Clinical and Other Notes.

A NEW ZEALAND MOBILE V.D. TREATMENT CENTRE.¹

By Captain N. C. Begg, New Zealand Medical Corps.

[Received October 16, 1944.]

Personnel.—Commanding Officer, 1; Serjeant, 1; Corporal (Clerk), 1. All Special Treatment Orderlies: Private Technician, 1; Private Quartermaster, 1; Private Special Treatment, 1; Private Cook, 1. Drivers A.S.C. attached, 1 for 15-cwt.; 1 for 3-tonner.

Vehicles.—15-cwt. for use of C.O.; 3 ton laboratory.

Function.—(a) To treat as IN-patients all those who are simple cases and can probably return to Unit in three or four days. (b) To do all OUT-patients treatment for Division. (Including diagnosis, follow-up and final tests of cure.)

Site of Election.—Open M.D.S. Here it is possible to hold In-patients and yet it is forward enough to see Out-patients.

Scope.—In-patients can be held up to 12 or 15. They are issued with bedding, if necessary, and are cooked for. They should NOT be confined to bed and should have all their personal gear as they may have to be evacuated if the Unit moves.

New Cases.—ALL new cases should be sent to Venereologist in the first instance. He should diagnose and advise treatment.

If the patient returns to Unit, he should be given full instructions and all necessary medicine. His R.M.O. should carry out this treatment of the patient.

If the patient is admitted or evacuated further, his R.M.O. should be notified.

Old Cases.—All patients reporting for follow-up treatment should carry their surveillance card (N.Z. Form 25). On it is marked all dates concerning treatment or examination—it is used both for the patient’s use and to convey the result of examination to R.M.O.

Layout of Unit In Field: Three-tonner fitted as Laboratory with 2 pent houses (12ft. by 10ft.).

1, Examination couch; 2, blood bench (anti-syph. and Laughlan; 3, staining sink; 4, microscope table; 5, clerk’s table and records.

In addition there is (a) 180 lb. tent which can hold 10 cases; (b) 180 lb. tent (or RD small) for Cook’s kitchen.

Unit and extra patients (above 10) sleep in bivouacs.

I think the 3-tonner should be a G.S. one and that fittings should not be too permanent.

¹This article was forwarded by Major-General F. T. Bowerbank, O.B.E., E.D., M.D., D.G. of M.S. (Army and Air), N.Z. Military Headquarters, to whom the Editor expresses his thanks.
All fittings should be movable so that in case of the truck being damaged they can be shifted to another G.S. truck.

I found the dangers of being too dependent on my 3-tonner when it was badly damaged during off-loading operations at a wharf.

I have fitted my 15-cwt. so that I can use it as an office and keep all my own records in it, interview patients, etc. It should not be immobilized by these fittings as it is frequently needed for carrying stores, reconnaissance and duties of a Q.M. vehicle.

Records.—A new case has I. 1247 filled in. All A.F. I. 1247's are held by Mobile V.D.T.C. while man is in Division. If soldier is evacuated for any reason, his I. 1247 is forwarded to Base V.D.T.C. Any man arriving in Division has I. 1247 forwarded from Base.

N.Z. Form 25. This is soldier's personal card and has all dates he is due back for surveillance placed on it. It is shown to Unit M.O., also to Venereologist when re-­visiting.

The Unit should also keep its own records-by-units of treatments, diagnosis and dates of next appointment.

Quartering.—All Q.M. should be through Field Ambulance to which the Unit is attached. I have found it necessary to carry blankets and socks for men who are admitted straight from the line. All other clothing I get from the Field Ambulance.

It is often necessary to carry reserve of rations—seven or ten days. Also stocks of kerosene and petrol.

Medical.—Syphilis: The Laughlan test is accurate, the antigen is stable and the test has proved very valuable in the field as the Kahns do not arrive back quickly, especially if Unit is on the move.

Marpharsen has been hard to get and large stocks should be carried. Ampoules of distilled water are not always easy to procure.

It has been my policy to try and do all anti-syphilis treatment. However in certain cases this is not possible and I have given an emergency ration of 5 doses of N.A.B. and 10 doses of Bismuth to each R.M.O.

Simple Gonorrhrea has been treated fairly satisfactorily in the lines.

A good deal of our work is caring for and nursing mild cases of balanitis who can return to their Units in a few days. These people provide a problem when the Unit moves. I have overcome this by having: (a) An Advance Section consisting of C.O., Serjeant and Driver proceeding in 15-cwt. to new site and setting up. (b) A Nursing Section—the balance of the Unit—remaining for three or four days till patients are fit for return to Units or else evacuated, and then proceeding to join up with Advance Section.

CONCLUSIONS.

The Unit is about the right size. If I had to lose anyone I would prefer it to be the Cook. If I were allowed one further it would be a Special Treatment Orderly.

On the whole, the Unit is of serviceable size and with good equipment performs a useful service in the field.

A NOTE ON FIELD IMPROVISED APPLIANCES.

By Major M. Markowe,
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[Received September 3, 1943].

I.—PORTABLE LATRINE SUPERSTRUCTURE.

This superstructure has been in use since January, 1940, at home and in a tropical country. Its value has been demonstrated throughout a recent campaign. It is constructed from a wooden framework and the sides of 4-gallon non-returnable petrol tins, the sections being slotted together. It can be used in 2, 4, and 6 seater models, although for simplicity the 2-seater alone is illustrated.