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Author(s): Frederick Treves

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THE WAR IN SOUTH AFRICA.

AFTER SPION KOP.

By FREDERICK TREVES, F.R.C.S.,

Consulting Surgeon with the Forces.

Spearman's Camp, on the Tugela, February 7th, 1900.

SHELL AND SHRAPNEL WOUNDS.

As I mentioned in my last letter, the wounded from the battle of Spion Kop on January 24th presented a very large proportion of shell and shrapnel injuries. In spite of every possible care, the shell wounds, almost without exception, have done badly. We had over 30 deaths within the week after the battle, and these were nearly all cases of shell injury. The wounds are of the worst type, contused and lacerated, and very often contain dirt, fragments of stone, and even grass. The men at the time of the battle had had a week of hard work and hardship, and were unnerved by the terrible experience on the summit of the hill. A good number of primary amputations were found necessary, and a still larger number of secondary amputations. As an example of the latter I may mention the following case:

AMPUTATION OF THE UPPER LIMBS BY BERGER'S METHOD.

A man was wounded in the right shoulder on January 24th by a Mauser bullet at short range. The bullet entered at the outer side of the limb, about the centre of the deltoid muscle. It passed through the ala of the scapula, and was ultimately found under the skin near the vertebral column. It was much distorted. The tissues at the back of the shoulder were abraded and contused by a fall upon stone. Dr. Nuttal, under whose care the patient was, enlarged the wound and found great shattering of the humerus about the surgical and anatomical necks. Permission for amputation had not been given by the patient, and the limb was adjusted on splints. The wound suppurated and the patient rapidly lost ground. I was of opinion that an amputation of the shoulder-joint would hardly be possible owing to the state of the soft parts. It was evident also that the head of the humerus was shattered. The scapula was shot through. I therefore proposed the amputation of the entire limb—including the scapula and the outer two-thirds of the clavicle—by Paul Berger's method. This operation I performed on February 3rd. The joint was found to be full of pus and fragments of bone. The patient has so far done very well. I imagine this to be the first occasion upon which this operation has been done on the field.

COLOTOMY FOR WOUND OF RECTUM.

One case presented a curious complication. A man was shot through both hips by a Mauser or shrapnel, probably the latter. The lower end of the rectum was wounded in two places, and in due course fæces and flatus were passed through each of the gluteal wounds. In one of these wounds the hip-joint was involved. The wound in the rectum was easily felt on anal examination. The man's condition was absolutely deplorable, and his pain intense. The question was, should the case be left, or should the lower end of the rectum be excised, or should left colotomy be performed? We decided to perform colotomy, and this was carried out by Dr. Nuttal. There were many difficulties in the way of a direct operation upon the rectum.

WOUNDS OF THE THORAX.

Many of the wounds of the thorax have been attended by pneumothorax, hæmothorax, and empyema. Taken as a whole this series of cases has done well.

THE TELEPHONE PROBE.

Before I left England Dr. Hedley—the physician in

charge of the electrical department at the London Hospital—kindly lent me a telephone probe. This instrument has been of the very greatest possible service, and it has proved to be absolutely reliable and very easy to manipulate. As we have no Roentgen ray apparatus at the front, I do not know what we should have done without this handy little instrument. In compound fractures with comminution of the bone, it is impossible by any ordinary examination to tell a distorted and broken-up Mauser from a fragment of bone. The probe reveals the metal at once, and will detect the smallest fragment. I have a piece of a Mauser picked out of a compound fracture by the probe, which has precisely the feel to the finger and common probe of a fragmentary bone.

(The news has just reached us that a Roentgen ray apparatus is on its way to this field hospital.)

ABDOMINAL OPERATIONS.

But little encouragement attends upon abdominal operations.

1. The first argument against laparotomy rests with the fact that a very large number of cases in which the patient has been shot directly through the abdomen have recovered perfectly without operation. As examples of such recovery I may mention the following:

Point of entry near navel, and point of exit by side of second lumbar vertebra.

Entry directly over stomach, and exit by upper part of right loin.

Entry in anterior part of one loin, and exit in other loin.

Entry at tip of eleventh rib, and escape through the opposite axilla.

2. The second point is this: The Mauser is apt to make a small hole in the bowel, which hole may be closed by apposition with an adjacent coil of intestine.

3. In the third place abdominal operations are not very easy in a place where the supply of water is very limited, and where washing—as of towels, etc.—is difficult to provide for. Major Kirkpatrick has surmounted these obstacles in a very able manner, but still they cannot be quite got over.

The appliances I took with me for abdominal operations get over all difficulties as to really efficient and sterile sponges, sterile silk, etc., and a sterile instrument tray and sponge dish. They also provide a reliable means of making a carbolic solution. The whole tin is so small that three can be carried in a capacious coat pocket.¹ They are, however, still far from perfect.

4. In the fourth place, the injury in many of the cases is very extensive. As an instance, I may quote the following example:

A man was knocked down by a Mauser in the engagement of Monday, February 5th. I witnessed the engagement, and saw the rifle fire and shell fire to which the men were exposed. He was hit at long range, and fell about 1 P.M. He was brought into hospital on a stretcher, having been carried by hand all the way. He came in at 5.30 P.M., having had to wait until the infantry and field artillery had retired. I saw him at once. He was blanched and somewhat collapsed. His pulse was small. He answered all questions promptly. He had had an injection of morphine when picked up, and had vomited twice. There was still much pain, but the abdomen was quite flat. There was evidence of considerable peritoneal hæmorrhage. The wound was a Mauser wound, and was over the left tenth rib in the mid-axillary line. There was no point of exit, but a well-marked ecchymosis of the right parietes at the tip of the right twelfth rib suggested the position of the bullet. The case seemed favourable for operation, and I carried out a laparotomy by median incision at once. The following condition was found: Fracture of tenth rib lacerated hole in the spleen, enor-

¹ These appliances have been already used in the BRITISH MEDICAL JOURNAL.

mous quantity of blood in the peritoneal cavity and evidently from the spleen, a linear rent in the upper jejunum $1\frac{1}{2}$ inch long, four holes (entry and exit) in the jejunum at its very commencement, a hole in the lower part of the right lobe of the liver. All the five wounds in the bowel were carefully sutured, the smaller holes requiring—in addition to a continuous suture of the mucous membrane—from 3 to 6 Lembert sutures. I found the bullet lying loose under the liver. The wounds in the solid organs had ceased to bleed, and were not touched. The whole peritoneal cavity was flushed out with hot water, which had been passed through a Berkefeld filter after having been boiled. The operation of necessity occupied a considerable time. The patient died shortly after he was removed to his tent.

THE OPERATING TENT.

I may say that these operations are done practically in the open air, that is, under the shelter of a widely-opened square tent. The light, therefore, is good. A great trouble is from flies; they cover the surgeon's hands, and with all care cannot be kept from alighting on exposed intestine, etc. The flies in this camp are nearly as bad as they were at Frere, where they constituted a real plague.

THE LEE-METFORD.

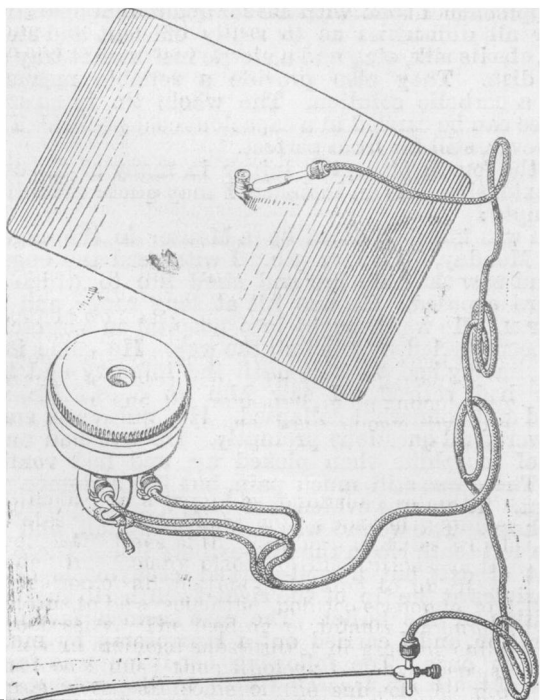
We have a certain number of wounded Boer prisoners in the hospital, and it is evident from their wounds that the Lee-Metford bullet is not so merciful as the Mauser.

GENERAL WOODGATE.

I am sorry to say that General Woodgate is not progressing favourably, and is indeed losing strength. I had to remove the damaged eye. The General is free from pain, but is seldom really conscious, although he recognises his friends and answers a few questions.

THE TELEPHONE PROBE.

The following description of the telephone probe, taken from Dr. Hedley's recent work on *Therapeutic Electricity and Practical Muscle Testing*, together with the accompanying illustration, for the use of which we are indebted to



Dr. Hedley and to Messrs. J. and A. Churchill, the pub-

lishers of his book, will explain the construction of the probe to which Mr. Treves refers:

"It was de Wilde, a civil engineer, who (1872) first proposed the use of the electric bell as a signal of a metallic body in the tissues. An improvement on this is the telephone probe. Its action depends on the difference of potential between two different metals, and upon the delicacy with which the telephone will disclose an electric current so engendered. A thin sheet of pure silver is placed upon an indifferent part of the body, and attached by means of a wire having a telephone in circuit to a silver probe or heavily-plated exploring needle. If the probe be inserted into the tissues the telephone is silent because there is no difference of potential that the telephone will register; but immediately a metallic body other than silver is touched there is a fall of potential, a current is produced, and the telephone indicates the fact. Used to verify the localisation of foreign metallic bodies whose presence has been shown by radiography, this probe is a strikingly effective device."

THE BASE HOSPITAL, CAPE COLONY.

[FROM OUR SPECIAL CORRESPONDENT AT CAPE TOWN.]

February 14th, 1900.

NEW BEARER COMPANIES, CAPE MEDICAL STAFF CORPS.

IN my last week's letter I was compelled to point a few minor details in which it seemed as if the extraordinary strain of the campaign was apparently overtaxing the *personnel* of the medical authorities. The only wonder is that more weak spots have not been evident, considering how fruitful this war has been in surprises, and how utterly it has falsified all expectations as to its duration and magnitude. When we reflect that Great Britain has never, during the whole course of her national existence, put into the field forces of anything like the magnitude of those engaged in the present campaign, and that it has to be carried on in a country singularly deficient in natural resources and in means of communication, it is possible to form some estimate of the difficulties which have met the medical authorities in common with their colleagues in every branch of the service. It is not too much to say that everything in this war has to be carried on under what are experimental conditions. If, until the experiments had been tried, the British taxpayer had been asked to equip and maintain an army medical establishment sufficient to deal with the present crisis, he would have retorted that such a premium was an altogether fantastic measure of national assurance. But it is satisfactory to be able to note the extent to which the authorities here have developed the improvising faculty. Even the small defects which I mentioned last week, and which I hardly thought were remediable, are being so rapidly put straight that in a week or two they will be probably non-existent. It has often been said by Colonials that the British soldier is hidebound by tradition, and will not deviate one inch from the beaten track. This war certainly disproves that assertion so far as medical matters are concerned. The capacity shown for original arrangements has been simply marvellous. Since my last letter the startling, but manifestly common-sense, departure has been taken of determining to practically break up the bearer companies of the R.A.M.C., substituting therefor newly-raised companies of the Cape Medical Staff Corps, and thus setting free the highly-trained regulars for ward work at the hospitals. As I pointed out in a previous letter, hospital orderlies cannot be improvised, whereas bearers can. The average citizen can be taught stretcher drill and first aid in a week or two, and got to take to it very creditably. Months will not make him a decent hospital orderly except he be under the perpetual supervision of a superior. The moral of this has been acted upon. Companies D and E of the Cape Medical Staff Corps are now being rapidly drilled and trained, and will be fit for the front in another week or so. I hear that probably another company will be raised at once, and more will follow if required. The men are shaping better than I at first thought they would. Major Nicol, R.A.M.C., of the 20th Company, which is now being broken up as a unit, is supervising the training of these companies, and is, I under-

stand, to take command of D. Mr. Fryer, a South African practitioner, who has been acting as one of the civil surgeons at the Woodstock Station Hospital, is to be one of his subalterns. Surgeon-Captain Black, the Medical Superintendent at Robben Island, who properly commands one of the permanent companies (C), but who was not permitted by the Cape Government to leave his civil appointment when his company was mobilised, has now obtained the desired leave, and is to take command of E. I have not heard of any other appointments having been made.

The projected equipment by the local St. John Centre of a bearer company has, for some reason or other, fallen through. This is, I think, a pity, as it would have been a very effective way not only of showing patriotism, but of rendering real service. The Centre would have been in a position to get excellent men, and the very fact of the company being raised and equipped by the Centre would doubtless have induced a class of recruits, passed pupils, to come forward who would not volunteer in the ordinary way. So soon as these volunteer companies are in working order they will set free a very valuable accession of strength of the Royal Army Medical Corps available for the hospitals.

WOODSTOCK STATION HOSPITALS.

In other directions the authorities have shown their common sense in not hesitating to break up units to meet the special requirements of the situation, and provide *personnel* where it is most needed. No. 5 General Hospital is, I understand, not to be mobilised. Its *personnel* is at present scattered to the ends of the South African earth. Some are in Natal, some with French, some with Methuen, and some down here. Major Gibson, of that unit, is temporarily attached to the Woodstock Station Hospital, where his services are extremely welcome, as the administrative work is becoming too much for Major Tuke.

This hospital is being thoroughly remodelled, and is fast becoming quite equal to any demands laid upon it. Four new wooden huts are about to be erected, making a total of six of these structures, which are excellently adapted for the purpose and will enable the marquees to be vacated as the rainy season comes on. Some old buildings are being thoroughly reconstructed and adapted for infectious and lunacy wards. The huts are hygienically perfect, and should be most comfortable in both summer and winter. A completely new system of drainage for these buildings is being laid out under Colonel Supple's supervision. And in connection with these alterations a systematic classification of the patients is being made. All the more serious medical cases, cases of enteric fever (in a ward of their own), pneumonia, acute rheumatism, and the like, are located in one of the wings of the permanent building, and the *élite* of the nursing staff, including the sisters whom I mentioned last week, are attending to them. Five more nurses of the Army Reserve are expected almost immediately, to be followed, I understand, by five more. For the accommodation of these ladies a whole block of quarters hitherto occupied by the commanding officer and other officers and staff is to be set aside, the former inmates being put on lodging allowance. The civil surgeon who attends to outside work and who has other quarters will continue to reside on the place, a very excellent arrangement securing the presence of one medical officer in addition to whoever may be the orderly medical officer of the day. The medical staff has been strengthened so that seven executive officers are available, a number amply sufficient for present needs, especially as recruit examination is likely soon to be out of the way. With these new arrangements, and a further strengthening of the orderly *personnel*, this hospital will compare most favourably with any civil hospital in the Colony and will be able if required to accommodate fully 500 patients. Another little point I must mention for the benefit of those who have their doubts about the feeding of Tommy when sick. The chief cook of No. 5 General, a Swiss *chef* of undoubted attainments, and drawing, I am told, a salary of £150 per annum, has been taken on at Woodstock.

ENTERIC FEVER.

A number of cases of enteric fever, but especially of pneumonia and acute rheumatism, continue to come into this hospital from the transports. Very good results are being obtained all round, especially with the enteric cases, very few

of which have had any dangerous complications. The medical officer in charge of this ward informs me that he relies principally upon Yeo's chlorinated quinine mixture, and seldom administers stimulants earlier than the third week. If pneumonia occurs he promptly adds digitalis to the quinine. He draws attention also to the fact—known to all South African practitioners of experience—that high temperatures have by no means the same clinical significance as in England. Patients keep a temperature of from 104° to 105° night after night, with a clean tongue, a clear head, and a good appetite, and do splendidly after all. He never uses any galenic antipyretics, and only in rare cases resorts to sponging with a lump of ice in flannel. South African enteric is a very puzzling thing. Spots are quite seldom met with, and the temperature very rarely takes the characteristic curves. But the enlarged spleen is almost constantly present, and often furnishes the only diagnostic sign. If any severe diarrhoea comes on, the indigenous drug, *Monsonia ovata*, or better, if obtainable, *Monsonia Burkei*, brings about admirable results. There are several cases of phthisis in the hospital, mostly traceable to previous pneumonia. A project is on foot to provide an open-air treatment for them, as it would be a pity to send them to England just now.

ENGAGEMENT OF COLONIAL NURSES.

About forty Colonial nurses have already been engaged by the department to accompany invalids to England. These ladies are paid £2 per week until return to Capetown, with all found, a very liberal remuneration considering the little element of pleasure that must enter into such a trip. A very careful selection has been made, only nurses with undoubted qualification being engaged. Several Colonial nurses have also been taken on for other work.

INCOME TAX.

One notable concession has just been made to the local civil surgeons, and other local officers participate in the benefit. Hitherto income tax has been deducted from the pay of these gentlemen. Against this one of the civil surgeons protested, on the ground that he had no English domicile, and did not come under the purview of the Board of Inland Revenue. The Field Marshal adopted this view, and ordered the deduction to be suspended pending communication with the War Office. These little concessions do much to create a good feeling.

SURGICAL CONVALESCENTS AT THE WYNBERG HOSPITALS.

There is little doing at the Peninsula General Hospitals. No. 1, especially, is practically a convalescent home. A somewhat interesting case, which I think I mentioned in a former letter, is now almost well. It is remarkable as showing the results obtained even with bullet wounds other than the Mauter. The man was wounded at Belmont, a sporting bullet striking just over the right eye, ploughing through the frontal bone, and emerging in the right temple. Numerous fragments of the frontal bone and much sloughing skin were found; portions of the frontal lobe were removed, and a good deal of cerebro-spinal fluid escaped. This escape of fluid continued for some days. There were never any signs of fracture of the base. The wound was gently irrigated with warm boracic lotion at first, weak perchloride and finally dusting with iodoform being substituted later. At first there was total blindness of the right eye, but now he has recovered perception of form and colour, and can count fingers, although he cannot make out details. The range of vision is limited irregularly. An elongated detachment, or rather separation of the retina is shown by the ophthalmoscope. He was very drowsy at first, but the temperature never rose above 100°, and that only early in the case. The intellect is now perfectly clear. He vomited early in the case. He had a few spasms in both lower extremities early, and the left hand and leg are still weak. Facial movements are diminished on the left, and the right orbicularis oculi is partially paralysed. I may mention that fragments of bone continued to be extruded for some time. He was not trephined. A rather notable case of fracture of the thigh is still in the wards. A wedge-shaped fragment was (as shown by radiography) forced out of the line of continuity, and lodged against the edges of the two portions of the bone, forming a sort of buttress to the broken limb at

the line of fracture. There was a complete loss of continuity for an inch or more, other smaller fragments coming away. It was first put up in a Bavarian, then in a Hodgson splint, and later, for a time, on Stevenson's sliding panels. It has done well, is in excellent position, and is only showing $1\frac{1}{2}$ inch shortening, not a bad result considering the extensive comminution. A case mentioned by me before of a gunshot wound evidently passing the spleen is now convalescent. These are practically all the surgical cases of any interest. Numbers of convalescents from the station hospital and various cases from the ships have lately been sent to Wynberg.

SCARLET FEVER AMONG THE C.I.V.

I omitted to mention in the proper place that three men of the City Imperial Volunteers have been lately admitted to the station hospital with scarlet fever. How they got it is not quite clear. They were all sent in from the Green Point Camp. The first was attacked eight days after arrival. This would be twenty-four days after leaving England and eighteen from Madeira. The other two showed signs two days later. The three men did not occupy the same tent in camp. All three are slight cases; indeed, in the two diagnosis would have been very doubtful had it not been for the concurrence with the others.

THE R.A.M.C.

One point of administration must not be omitted, the amount of interest taken in actual executive work by the principal medical officers of the Army Corps and the lines. I mean that they are not only constantly inspecting, and making every detail fit in with every other, but that they keep well in touch with the treatment of cases, and continually give very valuable hints to the officers in charge. Colonel Stevenson is continually at Wynberg, and practically supervises the surgical work there. The amount of travelling about which the Surgeon-General seems to get through is remarkable.

VOLUNTARY AID.

Voluntary effort is moving along well. The work has now been divided, the Red Cross taking the wounded at the front, the Good Hope the base, and the Absent-minded Beggar Fund the home ships.

WOUNDED FROM SPION KOP.

[FROM AN OCCASIONAL CORRESPONDENT.]

Capetown, February 10th, 1900.

ARRIVAL OF THE WOUNDED AT CAPETOWN.

The hospital ship *Spartan* arrived on February 5th from Durban with 150 sick and wounded, and the *Lismore Castle* on February 6th, with 120. The speedy way in which these men were entrained in an hour and a-half and a little over an hour respectively, says much for the energy and skill of Major Tatham, R.A.M.C., disembarkation medical officer, whose duty it is to superintend their removal from the ship to the train which is run alongside, and in which they proceed to the general hospitals at Rondebosch and Wynberg.

SOME FORTUNATE CONVALESCENTS.

Many of the men wounded at Spion Kop on January 25th are to-day (February 10th) practically well; amongst them are two cases of penetrating wound of the lung in which the bullet passed clean through the chest and out at the back; another man was shot through the liver, and two men were shot in the inguinal region, the bullet passing out at the buttock. What is the cause of this marvellous recuperation in wounds of such severity? First, the Mauser bullet is very small, and makes a clean wound, the exit very little larger than the entrance, and totally different from the Snider or Martini-Henry bullets, which inflicted terrible wounds compared to those we see here. Secondly, the bullet passes into the body at a high temperature, and is practically aseptic, leaving an aseptic track in its course; hence there is nothing, so to speak, to heal. The X-Ray Department at No. 1 General Hospital, Wynberg, has done some admirable work, and the series of skiagraphs taken by Mr. Catling will form one of the most interesting surgical records of the war.

THE PRINCESS CHRISTIAN HOSPITAL TRAIN.

Surgeon-Lieutenant-Colonel Forrester, Royal Horse Guards, and the personnel of the Princess Christian's hospital train

have arrived, and await the putting together of the train at the Cape Government Railway Works at Salt River, before proceeding to the front.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XVI.

THE RELIEF OF LADYSMITH.

Not only has the tide turned in South Africa, it is now in full flood. One success has followed another, culminating in the relief of Ladysmith. The raising of the siege so long conducted against this gallant little town has evoked expressions of the wildest enthusiasm, not only from every corner of the British Empire, but from the Anglo-Saxon world. Last week we had to record the sufferings endured by the besieged in Kimberley. They were great; but those endured in Ladysmith were still greater. In this hour of relief we cannot refrain from turning for a moment to the eloquent description of one of the most gifted victims of the siege. Thus in his last letter Steevens wrote:

Poor Ladysmith, deserted in its markets, repopled in its wastes; here ripped with iron splinters, there rising again into rail roofed, rock-walled caves; trampled down in its gardens, manured where nothing can ever grow; skirts hemmed with sand bags and bowels bored with tunnels..... Where people should be the long, long day from dawn to daylight shows only a dead blank..... Where no people should be in the clefts at the river bank, in bald patches of veld ringed with rocks, in overgrown ditches—all these you find alive with men and beasts. The place that a month ago was only fit to pitch empty meat tins into is now priceless stable room; two squadrons of troop horses packed flank to flank inside its shelter.

Such was Ladysmith for four weary months. Men, women, and children dwelling not in the dwelling places of the town, but in half-buried tents, under slopes of rocks, in the midst of *débris*, perforce sharing the dongas, dark corners and waste spaces with the sewage and wreckage of the town. Their food grew ever less and less. Their water befouled by the besieging Boers became more and more pestiferous, and for want of fuel the inhabitants could not even adopt the precaution of boiling it. Gaunt, worn, weary, but never despondent the garrison held on. Men died like sheep of disease. The weakness of hunger was constantly increasing; ammunition had been almost expended; the last gasp seemed nigh at hand; until at length relief came. "And ever upon the topmost roof our banner of England blew."

Some few special correspondents have already sent through accounts of relief, thus supplementing the very brief official despatches containing its announcement. The best we have seen is contributed to the *Standard*. This correspondent tells us that the garrison which has for four months defended Ladysmith is now but a shadow of the force as it existed on October 30th, 1899. There is hardly a man but bears evidence of the physical sufferings and the mental torture of the siege. Since the investment there have been lost in action 16 officers and 162 men. The casual bombardment has killed 35 officers and men and wounded 20 officers and 168 men; 47 officers and 360 men, of whom 94 have since died, have been wounded in action, and disease has accounted for 476 more, a figure which implies a greater loss of life, of permanent injury to health, than all the battles, assaults, and sorties. Enteric fever, "low fever," and dysentery have been rampant—the direct outcome of bad water, privations, and fetid dust. No fewer than 8,424 out of a total of 21,000 half-starved inhabitants have passed through the hospitals, and the daily average under treatment ranged from 1,500 to 2,000. There were 1,710 cases of enteric fever alone. Some of the regiments, indeed, now can muster only a quarter of their former strength, and some time must elapse for careful nursing and proper feeding before they can be fit for duty. The once dashing cavalry brigade has practically ceased to exist. At the beginning of the year the garrison had 5,500 horses and 4,500 mules. Before the end of January they could only feed 1,100; the remainder had either been converted into food or been left to forage for themselves. These emaciated animals, mere phantoms, were among the most painful sights of the siege. The same correspondent adds that the bombardment throughout the siege was heavy but, on the whole, ineffective. It was estimated that 12,000 shells had been thrown into the town—an average of 3 tons of explosives daily—yet only 35 men were killed and 188 wounded by the shelling. The lessons which may be

learned both from the experience here and at Kimberley, and, we fear, in Mafeking, are of the highest military importance. The effect of shelling is to be found not so much in the actual destruction or maiming of men, as in the conditions of life which continual bombardment entails. Buried in holes, in drains, and subterranean shelters of every description, the health of the garrison must soon suffer, and doubtless many of the deaths from disease may be directly attributed to the artillery fire and the dark unhealthy refuges in which it compelled the inhabitants to dwell. On the water supply from the Klip River the correspondent of the *Morning Leader* writes: "It is thick with putrid animal matter, and the water has in it suspended fibre something like beef tea, the sewage of the Boer camps."

Dr. Jameson, who has been doing excellent service during the siege, was seized with enteric fever on February 14th, after nursing his servant through an illness. He is said to have only a slight attack, and to be doing well. A message which a telegraphist from Natal despatched from Colenso during the bombardment, tells with graphic if somewhat grim humour, its story: "Hear gun; run cover platform; shell burst; rum work." To-day (March 6th) a message direct from Ladysmith, sent by Mr. Treves, which appears elsewhere in the *BRITISH MEDICAL JOURNAL*, bears further witness to the deplorable condition of the town.

BOER AMBULANCES.

The *Times* published an interesting telegram from St. Petersburg dated March 1st, in which it is stated that the Dutch Committee there received news from Professor Korteweg, Surgeon at the University Clinic at Amsterdam, who has recently returned home after two months with the Boers. He states that hitherto there have been six foreign sanitary detachments, or ambulances, on the Boer side—namely, two Dutch, one of these being from Java, and the other four respectively from Belgium, France, Germany, and Russia. The second Russian ambulance fitted out by public subscription, which has not yet reached its destination, will be the seventh. The English, it is stated, have splendidly equipped hospitals for their own wounded at Pretoria. The foreign doctors and nurses had great difficulty in finding out where their services would be most required, as the Boer officials refuse all information, and General Joubert declined for strategical reasons to indicate where fighting was likely to take place. Strangers were therefore left to shift for themselves and had to depend upon the information of private persons. Another difficulty was the want of confidence among the Boers in all Europeans. The Boer will on no account accept assistance from a European doctor if he can possibly help it. It would seem, from this and other accounts, that the display of sentiment and sacrifice of money in sending medical aid to the Transvaal have so far been lost on the Boers. When the professor was last at the seat of war, in the middle of January, the Boer losses had been very insignificant, not more than 350 killed and 800 wounded from the beginning of the war. The great majority of wounds were caused by explosive shells. During the month that the professor was present at the siege of Ladysmith he performed about 40 surgical operations.

The want of confidence among the Boers in Europeans here referred to may seem curious, but knowing the Boers as I do I have not the least doubt that the statement is accurate. The Boer has a deep-seated suspicion and distrust of all strangers. It is a trait which he has in common with the natives, and is due to various causes, the chief being the isolated life, ignorance, and continuous native environment.

SHIELDS AND THE MAGAZINE RIFLE.

The accounts which have appeared from distinguished surgeons in South Africa, as well as your correspondent's description of the cases at Netley, show the ready way in which almost every wound made by a small modern bullet heals. Thus the lungs, the liver, the abdominal organs, and even occasionally the brain, appear to have been penetrated, and the wounds recovered from, in most cases with great rapidity. The one organ which cannot recover from even the bullet of the Mauser rifle appears to be the heart. As was pointed out by Mr. Jonathan Hutchinson, an efficient heart shield would thus save a great many lives, and such a shield one of our correspondents has modelled, and it is now being experimented upon. Weighing under 4 lbs., it is designed to be worn under the tunic, and without in any appreciable way interfering with the free movements of the soldier to diminish considerably his risk of being killed. The difficulty will be to obtain a shield sufficiently light to stop the bullet at short ranges, and an effort to find something which will combine the maximum resisting power with the minimum of weight is now being made by an eminent firm of engineers.

Mr. Benett-Stanford, late Lieutenant the 1st Royal Dragoons, who is now at Modder River, in a letter to the *Western Morning News*, writes of the battle of Magersfontein, and in a reflection on the lessons which this conflict conveyed clearly indicates his advocacy of some form of shield. He says, Messrs. Cummel, of Sheffield, have constructed a small shield of Harveyised steel, which has been patented by Mr. Boynton, and only weighs about 5½ lbs.; this shield, he says, is 1 foot 9 inches in width and 1 foot 5 inches in height, and only ¼ inch in thickness, and gives protection against modern rifle fire at point-blank range, besides which it forms an excellent rifle rest; so that a force attacking a position with this shield, unless there is a cross-fire, could calculate on reducing the loss of men by 60 or 70 per cent. When the infantry had "got up to charging distance of the enemies trenches, the shield could easily be slipped off by merely releasing a catch, and depressing the muzzle of the rifle. It would be the old game of guns versus armour, as in the case of the navy of the present day. It would be curious if in the twentieth century we went back to the ideas of the twelfth century of defending a man with armour from the missiles of his enemies." The description at least suggests that some such device might be used with advantage.

In the *Daily Mail* of February 10th another form of shield is described, which, it is said, may be possibly sent to South Africa. This shield is somewhat heavier than the one described by Mr. Benett-Stanford, and is known as the "Sharpshooter." It is said to be impervious to Mauser or Lee-Metford bullets at 400 yards, and to light machine-gun fire at 700 yards; it weighs 13 pounds, and cannot be overturned by the impact of any number of bullets; it is divided into two parts hinged together, each weighing 6½ pounds, which can be made interchangeable. It is intended for the use of marksmen only—not more than about 10 per cent. of the infantry.

It is quite certain that the Germans have long contemplated the necessity of some such protection against the terrific hail from modern magazine rifles. It is obvious that men who have to storm entrenchments must, if they are to be on even terms with their opponents, be provided with some readily movable form of cover, and I cannot but believe that such a shield as a "Sharpshooter," behind which a man might securely cover himself in a prone position, and through a hole in which he can, with safety and deliberation, fire at his partially-concealed opponent, will eventually be adopted. If the marksmen, say 20 per cent. of an attacking force, were provided with an artificial cover of this sort, and the rest of the men wore under their tunics a heart shield, the frontal attack would be much more deadly to those holding the entrenched position, and much less deadly to those making the attack than it is at present.

I note from the German book of musketry instruction that a steel shield for use in entrenchments is described as a portion of routine military equipment, and I am informed by a correspondent from South Africa that over many of their trenches the Boers actually have a sort of hinged lid of corrugated iron through which they protrude their rifles, and which in a measure deflects bullets.

Our own book of musketry instruction makes no reference to any shield, but the longer I study the accounts of the present campaign, the more I feel convinced that in order to put our men on anything like even terms with the Boers when they attack them in position they must be provided in advancing with some artificial protection of a readily movable character, such as the Boers obtain in fixed positions from trenches, boulders, and earthworks.

THE WOUNDED AT THE HERBERT HOSPITAL, WOOLWICH.

Nature of the Wounds.

THE ss. *Avoca* arrived at the Royal Albert Dock, London, on March 3rd. The wounded on board were met by all the members of the military medical staff of the Herbert Hospital, Woolwich, and were quickly conveyed in a large number of ambulances to the hospital.

Operations, some of them of a very severe nature, had been successfully performed on some of these men in South Africa. Among the cases are instances of ligature of the femoral artery

and removal of bullets from the thigh, amputation of the thigh above the knee, amputation of the leg below the knee, amputation of the wrist, many cases of injury to the head and of penetrating wounds of the chest, and many minor injuries of the limbs.

A Case of Intestinal Resection for Bullet Wound.

There are two cases of recovery from serious abdominal injuries. One of these is very remarkable. The man was wounded near Frere at about 4 A.M. on November 27th, 1899. He arrived at the Convent Hospital, Estcourt, a distance of about twelve miles, about 10 A.M. It was found that he had been wounded in the abdomen. The posterior wound was about 3 inches above the right trochanter, the anterior wound to the right of the middle line half way between the umbilicus and pubes. Laparotomy was at once done by Dr. J. E. Neale, civil surgeon. The abdomen was full of blood; the small intestine was found to be cut right across, and there were four bullet wounds on each side of the cut edges. A piece of intestine, 15 inches long, was resected, an end-to-end anastomosis done by Czerny-Lembert sutures. A gauze drain was inserted and double cyanide dressings used. Transfusion was done with $\frac{1}{2}$ per cent. saline. The patient was fed by rectal injections for forty-eight hours. The drain was then removed. He never had a bad sign. He was kept on slop diet for a month, and enemata were used to keep the bowels regular. The bullet had penetrated the iliac bone, and must have injured some branches of the lumbar nerve, as the right leg suffered slightly. The patient was up and about, gaining strength daily before he left Estcourt, but great care was taken with his diet.

The Hospital Arrangements.

The accommodation for the wounded at present in the Herbert Hospital is very good indeed, as the wards have all just recently been redecorated and equipped throughout. The food for the invalids is of a very excellent quality, and the majority are on medical comforts. Great credit is due to the officers and to the civil staff of surgeons for the attention which is paid by them to the sick in the hospital. We understand that a great increase in hospital accommodation is about to be made at Woolwich.

LORD STRATHCONA'S HORSE.

Our Montreal correspondent writes, under date February 22nd: The surgeon appointed to Lord Strathcona's Horse, soon to depart for the Transvaal, is Dr. Campbell B. Keenan, Senior Resident Surgeon at the Royal Victoria Hospital, Montreal. This appointment has given great satisfaction to the friends of the Royal Victoria Hospital, and of Dr. Keenan, who is a graduate of McGill Medical School of the class of 1897. Dr. Keenan was the third honour man in his class, and for the past three years has been a resident surgeon in the Hospital. He leaves Montreal this week to join the Strathcona Horse, which will hasten to Capetown as speedily as possible.

THE YEOMANRY FIELD HOSPITAL AND BEARER COMPANY.

The following is a complete list of the *personnel* of the Imperial Yeomanry Field Hospital and Bearer Company.

It is probable that the Hospital will sail on or about March 13th in the steamship *Winkfield*.

FIELD HOSPITAL.

Chief Surgeon and Military Commandant.—Major C. Stonham, F.R.C.S., Senior Surgeon Westminster Hospital.

Surgeon.—T. H. Openshaw, F.R.C.S., Surgeon to the London Hospital.

Assistant Surgeons.—A. W. Sheen, F.R.C.S., Assistant Surgeon to the Cardiff Infirmary; A. H. Evans, F.R.C.S., Surgeon to the East Dispensary, Liverpool.

Physician and Anæsthetist.—J. Purves Stewart, M.D. Edin., Assistant Physician Westminster Hospital.

Dressers.—C. H. Jefferys, M.B., B.S. Cantab, St. George's Hospital, and the following students of the Westminster Hospital: E. G. Carlin, S. W. Crowther, C. H. M. Hughes, C. A. Gill, G. J. Maret, and W. C. Nimmo.

BEARER COMPANY.

The Company will be commanded by Major G. E. Hale, R.A.M.C., D.S.O. Major Hale served with the Soudan Frontier Field Force in 1885-86, and was present at the engagement at Giniss (medal and Khedive's star). He served with the Burmese expedition in 1887-89 (medal with clasp), and in 1889-91 with the Tonhon and Wuntho expedition (received the thanks of the Government of India, mentioned in despatches, D.S.O., and clasp).

Assistant Surgeons.—A. A. Scot Skirving, F.R.C.S. Edin., Assistant Surgeon Leith Infirmary; Frederick Green, M.D., B.Ch. Dublin.
Orderlies.—Most of the men are from the Volunteer Medical Staff Corps, but 10 waggon orderlies and 2 sergeants in the bearer company are being provided by the St. John Ambulance Brigade.

We are requested to state that the Doecker huts recently erected at Netley were not lent by the German Red Cross Society. Through the kindness of the Central Committee of the German Red Cross Society the British Central Committee obtained by purchase, within a very short time, a large number of huts which the manufacturers had been making to the order of the German Central Committee. This seems to be another instance of the greater foresight exhibited by Germany.

DEATHS OF OFFICERS R.A.M.C.

CAPTAIN R. H. E. HOLT, R.A.M.C.

CAPTAIN R. H. E. HOLT, R.A.M.C., whose death from wounds was reported on February 20th, was the only son of Lieutenant-Colonel R. W. F. Holt (late Royal Marine Light Infantry), of Fareham. On the mother's side he came of an old military family, his great grandfather, Lieutenant-General the Hon. Sir Henry King, K.C.B., having fought both in Holland and in the Peninsular war in the "Fighting Fifth Regiment" under Wellington, while his grandfather was Colonel E. R. King, late 36th Regiment.

Captain Holt was born on July 6th, 1866, at Woolwich, and entered Mason College, Birmingham, in 1883. Later he became a student of St. Mary's Hospital. He took the diploma of L.S.A. in June, 1890, and of M.R.C.S. and L.R.C.P. in October, 1890. He entered the service in January, 1892. Captain Holt married in September 13th, 1893, Ethel, third daughter of Mr. S. T. Blake, of Alverstoke, Hants, and leaves two sons, the youngest born on December 27th, 1899.

He was ordered for service in India in October, 1893, and was stationed for some time at Jhansi. He took part in the operations on the North-West Frontier of India in 1897-98, first with the Mohmand Field Force, and afterwards with the Tirah expeditionary force, for which he received the medal with two clasps. He contracted enteric fever in passing down the Khyber Pass from Lundi Kotai, but fortunately reached Meerut in time, and attributed his recovery to the good medical and nursing attendance he received at the military hospital there. He was sent home on sick leave in 1898. On recovery he was ordered for duty to the Station Hospital, Haslar, Gosport, where he remained until attached as surgeon to the 2nd Somersetshire Light Infantry, with whom he proceeded on November 4th, 1899, to the Cape.

On arrival his regiment was at once ordered to join the field force of Sir Redvers Buller, and it was with that force, while attending those in the firing line belonging to his regiment, that he received the wounds which caused his death. Captain Holt was a universal favourite, and his family, while overwhelmed with grief, are yet comforted by the affectionate sympathy and regret of all who knew him. He has died a noble death, such as he himself would have desired. We are informed that Colonel Holt has been given privately to understand that the Director-General of the Army Medical Department had the very highest opinion of Captain Holt professionally, and deeply regrets the loss of an officer who was in every way an ornament to his profession and corps.

CAPTAIN GEORGE STANLEY WALKER, R.A.M.C.

CAPTAIN G. S. WALKER, who died of enteric fever at Ladysmith on February 23rd, was the son of Mr. Henry B. Walker, of Ballymacus, near Kinsale, co. Cork. He was apprenticed to Dr. Vickery, of Kinsale, and subsequently entered, at Queen's College, Cork, where he had a distinguished career as a student. He took prizes in anatomy, practical histology, materia medica, and medical jurisprudence, was Demonstrator in Practical Pathology, and was also resident student in the North Infirmary, Cork. He graduated M.B., B.Ch., B.A.O., R.U.I. in 1890. He entered the service in 1892 and was soon after stationed at Cork for three years, during which time he showed excellent capabilities as a surgeon.

He was a great enthusiast in his work, as he constantly testified by leaving nothing undone by which he might obtain surgical knowledge. He was a constant visitor at the fortnightly discussions of the Cork Medical and Surgical Society and brought some most successful cases before the meetings. He was a skilful operator, and his opinion in surgical work was always respected by his colleagues in Cork garrison.

While stationed at Cork he suffered from a very tedious and severe attack of typhoid fever. He married Miss Juliet Waters, second daughter of Mr. James Waters, Springfield, Cork. She accompanied him to India. He went to South Africa from India as medical officer of the 2nd Battalion Gordon Highlanders. He leaves no family.

LIEUTENANT HUGH BERNARD ONRAËT was killed on February 27th, in the course of the fighting under General Buller which resulted in the relief of Ladysmith. Lieutenant Onraët was in his 29th year, and joined the service on July 28th last. He went to South Africa in October.

THE R.A.M.C. SOUTH AFRICA FUND.

We are glad to learn that the sum collected by the Central (London) Committee of the R.A.M.C. South Africa Fund now amounts to over £900. Many contributions, especially by donors living in London, have been forwarded direct to the Honorary Treasurer or to the bankers. Liberal donations have thus been received from many of the ladies who are vice-presidents, and also from many leading members of the profession.

The object of the fund is, it will be remembered, to supply the non-commissioned officers and men of the R.A.M.C. and those working with them in the care of the sick and wounded in South Africa with the comforts which are being sent to other branches of the service. The first appeal was made by Mrs. Charlton, the wife of the Principal Medical Officer at the Royal Victoria Hospital, Netley; and we understand that the wives of several officers of the R.A.M.C. have collected and sent out gifts to South Africa. Thus Mrs. Battersby informs us that through the kindness of friends she has been able to send over 1,100 articles of clothing, besides cigars, cigarettes, housewives, writing paper, doyleys, bootlaces, etc., to her husband, Major H. L. Battersby, for the men of the Corps on the Western Frontier, and that she has received several contributions of money from the officers and men of the Corps.

The Central (London) Committee was formed through the instrumentality of Mrs. Charlton and Surgeon-General Muir, the Deputy-Director-General, at a meeting held at the house of Sir Dyce and Lady Duckworth on February 5th. In addition to the subscriptions a number of contributions in kind have been received. Mrs. Charlton had already despatched parcels to 1,200 men, and the Central Committee has since despatched many more. The Committee makes up a parcel for each man, containing a flannel shirt, pair of socks, cake of soap, pair of bootlaces, handkerchief, knitted helmet or comforter, note paper and pencil, and a pipe. A bale containing fifty of such parcels is made up, and five bales are sent to the Principal Medical Officer of each division for distribution. Gifts in kind should be sent to Miss Maxwell Müller, R.R.C., the Secretary of the Fund, 100, Victoria Street, S.W.

THE SPECIAL SUBSCRIPTION.

We are enabled to acknowledge a further list of subscriptions to the half-crown fund, and to publish an extended list of names of gentlemen willing to receive such subscriptions.

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We have also received, per Dr. Tison, ros. 6d. from Mr. Browne (Amesbury) and ss. 6d. from Mr. Shorland (Westbury).

In order to facilitate the work of collecting the small sums, the following gentlemen have expressed their willingness to receive subscriptions from gentlemen residing in their neighbourhood:

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Subscriptions may also be sent to the Editor of the *BRITISH MEDICAL JOURNAL*, and will be acknowledged in the *JOURNAL*. The amount received for the Half-crown Fund up to and including Wednesday, March 7th, by the Editor is £154 9s. 6d. Cheques and Postal Orders should be made payable to the "R.A.M.C. South Africa Fund" and crossed "Holt and Co."

THE ROYAL MEDICAL SOCIETY, EDINBURGH.

PRESIDENT'S DINNER.

THE annual President's Dinner of the Royal Medical Society took place in the Edinburgh Students' Union on the evening of March 6th. In the absence of Dr. A. Dingwall Fordyce, the Senior President, the chair was taken by Dr. W. J. BARCLAY, one of the Junior Presidents, and Drs. J. D. Comrie and George Mackie acted as croupiers. The guest of the evening was Mr. Victor Horsley, and there were also present Professors Simpson, Chiene, and Schäfer, Colonel Rooney, Colonel Warburton, Surgeon-Captain Home, Drs. Renton, Smart, McBride, Milne Murray, Berry Hart, Bruce, Ker, Harvey Littlejohn, MacGillivray, Wallace, Cotterill, Stiles, Alexis Thomson, etc., to the number of over sixty.

The loyal and patriotic toasts were given, and received with unusual enthusiasm. Colonel Rooney, Principal Medical Officer for the Scottish District, replied for the Army, and and Surgeon Home for the Navy. Colonel Rooney gave the

toast of "The Medical Officers who are about to proceed to South Africa on the Staff of the Scottish Hospital," three of whom were present—namely, Professor Chiene, Mr. David Wallace, and Mr. G. L. Chiene. The last named replied.

The Chairman then gave "The Guest, Mr. Victor Horsley." He thanked him for having honoured the Society by coming at great personal inconvenience to be their guest for the evening, briefly traced his career, indicated the great value of his work in medicine and in surgery, emphasised his influence in the sphere of medical politics, and referred to his hobby, archæology. The toast having been enthusiastically honoured, Mr. Horsley replied. He had, he said, a lively recollection of the hospitable reception the University had given him when they awarded him the Cameron Prize. Referring to the complimentary remarks which the Chairman had made as to his work in surgery, he said that it was true that he had done certain things for which the profession seemed never to cease thanking him, though his share in what was called cranial surgery had not been so large as the Chairman had in his kindness inferred; yet it was perfectly true that by experimental science alone had it been possible to do cranial surgery at all; the profession was apt to forget the man to whom it owed all modern surgery, including cranial surgery, and he thought that in Edinburgh the name of Lord Lister ought to come first whenever any advance in surgery was mentioned. It was true that most operations on the head were regarded as of necessity dangerous twenty years ago; now it was known why, and the application of the scientific principles which Lord Lister taught had made possible what all were proud to recognise as a distinct advance in surgery. To the members of the Society it would be given to see the advances in professional knowledge which he was sure would occur during the next forty or fifty years. In conclusion, he thanked the members for their kind reception.

The toast of "The Royal Medical Society" was given by Professor Simpson; and Dr. Mackie, the Junior President, replied.

"The University and Medical Corporations" was given by Mr. Victor Horsley, who said: It gives me very great pleasure to propose this toast, and to couple with it the names of my friend and teacher, Professor Schäfer, and my friend (though unfortunately not my teacher), Professor Chiene. The expression "Medical Corporations" I suppose we understand to include the Royal Colleges of Physicians and Surgeons, not only of this great city, but of all the other metropolitan cities in the United Kingdom, the Medical Corporations in general distinguishing them from the Universities. The unity of purpose existing in these institutions has not been obtained by an Act of Parliament, nor is it ever likely to be attained by that means. In some respects, fortunately, each University and each Medical Corporation preserves a certain tradition of its own, and there is no University and no Medical Corporation more than the University of Edinburgh and the Royal Colleges of Physicians and Surgeons which have preserved distinguished traditions. The history of the University shows that it has always been to the front in the advancement of medical science. It is true that some one hundred and twenty years ago medical science was in a confused condition so far as its teaching was concerned, but the lustre which Alexander Munro, for example, shed upon the University in the last century has been maintained by numerous distinguished men up to the present time. When you come to the Medical Corporations—the Colleges of this great city especially—I must associate with them, as I said before, the other medical colleges and corporations in this kingdom, because things at the present moment are in a very curious state. In fact, there is a sort of medical war going on in the least favoured part of the kingdom—London—where, I am sure to your grief you will learn, the two Colleges have departed from what are called peaceful lines, and are now going to strike off from their mother for a kind of stepmother who has been forced upon them. Yes, that is unfortunately a fact. The situation is this: The Medical Corporations in this country have a certain duty to perform, or they think they have to perform through their Councils—the duty of examining some of us, and deciding whether we are fit to be registered to practise. At the present moment the Medical Corporations are attempting an impossible task. Originally they were Guilds of a

high order. Originally they had powers, disciplinary powers over the so-called apprentices, which have disappeared into the background; but they achieved a work at that time which had for its object the preservation and the advancement of medical science, in addition to the more academic kind of work which the Universities were performing. But since 1858 the position of those Corporations has been one of difficulty, and almost a contradiction in terms; for whereas they were supposed to continue those disciplinary measures, and to go on with education, hold examinations, and grant qualifying diplomas, they nevertheless have lost their primary position. Since 1858 the Medical Corporations have been placed by Acts of Parliament under the hierarchy of the body called the General Medical Council. Their one desire is apparently both to be connected with the General Medical Council as a department of the Government, and on the other hand to be free of the restrictions of the General Medical Council, and the Colleges of Physicians and Surgeons in London are banded together in a distinct revolt against the General Medical Council to such a degree that it is possible that students in London may find certain difficulties in obtaining qualifying diplomas from those bodies. That is a very unfortunate state of things. It seems to me that it is one which you—most of you—will have the chance, and the duty in fact, of putting an end to in future years. I say future years advisedly, because no medical reform can be achieved within thirty or forty years, and as this is a fundamental reform, any change in the political and social position of the great Corporations which have lasted for centuries is not likely to be attained in a short time. If you ask me the solution of the difficulty, I reply—the one-portal system, and I take it that Professor Chiene will say that it is the worst medicine he ever heard of; that in fact it is a dose which is likely to carry them off altogether. I know perfectly well that many members of the councils of the various Corporations think honestly that the one-portal system would mean the total extinction of these venerable and much-to-be-respected institutions. Personally, as a Fellow of one of those Colleges, it is not likely that I should be in sympathy with anything calculated to lead to extinction of bodies which have done good work in the past, and which I am convinced will do very good work in the future. It is, of course, a fact that the one-portal system would deprive the so-called Medical Corporations of a certain income now derived from the fees of candidates who present themselves for diplomas, because the one-portal system would to a certain extent render some of these diplomas unnecessary, but the commercial side of the question is not the one that should really appeal to us. We have the brilliant example of the College of Physicians to the direct contrary, because the College, in their desire to promote medical science, established a scientific laboratory. They cannot do that without money, and they cannot do that, again, if they have no endowments, without the fees of candidates. I quite admit all that; but I say this, that where a corporate body like the College of Physicians of Edinburgh has shown that it has such a wide grasp of the affairs of the profession, when it goes out of its way to have this laboratory, it then takes upon itself public duties which it is the bounden duty of the public to support. The public at present accept everything that the medical profession gives them, but not with thankfulness. They accept it almost as a matter of course. I consider that those Medical Corporations who are thus performing public duties of great value, such as the Colleges in Edinburgh and London, have a claim on the State, that their continuance and efficiency is a matter of importance to the State, and to the furtherance of medical science. What would be the result if this view were accepted and the one-portal system introduced, and those Corporations who do the work were supported by the State? The result would be at once that we should have an impetus given to medical study and science, and the Universities would occupy their proper place. I am very interested in this subject of medical education, especially in its relation to the Universities and the Medical Corporations, which great bodies are too often brought, as it were, into com-

petition with each other, whereas they ought simply both to be in the van of medical progress. I hope you will accord to Professor Schäfer and Professor Chiene the reception which a toast of this kind should carry—"Success and Prosperity to the University of Edinburgh and the Medical Corporations."

In reply Professor Schäfer urged the claims of laboratories in connection with the University—laboratories that were not cast in an inflexible mould so that they could not be altered, but laboratories capable of expansion, modification, and what not, as the changes and advances in medicine and surgery demanded.

Professor Chiene, referring to Mr. Horsley's advocacy of the one-portal system, said he did not see how the difficulty was to be overcome by the system. He was, however, willing to learn, and if it were proved to him that the one-portal system was the best he trusted he was not too old to learn.

The toast of "The Royal Infirmary" was given by Dr. Comrie, and Dr. Smart replied.

Professor Chiene proposed the toast of "The Chairman," Dr. W. J. Barclay. He was a Colonial, a New Zealander, and they were specially proud of him at this time. They all regretted the absence of the Senior President, Dr. A. Dingwall Fordyce, but they must warmly compliment Dr. Barclay on his excellent conduct in the chair.

LITERARY NOTES.

THE number of new books dealing with medical science and hygiene published in the United States in 1899 was 120. The number of new editions issued during the same period was 33. The corresponding figures for 1898 were respectively 143 and 45.

It is announced that the library of the late Dr. William Frazer, of Dublin, who was a noted antiquarian and book-hunter, will be sold early next month by Messrs. Sotheby. Dr. Frazer was the possessor of what is said to have been the finest private collection in Europe of early Continental printing, and succeeded in obtaining some unique copies of volumes of early Irish music.

At a meeting of the Académie de Médecine on February 20th M. Huchard presented a work entitled *Experiences and Remarks on the Use and Abuse of Tobacco*, by Dr. Masoin, perpetual secretary of the Belgian Academy of Medicine, and Professor in the University of Louvain. The book embodies the substance of an address delivered by the author at a meeting of the Belgian Academy of Medicine in opening a discussion on a question proposed by the Government—the use of tobacco by persons under 16 years of age. Dr. Masoin's conclusion is that in the case of children smoking should be forbidden by law.

The fiftieth volume of the *Jahrbuch für Kinderheilkunde* was completed a short time ago, and this valuable periodical has taken a new lease of life with a larger page, clearer type, and better paper. Moreover, for the future a number will be issued once a month instead of at irregular intervals as heretofore. Six numbers will form a volume, and the subscription price is 18 marks. It is published by B. G. Teubner, Leipzig.

The following announcement which appears in *The Sei-I-Kwai Medical Journal* of December 31st is interesting from a linguistic as well as from a purely scientific point of view:

Fleet Surgeon T. Yabe, of the Imperial Japanese Navy, who is now studying bacteriology in the Pasteur's Institute, Paris, discovered some method to make human subjects immune from the tubercular disease with some material which he calls Tuberculo-Immunitine. We heartily congratulate his success for such great and difficult subject which was considered almost impossible to achieve at among the imminent authorities in Europe and America.

We hope the "imminent authorities" will now have the grace to hide their diminished heads.

In the *Revue des Deux Mondes*, M. le Dr. A. Kuyper, deputy to the States-General of Holland, concludes an article on the South African crisis, written from the Dutch point of view, in the following words:

Perhaps England may succeed in disarming the men but she will never be able to destroy the fertility of the female Boer. In less than a century, thanks to this extraordinary fertility, 60,000 Boers have grown to half a million. In the coming century they will increase to 3, 4, 5 millions, and South Africa will be theirs. The wife of General Joubert, who accompanies her husband to the battlefield, is the perfect type of the Boer wife, whose fecundity is unequalled, and who knows how to inspire all her children with the national virtue. So long as the Transvaal lioness surrounded with her cubs roars against England from the heights of the Drakenberg, the Boers will never be brought into subjection.