

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

Medical, Dental & Nursing

Item number: 26/69/17

Title: No 1 Australian Dermatological
Hospital, Bulford

October 1918



AWM4-26/69/17

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.

INTELLIGENCE SUMMARY.

(Erase heading not required.)

October 1918.

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Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	1-10-18	-	Allotment of N.C.O.s in A+B divisions promulgated as decided on after consulting with G.Y.C. Treatment + O.C. Divisions. <i>jnys</i>	
	2-10-18	-	List of Diseases as Extract from "Nomenclature of Diseases" (1918) together with the Rules of D.M.S. A.I.F. issued to all M.O.s. and Departments concerned (Appendix 17/18). <i>jnys</i>	17/18.
	5-10-18	-	Lt Col. G. RAFFAN visited the P. re basis of Medical Staff and Instrument-outfit. The G.O.C. A.I.F. DEPOTS in U.K. visited the P. and inspected the DETENTION Ward, the portion recently handed over to N.Z.E.F. and the Medical Wards in 'B' Divisions, he considered shelters should be erected outside the treatment huts in 'A' Divisions, for the protection of patients while waiting to see their M.O. <i>jnys</i>	
	6-10-18	-	Major H.A. HAGEN, reported for duty from No 1 C.D. Lt Col. G. RAFFAN supplied with transport to SUTTON VENY on authority from A.D. of S+T. Major E.R. Cordner, reported to obtain an insight into methods and organisation of treating cases here with a view to adopting same at No 39 G.P. in LEHAVRE. Capt R. GATHOUSE, Dental Officer transfers to Major K.V. BLOGG on reporting to D.M.S. <i>jnys</i>	
	17-10-18	-	Lt Col. MASTER, R.A.M.C. inspected A+D Books + A.F.C. W. 3243 + 3243A. <i>jnys</i>	
	19-10-18	-	Special Order issued to all M.O.s. attached to Unit (Appendix 18/18). <i>jnys</i>	18/18.
	23-10-18	-	Major J. FALCONER-BROWN, N.Z.M.C. visited the Unit to discuss treatment methods + compare notes do regards his Unit - V.D. Section N.Z.F. CODFORD - and this Hospital's methods.	
	30-10-18	-	G.O.C.; A.I.F. DEPOTS in U.K. inspected DETENTION compound + MEDICAL WARD 11a. <i>jnys</i>	
	31-10-18	-	Bregd General M'GLINN, C.M.B. & D. inspected GUARD with a view to reducing their number + placing a N.C.O. officer in charge <i>jnys</i>	
		-	Report for month (Appendix 19/18) <i>jnys</i>	19/18

Stewart Col
CO. No 1. A.D.F.

Extracts from "Nomenclatures of Diseases" (1918).

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 φ PREPUCE
 Inflammation or Posthitis.
 Paraphimosis
 x Phimosis
 soft sore
 syphilis
 Tuberculosis
 φ Injuries

OF URETHRA.

Inflammation or Urethritis
 Catarrhal
 suppurative
 Gonorrhoea
 Abscess
 Gleet or gonorrhoea mucosa
 syphilis
 Stricture
 Infective
 Peri-urethral cellulitis
 Abscess
 Urethral fistula
 Recto-urethral fistula
 @ New growths

OF THE VESICULA SEMINALIS

φ Inflammation
 Acute
 Chronic

OF THE TESTICLE

φ Inflammation
 Orchitis
 Acute
 Chronic
 Epididymitis
 Acute
 Chronic
 Atrophy
 Hernia testis
 syphilis
 @ New growths

PENIS

Inflammation of glans or Balanitis
 Herpes
 Soft sore
 Condylomata
 Syphilis
 @ New growths

OF THE PROSTATE

Inflammation or Prostatitis.
 Acute
 suppurative
 Abscess
 Chronic
 Syphilis
 Hypertrophy or senile enlargement
 Atrophy
 Prostatorrhoea
 @ New growths

OF THE SPERMATIC CORD

Inflammation
 Acute
 Chronic
 Syphilis
 % Hydrocele
 Varicocele
 @ New growths

EXPLANATORY SIGNS -

- φ - State cause and local condition.
 x - Congenital or acquired.
 @ - Non-malignant or malignant.
 % - Funicular or Encysted.

NOTE -

1. A case which at any time gives a positive slide for gonococci, MUST be marked "Gonorrhoea" for the whole term from date of admission to date of discharge or transfer.
2. All cases admitted with any sequela of venereal disease, although same may have been acquired prior to enlistment, or contracted innocently or extra-genitally, MUST be marked venereal and put up to D.M.S., A.I.F. through the C.O. of the Hospital for non-forfeiture of pay, in the following manner :-
 - (a) Witnessed statement of patient.
 - (b) Medical evidence leading to the belief that it was contracted innocently or prior to enlistment, such statement to be signed by the Officer i/c Treatment.
 - (c) All particulars of condition of patient on admission.
3. Urethritis cases which do not show positive slides during the whole course of their illness will be marked "Urethritis" (catarrhal), but should the case return within 8 days of discharge from this Hospital, and a positive slide be obtained, but no history of exposure during the 8-day period it MUST be marked "gonorrhoea", and will be recorded as such from date on

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5. The same applies to all cases giving or showing syphilitic history, just as Para. 4 applies to cases of gonorrhoea.
6. The term "H.V.D." must not be retained for more than 7 days from date of admission without reference to and consent of O.I/c Treatment.
7. The term "H.V.D." must, if retained, be approved of and initialled by the O.C. Division.

Bulford,
30.9.1918.

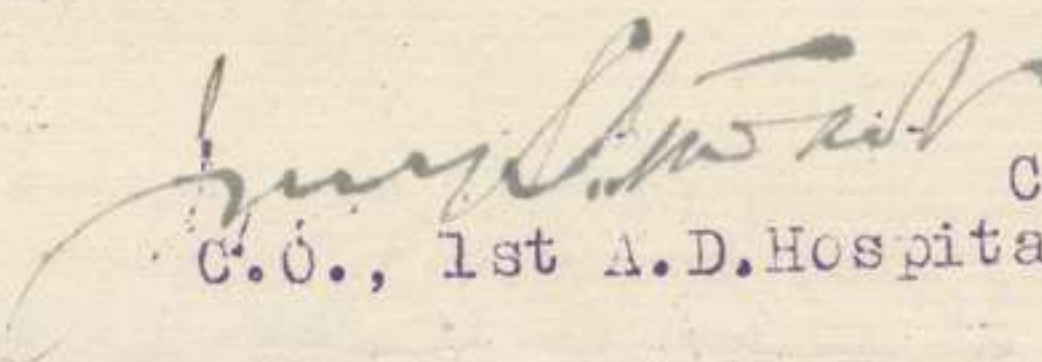
James Stewart
Col.,
S.O., 1st S.D. Hospital.

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first being admitted to Hospital, i.e., forfeiture for the whole period in Hospital will be made.

4. All cases, however chronic, suffering from any genito-urinary condition due to a gonococcal infection in the first instance MUST be marked "gonorrhoea", the local condition being also stated thus - Gleet should show as Gonorrhoea mucosa; Urethral or Periurethral cellulitis fistula, or abscess, as of gonorrhoeal origin, and so forth.
5. The same applies to all cases giving or showing a syphilitic history, just as para. 4 applies to cases of gonorrhoea.
6. The term "N.Y.D." must not be retained for more than 7 days from date of admission without reference to and consent of Officer in charge of Treatment.
7. The term "N.V.D" must, if retained, be approved of and initialled by the O.C. Division.

Bulford,
2.10.1918.


Colonel,
C.O., 1st A.D. Hospital, A.I.F.

DISEASES OF THE GENERATIVE SYSTEM, IN ACCORDANCE WITH
"LIST OF DISEASES (1915)"

Urethritis.	Ulcer of the penis,
Gleet,	Oedema " "
Abscess of Urethra,	Condylomata "
Ulcer, "	Infl. of scrotum
Hæmorr. "	Abscess "
Stricture "	Oedema "
Urethral fever	Pruritis "
" fistula	Infl. of spermatic cord
Extravasation of urine,	Abscess " "
Impacted calculus,	Hydrocele of the cord
Infl. of the prostate,	Hæmatocele " "
Abscess " "	Varicocele " "
Atrophy " "	Infl. of tunica vaginalis.
Hyper. " "	Hydro. of tunica vaginalis.
Calculus " "	Hæmatocele of the tunica
Infl. of the propeuce	vaginalis.
Oedema " "	Orchitis,
Hyper. " "	Epididymitis,
Phimosiis	Abscess of the testicle,
Paraphimosiis	Hernia testis,
Infl. of the glans of	Atrophy of testicle,
the penis	Torsion,
Abscess of the penis	Spermatorrhœa.

NOTE :-

A case which at any time gives a positive slide for gonococci, MUST be marked "gonorrhœa" for the whole term from date of admission to date of discharge or transfer.

All cases admitted with any sequela of venereal disease, although same may have been acquired prior to enlistment or contracted innocently or extra-genitally, MUST be marked venereal and put up to D.M.S., ...I.A., through the C.O. of the Hospital, for non-forfeiture of pay, in the following manner -

- (a) Witnessed statement of patient.
- (b) Medical evidence leading to the belief that it was contracted innocently or prior to enlistment, such statement to be signed by the O.i/c. Treatment.
- (c) All particulars of condition of patient on admission.

Urethritis cases which do not show positive slides during the whole course of their illness will be marked "Urethritis" (catarrhal), but should the case return within 8 days of discharge from this Hospital, and a positive slide be obtained, but no history of exposure during the 8-day period, it MUST be marked "gonorrhœa", and will be recorded as such from date of first being admitted to Hospital, i.e., forfeiture for the whole period in Hospital will be made.

4. All cases, however chronic, suffering from any genital-urinary condition due to a gonococcal infection in the first instance MUST be marked as "gonorrhœa", the condition being also stated thus - Gleet should be Genorrhœa (gleet positive); Urethral or Periurethral abscess as Genorrhœa (abscess), and so forth.



1st Australian Dermatological Hospital.

SPECIAL ORDERS.

1. A.F.W. 3243 and 3243a -

All Medical Officers will exercise the greatest supervision over the compilation and completion of A.F.W. 3243 and 3243a, as errors are still found to exist in these since the last instructions were issued.

Medical Officers will note that if they sign their name to a document they are personally responsible for the statement thereon exhibited.

2. CARE OF I.R. GLOVES -

All Medical Officers must exercise the greatest care and economy in the use of I.R. Gloves. For the six months ending 30.9.18, 351 pairs of gloves have been issued by the Pharmaceutical Officer, which is equivalent to nearly 2 pairs per diem. The demand for such a number shows grave lack of care, either in their use or the manner in which they are put on and off. Medical Officers will note that it is not necessary to return a pair of gloves, as single gloves will be issued in lieu of one of a pair damaged.

3. INFLUENZA EPIDEMIC -

Until further orders Medical Officers will carefully observe the general condition of their cases, and also of any members of the Unit working in their Office or WARD, with a view to detecting and immediately reporting and treating any cases in any way resembling "Influenza" of the virulent type which is attacking the community at present.

All cases that are ordered to bed will be AT ONCE reported to the O.i/c Treatment, who will notify the Commanding Officer forthwith.

As far as possible cases will be isolated in the annexe of their Ward.

The early symptoms are one or more of the following :- Headache, Pains in the back, Pains in the limbs, or a chilly or shivery feeling ("cold shivers").

SD. J.M.Y. STEWART, Col.,
C.O., 1st A.D. Hospital, A.I.F.

Bulford,
19.10.1918



1st AUSTRALIAN DERMATOLOGICAL HOSPITAL.

WAR DIARY APPENDIX 19/18.

REPORT FOR OCTOBER 1918.

1. LOCATION Bulford.
2. STAFF Average strength, 14 Officers, 221 other ranks.

Change in personnel - Officers.

Marched in :-

Major H.A.Hagen from S.M.O. Sutton Veney 6.10.18
 Major Blogg K.V., A.A.D.C. ex 1st A.D.H. 10.10.18

Marched out

Capt. Gatehouse R., A.A.D.C., to D.M.S. 8.10.18

Detached for temporary duty

Capt. J.A.Smith detached for temporary duty
 with S.M.O., Hurdcott from 26.9.18 to 11.10.18

Other ranks

Marched in

1	A	Class man	from	No. 2	Command	Depot,	Weymouth.
3	B2A	" men	"	"	"	"	"
22	C1	" "	"	"	"	"	"

Marched out

1	A	Class man	to	S.M.O.,	Hurdcott.				
1	B2A	" "	"	A.M.T.S.	Detachment,	Tidworth			
2	C1	" men	"	Headquarters,	London.				
1	B2B	" man	"	No. 2	Command	Depot,	Weymouth.		
5	C1	" men	"	"	"	"	"		
2	C3	" "	"	"	"	"	"		
3	C1	" "	"	hospital.					
1	C1	" man	on	Command	to	A.M.T.S.,	Tidworth.		
1	C1	" "	"	"	"	A.I.F.	Educational	Training	College.

3. PATIENTS.

Number of admissions -

From Depots in U.K.	...	...	588
From Expeditionary Force	...	...	115
Transferred from other hospitals			51
		<u>Total</u>	<u>754</u>

Re-admissions to hospital 118. Grand Total 872.

Number of Discharges	...	753
Number in hospital on 31.10.18		850

GONORRHOEA ("A" and "B" Divisions)

Admissions	489
Discharges	365
Average stay in hospital	- 47.14 days

"B" Division

	<u>Admitted</u>	<u>Discharged</u>	<u>Average No. of days in Hospital</u>
Syphilis	204	284	5.3
Mixed Cases	20	24	56.6
Chancroid	16	15	10.46
Chancroid & Gon.	3	1	97.0
Scabies	17	22	7.4
Non-Venereal	116	104	10.7
<u>Totals</u>	<u>376</u>	<u>450</u>	

Total Admissions 865

Total Discharges 737

Average stay in hospital for all cases - 29.11 days.

Reinforcements admitted to hospital who contracted V.D. in Australia, or whilst on voyage - 7

Reinforcements admitted to hospital who contracted V.D. since arrival in England - 34

Patients admitted for Wassermann test - 38

Patients admitted for examination - 24

4. REMARKS - Patients and Treatment

The number of admissions has steadily increased during the month due to the same reasons given in my report for September 1918. The marked difference and benefit derived from the E.T. daily resume is still very apparent. The averages for principal complications work out as follows:-

Prostatitis	...	10%
Vesiculitis	...	11.4%
Epididymitis (on admission)		3.6%
Epididymitis (after ")		5.3%

There have been 10 cases of peri-urethral abscess, 4 of stricture, 2 of cystitis, 8 of polypus, and 1 of vasitis.

The average number of Massages and Sounds passed throughout the month have been:-

Massage per case	4.5
Sounds " "	3.5
Kollmann " "	1.6

Three cases of relapse of Gonorrhoea and four cases of relapse of Syphilis were re-admitted during the month.

The Officer i/c of Treatment in his report draws attention to the number of cases admitted to hospital suffering from Secondary Syphilis, which works out at 18.75% for total Syphilis admissions (224). He states that investigations show that most of these have been missed in the primary stages through no fault of the R.M.O.'s but due to the failure on the part of the patient to report an apparently insignificant sore, not necessarily on the penis, for in several cases they were extra-genital chancres.

It will be noticed that only three cases of Gonorrhoea relapsed and were returned to this hospital during the month, which means that of all those discharged only three failed, after successfully passing their tests at C.T.D., to remain cured. As for some time past the percentage of relapses has been from 5% to 10%, this is a very marked and satisfactory improvement, the usual percentage of recurrence while undergoing tests at C.T.D is from 8% to 10%. I think therefore the treatment staff of this hospital are to be

congratulated on the way cases are discharged from this hospital. The principal cause of Epididymitis after admission to this hospital is due to the too frequent change of the personnel of the medical staff for it is found that massage of the prostate is often begun too early or sounds are passed too soon by Medical Officers before they have gained sufficient experience and grasped the importance of avoiding such active treatment while the patient has a turbid urine.

5. QUARTERMASTER'S DEPARTMENT.

The new laundry contract commenced on the first of this month and the washing of the articles sent has so far been satisfactory but the times for delivery and shortages have left much to be desired; the Manager ~~these~~ attributes these irregularities to the influenza epidemic and the difficulty in obtaining the necessary transport; we are protecting ourselves against all shortages by obtaining an immediate acknowledgment from him.

It has been possible during the month to slightly amplify the dining hall diet for patients, more particularly as regards their evening meal, but it is still very evident that the ration is altogether too light for the class of cases dealt with in this hospital.

The Quartermaster from A.I.F. Depots in U.K. (Capt. L.J. Aspinall) made a check of the medical wards and linen store and investigated the system followed by us, on which he reports that he considered the system almost perfect and the practice quite satisfactory.

On the 30th two wards in "A" Division (5 and 6) were taken over by me from the S.M.O., N.Z.E.F., owing to the steady increase in the number of patients. A special hut known as the Lower Expense Store hut has been cleared and will be used as a ward for N.V.D. cases, which will slightly increase our accommodation.

6. PHARMACEUTICAL DEPARTMENT.

A Staff-Sergeant Dispenser has been transferred to another unit and his successor does not appear to be nearly so capable. Army Form I 1214 was rendered on 8.10.18 to A.D.M.S., Tidworth, showing a complete record of all receipts and expenditure of medical and surgical stores and equipment for the 6 months ending 30.9.18.

This department is still short of one Staff-Sergeant and I am given to understand that the Pharmaceutical Officer will shortly march out.

Clutton's Sounds have been received during the month and issued to Officer i/c Treatment for distribution.

7. PATHOLOGICAL DEPARTMENT

The Pathologist reports that the work has proceeded satisfactorily during the month. His detailed report is attached.

8. GENERAL

With the increased number of patients the almost complete depletion of A.A.M.C. from the staff of this unit is rendering the work increasingly hard and difficult to carry out satisfactorily.

The new routine treatment for Gonorrhoea is working extremely satisfactorily and the instructions issued are appreciated by the Medical Officers.

Towards the end of the month the G.O.C., A.I.F. Depots in U.K. after inspecting the detention compound stated that he would in all probability reduce the Guard attached to this hospital and remove the Officer in charge of the Guard, replacing him by a Sergeant.

Augustus Col. A. A. M.C.,
O.C. Military Hospital, A.I.F. Bulford.

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STATEMENT OF WORK PERFORMED BY THE PATHOLOGICAL DEPARTMENT,
1st A.D. HOSPITAL, MONTH OF OCTOBER 1918.

Bacteriological and cellular examination of urethral smears				6634
Bacteriological examination of urines	...	...		5
General examination of urines	...	...	...	32
Examination of Sputa for T.B.	...	...	...	6
Bacteriological examination for the Diptheria bacillus and organisms of Vincent's Angina	...	...		10
Examination of Faeces	...	...	...	2
Blood Smears for Malaria	...	...	...	2
Blood counts	...	...	...	2
Other sundry investigations for organisms	...	...	...	15
Direct examination of chancres for S. pall.			...	97
Deviation of complement reaction for Gonorrhoea			...	21
Wassermann reactions	...	...	...	780
Amount of Vaccine prepared	...	...	...	c.c.250
Sections of tumours	...	...	...	2

C.J.Wiley, Major,
Pathologist.