

THE SCHEME OF TREATMENT OF THE SICK SOLDIER IN ROTORUA MILITARY HOSPITALS.

The following extremely interesting Report (slightly abridged) for the year ended December 31st, 1916, on the Rotorua Military Convalescent Hospitals, the Sanatorium, and the King George V Hospital, by Major Arthur S. Herbert, Principal Medical Officer, Rotorua Military Hospitals, New Zealand, has been issued under the authority of the Department of Public Health, of which the Hon. G. W. Russell is Minister.

The Sanatorium began to be used for the accommodation of returned wounded and invalided soldiers in September, 1915, and by the end of the year 116 had been admitted. In reviewing the year ended the 31st December, 1916, I have included these men admitted during 1915 for the sake of completing the record.

On the 1st January, 1916, the management of the Sanatorium was taken over by the Health Department from the Tourist Department, and though a limited number of male civilian patients have continually been admitted, it has been virtually a military hospital ever since.

On the 12th January, 1916, the King George V Hospital was built on Pukeroa, an ideal hill site sloping north and overlooking Lake Rotorua.

The general scheme of treatment has been—

(1) To aid the convalescence of wounded soldiers by every method of *physical treatment* available.

(2) To make the treatment as far as possible *ambulatory*.

(3) By the use of *semi-open-air wards* to obtain the maximum possible assistance from fresh air and sunshine.

(4) To increase physical well-being by *recreation and occupation*.

(1) *Physical Treatment*.—The very extensive

establishment of mineral-water baths was lent free of cost by the Tourist Department, and these baths have proved invaluable in the treatment of the innumerable painful and crippling results of wounds and war sickness. They have been even more useful as an adjunct to other and more active forms of physical treatment, such as massage, movements, and electrical treatments. For these latter, involving the use of skilled and trained masseurs, the Tourist Department has been paid at half the ordinary civilian rates. I cannot commend too highly the work of the masseurs, which has been very heavy, has been skilfully and conscientiously performed, and carried out without extra pay.

(2) *Ambulatory Treatment*.—My endeavour has been to keep every patient possible out of bed, to discard as far as possible the use of crutches and fixed splints, and to encourage him to utilize his muscles. The success of this line of treatment has exceeded my wildest

expectations, and has largely been made possible by the use of elastic splints, as explained in further detail below. As far as possible, all "leg cases" and cases requiring nursing and special attention have been kept at the Sanatorium, which is staffed by sisters and nurses, and is within easy distance of the baths; while



GUNSHOT-WOUND ON LEFT SIDE OF SKULL; EXTENSOR PARALYSIS OF RIGHT ARM, THIGH AND LEG.

Patient fitted with long elasticband, calliper splint hinged at ankle, and Souttar glove; could walk without a stick and use the right hand.

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