(5) The temperature, which in hyperacute cases is usually high, did not rise above 102°F after the initial rigor, when 104°F was registered.

(6) The isolation of the meningococcus from the blood as well as from the cerebrospinal fluid.

THE CASE-RECORDING OF WOUNDS IN WAR.

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This is to be a very simple paper. It aims at suggesting a useful form in which records of cases of gunshot wounds can be compiled both for present and for future reference. Military hospitals provide a "Medical Case Sheet," A.F. I. 1237: this is blank except for identification headings; it has no free margin for subsequent fastenings of the sheets together. While sufficient for ordinary purposes, this sheet may, with advantage, be replaced by a special form with appropriate sub-headings designed for the record of wounds in the present War. For these wounds—unprecedented in number and in character—an easy, rapid and uniform method of case-recording is desirable.

My text shall be the case-sheet now in use at the Welsh Hospital, which is here reproduced. At the head of the sheet is put the name and locality of the hospital or medical station where the record is made. The next headings are those of the ordinary "medical case sheet" with additions. The "result" is "furlough," "auxiliary hospital," "invalided," "home duty," etc. The "home address" might also be called the "civilian address." It is the address at or from which the patient can always be reached. It has an immediate use in case the man is taken unexpectedly seriously ill, his name not then being on the danger list, and a later use in tracing the case and in finding the "end-result."

The "civil occupation"—and the bulk of our Army is now formed from those who have civil occupations—needs no comment; neither does the "single, married, widower," which the three capital letters signify: two of these are crossed out.

Passing to the sub-headings, the "diagnosis" should be definite. Not "gunshot wound"—a phrase which is often understood to mean rifle bullet wound only, whereas it means a wound from any missile which is shot from any gun—but shell, shrapnel, bullet, grenade, or bayonet wound, as the case may be. Also the important facts of the lesion should be brought out.

So not "gunshot wound of thigh," but "traversing bullet wound of right thigh; compound fracture of femur"; not "gunshot wound of chest," but "lodging shell wound of right chest: empyema." I prefer the term "lodging" to "penetrating," and "traversing" to "perforating."
"Penetrating" and "perforating" are liable to be confused. Such terms as "gutter wound," "subcutaneous channel wound," "double traversing wound," "explosive exit wound," are useful.

"The abstract of case" should very tersely express the leading facts. Thus the two specimen diagnoses given might have the following abstracts: "Marked sepsis, continuous eusol irrigation, suspension, extension from pin through tibia, union firm fourteen weeks after wound, discharged with sinus, one inch shortening," and "Empyema opened twelve days before admission, X-rays show shell fragments on eighth D.V., no tube and superficial granulating surface on discharge."

Very valuable is a definite space for the "diagram of wound." Stamped on or pasted in outlines may be used, but I prefer rough annotated outlines or sketches by the medical officer, on which the wounds are shown. It is easy after a little practice for those quite unskilled to make simple drawings. The roughest diagram is better than none at all. The part should be drawn in the position it occupied when the wound was received. A dotted line joins entrance and exit wounds. The outlines of organs can be drawn when necessary, or a bone with fracture shown. The diagram can also be used for indicating the site of an operation. An unoccupied portion of the space allotted may be used for the sketch of an X-ray picture. These diagrams will at once give an idea of the condition and save much written description.

The "nature of missile": The term "gunshot" should not be accepted from the patient, who usually means by it "rifle bullet"; neither should the term "explosive bullet," by which the patient means a bullet which has had an explosive effect. Machine gun bullets are similar to rifle bullets, and the patient cannot usually make a distinction. With regard to "shrapnel" and "shell," at one time shrapnel was discharged by a low explosive, so that the case did not burst, and shrapnel wounds were wounds produced by the round shrapnel balls, but now the case is charged with high explosive, a "bursting charge," which scatters it into fragments. Therefore, when the patient says he was wounded by "shrapnel," it may not nowadays mean shrapnel ball.

"Hand grenade," "rifle grenade," "hand bomb," "shell from trench mortar," all mean missiles producing similar wounds. Colloquialisms such as "Jack Johnson" or "Whizz-bang," can be added, or the patient may be able to name definitely the source of the missile which wounded him.

The "estimated range" no doubt is often inaccurate. Many patients are reluctant to suggest any range at all, but it should be recorded wherever obtainable, for in a large series of cases error will be to a great extent eliminated and a correlation between range and extent of tissue damage observed. Recording of range is of course of value mainly with bullet wounds, for with shell the bursting of the charge gives to the fragments a new and increased velocity.
<table>
<thead>
<tr>
<th>STATION OR HOSPITAL</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. in Adn. and Disch. Book.</td>
<td>Regl. No.</td>
</tr>
<tr>
<td>Date of Adn.</td>
<td>Date of Disch.</td>
</tr>
<tr>
<td>Unit</td>
<td>Ward</td>
</tr>
<tr>
<td>Home Address</td>
<td>Civil Address</td>
</tr>
</tbody>
</table>

**Diagnosis:**

**Abstract of Case:**

**Diagram of Wound:**

**Day and Hour of Wound:**

**Wounded at:**

**Nature of Missile:**

**Estimated Range:**

**Direction:**

**What doing, and position of body when wounded?**

**Consciousness lost?**

**For how long?**

**Time and method of First Aid:**

**How moved and how far?**

**Dressing Stations, Hospitals, etc., in which treated?**

**How long in and treatment in each?**

**Operation?**

**Nature and Date?**

**Anti-tetanic Serum?**

**Date?**

**Other points in History of Case?**

**CONDITION ON ADMISSION.**

**Entrance Wound?**

**Exit Wound?**

**Missile Track (including length)**

**Account of Tissue Damage:**

**Pathological Report:**

**X-ray Report:**

**Other facts of Condition on Admission:**

**Progress and Treatment:**

**Account of any Operation:**

**Account of any Missile Removed:**

**Final Note on Discharge, with Date:**

_Signed_

Name:............ Rank:............

_Medical Officer._
Clinical and other Notes

The "direction" means "front," "right flank," etc. Other subheadings call for little comment. The "length of missile track" can be measured with a pair of obstetric callipers. The "account of tissue damage" will refer particularly to visceral, bone, vessel, or nerve injuries.

The pathological and X-ray reports arrive from the departments concerned on a special sheet. This sheet is so designed that if the report is lengthy the sheet can be fastened up with the notes; if short the report is copied in.

"Progress and Treatment": "Progress" connotes changes in the patient's general condition and in the wound; wound complications, such as hemorrhage or cellulitis, results of changes in wound dressing; bacteriological changes in wound; results of further X-ray examinations; return of consciousness; temperature regaining normal; gain of weight; day of getting up; return of motion and sensation; increasing ability to use the injured part; union of fracture; and so on. Under "treatment" are recorded the dressings and lotions used and their frequency of application; splints and appliances, with their commencement and discontinuance; minor operations; massage; electrical, mechanical, hyperæmic, and hypnotic treatment; medicines, sera and vaccines used.

The "Final note on discharge" is important and should never be omitted. It should state briefly, but accurately, the condition of the patient and the mode of disposal, should give an idea of the prognosis, indicate any further treatment that may be required, and be legibly signed with the medical officer's name and rank.

A four-hourly chart is used where necessary, and on this or on the night and morning chart, A.F. B181, it is convenient to record by writing vertically under the date, various items of treatment, such as "operation," "daily hot-air bath," "massage," "daily ionization with sod. sal.," "weight extension applied," "X-ray taken," and so on. The weight of the patient can be similarly recorded.

One case-sheet is convenient for most cases, and contains the complete set of headings. A "continuation sheet" with simple identification headings is provided for use when required. This latter sheet can be used for the post-mortem report, which is copied from a manuscript book in which the post-mortem records are kept. Operation, X-ray, pathological and electro-therapeutical data are kept in columned books in their various departments.

A card-index facilitates reference to the patient's records. Note-taking should be as terse and brief as possible, any description of the patient's facies and disposition is usually unnecessary.

Suffering humanity, medical science and military medicine will all alike benefit by as full a study and record as possible of the injuries and diseases occurring in the present War, and it is in the hope of helping such study and record that this short paper is published.