AWM4

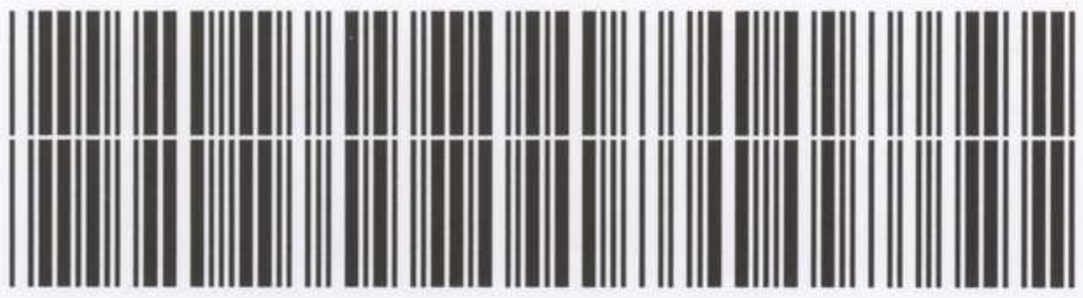
Australian Imperial Force unit war diaries, 1914-18 War

Medical, Dental & Nursing

Item number: 26/69/7

Title: No 1 Australian Dermatological Hospital, Bulford

December 1917



AWM4-26/69/7

1st Australian Dermatological Hospital.

Report for December, 1917.

LOCATION - Bulford.

STAFF - **Average strength** -

14 Officers
239 Other ranks.

Changes in Personnel - **Officers** -

Hon. Lieut. W.F.Roff promoted from rank of Staff Sergeant Dispenser - 15.12.1917.

Other ranks - **Marched in.**

5 C.1 men from No.3 C.D.	3.12.17.
1 A4 Bugler from A.A.M.C. Details	13.12.17.
2 C.1 men from No.2 C.D.	15.12.17.
1 C.1 man from No.1 C.D.	23.12.17.
1 A class Dispenser from A.A.M.C., T.D.	17.12.17.

Marched out.

1 C.3 man to No.2 C.Depot	19.12.17.
1 C.1 man to A.A.P.C., Tidworth	13.12.17.
1 C.1 man to A.A.P.C., Tidworth	28.12.17.

During the month, four men have been instructed in early treatment, three being sent to Parkhouse Camp, and one to No.3 Command Depot.

PATIENTS - **December, 1917.**

Number of admissions	847
Number of readmissions	74
Number of relapses	45
Number of reinfections	21
Number of readmission for Wassermann	8
Number discharged	724
Average daily Number in Hospital	**970**

STATISTICS FOR THE YEAR 1917 -

These are only available from the month of April onwards, and appear below -

	Admissions	Discharges	Av.daily No.in Hospital
April	827	943	1193.
May	868	759	1111.
June	828	839	1117.
July	951	906	1065.
August	861	931	1103.
September	948	878	1068.
October	872	952	1029.
November	832	915	984.
December	847	724	970.

AVERAGE STAY IN HOSPITAL -

	April	May	June	July	August	September	October	November	Decem.
Syphilis	30	24	27	22	18	12	14	12	10
Gonorrhoea	50	49	52.5	48	42.1	37	43	45.5	45.5
Syph.& Gon.	56	79	50	61	51	51	44	43	49
Chancroid	12	20	20	23	15	22	24	10	17

Total number of admissions for 12 months ending 31.12.17 - 11,109

Total number of discharges for 12 months ending 31.12.17 - 11,289

Number of patients in Hospital at 2400 31.12.16 - 1,241

Number of patients in Hospital at 2400 31.12.17 - 1,061

REMARKS -

(a). During the year the most important step in dealing with Patients suffering from V.D. was the inauguration of the Con-Valescent Training Depot so that those suffering from syphilis could be discharged from Hospital and still continue regular treatment while undergoing training. This has resulted in a diminution of the stay in Hospital of these cases 10 to 12 days.

In July a modified scheme was introduced for gonorrhoeal cases. I furnished a report in August on this scheme which showed that the stay in Hospital of some 200 cases had been reduced by at least one week. With the onset of Winter, the C.T.D. was moved from alongside this Hospital to Parkhouse and has not been so useful in providing a test of training in cases of chronic gonorrhoea.

(b). 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 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 lasts 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 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 Officers, 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 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 be with advantage 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 man; 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

(b) - continued

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.

(c) An analysis of the sources of admission show that from the 7th June, 1917, of the 5, 950 cases admitted to Hospital, 1,416 were admitted from No.1 Command Depot, and 739 from men on leave from France; these two sources together totalling 34.5% of the total admissions.

A similar analysis shows that of the total admissions only 45% stated that they had taken advantage of Prophylactic or Early treatment measures. This percentage is made up as follows -

French letter	...	2%
Nargol Outfit, correctly	...	6%
" " incorrectly	...	10%
E.T.Depot, Horseferry Rd.,	...	7%
E.T.Depot - Unit	...	4%
External wash, Injection or Irrigation	...	16%

(d) An analysis of the statistics for the year, shows a gradual diminution of the average number of patients in Hospital. The numbers in Hospital during the first week in December promised a much better figure for the month than 970, but for some unexplainable reason the numbers crept up. The discharge rate dropped about 20% I cannot satisfactorily explain this marked drop. The number of patients admitted during December does not show any great increase as compared with November.

(e) Attached please find reports by Lieut.-Col. Raffan, on an analysis of cases of Syphilis admitted to the Hospital between September 1st and November 30th, 1917, and the statistics of work performed in the Pathological Laboratory. Also some figures showing the number of cases admitted for V.D. contracted from reinforcements arriving from Australia.

Col., A.A.M.C.,
C.O., 1st A.D.Hospital, A.I.F.

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Military Hospital, A.I.F. 28.12.1917.

From - Lieut.-Col. Raffan.

To - C1O., 1st A.D.Hospital.

The D.M.S., A.I.F. instructed me to report on the number of cases admitted to the 1st A.D.Hospital suffering from syphilis, in which either a false diagnosis had been made, or else the patient detained under observation until secondary syphilis appeared.

From September 1st, 1917, to November 30th, 1917, ~~1,440~~ 519 cases were admitted to "B" Division with Syphilis. Of these 174, i.e., ~~12.1%~~ 33.5% had secondary manifestations of the disease.

This high percentage is ascribed to :-

(1). Failure on the part of R.M.Os to make a correct diagnosis of primary sore, although in many cases quite typical in appearance, with long incubation etc.

(2). Failure of R.M.Os to differentiate between Scabies, Psoriasis and Secondary syphilis. The commonest fault is to overlook a primary sore where the penis has scabies lesions as well. Quite often absolutely typical primary sores have been considered scabies. Further the skin eruption of scabies is thought to be secondary syphilis and vice versa, and the majority being really syphilis, and detained and treated for weeks as scabies.

(3). Mouth cavity manifestations of syphilis are frequently not looked for at all, or else incorrectly diagnosed if patient reports the condition.

A more careful record is being kept now to determine how many cases are from Training Battalions and how many from men arriving in Command Depots after furlough or discharge from Hospital with incorrect or delayed diagnosis of syphilis.

(Sd)GEORGE RAFFAN, Lieut-Col.
A.A.M.C.

1st A.D.Hospital, A.I.F.

Return showing number of reinforcements admitted to Hospital from 1st September, 1917 to 31st December 1917.

PATIENTS WHO CONTRACTED V.D. IN AUSTRALIA OR ON VOYAGE.

SYDNEY	...	16
PERTH	...	9
MELBOURNE	...	8
BRISBANE	...	7
ADELAIDE	...	1
CAPETOWN	...	9
DURBAN	...	2
TRINIDAD	...	2
HALIFAX	...	1
	Total	55

Admitted for Wass.Test, Diagnosis, and Examination	37
Cases giving no history of infection	3
Relapse cases of gonorrhoea contracted in Australia	4
Cases of v.d. contracted since arrival in England	138
Total No.of reinforcements admitted -	237

Military Hospital, A.I.F.

REPORT OF WORK PERFORMED BY THE PATHOLOGICAL DEPARTMENT FOR THE MONTH ENDING 31ST DECEMBER, 1917.

A. WORK PERFORMED IN RELATION TO DIAGNOSIS AND TREATMENT OF SYPHILIS

1. Blood specimens taken by veni-puncture of median-basilic or neighbouring veins 677

2. Number of Wassermann tests performed (this number includes the above specimens plus 19 specimens sent for examination from Sutton Veny, Grantham & other camps ... 696

3. Urine examined prior to administration of Salvarsan a rough quantitative estimation of albumin 361

4. Dark ground examination of chancres of which 13 in number equals 11•8% were positive 109

B. WORK PERFORMED IN RELATION TO DIAGNOSIS AND TREATMENT OF GONORRHOEA.

1. Urethral smears examined for gonorrhoea ;.. 1515

2. Urines centrifuged and deposit fixed, stained and examined for gonococci 91

3. Vaccines - antogenous - 1 titre 1,000,000,000 per c.c. .. ozs. 6

C. GENERAL BACTERIOLOGICAL WORK AND CLINICAL PATHOLOGY.

1.. Sputa examined for Tubercle Bacillus 6

2. Urinalysis - accurate quantitative estimation of albumin and detection of caste 19

3. Smears from throats all of which proved to be Vincents Angina 4

4. Smears from conjunctival of which one shewed presence of gonococcus 4

5. Smears from pus of abseess of Cowpers glands. 3

6. Blood examination, estimation of corpuscles, Haemoglobin and smears stained by Leishman's method 3

A point of interest is the frequency with which the lesions of Vincent's Angina are mistaken for the throat lesions of secondary syphilis. Two of the above cases and three cases last month being admitted with the diagnosis of secondary syphilis.

J.WARNE, Captain.
Pathologist.