

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

Medical, Dental & Nursing

Item number: 26/89/1

Title: Desert Mounted Corps Operating Unit

March - April 1918



AWM4-26/89/1



War Diary.

Original
with appendices



On the 13th March 1918 I received orders to keep a War Diary.

The Desert Mounted Corps Operating Unit had been formed more or less as an experiment early in September 1917. An account of the formation and previous work of the unit is attached in the form of appendices A, B, C, D, E, F. The personnel of the Operating Unit originally consisted of:

Lieut Colonel	J. Coburn Storey	A.A.M.C.
Sergeant	C. Cowper	1217.
Corporal	Richardson	R.A.M.C.
Private	C. Craig	15103 A.A.M.C.
	Don Douglas	1604
Driver	J. Smith	M.D.

J. Coburn Storey
M.C.

①

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.)

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
Belah	9-3-18		Received orders to Report to School of Instruction Kelah to take temporary Charge (Medical).	Q 8
	10-3-18		Reported to school of Instruction Kelah taking with me private Craig.	Q 9
	11-3-18		On orders received A.D.M.S. Australian Mts. Division reported operating unit at Belah.	Q 9
	12-3-18		The equipment with Corporal Richards private Douglas & Craig Entrained at Belah for Rels 295.	Q 9
	13-3-18		With Sgt. Cowper left Belah in the surgical for patrol under orders to Report to A.D.M.S. Angas Mountains Division. No instructions were received about the Route. I proceeded along the coast road, following a sign post direction to Junction Station through Deer Island first beyond Heard Australian Aerodrome at Juleis. Realized that we had gone beyond the turn off to the main road. Altho there was nothing to indicate where the turn off was. I stopped, and asked the advice of a Staff Officer of the Geomorphology Division he advised me to continue on the coast road & turn inland North of Includ. I found, no suitable road, either North of Includ or North of Ylanah and endeavored to go on to Joffa, but four miles North of Ylanah found the road impassable for our car patrol. and travellers via Aerodrome Road to the main road. Four miles before reaching Joffa the back axle broke. and we camped the night on the road. An R.F.C. officer took me to Joffa to report to the A.D.M.S. Angas Division.	
	14-3-18		Transferred Car Equipment into a f.s. Waggon & joined the 2 nd L.N.S.A. at Joffa. Under Joint Col. of R.M. Keith Jones Equipment on two f.s. Waggon belonging to 2 nd L.N.S.A. & remainder of Personnel already with the 2 nd L.N.S.A.	Q 9
	15-3-18		At Joffa very wet stormy weather. every one wet through. Proceeded to Joffa via travelling in 2000 Ambulance. The Angas B. Train conveying some of the equipment & the Ambulance Waggon the remaining.	Q 9
	17-3-18		The Surgical Camp repaired by 347 m.s. Coy at Joffa regarding us of Joffa.	Q 9
	18-3-18		Reported by Dr. Robinson of the 2000 Ambulance Coy.	Q 9

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	18.3.18		and the equipment was reinstalled. The operating unit with two S.S. Waggon ten horses & four drivers, was detached from the 2 nd L.A.S. by orders from a D.M.S. Anzac Mounted Division	2P
Jericho	30.3.18		proceeds to Jericho and formed 2 nd London Field Ambulance under Lieut Col. Rayton we treated our first patient on the 22.3.18. and the last on the	JP
	3.4.18		3.4.18. For cases see appendix 1. Ambulance well equipped with thirty beds only taking in seriously wounded. Lieut Col. Wade R.A.M.C. Consulting Surgeon to the Force was attached to the same ambulance and was very cautious & helpful. Most of the abdominal cases died before reaching us and many of the others septic for the first time I adopted the use of Bipp and in the abdominal cases closed the surgical wounds with through and through. Thick selen solution thoroughly impregnated with Bipp towards the end of the operations the ambulance was ordered to remain. The Red & Flag & to camouflage, are tents & procedure. dangerous to the wounded.	
	4.4.18		Many Bombs dropped on Jericho. One falling close to the hospital which I think the enemy suspected the ambulance received orders to pack up and move. and we had to evacuate patients a little sooner than was good for them. Some travelling in light Ford Cars. One New L. Ambulance boy recently operated on for wounds to the stomach was left.	JP
	5.4.18		The Anzac receiving Station under Capt Dawson R.A.M.C. took over the Camp site from the 2 nd London Field Ambulance, who has been very congenial to work with. The benefits of this splendid Ines Hospital were partly decreased by the paths hurried excavations. The abolition of the Red & Flag from a position used as a hospital before, during, & after the operations (ammunition) seemed to me quite unjustified.	JP
	6.4.18		Received orders from A.D.M.S. Anzac Mounted Division to rejoin the Australian Mounted Division at Semlchi. and left in the surgical car sending the equipment in a motor lorry returning to Jerusalem and so rested the horses of the two S.S. Waggon which were thus enabled to travel empty.	JP W

J. Colin Storey

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Bel all 26. Dam	6.4.18		At Bel all 26. Dam the front axle of the Surgical Car broke and shunting became impossible. I took the axle into Jerusalem to the 905 Coy M.S. Repair Shop. Where Lieutenant Craus had the axle repaired at once and sent out to the Car.	JG
Jerusalem	8.4.18		Left Jerusalem for Sembeh. Calling at M.S. Depot. Luad where I was advised to inquire for a new front axle and did so. joined the Australian Division Receiving Station at Yager under Major Parry.	JG
Yager	9.4.18		The two G.S. Waggon and four drivers of the 2nd Quis Ambulance left to report 2nd Ambulance details.	JG
"	14.4.18		No 1604 Pl Wm Douglas left to report to his unit 2nd L.H. Quis Ambulance to become Quartermaster Corporal. he was replaced by Private Robert of the same Ambulance.	JG
"	15.4.18		Held classes of instruction for 3rd L.H. 4th L.H. & 5th mounted Brigades Quis Ambulances 1st Co's & men in the use of Thomas' Rule spent in the field. A good attendance all ranks keen. The car left for Depot. Luad to have new axle installed.	JG
"	16.4.18		Car reported back orders received from A.D. on S. Aust. Div. to report to Anzac. Receiving Station finished. Instructions were given to proceed to Australian R.S. & Depot Luad then to await arrival of Car & then proceed to finish. No arrangements were made to transport equipment & personnel beyond Luad, after waiting at Luad three hours & spending another two hours on the telephone. I got into communication with the D.A.D. M.S. Depot, who told me either to arrange to get the equipment to Jerusalem by train or, for my suggestions to obtain a motor. Parry.	JG

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Luad	16.4.18		I went to the office of the D.M.S. H.Q. and at once got authority for a motor lorry. Half an hour later the lorry reported at Red + Luad.	JS
"	17.4.18		proceeded direct to Jiricho & formed Amzac Receiving Station under Capt Dawson, R. Z. M. C.	JS
Jiricho	18.4.18		Commenced Surgical work for cases see Appendix II. F	JS
"	27.4.18		Amzac Receiving Stn handed over to 7/4 London Field Ambulance under Colonel Layton.	JS
"	30.4.18		Commenced receiving patients from E. S. S. operations for cases see Appendix II. F	JS

J. Colvin Storey
H. Col.

(5)

War Diary Appendix 46



From O.C. Descorps Operating Unit.
To D.D.M.S., Descorps.

I have the honour to report the following operations from Z-4 day till December 6th.

ABDOMINAL OPERATIONS.

Approximate time
after wound.
----Hours-----

Result.
R = recovery. D = death.

24		D	
10		R	
12		D	
20		R	
8		D	
20		R	
12		R	
19		D	
x 24	Moribund	D	
12		R	
x	Moribund	D	
x 24		D	wound bladder, abdomen full blood stained urine.
21		D	
x 23	Moribund	D	on incision.
12		D	
28	Moribund	D	
x 48	Moribund	D	on incision.
26		D	
x 10	Moribund	D	on table.
20		D	
28		D	
11		R	
6		D	bomb wounds.abdomen & knee. P.M. peritonitis and septuarthritis. A German Jew from Jaffa.
x 33		D	immediately after operation.
5		R	
22		R	
11		R	
13 1/2		R	
11 1/2		R	
Operations		29	
Recoveries		11	

Cases marked with x may be excluded as being hopeless from the start. The recovery ratio will of course always be in inverse proportion to the length of time before operation and to distance and roughness of the journey. It would be a great help in diagnosis if the Medical Officer who first gives morphia was to send a short clinical notes of the patient's condition before the administration of adrug which notoriously hides clinical signs. I had considerable difficulty in getting suitable catgut but the last issue is satisfactory.

OTHER OPERATIONS

RESULT

Amputation above knee	3	R	3.	
below knee	1	D	1.	An old Syrian. Bomb wounds jaw & leg. Death immediately after operation.
arm	2	R	2.	
symes	1	R	1.	
Incision of wound with extraction of foreign body.	3	R	3.	
Flap incision of scalp enlargement wound in skull and incision of scalp wound.	1			Result not known.
Ditto with removal of ball and bone pieces.	1	R		
Incision of wound & reduction of fracture	12	R	12	
Pelvis & Rectum wound incision	3	D	2	Moribund cases
Ligature artery	3	R	1	
		R	2	
		D	1	Multiple shell wounds. One moribund from haemorrhage & shock.
Excision wound knee	1	R	1	
Ditto with extraction of F.B.	1	R	1	
Examinations and Dressings	52			

Consultations are included with "dressings" but some are not recorded.

Incision wound and ligature glacial artery	1	D	1	Patient very collapsed from previous loss of blood wound through iliac bone. P.M. No abdominal injury some retroperitoneal clot. No perforation of peritoneal cavity.
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Suggestions:-

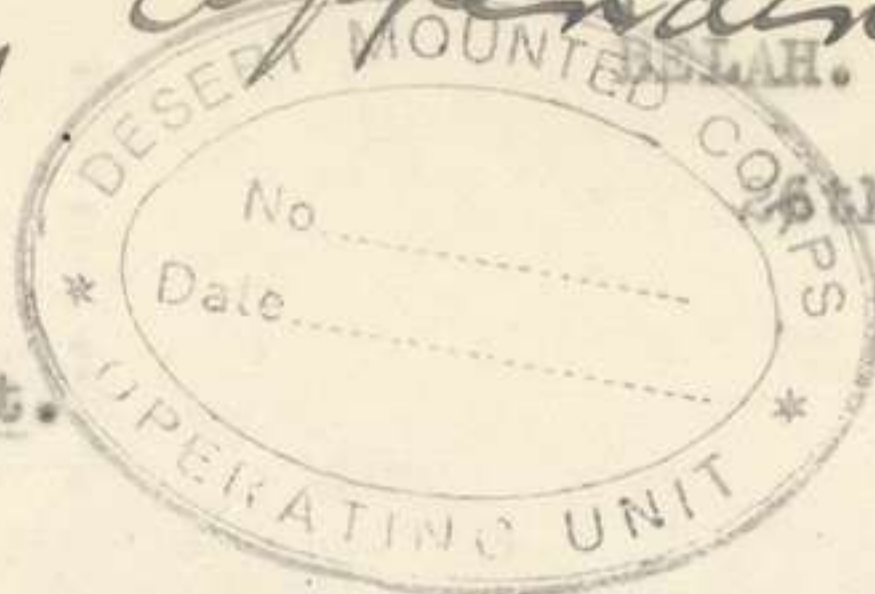
- (1) It would be more satisfactory if Operating Unit had independent means of transport, for example, motor lorry or two Ford lorries.
- (2) There is some difficulty in after treatment. I would suggest that say, six chosen male nurses (whom I could at once name) should be attached to the Unit.
- (3) An M.O. as anasthetist. He could do other work too.
- (4) In my opinion there are many head cases who unless there is a certainty of their being treated at a C.C.S. within at least 12 hours, should have a flap turned up, wound in scalp excised, area cleaned, and any F.B. removed.
- (5) There are many methods of dressing wounds adopted in the field by both M.O's and Orderlies. I would suggest that a definite clean general plan be adopted.

I would like to draw your attention to the excellent work done by my staff, in particular:- 1217 Sgt. COWPER, C.E., A.A.M.C.
117227 Dvr. SMITH, J. (M.T.Kantara)

I have the honour to be,
Your obedient servant.

J. Colin Ross M.C.

War Diary Appendix B 8



26th. January 1918.

From : O.C. Descorps Operating Unit.

To : D.D.M.S., Descorps.

I have the honour to inform you that since making my report dated December 6th. 1917, two abdominal cases died. This leaves the total recoveries as 9 vice 11.

ITINERARY OF THE OPERATING UNIT.

- October 29. The surgical car accompanied carrying driver, sergeant, and myself accompanied by the Ford Ambulance carrying two other members of the staff and native driver of limber - lent by Descorps Headquarters - journeyed from SHELLAL to KHALASSA via SHELLAL Crossing, "Z" road through RASID BEK. South of RASID BEK the car sank in the sand and was got out by laying down wire-netting. The limber guided by Pte Douglass arrived at KHALASSA on 30/10/17 coming via ESANI.
- October 30. KHALASSA to ASLUJ. The car again sank in the sand and was got out under the car's own power with the manual aid of all hands. The limber arrived at ASLUJ on October 31st.
- October 31. Received
- November 1. Received orders from D.D.M.S. by telephone to proceed along main road to BEERSHEBA and to send a cyclist ahead to see that the road was clear. The cyclist got a puncture 1 mile from ASLUJ, so we proceeded to BEERSHEBA accompanied by a Ford Ambulance carrying personnel. We arrived at 0730, and proceeded to hospital by order of A.D.M.S. Ausdiv. We found the theatre in a filthy condition and full of flies. There we proceeded to kill and prepared to receive patients. There were then only two British and one Australian wounded in the hospital. We worked all day in the theatre.
- November 2. Transferred with Aus. Div. Rec. Station to BEERSHEBA Town Hall and worked there till 10/11/17.
- November 10. Proceeded via SHARIA to AMEIDAT and joined the Yeo. Div. Receiving Station. Worked in E.P. Tent.
- November 12. Journeyed with Anzac Receiving Station to BUREIR via RUJ. The car had to be pulled out by horses on three occasions.
- November 13. Proceeded to JULIS via EJJE and rejoined Aus. Div. Rec. Station, working in an E.P. Tent.
- November 15. Travelled via MEJDEL and ESDUB to YEBNA joining Anzac Rec. Station and working in an E.P. Tent.
- November 17. Went to DEIRAN with Anzacs.
- November 18. Proceeded to Monastery at RAMLEH - car being pulled out by a mule team. Here we worked with Anzac Rec. Stn. till 12/12/17 when we joined Aus. Div. Rec. Stn. at LATRON.

On the 15th. December I left to report to the 14th. A.G.H. with a septic finger.

The unit journeyed to BELAH with the Aus. Div. Rec. Station early in January.

I would like to thank everybody especially Administrative Medical Officers, C.O's, and M.O's of Receiving Stations for the universal and courteous help that was always given the unit.

I have the honour to be

Your obedient servant,

J. Colin Roney

LIEUT. COL.

War Diary Appendix AC 9



From O.C. Desert Mounted Corps Operating Unit.

To D.D.M.S., Desert Mounted Corps.

I have the honour to present the following short account of the formation and work of this Unit.

Early last September acting on your orders I proceeded to SHELLAL JUNCTION and reported to the Yeomanry Divisional Receiving Station as the first member of the Operating Unit. There was already there an E.P. Tent with a tarpaulin floor, and this tent in the absence of suitable buildings, acted as our Operating theatre during the advance. In about a week's time there arrived a magnificent surgical car that belonged to the Scottish Horse Field Ambulance and was fathered by Colonel RICHARDSON and Colonel WADE. This car is very well equipped and has carried most of our surgical needs. By the fore-sight of the D.D.M.S. I was permitted to choose two of my staff, which consisted of a Sergeant and three men. I would like to emphasise the importance of this, as the success of the work depends, on the combined personal efforts of the surgeon and his staff. I do not care how brilliant a surgeon is, he cannot do good urgent work in the field except with a staff that has had some definite and continuous training in an operating theatre.

There is no opportunity of training a tyro in this kind of work. The first thing to do was to practise our job, and this we did. By giving the natives five piastres per dog we were enabled to conduct several operations on anaesthetised dogs. We artificially wounded the abdomen and intestines and practiced various methods of intestinal suture and ~~anastomosis~~ anastomosis and worked out the quickest sure way to do intestinal suturing. This proved to be an invaluable surgical exercise and taught the men to assist intelligently in this particular kind of work.

In obtaining equipment I had a little difficulty, but everyone was very kind and helped in every possible way. I was promised a G.S. Wagon to carry tentage and surgical supplies while Capt. BRISBANE of the Australian Mounted Division Engineers made a special box to fit in a G.S. wagon. This box is now divided into two smaller boxes, as we found from experience that it is desirable to have all equipment arranged for whatever means of transport is available. A carpenter in the Ausdiv. Sanitary Section made a special box for us divided into compartments in order to safely carry bottles. I made a special journey to RAFA and obtained a galvanised iron tub to boil our large dishes in, a disused bucket to hold a primus stove, and also a spray to spray the tent in the event of dusty weather. We held daily sewing bees in order to make swabs, intestinal sponges, canvas bags to hold our dressings, and so on.

A few days before we were to leave on the advance I had a trial run over the WADDI, and was reported to the D.D.M.S. for wasting petrol. It was a good thing we had the trial for I learned that we needed a roll of wire netting and new sparking plugs. The Australian Red Cross has given considerable help.

I had some difficulty in getting a map, but the Australian Division provided me with one just in time and of course it was invaluable.

The evening before we were to move to ASLUJ the D.D.M.S. found he was unable to obtain a G.S. wagon and in its place there arrived a limber drawn by tired mules. As we had practiced packing for a G.S. wagon, this was a little disconcerting, but by sending one of the unit as a guide and carrying the native driver in an accompanying Ford Ambulance we managed to get there. The man on the mule team cut his hands and had to abstain from surgery work for a few days. In this regard I

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find it advisable to have cotton gloves for the men to wear when doing rough work, as a man with sore hands is a danger in the theatre.

We found that drag ropes were a necessary portion of our kit and obtained a good pair from a Turkish gun carriage.

The results of the work were furnished in a previous report as also was the itinerary of the unit. In regard to the latter, we found that the surgical car could go almost where a Ford could but was stuck on a few occasions. We were however pulled out by horse teams using our own drag ropes.

It was rather disconcerting not to know the whereabouts of our transport for each move.

There can be no doubt that a fully equipped Operating Unit for each Division, mobile of itself and with a surgeon, who should see all serious cases, would ensure a more efficient treatment of the wounded mounted men, for I found that most complete urgent operations could be done in the field by this method.

I have the honour to be,
Your obedient servant,

11th. Feb. 1918.

CC
Lieut. Colonel.
Officer Commanding Des. Corps Op. Unit.

I. Cdr. Henry H. Col

DESERT MOUNTED CORPS OPERATING UNIT
WAR DIARY ++ APPENDIX "D"

On January 16th. I reported back to Operating Unit from hospital. The unit was then attached to the 4th. L.H.F.A. BELAH. From January 16th. to March 10th. we had no operative surgery to do. I was fortunate enough to secure a good formalinised subject. In the time at my disposal I dissected most of the body and found it a very useful method to revise my anatomy. I deem it a first qualification of a surgeon doing field work is that he should have a good practical knowledge of anatomy. Private CRAIG of the staff, a medical student, dissected the best part of an arm. I gave a few demonstrations of anatomy to various Medical Officers. Early in February a meeting was held in the Ambulance camp of many medical officers at which I outlined the work of the Operating Unit and laid emphasis on the necessity of standardising the treatment in the field. Some of the time during the absence on leave of Ambulance officers I took the sick parade, and looked after the sick in the Ambulances. I also saw many cases in consultation with Ambulance officers. The staff spent its time making dressings and re-organising the distribution of the equipment for future work. In common with all troops resting at BELAH the Operating Unit took part in general sports. I held some classes of instruction on the treatment of wounds, the application of splints, for the personnel of the 4th. L.H. Field Ambulance.

I find it useful to subscribe to the surgical journals and I regularly receive from London a British Journal of surgery, The Journal of Surgery, Gynaecology and Obstetrics, The Annals of Surgery and the British Medical Journal.

Lt-Col. Balfour R.A.M.C. regularly sends me extracts of current medical literature made in the Wellcome Bureau of Scientific research.

The following is the method of work which we have found most convenient:- The Operating theatre is composed of an E.P. Tent with a large tarpaulin floor. The seams of the tarpaulin are pinned up on the inside walls of the tent in order to prevent dust blowing about. To keep flies and dust out the windows are kept closed. The door is made opposite the interval between the two poles and covered with a double layer of butter muslin separated by 6 ins. The dressings are put on one side in boxes and canvas bags. As a washstand we use a long table on trestles. We have five small tables for standing dishes and instruments on, a few stools for standing sterilisers on. The operating table is a light folding one of the issue type made of metal and is situated end on to the door between the two posts. Over the operating table we pin to the roof of the tent a sheet which can be periodically damped with 5% carbolic. This sheet serves the double purpose of keeping dust from falling into the wound and also of reflecting daylight admitted through the door down on ~~the~~ to the wound. For working at night ample light is provided by two 12 volt lights run from the accumulator of the surgical car. These lights are very much superior to the ordinary acetylene operating lamp. In very dusty weather we can spray the whole tent with a weak solution of carbolic. We find the Mackenzie spray invaluable for this purpose/. In order to prevent the presence of flies we use every possible means at our disposal including spraying with Lefroy's solution 1-40, setting of traps, killing with swatters and the setting of arsenic solution. By these means we can keep the theatre almost entirely free from flies.

The work of the personnel is distributed as follows :- Sgt. Cowper is held responsible for the general organisation and supervision and during an actual operation looks after the instruments and ligatures. Private Craig looks after the preparation, systematic packing of the dressings. At operations he acts as first assistant in this connection. I find it very much more useful to have a permanent unqualified assistant than to be continually changing qualified assistants. Corporal Richards looks after the condition of the patient, supplies hot water bottles and warm blankets. He also looks after the needs of the anaesthetist and prepares the splints. Private Douglas has been accustomed to act as second assistant at operations and looks after the dressings during the operations, being held responsible for the number of sponges used in abdominal cases. In this regard the method of checking sponges is very safe. They are always counted by two of the staff before the operations commence and before the abdomen is closed. The sponges used of course are made of gauze with tapes attached.

The sterilizing of dressings is done by the driver of the surgical car, Driver J. Smith and the method used is steam sterilizing in an autoclave. At operations we sometimes in addition wring the towels out in carbolic 1-40. The catgut is prepared by Sgt. Cowper, the method used being aether for 24 hours, then spirit of Biniode 1-250, Rectified spirit being used. The catgut is then ready for use within 48 hours. The gut is kept in this solution. We had considerable difficulty in getting good catgut but captured a good lot of German catgut

J. Cowper Story

Descorps Operating Unit.
War Diary Appendix E.

during the advance from BEERSHEBA. For ~~chromic~~ catgut the gut is placed after being *defatted* in aether in a solution of chromic acid gr5 distilled water 1 oz. till it is evenly browned (5 minutes). It is then placed in a solution sulphurous acid 2 oz spirits 10 oz till green an indefinite time. It is kept in mercury binoide spirit 1-250. This is the Sydey hospital method. Silk is sterilised in the autoclave and is boiled again before using ($\frac{1}{2}$ of an hour). Gilroth cloth aprons sterilized gowns sleeves and rubber gloves are worn by surgeons and assistants. We find it impossible to manipulate intestines with smooth gloves, and unless rough ones are available have to use bare hands. We have found it, very ad-
-visable for all the staff to wear cotton gloves whilst doing rough outside work in order to protect the skin of their hands. A stock of cold water is always on hand, obtained by boiling a copper drum every night and when on the move by boiling water in petrol cans and screwing the lid down, while the water is still boiling. The washing of sheets gowns towels etc. during operations is quite a big item, and is usually done by a fatigue party from the ambulance to which we are attached. The dishes are sterilized by boiling in a galvanized iron tub. for continual work it is essential to have two sets of dishes.

Appendix F.

Instruments required by an operating Unit:-

The following is suggested as a list of ~~instruments~~ instruments that are commonly needed in a field

Operating Unit.

Knives 12	Basins large 16 " 2 sets	
Knife Amputating 1	Kidney Dishes 2	
Artery Forceps 24	Buckets 2	
Forceps dissecting 4	Tub for boiling dishes 1	This is double set for convenience of work.
Forceps " toothed 2	Basins small 6	
Retractors small 2	Instrument trays 4	
Retractors large 2	Jugs 4	
Blunt Hooks 2	Jug graduated for saline 2	
Amputating Saw 1	Syringe Hypo	
Finger " 1	Syringe Exploratory	
Bone Forceps 1	Stove Primus Large 2	
" Pliers 1	" " Small 2	
Lion Forceps 1		
Aneruion Needle 2	In addition the Operating Unit must carry	
Intestinal Clamps 4	Gowns 24	
" " for	Sheets 6	
resection 2	Towels 100	
Chisels Y 2	Blunt Dissector -	
" fine 2	Periostum Elevator -	
Trophines 2	dressings and swabs abundance	
Forceps nibbling 1	Basins The most convenient dressing is gangee pad.	
Develbis 1	Splints Thomas knee Jones skeleton leg Jones drop wrist Jones arm Mallauble iron gutter	
Mallet 1		
Anaesthetic Instr. -		

f. Com. Rm 114

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Appended is a list of operations performed by the Descorps Operating Unit following on the attack on AMMAN on the 22nd. March 1918.

JERICHO. 22.3.1918.

413 Bat. R.F.A. No. 218848 Dvr. Ridsdell, F. G.S.W. Buttock, L.
Wounded 1100 Operation 1530.

Excision of entrance and exit. Bullet left side of buttock and over left external ring. Urine clear. No evidence of wound to viscera. Both wounds excised. Posterior left open. Bipped. Death at 1100 on the 23rd. P.M. -2 holes in sigmoid.

23.3.1918.

2/19 London Regt. No 613735 Pte. Franklin, R. G.S.W. Abdomen Wall.
Wounded 1000 on 22nd. Operation 0830 on 23rd.

Long shell wound abdomen wall down to peritoneum excised and bipped. Wound thumb, finger, and slight penis. *Evacuated*

2/19 London Regt. No. 613596 Pte. Snellin, G. G.S.W. Ankle, L. & Foot, R.
Wounded 0500 on 22nd. Operation 0930 on 23rd.

Wound excised and bipped. Fibula, Tibia posterior aspect coscalcis all smashed. Exit wound packed with gauze. Toe amputated right foot. Jones splint left leg. *Evacuated*

2/19 London Regt. No. 612182 Pte. Williams, W. G.S.W. Arm L
Wounded 1130 on 22nd. Operation 1130 on 23rd.

Lacerated G.S. Wound below left elbow. Flexor muscles all divided below internal epicondyle. Dead muscle excised. Bipped. Fully flexed. Sutured. *Evacuated*

1/4 Sussex Regt. No. 201105 L/Cpl. Pierce, A. G.S.W. Knee, R.
Wounded 1630 on 22nd. Operation 2030 on 23rd.

Bullet wound entry right biceps tendon. Fluid in knee joint. Washed and shaved. Put up in Jones Knee Splint. *Evacuated*

1/4 Sussex Regt. No. 200869 Pte. Holliands, A. G.S.W. Shoulder, L.
Wounded 1600 on 22nd. Operation 2100 on 23rd.

Entrance excised. Bipped Upper third of humerus is shattered. Bipped. F.B. not evident. Is still in wound. Left open to be dressed. *Evacuated*

1/4 Sussex Regt. No. 15626 Sgt. Game, G. G.S.W. Chest
Wounded 1600 on 22nd. Operation on 2130 on 23rd.

G.S.W. chest wall over right pectoral. Triax slit up and pieces of cloth removed. Bipped and sewn up. *Evacuated*

24.3.1918. 24.3.1918.

2/22 London Regt. No. 682686 Pte. Seabroog, C.A. G.S.W. Abdomen
Wounded 1100 on 24.3.18. Operation 1800 on 24th.

G.S.W. abdomen. Entrance left flank. 6½ hours wounded. Clinically severe. Intraperitoneal haemorrhage. Laparectomy. Much free blood. Retroperitoneal haemorrhage. Spleen wounded and bleeding. Splenectomy. *Evacuated*

28.3.1918.

1st. L.H. Regt. No. 2513A. Tpr. Quade, P. G.S.W. Hand & wrist, R.: Hand, L.
Wounded 1100 on 27th. Operation 1800 on 28th.

Right hand entry front of wrist. Exit ulna aspect of hand. Had been bipped. Dressed and put up in Jones wrist splint. Graze left hand. *Evacuated*

2nd. M.G. Sqd. No. 2462 Sgt. Grant, H.M.C. G.S.W. Arm, R. Brachial artery median nerve bruised.
Wounded 1300 on 27th. Operation 2100 on 28th.

Torn brachial artery. Arm blistered. Artery tied above and below tear. Branch tied, running into tear, and vein tied. Bipped. *Evacuated*

I.C.C. 7th.Coy. No 50321 L/Cpl. Morelands, G.S.W. Abdomen
Wounded 1300 on 27th. Operation 2230 on 28th.

Laparectomy. Belly full of blood. Tear in liver. Lower surface packed with gauze and drained in loin. Bullet removed from loin. Died 2100 on 29th.

C.T.C. H.Coy. No. 11459 Hussan Aly Ardhilli. Bomb wound abdomen and leg, L.
Wounded 1600 on 28th. Operation 2400 on 28th.

Bomb wound abdomen. Laparectomy. Fragment removed from great Omentum in great curvature of stomach. Vessel ligated. Wounds bipped. Abdomen closed.

2913 29.3.1918.

Evacuatis

7th.L.H.Reg. No. 11 Cpl. Coupland, C.H. G.S.W. Shoulder.
Wounded 1400 on 27th. Operation 0130 on 29th.

G.S.W. right shoulder entrance axilla. Exit acromion which was broken. Large blood clot under deltoid. Wound excised. Bipped.

Evacuatis

301 Bgde. R.F.A. No. 1410 Dvr. Dickenson, H. Bomb wounds Head side L., arms and legs. Wounded 1700 on 28th. Operation 0230 on 29th.

Numerous bomb wounds. Ulna shattered. Ulna artery tied above and below perforation. Put up semi-prone owing to lack of splints. Wounds shoulder and two thigh. Fragments retained. Right leg wound completely excised and sewn up. Right arm ditto. Scalp graze cleaned and dressed.

Evacuatis

2/10 Middlesex No. 393438 Pte. Bunday, T.S. G.S.W. Head.
Wounded 1530 on 28th. Operation 0500 on 29th.

Through and through temporo-parietal. Flap up. Skull shattered. Brain pouring out. Moribund. Death 3 hours.

6th.L.H.Reg. No. 2224 Tpr. Scurrah, G.L. G.S.W. Spine.
Wounded 1430 on 27th. Operation 1400 on 29th.

Wound dressed. Catheterized.

6th.L.H.Reg. No. 1687. Tpr. Weir, G.A. G.S.W. Arm, L. Fractured Humerus.
Wounded 1600 on 27th. Operation 1430 on 29th.

High explosive left arm. Gangrene. Bone shattered. Whole of inner aspect dead and stinking. Amputation. Loosely and incompletely sutured. Bipped.

Evacuatis

6th.L.H.Reg. No. 2400 Tpr. Weate, K.O. G.S.W. R. Calf.
Wounded 1600 on 27th. Operation 1500 on 29th.

Shell wounds right calf. Large piece of H.E. removed. Gastrocnemius is very torn. Bipped. Wound left open.

30.3.1918.

Evacuatis

6th.L.H.Reg. Major. Ryrie, H.S. G.S.W. Head.
Wounded 1300 on 28th. Operation 0100 on 30th.

Entry frontal. Exit parietal. Two flaps. Bone fractured between wounds. Loose bone removed. Much blood clot removed from cranium. Bleeding Meningeal artery. Tied. Bipped. Wounds excised.

Evacuatis

1/7 R.W.F. No. 290784 Pte. Evans, David. G.S.W. Head and hand, L.
Wounded 1530 on 28th. Operation 0400 on 30th.

Head wound excised. Brain oozing out. Two pieces of shell and some loose bone removed. Bipped. Hand palm destroyed, except thumb and little finger tendons. Bipped.

Evacuatis

6th.L.H.Reg. No. 1464 Tpr. Dunbar, A. G.S.W. Thigh
Wounded 1100 on 27th. Operation 1600 on 30th.

Shell wound entry above right knee. Septic wound excised. Fragment found in pocket under Vastus Externus in front of biceps. Counter opening. Femur grazed. Bipped. Knee joint not involved.

Evacuatis

7th.L.H.Reg. No. 3015 Tpr. Reid, F.N. G.S.W. Head.
Operation 1830 on 30th.

Entry and exit left occipital region. Flap. Gutter fracture. A little loose bone removed. Exit wound excised. Bipped. Duro is wounded.

Evacuatis

2/21 London Rifles. No. 650828 Rfl. Griggs, C. G.S.W. Leg, L.
Wounded 29th. Operation 2100 on 30th.

Shrapnel wound left tibia. Bullet removed. Puss present. Wound of entrance excised. Bipped. Back splints with Clines wire side splints.

2/23 London Rifles. No. 704048 Rfl. Turrell, A. G.S.W. Knee, R.
Wounded 28th. Operation 2130 on 30th.

Glancing bullet wound right knee down to, but bot puncturing capsule.
 Wound incised. Bipped. *Thomas Spence Evacuates*

2/23 London Rifles. No. 402066 Cpl. Flood, A.G. G.S.W. Arm, L. Leg, R. and Chest
 Bullet wound left side chest. Through and through pneumothorax. Left elbow joint not involved. External condyle chipped off. Right leg through and through. All cleansed with spirit. Bipped. *Evacuates*

2/21 London Rifles. No. 650264 Rfl. Wells, R.A. G.S.W. Thigh, R.
 Wound right thigh through and through. Cleansed with spirit. Gauze dressing Recommended redressing. 2nd. April 1918. *Evacuates*

7th. L.H. Regt. No. 2948 Tpr. Perry, S.P. G.S.W. Knee, L.
Wounded 1300 on 27th. Operation 2300 on 30th.

Shell wound outer aspect left knee. Fragment removed. Puss evacuated. Capsule not involved. Bipped. 30.3.1918. Recommended redressing 31.3.1918. *Evacuates.*

31.3.1918.

6th. L.H. Regt. No. 1807. Tpr. Wheeler, J.J. G.S.W. Thigh, L. Fractured Femur, Scrotum. Wounded 28th. Operation 31st.

Fracture thigh left upper third. Multiple Shell wounds. Small fragment removed from biceps in lower third. All wounds excised. Wound in scrotum excised. Left testicle involved. Bipped. Left open. Put up in straight frame for transport.

1.4.1918.

2/23 London Regt. No. 700912. Pte. Stone, E.H. G.S.W. Head
Wounded 27th. Operation 0100 on 1st.

Shell wound entry right frontal region. Destruction of bone including right orbit margin. Pieces of bone and fragment of bullet case removed. Much destruction of frontal lobe. Rest of bullet retained. *Evacuates*

7th. L.H. Regt. No. 1157 L/Cpl. Burton, M.G. G.S.W. Thigh, R.
Wounded 28th.

Through and through wound upper end right thigh. Probable injury prone muscle redressed. *Evacuates*

2/23 London Regt. No. 650247 Pte. Dudmesh, L.H. G.S.W. Back
Wounded 28th. Operation 1st.

G.S.W. back of right chest. Small piece of lower border rib removed. Wound excised. Bipped. Wound closed. ~~Pleura~~ Pleura not punctured. *Evacuates.*

Auk. Mtd. Rifles. No. 13/2102 Tpr. Foyte, W.H. G.S.W. Head.
Wounded 27th. Operation 0400 on 1st.

Entry and exit wound frontal bone. Flap turned down. Wounds excised. A little bone removed. Bipped. *Evacuates.*

6th. L.H. Regt. No. 961 Tpr. Schmierer, A.S. G.S.W. Back.
Wounded 26th. Operation
Redressed 1/4/18.

I.C.C. No. 1619 Tpr. Flegler, H.P. G.S.W. Back.
Wounded 2nd.

Catheter passed. Dressed. *Evacuates.*

2/21 London Regt. No. 651811. Rfl. Goodwin, V. G.S.W. Back and Thigh, L., testis
 Bomb wound left thigh and scrotum. Suppurating wounds excised. Bipped and partially closed.

2/23 London Regt. No. 651136 Pte. Walsh, J. G.S.W. Back.
Wounded 27th.

Catheter passed. Dressed.

I.C.C. No. 12 Coy. No. 919 Sglr. Booth, P. G.S.W.
 Multiple wounds cleaned with spirit and redressed. *Evacuates*

I.C.C. 9th.Coy. No.50807 Pte. Fudge,P.R. G.S.W.Arm. Amputation.
Redressed, Bipped. *Evacuated*

N.Z. M.G.Sqd. No.35356 Tpr. Lewis,L.F. G.S.W.Leg,L; Fracture. 16
Wounded 1700 on 29th. Operation 1500 on 1st.
G.S.W. left leg through and through. Tibia and Fibula both fractured.
Wounds very septic. Excised. Fragments of bone taken out. Bipped.

I.C.C. 16th.Coy. No.36126 Tpr. Perry,W.N. G.S.W.Shoulder,R.
Wounded 30th. Dressed 1/4/18.
Cleaned with spirit and redressed.

2/21 London Regt. No.653555 Pte.Ritchie,E. G.S.W.Arm,R. Side,R.
Wounded 31st. Redressed 1.4.1918.
Cleaned with spirit and redressed. Arm put up in splint(supine).

I.C.C. 9th.Coy. No. Sgt.Brown, G.S.W.Thigh. Femur fractured.
Gangrene of leg below knee. Fractured Femur. Amputation through seat of fracture, removing part of bone. Loose flaps. Bipped.

Canterbury Mtd Rifles. No 7/1783 Tpr Sharland,T.J. G.S.W. Head.
Examined but inoperable. Catheterised and dressed.

I.C.C. 10th.Coy. No.50703 Cpl. Wallhead,G. G.S.W.Thigh,L.
Wounded 27th. Dressed 1.4.1918.
Wounds cleaned with spirit and redressed.

2/21 London Regt. No.702599 Rfl. Manning,R.T. G.S.W.Thigh. Fractured Femur.
Wounded 30th. Operation 1st.
Fractured Femur. Wound incised and bipped. Put up in Thomas Knee Splint.

I.C.C. No. 1390 Tpr. Gould,R.B. G.S.W.Shoulder and neck.
Wounded 30th. Redressed and Catheterised.
Moribund.

2/21 London Regt. No.653546 Pte. Matcham,A.G. G.S.W.Thigh,R.
Cleaned with spirit and redressed.

Wellington Mtd Rifles. No.11/1868 Tpr. Ward,W.J. G.S.W.Buttock,L. and back
and R.Knee.
G.S.W.right Popliteal space and left Gluteal region. Septic. Operation counter opening in Popliteal space and excision of wound of entrance. Also excision of Gluteal wound. Bipped. Partially closed. Bullet not found in Popliteal space.

2.4.1918.

N.Z.M.C. Edwards,E. G.S.W.Abdomen.
Wounded 0730 on 1st Operation 0800 on 2nd.
Bullet wound abdomen. Entrance side. Operation 2.4.18. Perforation of stomach. Anterior and posterior walls s. Sewn and bipped.

2/22 London Regt. No. 682686 Pte. Smith,H.T. G.S.W.Thigh,L.
G.S.W.upper part left thigh. Wounds of entrance and exit septic. Excised and bipped. Left open. Operation 2.4.18.

A.V.C. Mtd. 10th.Fld Coy,R.E. No.13097. Sgt. Clements,A.A. Bomb wound calf
R. and E.S.Wounds.
Multiple bomb wounds. Right calf torn away. Cleaned with spirit. Bipped & partially approximated. Very collapsed. Intravenous saline. Much better. Death in 24 hours.

Wellington Mtd.Rifles. 11/160 Sgt. Weaver,L.W. G.S.W. Shoulder, back and
neck. Eye,R. and thumb,R.
Wounded 31st. Operation 2400 on 2nd.
Entry right scapula. Exit sterno mastoid above clavicle. Wound full of blood clot. Severe haemorrhage. Operation 2.4.18. Excision., Bipped and sutured. Intravenous Saline.

Evacuated, all 2nd Evacuated

3.4.1918.

(6) (5)

A.S.C. Anzac Div Train No. 9400 Esbrom Abram Bomb wound Abdomen.
Wounded 0600 on 3rd. Operation 0915 on 3rd.

Superficial wound abdominal wall. Wounds right thigh both excised and sutured. Bipped.

Evacuated

12th. Mtn Bat. R.G.A. Major Talbot-Crosbie, M. Bomb wounds head.
Wounded 0600 on 3rd. Operation 1015 on 3rd.

Entry of bomb fragment to left of external occipital ~~bomb~~ protuberance. Flap. Fragments of bone removed. Foreign body not found. Bipped, sutured. Entrance wound in scalp excised.

Evacuated

12th. Mtn. Bat. R.G.A. No. 108705 Bomb. Gibson, Bomb wounds back and ankle, R.
Wounded 0600 on 3rd. Operation 1200 on 3rd.

Redressed. Morphine 1/6th. Suffering from severe shock. Operation at 2100. Excision of wounds. Bipped. Partially closed. Large wound in back. Damaged sacrum. Gauze plug left in large wound of back and in foot. Death in 36 hrs.

Don't do perforation of Peritoneum

10th. Fld Troop, R.E. No. 164375. Sappar Gallant, F.G. Bomb wound thigh, L.
Shoulder, R. Wounded 0700 on 3rd. Dressed 1400 on 3rd.

Wounds cleaned with spirit and dressed. Leg put up in Thomas Splint.

Evacuated.

J. Colin Stoney

Lieut. Colonel.

O.C. Descorps Operating Unit.

Copies to D.D.M.S., Descorps.
A.D.M.S., Ausdiv.
File.

In addition to above, I saw about 20 cases in consultation and ligatures on femoral artery in the ambulance theatre.

J.S.

Appendix II.



Cases from 19th - 30th April inclusive

- 19th 4/18. 1st A.L.H. 306 Lpl. Hagley 7 wounds 0530
operation 1030 Entrance right flank exit.
epigastrium laparotomy. Free Blood in Peritoneum
Two holes in the diaphragm. Entrance wound
excised & opened down to Peritoneum Ripped
spine 2000 on the 20th P.M. General Peritonitis
large peritonitis.
- 2 A.L.H. 2509 Lpl. Curran D. wounds 1230
operation 1700. Entrance R lumbar Region. Entrance
penetrated. Penetration Entrance Excised large
double hole. Transverse Colon. Sutured. These
remains from within the Colon. Scar in jejunum
anastomosis wounds in Duodenum anastomosis wound
at the back gives ample drainage. Death 0600
20/4/18 P.M. acute general peritonitis large hole
admitting two fingers through the Psoas forst.
outside Venacava. Scar. in the Posterior aspect of
Duodenum of the first part. Commencement of the
third part. probably partly ante and partly Post
mortem
- 1 A.L.H. 1161. Lpl. Purraws. G. wounds 0830. operation
about 1900 high explosive Compound fracture.
R leg. wounds L. foot. L. forearm. L. Shoulder
R. & L. thigh. wounds Excised R. Pelvis. Piece of
These remains. Ripped put up in pieces. Splint
with steel wire Splint. Wound of L. Foot excised
pieces of These remains Ripped also left leg
R. Thigh. Left Forearm. Small wounds excised &
Ripped. Evacuated Well. 20/4/18
- 5/4/18. 9th L.H. 2816 Lpl. Learmonth 15 f. runaway
accident severe injuries head and arm Death
immediately on admission.
This accident occurs on the old Roman Road
a very dangerous hill. Every batch of transport.
going this hill has two or three runaway accidents
I sent a private note G.O.C. 4th Brigade. warning
him of the danger of the hill and ask his transport
was sent by the new road
- 6/4/18. 1 M.G.S. 3591. Lpl. Bowan D.R. Ill 3 days acute
abdominal pains very tender and rigid Right knee.
region. Appendectomy with closure. wound ripped
Appendix acutely inflamed retrocaecal. Concretion
present. Evacuated well after 24 days
- John H. H. H.

Appendix H. Continued



29/4/18

Inf. 1. Info Geo. attached R.D.C. Hunt. Date 1919
Edman. Plow. Crash 0800 operation 1218. wound
Lower lip upper lip Nasal. Septum & alveolar process, mucous
membrane. Sutures apparently lipped. Evacuates well 5/5/18

30/4/18

2nd S. 2890 Ryan C.J. Inf. Shell wound 0730 op. 1200.
L. thigh. Touringuet. on admission very bloody from
loss of blood. Entry through Right Vastus Internus.
Popliteal Artery found torn through tied above & below
wound lipped & left open Fragments retained. Saline.
Saline. Next day leg was gangrenous. Amputation
through lower end of the thigh. The patient survived the
amputation well, but on 24 hours became wildly
delirious and died from exhaustion in two more days.
P.M. Sharp Skull and blood Skull

2nd London 571338. Rifleman Nicholson W. wound
Daybreak operation 1400 L. leg large entry in Ext
Tibia & Fibula Shattered Anterior tibial & posterior
Interosseous tied. Pipped Intravenous Saline. Evacuates.
Well 2/5/18.

3rd London 533649 Private Newman A.J. wound 0400
operation 1600. Entry R. Gluteal. exit left Gluteal
across the left wound exposed and lipped Saline
Evacuates well. Culture from wound Sterile

3rd London 532779. Rifleman Martin J.F. wound
Daybreak operation 2000. Fracture lower end of
Femur supra Patellar. punch open ends exposed in
wound of Ext. pipped put up in Thomas Splint
Evacuates well.

J. Chris Storey
J.H.