully employed. At the end of April the rate of inflow into Command Depots began to rise with the result that the number of men marching in who were in need of Dental attention was greater than the number who could be made fit, but the number of men who are Medically Fit though Dentally Unfit has so far been held at a constant level.

A very severe Influenza epidemic attacked the troops in this Command during June, and by reason of the number of dental staff who became infected the output of work was seriously interfered with.

During February it was reported that there were many men in the Overseas Training Brigade who were Dentally Unfit, and, as this situation reflected on the standard of fitness being adopted in Command Depots, arrangements were made to carefully examine every man on marching in to the O.T.B., and any cases requiring further work to be reported to the A.D.M.S. This action has led to an even higher standard of fitness being adopted by S.D.O's in Command Depots and it has since been proved that the amount of work required for the 600 to 800 men marching in to the O.T.B. every week can be attended to by 1 Dental Unit thus showing the completeness of the organisation in Command Depots, and the high standard of Dental Fitness that is being maintained.

4. Training Battalions.

The number of Dental Units attached to Training Units has been reduced during the period under review from 22, on January 5th., to 18, on June 30th. One Unit has been posted to Headquarters, Tidworth, and from the amount of work executed as disclosed in the weekly returns this Unit has filled a serious gap. Then also it was proved expedient for men released from detention not to be held at Overseas Training Brigade while the necessary dental work was carried out so another Dental Unit was posted to Lewes Detention Barracks. This Unit has been able to render dentally fit all men undergoing detention, and when it is understood that the men in detention have previously been in a very bad dental condition generally, the value of the efforts of a Dental Unit attached to the detention barracks will be apparent.

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The number of Dental Unfits in Training Areas has not been greatly reduced, and although practically no men have had to be struck off draft as Dentally Unfit, this situation might have been more satisfactory. The reasons for the number of Unfits not being more easily reduced and kept at a lower level are as follows:-

- A. Fewer Dental Units available.
- B. The reduction of the training period from 14 weeks to 10 weeks.
- C. The number of reinforcements who have to undergo lengthy periods of isolation.

The amount of work executed for the first six months of 1918 as against the corresponding period of 1917 is hereunder set out.

January 1st. to June 30th. 1917.

Cases.Treated.	Extractions.	Fillings.	Dentures.	Average number of Dental Units.
116,457	60,371	39,102	22,476	38

January 1st. to June 30th. 1918.

179,256	19,747	93,728	21,677	56
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The figures for the last six months of 1917 were as follows:-

141,929	33,814	77,526	25,100	54
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The outstanding features of these sets of figures is the desirable increase in the number of fillings inserted, and an equally desirable decrease in the number of teeth extracted and number of dentures inserted.

An attempt has been made during the six months under review to limit the spread of infective gingivitis by ordering all men suffering from ulcerative oral conditions to retain separate dining utensils, and to wash these utensils in separate water after each meal, each man washing his own utensils.

Appendices.

The following appendices are attached.

1. Weekly Average of Unfits and Men Completed in Command Depots.
2. " " " " " " " " " Training Brigades.
3. Summary of Dental Work in A.I.F. Depots in U.K. for half year ending June 1918.

Weekly Average of Dental Unfits and men completed in A.I.F. Depots in U.K. for half year ending June 1918.

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C O M M A N D D E P O T S.



Month.	No. of Units.	Average No. Dentally Unfit each week.				Average No. made Dentally Fit per week.			
		Bl.a4 available.	Bl.a4. Unavailable.	Total Bl.a4.	Other than Bl.a4.	Grand Total.	Bl.a4.	Other than Bl.a4.	Total.
January.	33	1760 73%	635 27%	2395	2860	5255	631 26%	218 8%	850.
February.	35	1572 74%	545 26%	2117	2374	4492	696 33%	270 11%	967
March.	38	1008 71%	435 29%	1521	1667	3191	468 31%	389 23%	858
April.	35	860 78%	236 22%	1096	1271	2367	493 45%	431. 34%	924
May.	36	725 77%	217 23%	943	1601	2544	457 48%	533 33%	989.
June.	35	787 78%	215 22%	1002	2359	3361	379 38%	631 27%	1009.

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Weekly Average of Dental Unfits and men completed in A.I.F.

- Depots in U.K. for half year ending June 1918.

TRAINING UNITS.



Month.	Strength.	Unfits.	Completions.	Units.
January.	23,697	2,651 11%	843 32%	22
Feburary.	24,093	2,804 12%	727 26%	20
March.	22,144	2,676 12%	938 35%	20
April.	17,413	1,638 9%	821 50%	20
May.	17,250	1,672 10%	701 42%	20
June.	16,577	1,830 11%	584 32%	18

