

AWM4

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

Medical, Dental & Nursing

Item number: 26/69/21

Title: No 1 Australian Dermatological
Hospital, Bulford

February 1919



AWM4-26/69/21

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No. 188H

WAR DIARY

Vol. 3.

INTELLIGENCE SUMMARY.

468

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.

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No 1. A. D. H.

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	1919			
	5.2.19	-	Major N.M. GIBSON A.A.M.C. OY. TREATMENT marched out on sick leave for 14 days	
	-	-	owing to overwork; Lt Col. WILEY and Major A. GOLDSTEIN to carry on his duties	
	-	-	24 O.Rs reported for duty from A.A.M.C.; T.D. FOVANT. 17 O.Rs marched out for	
	-	-	return to Australia. <i>J.M.P.</i>	
	6.2.19	-	25 O.Rs reported for duty from A.A.M.C.; T.D. FOVANT. 20 O.Rs transferred to	
	-	-	EXTENSION at No 2 Camp PARKHOUSE. Irrigations started in Rifle Range at	
	-	-	No Camp. <i>J.M.P.</i>	
	9.2.19	-	A.F. W. 3740 (Identity Certificate) issued to personnel of staff on line of	
	-	-	sick leave permits; each I.C. has A.I.F. Order No 119 of 22.6.17 (BOUNDS) typed	
	-	-	on back. <i>J.M.P.</i>	
	10.2.19	-	Capt. H.G. BROWN A.A.M.C. reported for duty from S.M.O. SUTTON VENNY.	
	-	-	ROUTINE TREATMENT of GONORRHOEA revised and revised to M.Os (Appendix ^{2/19})	2/19
	-	-	owing to number of junior officers, without experience, being on the staff.	
	13.2.19	-	Y.M.C.A. started a CINEMA show in their HUT in this Pt. for benefit of the	
	-	-	patients + staff. <i>J.M.P.</i>	
	15.2.19	-	Chaplain A.P. BLADEN (3rd Class) reported for duty from No 1 A.A.H. HAREFIELD. <i>J.M.P.</i>	

J.M.P.
CO. No 1 A.D.H.

Page 4.

WAR DIARY

or

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Army Form C. 2118.

468

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
B U L F O R D.	No 1.	A. D. H.	<p>22.2.19 - All members of the staff instructed to provide for INFLUENZA vaccine as a preventive. LIUT. F. E. TROTTER (M.M.) reported for duty as PAY OFFICER and to take over Patients TRUST A/c. <i>J. S.</i></p>	
			<p>25.2.19 - 3 O.Rs elected by N.C.Os. + Pks to act as a Recreation + mess committee approved of by C.O. <i>J. S.</i></p>	
			<p>28.2.19 - Establishment of extensions appeared in orders. no provisions made for Registrar or assistant Registrar as recommended. Monthly report for February '19 attached as Appendix 3/19 <i>J. S.</i></p>	3/19.
			<p><i>J. Stewart Col</i> C.O. NO 1 A.D.H.</p>	

468

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Appendix 2/19 3

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

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

I. 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 to 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 AT A 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 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.

DILATATIONS -

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

Method or 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.

II. 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.

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.

HYPER-DILATATION CONTROLLED BY URETHROSCOPY.

If the case is one which has not cleared up as a stricture after a case he will now have to be urethroscoped. Should there be a lesion 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.

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 glands should not be cauterised without the consent of O.C. Division.

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. 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. Prepuccial irrigations.
2. Foments 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). Pari-urethral abscess - such a condition will be dealt with by O.C. Division, and usually consists of incising at point of selection.
- (c). Cowpers 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 the matter to the O.C. Division.
- (c). Chronic Prostatitis - Massage and Dilatation. Any cases which do not improve under this treatment, and instillation of 5% argyrol increasing to 25% or Nitrate of silver $\frac{1}{75}$ 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 $\frac{1}{75}$ Atropine as a Suppository given in the morning before treatment.

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 EPIDIDYMIUM.

- (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 EPIDIDYMIUM 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 diagnostic 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 1-3000 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 unimproved 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 ANY LENGTH OF TIME.

468

1ST AUSTRALIAN DERMATOLOGICAL HOSPITAL.Report for February, 1919.

1. LOCATION - Bulford.
 2. STAFF - Average strength *26* Officers, *474* other ranks.

Changes in personnel - OfficersMarched in -

Captain H.G.BROWN from S.M.O. Sutton Veny	-	10.2.19.
Major Chaplain Bladen, A.P., from No.1 A.D.H.	-	14.2.19.
Lieut. F.E.TROTTER, 6th Bn. from Paymaster, Tidworth-		22.2.19.
Lieut. J.O.SMITH, 50th Bn. ex No.1 A.D.H.	-	26.2.19.

Marched out -

Nil.

Other ranksMarched in -

29 men from A.A.M.C., T.D., Fovant.
 20 men from A.A.M.C., T.D., Fovant.
 12 men ex No.1 A.D.Hospital.
 1 man ex Educational Office, Tidworth.
 1 man from D.M.S., A.I.F., London.

Marched out -

18 men to A.A.M.C., T.D., Fovant.
 2 men to No.1 C.D., Sutton Veny.
 1 man to No.2 C.D., Weymouth.
 1 man to D.M.S., A.I.F., London.
 1 man to 1st Training Brigade, Sutton Veny.

Admitted to Hospital during month - 29.
 Discharged from Hospital during month - 53.

The undermentioned men died at Delhi Hospital, Tidworth, on the 3.2.19 and 5.2.19 respectively -

No.21255 Pte. A.H.MONTIGUE, A.A.M.C.
 No.61942 Pte. F.E.WRIGHT, A.A.M.C.

3. PATIENTS -

Number of admissions -			
From Depots in U.K.	...	542.	
From Expeditionary Forces	...	690.	
Officers	...	38.	<u>Total 1,270.</u>
Readmissions for month	...	106.	
<u>GRAND TOTAL</u>	...	<u>1,367</u>	
Number of discharges	...	1,131	
In Hospital 28.2.1919	...	2,189.	

Gonorrhoea -

Admissions (including mixed cases)	...	835.
Gonorrhoea (only)	...	788.

(over)

Gonorrhoea (Cont'd) -

Gonorrhoea & Syphilis	...	...	43.
Gonorrhoea & Chancroid	...	...	4.

Syphilis -

Admissions	...	...	...	266.
Primary	...	...	...	189.
Secondary	...	...	...	20.
Tertiary	...	...	...	2.
Continuation course	...	...	...	46.
Chancroid	...	...	...	61.
Scabies	...	...	...	42.
Dermatitis	...	...	...	3.
N.V.D.	...	...	...	112.
Relapses	...	...	...	4.
Readmissions from C.T.D.	...	...	...	34.
Cases who had used early treatment	...	...	...	105.
Cases who had used preventitives	...	...	...	723.

TOTAL - 1319.

DISCHARGES (1st A.D.H. & EXTENSION, PARKHOUSE) -

	<u>Discharged</u>	<u>Average stay in Hospital. (days)</u>
Gonorrhoea (including mixed cases)	579	51.2
Gonorrhoea (only)	506	51.8
Gonorrhoea & Syphilis	66	47.4
Gonorrhoea & Chancroid	7	44.4
Syphilis	295	4.8
Chancroid	64	21.3
Urethritis catarrhal	23	27.2
Scabies	43	9.0
N.V.D. (other than scabies)	79	12.5
<u>Total discharges -</u>	<u>1083</u>	<u>31.8</u>

Reinforcements who contracted V.D. in Australia or on voyage, admitted to Hospital during month - Nil.

Reinforcements admitted to Hospital who contracted V.D. since arrival in England - 13.

Patients admitted for Wassermann test	...	27.
Patients admitted for examination	...	20.

4. REMARKS - Patients and Treatment -

The summary of the months work at No.1 A.D.H. and Extension is not as good as for previous months. This can be attributed to the large number of admissions and the excessive amount of supervision required by the Officer in charge of Treatment, and senior Officers dealing with cases, who have had to do an excessive amount of treatment on their hands owing to lack of staff, and also owing to the fact that the junior Officers were incapable of discriminating and prescribing the best form of treatment for individual cases. The lack of experienced staff is being felt more and more and this will continue to be the case owing to the fact that a fair percentage of cases arriving in this Hospital are suffering

6.

PHARMACEUTICAL DEPARTMENT -

With the large increase in patients, this Department has been overworked considerably, and it has been found almost impossible to keep stock books up to date and an efficient check on all issues and receipts. The A.D.M.S. has again been asked to supply a Pharmaceutical Officer to take the responsibility of this Department.

7. PATHOLOGICAL DEPARTMENT -

The Pathologist reports satisfactory progress, although his Department in this Hospital has been overworked owing to having to supply a member of his staff to Extension in order to carry out work which can be done promptly and on the spot. His detailed report is attached.

8. GENERAL -

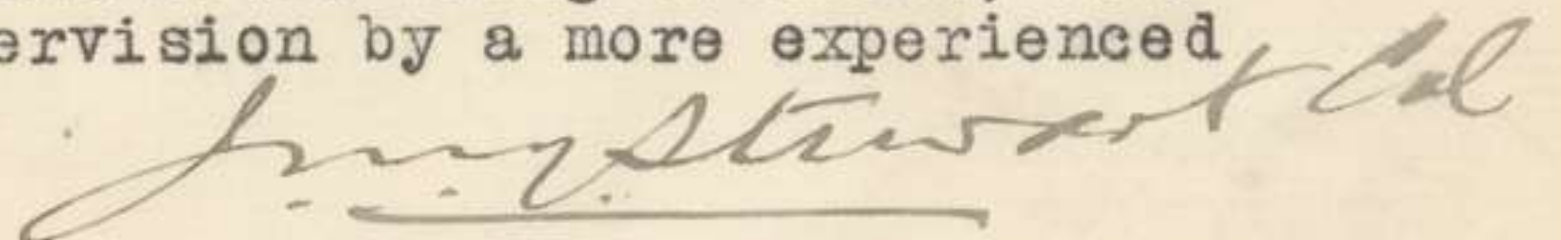
The accommodation for patients at No.1 A.D.H., Bulford, has been slowly increased by the R.E. who are gradually completing the Huts taken over from the New Zealand E.F., but owing to lack of labour the delay in completing the various Huts, which have been altered structurally, has been extremely slow and unsatisfactory, the greatest difficulty being that of obtaining the necessary labour, either from the British or A.I.F.

The largest number of patients admitted at one time from France was on the 25th of the month, namely, 240. After considerable difficulty Hut No.30, at No.2 Camp, Parkhouse, was obtained from the Barrack Warden who had been using it as a store for some considerable length of time. On the 27th of the month a copy of the priced deficiencies of a Board of which Major Grieve was President in 1918, was at last received. This supplied sufficient authority for us to write off any such deficiencies. On the 28th February Indents were put in for a supply of all food stuffs required for 6 weeks in advance, both for this Hospital and Extension, in case of a possible strike on the Railways in U.K.

It was found necessary to elaborate the Routine Treatment of Gonorrhoea owing to the number of junior and inexperienced Medical Officers who have recently been attached to this Hospital. This was issued on the 10th of the month for the information and instruction of all concerned.

The Officer in charge of Treatment, Major N.M.GIBSON, A.A.M.C., broke down early in the month owing to over work, and it was necessary for him to be granted special leave by the A.D.M.S. During his absence Lieut.Col. Wiley and Major A.Goldstein carried out his duties to the best of their ability in addition to their own work, but this is an extremely bad method of running a special Hospital such as this is; it should be realised that special work of this nature can only be carried out if Officers can get a certain amount of leave at regular intervals, and this can only be accomplished if the Hospital be efficiently staffed with a sufficient number of experienced Medical Officers, amongst whom the patients of any one Officer, while he is on leave, can be distributed without in any way prejudicing their treatment and rapid cure.

I must again emphasise the fact a special Hospital such as No.1 A.D.H. is in no way comparable to a General Hospital or an Auxilliary Hospital, where an Officer on being attached for duty in either of the latter is at once able to carry out the ordinary routine Ward work of the general treatment of the various diseases. In a V.D. Hospital, experience shows that a Medical Officer is of very little use and can take no responsibilities for at least two months after being attached, and even then his work requires supervision by a more experienced Medical Officer.



468

11



REPORT OF WORK PERFORMED BY THE PATHOLOGICAL LABORATORY FOR THE MONTH OF FEBRUARY, 1919.

A. Work done in connection with the diagnosis and treatment of Syphilis -

- 1. Bloods taken by Venipuncture of Median Basilic vein - 840.
- 2. Wassermann tests performed - 904.
- 3. Dark ground examinations - 230.

B. Work done in connection with the diagnosis and treatment of Gonorrhoea -

- 1. Smears (urethral) examined - 5397.
- 2. Complement fixation tests for gonorrhoea... .. - 60.
- 3. Vaccines 25 cases 750 c.c. of a strength of 1 c.c. equals 1,000,000,000 - 25.
- 4. Rectal smears for gonorrhoeal proctitis - 6.
- 5. Urines centrifuged and examined for gonococci ... - 10.

C. General and Pathological and Bacteriological work -

- 1. Throat swabs - 2.
- 2. Urines complete examination - 18.
- 3. Blood counts - 2.
- 4. Examination of sputa for T.B. - 5.

TOTAL NUMBER OF SPECIMENS - 6,659.

C.J.WILEY, Lieut.Col.
Pathologist.

468

121



REPORT OF WORK BY PATHOLOGICAL LABORATORY, NO.1 A.D.H.
EXTENSION, PARKHOUSE, FOR THE MONTH OF FEBRUARY, 1919.

1. Slides (urethral) examined	...	...	...	2377.
2. Urines centrifuged and examined for gonococci				2.
3. Urines complete examination	...	...	...	4.
4. Swabs taken and examined for Vincent's Angina				2.
5. Sputa examined for T.B.	...	...	...	2.
6. Bloods taken by veni-puncture of median Basilic vein				25.

TOTAL NUMBER OF SPECIMENS - 2412.

C.J.WILEY, Lieut.Col.
Pathologist.