

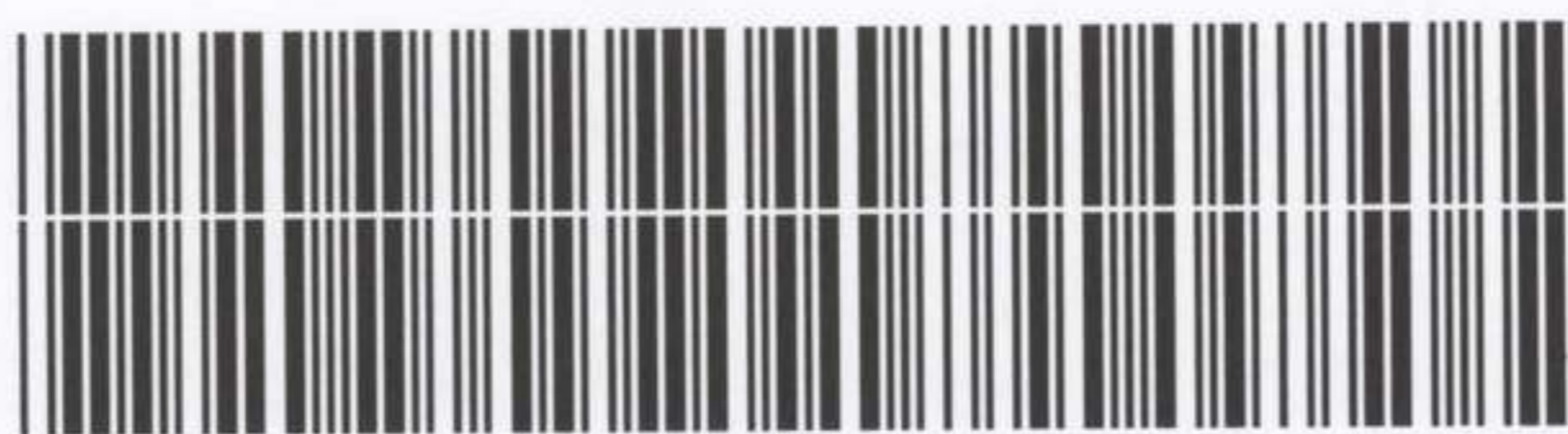
**AWM4**  
**Australian Imperial Force unit war diaries,**  
**1914-18 War**

Medical, Dental & Nursing

**Item number:** 26/52/3

**Title:** 9th Australian Field Ambulance

June 1917



AWM4-26/52/3

WAR DIARY

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.

or  
INTELLIGENCE SUMMARY

(Erase heading not required.)

Reference Sheets 28 36  
36NW

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices	
POINT D'ACHELLES	2/6/17		<p>Advanced party occupied CORNER (L19259) - This unit, under capt</p> <p>Sgt SOUTHAM F CPL WOODMAN PTE HARE L.C. LEHANE D. POOLE W. REX F WADDELL A.J. ZOCCHI J.H.C.</p>	<p>Divisional collecting Post HYDE PARK This party detailed from "C" Section RD BARTRAM.</p> <p>OM 16/22/1 of 29/5/17 ADMS 3 Aust Div</p>	
			<p>Sgt CROOK S.R. and sixteen men from C Section Beaver Subdivision report WCO 107d Ambulance on 2/6/17 at CHARING CROSS (L19215) for duty</p> <p>Pte KELLY CP 11995 detailed to proceed to aspirant officers school of Training MORBECQUE</p>	<p>For the idngn</p>	

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<p>HYDE PARK CORNER 5/6/17 U19 759</p>			<p>Staff Sgt GRAY and 87 OR report to Co 10 7th Ambulance of CHIPPING CROSS (U19 d 15.) in accordance with ADMS 3 Aust Divn 16/22/11 of 29/5/17</p> <p>Party remainder of tent subdivision of "C" section and tent subdivision of B section move out and take over HYDE PARK CORNER D.C.P. on 16/22/11 of 29/5/17</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Major EFLIND</td> <td style="width: 33%;">HOLTSBRUM WV</td> <td style="width: 33%;">Major VICKERS W.</td> </tr> <tr> <td>Capt J HUNTER</td> <td>LAFFAN C</td> <td>SSgt JOHNS JA</td> </tr> <tr> <td>SSgt HOSKING JM</td> <td>SAMSON MF</td> <td>Cpl IMPERALLAY RG</td> </tr> <tr> <td>Sgt MOONEY CJ</td> <td>TURNBULL WJ</td> <td>Pte ALLAN JD</td> </tr> <tr> <td>WILLIAMS H.G.</td> <td>LIBERGANG O</td> <td>Pte DONNISON H</td> </tr> <tr> <td>L/cpl ALLARDICE NT</td> <td>WEST SJ</td> <td>EGAN SR</td> </tr> <tr> <td>Pte BELL JW</td> <td></td> <td>FIGTREE ER</td> </tr> <tr> <td>CAULTON S</td> <td></td> <td>HILL RH</td> </tr> <tr> <td>COOKE FR</td> <td></td> <td>L/cpl POWER JC</td> </tr> <tr> <td>DASH KM</td> <td></td> <td>Pte CRAPE</td> </tr> <tr> <td>GODFREY WE</td> <td></td> <td></td> </tr> <tr> <td>HAYDON R</td> <td></td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 20px;">Franklin major</p>	Major EFLIND	HOLTSBRUM WV	Major VICKERS W.	Capt J HUNTER	LAFFAN C	SSgt JOHNS JA	SSgt HOSKING JM	SAMSON MF	Cpl IMPERALLAY RG	Sgt MOONEY CJ	TURNBULL WJ	Pte ALLAN JD	WILLIAMS H.G.	LIBERGANG O	Pte DONNISON H	L/cpl ALLARDICE NT	WEST SJ	EGAN SR	Pte BELL JW		FIGTREE ER	CAULTON S		HILL RH	COOKE FR		L/cpl POWER JC	DASH KM		Pte CRAPE	GODFREY WE			HAYDON R			
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HYDE PARK CORNER	7/6/17		<p>Capt WATSON C.E. reported for duty</p> <p>Capt J. HUNTER reported back to Corps main Dressing Station</p> <p>11878 Sgt Hosking J.M. died of wounds received 7/6/17</p> <p>Pte WRODELL 16134 A.S. " "</p> <p>11942 Pte CURRY W } evacuated wounded.</p> <p>12021 " MENZIES W }</p> <p>12088 " WEBBER P.W. }</p> <p>11905 Driver BEESTON H.B. }</p>	
	10/6/17		<p>Capt TILLET J.W. reported for duty - transferred as P.M.O.</p> <p>77AB 11/6/17</p>	
	12/6/17		<p>Relieved by NZMC - move to billets at NEUF EGLISE</p> <p>Stetcher beavers report back to unit</p>	
	13/6/17		<p>march to DOULIEU to billets</p>	<p style="text-align: right;">The Hindon</p>

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
PONT d'ACHELLES, C.M.D.S.	2/6/17		The arrangements for clearing wounded during the operation are:- C.M.D.S. Stretcher Cases. - 1/4 <sup>th</sup> M.A.C. to C.C.S. C.C.P. Washing Cases - 1/2 service of motor buses running at 5 minute intervals along the main road. All lightly wounded cases likely to be fit within a week go to D.R.S. STEENWERCK, (12 <sup>th</sup> Australian Field Amb.) & all sick likely to be fit within a week to D.R.S. L'ESTRADE (10 <sup>th</sup> Aust. F. Amb.)	
	3/6/17		One Bearer Sub-division complete reported for duty from 4 <sup>th</sup> N.Z. Field Ambulance. Major BENTLEY (4 <sup>th</sup> Aust. F. Amb.) reported to CONNAUGHT SIDING, & went off strength of C.M.D.S.	
	5/6/17		276 wounded admitted during the day. All going smoothly.	
	7/6/17		Zero hour was at 3 am. Previous to this a great many gassed cases came in from Pleigsturt Wood & Hill 63. - about 200 in all. mostly very light cases. Cases began to arrive at 4.30 am. & continued through the day 970 wounded admitted during the day. All worked very smoothly throughout.	

WAR DIARY

or

INTELLIGENCE SUMMARY

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
PONT D'ACHELLES C.M.D.S.	8/6/17		Heavy rush of wounded during the day. Over 2000 admitted. No congestion or blocking of any kind at any time. Visited by A.G., B.E.F., D.G.M.S. & D.D.G.M.S., B.E.F. during afternoon.	
	9/6/17		Busq. 991 wounded admitted. All moving smoothly. A party of 50 men from N.Z. Reserve Brigade was made available as a working party on the 5 <sup>th</sup> inst, & is being used as relief stretcher bearers, & fatigues.	
	12/6/17		Rush has stopped. Over 186 admitted wounded. All quiet. Inspected by Gen. Plummer.	
	13/6/17		N.Z. Bearer Subdivision returned to Unit & replaced by 10 <sup>th</sup> Anob. Field Ambulance Bearers. Move complete by midnight.	
	14/6/17		Inspected by Lieut. General Godley. Received D.D.M.S. 1031/17 of 14/6/17, direct closing of C.M.D.S. as such, & return of subdivisions to Units, move complete by noon.	
	15/6/17		All quiet.	

# WAR DIARY

Army Form C. 2118. 297

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## or INTELLIGENCE SUMMARY

(Erase heading not required.)

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
<p>PONT d' ACHELLES <u>C.M.D.S.</u></p>	<p>15/6/17.</p>		<p>Units returned to their H.Q's.                      9th Australian Field Ambulance relieved by 3rd N.Z. Field Ambulance                      Moved to DOULIEU &amp; reassumed command of 9th Field Ambulance.                      Captain WATSON, C.E. reported for duty on 7/6/17 &amp; taken on strength from that day.                      Captain TILLET, J.W. reported for duty on 10/6/17 &amp; taken on duty from that day, &amp; transferred to 7th Aust. Field Artillery Brigade as from 11/6/17.                      During the Battle of MESSINES, while unit was temporarily under command of Major E.F. LIND, the following casualties occurred:                      No. 11878. Staff Sgt. Dispenser HOSKING, J.M. } died of wounds                      16134 Pte. WADDELL, A.W. } received in action on Hill 63. 7/6/17.                      15757 " STEEDMAN, C. evacuated "wounded" 8/6/17                      11942 " CURRY, W. }                      12021 " MENZIES, W. } evacuated "wounded" on 7/6/17                      12088 " WEBBER, A.W. }                      11905 Driver BEESTON, H.B.                      14500. Private TAYLOR, A. evacuated "wounded" 10/6/17.</p>	

# WAR DIARY

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
DOULIEU.	18/6/17.		Unit in "rest" at DOULIEU, for four days. This is the first occasion since 1/12/16 that the Unit has been out of the "line". During this period it has "chased" from BOIS GRENIER, (south of ARMENTIERES) to LILLE Railway line (3 months), while stationed in ARMENTIERES, from River LYS to Hill 63 & PLOEGSTEERT WOOD, (3 months) while at PONT de NEPPE & from the same & MESSINES RIDGE, while at PONT d'ACHELLES.	
WEST HOF Sheet 28 SW T.19 to 5.4.	21/6/17.		In accordance with A.D.M.S. operation order No. 9 (M 1/24) of 20/6/17, Unit moved into & took over this Dussay Station today, from 77 <sup>th</sup> Field Ambulance.  Captain CARLILE. H. I. reported for duty on 19/6/17 & is taken on strength of Unit as from 19/6/17. Major DONOVAN. H. C. E. transferred to England "sick" on 1/6/17 and per Pt II orders No. 20, is struck off strength of Unit as from 1/6/17.	



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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
<del>WESTHOF</del> WESTHOF	30/6/17.		<p>During the month of June the Unit performed for the first 15 days a double duty. The C.O. with "A" Tent Subdivision were detached to carry out the work of the Corps Main Dressing Station &amp; Corps Collecting Post at PONT d'ACHELLES. The remainder of the Unit, under Major E.F. LIND worked a Divisional Collecting Post on Hill 63 near HYDE PARK CORNER, which bears &amp; transport assisted the 10<sup>th</sup> &amp; 11<sup>th</sup> Field Ambulances.</p> <p>Major LIND supplies a separate diary of units for his party.</p> <p>The C.M.D.S. dealt with over 8000 cases of sick &amp; wounded in the first 15 days of June, the greatest number by 3000 in 20 hours following the opening of the Bath of Messines. It received all the sick &amp; wounded of the 57<sup>th</sup> Division &amp; 3<sup>rd</sup> Australian Div &amp; Corps &amp; Army Troops &amp; for 3 hours on the day of the battle took also all cases from 4<sup>th</sup> Australian &amp; the N.Z. Division, relieving the C.M.D.S. at WESTHOF.</p> <p>Attached is summary of work of C.M.D.S. { Captain Harrison &amp; self.</p>	<p>Alley sign Lent. Cabaud</p>

1297

NOTES ON THE WORK OF A CORPS MAIN DRESSING STATION

by

LIEUT-COL. E. A. MAGUIRE, and CAPTAIN E. SELWYN HARRISON, A. A. M. C.

9th AUSTRALIAN FIELD AMBULANCE A. I. F.

The following Notes have been compiled as the result of  
experience at the 2nd ANZAC CORPS MAIN DRESSING STATION,  
during the BATTLE OF MESSINES, JUNE, 1917.

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CORPS MAIN DRESSING STATION, PONT D'ACHELLES.SYSTEM ADOPTED DURING THE BATTLE OF MESSINES.

Amongst the Medical preparations for the Battle of MESSINES was the establishment of a combined Corps Main Dressing Station and Corps Collecting Post which was established for the purpose of dealing with all the wounded of the Divisions on the Southern Sector.

All wounded stretcher and walking cases were brought to this Station, as well as all the Sick of these Divisions.

ACCOMMODATION:- The Station was planned and established by Colonel BEGG, D.D.M.S., 2nd ANZAC. It was situated about 8000 yards behind the front line, and on the main line of evacuation, at the point where one of the roads from the front line ran into the main evacuating road. Plan of the Dressing Station is attached- Vide Appendix 1.-

The Walking Cases and Stretcher Cases were kept entirely separate; the Collecting Post and Main Dressing Station being run by separate staffs but under the one command.

DRESSING STATION:- This consisted of 4 large Nissen Hospital huts (60 ft. x 20 ft) and 14 small Nissen huts (30 ft x 14 ft.), Pack Store, Kitchens, Latrines, Ablution Place, and quarters for Officers and personnel.

Huts were set aside for Admitting, Dressing, Wards and Evacuations.

Cases were all received in an Admitting Hut, and from there were passed to Dressing Room, Wards or Evacuating Hut, as decided by the Admitting Officer, there being no crossing of traffic at any stage.

Cases for Evacuation were picked up by the M.A.C. from the Evacuating Huts direct.

METHODS OF CLEARANCE

All stretcher cases were brought by Ambulance cars from the front line, and the cars passed, in one direction, through the private road, "The BOOMERANG", of the Dressing Station, thus keeping the Main Road clear.

The cars were halted at the Admitting Hut, and unloaded there by special Bearer squads. Patients were taken into the Admitting Hut where they were seen by the Admitting Officer, recorded, and given A.T.S. Cases that required re-dressing and surgical interference were passed into the Dressing Room; Moribund cases were sent to the Moribund Ward; and other cases were passed straight through from the Admitting hut to the Evacuating Hut as directed by the Admitting Officer.

From the M.D.S. cases were sent by the M.A.C. to C.C.S. or the Divisional Rest Stations. There were two D.R.S's, one of which took all cases of sickness that were likely to be fit to rejoin their Units within a week; the other took lightly wounded and cases of Exhaustion likely to be fit within a week. All other cases went to C.C.S.

STAFF:-

The Staff consisted of six Tent Sub-Divisions drawn from six Australian Field Ambulances, (4th, 9th, 10th, 11th, 12th and 13th), assisted by a Bearer Sub-Division of a New Zealand Field Ambulance and a Fatigue Party of 50 Infantrymen. This gave a staff of Medical Officers as follows:-

- 1 Lieutenant-Colonel Commanding,
- 4 Majors,
- 6 Captains,
- 1 Lieutenant (N.Z.)

the Major of one Tent Sub-Division having been withdrawn to run a Railway Clearing Service.

DUTY OF

STAFF:- The work was divided into the following Departments:-  
 (1) Admissions, (2) Dressings, (3) Wards, (4) Evacuations,  
 (5) Special Wards, (6) Records, (7) Q.M. Department, (8) Pack-Store, (9) Mortuary and (10) Accessories.

1297  
DEPT. OF  
STAFF  
 (Contd)

Before work was started "General Principles of Action" were laid down for the general conduct of the work (Appendix 2).

The Staff worked in 12 hour shifts throughout, except for one very short period.

ADMISSIONS:- One Officer was on duty at all times at the Admitting Hut. He saw all cases and decided as to whether they were to be (a) Dressed, (b) Held in the Wards, or (c) Evacuated, and he determined the order in which cases should be dealt with in Dressing and Evacuating Huts.

He supervised the work of the Admitting clerks, and the administration of A.T.S. He also had charge of the Bearer squads and ordered drinks or stimulants if necessary.

The following staff was available to the Admitting Officer:-

Orderly to Admitting Officer	1
Clerks	4
Bearer Squads--Unloading	2 Squads
Clearing	3 "
A.T.S. :- S.Sgt. Dispenser	1
Orderlies	2

All worked 12 hour shifts.

DRESSINGS:- A large Nissen hut was fitted up as a Dressing Hut to accommodate eight (8) Dressing Units. A Dressing Unit was complete in itself for the treatment of any case and it consisted of an Operating Table, (Stretcher on trestles), with Table for Dressing, (10 ft. x 2ft.6in.) and Shelves (10 ft. x 1ft.), with one large Steriliser to each four (4) Tables.

On the tables were placed the instruments, lotions, and dressings required to dress the case and each Unit was self-contained.

A large supply of rum-jars had been obtained beforehand. These were used for lotions, and were exchanged by the Dispensary Staff, when empty, and full ones given for them.

It was found that a staff of two Orderlies per table was sufficient, together with two orderlies for general fatigues for the whole room- attending to cleaning room, removing soiled dressings, and old clothing, etc.

The Dressing Room was staffed by One Tent Sub-Division when things were quiet and by two Tent Sub-Divisions during busy times. Each Tent Sub-Division provided two Officers and eight trained dressers who worked in pairs at each table.

Thus during the heavy work the eight tables were continuously employed with two trained dressers at each, and during less busy times, with four tables, each with two dressers.

It was found sufficient to have one Officer per three tables, and during busy times, one Officer per two tables.

The work of the Officers consisted of performing any urgent operations, and in directing and supervising the dressers who did the actual dressings.

The general instructions of the 2nd Army on the work to be done in the Field Ambulances was closely adhered to, (vide Appendix 3.)

There was a clerk attached to the Dressing Room to make notes of any operations or Dressings for the Field Medical Card, A.F.W. 3118, to note change of destination or diagnosis made in the Dressing Hut, and enter them on W.3118 and butt of A.F.W. 3210.

A hot water system was established in each Dressing Room consisting of a 50 gallon tank, the water being heated on the Thermo-Syphon System from a furnace placed without.

WARDS:- There was accommodation in the Wards for up to 300 cases, and if evacuations had been blocked and it had been necessary to hold all cases accommodation could have been found for at least 300 more, making it possible to hold up to 600 stretcher cases in the Dressing Station.

Two Wards were set aside as Officers' Wards, and fitted with beds, bedside tables, etc.

One Ward was used as a Moribund Ward and one large Marquee was used as a Gas Ward.

WARDS.  
(Contd.)

The "Gas" Ward was fitted up with all the equipment necessary for treating 20 cases simultaneously with continuous Oxygen.

Staff of Wards:- An N.C.O., Nursing Duties, was in charge of the Wards, with one Orderly per ward during busy times, and one per two or three wards during quiet times. The Wards were supervised by the Officer in charge of Wards and Evacuations.

EVACUATIONS:-

Cases for Evacuation were assembled in a large Nissen hut whence they were loaded into the M.A.C. cars in order of urgency; cases for C.C.S. and D.R.S's being kept separate in the Hut and sent forward in separate cars. While in the Evacuating Hut they were supplied with drinks and comforts.

Two large Nissen huts were available as Evacuating Huts, and during busy times they were both worked at their full capacity.

Staff:- An N.C.O. and two men were attached to each hut to control evacuations and an Officer was detailed to generally supervise all the Wards and Evacuations, and to see that there was no undue delay, particularly as regards urgent cases.

He also attended patients and made such necessary alterations in Diagnosis or destination as circumstances demanded.

RECORDS:-

Four clerks were engaged in the Admitting Hut for the purpose of recording details of the patients on Buff Slips, (A.F.W.3210), and the Field Medical Cards, (A.F.W.3118).

They also entered up treatment, diagnosis, destination, and administration of A.T.S. under the direction of the Admitting Medical Officer. It was the duty of the clerks to pin a Buff Slip on to the envelope containing Field Medical Card, and the envelope was attached to the patient's tunic by means of the string provided. They entered up details on body of Buff Slips and Field Medical Cards.

The Buff Slips and the Butt of the Slips were numbered serially, preceded by a letter to correspond with each of the clerks. Before the patient left the Admitting Hut the body of the Buff Slip was torn off and filed for return from time to time, to the Central Clerks' Office, for making up A. and D. Books and other records.

The patient left the Admitting Hut with his Field Medical Card in its envelope and the butt of the Buff Slip remaining pinned to the envelope showing serial number, patient's surname and destination.

In the Dressing Room a clerk made any necessary alterations in the Diagnosis or destination and wrote up brief notes of treatment on the Field Medical Card.

In the Evacuating Hut any alteration in Diagnosis or destination was marked on the butt of the Buff Slip and Field Medical Card.

In the case of patients who died in M.D.S., the butt of the Buff Slip was returned from the Mortuary with a note to that effect.

Before the patient left the butt of Buff Slip was removed, and collected in bundles for return to the Central Clerks' Office. <sup>Two</sup> The books were kept showing serial number, name and destination of patient, and ticked off as the patient entered the car; the object of two books being that one could be checked by the clerks for verification of their records.

The Staff of the Central Clerks' Office was stationed in a separate tent, chiefly that they should not be disturbed, and was arranged as follows:-

One Sergeant Clerk and one Private Clerk during the day working on A. and D. Books and A.36's., and two Sergeant Clerks during the night. During a rush an extra clerk was employed at night writing up A.36's.

One Sergeant and one Private were on duty during the day making up A.F.W.3185, "Daily Return of Sick and Wounded".

Two Sergeants were engaged during the day making out other Returns, Wires and dealing with correspondence. (For Detailed Instructions to Clerks vide Appendix 4).

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MORTUARY  
and  
DISPOSAL  
OF  
DECEASED  
EFFECTS.

A Mortuary Tent was placed in charge of an N.C.O. and the G.R.U. established a small Cemetery in conjunction with the C.M.D.S.

The collection of Personal Effects and recording of Deceased Soldiers was placed in the charge of the Denominational Chaplains attached, and the effects of each man were catalogued and placed in a separate bag. After the Magnum Opus these were all returned to their Units for disposal in the usual way. For detailed instructions to N.C.O. in charge of Mortuary, vide Appendix 5).

PACKSTORE:-

As far as possible and actually in nearly every case, the kits of patients admitted were placed on the stretchers with them and went through with them to the Evacuating Hut, and their ultimate destination.

A certain number of Kits went astray from being loaded into the cars at A.D.S's., without any means of identification. These were sorted out in the Packstore and identified, and sent to the patients. All other surplus gear was handed over to the Corps Salvage Officer. Salvage included a number of rifles, a quantity of Bombs, and Ammunition, a Lewis Gun, and a Telephone.

ACCESSORIES:-

The N.Z. Y.M.C.A. established a Buffet and was assisted by the Australian Comforts Fund. It provided a large Marquee as shelter for men, and drinks, cakes and biscuits, and writing material.

While the great bulk of the Buffet work was done amongst the Walking cases they supplied drinks to the stretcher cases in the Admitting and Evacuating Huts, and from the 7th to the 15th June supplied over 25,000 drinks of various kinds.

Their work was of valuable assistance.

M.A.C.:-

The clearance of the 14th M.A.C. was highly satisfactory. Ten cars were stationed at the M.D.S., day and night, and more cars were made available if required.

BEARERS &  
FATIGUES

A Bearer Sub-Division of the 4th New Zealand Field Ambulance, together with 50 Infantrymen of the 4th N.Z. Brigade supplied all Bearer parties and fatigues, and did all the loading and unloading of cars, and the Sanitary work of the M.D.S.

SANITATION:-

Fly-proof system of latrines was used throughout, while all faeces, soiled dressings, etc. and rubbish were destroyed by incineration. For Instructions to N.C.O. in charge of Sanitation see Appendix 6).

STERILISER:-

A "Foden" Steriliser was attached to the C.M.D.S. and was available day and night for the sterilisation of dressings, blankets, clothes etc., and proved to be a very useful adjunct to the work of the station.

WATER SUPPLY:-

Water supply was drawn by Water Carts from Stand Pipe three quarters of a mile away where chlorinated water was available. It was found that during busy times about 16 loads totalling about 1900 gallons a day were required.

Four large tanks were available and force pumps were used to fill the tanks from the water carts. The provision of pumps saved a great deal of time and labour.

SUPPLIES:-

Drugs and Dressings were drawn from the Advanced Depot of Medical Stores and a few extra instruments. Apart from these the equipment of the Tent Sub-Divisions was used in the Dressing Rooms.

RED CROSS:- The Australian Red Cross supplied a great deal of equipment that greatly added to the comfort and well-being of the patients.

SUPPLIES  
contd.

A large reserve of Stretchers, (800) , and Blankets (7000), was provided and from these additional supplies were drawn for the Ambulances and Battalions of the Divisions engaged in clearing the line.

A reserve of P.H.Helmets, Anti-Gas, was also carried. Arrangements were made for checking stretchers and blankets and Thomas' Splints arriving from the front line, and these were replaced as each car returned to the line. Similar arrangements were made as regards stretchers, blankets, splints, and hot-water bottles with the C.C.S.

CORPS  
COLLECTING  
POST:-

Provision was made for the recording, dressing, and accommodation of walking cases, apart from the stretcher cases, but the same system was adopted throughout.

Walking cases were evacuated by Motor Lorries which ran to a Time Table with seven minute intervals during busy times, decreasing to one every half-hour as the work eased off.

Walking cases were marshalled in batches of 20, according to destination, and walked to the loading point, whence they were conveyed by the lorries to C.C.S. or D.R.S. according to the classification.

In the event of Evacuations being held up there was accommodation for up to 700 walking cases in Marquees.

GENERAL:-

The greatest number passed through the Station at any one time was 3000 cases in 20 hours, from 6 a.m., 7th June, to 2 a.m. 8th June,- that is, just after Zero hour.

The cases came down from the front line remarkably quickly, many perforating abdominal wounds being in C.C.S. within 2 hours of being wounded.

REMARKS:-

It is desirable in running a Dressing Station of this size to establish a special ward, well fitted with beds, saline apparatus, stimulants, hot-water bottles, etc., as a place for treating post operative cases, and also for rallying moribund cases. It was found that 80% of the cases set aside as ~~moribund~~ "moribund" rallied sufficiently with rest, quiet, and shock treatment, to justify wither operative interference or evacuation.

In the "Gas" Ward use was made of a box designed by Colonel BEGG, for attachment to a gas-mask for administration of oxygen, and also of a mask made by cutting down a "GLAXO" tin to fit the face, putting rubber tubing around the edge to make it a close fit, and soldering a drilled cartridge case into the bottom as an inlet. These masks were of great value in treating gassed cases with inhalation of oxygen. It was found that cases admitted suffering from respiratory embarrassment, and showing cyanosis and an irregular pulse benefitted greatly by the administration of continuous oxygen. When the color became good, and the pulse steady, and respiration was easy, the oxygen was stopped and given only at intervals, the administration being guided entirely by the indications given by the signs and symptoms referred to. 90% of the gassed cases so treated recovered sufficiently to be evacuated.

For the administration of A.T.S. little trays were designed by Captain HARRISON, holding a bottle of lysol, one of ether, A.T.S., and a kidney tray for syringe and needles. The syringe was sterilised by filling with lysol, emptying, and cleansing by filling and emptying with ether. This gives a rapid and effective sterilisation of syringe and needle.

The cases in general came down from the line, and A.D.S.'s very well dressed, and all fractured thighs came with Thomas' Hip Splints and suspended,- arriving in excellent condition and showing little shock.

There was a tendency to apply too many tourniquets, many cases with tourniquets showing no signs of bleeding on removal on the constriction.

On attention being drawn to this it was at once remedied. The unnecessary application of tourniquets caused great pain and shock and tended to devitalise the limb.

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REMARKS  
contd.

A modification of the carrying sling for stretchers, designed by L.CPL. GEORGE of the 9th Aust. Field Ambulance, consisting of two slings made with looped shoulder pieces, and joined together by an adjustable band across the back at the level of the upper edge of the scapulae, was found by all bearers to be a very great convenience and to greatly diminish the fatigue of carrying.

Wheeled stretchers, although available, were not used within the M.D.S. by the bearers as for short distances they preferred hand-carriage owing to the trouble and delay in adjusting stretcher to the wheeled frame.

In the Dressing Room two thousand dozen dressings were prepared beforehand by order of D.D.M.S. This greatly facilitated the work in the Dressing Room.

The Tent Sub-Divisions working in the Dressing Room used their own instruments from their panniers, checking and packing them at the end of each tour of duty. This almost entirely eliminated loss of instruments. A few extra instruments, particularly large strong scissors and surgical scissors, were drawn from the Advanced Depot, of Medical Stores and returned at the close of operations.

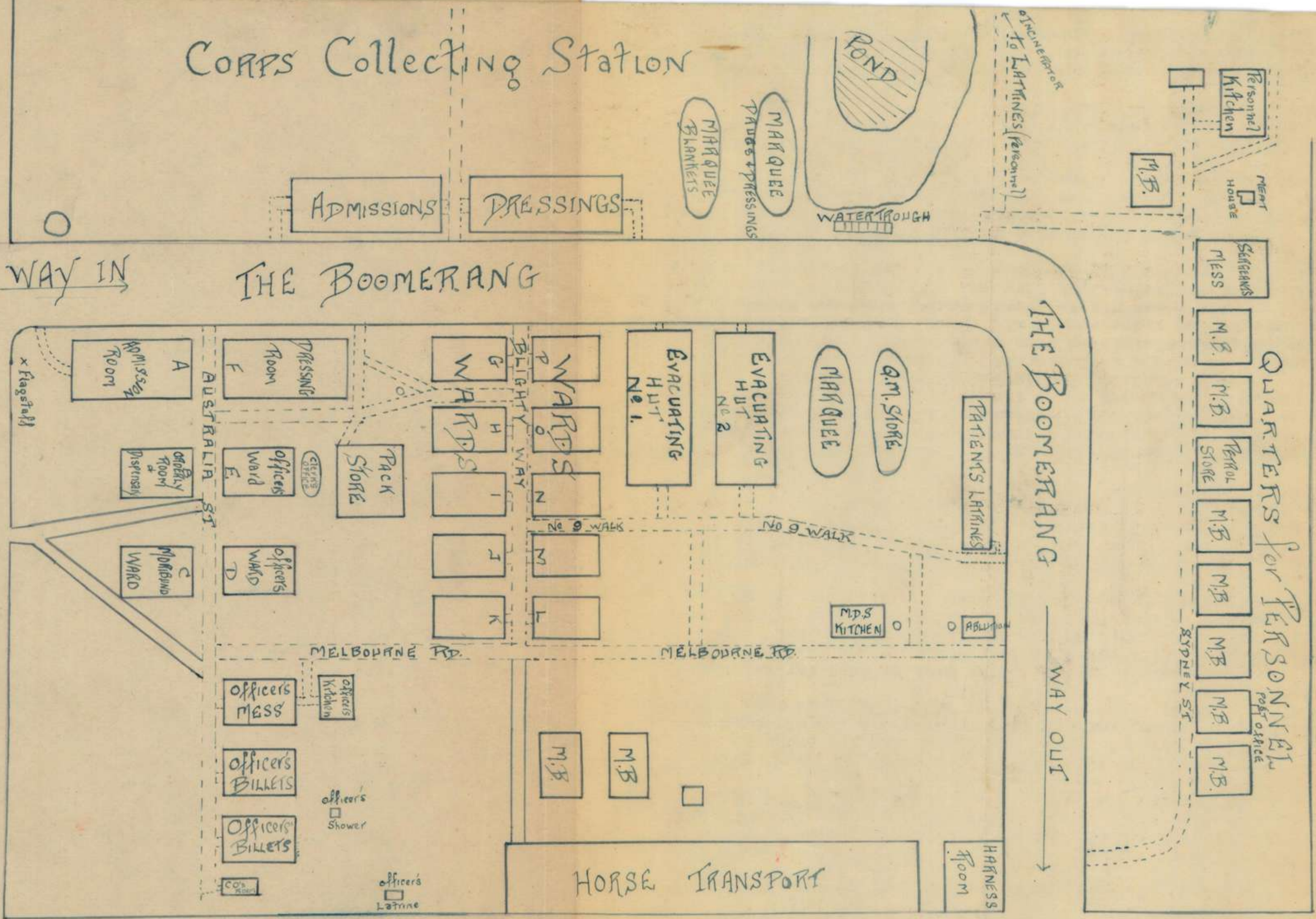
The proportion of cases requiring urgent immediate operation before evacuation was comparatively low.

A large staff of trained clerks is essential, as the volume of clerical work is very great, no records being kept in front of the C.M.D.S.

It is desirable that all cases for evacuation should go through an evacuating hut. This arrangement reduces the chance of cases going through the M.D.S. unrecorded.



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MEMO. TO MEDICAL OFFICERS ON GENERAL PRINCIPLES DURING ACTION, for  
CORPS MAIN DRESSING STATION.

The fundamental principles by which the work of the Corps M.D.S. will be guided are:-

1. RECORDS:- A full and accurate record of every case admitted and passed through the C.M.D.S. is essential as this is the place where the first records are made. From these records the Nominal Roll by Units and A.36 Returns are compiled.  
Special attention must be paid to accuracy, especially in regard to correctness of Regimental Number, Initials, and spelling of names, particularly those where the one name may be spelled in 3 or 4 different ways, as - SYMONS, SIMONS, SIMMONS, SIMMONDS, etc.  
Separate A. and D. Books must be kept for all cases belonging to different Imperial, Dominion and Allied Armies, e.g.- British, Australian, New Zealand, Canadian, South African, Belgian, French, and Prisoners of War. A distinction is to be made between the R.F.C. and the R.N.A.S.
2. CLEARING:- Clearing must be rapid in order that there will be no blocking up of Divisional Clearing which would react on the front line. It is estimated that the average length of stay of patients in C.M.D.S. will be two hours, and every effort must be made to attain this average.
3. DRESSING:- Only urgent dressing must be undertaken. No case should go on from C.M.D.S. with a tourniquet on unless there are very urgent indications and a certainty that the patient can be operated on in a very short time.  
All fractures should be splinted, only very urgent amputations should be performed, and only dressing which have slipped off the wound or from which blood is oozing should be taken down and redressed. All others must be sent on untouched.  
All cases fit to travel coming into and from the A.D.S. with a mark showing that they are efficiently dressed should be recorded, given A.T.S. and hurried through as quickly as possible to C.C.S.  
In order to minimise wastage from the fighting troops as far as possible, all slightly wounded cases that are likely to be fit for duty within a few days will be dressed and sent to Corps Rest Station and not evacuated to C.C.S.
4. CASE NOTES:- Brief notes of the extent of surgical dressings and treatment undertaken are of the greatest value to the C.C.S. and should be provided where possible.
5. SHOCK TREATMENT:- All cases suffering severely from shock should receive special attention, and treatment before evacuation, but should only be held if removal would endanger their lives.
6. FEEDING:- All cases should receive hot drinks and food of some sort if they are fit to take it and there are no contra-indications.
7. A.T.S.:- No A.T.S. will be given forward of the Corps M.D.S. All cases of wounded must receive a dose of A.T.S. before leaving the C.M.D.S. Careful note must be made on F.M. Card A.F.W. 3118, of the administration of A.T.S. and Morphia, and a "T" placed on forehead and wrist in all cases where A.T.S. is given.
8. ADMITTING OFFICER:- An Admitting Officer will be detailed whose duty will be to see all cases brought to the C.M.D.S., classify them in order of urgency, separate them into classes requiring dressing, no further dressing, shock treatment, moribund, gassed cases, and draft them to wards or dressing room as required. He will send cases to Dressing Room in order of urgency.

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9. CORPS COLLECTING POST:- The huts and tents North of the "BOOMERANG" form the Corps Collecting Post where all cases of walking wounded will be dealt with. The same principles apply to these and a separate staff and set of books will be kept for them.
10. FIELD MEDICAL CARDS:- Field Medical Cards will be completed for each case in the Admitting Room and attached to the case. In all cases dressed a brief note of the fact, showing time, nature of action taken; e.g. "Femoral artery ligatured", "Firm dressing to check oozing", "Urgent amputation", etc. will be entered on space provided. If an anaesthetic has been given this will be noted. Administration of A.T.S. and Morphia will be noted in proper place, showing time.

TREATMENT OF WOUNDS IN REGIMENTAL AID POSTS AND FIELD AMBULANCES  
OF THE SECOND ARMY.

1. DRESSING OF WOUNDS:- Picric Acid Solution (2% in methylated spirit) may be used in preference to iodine for skin sterilisation, to avoid the risk of blistering the skin. If Iodine is used, Cyanide Gauze should not be employed.  
Time will be saved if the gauze is previously cut into squares (8 in.) and packed in ration tea tins having circular detachable lids. Wool should be cut into larger squares and packed into biscuit tins. The tins may be sterilised by "flaming" with methylated spirits. As an alternative, gauze may be cut into squares boiled in saline and packed in "marmite" pots ready for use.
2. MINOR CASES:- Minor cases who will not require redressing at a C.C.S. should have their card envelopes marked with a large "C" before leaving the Main Dressing Station.  
Within the circle of the "C" the time of the last dressing and the date should be stated.
3. OPERATIONS:- These should be mainly restricted to the arrest of haemorrhage and the removal of shattered limbs.
4. HAEMORRHAGE:- Tourniquets should be removed at the M.D.S. and the haemorrhage dealt with before the patient is sent on to the C.C.S. When it is considered essential to send a patient with a tourniquet still applied to a C.C.S., steps should be taken to secure immediate attention to the patient on arrival there, if possible by sending an Orderly with him.  
Haemorrhage should be arrested:-
  - (1) By ligature of bleeding vessels when possible.
  - (2) Failing this by application of pressure forceps, which should be protected by adequate dressing, from displacement during transport.
  - (3) By gauze packing into the depth of the wound, when the bleeding point cannot be localised. When a wound is packed it must be well opened up on the surface, so that the plug is cone shaped, with the apex of the cone towards the bleeding area.Anaesthetics should only be used in exceptional cases. Fluids should be given freely and morphia sparingly.
5. AMPUTATIONS:- Amputations should only be performed for completely shattered limbs.  
These cases seldom require, and do much better without an anaesthetic.  
The limb should be lopped off at the seat of injury, and a set amputation be avoided. No attempt should be made to close the stump, but its surface should be slightly smeared with B.I.P.P. These cases should, if possible, be retained for 24 hours before removal to C.C.S.
6. FRACTURES:- Thomas' Splint should be applied as the initial treatment for all fractures of the femur, all wounds of the knee joint and all fractures of the upper third of the leg (if possible this splint should be applied in the Regimental Aid Post). The splint must be applied over the clothing, and extension be secured by two loops of bandage round the ankle over the boot (one on either side), tied off to the foot end of the splint. As an alternative method the boot upper may be slit close to the sole on either side in front of the heel, and a loop of bandage, passed by means of forceps between the sole of the foot and the sole of the boot through these slits, be used to extend the limb by tying to the foot of the splint.  
The wound should be dressed after extension has been secured, by cutting away the necessary amount of clothing to expose the injury.  
A bandage should then be applied round the splint in such a manner as to prevent movement of the limb, but great care must be taken to avoid constriction of the thigh. If there be extensive comminution, Gooch's or Fibre splinting of adequate length should be applied at the site of fracture.  
The splint should be slung to a suspension bar, or supported by sandbags on the stretcher.

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6. FRACTURES (Contd.)

If the Thomas' splint cannot be employed owing to the situation of the wound a strong interrupted Liston should be used.

Wood fibre splints, made according to the patterns circulated to Divisions, should be employed for walking or sitting cases with fractures of the upper extremity.

When other varieties of splints are used they should be well padded and fixed to the limb by plaster before the limb is bandaged.

The proximal strip of plaster should not encircle the limb.

7. ABDOMINAL WOUNDS:- Abdominal wounds should be sent to the C.C.S. with the least possible delay.

Large doses of Morphia (more than  $\frac{1}{4}$  gr.) increase operation mortality, and should be avoided.

Wounds of the buttock, loin and lower thoracic region often involve the abdominal cavity.

If there are signs of intra-abdominal haemorrhage a binder should be applied to the abdomen over wool, and thirst should be relieved.

Ambulance Cars with spring stretcher suspension should be used whenever possible.

Patients with abdominal wounds usually travel more comfortable in a semi prone position than flat on the back.

8. WOUNDS OF THORAX:- Severe cases, except during gas attacks, should be retained at the M.D.S. and kept absolutely at rest until shock or other urgent symptoms have subsided.

The semi-recumbent position will usually be found the best for travelling.

Wounds should be dressed with gauze which is retained in position by strapping. Where a wound is bleeding freely it should be cleaned and, if possible, sutured (without a general anaesthetic). If air be entering freely the wound must be stitched, or plugged with gauze held in position by strapping so as to render the wound air-tight.

Great care must be taken to prevent displacement of the plug during transport.

9. SHOCK:- To prevent the advent of shock during the transit to C.C.S. the patient must be kept warm by means of plenty of blankets placed under and over him. If he be restless these blankets must be secured by safety pins.

A patient profoundly shocked on admission should be retained and resuscitated before further moving. Hypertonic saline infusions are preferable to normal saline infusions for the purpose and may be prepared according to the following formula:-

Sodium Chloride	180 grains
Potassium Chloride	4.5 grains
Calcium Chloride	4.5 grains
Boiled Water	1 pint

Hypodermic injections of camphor will be found helpful, using 10 to 15 minims of the following solution:-

Camphor	1 grain
Ether	5 minims
Olive Oil	5 minims

10. GASSED CASES:- Absolute rest is essential.

The outer clothing should be removed as soon as possible to prevent further inhalation of gas which is absorbed by the clothing. Orderlies engaged in this duty should wear respirators.

Cases at all badly affected may be treated by early venesection, 10 to 15 ozs. of blood being removed. (To be noted on Fld. Med. Card).

Restlessness may, if the patient be conscious, be treated by  $\frac{1}{4}$  gr. of Morphia hypodermically. (Hour of administration to be noted on F.M. Card). Fluid diet only to be given, and in small quantities.

An emetic of salt and water is helpful in the early stages.

Many cases are collapsed and require plenty of blankets and stimulants, e.g., camphor or pituitrin hypodermically, or brandy by the mouth.

Where oxygen is available, the severe cases, both the cyanosed and those in a state of pallid collapse, should be treated by a continuous inhalation.

11. MORPHIA:- The time of administration as well as the amount of morphia given must invariably be noted on the Field Medical Card.

RECORDING AND CLERICAL WORK

ADMITTING ROOM

Working under direction of Admitting Officer.  
Four Private Clerks day and night = 8 Private Clerks.  
One personal attendant of Admitting Officer, day and night = 2 Privates.

Mark A.T.S. on Field Medical Card and Buff Slip.  
Mark Disposal of Patient on Buff Slip and Butt, and plainly on Field Medical Card, e.g., C.C.S., D.R.S., and indicate order of urgency.  
Tear off and file Buff Slips for A. and D. clerks. Butts remain. Attach plain label for local purposes, previously marked, Dressing, Wards, Evacuations. Ward to be named by letter of Special Ward, e.g. Gas, Moribund, etc.

Four (4) Clerks will fill in Field Medical Cards, and Buff Slips, (serially numbered). These will be attached to patient, F.M.C. in envelope and Buff Slip pinned to it. Mark "S" or "W" or "S.I.W.". Cross out "Battle Casualty", "Accidentally Wounded", "Sick", as required.

Buff Slips:- Each clerk will keep his own serial numbers, distinguished by a preceding letter, e.g. A.1. or B.1.

All diagnoses of sick admitted to be recorded on Buff Slips and Field Medical Cards in conformity with terms of Nomenclature of Diseases.

A.T.S.:- N.C.O. will make A.T.S. mark on patient.

DRESSING ROOM

One (1) Private Clerk, day and night = 2 Private Clerks. Enters up notes of treatment on Field Medical Cards. If M.O. in Dressing Room alters diagnosis, and destination of patient, the clerk will immediately alter diagnosis or destination etc. and notify Central Clerks' Office, for alteration of A. and D. Books etc. The clerk will keep two books for this purpose.

EVACUATING AREA:-

One (1) N.C.O., and two (2) Privates, (not necessarily clerks) day and night = 6.  
Books to be kept, two (2), so that one can be collected by clerks.  
Books show serial number, name and destination of patient, ticked off as he enters car.  
Butts of Buff Slips will be removed from envelopes and returned in bundles to Central Clerks' Office. If M.O. in charge Wards and Evacuations alters diagnosis or destination of patient, the Central Clerks' Office is to be notified immediately. This may occur through Moribund or Gassed cases recovering or shock cases dying.  
All deaths in this area to be notified to Central Clerks' Office.

Plain labels will be removed and collected in bundles.

CENTRAL CLERKS' OFFICE:-

In Tent. All Returns, Wires, letters, etc. to be dealt with here. A. and D. Books, Buff Slips, A. 36's, W.3185, etc.  
One Sergeant Clerk and one Private Clerk during the day, working on A. & D. Books and A.36's, and two Sergeant Clerks during the night. During a rush an extra clerk employed at night writing up A. 36's.  
One Sergeant and one Private Clerk on duty during the day making up A.F.W.3185, "Daily Return of Sick and Wounded".  
Two Sergeants engaged during the day making out other returns, wires, and dealing with correspondence.  
Despatching wires, and letters and provision of runners to be duty of Orderly Room.

CLERICAL INSTRUCTIONS.

- 1297
1. OFFICIAL TITLE:- The Official title of the M.D.S. in all returns is to be 9th Australian Field Ambulance. The Westoff M.D.S. is the 77th Field Ambulance. Our official letters for intra Corps and Unit purposes will be "P d'A".
  2. BOOKS FOR M.D.S. & COLLECTING POST:- One set of books will be used for both places.
  3. A. & D. BOOKS:-
    - One A. & D. BOOK will be kept for Officers.
    - One for 3rd Australian Division.
    - One " 4th " " and other Aust. Troops.
    - One " New Zealand troops.
    - One " 25th Division.
    - One " Canadian Troops.
    - One " South African Troops.
    - One " Belgian Troops.
    - One " French Troops.
    - One " Each Ally.
    - One " Prisoners of War.
  4. A.F.W. 3118:- Field Medical Cards will be completed for all patients admitted to Corps M.D.S. and will be marked "W", "S", or "S.I.W".
  5. A.F.W. 3185:- Daily return of Sick and Wounded will be compiled as follows:-
    - One for 3rd Aust. Division,
    - One for 4th " "
    - One for New Zealand "
    - One for 25th Division
    - One for troops extra to the above Divisional troops.

The W.3185 for the Divisions will be ready for collection by A.Ds.M.S. by not later than 4 p.m. daily.  
W.3185 for extra Divisional Troops to be at D.D.M.S. Office by not later than 4.30 p.m. daily.  
W.3185 for Divisions outside the Corps (36th and 57th Divisions) to be sent by D.R.L.S. to A.Ds.M.S. concerned. These W.3185 will be extracted from extra Divisional Return sent to D.D.M.S. Office and are forwarded for information only.
  6. NOMINAL ROLLS:- Nominal Rolls of Sick and Wounded admitted and evacuated, to be made up by Divisions from noon to noon, are to be ready to go to A.Ds.M.S. at the same time as the W.3185. Rolls to show Regt. No., Rank, Name, Disease, Date admitted, Disposal, and Patients remaining.
  7. DAILY WIRES:- Wire to D.D.M.S. Second A.N.Z.A.C. at 6 a.m., noon, and 9 p.m. showing number of casualties admitted (particulars for each Division and extra Divisional Troops will be given separately), and the number of casualties remaining at the time. The number will be that of casualties admitted during the interval, viz- from 6 a.m. to noon, from noon to 9 p.m. and from 9 p.m. to 6 a.m.  
Pro Forma- D.D.M.S., 2nd ANZAC  
No.-----Date-----AAA  
Admitted since 6 a.m. AAA X Division Officers 3, O R 50 AAA  
Y Division Officers 10 O R 60 AAA extra Divisional  
troops Officers NIL O.R. 2 AAA Prisoners of War  
Officers 2 O.R. 10 AAA remaining lying 50 sitting 200  
time----- C.M.D.S. Pd'A

Wire showing admissions of wounded (by Divisions and extra Divisional troops) and Prisoners of war, from midnight to midnight will be sent to D.D.M.S.. It will be sent as soon as possible after midnight.

Wire showing evacuations of sick and wounded (by Divisions and extra Divisional troops) and Prisoners of war from noon to noon, will be sent to D.D.M.S. as early as possible, but not later than 1 p.m.

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8. STATE OF PATIENTS IN M.D.S. AT 6 a.m. State of Patients in M.D.S. at 6 a.m. (number only) to be rendered to Orderly Room by 9 a.m. daily for C.O.'s information and for preparation of ration state.
  9. ROLL OF ADMISSIONS, EVACUATIONS etc. Roll of Admissions, evacuations, transfers and discharges from noon to noon, (compiled from W.3185) is required to be rendered to Orderly Room by 4 p.m. for graphs etc.
  10. DAILY RETURN OF SICK EVACUATED:- Return showing diseases of men evacuated sick to C.C.S. from noon to noon to be rendered to A.Ds.M.S. and D.D.M.S. at same time as W.3185.
  11. A.36:- To be made up weekly to midnight Saturday, and to be despatched to D.A.G.Base.  
To be sent in more frequently than weekly if the number of casualties is great.
  12. PRISONERS OF WAR:- Separate Army Form B. 103b. will be used for Officers and other ranks of Prisoners who die at C.M.D.S. or on way from A.D.S. to C.M.D.S.  
Separate Army Form B. 103a. will be used for Officers and other ranks of Prisoners (wounded or unwounded) admitted to C.M.D.S.
  13. TRANSFER CERTIFICATES:- Army Book 172 need not be used for patients evacuated if full particulars are entered on Field Medical Cards.
  14. GASSED CASES:- Notify Sir.W.P.Herringham, C/- D.G.M.S.,G.H.Q. 2nd Echelon, by wire, of cases severely gassed by Lethal Shells.
  15. S.I.W. CASES:- Carry out usual procedure adopted by 3rd Aust. Division as regards reporting and classification.  
In the cases of patients from N.Z.Division the following information is to be given to A.D.M.S. N.Z.Division:-
    1. No., Rank, Name and Unit, (and in the case of attached men the Unit to which they are attached).
    2. Signed statement of the patient as to when, where, and how the wound was inflicted.
    3. Date upon which the patient will be evacuated if evacuation is necessary.
  16. SCABIES:- Scabies will not be admitted to C.M.D.S. This class of patient will be dealt with by Divisions and will in future go to No. 50 C.C.S., Mont des Cats.
  17. MUMPS:- Mumps will be admitted to M.D.S. and will be evacuated by special car from 14th M.A.C. to No. 7 General Hospital, Mallaisise, but we are to hold patients until we get a car load.
  18. V.D's.:- Syphilis cases will be sent on to C.C.S. and we will at once wire A.P.M. of patient's Division re destination.  
Gonorrhoea cases are to be admitted, A.P.M. of patient's Division notified by wire, and we to await instructions.  
In the case of extra Divisional troops wire to A.P.M., 2nd ANZAC will show patient's statement of origin.
  19. SICK CASES:- To be sent to D.R.S.L'ESTRADE, but if acute to C.C.S. We will receive cases from Field Ambulances at STEENWERCK. L'ESTRADE etc. which are direct admissions to them, but if case is urgent they may evacuate cases direct to C.C.S. and they will then only send names and details required for A.& D. Book here and cases will appear on our returns.  
Admissions will be made to C.M.D.S. only. D.R.S's. will ~~xxxx~~ treat any cases occurring in their vicinity and transport them to C.M.D.S. where they will first appear in an A.& D. Book.
  20. RETURN OF CASES RETURNED TO DUTY:- Returns showing numbers of sick and slightly wounded cases, who have been returned to duty during the month to be furnished to A.Ds.M.S. of Divisions on last day of month. Return of extra Divisional Troops to be furnished to D.D.M.S.



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21. INFECTIOUS DISEASES:- Notification of Infectious Diseases to be sent to A.Ds.M.S. of Divisions as cases occur; this includes Tetanus, Trench Nephritis, Diphtheria, C.S.M., Measles.  
Infectious cases to be sent by 14th M.A.C. car to No. 7 General Hospital, Malaisise.
22. SHELL SHOCK:- Cases of Shell Shock admitted will be of two classes:-  
1. Those with obvious shell-shock.  
2. Doubtful cases, including exhaustion, nervousness and malingering.  
Class 1 will be evacuated to C.C.S. with diagnosis "N.Y.D. Shell Shock" S.  
Class 2 will be sent to Divisional Rest Station as slightly wounded and will be diagnosed as "Exhaustion".
23. REPORTING OF DEATHS:- Officers' deaths to be reported by wire to D.A.G., G.H.Q., 3rd Echelon, and not to A.G., 2nd Echelon.  
Other Ranks' deaths by post (D.R.L.S. whenever possible) at first opportunity.  
Cause of death such as "died of wounds" or "died of sickness" to be shown on wire or letter.  
Wounds, (all ranks) to be reported on A. 36.
24. SLIGHTLY GASSED CASES:- Slightly Gassed Cases go to D.R.S. Steenwerck. Cases showing definite signs of gas poisoning are not to go to STEENWERCK but to C.C.S. Cases which have probably been exposed to gas, but which do not show signs of gas poisoning will be treated at STEENWERCK; cases showing Conjunctival symptoms only may be sent to STEENWERCK.
25. KAFFIRS:- Kaffirs and other black troops are to be evacuated in the ordinary way until instructions are received to the contrary.
26. CASUALTIES:- In consolidated returns the word "casualty" means sick as well as wounded.
27. CIVILIANS:- Wounded Civilians will be treated at Corps M.D.S. and will be evacuated as follows:-  
Belgians to Hospital at POPERINGHE  
French to Civil Hospital, HAZEBROUCK.

INSTRUCTIONS FOR EVACUATION N.C.O.

1. He will, under the Evacuation Officer, take charge of and be responsible for patients awaiting evacuation, and will ensure that their requirements are attended to.
2. He will supervise grouping of patients in the Hut according to their destination and in order of urgency, so that those marked as needing immediate treatment at C.C.S. are evacuated first.
3. All cases will enter by rear door of Hut and not by "Boomerang" door. They will be carried out to M.A.C. cars by front door.
4. Two (2) books will be kept showing serial number, name and destination of patient, ticked off as he enters car. One book will be collected from time to time by Clerk for records.
5. Butts of Buff Slips will be removed from envelopes and carefully collected in bundles for return to Central Clerks Office. If Evacuation Officer alters diagnosis or destination while patient is in the Hut, or if patient dies there, the Clerks' Office must be immediately informed.
6. He will take "Dressing" or "Evacuation" Tags from patients before they are put into car and return them from time to time to Central Clerks' tent for re-issue.
7. He will see that Field Medical Card, A.F.W. 3118, is enclosed in envelope in all cases and goes forward with patient when he is evacuated.
8. He will also see that Officers' and men's kits, as far as possible, are sent along by same car as patient.
9. He will see that patient's respirator is kept close to him while in the Evacuation hut and goes right through with patient.
10. Transfer Certificate Form need not accompany patient provided Field Medical Card, A.F.W. 3118 is properly filled in.
11. Evacuation N.C.O. will keep a watch for any splints and hot water bottles forwarded with patients. He will keep a book for this purpose, noting the Casualty Clearing Station to which the patient is being sent, and the number of the car, and will obtain a signature from the Driver as a receipt, requesting him to obtain an equivalent number of splints, Hot Water Bottles etc. from the Casualty Clearing Station and to return them to us as soon as possible.

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APPENDIX No. 5

INSTRUCTIONS RE MORTUARY

1. The N.C.O. in charge of Mortuary will be responsible for carrying out all instructions concerning bodies of Officers or Other Ranks at C.M.D.S.
2. Bodies and clothing must be carefully searched for personal effects, which are to be immediately handed in to Officer responsible.
3. Bodies are to be sewn up as soon as removed to Mortuary.
4. If there is only one disc, it is to be removed and handed in with personal effects for return to C.O., Battalion. A label will be firmly attached to blanket, giving Regimental Number, Rank, Name, Initials, Unit, date of death and religion. To be filled in in BLOCK LETTERS.
5. Where two (2) discs are worn, the round disc will be taken from the body and returned with personal effects, and the hexagonal disc left on till the body is enshrouded, when the disc will be firmly attached to the blanket.
6. F.M. Card, envelope, buff slip etc. to be immediately returned to Central Clerks Office.
7. Burials will be conducted at 10 a.m. daily, and if necessary, 5 p.m. or in special cases by special arrangement.
8. The N.C.O. in charge Mortuary will each evening note the number of bodies waiting burial, and will see that the requisite number of graves are prepared before 10 a.m. Similarly in the morning he will arrange for the evening burials.
9. The N.C.O. in charge will ascertain from the Orderly Room the name of the Officer in charge of the personal effects of deceased soldiers and will see that the personal effects of each deceased soldier are checked and handed over to this Officer.

APPENDIX No. 6DUTIES OF SANITARY DETAIL

1297  
Collect and incinerate all faeces daily.

Empty all urine tins.

Ensure that all latrines are fly proof and are kept closed when not in use. Report to Orderly Room any man neglecting precautions.

Post notices in all latrines on covering seats.

Skim grease-traps at ALL kitchens three times daily. Change charcoal and sand in grease-traps weekly.

Provide containers by grease-traps to store hot water till cooled--no hot water to go through grease-traps- post notices by traps to that effect.

Skim soap-trap twice daily and put a little fresh lime in tray every second day. See it does not clog up.

Watch urine pits, and if full inform Orderly Officer.

See supply of sanitary paper in all latrines is adequately kept up.

Empty all rubbish tins twice daily, and incinerate dry rubbish.

Wet slops for pig food to be kept in covered barrels and sent to pigs daily.

Whitewash all grease-traps twice weekly and all rubbish tins that are not painted, once weekly.

Inspect all gutters in M.D.S. and at rear and ensure all are running freely.

Collect and burn contents of tins at Dressing Rooms as often as required-- at least four times a day.

See that all ablution places are working properly.