

AWM4

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

Medical, Dental & Nursing

Item number: 26/73/11

Title: No 2 Australian Auxiliary Hospital,
Southall

June 1918



AWM4-26/73/11

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.)

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
Southall	4.6.18		<p>Official notification was received this day from D.M.S., A.I.F. that preparation should be made to send :-</p> <ol style="list-style-type: none"> 1. All amputation cases who have been passed. 2. All amputation cases whose artificial limbs are still unordered, unless it is certified in writing by the Surgeon Specialist that they will be injured by a journey on a hospital ship. 3. As many cases as possible to be fitted with Pegs before proceeding. 	
	6.6.18		<p>Notification was received to-day from D.M.S., A.I.F. that no further arrangements were to be made for the supply of artificial limbs to A.I.F. Officers without special authority from D.M.S., A.I.F.</p>	Hoh
	6.6.18		<p>A Limb parade was held on 5.6.18. Pensioner Bailey formerly A.I.F. was ordered a new limb from Essential Limb Coy, authority from D.M.S.</p>	Jsh
	12.6.18		<p>4 other ranks were passed as satisfactorily fitted.</p>	Jsh
	17.6.18		<p>The Commanding Officer (Lt. Col. A.L. Buchanan) left for 7 day's leave.</p>	
	18.6.18		<p>Notification was received from D.M.S., A.I.F. that all double amputation cases at present in hospital are to be withheld from embarkation on Hospital Ships due to leave this month.</p>	Jsh
	19.6.18		<p>Major Green left the Unit to-day for Movement Order overseas.</p>	Jsh
	" "		<p>The Commanding Officer returned from 7 day's leave granted by D.M.S. on 12th instant.</p>	Jsh
	20.6.18		<p>A Limb Parade was held to-day:-</p> <ol style="list-style-type: none"> 1 Officer and 6 other ranks were passed as satisfactorily fitted. 	Jsh
	23.6.18		<p>Chaplain Rev H. Vine joined this Unit to-day vice Chaplain Major Green transferred overseas.</p>	Jsh
	26.6.18		<p>Capt. van Someren joined the Unit to-day from No. 2 Command Depot.</p>	Jsh
	27.6.18		<p>Limb Parade was held to-day :-</p> <ol style="list-style-type: none"> 5 other ranks were passed as being satisfactorily fitted with artificial legs. No new limbs have been ordered. <p>Lady Robinson, Lt. Col. Anderson A.D.M.S., paid a visit to the hospital to-day, for the purpose of inspecting the new hostel for V.A.D's ("The Romans"). They were shown over the premises by the Commanding Officer and Matron. This House is undergoing structural alterations particulars of which will be embodied in a later Diary</p>	Jsh

Type page 25.

WAR DIARY

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or
INTELLIGENCE SUMMARY.

(Erase heading not required.)

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices												
Southall	28.6.18		Major C.B. Pym was posted for temporary duty with this Unit, whilst awaiting transport duty to Australia.	m												
	30.6.18		<p>A draft of 106 Invalids were entrained at Southall to-day for the Port of embarkation en route to Australia. It comprised 50 fitted with artificial replacements, 50 unfitted of which there were 6 Queenslanders, 14 New South Wales, 20 Victorians, 5 South Australians, 3 Western Australians, and 2 Tasmanians. Also 5 non amputation cases and 1 Blind case.</p> <p>The total number of Limbs passed as satisfactorily fitted for the month, by the undermentioned Limb Companies are as follows :-</p> <table data-bbox="1160 914 2132 1073"> <tr> <td>Essential</td> <td>2</td> <td></td> </tr> <tr> <td>Masters</td> <td>2</td> <td></td> </tr> <tr> <td>Ernst</td> <td>8</td> <td></td> </tr> <tr> <td>Allen & Hanbury</td> <td>1</td> <td>making a total of 13</td> </tr> </table> <p>(The total number of Admissions 171 Discharges 229 for the month of June.)</p>	Essential	2		Masters	2		Ernst	8		Allen & Hanbury	1	making a total of 13	<p>shel</p> <p>shel</p>
Essential	2															
Masters	2															
Ernst	8															
Allen & Hanbury	1	making a total of 13														

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WAR DIARY

OF

No. 2 Australian Auxiliary Hospital Southall

FOR

June

1918

LIST OF APPENDICES.

No.

Subject.

- (a) Report by the Commanding Officer
- (b) do do Surgeon Specialist
- (c) do do Matron
- (d) History of the Pharmaceutical Department
- (e) Report on the work for month of June by Pharmacist
- (f) Report by Physician of B.C.D and E. Wards
- (g) Report by X ray Department
- (h) Report by Massage Department
- (i) Report on the Influenza epidemic by Lt. Col. Buchanan with clinical charts attached.
- (j) Nil.
- (k) Report by the Quartermaster
- (l) do Physician of A.H.I. and J. Wards
- (m) do do of "The Schools"
- (n) do on "Adams' " Arm by Major Lethbridge
- (o) do by the Chaplain.
- (p) Report on 6 months work by Major Lethbridge.



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No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,

SOUTHALL, MIDDLESEX,

2nd July, 1918.

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

MONTHLY REPORT FOR JUNE. 1918.

I have the honour to submit for your consideration the following report.

(1). DISCIPLINE.

Discipline continues to be very good.

(2). Q.M. DEPARTMENT.

This department continues to be satisfactory the supply of rations has been prompt and uniform, and the difficulty previously experienced in the supply of Fish and Cheese seem to have been surmounted.

A very considerable improvement has been effected in the quality of the bread.

(3) V.A.D'S.

The work of these girls has been satisfactory. The influenza epidemic made conditions difficult for some days but the work was carried on without either the quality of the cooking or the serving suffering from the shortage of labour.

In the wards the labour staff of 9 scrubbers is giving every satisfaction.

Charge Sisters report that ~~scrubbing~~ ^{scrubbing} is more efficiently and satisfactorily done, than when it was carried out by men orderlies.

(4). CONSTRUCTIONAL WORKS AND REPAIRS.

The following works have been completed;—

(a). Cutting doorway into the front of the Porter's Lodge, thus allowing the Hospital the use of an extra room.

(b). The cutting of a double doorway from the front lawn into the canteen.

This work was carried out at the expense of the Australian Natives Association.

The following works which were nearing completion last month, have now been completed.

(a). Installation of baths on the upper floors.

(b). Conversion of the previous developing room at the infirmary into a Service Room, and of the previous X-Ray Room into a Sister's Sitting Room. This constitutes a very decided improvement to the Infirmary.

(c). Completion of the Massage Department.

The following works have been commenced;—

(a). Flooring and walling in of Ambulance Shed.

(b). Conversion of the previous Massage Room into a Combined dressing Room, Bath Room and Laboratory with suitable partitions.

(c). Repairs to the new V.A.D. Hostel at the "Romans".

(d). Replacement of the waste water drainage at the V.A.D Hostel at Grove House.

The following works are in course of preparation;—

(a). Concreting of the covered path way to the Schools.

(b). Provisional escape for an escape flue for the



No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,

SOUTHALL, MIDDLESEX,

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MONTHLY REPORT FOR JUNE 1918. (continued).

Infirmary Heater.

(c). The provision of an additional heater for the upper floors of the main building.

(d). Errection of a cloakroom for V.A.D'S at the Hospital.

(e). Provision of Baths, W.C's and service room at the Middlesex Schools.

5. RED CROSS.

On account of the difficulties which Amputation cases encounter an additional grant of £2. 10. per month has been made by the A.R.C. to the entertainment fund.

The number and quality of entertainments to which the men are invited outside the Hospital is very satisfactory.

In a number of instances it was found necessary to ask the men to pay their own fares to and from these entertainments.

The additional grant of £2. 10. should partly obviate this.

A number of Ward and General Concerts was arranged by the Hospital and paid for by private subscriptions or regimental funds.

It would be much appreciated if this might be arranged by the Red Cross as a considerable difficulty is experienced from the Hospital, in getting in touch with the right people.

6. AGRICULTURE.

The potato and vegetable crops are so far satisfactory. The dryness of the season is a source of anxiety.

A ~~very~~ satisfactory hay crop was harvested.

7. X.RAY AND MASSAGE.

During the illness of Capt. Nisbet the work of this Department is being satisfactorily carried on by Capt. Morgan.

8. PEG MAKING.

Owing to the large number of men being returned to Australia and the greatly increased total of amputation cases accomodated in Hospital the work of this department has been very considerably increased.

Two additional men have been detailed for the work and much credit is due to L/cpl. Maxwell in training these men and in supplying the total demand.

9. A.N.A.

The previous high standard of work done by this Association has been well maintained. The Hospital owes much to Mrs. Macpherson and her staff of workers.

The music provided on Mondays is much appreciated, and a splendid river entertainment was given to 80. patients during the month.

The cigarettes and matches distributed to the patients on the train evacuating patients to Australia were also much appreciated.

10. GENERAL HEALTH.

Apart from the disability as amputated cases, the general health of the patients was good until the advent of the influenza epidemic. This prostrated whole wards at a time.

Over 250 patients had a definate attack and the greater proportion of the Medical and Nursing Staff, Orderlies and V.A.D'S were attacked.

It was necessary for a period of 4 days to suspend



No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,
SOUTHALL, MIDDLESEX,

(3).

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MONTHLY REPORT FOR JUNE 1918. (continued).

the scrubbing of wards and to concentrate on the essentials of nursing and dieting.

A record was attained in the total number of amputated cases accomodated. This figure reached 418. as against a previous record of 430.

106. cases were evacuated on the last day of the Month

11. MEDICAL OFFICERS.

A good deal of sickness has occurred amongst the Officers. Six Medical Officers were attacked with influenza, ~~two~~ ^{two} Captains, Hunter and Nisbet, having a very severe form of the disease and being unfit for work for several weeks, after the temperature became normal.

Capt. Van Somern was detailed in temporary relief of the shortage.

12. ATTACHED.

Returns are attached giving synopsis of their work by the Surgeon Specialist, the Officers in Charge of Special Departments and the Matron.

A. J. Buchanan Lt. Col.
.....
NO. 2. A.A.H SOUTHALL.

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"B"

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REPORT BY THE SURGEON SPECIALIST
FOR JUNE 1918.

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To. O.C.
No. 2 Australian Auxiliary Hospital
Southall

The Surgical work for the month of June was lessened to a great extent by an epidemic of Influenza, also the early evacuation to Australia of cases requiring further surgical treatment.

The only important operation during the month was one performed on Lt. Hincks for a re-amputation through the neck of the femur in order to enable him to sit. After this has healed he will be fitted with a Tilting table artificial replacement.

Hereunder is a list of Operations :-

Removal of Scars	6
Re-amputations	6
Re-Fracture	1
Sinus	1
Sequestrectomy	6
Abscesses incised	3
Foreign Body	3
Tenotomy	1
Nerves severed	2
Nerve repaired	1
Appendix	1
Haemorrhoids	1

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Godwin
.....Lt. Col
Surgeon Specialist.

IN REPLY PLEASE QUOTE

TELEGRAPHIC ADDRESS:
"SOUTHAST, SOUTHALL."

TELEPHONE: SOUTHALL 29.

No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,

SOUTHALL, MIDDLESEX,

2nd July, 1918.

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MONTHLY REPORT FOR JUNE 1918.

The work of the Hospital for this month has been unusually heavy, owing to a small Nursing Staff, a large number of patients and an outbreak of Influenza, which necessitated wards being opened at the Schools to accommodate between 60 and 70 bed patients.

A night nurse and extra day staff had to be provided to meet this contingency - made more difficult by reason that many of the Orderlies and Sisters were also suffering from the epidemic.

Changes in the Nursing Staff include;---

Transport to Australia. --	13.
" from " --	12.
To Southwell Gardens --	4.
To France. --	1.
To Southwell Gardens for duty. --	1.
From other Hospitals. --	2.

Sister O'Connell operated on for Hallus Valgas, on May 30th. is still absent.

Sister Allender, operated on by Captain Newton, for removal of nodule from breast is also still absent.

The G.S. V.A.D's have given great satisfaction in their work, and both Kitchen and Dining Hall have improved in every way under the management of Mrs Grierson, and Miss Spencer.

Mary M. Finlay
MATRON.

IN REPLY PLEASE QUOTE

TELEGRAPHIC ADDRESS:
"SOUTHAST. SOUTHALL."

TELEPHONE: SOUTHALL 29.

No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,

SOUTHALL, MIDDLESEX,

5th July 1918

On 1st January 1918. the Pharmaceutical Depot of this Hospital was put under my charge and as far as this Hospital is concerned it was the first occasion on which a Pharmaceutical Officer had been on its establishment.

Hitherto this Depot had been controlled by the Q.M. but his influence was felt only as far as the records and the necessary book-keeping went, and did not extend to practical dispensing, of which the Q.M. naturally had no knowledge, this branch being absolutely controlled by a Sergt. dispenser.

On taking over the Pharmacy and Surgical Stores I found a complete card system of records in operation, with a separate card for each non-expendible item and columns set apart showing receipts from firms and issues to wards. The card system is a perfect as possible embodying conciseness simplicity and accuracy.

The stocktaking on my assuming charge revealed certain deficiencies in non-expendible items largely due in my opinion to two main factors.

- (1). As practical dispensing was entirely foreign to the Q.M. his control was practically nominal, and he had to depend absolutely for accuracy on ward issues and etc, on S/Sergt Dispensers, who change from time to time, and who moreover took no part in the system of accounting, this being done by Q.M's Clerks. Consequently there was a certain lack of cohesion
- (2). With regard to Surgical instruments and appliances the Q.M's Clerks had no technical knowledge of these, consequently absolute accuracy in stock-taking was difficult.

At the time of my taking over, the sources of supply were direct from the wholesale houses on indent on Army Form I.1209. being submitted to the D.M.S. who arranged for the supply. All non-expendible articles were taken on ledger charge and issued to wards on receipt of Army Form 188, signed by Medical Officer or Sister in charge of wards. These forms ~~forms~~ then represented vouchers, and from them the wards were charged on ledger cards with the respective articles.

The delay in indenting and receiving supplies from firms varied from three weeks to some months in cases, and this portion of the service was placed on a more satisfactory basis when the Base Depot Medical Stores opened up in Great Smith St. London. on the 18. 3. '18.

This is now the source of all medical and Surgical supplies, indents being made on A.F. I.1209 at six monthly periods a return of stock is made to D.M.S. on A.F. I.1214, the return showing balance from previous ~~stock~~ period subsequent indents and balance of stock remaining over at present period. Discrepancies by loss and breakage are rendered to D.M.S. on A.F. I. 1230, which report shows cause of loss or damage, and on the authority of D.M.S. these articles are written off charge on ledger cards.

Broken articles are returned to B.D.M.S. together with A.F. 1033. in duplicate, of which one copy is receipted by Officer in charge and returned to me.

W. H. J. Lewis
Pharmacist

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No. 2 Australian Auxiliary Hospital.
SOUTHALL.

July 2nd, 1918.

The O.C.
No. 2 Australian Auxiliary Hospital.
Southall.

MONTHLY REPORT OF PHARMACEUTICAL OFFICER FOR JUNE.

The work of the Department has been carried on during the month to my satisfaction. S/Sgt. Pomeroy reported for Duty and was taken on Dispensary strength vice S/Sgt. Smith boarded for return to Australia.

Stock has been taken closing on the 30th June and A.F. 1214 is now being completed for forwarding to D.M.S.

I have carried out the duties of Rationing Officer.

W. Hill
.....

Lieut. & Pharmacist.

T.H.G.

.....

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"F"

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No. 2 Australian Aux. Hospital.
SOUTHALL.
July 5th 1918.

To. O.C. No. 2 Australian Auxiliary Hospital. Southall.

Herewith report for the Month of June of Wards B. C. D. & E., which are in my charge.

The work of the Wards has been carried out satisfactorily both by the Sisters and Orderlies except in D. ward where one of the Orderlies was reported for neglect of Duty, which matter has been satisfactorily settled by myself.

As regards the cases treated in the above wards there is nothing of importance to be reported from a surgical point of view.

During June an outbreak of Influenza occurred in all the four wards. The attacks were of sudden onset with high fever but the majority of cases subsided after three or four days, no complications ensuing.

The following is a list of cases treated in the four wards.

B.	Admissions	37		Discharges	4.
	Transferred	12.		Remaining	30.
	Influenza cases			30.	
C.	Admissions	24.		Discharges.	29.
	Transferred	-		Influenza.	17.
	Remaining	26.			
D	Admissions	61		Discharges	27.
&	Remaining	52		Influenza	50.
E.					

J. W. Hood Major.

IN REPLY, PLEASE QUOTE

TELEGRAPHIC ADDRESS:
"SOUTHAST, SOUTHALL."

TELEPHONE: SOUTHALL 29.

No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,
SOUTHALL, MIDDLESEX,O.C.
No. 2 A.A.H.
SOUTHALL.

July 1st. 1918

X-RAY REPORT.

The work during the month has gone on very satisfactorily, and the advantage of the new quarters is very evident.

A new upright screening stand was recently delivered from Siemens Bros., and is going to prove of much value.

I attended a conference at H.C. re X-Ray equipment and am following on the lines laid down.

Herewith are attached figures.

X-Ray Returns for Month of June 1918.

Stumps	Lower Limbs	69	
"	Upper Limbs	18	87
Whole Limbs	Lower.	20	
	Upper.	13	33
Localisation	F.B.		2
Hips			4
Shoulders			7
Heads			5
Abdomen			1
Kidney			1
Bladder			2
Necks			2
		Total	144
Treatment Cases			3
			147 Patients.
			277 Plates.
<u>Stereos</u>	7		

A. Whistler
Capt.

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MASSAGE REPORT.
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To. C.O.
No. 2 Australian Auxiliary Hospital
Southall.

Hereunder is a report of the work done by the Massage
Department for the month of June 1918.

SUMMARY.

Number of Patients.	63.
Number of Treatments.	1206.
Average Daily.	33-9.
Dicharged	9.

Shoulder.	6.
Fingers and Wrists.	8.
Knees.	10.
Feet Ankles.	11.
Hips.	13.
Legs.	13.
	<hr/>
	61.

RHEUMATISM.

Nerves Circumflex.	3.
Rheumatism.	2.
Mus Sp.	3.
do Cutan.	3.
Medion.	6.
Ulnar.	3.
Sciatic.	2.
Ex. Pop.	7.
Int. Pop.	1.
L. Subscopolar.	1.
Spinal Acc.	-
Obturator.	1.
Femorae.	1.
	<hr/>
	33.

Morgan Carter

P.

5TH. July, 1918.

NOTES ON THE INFLUENZA EPIDEMIC.

The epidemic of so called "Spanish ^{Influenza} Flu" invaded London about the middle of June.

The first case in Hospital was that of an Officer who was attacked on 7th June, on the 9th three or four cases made themselves apparent. In one case direct infection from the first case could be traced.

In the others, no obvious source of infection was traced. Up to the 15th there were altogether about 50 cases in Hospital, all ranks were attacked, Officers, Nurses, patients, V.A.D's and Orderlies suffering in like proportion.

METHOD OF TRANSMISSION.

The disease was extraordinarily infectious and the method of transmission could be well observed in a ward consisting of bed patients. The usual thing was for one or two patients who were walking about to show symptoms of the disease. These were (at the beginning of the epidemic) immediately isolated. As early as 24 hours later 1 dozen patients in the same ward would show clinical signs.

In wards "F & G" the incidence was as follows:-
On 1st day, one patient in "F" ward. on 2nd day, six patients in "F" ward, 3rd day, all patients but one, in "F" ward and three cases in "G" ward. 4th day, all patients but three in "G" ward.

It should be noted that "F & G" ward are in charge of the same Sisters and Orderlies and that there was a certain amount of communication between the patients themselves. The suddenness with which a whole ward could be infected gave rise to the discussion as to the possibility of an air borne infection, but after careful investigation there seemed no reason to think that the infection was not by direct transmission, allowing for the fact that the infection was extremely virulent.

Out of a total of 520 patients in hospital, 260 were actually reported sick and put to bed. Allowing for a certain proportion of up-patients (roughly 50% of the whole) who had a mild infection, and evaded examination in order to avoid a lengthened stay in bed,

the following are roughly the percentages affected:-
Bed Patients. 80%. Up Patients. 55%. Officers Staff 50%.
Nurses Staff 50%. V.A.D's 30%. and Orderlies 30%.

CLINICAL

Symptoms were simply those of acute toxemia -- a severe form of frontal headache,

pains in the back and limbs, dizziness, loss of appetite, tendency to vomit and diarrhoea and prostration.

SIGNS.

Excepting very slight pharyngitis and conjunctivitis, physical signs were absent. No serious complications were noted in any of the cases observed.

SEQUELAE.

The commonest sequelae was in the form of nervous debility (depression, nervousness, tendency to sleeplessness and irregular appetite)

These symptoms however, yielded in the course of a few days, to rest and treatment.

COURSE

The course of the disease is best illustrated by reference to the clinical charts attached

P 1

(2).

NOTES ON THE INFLUENZA EPIDEMIC. (continued).

A marked feature of 95% of the cases was the sudden onset and a rapid rise of temperature.

Fully 90% of the cases fell as rapidly .
A fall by ~~rapid~~ lysis, as in the case of Thompson was very rare and not at all typical.

The secondary rise in the case of Thompson, gives rise to the suspicion of Trench Fever, but no history of this disease could be ^{elicited} from him.

Four other cases similar to his were reported during the epidemic without any previous history of trench fever, so that this must be regarded as an atypical form of the same disease.

A. McPherson
----- Lt. Col.
No. 2. A.A.H. SOUTHALL.

"K"

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IN REPLY PLEASE QUOTE

Q.M./I/99

TELEGRAPHIC ADDRESS:
"SOUTHAST, SOUTHALL."

TELEPHONE: SOUTHALL 29.

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No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,
SOUTHALL, MIDDLESEX,

4th July 1918

O.C.,
2nd Australian Auxiliary Hospital
SOUTHALL.Quartermaster's Monthly Report for June 1918.

The work generally has been very satisfactory.

Staff.

Several alterations have occurred in the Staff including the Ration Clerk being transferred to the Australian Flying Corps and the Ledger Clerk transferred to A.A.M.C. Details, but both positions have been efficiently filled.

One well deserved promotion occurred during the month, Corporal Pickard in charge of the Grocery Store being promoted Sergeant.

Maintenance.

Great improvement has been effected in connection with necessary structural alterations etc, owing to having 3 R.E. attached to this Hospital for temporary duty.

Equipment.

Equipment etc has been regularly ^{received} as per usual and generally as per Indent. Practically the whole of the equipment for the V.A.D. Hostel "The Romans" has arrived and has been stored pending the occupation of the building which should be within two weeks as the contractors are well ahead with the work.

Cooking and Rations.

Rations are working satisfactorily and the cooking has shown great improvement. The cooking of the V.A.Ds is a great improvement on that of the W.A.A.C. being more economical, cleaner, etc.

One alterations occurred during the month in connection with meat, consignments of same (cut joints) now being delivered direct from Messrs. Perfect and Co. (Government Contractors) whereas previously carcass meat was drawn through the A.S.C. from Perfect & Co. The new system is an improvement.

Capt. & Q.M.

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"L"

5th July, 1918.

MONTHLY REPORT FOR "A", "H.I. & J." WARDS FOR JUNE, 1918.

Admitted.	Discharged.	Operat.	Cases of Influenza.
4.	17.	3.	37.

The influenza cases all had a very sudden onset with a high temperature (at least 103) and severe prostration. Sore throat was a common symptom and in two cases vomiting occurred. The attack seldom lasted for more than four days, when the temperature became normal and there was hardly any post-influenzal prostration.

Arthur M. Meek

MAJOR.

No. 2 Australian Auxiliary Hospital, SOUTHALL.

"The Schools."

<u>Bed State at 8 p.m. 31st May, 1918.</u>	<u>Occupied.</u>	185.
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Movements during June:-

<u>Admissions.</u>	297.
	482.
<u>Discharges.</u>	274.
<u>Transfers to other Wards.</u>	34.
	308.
<u>Balance beings BEDS OCCUPIED at 8 p.m. 30th June, 1918</u> ...	174.
<u>BEDS EQUIPPED.</u>	215.

<u>No. of X-Ray Reports dealt with</u>	32.
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"The Schools."
1st July, 1918.

Bransome Captain.
Medical Officer i/c "Schools."

During June, Influenza was prevalent, 69 cases being treated up to the 30th ulto. Wards Nos. 4 & 5, and the Recreation Room were converted into Medical Wards for this purpose.

1st July, 1918.

Bransome Captain.
Medical Officer i/c "Schools."

Amp/12/33y.

3rd July

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D.M.S., A.I.F.
 Administrative Headquarters A.I.F.
 London.

re ADAMS' ARM

Reference your 1503/1/174 of 27.6.18, the Examining Surgeon reports as follows :-

Mr Adams who is on the Staff of Queen Mary's Hospital at Roehampton and who himself lost an arm some fourteen years ago, is the inventor of the above replacement which has not as yet been recognised officially by the Minister of Pensions.

This replacement is made of aluminium and the working parts of steel. It is solely a workers' arm and no provision is made for the mechanical hand with its moveable fingers. The adapters for different tools are simple and ingenious.

The cost is about £ 22 and therefore much the same as other arms in price.

The fact that aluminium enters largely into its composition would make us suspicious of its durability but the Commanding Officer of Roehampton assures us that it has stood the test of heavy work admirably. This arm is a workers' arm solely and to give it to a clerk, would be as disastrous an error as attempting to supply a Carnes to a worker.

We cannot see that the Adams' arm possesses any marked superiority over Hobbs' workers' arm.

No. 2593 Pte Lowe of No. 149 Underwood Street Paddington, Sydney, a double amputation of the arm can demonstrate Hobbs' working arm which is fitted to one of his stumps, the other being fitted with a Hobbs' mechanical arm.

This soldier could at the end of a few weeks perform most of the routine of daily life.

Every firm has a limbless man who is trained to such a degree of perfection that he leads the uninitiated to believe that the particular limb that he is demonstrating is the most wonderful on the market.

We recommend that an amputation case be fitted with an Adams' arm complete with all adapters, that he be trained and returned to Australia for demonstration purposes.

(Sgd) H. O. Lettbridge
 Major
 Registrar

For C.O. No. 2 Australian Auxiliary Hospital

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No. 2 Australian Auxiliary Hospital,
S O U T H A L L,
1st July, 1918.

CHAPLAIN'S REPORT FOR MONTH ENDING 30th JUNE, 1918.

During the month a varied round of entertainments have been arranged for the patients by the Red Cross and other friends. Practically every day parties of the patients, averaging about 20, have been sent away, either to Theatres, River trips, or by motor, and there have been several concert parties visiting the Hospital. Every Tuesday, by courtesy of His Majesty the King, a party has visited Windsor, where they have been very kindly entertained.

CHAPLAIN'S WORK. Regular services have been maintained at the Hospital, and the wards visited.

On the occasion of the evacuation of the Patients to Australia, through the kindness of the A.N.A. Canteen Committee, Mrs. Macpherson was able to give to each patient on the train, cigarettes and matches.

Henry King.....Chaplain.



No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,
SOUTHALL, MIDDLESEX,

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REPORT FOR SIX MONTHS "LIMB" WORK AT
SOUTHALL.

During the six months from January to June 1918,
the following Amputation cases were discharged from No. 2.
A.A.H;----

By hospital train for Embarkation,

Fitted.	264.
Unfitted	14. N.S.W.
"	82. Vic.
"	2. Tas.
"	48. S.A.
"	3. W.A.
"	46. Q.'Land.
Non"Amputation,	29.
	<u>488.</u>

To No. 2 Command Depot.
Amputated arms 104.

The following limbs were passed as satisfactorily
fitted during the half year;--

	Officers.	Others.
Essential.	7.	150.
Masters.	-	50.
Ernst.	2.	34.
Allen & Hanbury.	-	19.
Cauet (arm).	-	4.
Hobbs. (arm).	-	6.
Rowley.	-	2.
Pedestros.	-	1.
	<u>9.</u>	<u>266.</u>

The total number of amputations discharged to date
from this hospital is as follows;--

<u>Fitted Legs.</u>	
Essential.	453.
Masters.	155.
Ernst.	133.
Rowley.	41.
Allen & Hanbury.	24.
Pedestros.	1.
Pomeroy.	3.
Hanger.	11.
Grossmith.	10.
	<u>831.</u>

<u>Fitted Arms.</u>	
Carnes.	16.
Anderson.	56.
Blatchford.	25.
Cauet.	4.
Hobbs.	8.
Ferris.	3.
	<u>112.</u>

Unfitted Legs.	346.
Unfitted Arms.	304.
TOTAL	<u>1593.</u>



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In addition to this a certain number of arms have been sent from British Hospitals to No. 2. Command Depot for Australia, without passing through this hospital.

OFFICERS.

The arm amputees have been returning unfitted since April 1917. Leg amputees being returned at the rate of 32 per week since July 1917. It follows therefore that the 346 unfitted leg amputees have returned within 12 months.

Previous to December, 1917. Officers were fitted from Queen Mary's Hospital, Roehampton. Since this they have come to this hospital for fitting.

On our recommendation it was ruled that officers be supplied with the same type of limb as other ranks.

It was found in several cases that the stumps were not ready for fitting and authority was asked and obtained, to admit for operation those desired. This has been most beneficial to the officers concerned.

It has been our policy to encourage officers to attend the Limb parades in order that they should have every opportunity of seeing the different limbs in use, and of appreciating the difficulties which they will be called on to face in the first few weeks of their tuition.

Two limbless officers, Capt. Morgan and Major Meehan commenced work on the Staff while still unfitted and have continued working whilst being fitted. Their devotion to duty has had an inspiring effect on the patients.

Both these officers are now satisfactorily fitted.

The report rendered at the end of March last, dealt with different limbs in detail and it is only necessary to mention a few facts which greater experience has taught us in regard to these.

ESSENTIAL.

This limb which for a time had been below the standard we required, has recently improved. It still gives excellent results.

We regard the knee piece as faulty and believe that the fractures which have occurred are due to the faulty construction. It is possible that bass is less reliable than willow and this may account for the fewer fractures of the knee piece which we have met with in Ernst knee pieces.

(See report on Essential Knee).

The leather bucket has proved its efficiency, and we hold more firmly than ever to the opinion that every first limb should have a leather bucket.

The adherents of the wooden bucket prefer it because of the lightness. It is interesting to note apropos of this that the last 25 Essential legs (a/k) with pelvic bands and harness and without the boot averaged 7.4 lbs.

A dozen without pelvic bands averaged 6.25 lbs, and the last four below the knee averaged 5.25 .

When it is remembered that in the leather bucket



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the weight is greatest in the bucket - is placed high and is felt less by the wearer it must be admitted that these results should not in any way *ceteris paribus*, shake our faith in the leather bucket.

Three double thighs - the most difficult of all amputees to train in walking- have become excellent walkers with Essential Limbs.

The Essential below the knee takes bearing on the tuberosity of the tibia. Little weight is borne above the knee by the thigh corset.

Masters takes more above the knee having a more extensive thigh corset, whilst Ernst carries the thigh corset (made of blocked leather) right up to the tuberosity of the ischium. It seems unwise to pronounce *dogmatically* in favour of any of these three methods.

At present we incline to the opinion that the length, shape and condition of the stump - as well as the occupation - activity, and weight of the amputee should all be taken into account before coming to a decision as to which to adopt. We are at present inclined to the belief that for the most part the B/K bearing is best, although less comfortable at first.

Several cases of Essential thighs which have shrunk rapidly have caused us to have the bucket revamped and a new V cut into it. As this can be done at a small cost and could be done by any leather worker - it is one more point in favour of the leather bucket.

ERNST.

Mr Ernst with his long experience of limb fitting, his individual care bestowed on our amputees, still continues to give us satisfaction. He has discarded the wooden bucket and is making us a limb, which in principle follows closely the Essential (see last quarterly report)

His tilting table, (~~the invention that~~ Mr Ernst claims to be the pioneer of this form of replacement) gives really excellent results.

We now believe that many cases of 3 inch stumps and all of 2 or under, do better on a tilting table than in a bucket. The average weight of the last 17 Ernst A/K limbs with harness and pelvic bands and without the boot is 7.4 lbs.

The average weight of 6 tilting tables is 9 lbs. (most of the weight being attached to the pelvis and therefore not felt by the patient).

Although the view is largely held that the final limb should be with a wooden bucket, yet one must not too readily jump to the conclusion that this is right.

The wooden bucket is cut out to fit and cannot in many cases attain the accurate fitting that a leather bucket would; moreover, the final stump is subjected to alterations in calibre by the leanness or fatness of the patient as well as by temperature and the wooden bucket remaining fixed would be apt to be loose or tight in turn.

We would rather reserve our opinion and say that we are convinced that ~~that~~ the leather bucket is the thing for the first limb and we are not convinced that it should be discarded



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in the final limb.

As mentioned before Ernst B/K limb takes a considerable amount of tube bearing.

This, we believe at present, is an advantage in very short below knee stumps. In these below four in ches however the high position of bearing probab ly tends to give less control than a below knee bearing. We think that although during the first month the Ernst b/k is the most comfortable limb, and yet at the end of six months the type of limb which bears below the knee will give better results.

MASTERS.

Masters still gives excellent results in b/k limbs, their average weight being 5 $\frac{1}{2}$ lbs. We have, as one would expect, had several cases of shrinkage, necessitating new buckets.

The thigh corset of Masters is tightly laced to take bearing and in many cases reaches the tuber. One case found that this caused oedema of the stump, making the bucket intolerable

We are extending this corset and reinforcing it with lateral steel bands so that he will be enabled to take tuber bearing and wear the limb with the thigh corset less tightly laced.

ALLEN & HANBURY.

This firm has been very unsatisfactory.

We have ceased ordering them for several months. We found that these limbs were imported from America and the aluminium was very brittle. These we are discarding and being replaced with English made aluminium which we hope will be more satisfactory. The firm does not appear to have men skilled in fitting and able to grasp the significance of defects pointed out by us.

ROEHAMPTON.

Although we regard the Hannger as a good limb we have not ordered any Roehampton limbs for over 12 months as we do as well elsewhere.

PELVIC BANDS.

We now believe every above knee should have a pelvic band We have got the Essential by dint of much explanation to make us properly fitting pelvic bands. The argument that the pelvic band adds 1 $\frac{1}{2}$ lbs to the gross weight of the limb and therefore is disadvantageous, is foolish. This band is attached to the body, supports the limb, and not only is not felt by the patient but lessens the pull on his shoulder braces and therefore lessens considerably the weight of his limb.

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GENERAL.

The results obtained in excision of scar, and reamputation during the last 12 months have been excellent.

It was thought that it would be greatly to the advantage of our amputees that they should be admitted as early as possible to come under the care of the surgeon responsible for their final fitting. Unfortunately too early attempts at reamputation, a procedure adopted in several hospitals, is almost certain to result in lighting up sepsis, and the need for further operation.

The D.M.S. sent round a circular letter (see appendix) to D.D.M.S.'s of the U.K. Commands. Even this was found insufficient in many cases. We now adopt the principle of sending a request for the admission of an amputation case as soon as we know he has reached England. The result has been that our cases are coming in much earlier.

Recently we have received orders to return unfitted to Australia all cases except double amputations able to travel. This order has been productive of much dissatisfaction among the amputees. The reasons they give for considering this order a hardship are:-

(1). An ardent desire to have leave before returning to Australia. They argue that being volunteers and often having had little leave before being wounded - having relatives or friends in England whom they will not have the opportunity of seeing again - they are entitled to leave.

(2). The sentimental desire to return to their homes walking, instead of on crutches. This is a more important aspect than is realized. They argue that even although the limb is unsatisfactory they should be given the opportunity of walking home.

(3). They argue that with the numbers of unfitted limbless that have been returned and the number of fitted needing constant repairs and renewals Australia will have difficulty in avoiding delay in fitting them. Letters from unfitted amputees who are, after several months, still unfitted are produced by them to substantiate this.

(4). They believe that the experience gained in limbs here must be greater than in Australia, which is isolated from the chance of Allied Conferences, and interchange of ideas, and they fear that this experience has to be gained by those who commence the work in Australia.

(5). They have seen limbs delivered since the war in Australia which have been most unsatisfactory, and they are prone to forget that these represent early types and are not typical of what Australian factories are turning out now.

(6). In the case of many a desire to avail themselves of the excellent instruction given by the Australian Red Cross Workshops is the cause of their desire to remain on for a while.

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PEGS

A workshop for pegs is in full swing under Corporal Maxwell who is doing excellent work. From fifteen to twenty pegs per week are being turned out. We have discarded the funnel-shaped above knee peg & give one with a hinged joint at the knee. We give often a lock for stability. The unjointed peg is faulty. The above knee amputee wearing one either must have it short, in which case he limps badly, or else if it be the right length he is compelled to throw his leg out to clear the ground.

Some of the pegs are being made of fibre & some of leather. The fibre pegs are light & can be quickly made but cannot be moulded to so accurate a fit as the leather. We therefore employ leather mainly for below-knee & fibre for thigh amputations.

All the pegs are made laceable & therefore can conform to the shrinking stump. They are light durable & comfortable. In a few cases we are putting on feet, but do not consider that this is to be encouraged in view of the fact that pegs are only temporary replacements.

Specimens are being set aside for the Museum which will show the gradual improvements which are being effected in this line of work.

UNOFFICIAL

The D.G.M.S. said in my hearing that "no limb made in England was worth a damn & that all the limbs returning from Southall were so bad that they were condemned". Also that Australia was making a much better limb. It is difficult to convince the amputees of the correctness of this statement.

On looking back we realize how greatly experience has increased our knowledge of the subject, & we fail to see how this knowledge can be acquired without experience. We still know only too well how much there is to improve & how much to learn, but every month sees us adding to our power to give more satisfactory replacements to the amputees.

We are told that the limbs being made in Australia are imported in the rough from America. If this be so will not the delay be considerable & will not the shrinkage of the stump render liable a misfit?

Again experience has taught us that limb-makers, being on the whole business men desirous of furthering their own trade, need the careful & absolutely impartial supervision of medical experts whose knowledge is sufficient to allow them to dictate the type of fitting required.

A tendency exists among them to prefer certain types of stumps as being easier to fit. The surgeon should (after having conserved every possible inch of bone) insist that the limb-maker fit the patient satisfactorily. Moreover it is very simple for a limb-maker to point out faults in another limb - faults which could in the hands of a competent mechanic be remedied in a few minutes - knowing that the condemnation of this limb may mean an order for him.

Australia has had 650 amputees from here to be fitted & a certain number which have returned otherwise than through Southall. She has in addition 950 fitted amputees needing renewals & repairs. Can she deal with all these satisfactorily & without delay, & can she go ahead without making the mistakes that we made at the outset?

The arguments given above by the amputees against being returned unfitted are at least worthy of perusal.

Seeing that a leather bucket is the best replacement for all amputees at their first fitting it would appear a sound procedure to continue fitting all with their first limbs here, leaving Australia to deal with all repairs & renewals & a certain number of unfitted whose desire to return for personal reasons was greater than their desire to be fitted here. This number (at present small) would certainly increase as confidence in the Australian limb made itself felt.

Such a procedure would give the amputees an opportunity of obtaining their much desired leave, also of getting some instruction in the Red Cross workshops. The amputee while feeling quite fit after his long enforced idleness is apt to cultivate the habit of loafing to kill his time, a habit difficult to get rid of. Even though the instruction received in the workshops is insufficient to render him an expert tradesman yet it has made him feel a man again during that critical period when he is most prone to develop life long habits of shunning work & playing the "old hero" looking for a beer.

The next best procedure is to finalise the surgery & send them back with well fitting pegs, so that on arrival their stumps would have partially shrunk & would be more or less ready for a limb.

Most amputees who have worn a limb fail to be contented with a peg. Proper fitting limbs are much superior to pegs & it is therefore desirable, other things being equal to send them home with limbs.

The policy of sending them home as cot cases unhealed can only be upheld where the difficulties of transport are sufficiently pressing to overcome all other considerations.

[Handwritten signature]