



NAA: B4218, CV38268

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Title: ROHDE Carl August - [Civil Constructional Corps - Victoria] number CV38268 - Year of birth 1910

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ALLIED WORKS COUNCIL
Army Advised

LABOUR CORPS REGISTER

NCV 38268

Enrolled at 275 Lonsdale St. C.I. Date 28/9/42 As Benchman *2K Dvt*

30.10.43
L.S.C.

TRADE

- Carpenter
- Cement Worker
- Cook, Kitchen Hand
- Foreman
- Ganger
- Labourer
- Mechanic
- Painter
- Pay and Time Clerk
- Plumber
- Storeman
- Truck Driver
- Others

Surname ROHDE

Christian Names CARL AUGUST

Address BENDIGO

119 McIvor Rd Bendigo

Married/Single

Dependents Wife

Emergency Addressee

Medically Examined 28/9/42

By Dr. **W.D.M.** Military Medical Board

Result Passed A2

Age 29/9/10

Height 6 Feet

Weight 13 lbs. 7

Defective Limbs

VS. M10.9561

Hernia

Other Ailments

Trade or Profession

Experience

Union Bread Carters Union

Special Qualifications Car driver

Enrolled From

Transferred From/To

Seconded From/To

Military Record

CVF-6666
CWK NT

50905

NAME - ROHBE, C.

C.C. No. CV 38268

Age 32

Home Address

Project

HQ

32 Adner

DATE	TIME	LOST TIME	
		SICK	ACC.
10/1/44			
11/1/44			
20.1.44			
19/1/44			
7/2/44			
13/2			
25/2/44			
10/3/44			
5/6/44			
15/6/44			

HISTORY:

18/2 ago saw an eye specialist who told him that there must be an inflammation behind the eyes at birth. No prescription in glasses recommended. L. eye practically blind. Now c/o severe retro-ocular pain. Has to shut L. eye to read. (signed) J. Merry, Capt.

20/1/44 107 AGH
Age 33 16 mths service.

Admit to hospital for treatment as soon as possible. (signed) J. Fraser

Gen. Impetigo (Zinc Sulfph. Cop Sulfph)
107 AGH Keratitis (R. Eye) Subrided. Head Pad r bandage - Atropine. Ely duty C. Ryan 24/44
Inflamed eyes. 19/1/44 - Seen by MO Steam baths to eyes. Zinc Sulfph drop. 20/1/44 -

Impetigo (Axilla) Zinc Sulfph + Copri Sulfph 1/2.
Infected pore at foot. 1/2 Mag Sulfph paste Plastine.
Tinea (groin) Mycozol.

" " dodi i dal acids + whit P/s
PP for eye examination. J. Ryan's Capt - looking behind eyes
Conjunctivitis 2/2 ago ? Spectacles - almost blind L. eye

For Consultation. Myopic Astigmatism - R = -1.50 / -1.50 X 120 - L = -1.50
-150 X 90 L. old quiet retinodermoids Specs advanced C. Ryan Capt

Only the first date of attendance for each sickness or accident is to be written in the margin. All other dates are to be written in the "History" lines.

2M-8.43 14910

11.7.44
National Archives of Australia

trans. to Darwin

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Handwritten initials

FOLLOW UP CASE CARD

Name *Hohde C.A.*
Number *CV38268* Rank *Civilian*
Date of original admission.....

Nature of case

Notes on case

(a) *At field ambulance or C. C. S.*

(b) *At General Hospital (107)*
Keratitis (R. eye)
subsided
Heat
Pad & Bandage
atropine
on duty. *B. Roman*

Kindly return this card as addressed when patient's progress can be predicted.

31. 1. 44

40/111.

AUSTRALIAN MILITARY FORCES

SPECIALIST REPORT FORM

Medical Unit 107th Aust Gen Hosp *Specialist of tonometry
*Department

Surname ROHDE Christian Name Carl

Army No. CV 38268 Rank Cpl Unit AWC No 32 Age 32

Receiving Treatment for

Physician or Surgeon in Charge of Case Ward No. GP

Object of Special *Treatment aching behind eyes - blurring
*Examination Previous consultation for test

(Where necessary state cardinal signs and symptoms) not completed because of conjunctivitis (3/12 ago)
states ~~he~~ almost blind in eye. JK

? Spectacles see previous consult 3/20/40 Medical Officer for

CLINICAL REPORT (Specialist or Department) Report 107 AGH 0900 hrs
(Please write clearly)

✓ 15 June 44
Luxman Capt
for Col.
D.D.M.S., N.T. FORCE

Myopia, astigmatism

R = -1.00 - 1.50 x 120

L = -1.50 - 1.50 x 90

L. old quiet retrochloretia

Spectacles advised

B. Luxman Capt

Specialist 15/6/44

*Strike one out.

Skiagram No.

33 10/2

FIELD MEDICAL CARD

No. CV38268 Rank CIV A. & D. Serial Base
 Surname (Block Letters) ROHDE Initials August
 Unit C-C-C Religion Boys

~~Battle Casualty~~. Accidentally Wounded. "Sick."
 (Strike out description which does not apply)

No. _____ Fd. Amb. admitted Date _____
 Transferred to _____ Date _____

Fd. Amb. diagnosis—Date of onset of wound or illness.

Additional F.A. Notes to be written on back of card.

No. _____ C.C.S. admitted Date _____
 Diagnosis (if altered from above) _____

No. _____ A.G.H. admitted Date _____
 Diagnosis (if altered from above) Peritonitis

Sulphonamide—Type }
 Incl. Sulfguanidine }

Date	Ordered—Grams	Given—Grams

A.T.S. or Tetanus Toxoid		Morphia given	
Dose	Date	Dose	Date

Anti-Malarial Treatment.
 (Indicate by—Q = Quinine. A = Atebrin. P = Plasmoquine)

Date	Dose given

Field Ambulance Notes (Cont.)

M.O.

