

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

Medical, Dental & Nursing

Item number: 26/73/14

Title: No 2 Australian Auxiliary Hospital,
Southall

September 1918



AWM4-26/73/14

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.)

466

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	Sept. 2nd.		Major A. V. Meehan left the Unit to-day to report to Alder Hay Military Hospital, Liverpool.	
	Sept. 4th.		A Limb Parade was held to-day:- 7 O. Ranks were passed as satisfactorily fitted 4 O. Ranks were ordered new limbs. 7 men were ordered Pegs.	Hob
	Sept. 7th.		A successful Sports Meeting was held to-day to celebrate the 2nd Anniversary of the opening of the Hospital. Several distinguished personages were present, notably amongst whom were Sir Charles Gregory Wade (Agent Gen. for N.S.W.) and Mrs. Wade, Col. Milliard C.M.G., D.D.M.S., A.I.F., Lt. Col. Anderson G.B.E. and various other Officers of the A.I.F. At the conclusion of the Sports Sir Charles Wade made a presentation of Prizes to the winners of the different events and gave a brief address concerning the Australians and their part in the great War.	Hob
	Sept. 8th.		A Church Parade was held to-day; the Service was conducted by the Chaplain, Major H. Vine while the Musical part of the Service was accounted for by the No. 1 Australian Command Depot Band under Bandmaster Compton. In the afternoon a Band Recital was given by the No. 1 Command Depot Band in the presence of a large number of Patients, friends and Staff. The Bed Patients were carried on to the front lawn where a suitable position was found for their attention and comfort.	Hob
	Sept. 11th.		A Limb Parade was held to-day:- 3 were passed as satisfactorily fitted 3 were ordered new limbs also one pensioner 11 were ordered pegs. Capt. Huxtable C., A.A.M.C. reported for duty. Capt. Nisbet assumed the duties of Acting Registrar during the absence of Major Morgan on leave.	Hob
	Sept. 13th		Col. Milliard, D.D.M.S. accompanied by Lt. Col. Hurley visited the Hospital to-day and made an inspection of the Workshops and discussed with O.C. and Surgeon Specialist reasons for delay in delivery of artificial limbs from the Makers.	Hob.
	Sept. 14th.		Major Morgan proceeded on leave.	Hob

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	Sept. 15th		A draft of 50 Invalids, comprising 3 non-amputation cases, 38 fitted with artificial limbs, and 9 unfitted left the Hospital to-day and were entrained at Southall Station en route for Australia. Capt. Huxtable M.C. accompanied the party as M.O. to the Port of Embarkation. Arrangements were made by Headquarters for the conveyance by Motor Lorry of the Patients' luggage to London.	HOL.
	Sept. 17th		Notification was received from D.M.S. to the effect that Hon. Capt. L. J. Aspinall (Quartermaster) has been appointed Q.M. for duty with Hospitals in Sutton Veny, Hurdcott and Codford Areas. Q.M. Hon. Lt. Mc Call, No. 3. A.A.H. to be Q.M. at No. 2. A.A.H. vice Capt. Aspinall transferred.	
	Sept. 18th		A Limb Parade was held to-day:- 3 O. Ranks were ordered new limbs 1 Officer was ordered a new limb. 7 O. Ranks were passed as satisfactorily fitted with artificial replacements including 1 arm and 6 legs. 14 were ordered peg legs.	HOL
	Sept. 20th		Col. Milliard D.D.M.S., A.I.F. paid a visit to the Hospital this morning for the purpose of discussing those cases suitable for embarkation to Australia.	HOL.
	Sept. 24th		A Railway Strike occurred to-day on the Gt. Western Line. 80 discharges for furlough at Headquarters were obliged to proceed by tram to Ealing Broadway, thence by underground to St. James Park. Q.M. Hon. Lt. Mc. Call reported for duty vice Capt. Aspinall to be transferred to A.I.F. Depots.	HOL.
	Sept. 25th		The Weekly Limb Parade was held to-day:- 3 patients were passed as satisfactorily fitted. 2 pensioners were also passed for repairs executed 2 patients were ordered new limbs. 2 were ordered peg legs.	HOL.
	Sept. 27th		Major Flood and Capt. Forsyth left the Unit to-day to report at Headquarters for movement order overseas and were struck off strength.	HOL.

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499

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	Sept.	28th	Capt. D.G. Robertson and Capt. W.A. James reported for duty vice Major Flood and Capt. Forsyth transferred overseas.	Hob
	Sept.	29th	Major H. O. Lethbridge M.B.E. returned to the Unit after visiting Italy in company with Col. Honman in connection with Orthopaedic Cases. Major Lethbridge resumed his duties as Registrar.	Hob
	Sept.	30th	Major Morgan returned from leave.	Hob
	Sept	30th	Total number of limbs passed as satisfactory for September is as follows:- Essential 5, Ernst 10, Allen & Hanbury 2, Masters 2, Rowley 1 (repairs only) Adams (Arm)1, Total 21 including 1 repairs.	
			Total number of admissions 198, Discharges 138, average daily strength of Hospital Patients for September 499.	Hob

Handwritten signature/initials

WAR DIARY

OF

No. 2. Australian Auxiliary Hospital, Southall.

FOR

SEPTEMBER 1918.

LIST OF APPENDICES.

No.	Subject.
A.	Monthly Report for September 1918.
B.	" " of Medical Officer including Report of R. E. Improvements (attached).
C.	" Report on X-Ray and Massage Departments
D.	Matron's Report
E.	Report of Medical Officer
F.	Report of Trip to Orthopaedic Hospitals in Italy by Major H.O. Lethbridge M.B.E.
G.	<i>Monthly Report by Surgical Specialist</i>

466

"A"

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October 5th, 8.

To the D.M.S., A.I.F.,
Administrative Headquarters,
130, Horseferry Rd.,
LONDON, S.W.1.

Monthly Report for September 1918.

I have the honour to submit for your consideration the following report:-

1. Discipline.

Discipline continues to be good.

2. Q.M. Department.

The work of Q.M. was carried out for a greater part of the month by Q.M.S. Watts. The difficulty in regard to fish has been surmounted by the authorisation of local purchase by the Hospital. Fish is of better quality than has ever been obtained through A.S.C. Contract and is obtained at the same price.

3. V.A.Ds.

The work of the V.A.D. continues to be satisfactory. The whole of the quarters are now occupied. The Lavatory accommodation at the Hospital for the V.A.Ds. is not yet commenced. I regard the delay in this matter very seriously as the present accommodation is in no way suitable. Separate correspondence has been carried on with regard to this matter and efforts are being made to expedite this necessary construction.

4. Constructional work.

The construction of Latrines at the Schools and the provision of a new Service Room is in progress. The construction of Lifts and of V.A.D. Lavatory is still in abeyance.

5. Red Cross Workshops.

These continue to be taxed to their utmost capacity and do very good work. I am given to understand that the provision of additional accommodation is shortly to be put in hand.

6. Agriculture.

A satisfactory crop is being harvested.

7. General Health.

The general health of the patients and staff has been good.

8. Medical Officers.

Numerous changes have occurred during the month; the following Officers were struck off strength:-

Major Meehan	2.9.18	To Liverpool Orthopaedic Hospital
Major Morgan	14.9.18	To leave
Major Flood	27.9.18	Overseas
Capt. Forsyth	27.9.18	Overseas.

The following Officers have reported for duty:-

Capt. Huxtable	11.9.18	
Major Morgan	13.9.18	from leave
Lieut. Mc.Call	24.9.18	
Capt. Robertson & James	28.9.18	
Major Lethbridge	29.9.18	from leave.

9. Attached.

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

A Buchanan
----- Lt. Col.
O.C. NO. 24 A.A.H. SOUTHALL.

466

"B" for Diary

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MONTHLY REPORT OF MEDICAL OFFICERS.

Month ending 30/9/18. Wards A. H. I. & J.

MEDICAL.

(1). Admissions 30

(2). Discharges 34

(3). Transfers 17

(4). Limbs fitted.....

(5). New cases sent to Massage... 9

(6). Operations.

 Major.

 Minor. 35

(7). X-Ray Examinations.....

(8). Condition on arrival after travelling good

NURSING.

(1). Changes in Staff. (C. Ward) Lister Chisholm from parlour relieved G.S. Doyle. Lister O'Connell has taken over A Ward

ORDERLINES.

(1). Discipline. Quality of work. fairly good

(a). Male. good

(b). Female. good

(2). Remarks.

PATIENTS.

(1). Discipline good

(2). Average stay 8 months

(3). Work done by help in the kitchen

(4). Remarks.

RED CROSS, A.N.A. etc.

(1). Supply of comforts..... good

(2). Outings Concerts etc..... a good variety

FOOD.

(1). Quality..... good

(2). Quantity..... good

(3). Variety..... good

R.F. SERVICES. Improvements.

(1). Carried out.....

(2). Suggested..... see attached report

(3). Remarks.....

ADDENDA. The following are attached:-

(1). ~~Reports of Unusual Cases.~~

(2). do ~~All serious illnesses and deaths.~~

(3). do ~~Medical Interest.~~

(strike out any not attached).

..... Handee M.O. in Charge.

..... Date submitted.

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IN REPLY PLEASE QUOTE

466



Telegraphic Address:
"SOUTHHAUST, SOUTHALL"

Telephone: SOUTHALL 29.



No. 2 AUSTRALIAN AUXILIARY HOSPITAL.

ST. MARYLEBONE SCHOOLS,
SOUTHALL, MIDDLESEX,

October 1st, 1918.

To O.C.,
No. 2. A.A.H.,
SOUTHALL.

R. E. Improvements.

More accommodation is necessary for the wheeled chairs used by the double amputation cases in both "H,I,J" and "A" Wards.

A start has been made to provide a shed in connection with "H,I,J" but the proposed shed will not be large enough. It needs to be of a greater width and also would be far more convenient if it were continued along the wall and so cover over the side entrance to "H" Ward. In wet weather and winter it would save the collection of dampness and filth in the said entrance and consequently also the approaches to the Ward.

In connection with "A" Ward the accommodation is also unsatisfactory. If all the chairs were stacked in the present shed it would mean a blocking up of the fair-way to the latrine. I recommend that additions be built on and thus render the present shed more weatherproof.

Also in connection with "J" Ward there is evidence of dampness in the walls probably due to a leak in the roof.

Hardie

Major.

466

"C"
No. 2 Australian Auxiliary Hospital,
S O U T H A L L,
30th September, 1918.

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REPORT ON X-RAY AND MASSAGE DEPARTMENTS
FOR MONTH OF SEPTEMBER, 1918.

X-RAY.

During the month a trolley switchboard has been added to our equipment, and proves to be of much value in its working.

The number of patients is slightly below the average, and the establishment is working smoothly.

Number of patients.	126.
" " plates.	222.
Limb Cases.	124.

MASSAGE.Summary for September, 1918.

Total patients undergoing treatment.	70.
Average daily.	40.5
Treatments completed.	34.
Total treatments.	1257.

Report.

<u>Cases.</u>	<u>Partially immobile joints.</u>	
Hips.	31.	
Knees.	12.	
Ankles.	9.	
Shoulders.	6.	
Elbows.	3.	
Wrists.	<u>8.</u>	69.
General Massage.	5.	
Shell Shock.	<u>1.</u>	6.
<u>NERVE TESTS.</u>		
Obturator.	1.	
Femoral.	2.	
Sciatic.	1.	
Median.	3.	
M. spiral.	2.	
Ulna.	2.	
Circumflex.	1.	
Ex pop.	6.	
S. Subscapular.	1.	
S. Acc.	<u>1.</u>	<u>20.</u>
		95.
		<u>=====</u>

A. H. H. H. H. H.

.....Captain.
A.A.M.C.

MATRON'S REPORT FOR MONTH OF SEPTEMBER, 1918.

The work of the Hospital has varied owing to shortness of Staff, "Specials" and leave.

The health of the Staff has been the best hitherto. No one at all reporting sick this month.

Sick Bay has had two occupants - Miss Tabor, for removal of appendix, and Miss Stapely, for removal of a toe. Both did very well.

Changes for the month include

To Leave	4.	
To Australia.	13.	and From 6. (Transport Staffs)
To Other Hospitals.	1.	

Miss M. A. Latta Bett resigned to be married.

The Sisters' Mess is being managed with the greatest difficulty. The promised relief has not so far arrived.

Mary M. Finlay
.....
Matron.

MONTHLY REPORT OF MEDICAL OFFICERS.

Month ending 30 / 9 / 18.

Wards ... *Lehcols*

MEDICAL.

- (1). Admissions *233*
- (2). Discharges *206*
- (3). Transfers *24*
- (4). Limbs fitted.....
- (5). Now cases sent to Massage. *10*
- (6). Operations.
 - Major.
 - Minor.
- (7). X-Ray Examinations..... *13*
- (8). Condition on arrival after travelling

NURSING.

- (1). Changes in Staff..... *Sister Bell relieved by Sister Pratt.*

ORDERLINES.

- (1). Discipline..... *Good* Quality of work..... *Satisfactory*
- (a). Male..... *Good*
- (b). Female..... *Good*
- (2). Remarks..... *2 V.A.D.S 4 Women*

PATIENTS.

- (1). Discipline *Good*
- (2). Average stay *3 months*
- (3). Work done by *nil*
- (4). Remarks.

RED CROSS, A.N.A. etc.

- (1). Supply of comforts..... *good*
- (2). Outings Concerts etc..... *a good variety*

FOOD.

- (1). Quality..... *Good* (2). Quantity..... *fair*
- (3). Variety..... *good*

R.E. SERVICES. Improvements.

- (1). Carried out.....
- (2). Suggested.....
- (3). Remarks.....

ADDENDA. The following are attached:-

- (1). Reports of Unusual Cases.
 - (2). do All serious illnesses and deaths.
 - (3). do Medical Interest.
- (strike out any not attached).

..... *J. Robertson* M.O. in Charge.

..... *7 = 10 = 18* Date submitted.

"F"

REPORT OF TRIP TO ORTHOPEDIC HOSPITALS IN ITALY

I visited Limbless Hospitals and the Educational Centres in Italy and France. I had the opportunity of seeing the results of Kineplastic operations carried out at Milan and Bologna by a Professor Kallazi and Professor Putti. Without going into detail it would be as well to describe the points that occurred to me as of interest in these visits.

The Italian Limbless Hospitals are self contained, that is to say, the same Hospital prepares the stump, makes the limb, re-educates the patients in workshops and finally turns him out fitted and ready to earn his living. Most elaborate machinery is used for passive and active movement of joints, massage, etc. It would be, perhaps, well to describe in detail one Hospital which more or less represents the type used in Italy.

The Instituto Rizzoli, Bologna.

This, originally a Monastery, now accommodates 600 orthopedic military cases. Professor Putti is in charge of the Surgery and is a warm adherent of Kineplastic. The Amputé is first fitted with a plaster provisional replacement; this is worn for about a month. He is then put on to a peg with a leather lacing bucket which he wears for 6, 9, or 12 months until the stump is believed to have reached its final shape. He is then given his definity apparatus, usually of wood, sometimes of leather.

About 150 limbs per month are made. The Limb Factory, situated in the Hospital, is well equipped with the machinery necessary for the manufacture of artificial limbs. A large room is fitted out with mirrors, ramps, hurdles to step over, steps where the amputés are taught to walk. A rather ingenious device was seen here for overcoming the flexion of short thigh stumps. A well padded rail about 20 ft. long, 6 inches broad at the top could be adjusted to any height. The amputé was made to walk along beside the rail, his stump resting on the padded top, and encouraged to move forward keeping his stump fixed.

The final limb for above knees has a wooden bucket, the outer side of which is prolonged upwards over the Great Trochanter. This appears to give good support and does not inconvenience the patient on sitting down. A soft leather belt fixed to this upward projecting portion goes round the body. The limb is light and no extensor apparatus whatever is used. I saw the above knee amputés walking with this limb. The absence of any type of extension apparatus appeared to me to result in

1. Their being compelled to swing the leg forward with a quick jerk as it was the swing which had to extend the leg.
2. The complete inability to lift the leg over a hurdle.

End bearing is used very little even in suitable stumps. The knee piece is of wood but a hyperextension is prevented by a balcony on the knee piece abutting against the upper rim of the shin piece. Ankle movement is fore and aft with rubber buffers as in the Essential.

Below Knee.

It is interesting here to note that Professor Putti claims that all weight should be taken below the knee where possible. In other words he condemns the practice of tuber bearing for below knees. It certainly was a fact that his provisional below knees have only two upright lateral wooden prolongations with two encircling straps for stability and the bulk of the weight is taken below the knee. In the permanent B/K limb, however, there is a thigh corset of 4 or 5 inches in width which is laced fairly tightly and takes a certain part of the weight whether they admit it or not. Unheeled stumps are not (nor are they in any Hospital we saw) put on to pegs, the general opinion being that Martin's theory is unsound.

A large gymnasium about 130ft. by 60ft. is elaborately fitted with all sorts of machines for physiotherapy, massage machines, vibrators, machines for allowing the patient to abduct arms or legs against weight, rocking machines, saddles that rock laterally and buck, etc. etc. the whole most elaborate, most thorough, expensive, and in my humble opinion, unnecessary.

Workshops exist for the re-education of the amputés. The greatest care is taken before he commences work to decide:

1. Whether any further surgical treatment is necessary.
2. Whether he can resume his former occupation.
3. If not, what occupation he shall adopt.

In most cases the patient follows the advice of the Officer in whom he has learned to have confidence and who he knows is working for his own ultimate good. In a small percentage of cases the patient desires to adopt an occupation not advised by the Officer. In these cases he is allowed to commence that occupation and usually, after a week or so, finds that he is in the wrong. Although attendance at the workshops is obligatory only 3% to 5% fail to attend. In some Hospitals attendance is compulsory unless a Certificate is produced from the Mayor of their town to the effect that they are of independent means. They are paid a small daily wage according to the work they do, the more skilled workmen getting a slightly higher wage. Their work is sold at special shops and the proceeds go to the good of the Institute. On completing the course they are given Certificates and are helped to find employment outside.

Kineplasty.

It is too early to say much about this subject; at present the following points appear to me of interest:-

The surgical results carried out by Professor Putti and at Milan were good. Whether the skin tunnels will tolerate the constant friction an artificial limb attachment entails is yet to be proved. The limb Maker has yet to make the best advantage of these Kinematise Stumps. I believe that in many cases Kineplasty will be successful. The arm amputé particularly is more likely to wear a mechanical hand which he can actuate with his own fore arm muscles than one which he needs to actuate by chest expansion or shoulder shrug. In certain amputations at or near Knee Joint where the Extensor and Flexor tendons are united over the end of the stump and where a moderate range of movement is possible Kineplasty holds out some hope of success. I saw no leg in use with Kineplastic attachment.

Arms.

Every soldier is given two arms--one, a working arm and the other the aesthetic Sunday arm with elbow movement only. The harness is standardised and is simple, light and efficient. In certain stumps the replacements are fixed by what is known by the Digastric Method. A circular strap is placed on the arm about $2\frac{1}{2}$ inches below the elbow for fore arm stumps and below the insertion of the deltoid for upper arm stumps. This is worn continuously for three to five weeks being gradually tightened but never enough to cause Oedema. At the end of this time there exists a Sulcus palpable though not visible, a Sulcus which is rendered deeper by contraction of the muscles, and which by means of a simple circular clipping band forms an efficient attachment of artificial arms avoiding the harness which is one of the factors that induces the amputee to discard his replacement.

The standard leg adopted by the Italian Government is of metal and has:

1. Foot
2. a simple peg
3. A broad based peg for farm work.

This standard leg is rather heavy and not so simple as any type should be to satisfy the requirements of standardisation.

It was interesting to note that the arm amputees fitted at Rizzoli, given the efficient arms Professor Putti had prescribed for them and encouraged by his enthusiasm when left to themselves were discarding those arms, and in a workshop elsewhere in the town we saw these men working while their replacements reposed on their beds.

It appears that the armless can be divided into three groups:

1. Doubles
2. Workers who use tools which demand two hands.
3. Other occupations.

The first group persist in the use of their appliances from sheer necessity. The second group--a very small one--will use them with a little encouragement when they are taught. The third group are all imbued with the tendency to lay aside their replacements, and when one sees how deft the arm amputee becomes in the use of his remaining arm one must not condemn too readily.

Kineplasty, which will bring the man's brain in more direct communication with the movement required will do much to remove this great slur.

After seeing many Hospitals and comparing and contrasting the different methods adopted I am of opinion:

1. Centralisation makes for the best results; that is, there should be one large Hospital containing Limb Factories and Workshops complete with all the necessary machinery for treatment of stumps and education in walking, and with efficient Officers at the head of each Department.

2. Stumps should not be put on to provisional replacements till healed.

3. A provisional replacement should have knee movement and a foot with ankle movement.

4. The definitive apparatus should not be given until all shrinkage has disappeared, that is, 4, 6, 12 months after the amputation.

5. The knee problem is still unsolved.

At San Maurice the difficulty is avoided by sacrificing gait for stability and making them walk with stiff knees. On the whole the American shoulder extension appears to give the best results; it gives a slight degree of security and certainly gives the best gait.

6. Ankle movement should be arrested at a right angle forward and should be given by compression of rubber buffers. Lateral ankle movement is unnecessary.

7. The bucket for thigh limbs should be made high in the Great Trochanter and moulded to it with a carefully made tuber bearing surface.

8. The leather bucket moulded to a cast is better than the average wooden bucket, but if the wooden bucket is made absolutely to fit it should be better.

9. All above knee should have a well fitting pelvic band.

10. Thigh stumps under two inches should be flexed and put in a tilting table.

11. Short thighs from 2 to 5 inches should have a broad pelvic girdle carefully moulded to the pelvis and jointed behind.

12. Tuber bearing is unnecessary for below knees provided that the difficult problem of accurate fitting of the below knee stump is solved in each individual case.

Shelburne Major.

Hospital for Mutilged Gorla - Milan.

This Hospital, a fitting centre solely, receives cases already healed. It is under the care of Professor Galeazzi.

Workshops.

Elaborate workshops exist within the Hospital grounds. Here instruction is given in basket weaving, boot making, leather work, iron work, carpentering, etc. Attendance is compulsory unless the Amputee brings a Certificate from the Mayor of his local town to the effect that he is of independent means. Trades Unions do not prevent the training of these men nor is any difficulty found in selling their products in the Markets. The men are paid a small amount per day according to their work. On being finally fitted and having received their Certificate to the effect that they are skilled workmen they are given a Bonus of 100 lire and found employment outside. The teachers are all ex-soldiers receiving special pay. The working hours are from 8.30 to 11.45 and from 2.15 to 6.15 six days per week.

Limbs.

When healed they are put on to a provisional replacement of plaster. They wear this for three months; they are then given a peg with a leather bucket which they wear from four to six months until the limb is finally shrunk, when they are given their definitive apparatus.

Professor Galeazzi has a most thorough equipment of machines for active and passive movement. An ingenious device is used for teaching men to plane with their left hand, recording the error of lateral thrust.

The "walking" room is a large beautifully fitted gymnasium. A raised platform is connected by a series of rubber tubes to a large revolving drum and this graph records the pressure on heel, toe, or sides of the feet in walking.

The Limb Factory is under the care of an expert who knows his work thoroughly. We saw here a device for avoiding pressure on the head of the fibula. The external steel divides into two just below the knee bolt and loops round the head of the fibula. Ankle movement is given by a "V" shaped metal rocking in a "V" slot of the foot and checked by a tendon. A most ingenious device was here used for altering the set of the foot on the leg. A cord led up to the trousers pocket and by screwing this the foot could be either dorsiflexed for walking down hill or extended for walking up hill, the range of ankle movement remaining the same throughout. This seems to me an excellent idea for if the degree of ankle movement is too limited the Amputee finds difficulty in walking down or up grades, while if (as some Limb Makers do) one gives free ankle movement to meet these demands a lessening of stability results. Below knee limbs are mostly here made of leather laced in front. At first this appeared to me wrong, but careful adjustment of a felt lined tongue appears to give comfort and to do away with that pressure on the shin which so often results in Symes' and B.K. Replacements. Great importance is given to the length from the ankle bolt to the tarsos metatarsos joint. This length is made to correspond to the height of the man. Pelvic bands are broad and usually soft except where they grasp the pelvis on the amputated side. Fibre is used largely for the second limb. The thigh buckets of fibre have a slip socket made of cork which takes the tubex bearing and appears to answer well. Metal knee pieces are largely used and lightness is an essential. The shape of the original limb is reproduced by a machine which rough cuts from a wooden block a duplicate of a cast.

Arms.

Little attention is given to complicated mechanical hands. The workers are notable:

1. For the wire frame and rubber corded attachment.
2. For De Dadda's Adapter which is a ball and socket joint admitting of fixation in any position.

About twelve limbs per day are turned out and the limb factory shows evidence of enthusiastic supervision by a man who thoroughly knows his work.

Interesting mes:

G

October 11th, 8

REPORT FOR THE MONTH OF SEPTEMBER.

The Surgical work for the month of September was of the usual character with the exception of one case who required a day and night Nurse and is still dangerously ill.

The total of operations number 39 as shown by the list hereunder:--

LIST OF OPERATIONS.

Finger Amputation	1
Re-amp. leg	4
Amp. toe	4
Appendicectomy	2
Hernia	1
Scars excised	8
Sequestrectomy	7
F. B. removed	3
Sinus curetted	2
Hydrocele	1
Varicocele	1
Abgcess incised	4
Fistula in ano	1
	<hr/>
TOTAL	39
	<hr/>

J. J. Moran

----- Lt. Col.
SURGEON.