

BMJ

The Medical Aspects Of The Boer War. III

Author(s): A South African Campaigner

Source: *The British Medical Journal*, Vol. 2, No. 2031 (Dec. 2, 1899), pp. 1556-1557

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20262681>

Accessed: 07/02/2015 11:50

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at
<http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Digitization of the British Medical Journal and its forerunners (1840-1996) was completed by the U.S. National Library of Medicine (NLM) in partnership with The Wellcome Trust and the Joint Information Systems Committee (JISC) in the UK. This content is also freely available on PubMed Central.



BMJ is collaborating with JSTOR to digitize, preserve and extend access to *The British Medical Journal*.

<http://www.jstor.org>

The Nurses' *Pocket Diary and Note Book*, issued by the Scientific Press (Southampton Street, Strand), contains useful memoranda on the emergency treatment of poisoning by various toxic substances, notes on utero-gestation, concealment of birth, infanticide, criminal abortion, sudden death and unnatural death, and signs of death. The diary is of a very handy size, and is likely to be useful to nurses.

The *Royal Navy List Diary and Naval Handbook* gives a page to each day, and is furnished with a separate index, monthly cash account, letter register, etc. In the letterpress accompanying the diary is a complete calendar of notable naval events, lists of the benevolent funds and institutions in connection with the Navy, besides original articles on the naval progress of the year, tides, terrestrial magnetism, etc. The diary, which is indispensable for naval men, will be useful also to the general public.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

MEDICINAL AND DIETETIC PREPARATIONS.

Sapolette Powder.—We have examined a sample of this preparation, which is made by Messrs. Wyleys, of Coventry. It is described as a "non-alkaline antiseptic soap powder," which lathers very freely in cold and hard water, the active antiseptic substance being thymol, and it is suggested that it is specially adapted for the use of medical men, nurses, and the travelling public. The results of our analysis show that the preparation is a well-manufactured dry soap powder devoid of free caustic alkali and containing thymol. A small percentage of insoluble silicious matter is present, and this has no doubt been added for the purpose of enhancing the detergent properties of the powder. It is suggested by the makers that the preparation is a convenient one for medical men to carry in their instrument cases. The powder is used by placing it on the hands, previously wetted; and when this is properly done an abundant lather is produced. The use of thymol instead of carbolic acid may be regarded as a distinct advantage in many respects, as it is a powerful antiseptic, and does not affect the skin in the same way as phenol. We think that the preparation deserves the attention of the profession.

Allenburys' Toilet Soap.—It is claimed that this soap, which is manufactured by Messrs. Allen and Hanburys, is a superfatted soap made from pure fats, and that it is specially suited for tender and sensitive skins. The results of our analysis of a sample of the soap show that it is a well-manufactured toilet soap of very good quality. It is devoid of free caustic alkali, and of any mineral or other substances which could be regarded as adulterants. The soap is "superfatted," and is a pure and high class preparation.

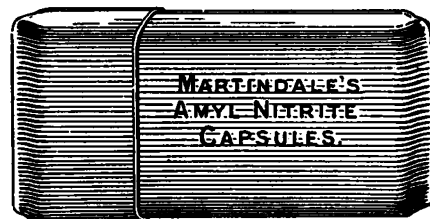
MEDICAL AND SURGICAL APPLIANCES.

Portable Urine Test Case.—Mr. Martindale (10, New Cavendish Street, W.) has sent us a urine test case designed by Mr. W. Harrison Martindale, Ph.D., which is intended to meet the requirements of the busy practitioner who

desires to make a fairly exhaustive examination of the urine at the patient's bedside. The apparatus and reagents, which are sufficient for the purpose of a qualitative and quantitative examination for albumin, glucose, and urea, are contained in

a mahogany cabinet measuring 6 inches by 2½ inches by 4 inches. The case contains an albuminometer (Esbach's), a graduated tube for glucose determination, a ureometer for urea determination, a urinometer for reading off the specific gravity, a metal spirit lamp with brass screw top, three test tubes, a test tube stand, a test tube brush, four stoppered bottles of reagents fitted with patent stopper bands, a funnel, a graduated pipette, litmus papers, filter papers, cloth, calculation papers, and a book of directions and charts. The processes are described clearly and in sufficient detail to enable any medical practitioner to make a satisfactory analysis for clinical purposes. The case, which is a miracle of neatness and compactness, can be carried about with as little inconvenience as a pocket dressing case. The only difficulty in actual use will be in re-packing it.

Pocket Drug Cases.—Mr. Martindale has also introduced a pocket case to carry one dozen nitroglycerine tablets, and a similar portable case to contain three amyl nitrite capsules. The prices of these, filled, are respectively 1s. and 2s. each. The size is shown in the illustrations.



THE MEDICAL ASPECTS OF THE BOER WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

III.

It is cheering news, when all news is so scarce from South Africa, to learn that our forward movement has at length begun, and has been celebrated by victories under Lord Methuen north of the Orange River and well on the way to Kimberley. The main feature of the engagements at Belmont and Enslin was the steady advance of our infantry under a heavy fire until they were actually within bayonet thrust of the enemy. This method of charging at close quarters completely demoralised the Boers, and when adopted has invariably led, if not to their actual rout, at least to their retreat. At the same time, the price paid for this mode of attack is necessarily dear, although, looking to the number of men engaged on both sides at Belmont, the number of killed and wounded on our side cannot be regarded as excessive.

KILLED AND WOUNDED AT BELMONT.

Lord Methuen's returns to date are 4 officers killed and 19 wounded, and 55 rank and file killed, and 128 wounded. In a previous letter, when discussing the proportion of killed to wounded, I commented on the fact that the latter bore an unusually large proportion to the former; unfortunately the same cannot be said of the casualties sustained in the Belmont engagement. We must infer that the large number of proportion of killed in this engagement was due to the close character of the fighting and the short range of the rifle shooting. At long ranges it is evident that the wound of the Mauser rifle may frequently be a comparatively trifling affair. It is probable that even at short ranges the wound inflicted by this bullet in the limb is not a severe one, but the chances of shooting men in a vital part are of course increased as the range diminishes, and we must infer that the short range of this engagement probably enabled the Boers to take more accurate aim, and that the increased mortality was not due to any change in the character of the missile, but to the fact that the shooting was of a much more accurate character. It will, however, be of interest to learn whether the Free State Boers,

and especially those fighting in this engagement, were all so universally armed with the Mauser rifle as the Boers of the Transvaal. I have known the Free State for many years, and during my acquaintance down to quite a recent time the majority of the Boers were in the habit of using the Martini-Henry. It is possible that they used this arm to some extent at Belmont. As already stated, the Martini-Henry bullet is much more deadly than the Mauser, and at close quarters the shooting may easily be quite as accurate. The *Times* correspondent states that the Boers used some Dum-dum bullets. From this we are led to suppose that some of the Boers must have been armed with the Lee Metford rifle, as it was for that arm that the Dum-dum bullet was originally prepared, although it is possible that the reference may be to a Mauser bullet prepared on the Dum-dum pattern.

DISPOSITION OF THE WOUNDED.

The railway is open to Belmont, and the wounded at Belmont, both Boer and British, have been sent to Orange River, and from there to Beaufort West and Capetown. Beaufort West is a picturesque town in the heart of the Karroo with a good, though small, hospital of its own. Should a further engagement, as is anticipated, occur at Modder river, and be followed by the same successful result, it is probable that any wounded there may be at that point will be carried forward to Kimberley itself, where the accommodation for treating both sick and wounded will be ample and complete. Kimberley has an excellent hospital with 300 beds, and is a town containing many buildings which might be used for the reception of wounded if necessary.

HEALTH OF TROOPS IN NATAL.

From Natal the information to hand is somewhat confusing, but there is no indication of any considerable outbreak of either typhoid or dysentery among our troops. While food supplies and water are available for the different garrisons, as there is every reason to suppose they will continue to be, there is no reason to anticipate any great degree of sickness. The climate is a healthy one, and unless exceptionally unfavourable conditions arise the health of the troops should remain good, and their vigour unimpaired.

MAFEKING.

Reports from Mafeking state that the continued shelter which the garrison are compelled to take in the underground holes, together with a short and indifferent water supply, are producing a certain amount of dysentery among the garrison. This will probably only be of a sporadic character, but at the same time it is devoutly to be hoped that this plucky little garrison will be relieved before many days have gone by. It is quite possible that the bold policy of striking directly at the heart of the Free State, Bloemfontein, would more effectually relieve the various besieged garrisons by necessitating the withdrawal of the enemy surrounding them than would separate expeditions to each garrison in turn. Typhoid has not been referred to in any of the despatches made public, and there is every reason to hope that it will not prevail to any extent.

ANTITYPHOID INOCULATION.

Whatever risk there may be in store from typhoid fever, it is to be hoped that it has been minimised by the extensive use of antityphoid inoculation among our troops previous to embarkation, or after their arrival in South Africa. It is stated that as many as 70 per cent. of the troops sent to the seat of war have been inoculated voluntarily. This speaks well for the intelligence of the men and the persuasive power of the medical officers; it further shows the confidence which the men feel in the Army Medical Corps, and the good relationship that exists between that branch of the service and the fighting arm.

The statistics with regard to the efficiency of this preventive treatment of typhoid are not entirely conclusive; at the same time they are sufficiently encouraging to warrant the further application of the remedy, and in any case no evil results appear to follow its application, although some days of *malaise* are usually suffered by the person inoculated. There are two features about typhoid fever which render it specially desirable that this remedy should be found efficient for the protection of our soldiers. In the first place the average British soldier leaving our shores is of the age most suscept-

ible to the disease; in the second place, having lived under more or less perfect sanitary conditions at home, he has not been subjected to those immunising influences which an insanitary environment appear to induce. It is notorious, for instance, that the native can tolerate conditions of insanitation with impunity which inevitably produces a high typhoid mortality among Europeans newly introduced to such conditions.

HOSPITAL SHIPS.

According to the statement of the Director-General at the dinner of the British Gynæcological Society, the hospital ship *Princess of Wales* is intended to ply between the Cape and England, and that the ship now being fitted by the Committee of American Ladies will also be employed in this way, and not as floating hospitals to be moored either in Simon's Bay or Table Bay.

They are a most interesting element in the preparations for the campaign, and serve to illustrate perhaps as fully as anything could the close touch which is being maintained between the mother country and her sons fighting her battles in the southern hemisphere. It is no exaggeration to say that the wounded in the present campaign will be more directly under control from home and infinitely better provided with both surgical and medical aid than were our forces at Waterloo. The world has never yet had a more striking object lesson in the significance of modern ocean transport facilities than is offered by the whole of the present campaign.

HORSE SICKNESS.

One of the worst enemies to be dreaded during the approaching summer after the Boers, and possibly typhoid, is what locally goes by the name of "dik kop," "black tongue," or horse sickness. It is said to be allied to anthrax, and resembles Loodiana fever which attacks horses in India. The micro-organism responsible for it is said to be derived from the soil, and the disease is most rife from about November to March. Fortunately, it is less prevalent on the plains than in the low country or on the coast. This sickness occurs at times among horses in the form of an epidemic, and kills them wholesale. Colonial farmers believe the poison comes down with the dew at night and in the early morning. It at any rate seems certain that the attacks are associated with the exposure to the night and early morning mists, and horses kept in the stable, or even in a "kraal" (cattle yard) from sundown until the sun is well up and has dried the grass, do not contract it. Many devices have been used to protect horses while campaigning or travelling in the open. During the Zulu war nosebags of flannel were issued to protect horses from the night air to some of the cavalry. These were kept on all night, and only taken off when the dew had evaporated. Very few horses protected in this way were lost during that campaign, and it is to be hoped that similar precautions will be adopted with the cavalry in Natal at the present time.

BOER COMMISSARIAT AND MEDICAL ARRANGEMENTS.

The Germans who left the Boer force in Natal and gave themselves up to the British stated that many of the Boers are starving, and although we may venture to doubt that statement, it is quite probable that the Boer commissariat is very much disorganised. The system of supplies is of the most free and easy description, many of the Boers bringing their own waggons and others having little or no provision for food. Each burgher is a law and, as far as may be, a larder unto himself. There is no systematic distribution of rations which ensures every man getting his share, so that it is quite probable that some men have to go very short when the commando has been absent some weeks in the field. What cattle are to the kaffir waggons are to the Boer. The loss of 64 of these huge land transports, each one drawn by 16 bullocks, must have been felt very keenly by the Free State Boers at Belmont. The Boer medical department is undoubtedly of a very primitive character. Both at Ladysmith and at Belmont they appealed for assistance from our commanders, in addition to leaving a number of their wounded in our hands. At Elandslaagte many of the Boer wounded begged to be taken over by our medical men in preference to being left to their own. At Pretoria they are better provided with surgeons, but in the field the number of Boer surgeons must be very small.