

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

Medical, Dental & Nursing

Item number: 26/64/29

Title: No 3 Australian Casualty Clearing
Station

February 1919



AWM4-26/64/29

No. 3 AUSTRALIAN
CASUALTY
CLEARING STATION,
A.I.F.
No
Date.....

18,000-12/1 -8723

370

CONFIDENTIAL.

ORIGINAL.
DUPLICATE.
TRIPLICATE.

Australian Imperial Force.

WAR DIARY

OF

No. 3 AUSTRALIAN CASUALTY CLEARING STATION

FOR

FEBRUARY

1918

Signature of Officer compiling

John H. Lacey Lt. Col.
C.O. No. 3 Aust. C.C.S.

Signature of Officer Commanding

John H. Lacey Lt. Col.
C.O. No. 3 Aust. C.C.S.

CASUALTY
CLEARING STATION,
A.I.F.

WAR DIARY

Army Form C. 2118.

370

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.

~~CONFIDENTIAL~~

(Erase heading not required.)

No.
Date.....

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
EUSKIRCHEN. GERMANY.	Feb. 1919.		<p>During February 1919 the 3rd. A.C.C.S. has remained at Euskirchen Germany. Description of Building.-</p> <p>The hospital is situated in a large 4 storied building, one wing of which is still occupied by German Civilians, the remainder of the building being occupied by patients and personnel.</p> <p>The basement contains a boiler house for the central heating, a large tiled bathroom with hot and cold water for both plunge baths and showers, a dispensary, packstore including special rooms for Officers kits and for sorting room, bootmaker's shop, and quartermasters stores. This is of great advantage as these rooms, with the exception of the bathroom, are used only by the staffs belonging to them, and there is no possibility of patients or others intruding on the Q.M.Store.</p> <p>The ground floor is occupied by the Receiving Room, dressing room, orderly and Commanding Officer's rooms and the serious medical wards.</p> <p>The first floor is divided into two separate parts with no intercommunication, the right being occupied by the serious surgical ward with the operating theatre opening off it, and two bed wards, and a room with large kitchen opening off it. The mess room has tiled walls and is fitted with tables and forms and is capable of seating 100 men, the kitchens have five large steam heated boilers and a stove for roasting.</p> <p>There are three out buildings in the same grounds. One is a small house still occupied by Germans the second contains the Officers quarters on the second floor, the Sisters quarters on the first floor and the kitchens and bathrooms in the basement. The third house contains a large recreation room fitted up with tables, chairs and a piano. It also contains a small library and games, reading and writing material. Adjoining this is the Sergeants Mess and next to it is a long building originally used as a skittle alley, containing all the surplus material of the quartermasters store and bulk store etc.</p> <p>The result is that both patients and personnel are in the one block of buildings. The personnel are separate from the patients and the Officers and Sisters are separate from both. There is no lack of accomodation, the rooms are large and high and the whole institution is lit by electric light and heated by steam radiators.</p> <p>The disadvantages of the building are that it is difficult to maintain an equable temperature with good ventilation as opening the windows causes draughts and closing them causes overheating. The stairs are narrow and it is difficult to get stretchers to the upstairs wards and the want of communication between the right and left sections of the upper floors causes much unnecessary walking up and down stairs. The long passages and many stairs make it difficult to keep the building</p>	

D. D. & L., London, E.C.
(A7883) Wt. W809/M1672 350,000 4/17 Sch. 52a Forms/C/2118/14

John H. Liddell Lt. Col.
C.O. No. 3 Aust. Cas. Clear'g Stn
A.I.F.

No. 3 AUSTRALIAN
CASUALTY
CLEARING STATION,
A.I.F.

No.
Date.....

WAR DIARY
OF
AUSTRALIAN CASUALTY CLEARING STATION
FOR
FEBRUARY 1919

LIST OF APPENDICES

Subject.

1. Surgeon Specialist's Report
2. Dental Surgeon's Report (96th Dental Unit)
3. Medical Officer's Report
4. Quarter Master's Department.
5. Head Sister's Report
6. Disposal of Convalescent Patients.
7. Hospital State. .

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Appendix I

No. 3 AUSTRALIAN CASUALTY CLEARING STATION, A.I.F.
No.....
Date.....

SURGEON SPECIALIST'S REPORT.

FEBRUARY 1919.

There is nothing of note to report this month.

Surgical matters have been very quiet ~~and~~ indeed, and with the exception of two cases of appendicitis there has been practically no surgery to be done.

H. L. Bush

Major.
Surgeon Specialist.
No. 3 Australian Casualty Clg. Stn.

1.3.1919.

CASUALTY CLEARING STATION,
A.I.F. No. 3

DENTAL UNIT ATTACHED
AUSTRALIAN CASUALTY CLEARING STATION

Appendix II

WAR DIARY

Army Form C. 2118.

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No. Instructions regarding War Diaries and Intelligence
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~~INTELLIGENCE SUMMARY.~~

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices																																																																																
EUSKIRCHEN GERMANY	Feb/19		<p>The work of this Dental Unit was carried on during the month in the same location as during the previous four weeks my time being fully occupied with the same class of work as before.</p> <p>The mechanical staff was reinforced on 10.2.19 when No.15058 Staff Sergeant SHANAHAN marched in from England.</p> <p>No.14435 Private E.G.WILDE was on Paris leave from 10.2.19 to 19.2.19 his position being temporarily filled by a patient in the C.C.S..</p> <p>The following is a record of the months work :-</p> <table border="0"> <tr> <td>Cases Treated</td> <td>540</td> <td>A.I.F....33</td> <td>B, E.F....506</td> <td>French.....1</td> </tr> <tr> <td>Extractions</td> <td>257</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fillings (Amalgam)</td> <td>73</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Cement)</td> <td>77</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Tempy.)</td> <td>78</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressings</td> <td>78</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ulcerative Gingivitis</td> <td>58</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Root Fillings</td> <td>19</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scalings</td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Minor Operations</td> <td>135</td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td colspan="2"><u>DENTURES</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Full Uppers</td> <td></td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>Part "</td> <td></td> <td></td> <td>14</td> <td></td> </tr> <tr> <td>Full Lovers</td> <td></td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Part "</td> <td></td> <td></td> <td>7</td> <td></td> </tr> <tr> <td>Repairs</td> <td></td> <td></td> <td>53</td> <td></td> </tr> </table>	Cases Treated	540	A.I.F....33	B, E.F....506	French.....1	Extractions	257				Fillings (Amalgam)	73				(Cement)	77				(Tempy.)	78				Dressings	78				Ulcerative Gingivitis	58				Root Fillings	19				Scalings	15				Minor Operations	135				<u>DENTURES</u>					Full Uppers			5		Part "			14		Full Lovers			1		Part "			7		Repairs			53		
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S. Jago Captain
O.C..96th Dental Unit Att 3rd Aust.CCS

D. D. & L., London, E.C.
(A10266) W1 W5300/P713 750,000 2/18 Sch. 52 Forms/C2118/16.

This C.C.S., is still at EUSKIRCHEN. February has been changeable, with fine cold weather and skating, followed by warm temperatures and rains. The total sick admissions have numbered 693, influenza accounting for about 400. Nephritis has decreased and Tonsillitis increased (24 cases) one case of C.S.M. which died: Jaundice 5, all mild. Mumps 2, one each of Diphtheria, Scarlet Fever and Chicken Pox. V.D. Cases include Gonorrhoea 26 and Chancre 16.

Influenza with or without complications has accounted for the bulk of admissions. At Cologne and Duren a very virulent type of epidemic raged which has now decreased, while the type received here became worse, though apparently never as severe as in the above mentioned places. The total deaths for the month numbered 13, all due to influenza with complications except one - C.S.M.

Influenza arrives here under a variety of diagnoses - viz.- P.U.O., Influenza, Pneumonia (rarely), Bronchitis, Tonsillitis, Diarrhoea, Pleurisy, Appendicitis, Gastritis and Rheumatism. For instance 2 cases received as tonsillitis were severe pneumonias, one markedly cyanosed and which died about 36 hours after admission. Two cases received as diarrhoea admitted to a non-influenzal ward had definite pneumonia. The occurrence of sore throat and diarrhoea in the initial stages apparently accounting for these classifications.

The cases with pulmonary complications - "pneumonias" - have increased both in number and severity, though now there are signs of a decrease in both respects.

The types of cases may be described clinically as :-

1. Cases with frank pneumonia, nearly always of lower lobe and generally bilateral, with little or no cyanosis, with high temperature, ending by crisis or lysis with general improvement on the fall of temperature. These are very severe while they last, and some are probably ordinary croupous pneumonia. The sputum is usually rusty and viscid. These cases do well, and compared to the next group cause little anxiety.

2. Cases with bad colour, either distinctly blue cyanosis, or dusky, often without any definite physical signs of consolidation, dull to flat on percussion, especially behind, some râles or fine crackling crepo and diminished air entry with weak or absent breath sounds. Pyrexia moderate or for a time high, and falling without improvement in the general condition or physical signs.

Some of these have no sputum, others develop a profuse purulent sputum - I think often when improving, others a haemorrhagic sputum, while in others in whom consolidation appears, a rusty pneumonia sputum is seen. These cases may continue cyanosed without developing consolidation, and with chiefly negative signs and die. Others hang fire, as it were, for a time and gradually recover, others develop deep patches of consolidation and increase in râles, the consolidation gradually increasing, often involving both lower lobes, usually unequally, and part of the upper lobes with râles present all over front and back. The temperature may fall and the progress of the disease continue, until the patient finally succumbs from exhaustion or toxæmia. A particularly bad case is the man with pallor and lividity of the lips and ears and pinched appearance, these closely resemble the picture of cases poisoned with Phosgene Gas.

Many of these cases appear to be deprived of oxygen and the lower part of the chest may be noticeably indrawn with the respiratory movements. I have several times noticed a cyanosed face clear temporarily and become pink after the propped-up patient has coughed and taken a few deep inspirations.

One is impressed with the feeling that the course of the disease and the result is dependant largely upon the toxæmia. This may be intense as in the fulminating cases which die before the development of definite physical signs, or it may so sap the patients strength as to leave him unable to recover when the disease has apparently burnt itself out, and the physical signs have apparently begun to improve.

The pulse often keeps comparatively good until nearly the end and I have seldom found definite evidence of marked dilatation of the heart. The pulse is often noticeably slow for the temperature. In a few cases the morning temperature is higher than in the evening.

Some cases have distension of the abdomen which is probably a part of the toxæmia as it promptly improves with the fall of temperature, in those cases which improve.

Empyema has not occurred so far and large pleural effusion in only one case, though several times examined for it. A thick exudate on the pleura has been described by those who made post mortems, and the fine crackles, often loud, heard over a dull area almost devoid of breath sounds may often be the pleural in origin, and may explain the pain so often present.

It is evident that cases of such severity require the best nursing and every attention. Sufficient movement of the bowels, care of the mouth which is generally very foul if not frequently attended to, nourishment in frequent small amounts, with every care to save every ounce of strength, these with abundance of fresh air and rest are of more importance than drugs.

Yet these necessities which tax the resources of a well equipped hospital have had to be met by a C.C.S. Staff and depleted at that. Both Sisters and Orderlies have done really an enormous amount of work and very good work, and under difficulties, since the patients are divided into small numbers in separate rooms.

With regard to treatment, abundance of fresh air and rest and careful nursing are probably the most important. Open windows preferably with the patient bathed in a current of fresh air gives the best results, the patient being kept warm by hot bottles and if necessary a cap.

Rest is often a difficulty and we have used omnopon fairly freely with benefit and apparently no ill effects.

The routine treatment has been to separate influenza from other patients and those with complications from uncomplicated influenza.

The majority get aspirin gr.15 with Dovers powder gr.10 and hot brandy on admission being wrapped in a blanket to encourage sweating. This usually results in a marked relief of pain, and is followed by a Diaphoretic Mixture containing Sod. Salicyl. gr.5, 4 hourly.

All cases also are given an initial aperient, repeated rather generously, and it has been noticed that even severe cases with diarrhoea as a complication generally do well.

Cases with pulmonary complications, or in which complications may arise, and those with bad colour, even without demonstrable complications are given an aperient and a mixture containing Tr. Digitalis m.15 and Tr. Nuc. Vom. m.10, 4 hourly for about three days. This used to be given with Ammon. Carb. gr.5, but lately acid mixtures have appeared to be more effective.

The use of inhalers of the Burney Yeo type has not been given a fair trial, owing to the difficulty of obtaining masks and in keeping them on the patient. The use of a suitable inhaled should relieve the cough and perhaps stimulate deeper respirations, but its value would appear to be greatest when used early before the development of complications which it should tend to prevent.

Oxygen has not given encouraging results, perhaps its more efficient use might be of benefit, but for this as well as for the ~~more~~ efficient employment of the inhaler a larger staff would be required.

The hygiene of the mouth is of prime importance the tongue usually being coated, often dry, and sores apt to collect. We have found an ointment of equal parts Ung. Ac. Boric and vaseline with Ol. Menth. Pip. m.5 to the ounce, used freely, very effective, especially if preceded by a swabbing with solution of Soda Bicarb.

Brandy has been used fairly freely and apparently with benefit.

These cases apparently do not stand being moved. In order to make room for worse cases in the pneumonia ward, those which were progressing favourably were moved to another ward, but owing to several relapses this was discontinued. It is difficult to know when it is safe to evacuate these patients.

As regards the question of the evacuation of these men to a convalescent depot with a view to returning them to their unit, it is difficult to say when a man can be safely returned to duty without watching his progress. Even mild cases have a prolonged convalescence with a difficulty in returning to rough diet. During convalescence a generous ~~rich~~ nourishing diet is called for.

There have been 12 cases of D.A.H. this month, there is sure to be a fair amount of post influenzal debility which will be increased and aggravated by too early return to duty, and these cases of D.A.H. may

be instances of this aftermath .

The health of the unit remains good.

There have been very ^{few} cases of influenza and they mostly of a mild nature - none really severe.

There have been no cases of enteric admitted and confirmed bacteriologically, and no suspected cases for a considerable time.

A. A. M. C.

4 /3/1919.

No.3 Australian Casualty Clearing Station. Captain. A. A. M. C.

Quartermaster's Report.

No.
Date Rations.

Ordinary supplies have been up to the usual standard, but as regards Medical Comforts these have been very difficult to obtain owing to an order having been issued by D.M.S. 2nd Army to the effect that Medical Comforts must be supplied through Railhead, and not drawn direct at Depot. The supply has therefore been most unsatisfactory. Steps have been taken to have this order altered.

Oranges. Oranges were supplied on one occasion during the month but were unfit for human consumption, and therefore condemned by the C.O.

Milk and Eggs. These have mostly been obtained locally, and are most satisfactory. Small numbers of the latter have been received from Railhead. Owing to the large number of Pneumonia and Influenza cases it has been found necessary to increase the supply of Fresh Milk from fifty to seventy-five litres per day. At the present time the weekly consumption of these articles is as follows, viz:-

Milk	350 litres
Eggs.	1000

Hospital Clothing. Indents on Ordnance for Pyjamas and the like are not fulfilled for several weeks after being submitted, but D.G.V.O. London and Australian Red Cross, France, have kept up supplies and therefore there is no shortage.

R. Henley Captain & Q.M.
No. 3 Australian C. C. S.

1/3/19.

SISTER'S REPORT.

This month has been a busy one. Work in the Medical Wards being extremely heavy owing to the continued Influenza epidemic. The cases received during the latter part of the month being of a much more severe type and requiring constant care.

It was decided on the 21 - 2 - 19. to move the Officer's Ward to the opposite side of the building to give increased accommodation which was urgently needed. The former Officer's Ward is now being used for Influenza patients.

STAFF. The Staff now consists of :-

1. T/Head Sister.
7. Sisters
4. S/Nurses.

Changes in Staff. S/Nurse J.G.Duncan arrived on the 3 - 2 - 19. to replace Sister A.M.Wilson. On the 5 - 2 - 19. S/Nurse W. Wells reported for duty. On the 15 - 2 - 19. our staff was increased by four, Sisters E.P.Wright, E. Buchanan, S/Nurses M.C.Giles, and N.J. Wigley. On the 19 - 2 - 19. Sister E.P.Wright and S/Nurse M.C.Giles left by Ambulance at 9 am. for temporary duty at 141st. Field Ambulance, Rheinbasch, returning here for duty on the 27 - 2 - 19.

HEALTH. Sister A.M.Wilson was evacuated to the Hostel Cologne suffering from Appendicitis. On the 15 - 2 - 19. Sister J.B.McDonald was evacuated also, having injured her right wrist by falling on the ice whilst skating. After four days Sister J.B.McDonald^{returned} here for light duty whilst waiting for leave to the South of France.

RECREATION. Up to the middle of the month skating was most popular, the greater part of our off duty time being spent on the ice. We at first used the Swimming Pond belonging to this institution, but later on parties to the Old Moat at Satsay were arranged.

None of us became experts but we enjoyed our skating lessons immensely, and were sorry when the thaw set in.

Various members of the Staff have been to the Opera during the month. The allocation of tickets by the Amusement Officer, Cologne, being most useful, to us here. Previously the difficulty in obtaining tickets prevented ~~one~~ going to some of the finest Operas.

K. J. Womarski T/Head Sister.

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Appendix VIII

No. 3 AUSTRALIAN CASUALTY CLEARING STATION, A.I.F.
No.....
Date.....

NO. 3 AUSTRALIAN CASUALTY CLEARING STATION.

MONTHLY STATE FEBRUARY 1919.

BRITISH TROOPS.

	SICK	OFFICERS WOUNDED	OTHER RANKS SICK	OTHER RANKS WOUNDED
Remaining	2		190	
Admitted Direct	55		717	
Transfer	-		-	
Died	-		11	
Transferred to Other Medical Units	1		57	
Rest Stations	-		-	
Base	43		537	
Discharged to Duty	8		136	
Remaining	5		166	

INDIANS.

Remaining		4
Admitted Direct		20
Transferred to Base		23
Remaining		1

John M. M. M. M. Lieut. Col.
C.O. No. 3 Australian C.C. Station.