

AWM4

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

Medical, Dental & Nursing

Item number: 26/69/16

Title: No 1 Australian Dermatological
Hospital, Bulford

September 1918



AWM4-26/69/16

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.

INTELLIGENCE SUMMARY.

(Erase heading not required.)

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
B U L F O R D	7.9.18	-	Lt Col. W. E. GRIGOR O.B.E. struck off strength on Reporting to D.M.S.; A.I.F. for duty; he failed to hand over History of this Unit, as ordered, for purposes of Record. <i>Impr</i>	
	8.9.18	-	Plan of Structural alterations necessary for No 1 Dining Hall approved by A.D.M.S. in view of N.Z.E.F. taking over part of the Hospital. Routine Treatment of Gonorrhoea modified (Appendix)	15/18.
	18.9.18	-	24 Buildings + Equipment handed over to O.K. Barracks who handed on same to N.Z.E.F. the necessary receipts received for same. <i>Impr</i>	
	20.9.18	-	Provision Store and Post Office moved to new quarters in No 1 Dining Hall. Old Provision Store handed over for use as linen Store. Old Post office now in N.Z. lines. <i>Impr</i>	
	26.9.18	-	Capt. W. J. UPPENDAHL and Lt. H. L. DAVIS from No 35 Camp Hospital U.S.E.F. at WINCHESTER. Spent most of the day studying our methods of treatment + general organisation and expressed their desire to make another visit in the near future. Capt. J. A. SMITH temporarily detached for duty to S.M.O. HURDCOTT, thus leaving this Medical Staff 3 under strength with 700 cases in Hospital. A.D.M.S. advised (24.9.18) that the number in Hospital was steadily rising since 1 st of this month - this is due to more leave to O.K. forces, men discharged from General Hospitals after wounds and the small forfeiture of pay authorised by Defence Cable W.S. 89 (of 26.6.18) which enables any private to keep out of the firing line on payment of £/- per day. <i>Impr</i>	
	30.9.18	-	Monthly report of work re. of Unit, attached as Appendix 16/18. <i>Impr</i>	16/18.
	4.10.18	-		
	10.10.18	-		
	11.10.18	-		
	18.10.18	-		

Impr Stewart Col
CO. NO 1 A.D.H.

REPORT FOR SEPTEMBER, 1918.1. LOCATION - Bulford.2. STAFF - Average strength, 15 Officers, 237 other ranks.Change in Personnel - Officers.Marched in :-

Nil.

Marched out :-

Lieut.Col.W.E.Grigor, O.B.E. to D.M.S., London	-	6.9.18.
Major F.Macky to D.M.S., A.I.F.Hdq. London	-	12.9.18.
Captain W.J.Beveridge, to D.M.S., London	-	16.9.18.
Captain J.A.Smith to S.M.O., Hurdcott	-	26.9.18.

Other ranks.Marched in :-

2 C.1 class men from Hospital.	
2 C.1 " " ex Lewes Detention Barracks.	
1 C.1 " " ex Agricultural leave.	
15 C.1 " " ex No.2 Command Depot, Weymouth.	
1 B2a " " ex No.2 Command Depot, Weymouth.	
3 C.1 " " ex 1st A.D.Hospital.	

Marched out :-

1 A class man to A.A.M.C. T.D., Fovant.	
1 C.1 " " " Medical Section, Hdqrs., London.	
1 C.1 " " " Headquarters, A.I.F., London.	
1 C.1 " " " O.T.B., Longbridge Deverill.	
1 A " " " " " " "	
1 A " " " " 14th Training Battalion.	
2 A.4 " " " 2nd Training Brigade.	
1 A.4 " " " No.1 Command Depot, Sutton Veny.	
1 C.1 " " " No.2 Command Depot, Weymouth.	

3. PATIENTS -

Number of admissions -

From Depots in U.K.	...	...	502
From Expeditionary Force	...	...	134
Transferred from other Hospitals	58		<u>Total 694</u>
Readmissions to Hospital	- 126.		<u>Grand total - 820.</u>

Number of discharges ... 622.

Number in Hospital on 30.9.18 ... 731.

"A" Division - Gonorrhoea -

Admissions	327.
Discharges	...	...	...	185.
Average stay in Hospital	...			40.52 days.

Non-venereal

Admissions	...	...	...	19.
Discharges	...	...	...	31.
Average stay in Hospital	...			18.77 days.

TOTAL admissions ... 346.
 TOTAL discharges ... 216.
 Average days for all cases 37.3½

<u>"B" Division -</u>	<u>Admitted</u>	<u>Discharged</u>	<u>Av. No. days in Hospital</u>
Syphilis ...	147	162	8.3
Gonorrhoea ...	170	82	56.1
Mixed cases ...	14	21	45.6
Chancroid ...	16	16	14.3
Chancroid & gonorrhoea	3	1	36.0
Scabies ...	28	24	8.7
Non-venereal ...	79	100	12.2
<u>TOTALS</u>	<u>457</u>	<u>406</u>	<u>20.7</u>

Reinforcements admitted to Hospital who contracted V.D. in Australia, or whilst on voyage - 24.

Reinforcements admitted to Hospital who contracted V.D. since arrival in England - 25.

Patients admitted for Wassermann test - 25.

Patients admitted for examination - 27.

4. REMARKS - Patients and Treatment.

The upward tendency in the number of cases daily admitted to Hospital has markedly increased during the last month, but the reason is not as in previous months, owing to the marked increase in complications in cases admitted, but rather due to the fact that -

1. A large number of men have been recently discharged from Hospital after being "battle casualties", and
2. Leave from Overseas has been granted somewhat more freely.

Both these conditions will persist for the next two or three months. In my opinion a cause as important as either of the two just mentioned, is the fact that the penalty for any man acquiring venereal disease has practically ceased to exist since A.I.F. Order No. 1282 of 2.7.18 came into force, as any man who so wishes, can keep out of the firing line for an indefinite period by the payment of 2/- a day.

As a result of the daily resume of Early Treatment forwarded to the A.D.M.S. since the end of August, and also on account of the more stringent and definite instructions issued in A.A.M.C. Orders by the A.D.M.S., a very marked difference is noticed in the number of cases of Epididymitis and Vesiculitis admitted during the past month. This is most noticeable in the case of Epididymitis on admission.

The averages in the two Divisions for the complications mentioned last month, work out as follows :-

	<u>"A" Division</u>	<u>"B" Division</u>
Prostatitis ...	12.4%	16.3%
Vesiculitis ...	12.3%	10.5%
Epididymitis (present on admission)	4.9%	2.9%
Epididymitis (after admission)...	1.6%	2.9%

There have been four cases of Stricture, five cases of Peri-urethral abscess, one case of Cystitis and no cases of Cowperitis.

This satisfactory result was forecasted in the monthly Report for August.

The average number of Massages and Sounds throughout the month have been :-

<u>Massage</u>	In "A" Division - 2.2 per case.
	In "B" Division - 2.7 per case.
<u>Sounds</u>	In "A" Division - 1.3 per case.
	In "B" Division - 2.1 per case.
<u>The use of Kollmanns</u>	In "A" Division - .5 per case.
	In "B" Division - 1.6 per case.
<u>Follicles cauterised</u>	In "A" Division - 163.
	In "B" Division - 94.

The total discharges from Hospital (662) for the month, include 289 cases which have suffered from either gonorrhoea or gonorrhoea and complications, and the actual number of cases relapsing and returning to Hospital so far is 7, or 2.5% of all gonorrhoeas discharged during this month.

The number of days in Hospital for the 28 cases of Scabies admitted - of whom 24 were discharged - gives an average of 8.75 days, which is on the high side, and should have been at most 7 days. This is having the attention of the Officer in charge of Treatment.

As regards the marked improvement in cases of Epididymitis as compared with previous months, the Officer in charge of Treatment is of opinion that in the case of those admitted to Hospital with Epididymitis, the number has been greatly reduced owing to the better supervision of Early Treatment at Depots, as judged by -

1. The statements of patients admitted, and
2. From symptoms and signs on admission.

In the case of those developing epididymitis after admission to Hospital, he is of opinion that the reduction is due to the great stress which has recently been laid upon the importance of examining the urine of all patients prior to undergoing instrumentation each time they are due for such.

Of the total number of patients in Hospital there are 227 with a stay of over 28 days, yet very few, if any of these, can be classified as confirmed chronics, and the big majority of these 227 are under the direct supervision of the Os.C.Divisions. Of those 227, only two or three have been in Hospital more than 35 days. It will therefore be seen that compared to former months and years there are practically no actual chronics in the Hospital.

5. QUARTERMASTER'S DEPARTMENT -

At the beginning of the month the Quartermaster was instructed to make preparation for the handing over of certain portions of Hospital buildings and equipment to the N.Z.E.F., and in order to enable him to carry out his duties and provide other accommodation elsewhere, it was necessary to obtain authority to utilise one of the spare Dining Halls (No.1) in "A" Division and sub-divide it into a Steward's Store, Post Office and Red Cross quarters. The necessary authority having been obtained, the work was carried out by the 18th of the month. The Post Office and the Steward's Store have been moved to

5. QUARTERMASTER'S DEPARTMENT (Cont'd) Report 1st A.D.H.-September.

their new quarters.

About the middle of the month a full report as regards the position of this Hospital and the Alverstoke Laundries, Ltd., was drawn up and forwarded to the A.D.M.S., showing a return of shortages -

1. From the beginning of the contract to 26.6.18
2. From 26.6.18 to end of August, 1918.

It was recommended that this contract be not renewed, and that any monies still owing to the Laundry be withheld until the shortages were made good or compensated for.

On the 18th of the month, 20 huts and 5 buildings and certain equipment consisting of beds, mattresses, etc., were handed over to the N.Z.E.F. and receipts were obtained and the A.D.M.S. notified.

The Diets are still the cause of trouble as regards patients, and it was found necessary, owing to the lack of fat, to discontinue the three fish dinners per week, reducing them to two, and giving them butchers meat on the five other days.

The Boiler in "A" Division which supplies hot water to the Irrigation Hut has been replaced by the R.E. and is now working satisfactorily. It is proposed to utilise the boilers of the heating apparatus in "A" and "B" Divisions so as to supply hot water to Wards where cases of Orchitis and Epididymo-orchitis are treated in "A" division, and the Irrigation Hut in "B" Division respectively.

6. PHARMACEUTICAL DEPARTMENT -

The Officer in charge of this Department states that he has nothing of importance to report for the month. The work has been less difficult as supplies are obtained much more easily, principally expendible articles. He however asks that his staff be completed by replacing a Staff Sergeant Dispenser who marched out to D.M.S., London, early this month.

7. PATHOLOGICAL DEPARTMENT -

The Pathologist reports that all work has proceeded satisfactorily in his Department during the month. Great difficulty is experienced in obtaining certain special apparatus which has been requisitioned for. He still draws attention to the high cost of Cavies and Rabbits, and once again desires to point out that the latter can be much more easily obtained by local purchase and at a much less costly figure.

His detailed report is attached.

8. GENERAL -

The duties of the staff have been carried out less satisfactorily in some ways during the past month. A certain amount of adjustment of the staff appears to be necessary.

The likelihood of some readjustment of the Routine Treatment, more particularly of gonorrhoea, was considered wise. This was introduced early in the month, and fresh lists of instructions were issued to all Officers concerned (Appendix 15/18).

The New Zealand Forces, as has been already mentioned, took over certain buildings on the 18th of the month, but it was considered necessary to draw the attention of the A.D.M.S., A.I.F. Depots in U.K. to the fact that our numbers are going up very

8. GENERAL (Continued)Report, 1st A.D.H. - September

consistently, and that the working margin will very shortly be too low for safety. It was pointed out to him that the original portion of the Hospital to be handed over to the N.Z.E.F. consisted of two Huts less than that actually handed over, and that the recovery of these for our own use would be advisable.

As "Form 3/1st A.D.H" was introduced at the end of last month, it does not appear necessary to supply the monthly resume of early treatment which has formed part of this Appendix in the past, but a general summary of such will probably be given at the end of every six months.

James Stewart

Colonel,
C.O., 1st A.D.Hospital, A.I.F.

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STATEMENT OF WORK PERFORMED BY THE PATHOLOGICAL DEPARTMENT,
1ST A.D.HOSPITAL, MONTH OF SEPTEMBER, 1918.

Microscopic examination of urethral smears and other similar specimens	...	...	4,382.
Bacteriological examination of urines	...	...	3.
General examination of urines	...	...	25.
Sputa for T.B. and other organisms	...	...	14.
Examinations for K.L. bacillus	...	...	5.
Examination of faeces	...	...	5.
Blood counts	...	...	4.
Cultures for various organisms	...	...	45.
Amount of vaccine prepared	...	...	150 c.c.
Direct examination of chancres by Dark Ground microscopy			111.
Examinations of cerebro-spinal fluid	...	...	3.
Specimens of blood examined by the Wassermann reaction, including outside cases			750. - 26.

C.J.WILEY, Major
Pathologist.

TREATMENT OF GONORRHOEA IN NO.1 A.D.H.

- | | |
|-----------------|--|
| I. Irrigation. | IV. Hyper-dilatation controlled by Urethroscope. |
| II. Dilatation. | V. Cauterization. |
| III. Massage. | VI. Treatment of complications. |
-

1. IRRIGATION -A. CONDYS.(1). Acute Anterior Urethritis -

Commence with four Posterior 1-8000 C. under supervision; on the fourth day prescribe four Posterior 1-6000 C. and continue at this strength, if tolerated.

NO STRONGER IRRIGATION OF CONDYS IS TO BE PRESCRIBED WITHOUT THE CONSENT OF O.C. DIVISION.

If a patient cannot take his Posterior irrigations, or develops any untoward symptoms through them, parade the case before the O.C. Division for further instructions.

(2). Chronic Anterior and Posterior Urethritis -

Begin with 2 to 3 Posterior 1-8000 C. according to amount of discharge. Note. The strengths of Condis are to be controlled by the number of epithelial cells appearing on the slide. If a large number are present, the strength should be reduced.

B. ZINC SULPHATE.

This is only to be used in strengths of 1-500 + 1-250. It is indicated when the discharge is persistently copious or in order to clear up soft infiltrations, and is best used in conjunction with Condis solutions, thus:- 2 Posterior 1-8000 C. and 2 Posterior 1-500 Z. used alternately during the day. IT SHOULD NOT BE PERSISTED WITH MORE THAN 7 DAYS TIME.

C. NITRATE OF SILVER.

This is only to be used for "trying out" or testing purposes, in strengths of 2 Posterior 1-6000 S. to 2 Posterior 1-3000 S. and is not to be used for more than 2 consecutive days.

IT MUST NOT BE OTHERWISE USED WITHOUT THE CONSENT OF THE O.C. DIVISION. Its particular use is described below.

D. BORIC ACID.

Boric Acid 1-500 is only used for purposes of Instrumental treatment as described below.

Note - NO OTHER IRRIGATIONS WILL BE PRESCRIBED OTHER THAN ABOVE MENTIONED WITHOUT THE CONSENT OF THE O.C. DIVISION.

1. DILATATIONS -

This will be commenced as soon as the discharge is reduced to a m.d. with urine clear apart from shreds, and the patient has ceased to have any chordae or tenderness in the urethra.

Method of Procedure -

Immediately before passing a sound, the patient should have a Posterior irrigation of 1-500 Boracic to about 29 in quantity, retaining the last bladder-full. Begin with curved sounds 20-24 and do not pass any more than three sounds at one sitting. Proceed gradually until 28-32 is reached. Take plenty of time over the passage of instruments and be careful not to cause excessive pain and avoid bleeding. The patient will feel uncomfortable with the sound in position, but it should not be removed until discomfort disappears; the full effect of dilatation is thus obtained.

After the dilatation the patient should be instructed

After each dilatation the patient usually reacts in the following manner :-

- (a) Increase in discharge.
- (b) Slightly turbid urine with debris.

Until the urine is clear again do not proceed with dilatation. This usually means an interval of from 3 to 4 days, and occasionally even 7 to 10 days. Note - If the meatus will not take a 28-32 sound, a meatotomy under local anaesthesia should be performed.

NEVER PASS AN INSTRUMENT INTO A PATIENT WITH AN ACUTE ANTERIOR OR POSTERIOR CONDITION. NO INSTRUMENTATION IS TO BE DONE EXCEPT BY THE MEDICAL OFFICER HIMSELF.

III. MASSAGE. (PROSTATE, VESICLES and COWPER'S GLANDS)

A. Prophylactic massage of Prostate Gland.

When the acute stage has settled down, the Prostate Gland should be massaged once or twice weekly with the idea of keeping the Prostatic ducts free from plugging.

B. In Prostatitis, Vesiculitis and Cowperitis NEVER massage is the conditions be acute. In (1) sub-acute conditions, commence with very gentle massage, repeating twice weekly; some cases may tolerate it every second day. In these conditions always give an Atropine Suppository (gr.1/75) early in the morning on the day of massage. This has been found to lessen the probability of epididymitis supervening. In (2) chronic conditions, massage as already directed, but more firmly, and with the idea of getting a definite expression from the parts.

IV. HYPER-DILATATION CONTROLLED BY URETHROSCOPY.

If the case is one which has not cleared up as a straight ahead case he will now have to be urethroscoped. Should the lesion be in the anterior urethra, it will have to be searched for in the posterior.

POSTERIOR URETHROSCOPY WILL ONLY BE CARRIED OUT WITH THE CONSENT OF THE O.C.DIVISION.

In every chronic urethral condition, as well as chronic conditions of prostate, vesicles and Cowper's glands, dilatation can now be continued with Kollmann's dilators, anterior or posterior, according to whether the disease is anterior or posterior, or both. The procedure is precisely the same as in that laid down for Dilatation, and the Medical Officer must be careful never to advance more than 2 points on the Kollmanns at the one sitting. If there should be much bleeding do not proceed with dilatation but allow the case to rest for 7 to 10 days. Hyper-dilatation can be well controlled by examinations in the intervals with the Urethroscope and the benefit noted and appreciated.

V. CAUTERIZATION - This may be used -

- (1) For removal of polypi by galvano-cautery.
- (2) The opening and obliteration of false passages, and
- (3) The cauterization of urethral glands which have not reacted entirely to dilatation or hyper-dilatation. These cases should not be cauterised without the consent of O.C.Division.

VI. TREATMENT OF COMPLICATIONS -

A. Frequency of Micturition (Urgent)

- (1). Rest in bed. (2) Milk diet.
- (3). Instruct patient to drink as little fluid as possible.
- (4). Instruct patient to pass urine immediately before going to sleep.
- (5). Morphine Suppository gr. $\frac{1}{2}$ to be given about 7 pm. nightly, during acute stage.

A. Frequency of Micturition (Continued)

- (6). Two posterior irrigation 1-8000C., but if these increase the urgency of the symptoms, they are to be stopped.
- (7). Hot linseed poultices to the perineum 6-hourly.
- (8). Two hot Sitz baths daily.

B. HAEMATURIA -

Stop all irrigations and treat as in "A".

C. PREPUCE -

- (a). Oedema - Multiple punctures.
- (b). Balanitis - 1. Prepuceal irrigations.
2. Moments 4-hourly.
3. Instruct dresser to strap penis against the abdominal wall. 4. The making of a dorsal incision when necessary for irrigation purposes.
- (c). Phimosis - Circumcision when necessary for irrigation.
- (d). Paraphimosis - 1. Divide constricting band if otherwise irreducible. 2. Irrigations.

D. OF URETHRA -

- (a). Hyperacute inflammation. In some cases, suffering from this condition, irrigations are intolerable, it is then best to prescribe rest in bed and antiphlogistic treatment.
- (b). Infiltrations - Best treated by careful dilatation.
- (c). Stricture - Treatment by (1) Dilatation. (2). Urethrotomy which will probably necessitate the case being finally boarded for Australia as recovery is intensely slow.

Note. All cases of stricture, whether recent or chronic MUST be referred to the O.C. Division.

E. OF PENIS -

- (a). Chordee - Treatment is similar to that laid down for "Frequency of Micturition".
- (b). Peri-urethral abscess - Such a condition will be dealt with by O.C. Division, and usually consists of incising at point of selection.
- (c). Cowper's Glands - Cowperitis - 1. Massage. 2. If abscess be present incise. 3. Dilatation with curved sounds and Posterior Kollmanns. 4. If duct be obstructed or massage fails to benefit, the gland will have to be excised, if approved of by O.C. Division.

F. COMPLICATION OF PROSTATE -

- (a). Acute Prostatitis - 1. Rest in bed. 2. Keep bowels well open. 3. Milk diet. 4. Rectal irrigations of hot water 4 times a day. 5. Hot Sitz baths or linseed poultices to the perineum between the rectal irrigations. 6. Two posterior 1-8000 C. urethral irrigations if patient can tolerate it. 7. Morphine suppositories gr. $\frac{1}{2}$ at night.
DO NO MECHANICAL TREATMENT.
- (b). Prostatic abscess - As soon as this is diagnosed refer matter to the O.C. Division.
- (c). Chronic Prostatitis - Massage and Dilatation. Any cases which do not improve under this treatment, and in which of 5% argyrol increasing to 25% or Nitrate of silver increasing to 20% every 4 or 5 days may be tried if approved of by O.C. Division after parading the case to him.

G. TREATMENT OF COMPLICATIONS OF VESICLES -

- (a). Acute vesiculitis - Treatment same as for acute Prostatitis.
- (b). Chronic vesiculitis - Massage and dilatation with 1/75 Atropine as a Suppository given in the morning before treatment.

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H. TREATMENT OF COMPLICATIONS OF VAS DEFERENS.

- (a). Acute Vasitis - Same as in acute prostatitis.
- (b). Chronic Vasitis - Same as in chronic vesiculitis.

J. EPIDIDYMITIS AND COMPLICATIONS OF TESTICLE AND EPIDIDYMUS.

- (a). Epididymitis and Epididymo-Orchitis - 1. Injection of 1 c.c. Electrargol into Epididymus at the earliest possible moment. 2. Rest in bed with milk diet. 3. Cease all irrigations until temperature is normal, then use 2 posterior 1-8000 C. 4. Hot Sitz baths and linseed poultices. 5. Gentle massage of vesicles combined with instillations as soon as condition shows evidence of resolving and pain has gone.

Note THE ANTERIOR URETHRAL CONDITION/MAY REQUIRE TREATMENT ALL THE TIME IN ADDITION TO THE CONDITION OF THE EPIDIDYMUS OR TESTICLE.

K. COMPLICATIONS BY METASTASIS:

- (a). Arthritis - 1. Rest. 2. Splints. 3. Aspiration of joint when necessary. 4. Autogenous or freshly prepared polyvalent vaccine, if approved of by O.C. Division. 5. The diagnosis & treatment of the local lesion which is usually vesiculitis.

SLIDES FOR URETHROSCOPIC EXAMINATION.

These are primarily of use for diagnostic, and later on as a control over the discharge of the patient from Hospital. They should be taken before the morning urine is passed, every 2 to 4 days in cases of confirmed gonorrhoea. When gonococci are absent every morning and slide shows only "few pus cells" and no special complications exist, or are under treatment, two posterior irrigations of 1-6000 S. are given to test the patient, as a provocative irrigation. On the following morning before passing water, a slide and urine examination is made. Should the result be (1) Negative, order two posterior irrigations 1-6000 S. which will be followed by the same procedure. If, on the other hand, (2) a positive slide is obtained, or abundant pus be present in the slide, the patient will have to return to his posterior irrigations of 1-8000 C., or if (3) "many pus cells only" or the patient is unaffected in any way, then all treatment is discontinued for one day, and the following morning another slide and urine examination is made, and if, (4) "many" or "few pus cells" only are found, or if the patient be better, recommend for discharge from Hospital through O.C. Division. Note - All cases where a negative gonococcal discharge is corroborated by microscopic examination daily for 10 days after admission, will be paraded by the M.O.i/c of the case before O.C. Division, for further treatment and instructions.

URINE EXAMINATIONS.

This should be made every 2 to 4 days and particularly when patient is undergoing dilatation (See II). Urine should always be passed and examined immediately after being held over night. IT IS USELESS TO EXAMINE A URINE MACROSCOPICALLY WHICH HAS BEEN STANDING FOR LENGTH OF TIME.
