The National Archives Education Service

Medicine on the Western Front (Part one)

How did trench warfare affect injuries and treatment?

Printable Source Pack – Sources 21 - 45

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Source Twenty One: Gunshot wound skull (MH 106/2109)

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205762

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
617	2648	Pte	Walker	J.
Year 1915	Unit. 9th D.L.I.	B. Coy.	Age. 19	Service. 10/12, B.E.F. 5/12

Station and Date.

NORTHUMBERLAND WAR HOSPITAL, GOSFORTH NEWCASTLE-ON-TYNE.

26-7-15

Disease Gunshot wound of the Skull.

The patient says he received the wound on the 9th of July 1915 at Camill about 10.30 am. He "lost his senses" for 15 mins. He walked down to the dressing station (2 miles) & he lay till 1 am till removed by the motor ambulance & he was taken to Bailleul the cleaning station. He was admitted there "with paralysis of rt arm & in a dazed apathetic condition". He was operated upon. Operation "An area of about size of 2/6 piece was removed from left zygomatic area wound. cleaned. & drained. wound was very septic before the operation".

17/7/15 Pt. has got rapidly well. wound seems to be healing by first intention. Paralysis of the arm is now absent." extract from report sent c̄ patient.

J. A. McAtee

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

P.T.O.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

Source Twenty Two: Tetanus risk from bullets & shrapnel (MH 106/2104)

Forms
I. 1237
10

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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
E. 44	8365	Private	Slater	J.E.
Year	Unit.		Age.	Service.
1914.	1st South Staffs.		26	6

Station and Date.
3rd N G H
Sheffield.
6th Nov. '14
(midnight)

Disease Shrapnel wounds, Buttock, head and shoulder. Tetanus.

This man arrived at midnight Nov 6 with extensive shrapnel wounds of Buttock & back – Surfaces were covered with foul striking pus
As he showed signs of tetanus Antitetanic serum was administered.
Wounds sprayed with Peroxide of Hydrogen in large quantities & Hypertonic saline fomentations applied. Appearance of patient ashen, pulse rapid –
Spasms soon appeared & large doses of Chloral hydrate ** given every 2 hrs for 3 doses –

Nov 7. Patient died 2 p.m.
Special report sent up to Surg-General Sir David Bruce Ams.

Died

No prophylactic dose mentioned

A M Connell

Lt. Colonel, R.A.M.C. (T)
O.C. 3rd Northern General H

Source Twenty Two: Tetanus risk from bullets & shrapnel (MH 106/2104)

Forms I. 1237 10

102151

Copy sent to Reg. Dir. Scottish Region 1 Queen's St. Edinburgh. 32

Army Form I. 1237.

MEDICAL CASE SHEET.*

1/20/13036.(P) 19-11-21

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
294	10531	Pte	Kelly	Leonard.
Year 1915	Unit. 2nd Scottish Rifles C		Age. 22	Service. 4 4/12

5½ - 77 - P.

Station and Date.

3rd N. Gen. April 15th

Disease Gunshot wd of neck & R. arm. Tetanus.

Injury to Brachial Plexus

Wounded at Neuve Chapelle on 15th March.
Bullet struck side of neck on Sterno Mastoid.
injuring 5th & 6th of Cervical process on Rt side.
Loss of all movement of right arm.
Was in the trenches at the time. Another
bullet struck Right forearm extensor surface.
Both "bullets" remained in — went to
powder. Anti-Tetanus injection at Merville.
Treated by ambulance men in trenches.
Then to A.D.S. at Neuve Chapelle.
Went by Ambulance to Merville the next day.
Dressed there again. Then sent to No 3.
Stationary Rouen the same day.
Was there for 3 weeks 0 & days.
Had operation on or about March 26th.
Opened neck & found nothing except abscess.
Left a small drain in it. Rt arm
was X. Ray. F. Rs (powdered) was too small
to take out — not opened.
Sent on to Hospital ship on April 3rd
& remained until following evening. Then
removed to No 2 General Havre —
where he was given 3000 units of Serum
in 40 ccs Normal Saline. 20 ccs Spinal fluid withdrawn
3000 units in 1 pt Normal saline given
intravenously, & 3000 into Buttock.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Had prophylactic dose of Serum
Recovery

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Source Twenty Two: Tetanus risk from bullets & shrapnel (MH 106/2104

Station and Date.

Bullock afterward very swollen & sore to just above knee. Right arm - injection just above elbow - Basilic - no swelling.

He was in No 2 General for 8 days. Wounds treated with dry dressings - healing well.

Crossed from Havre on April 14th 15th night - on SS. ~~Leicestershire~~. Oxfordshire Came with the 21st Convoy to 3rd N.G. Sheffield. Arrived 5.30 P.M. Apr: 16th

Source Twenty Three: Gunshot wounds to chest & statistics (MH 106/2115)

79

FIRST EASTERN GENERAL HOSPITAL

CAMBRIDGE

50 Cases of Gunshot Wound of Chest

Injury to Lung	5
Haemo-thorax	35
Empyema	10

Died 1 from ~~Suppurative~~ Suffocative Haemoptysis and Septic Empyema.

In 8 cases blood or serous fluid had been drawn off by aspiration in the Hospital in France soon after the injury. Five of these subsequently developed empyema.

In the subsequent treatment of the Haemo-thorax cases respiratory movements and walking exercises were prescribed with advantage in hastening the expansion of the lung.

In the more severe cases of Haemo-thorax the expansion of the contracted side was often long delayed. The return of the Respiratory Murmur usually preceded any marked change in the percussion note; and the dullness to percussion persisted for months, even when the patient had practically recovered.

Lawrence Humphry.

Temp. Lt. Col. R.A.M.C. T.

May. 1. 1916

Source Twenty Three: Gunshot wounds to chest & statistics (MH 106/2115)

GUNSHOT WOUNDS OF CHEST.

Name of Physician or Surgeon now in charge of patient Captain Fletcher

Name of Hospital he is now in 2nd East. General: + Capt. Sheardlow

Patient's Name Holles J.E.

Regimental No. 24744 Corps 25 Fortrees R.E. Age 24

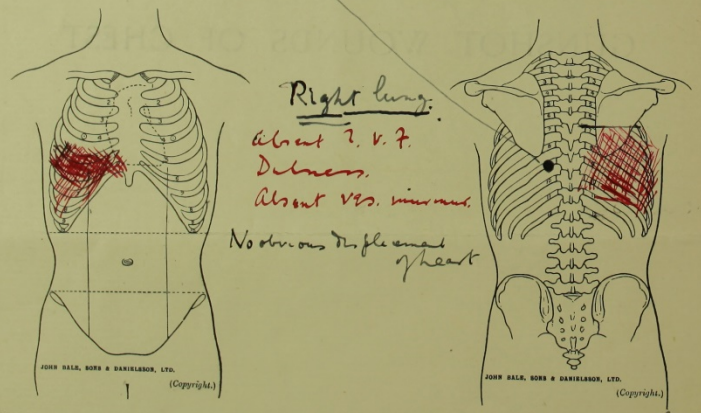
Date when wound was received 25.4.15 Date of admission to present Hospital 15.5.15

History up to time of admission Gassed + wounded at same time, near La Bassée (says he was paralysed for several hours). Removed (soon) to Dressing station where he was detained for a fortnight: thence to Boulogne for 1 week. Haemoptysis profuse while at Dressing station: also offensive purulent sputum.

Position of entrance wound Left 9th space 2" from spine (of vertebra)

Position of exit wound (if any)

Physical signs in chest on admission Not noted.



Phys. signs of free fluid in pleura below level 6th rib.

Diagnosis (*e.g.*, pneumothorax, hæmothorax, &c.) Bullet Wound Right lung
Right-sided Hæmothorax.

175a

Results of X-ray examination Negative.
" of chest + abdomen reveals no foreign body:

Progress of case (please state temperature and if possible send chart)
Gradual improvement: Small wound healed.
On admission had much offensive purulent sputum: now ceased
Still (June 14.15) gets pain + much tenderness over Liver in front.
24 June 15. Level of fluid lower (from level of 6th to level of 8th rib)
Temp normal for first fortnight has since 12. June risen daily from 99° to 100°.
Moderate dyspnœa.
July 8.15. Level of fluid lower. General condition good.

Description of any operation performed

—

Results of any Bacteriological investigation —

Treatment Expectant

State of patient on discharge General and local condition good
(Bullet fortunately still in him)

When fit for (*a*) home service say 4 weeks. (*b*) foreign service

Address to which patient was discharged School Hill House Lewes
(Convalescent Hospital) Sussex.

In case of death give (*a*) cause of death — (*b*) result of post-mortem examination (if any) —

Signature of Medical Officer making this report J. M. R. Kirkcaldy.

Kindly return this form to Lt.-Col. W. HALE WHITE, M.D., 38, Wimpole St., London, W.

If there are any points of special interest in this case kindly fill them in on the page overleaf. If this is inconvenient additional notes or X-ray pictures will be most welcome.

Source Twenty Three: Gunshot wounds to chest & statistics (MH 106/2115)

GUNSHOT WOUNDS OF CHEST.

Name of Physician or Surgeon now in charge of patient Captain Morgan

Name of Hospital he is now in 2nd Eastern General

Patient's Name Hamil E.

Regimental No. 2535 Corps 5th Northumberland Fus. Age 22

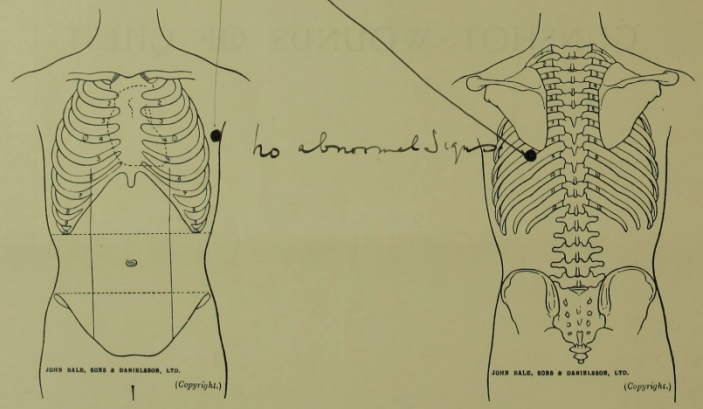
Date when wound was received 14.6.15 Date of admission to present Hospital 18.6.15

History up to time of admission Wounded near Ypres bullet lay out (in day out) 16 hours, ambulance to Red X van: thence to small hospital in Belgium, thence to a larger hospital in Belgium, thence to Australian hospital in Boulogne: thence to E.G. Genl.
Slight haemoptysis abroad (after wound)

Position of entrance wound Just axillary line on horizon. level c̄ left nipple

Position of exit wound (if any) 1" left to L^c of left scapula (considerable cut).

Physical signs in chest on admission



no abnormal signs

The entrance wound is considerably larger than exit wound. (if pt's statement is accurate)

Diagnosis (*e.g.*, pneumothorax, hæmothorax, &c.) Bullet wound Left lung.

159a

Results of X-ray examination None made.

Progress of case (please state temperature and if possible send chart)
Slight haemoptysis (scanty. Sputum slightly tinged) Some pain on coughing & deep inspiration. T.P.R normal

Description of any operation performed

Results of any Bacteriological investigation

Treatment Strapping

State of patient on discharge (about 25 June 15) Convalescent.
This patient will probably be perfectly fit in the course of 3 or 4 weeks

When fit for (*a*) home service Say 4 wks (*b*) foreign service Say 4 wks.

Address to which patient was discharged The Cottage Hospital. Haywards Heath Sussex. (To convalesce)

In case of death give (*a*) cause of death (*b*) result of post-mortem examination (if any)

Signature of Medical Officer making this report [illegible]

Kindly return this form to Lt.-Col. W. HALE WHITE, M.D., 38, Wimpole St., London, W.

If there are any points of special interest in this case kindly fill them in on the page overleaf. If this is inconvenient additional notes or X-ray pictures will be most welcome.

Source Twenty Four: Death from tetanus (MH 106/2162)

INFECTIOUS DISEASE NOTIFICATION.

Reg.No.	Rank.	Name.	Unit.	Admitted from (No. of Army.	Date of Adm.	Disease Diagnosed. At Front.	Elsewhere.	At Reporting Base	Remarks.
11044	Pte	GRIFFITHS A.H.	3 Leicesters att'd. 9 Essex.	Army.? No 3 C.C.S.	13-8-16.	Mult. Shell Wounds. Fract. Left Humerus	--	Tetanus.	First symptoms of Tetanus appeared 21-8-16. No record of A.T.S. having been given at C.C.S. 1,500 Units given at this Hp. on 21-8-16. Patient died 23-8-16.

Etables.

23-8-16.

Capt. & Registrar.,

for O.C., St. John Amb. Bde. Hospital.

REGISTRAR ST. JOHN AMB. BDE. HOSPITAL No. I 39/16 Date

Source Twenty Five: Gunshot wound to spine (MH106/2113)

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Army Form I. 1237.

MEDICAL CASE SHEET.*

IGE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
809-14	334.	Sergt	Taylor	Alexander
Year	Unit.		Age.	Service.
	1/6 Seaforths		21	6

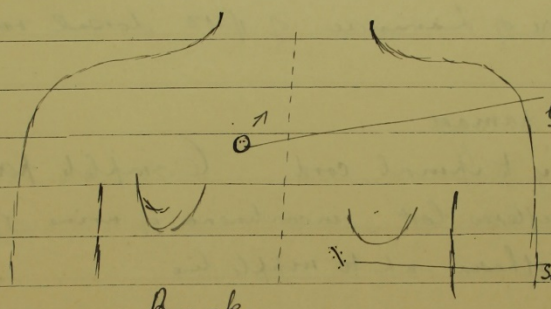
Station and Date.

Disease G.S.W. (shrapnel) of Back. Fracture of thoracic vertebrae

Welsh Hospital Netley 24/6/15

Complete Paraplegia Pneumonia

Severe injury to spinal cord.



Back.

Gunshot wound sinus leading upwards

Small incision into intercostal space (made in France)

Wounded 6.30 pm June 15/15 by shrapnel at Festubert. Was in the fire trench firing at enemy who were 75yds in front. Standing position firing over parapet. First Aid 6 hours later by Regt M.O. Carried on stretcher about 1 mile. Left Regt Dressing Stn same night taken by field ambul. to Lacon where wound was redressed. Left same night & taken to No 1 Northern General Hosp. at village near Rouen. Left June 17 taken on board Hosp. Ship "Oxfordshire". Remained on board all day but was taken off in the evening to No 2 Gen. Hosp. Havre. Shipped to England by Hosp. Ship "Asturias" arrived Southampton June 24/15. Admitted Welsh Hospital Netley 24/6/15

27. 6. 15 Died

Operation Incision in 8th intercostal space. Back. Right side

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P.T.O.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

Station and Date.

Sealed. Made somewhere in France.

Anti tetanic serum June 18/15 at Havre

Entrance wound
Level of 1st dorsal vertebra 1½" to left of middle line
slightly septic ¾" diam. Sinus running toward middle line

Missile Track
Fracture of Laminae of 1/2/3 dorsal vertebrae

Tissue Damage
Injury to Spinal cord. Complete paraplegia
all reflexes lost, incontinence of urine & faeces
anaesthesia up to nipple line

Lungs Signs of Pneumonia of Rt lower lobe. Large bedsore over sacrum
June 26/15 Patient has been vomiting continuously
Urine full of pus & blood

June 27/15 Patient died

(Sgd) J. Garfield Evans.
Lieut.

Certified true copy.

Source Twenty Six: Treatment for 'hysteria' (MH 106/2145)

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SEALE-HAYNE MILITARY HOSPITAL
14 DEC 18
NEWTON ABBOT, DEVON

For Expeditionary Force Cases only. Army Form W.3243A.

Discharged

State from which Force Salonica Serial No. in A. & D. Book } T18.

Regt. (state if T.F.) R.F.A.

Trp., Batty. or Coy. 57. Res. Regtl. No. 484464.

Rank Gnr.

Name Piper A.

Age 30. Total Service 4 2/12.

(a) Date of Arrival at Hospital as an admission

(b) As a transfer (state where from) 13.12.18 M.A. Fargo.

Date of discharge to duty 15. 1. 19.

" " " by change of disease

" " " as an invalid

" " death

" " transfer (state where to)
(Name of Hospital to be given)

No. of days under treatment 19 mos. 36 days.

To be filled in by the Medical Officer in charge of case in accordance with para. 14, A.C.I. 462 of 1917.

Date of onset of disease or injury March /17.

Disease or injury Hysteria.

Operations

Result of operation

Brief notes on case with complications in order of occurrence:—

Blown up Salonica March/17:afterwards stammered badly. Treated by hypnosis In hptl. in Malta,only slightly improved. On a d: here stammer very bad, almost speechless. Cured in 20 mins. by psychotherapy. Fit to return to civil employment.

Signature of Medical Officer Capt. R.A.M.C.

Further notes may be written on back of card.

One of these Red cards is to be completed for every Expeditionary Force patient received into hospital. Black cards for U.K. troops.

(6379) Wt. W3196/RP439 1,500,000 2/18 McA & W Ltd (E. 2567)
Army Form W.3243A

Less than 20% 3 months.

Source Twenty Seven: Trench Fever (MH 106/2162)

Billinger July 6/16.

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Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
75060	11799	Private	Clarke	Thomas.

Year 1916

Unit. 7th Leicesters

Age. 30

Total Service in Service. 1911 and

~~Slight~~ ~~Severe~~ ~~Dangerous.~~

Station and Date. Lord Derby War Hospital Warrington. June 19th 1916

Disease Trench Fever.

Next of Kin. Mother 44 Rothley Rd. Mount Sorrel Leicestershire

INOCULATION AGAINST ENTERIC

CV TV PV

1 2 NIL

Date April 1916.

Cross out that which ~~does not apply~~

Prev. Health - V.G.

F.H. - G.

Present Illness - about the middle of May he began to suffer from pains in head & sore throat. He was taken to the F.A. where he improved greatly, after some days was sent back to duty. After 12 days in the trenches he began to suffer from pains in the legs spreading up to the hips & across the back. In addition he had severe abdom. pains. His appetite was poor & his bowels constipated. At the base he improved greatly.

P.C. - He feels very comfortable apart from slight pains in legs at night. Appetite very good. Bowels fairly regular. Urine normal.

Circ. & Resp. Syst. — Neg.

5/7/16 [illegible] (2) E. Nash Major RAMC

RECOMMENDED.

Discharge On July 25/16 To Duty Light Duty

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

APPENDIX 2

FIRST ARMY "R.A.M.C" SCHOOL.

Syllabus for Regimental Officers and Other Ranks.
FOURTH COURSE.
..oOo..

Times.	Wednesday. 13th Febuary.	Thursday. 14th Febuary.	Friday 15th Febuary.	Saturday. 16th Febuary.
9.0 a.m. to 9.30 a.m.	Physical Drill	Physical Drill	Physical Drill	——
10.0 a.m.	10-10.30 a.m. Address and Practical Demonstration. "Arrest of Haemorrhage" Commandants 10.30-11.0 a.m. Practical Demonstration. "Rechauffement" Major. O'Hagan, C.A.M.C.	Practical Demonstration. "First Aid" Capt. Cowell, R.A.M.C.	Practical Demonstration. Δ Bandage. Capt. Cowell, R.A.M.C.	Practical Demonstration. Δ Bandage. Capt. Cowell, R.A.M.C.
11.0 a.m.	Practical Demonstration. "Sanitary Appliances" Capt. Jacobs, R.A.M.C.	Lecture. "Prevention of Disease" Capt Moss-Blundell RAMC	Lecture. "Conservancy in the Field" Capt. Jacobs, R.A.M.C.	Competition. "Thomas' Splint" Address. Inspection Parade. March Past.
Noon.	Lecture. "Care of Feet & Prevention of Trench Foot" Capt. Price, R.A.M.C.	Practical Demonstration. "Care of Water Carts" Capt. Jacobs, R.A.M.C.	Lecture and Demonstration. "First Aid" Capt. Cowell, R.A.M.C.	
3.0 p.m. to 3.30 p.m.	Practical Demonstration. "Thomas' Splint" Capt. Cowell, R.A.M.C.	Practical Demonstration. "Thomas' Splint" Capt. Cowell, R.A.M.C.	Practical Demonstration. "Thomas' Splint" Capt. Cowell, R.A.M.C.	Return to Units.
3.30 p.m. to 4.30 p.m.	Construction of Sanitary Appliances (Sanitary Orderlies Only)			

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.

WAR DIARY
or
INTELLIGENCE SUMMARY.
(*Erase heading not required.*)

R.A.M.C. SCHOOL OF INSTRUCTION.
No. .....
Date .....

Army Form C 2118.

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
E. TAPLES	Aug. 24th	A.M	Lectures given by Capts. Pirie on Thomas' Splint, and by Lt. Col. Lt. Col. Tyrell on the packing of the Equipment of a Section for Field Ambulance.	
	—	P.M.	Nothing to note.	
	25th	A.M.	Sunday. Lieut. & Qr. Mr. J. E. Newton Rance reported his arrival.	
		P.M.	Twenty-five officers reported their arrival without any previous official intimation having been received.	
			W.O.M.S. visited School for a short inspection & expressed his approval of everything.	
	26th	A.M.	The new arrivals were marched to the Gas Centre for the purpose of having gas helmets ~~and~~ fitted & tested. On return the following lectures were given.	
			11 A.M. Lecture by Commandant. Introductory Remarks and a lecture entitled the Progress of a wounded man from the front line to its Base.	
			12 Noon. Issue of steel helmets to all newly arrived officers.	
			2 P.M. Work of a Field Ambulance by Lt. Col. Tyrell D.S.O. M.C.	
			3 P.M. Thomas' Splint in the Forward area	

A7092 Wt. W128.9/M1293 750,000. 1/17. D. D & L. Ltd. Forms/C2118/14.

Source Twenty Eight: RAMC medical training (WO 95/4117)

Source Twenty Nine: Treatment with Thomas Splint (MH 106/2124)

Forms I. 1237 10

9390

Army Form I. 1237. 982

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2646	12242	Pte	Williams	Robert

Year	Unit.	Age.	Service.
1915	2nd Royal Scots A Coy	21	7/12

Station and Date.

Disease Thigh Comp Fracture of Femur

Gunshot wound of leg (L). Fr acture of Femur

3rd N.G. Sheffield Mar 28th

Wounded 6th March at Armentières going to relieve in the trenches 8.P.M. Sniped from fairly close range.

Carried into Hospital at Armentieres & then to Bailleul – where he had left leg set under anaesthetic – then slept at Boulogne for one night. Then crossed over.

Bullet entered external aspect of left thigh about the middle, fractured femur lower third, but did not take explosive effect, & passed out just above knee – upper surface. Lost use of leg at once, but no anaesthesia. Very pain put when admitted to Sheffield.

March 12 Col White reset leg on March 12th under anaesthetic with extension & weights using modified Thomas splint.

Embarked 23/2/15 Disembarked 11/3/15

April 24th Splint removed yesterday.

Cow Hosp –

Readmitted 3rd Northern Ward 18

May 22 – Firmly united. Commencing standing

Wilkinson

May 29 Furlough

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Source Thirty: Thomas Splint (AIR 2/136)

INSTRUCTIONS FOR APPLICATION OF THOMAS'S SPLINT.

DRILL BY NUMBERS.

The Thomas's Outfit consists of:—

Stretcher.
Blankets, 3.
Thomas's Splint (largest size).
Reversible Footpiece (Sinclair's).
Suspension Bar.
Flannel Bandages (6 yards), 3.
Triangular Bandages, 4.
Dressings.
Safety Pins.
Gooch Splinting (10″ × 6″ and 8″ × 6″).

Personnel required:—

Operator 1. No. 1 Assistant. No. 2 Assistant (if available).

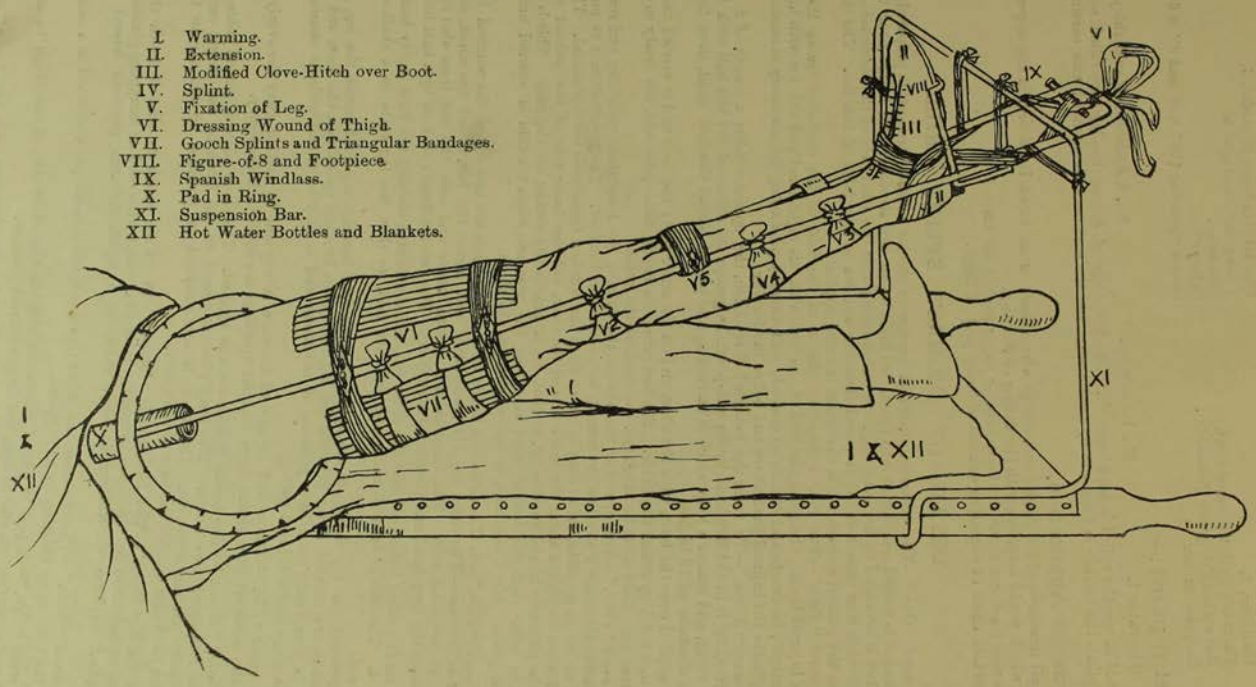
When not in use the splint is kept hung up. The five slings of flannel bandage are rolled round the inner bar of the splint, the leather is kept soft by saddle soap, and the iron bars are smeared with vaseline.

Indications for Application.

1. For all fractures of the thigh bone, except where there is an extensive wound in the upper part of thigh or buttock, which would interfere with the fitting of the ring.
2. In severe fractures about the knee-joint or upper part of the tibia.
3. In certain cases of extensive wounds of fleshy part of thigh.

APPLICATION OF THOMAS'S SPLINT.

I. Warming.
II. Extension.
III. Modified Clove-Hitch over Boot.
IV. Splint.
V. Fixation of Leg.
VI. Dressing Wound of Thigh.
VII. Gooch Splints and Triangular Bandages.
VIII. Figure-of-8 and Footpiece.
IX. Spanish Windlass.
X. Pad in Ring.
XI. Suspension Bar.
XII Hot Water Bottles and Blankets.



Source Thirty One: Rehabilitation for 'shell shock' (RAIL 491/854)

THE YORKSHIRE OBSERVER,
TUESDAY, MAY 28, 1918.

THE TREATMENT OF SHELL-SHOCK.

WORK OF THE BRADFORD HANDICRAFTS CLUB.

If you walk down the south side of Forster Square you will pass under a quaint signboard. Painted, as the mediæval artists have it, "in proper colours," the chains by which it hangs are still bright, and the drab pall of soot and dust has not yet descended upon its bright surface. So it swings bravely over a little door, upon which are painted the words "Khaki Handicrafts Club." Turn in and ascend two flights of stairs, and you will find you have climbed back through as many centuries of social history. The Industrial Revolution has been passed midway on the journey; Arkwright and Stephenson have yet to be born; you are back in the age when craftsmanship was the honoured sister of art. About you, however, are relics, or, rather, wrecks of the very latest phase of civilisation—soldiers in hospital blue. Some are making purses, using a leather thong instead of waxed thread; others are making string bags, either with a netting needle and mesh or by macramé knots; others, again, are making raffia-work baskets, and a few are weaving borders for shopping bags, or embroidering cushion covers with gay-coloured silks.

The reason for their uniform is not immediately apparent. Watch this man by the pillar netting a bag. He passes his needle full of string through the loop in his last row of work, and round the mesh to form a new loop. His thumb then descends upon the mesh to hold the string from slipping while he makes his knot and pulls all tight. No Yarmouth or Galway fisherman could work more neatly. But look closer; look particularly at his hands, and you will see his thumb, broad and strong as it is, tremble ere it closes on the mesh; you will see his needle-point waver uncertainly ere it finds the loop. The mischief is out. These men are suffering from shell-shock, and shell-shock being a diablerie peculiar to twentieth-century warfare, their presence in this secluded corner of mediæval industry points an ironic comment on our vaunted progress.

HANDICRAFTS FOR SHELL-SHOCK.

The value of handicrafts in the treatment of shell-shock, albeit generally admitted, is in no danger of being overrated. Work at some craft is made part of the treatment at most military hospitals, but, owing to lack of proper accommodation, proper facilities for instruction, and the absence of all that arouses enthusiasm in the men, it falls oft-times into a position of secondary importance, or is crowded out altogether. A band of public-spirited ladies in Bradford, keen craftswomen, realised how unsatisfactory was this state of affairs. They decided to attempt an improvement, and, guided only by natural sympathy and unbounded faith in the virtue of handicrafts, they yet tackled the business more scientifically than the hospitals had done.

First, the malady being nervous, they insisted on cheerful environment. The room in Forster Square, large, well-ventilated, open to the light on three sides, was the best home for the club that could be found in the city. The men work at long trestle tables; cupboards are provided to store their pieces and the models they copy; and, for the rest, blue curtains against the yellow walls and a bowl or two of flowers make the room a delightful workshop.

Second, to give the men some incentive to work, all articles (except a man's first piece, which he is allowed to keep) are sold, and the maker is paid the difference between the selling price and the cost of materials.

Third, to give the public some incentive to buy, a certain standard of work must be maintained. At first this would seem to have little bearing on the treatment of shell-shock, but it is of vital importance to the life and work of the club. If no standard were set, the men, in moments of impatience or apathy, might become slipshod; the work would deteriorate in quality; it would lose its interest, and the men would finally throw it over in disgust. The teachers set a high standard at the beginning, and by long and earnest consultations on the relative values of knot and splice, of eight-plait and macramé cord, and by ceaseless experiment they have raised it considerably. The result is that there has been a demand for the work, and most of the men are now executing definite orders. The articles made by the club cost more than those sold in a shop, but as they show some marked improvement—a better finish or greater durability—they are worth the price put upon them. A string bag bought at a shop, for instance, is usually a subject of shame to the average shopper. Empty, she folds it up into the smallest possible compass and secretes it; full, she hastens home with it through little-frequented streets, her eyes downcast, hoping she will not be seen. A bag made at the club, however, with its fringes and tassels, its elegant shape and cunningly-wrought handles, may be carried proudly in the light of day before all men. It is an ornament!

THE CHOICE OF WORK.

Fourth, and most important of all, to interest the men in the work for its own sake, discretion must be shown in the choice of handicrafts. Robinson Crusoe, that most resourceful craftsman, explained the secret of his success thus: "As reason is the substance and original of mathematics, so by stating and squaring everything by reason, and by making the most rational judgment of things, every man may be in time master of every mechanical art." And there is joy in thus exercising the reason and judgment; and there is satisfaction in contemplating the finished work, the labour of hand and brain. Herein lies all the charm and the virtue of handicrafts. There are certain mechanical arts, however, which yield the last satisfaction without the joy of exercising reason or judgment. Knitting is a good example, as Dickens showed in "A Tale of Two Cities," and it is obvious that a work in which the mind is free to count heads rolling into a sawdust basket is not suitable for a man suffering from a nervous complaint like shell-shock.

The teachers have striven to avoid these crafts and to discover those which occupy without puzzling the mind, and provide the greatest variety of interest. Adam Smith and his theory about division of labour are ignored. The advantages he urges in favour of his system—increased dexterity and saving of time—count for nothing. What is time to these men with the awful leisure of convalescents, deprived of books and unable to visit the theatre? Of what use is dexterity to those who cannot keep their limbs still? The one drawback to the system—that it makes work monotonous and mechanical—rules division of labour out finally. So a man nets his bag and makes the macramé fringes and tassels as well. Truly we are back in the middle ages.

Under this care and thought the club has prospered. The room on the floor above has been acquired; four weaving looms, two supplied by the Bradford Technical College and two by the Shipley education authorities, have been installed, and lessons are given twice a week. The doctors at the Abram Peel military hospital, sensible of the value of the club, have modified the rule that no man shall be allowed out in the morning, and grant early passes to all craftsmen. So the membership has grown, until now the register contains the names of nearly 200 men. They came to the club nervous wrecks, some hardly able to walk; they were put to work, netting, or weaving, or stitching, and the charm fell upon them. The brightness of the room, the atmosphere of busy contentment cheered them; the ordered methodical work soothed them; they became interested in the pattern growing daily under their hands, anxious to keep it perfect. The cure had begun.

Some of the men are still at the club, improving rapidly, others have been discharged from hospital and have left the club. For a brief space this peaceful haven of old-world industry was theirs; then out again into the turmoil and complexity of the twentieth century. Sic volvere Parcas. The soldier, however, has learnt better than the man how to meet the Fates, be their decrees tender or cruel. He leaves his work without a sigh, without a boast to cover his regret, and goes out to face them, smiling, unafraid.

M.S.B.

MINUTE SHEET.

Reference 11/M/93087.

Decision on Entitlement

Name Rowland J late R.G.A.

Unverified Injury = Burns Face, Hands and Legs

A 16 man claims he sustained above burns through the back fire of a gun in France in Oct 1917.

B103 shews (W) Burns hands etc 20.10.17.

B178 verifies hospital entries and states caused by back fire of gun. No pre war history of burns are shewn.

As the condition was present on discharge and there is no evidence man was to blame, it is recommended that the burns be accepted as "Due to" service.

J Weightman
6.7.23

The burns discribed above may be accepted as attributable to service.

H. Ratcliffe
for RAO.
9 July 1923.

(38243) Wt. 9668— 500m 7/22 H. St. G. 148. AGUMIST.

[OVER.

in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. R.G.A.
2. Regtl. No. 160238 3. Rank Gnr
4. Name Rowland John. (Surname) (Christian Names)
5. Age last birthday 38.
6. Posted for duty on 23/2/16 at Chichester in category (or grade) A1.
7. Former Trade or Occupation } Gun Foreman.
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

R.G.A. RECORD OFFICE RECEIVED -5 AUG 1919 DOVER

8. If the disability is an injury was it caused
(a) in action Yes (b) ~~on field service~~
(c) ~~on duty~~ (d) ~~off duty?~~
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (*Other disabilities should be reported upon in answer to question No. 19*). If no disability enter "nil."
Burns - back fire from gun - face, hands. leg left.

11. Date of origin of disability. 16.10.17
12. Place of origin of disability. Ypres
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. Very severe burn over face, head and hands. Thighs (left.) Developed epithelioma.

(i.) Service during the present war .. .. Yes ....

(ii.) Previous active service.. .. ..

(iii.) Climate in pre-war service .. ..

(iv.) Ordinary military service before the war .. ..

(v.) Serious negligence or misconduct on the man's part. } .....

14 (*a*). If not due to any of these causes, to what specific condition do you attribute it ? } .....

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

(*A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.*)

Wounds all healed. Very severe facial deformity. Epiphora - both eyes. Deformity of both ears. Very severe form of scalp destruction of all hair follicles. — Burns of extensor aspects both hands - causing stiffness. Scars of left ant. aspect of thigh. Epithelial Outcrops

16. Was an operation performed ? If so, when and what was its nature ?

Yes - 5.VII.18 Epithelial Outcrop
26.3.19. Outcrop
20.6.19 Plastic left lower eyelid.

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

Defective Vision

20. Do you recommend—

(*a*) Discharge as permanently unfit ?

(*b*) Change to United Kingdom ?

Note—(*b*) is only applicable to soldiers invalided at Foreign Stations.

B 179.

Recommended that a wig be provided.

J. Jackson

Medical Officer in charge of case.

Station Queen's Hosp. Sidcup

festival of Britain.

Script for Health Pavilion on

FESTIVAL OF BRITAIN RECORDS UNIT No. 172/152/150

PLASTIC SURGERY - by SIR HAROLD GILLIES

Before World War I Plastic Surgery was scarcely practised as a speciality. Cases were indeed treated and have been so since the earliest times of Vedic India. Mostly the work was undertaken by whatever surgeon or specialist received the case, although there were a few outstanding exceptions. But it needed the impetus of the face mutilations of the Battle of the Somme, 2,000 in ten days, the advantages of team work, of improved asepsis, and above all of general anaesthesia, to establish the beginnings of a separate specialty treating all kinds of superficial mutilations or defects of any part of the body.

In 1917-18, 11,600 facial injury cases went through the Queen's Hospital, Sidcup, and treating them were British Canadian, Australian and New Zealand teams of surgeons and dental surgeons. The place was internationally renowned and visited by many, including King George V and Queen Mary. The United States' teams also paid a long visit. Sidcup can with truth claim to be the birthplace of modern plastic surgery.

At the end of the war the infant would have died had it not been for the continued interest and devotion of Gillies and Kilner. A long battle of "showing the flag" in the civil adaptation of Plastic Surgery was rewarded by a department of Plastic Surgery in the L.C.C. Medical Services in about 1926, and later St. Bartholomew's in 1930 and St. Thomas's in 1934 appointed a Plastic Surgeon to their staffs.

Source Thirty Four: Treatment of gunshot leg wounds (MH 106/2116)

Copy to:- 11/M/412308. Chelsea. 12.2.24.

Forms I. 1237 10

11665

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
41148 G	19062	Lcpl.	Situnass	James
Year 1915	Unit. 2nd Bedfords B		Age. 30	Service. 13 years.

Station and Date.

Disease S.S.W. of lower ext. leg 1244 a

March 2nd wounded near Neuve Chapelle.

24. VII. 15. Returned from Convalescent Home (Rhyl) on 20th.

Examined by Lieut Roberts, sent by Col Griffiths.

Wound of Sciatic ½" from lower margin of Patella inner side

Injury to nerve

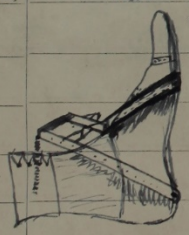
Wound of sciatic 4" above ext. malleolus.

No sensation below end of sciatic

Drop foot.

29. VII. 15. Saw Colonel Griffiths.

1. VIII. 15. Has attachment to left shoe fitted by L. Lawson which raises the foot on the ankle.



For gymnasium.

a.c.

For CH

a Code

major RAMC

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Source Thirty Four: Treatment of gunshot leg wounds (MH 106/2116)

PRESS OF THE ADJ. GENERAL
Forms 6 ...
I. 1237 Date ...
10
OXFORD

211

11895

Army Form I. 1237.

MEDICAL CASE SHEET.*

L59

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
E4966	10413	Pte	Lee	Patrick
Year 1914	Unit. 2 Connaughts R.		Age. 22	Service. 3

Station and Date. 11 NOV 1914

Disease Amputated L. Leg 1244 wounded. S.S.10 leg

Sep 14 Received bad wound of L Leg bones much shattered – on 28th Sep 24 leg was amputated.
On adm. Amputation wound well healed, but patient in rather poor condition.

Nov 14 Recommended for S.T.
H B Clover Capt

Nov 19th The cicatrix is quite dry, no pain in stump complained of. To be bandaged. Patient allowed to be about on crutches.

Dec 20th Patient has been measured for an artificial leg which is to be supplied by Messrs Masters & Sons 240 New Kent Road. The stump is now perfectly healed, free from pain, and apparently has assumed its permanent form and thickness.

1915 Jan 7th Patient has now been fitted with an artificial leg, which appears to be quite comfortable.

Feb 4th The leg is a good fit, and patient gets about without the aid of a stick, and with wonderfully little lameness

24th Discharged to come before Board
William Turner M.D.
J. Milton Hill Capt Asst.

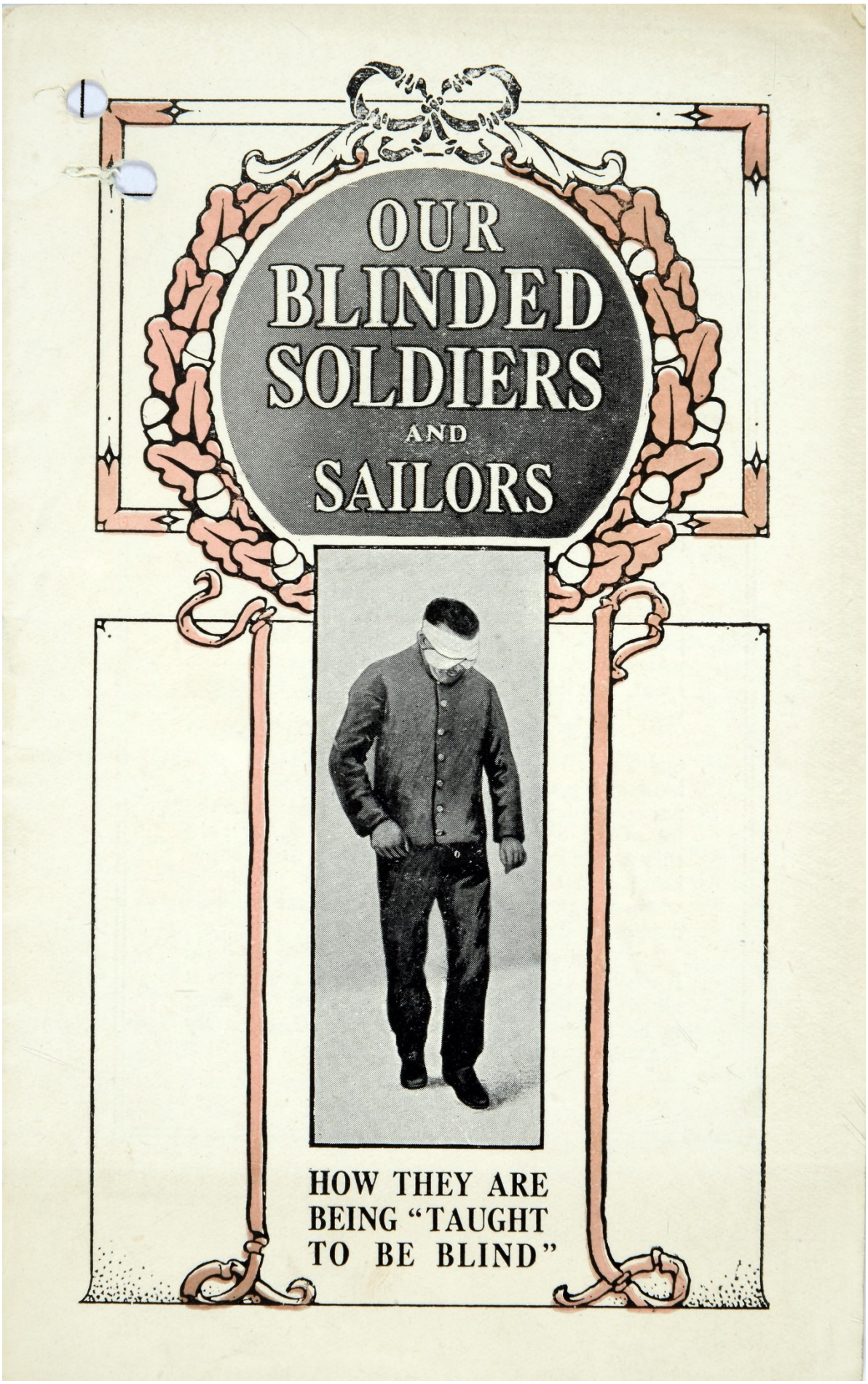
* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

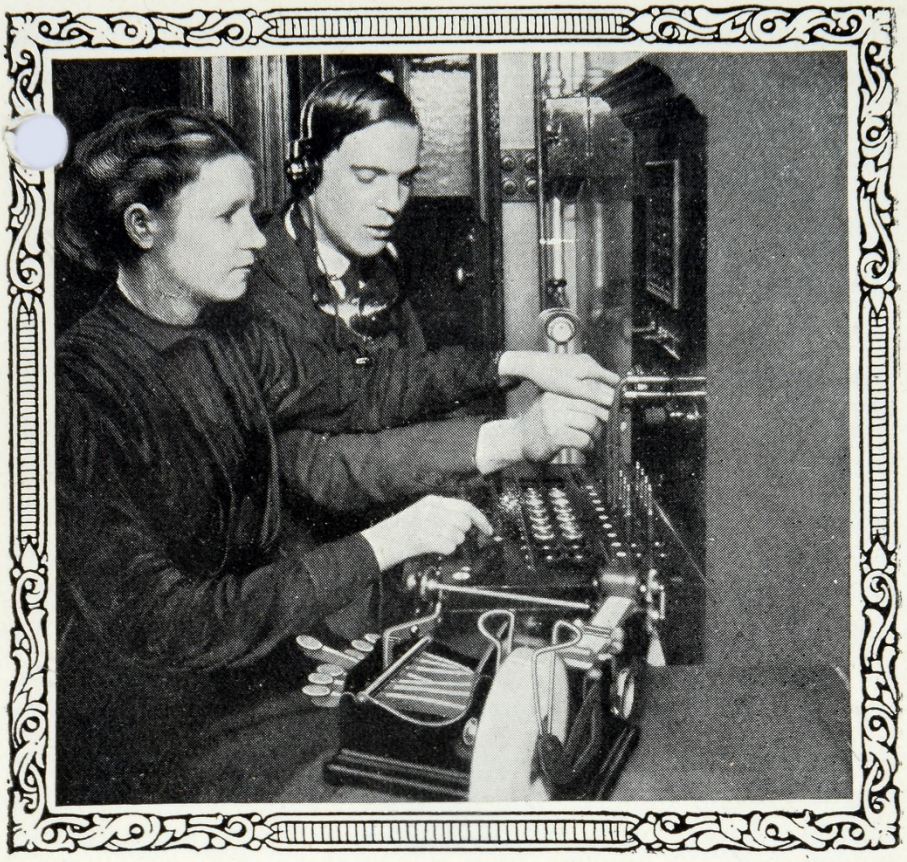
W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[98] W2835/177 100:n 8/14v 5 89

[P.T.O.

Source Thirty Five: Artificial limbs (MUN 7/285)

Source Thirty Six: Rehabilitation after blindness (PIN 15/1054)





Telephony for the Blind.

London is wonderful and bewildering, and in the workrooms there is laughter, cheery happy voices, and chaffing and whistling, for happy sound has to be substituted for happy sight, and a more cheerful set of fellows over their work it would be hard to find. In one corner of the long gallery shoes are being re-soled with a solidity and finish that many a full-sighted cobbler might envy. Further along doormats are being made—firm and solid; no amateur work this, but stuff to compete with any anywhere; and baskets of every conceivable shape and size, good and well finished and serviceable; and on the other side of the room a carpenter's bench, where frames are being turned out that would not disgrace the most lynx-eyed workmen. One watches with amazement, not only the precision of direction, the sureness of touch,

70 Electrical **MASSAGE** Treatment

OFFICERS' COMMAND DEPOT, RIPON (S). 693

Leicester Regt

Depot No. 384 Rank 2/Lieut Name York R.J.

Company A Division III A

Disability G S W Rear Arm Left

~~Leicester~~

Treatment ordered ½ Hour Faradic

Treatment begun, Date

Date and Time to attend.	Initials of Superintendent.	Date and Time to attend.	Initials of Superintendent
3·30. 8·10·18	W.G	9·30 · 27·12·18.	W.G
3·30 10·10·18	W.G.	9·30 28·12·18	W.G
9·30 4·12·18	W.G	9·30 30·12·18	W.G
9·30 5·12·18	W.G	9·30 31·12·18	W.G
9·30 6·12·18	W.G		
9·30 7·12·18	W.G		
9·30· 9·12·18	W.G		
9·30· 10·12·18	W.G		
9·30· 12·12·18	W.G		
9·30 · 13·12·18	W.G		
9·30 ·21· · ·	W.G		
9·30 · 23· · ·	W.G		
9·30 24· · ·	W.G		

See Back for Continuation.

Treatment ended, Date 31·12·18

Result Some improvement

Signed W. Gardner Capt RAMC

M.O. i/c ~~Massager~~ E T

Source Thirty Eight: Hearing aids for 'gun deafness' (PIN 38/450)

MANY thousands of Soldiers and Sailors have had their hearing afflicted by artillery fire—the din and all the shocks connected with it having been too great a strain for the delicate mechanism of the ear.

IF you are a man affected in this way—if you have a Soldier or Sailor relative or friend suffering from gun deafness—get in touch with the Stols Electrophone Co. and learn how relief can be given.

GUN-DEAFNESS may be temporary or permanent; in any case it is annoying and even painful. If speedy relief is desired, or if permanent relief is necessary, the Stols Electrophone should be chosen.

IN cases like these especially its special device, enabling the instrument to be adjusted to the degree of deafness existing, is of advantage beyond description.

— 8 —

Source Thirty Eight: Hearing aids for 'gun deafness' (PIN 38/450)

TELEGRAMS: DEFFONE WESDO LONDON.

TELEPHONE: LANGHAM 1C

FORTIPHONE, LIMITED

DISTRIBUTORS OF THE FORTIPHONE FOR THE DEAF
THE SONOMAX VEST-POCKET AMPLIFYING UNIT

BANKERS: THE MIDLAND BANK LTD

DIRECTORS: J. CAYLEY MANN (BRITISH)
DR. HUGO LIEBER (AMERICAN FORMERLY GERMAN)
MANAGING DIRECTOR: EDGAR LOWE (AMERICAN)

MINISTRY OF PENSIONS
24 FEB 1926
MS/Gen/6574/2

LANGHAM HOUSE
308 REGENT ST.
LONDON W. 1

February 23rd, 1926

Medical Services Division,
Ministry of Pensions,
Sanctuary Buildings,
Great Smith Street, S.W.1

Gentlemen,

We invite your attention to the Fortiphone hearing instruments for the deaf as illustrated and described in the enclosed catalogue.

The Fortiphone represents a distinct departure from the old style of hearing aids and embodies many new and exclusive features which mark it as being unquestionably superior to any other device made for similar purposes.

We may state that we have already demonstrated the Fortiphone to a number of former soldiers who are receiving pensions from the Government. These men have found the Fortiphone most satisfactory and have declared it to be by far the most advantageous aid they have tried.

We respectfully invite your investigation of the Fortiphone, and we will be very glad to allow you a discount of 33-1/3% from list prices.

Assuring you of our desire to serve you in every way possible,

We are,
Yours faithfully,
FORTIPHONE LTD.

SS/JS

per S. Sylvester

Source Thirty Nine: Gas attack (WO 95/1952)

12th Bn High. L.I.

Report of the O.C. No 5 Column
25th and 26th September 1915.

The gas attack commenced at 5.5 a.m. on the 25th.

Unfortunately two (or three) of the gas cylinders burst and several more were leaky and we had several casualties through men being "gassed."

This I can only attribute to carelessness as the helmets were most efficient.

At 6.30 a.m. prompt the assault began. I could see the left,or "B" assaulting party deploying but owing to the thickness of the smoke I was unable to see the right, or "A" party, going out. Owing to the smoke , visual signalling was impossible , and as I had no word from either "A" or "B" party , at about 6.50 a.m. I sent across a runner to each party for information. Neither of these runners returned. At about 7.10 a.m. , after speaking to the Brigade Major on the telephone , I was about to take my reserve over to the German trenches when I received word from both =A" and "B" Company Commanders . From "A" Company that the German front line and support trenches were taken, and from "B" Coy that Southern Sap was taken. I immediately sent on these messages to the Brigade and at once proceeded across with the Reserve,half of which I sent by Southern Sap, and the other half I

1/m

FRANCE

61

East Lodge War Hospital
KILLINGBECK SECTION

For Expeditionary Force Cases only. Army Form W. 3243A.

No. _____ Hospital.

State from which Force _____ Serial No. in A. & D. Book 115488

Regt. (state if T.F.) R.F.A.

Trp., Batty. or Coy. 310 Brig. 62 Div B/Batty Regt. No. 775461.

Rank Gnr

Name Lunley. L.

Age 26 Total Service 3 4/12

State Service with Field Force in Months 1 4/12
(Last period only if more than one)

(a) Date of arrival at Hospital as an admission 25 APR. 1918

(b) As a transfer (state where from) Convoy

Date of discharge to duty 4. 5. 18 Hur II

" " " by change of disease

" " " as an invalid

" " death

" " transfer (state where to)
(Name of Hospital to be given)

No. of days under treatment 11.

Observations :—

To be filled in by the Medical Officer in charge of case.

Disease* Passed (Skin)

Operations —

Result of operation

Complications in order of occurrence —

Conv. on admission.
Passed April 5th 1918.
Pains in chest & Sore Throat.
Slight cough. allowed up & passes out. feels much better.
Rec Furlough Sect II.

Signature of Medical Officer J. A. Clancy

*To be in accordance with the Official Nomenclature.

One of these Red cards is to be completed for every Expeditionary Force patient received into hospital. Black cards for U.K. troops.

(384) Wt. W6262/M2831 1,000,000 8/17 M. & B. Ltd. (E1615) Army Form W. 3243A

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.

WAR DIARY
or
INTELLIGENCE SUMMARY
(Erase heading not required.)

Army Form C. 2118

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
POPERINGHE	1/1/16	10pm	Adm. 1 off 120 OR. To CCS 21. To DRS 91 to other F.A. 11 duty 21 91. DRS cases transferred to 12 CCS. ~~A.D.M.S.~~ EBROUCK attended corps conference at 2.30 – discussion re gas Reg.t M.O's 11th Div.n gave experiences – helmets satisfactory if put on quickly – Some cases recorded of men doing duty during day after gas attack and collapsing in evening. Phosgene suspected – ~~D.D.~~ D.M.S. II.nd Army stated that French had found atropine of little use unless given at once – Relieved bearers at aid posts to night.	
do	2/1/16	9.pm	S.W wind rain – Adm. 2 off 56 OR. CCS. Off. 1. OR. 22. duty 23. 43rd F.A. under instructions from A.D.M.S took over collection of left sector to night. cars only proceeded to dug out near ~~ESSEX~~ FARM. 3 motor ambs 43rd F.A. sent back.	

1875 Wt. W593/826 1,000,000 4/15 J.B.C. & A. A.D.S.S./Forms/C. 2118.

Source Forty One: Gas casualties and medical transport (WO 95/1892)

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.

WAR DIARY
or
INTELLIGENCE SUMMARY.

(*Erase heading not required.*)

Army Form C. 2118.

Place	Date	Hour	Summary of Events and Information	Remarks and references to Appendices
	July.			
Hillock.	22		4 Cars in for repair	BEB
"	23		5 " " " "	BEB
"	24		3 " " " "	BEB.
"	25		2 " " " " Received orders from D.H.Q. to march out on 26-7-15 to St. Jean (Waton)	BEB.
St. Jean. St. Jean	26		Marched out 12 noon to St. Jean-ter-Biezen (Waton) Arrived 12.30 pm. One car in tow (under repair) Erected latrines & incinerator etc & arranged shelters for working under. Personnel went into billets. Wet day & some trouble was experienced in getting lorries out of field in which they were parked.	BEB.
"	27		1 car under repair	BEB.
"	28		1 Ambulance & 2 drivers from No 1. M.A.C. to replace casualty of 8th inst. 2 cars for repair.	BEB.
"	29		3 cars for repair. One Ambulance in collision with a tree owing to breakage of steering arm Front of car very badly damaged & beyond local repair. Towed it to Railhead & sent it to Paris repair shops.	BEB.
"	30		2 cars for repair. 1 Ambulance & 2 drivers from No 1 M.A.C. to replace yesterdays casualty	BEB
"	31		6 cars for repair. Very busy. Heavy casualties last night & roads between Ypres & Aidposts in very bad condition, several Ambulances caught under shrapnel fire & bodies damaged. all the cars in today have broken springs.	BEB.

1577 Wt. W10791/1773 500,000 1/15 D. D. & L. A.D.S.S./Forms/C. 2118.

Source Forty One: Gas casualties and medical transport (WO 95/1892)

Original

9/63/2218

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at WELSH HOSPITAL NETLEY. on 25.6.17.

by order of A.C.I. 423 dated 9/3/17.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) 2/Lieut. Wilfred Owen. (Corps) 5/attd.2/Manchesters.

Age 24 Service 1.9/12 Disability Neurasthenia (143)

Date of commencement of leave granted for present disability

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

in March 1917 he fell down a well at Bouchoir, and was momentarily stunned. He was under Medical treatment for 3 weeks, and then resumed duty. About the middle of April he was blown up by a shell explosion while he was asle On May 1st. he was observed to be shaky and tremulous, and his conduct and manner were peculiar, and his memory was confused. The R.M.O. sent him to No. 41 Sty.H.Gailly where he was under observation and treatment by Capt. Brown R.A.M.C. Neurological Specialist for a month. On 7/6/17 he was transferred to No. 1 G.H. Etretat, and on 16/6/17 to the Welsh Hospital Netley. There is little abnormality to be observed but he seems to be of a highly strung temperement. He has slept well while here. He leaves Hospital to-day transferred to Craig Lockart War Hospital, Edinburgh for special observation and treatment.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — Unfit six months.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — Not applicable.
3. Fit for Home Service — Unfit three months.
4. Fit for Light Duty at Home — Unfit three months.
5. Requiring indoor hospital treatment—
   (a.) In an Officers' Hospital — Yes.
   (b.) In an Officers' Convalescent Hospital — Not applicable.
6. (a.) Fit for light duty at a Command Depôt — Not applicable.
   (b.) Fit for treatment only at a Command Depôt — Not applicable.
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation — Not applicable.
8. Was the disability contracted in the service? — Yes.
9. Was it contracted under circumstances over which he had no control? — Yes.
10. Was it caused by military service? — Yes.
11. If caused by military service, to what specific military conditions is it attributed? — Active Service in France.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — Not applicable.

Officer's Address: Malsin, Monkmoor Road, Shrewsbury.

Signatures: Arthur S. Cox, President. LIEUT.-COLONEL R.A.M.C. COMMANDING, WELSH HOSPITAL. Mr.

Certificate proceedings forwarded to Southern Command
" " " D.G. Craig Lockart War Hospital
Copy of " " D.D.M.S. Southern Command

Source Forty Three: Ambulance Transport (ZPER 34/147)

THE ILLUSTRATED LONDON NEWS

REGISTERED AS A NEWSPAPER FOR TRANSMISSION IN THE UNITED KINGDOM, AND TO CANADA AND NEWFOUNDLAND BY MAGAZINE POST.

No. 3977.—VOL. CXLVII. SATURDAY, JULY 10, 1915. SIXPENCE.

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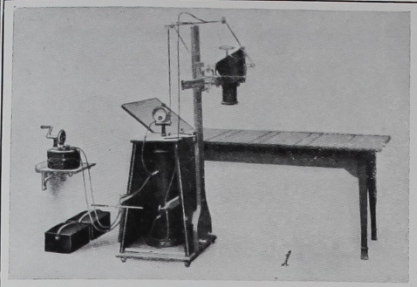
AFTER THE DAY'S WORK IN FLANDERS: THE PASSING OF THE RED CROSS—BRITISH AMBULANCE-CARS ON THEIR WAY FROM THE FIELD-HOSPITALS TO BOULOGNE.

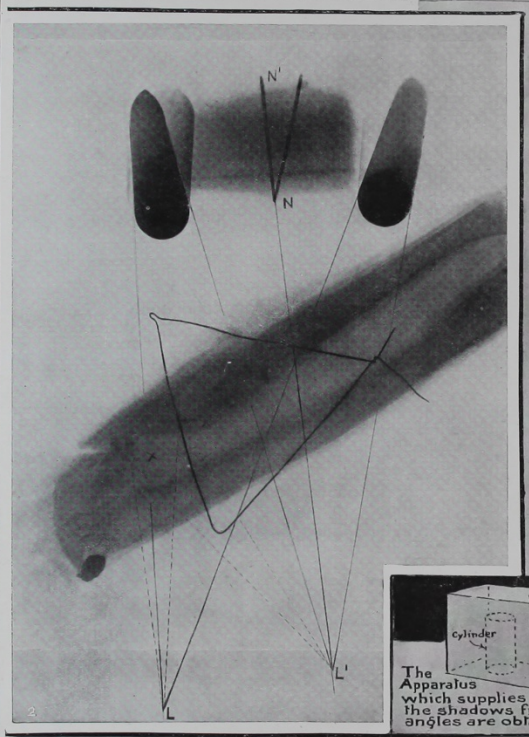
This long-drawn-out procession of British motor-ambulance-cars is one of the sights but too sadly familiar day by day along the tree-fringed highways that lead across the Franco-Belgian frontier from the trenches in the district round Ypres and Neuve Chapelle to the advanced base-hospital and clearing-house for the wounded, just within the French frontier, and thence to Boulogne, where is the main British base-hospital, and whence the hospital-ships leave for England. The picture of the swiftly moving, smoothly, almost silently, running grey-bodied cars, each carrying its four stricken occupants on their stretchers, with grey canvas hoods badged with the staring red Geneva cross in its white circle, tells its own tale with sufficient completeness. "One of the most remarkable features in connection with the work of the British Army in the field," says a special correspondent of the "Times," "is our ambulance and hospital work. It is admittedly far in advance of anything that has ever been done in this way before. . . . None of these hard-wrought Red Cross men could be other than a gentle, kindly man. You can see they are by watching them at their work."

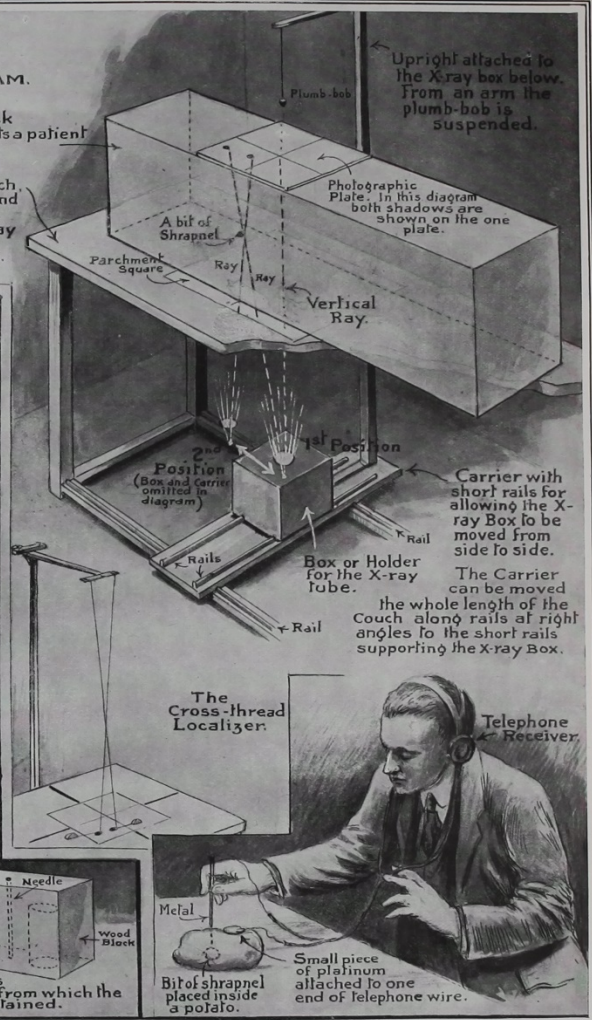
FACSIMILE DRAWING BY FREDERIC VILLIERS, OUR SPECIAL ARTIST IN THE WESTERN THEATRE OF WAR.—[COPYRIGHTED IN THE UNITED STATES AND CANADA.]

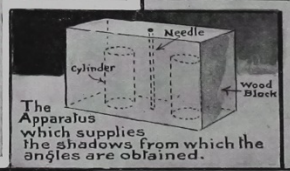
Source Forty Four: Development in X-rays (ZPER 34/147)

THE TELEPHONE AND THE X-RAYS FOR BULLET-FINDING: NEW IDEAS.

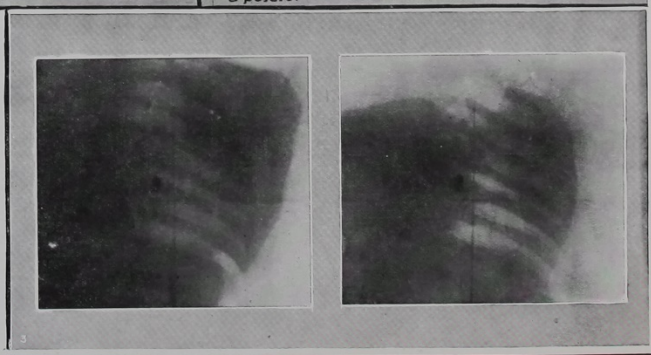








ILLUSTRATIONS Nos. 1 and 2 show the method of working an apparatus made by the Medical Supply Association, who write: "When the patient is on the X-ray couch the negative is placed in position beneath the part to be radiographed, and on the negative is placed a small apparatus consisting of two metal cylinders and a steel rod (*N*), all of known length. A radiograph is then taken with the bulb from which the X-rays emanate slightly out of centre; then, without moving the patient or the negative, the bulb is shifted about ten centimetres to the opposite side, and another exposure is made on the same negative. When the negative has been developed, all the bodies between the X-ray bulb and the plate have thrown a double shadow, as seen in Illustration No. 2. By drawing lines from the dark edges of the shadows of the cylinder until they intersect each other, two measuring points are set up, *L* and *L'*. The pieces of shrapnel in the limb have also cast double shadows, and by drawing lines from these (dotted in the illustration) to the points *L* and *L'*, an intersecting point *X* will be obtained, and directly beneath this point the foreign body will be found. By a further calculation the exact depth can be ascertained."



1. USED IN BRITISH, FRENCH, AND RUSSIAN MILITARY HOSPITALS: THE "KOMPACT" X-RAY INSTALLATION, ARRANGED FOR RADIOGRAPHY ABOVE THE COUCH.
2. THE USE OF X-RAYS IN TREATING A BELGIAN SOLDIER WOUNDED AT DIXMUDE: SHOWING PIECES OF SHRAPNEL IN HIS BODY, AND ANGLES OBTAINED FROM SHADOWS.
3. THE USE OF X-RAYS IN TREATING A WOUNDED BRITISH OFFICER: A STEREOSCOPIC PHOTOGRAPH TAKEN, BY MEANS OF X-RAYS, FOR THE PURPOSE OF LOCALISING THE BULLET—SHOWING (NEAR THE TOP) A CIRCULAR WIRE ON THE WOUND OF ENTRANCE.

The wounded soldier of to-day has the benefit of many wonderful inventions of medical science, including new developments of radiography and the use of the telephone for localising bullets or other foreign bodies, such as pieces of shrapnel, in the human tissues. In an article in the "British Medical Journal," Sir James Mackenzie Davidson, who is Consulting-Surgeon to the Roentgen Ray Department at Charing Cross Hospital, gave a deeply interesting account of his discoveries and experience in this branch of surgery. He showed that an ordinary X-ray photograph of a bullet or shell-fragment in the flesh is not sufficient to localise it for surgical purposes, inasmuch as space has three dimensions, and a single shadow-picture gives no certain knowledge as to the depth to which the foreign body has penetrated or its position in relation to other structures. He then explained in detail a method of localising foreign bodies by X-rays, in which cross-lines of measurement and stereoscopy play an important part. The diagrams on the right show this method and also the use of the telephone for localising metal objects. Of this latter device Sir James Davidson writes: "The surgeon . . . will hear with great distinctness the characteristic microphonic rattle the instant his instrument touches any metal embedded in the patient's tissues." One drawing illustrates an experiment on a potato with a piece of metal embedded in it. Illustration No. 3 shows a stereoscopic radiograph by Sir James Davidson's method.

Source Forty Five: Stretcher bearers under fire (ZPER 34/148)

THE ILLUSTRATED LONDON NEWS, Oct. 7, 1916.— 417

THE BRITISH ADVANCE: COLLECTING WOUNDED UNDER FIRE.

Official Photograph.

WITH A GREAT SHELL BURSTING NEAR THEM: A STRETCHER SQUAD ON NO MAN'S LAND PICKING UP A WOUNDED MAN; AND ANOTHER (COMPOSED OF GERMAN PRISONERS) BRINGING IN ANOTHER STRETCHER CASE.

The task of the stretcher-bearers, whose work it is to collect the wounded during a battle, is extremely perilous and is performed with the utmost devotion. They have to brave the dangers of the enemy's barrage fire which falls behind our attacking troops to hinder the advance of reinforcements. In this photograph a big shell is seen bursting close to a stretcher squad engaged in picking up a wounded man, the huge smoke-cloud looking like nothing so much as a weird picture of a genie or afreet in an "Arabian Nights" story. The other squad to the right, who have already taken up another wounded man and are bearing him back towards a dressing-station, is composed, it may be noted, of German prisoners, many of whom are employed in emergency to help in this work. They are usually glad to do it, being thankful to have so far escaped with their lives; but it sometimes happens that German prisoners are killed by shells from their own guns before they can reach the security of our prison-camps.