

BMJ

---

The War In South Africa

Author(s): A South African Campaigner

Source: *The British Medical Journal*, Vol. 1, No. 2036 (Jan. 6, 1900), pp. 39-42

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20263056>

Accessed: 07/02/2015 12:03

---

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 WAR IN SOUTH AFRICA.

From our Special Correspondent in Capetown.

December 13th, 1899.

## THE HOSPITALS AT WYNBERG.

SINCE my last letter, wounded and sick have been steadily coming in. As I mentioned, No. 1 General is practically full up. No. 2 has 262 patients to date. The medical patients are still few as compared with the surgical, but a few cases of dysentery and rheumatism are coming in. Happily the R.A.M.C. is proving quite equal to the strain, and every detail is being splendidly carried out. Most commendable of all is the promptitude with which, despite the difficulty of a single line of railway, taxed to the utmost for other purposes, the wounded are brought down to the base. The field arrangements are reported to me as being all that can be desired. In view, however, of the certain prospect of an enormous accession of wounded from Lord Methuen's column, the *personnel* is certain to be overworked, and, to partially provide for this, the Principal Medical Officer at the base is calling for a number of recruits for the Cape Medical Staff Corps, which is acting as an auxiliary to the R.A.M.C. Plenty of men are available who know something about first aid and stretcher drill, but I doubt if more than a mere handful with any ward training can be obtained. However, the men offering are mostly intelligent, and may be of some use in a few weeks.

## No. 2 General Hospital.

No. 2 General Hospital is now in full working order. It is established on a gentle sandy slope very near No. 1, the site being suitable in every way. The hospital consists entirely of marquees of the ordinary pattern. Wooden floors are being laid for all the tents, although a few of the first pitched had to be put up without them, owing to lack of time. As occasion offers, however, this deficiency will be remedied. The erection of an operating room has been commenced; in the meantime, a marquee is being used. Every provision is made for the comfort of the patients, and I am quite prepared to find that the results may be even better there than in the permanent No. 1.

## THE SANITARY ARRANGEMENTS.

The hygienic arrangements are excellent. Colonel Duke, the Principal Medical Officer in charge, is certainly an enthusiast in sanitary matters, and has left no stone unturned in this respect. There are no drains in the camp except one from the kitchen, all liquid refuse being conveyed by hand-cart tanks to absorption pits well below the camp. All solid refuse, such as medical dressings and the like, are burnt on a site adjoining the absorption pits. These latter act well in this sandy soil. The contents disappear pretty rapidly, and the surface is "skimmed" daily or oftener. Into the absorption pits refuse from the kitchen is conveyed by a short drain. This drain also collects from a well-arranged, and I should say very useful, scullery behind the kitchen, but reserved entirely for washing cups, plates, and other utensils from the wards. This scullery has a double row of zinc sinks, flushed from hot and cold water taps led on from the kitchen. This struck me as being a very useful adjunct to the hospital. The latrines are to the upper side of the camp, and are airy and well arranged. The contents of the faeces and urine tubs are removed nightly to the town depositing pits, some miles away. The latrines are furnished with a tap and sunk stone sink for washing tubs soiled with dysenteric or enteric excreta.

## PROGRESS OF THE WOUNDED.

The class of case in No. 2 does not differ materially from No. 1, although there is a large proportion of perforating abdominal wounds—9 are in at present. Curiously enough, most of them have done well under expectant treatment, a result at variance with most past experience. Colonel Duke attributes this to the fact that most of the men sustained their injuries whilst fasting, and thinks that the punctures inflicted on hollow viscera close up, under these circumstances, before extravasation can take place. Five spinal cases are in the hospital, with complete paraplegia. Laminectomy has been performed on one, without result. The per-

forating chest wounds have done well almost uniformly. One case I saw was interesting. A Mauser bullet had entered just to the right of the thyroid cartilage and emerged slightly to the right of the ligamentum nuchæ, an inch below the occipital protuberance. No symptoms followed. In another case a Mauser bullet had entered the malar bone on one side, and emerged in the temporal region on the other. The result has been anosmia and diplopia, but no loss of visual acuity.

This hospital is just now short of thirty of its non-commissioned officers and rank and file *personnel*, but being only partially occupied the loss is not much felt. The men were sent on to Natal directly they arrived. In two or three days we may, however, expect that the casualties from Magersfontein will fill up the place. Whatever may happen in future, everything is working smoothly now.

The Australian combined Field Hospital and Bearer Company is still here.

## Other General Hospitals.

No. 3 General Hospital<sup>1</sup> is being very rapidly erected under the energetic supervision of Colonel Supple, and should be ready early next week. No. 4 has arrived, but its location has not yet been fixed.

## THE AMBULANCE TRAINS.

One of the ambulance trains is still being worked (under R.A.M.C. officer and non-coms.) by a crew of St. John men, and I understand they are giving every satisfaction.

## VOLUNTARY AMBULANCE AID.

Under the guiding hand of Colonel Young, the chaos of voluntary help has assumed order on this side. He has very wisely proceeded on the plan of doing nothing until he had arranged machinery capable of almost indefinite expansion. As I mentioned before, he has an office in the Houses of Parliament and a store in the basement of the same building. Mr. Nethersole, the Secretary of the Good Hope Society, shares the office, and works in conjunction with Colonel Young. A lady of the Working Committee of the Society, with three friends, attends daily. These ladies, on Colonel Young's instructions, make purchases of comforts, assist in clerical work, sort out material, and the like. Just after the arrival of last mail I saw in the office a mass of mail bags, directed after the postal manner to the various general and station hospitals in South Africa. These contained the newspapers sent out by the Red Cross, sorted into sets by the ladies, a very useful instance of the work they do. The comforts supplied to the various hospitals are of the most varied character—fruit, vegetables, jellies, pastry, fans, couches, chairs, mosquito nets, games, tobacco, clothing, and I know not what besides. Many are, of course, sent direct by donors, but Colonel Young is about to arrange a *dépôt* at Wynberg, where an agent will receive donations and apportion them between the two general hospitals at the base. Hitherto nearly everything has gone to No. 1.

## The Lines of Communication.

With reference to the hospitals on the lines of communication, Colonel Young, in a journey from which he returned last week, inaugurated a most excellent system, the main feature of which is that everything is personally delivered. Colonel Young has engaged Mr. H. E. Abbott, Assistant Secretary of the St. John Centre, as travelling agent. This gentleman travels in the same train with all consignments, and wires the approximate time of his arrival to the officer in charge of each hospital. That officer then accredits some one to receive the consignment. This course has been found necessary owing to the great risk, under the present conditions of railway pressure, of consignments never reaching their destination. At several stations small local committees supply the wounded in transit with comforts, the material for which is generally sent up from here and cooked on the spot. These committees also do some work at station hospitals where such exist. One of the most useful things Colonel Young has arranged for is the supply of vegetables to the station hospitals on the lines. These articles, whilst plentiful enough in Capetown, are practically unobtainable up-country. Another very useful gift has been that of 750 suits of pyjamas sent to the Orange River Hospital, the advanced station.

<sup>1</sup> This hospital is, we understand, established at Rondebosch.

These were made at the Countess of Bradford's village homes. The Red Cross has also supplemented some of the surgical appliances at No. 2 General.

#### *Gifts from the Coloured People.*

A very touching gift made to the wounded was a sum of money contributed by the coloured lepers on Robben Island. This move was entirely spontaneous.

The Coloured People's Political Union continue sending in large supplies of fruit, vegetables, and the like, from Worcester and other districts round Capetown.

## THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

### VII.

#### CASUALTIES.

The total casualties in South Africa up to December 28th are given as follows:

	Killed.	Wounded.	Missing.	Total.
Officers...	82	258	98	438
Men ...	896	3,266	2,223	6,735
	968	3,524	2,321	6,813

This gives 1 to 3.6 as the proportion of killed to wounded, which is higher than that originally returned as the result of Lord Methuen's engagements; nevertheless, looking to the fact that the campaign in South Africa has been in active progress since October, that large numbers of troops have been employed on both sides, and that many engagements have occurred, these losses, as compared with the losses in European campaigns, are not heavy. The following figures from Sir Thomas Longmore's table are given by Stevenson in his *Wounds in War* in the form of a table:

TABLE.—Showing the Losses Per Cent. of Strength in Various Battles.

Battles and Dates.	Strength.	Total Losses Per Cent.
Blenheim, 1704 { British and Allies ...	56,000	23.00
{ Gallo-Bavarians ...	60,000	66.00
Kunnersdorf, 1753, Prussians ...	40,000	65.00
Talavera, 1809, British ...	22,000	24.60
Vittoria, 1813 { British and Portuguese ...	60,486	7.60
{ British alone ...	35,129	9.40
{ Allies ...	300,000	16.00
Leipzig, 1813 { French ...	171,000	36.00
Waterloo, 1815, British ...	36,240	23.30
Alma, 1854 { English ...	21,481	9.30
{ Russians ...	60,000	9.30
Inkerman, 1854 { English ...	14,000	20.10
{ French ...	41,000	4.50
{ Russians ...	55,000	28.60
Crimean war, English ...	97,864	15.10
Solferino, 1859 { French ...	135,234	12.70
{ Austrians ...	163,124	13.60
Gettysburg, 1863 { Unionists ...	117,350	19.70
{ Confederates ...	68,352	46.20
New Zealand war, 1863-66, British ...	7,930	8.60
Prusso-Danish war, 1864, Prussians ...	46,000	5.30
Weissenburg, 1870, Germans ...	106,928	1.40
Woerth, 1870 { Germans ...	167,119	6.30
{ French ...	46,000	36.90
Gravelotte, 1870 { Germans ...	278,131	7.30
{ French ...	125,000	8.00
Franco-German war, whole German army ...	887,876	13.20
Beaune-la-Rolande, 1870, Germans ...	91,405	0.95

From these interesting figures it will be seen that in many instances the losses in a single decisive battle, as for instance at Waterloo and Inkermann, were higher than those sustained during the whole length of a campaign. From the methods of fighting adopted by the Boers it is improbable that any conflicts involving the great losses of such battles as those referred to will occur. The veld is wide, and the Boer invariably prefers a retirement and the trial of a new position to facing at all serious losses on his own side. The great majority of assaults on positions have been made by the

British troops against the Boers. Whenever the Boers have attempted similar assaults upon the English, whether at Mafeking or Ladysmith, their losses have been as great, if not greater, than ours under the same conditions.

#### CLIMATE AND CLOTHING.

I pointed out in my last article that the summer was well advanced in South Africa, and a correspondent has written to inquire as to the relation of the summer to the rainy season as many of the telegrams speak of the rainy season in Natal as being about to begin. The fact is the rainy season is the summer season in Natal, and already, as the letters of many war correspondents show, heavy rains have fallen for some two months past in that country. The seasons in South Africa may be divided into summer and winter; spring and autumn scarcely existing. The summer lasts from October to March, the winter from April to September. At Capetown and on the Cape Peninsula the rainfall is heavier during the winter months, but throughout the rest of South Africa in the coast towns to the eastward as well as on the mountains encircling the interior plateau and on the plateau itself the rain falls chiefly or almost entirely during the summer months. The amount varies considerably with the district. As pointed out in Dr. Hillier's article on The Geography and Climate of South Africa (in the BRITISH MEDICAL JOURNAL of December 2nd, 1899) the country for meteorological purposes may be divided into (1) coast terraces, (2) the mountains, and (3) the plains of the interior. Thus, to take one of the coast towns, at Port Elizabeth the annual rainfall is about 22 inches, and falls on 49 days of the year. On the coast terraces in such towns as Grahamstown, Estcourt, and Maritzburg, the rainfall is as high as 29.59 inches, and occurs on some 77 days in the year. On the mountains themselves, such as the Hogsback, the Stormberg in the Cape Colony, and the Drakensberg in Natal, north of Ladysmith, the rainfall reaches as high as 40 inches and falls on 91 days. On the interior plateau the rainfall is much less. Thus at Beaufort West, in the Karroo (Cape Colony) during the years 1895-96 the average rainfall was only 9.7 inches, and the number of days of the year on which rain fell was 27. Still further up, on the borders of the German territory, the rainfall was only 1.20 inch during the course of the year, and fell on 2 days.

It will thus be seen that the rainfall varies considerably throughout the different districts. But wherever it falls it comes down usually in heavy storms during comparatively short periods of time, drenching thunderstorms being a common form of rainfall. The question, then, of what clothing may be required varies somewhat with the locality in which the soldier going to South Africa is likely to be engaged. Thus in Natal the rainfall is referred to in several of the letters sent home. We read in an extract from a letter of an officer writing from Estcourt on November 19th, 1899, and published in the *Times*:

The weather is most uncertain. We have had several miserable days of a continuous drizzle, with cold wind, and then to-day is a ripping day. My kit of 25 lb. was very well chosen for a beginner. I have a thick sweater, which is a godsend, as I carry it in my haversack and put it on at night when sleeping out.

For a period of some hours and sometimes for a day or two after rain even in the summer months the cold is distinctly felt. The rapid evaporation which occurs in the normally dry atmosphere after the earth is saturated with rain largely accounts for this cooling process, and under these conditions the campaigner sleeping in a canvas tent will find the protection of a sweater and warm clothing, especially for sleeping in, invaluable. The woollen nightcap must always be available for use after the rains in the summer and for continuous use through the winter. On the plains of the high veld which are now the scene of Lord Methuen's operations south of Kimberley, and indeed throughout the grass plains extending over the Free State and southern Transvaal, the rainfall, as has already been pointed out, is considerably less and occurs on rare occasions, and although the cooling effect of a storm is felt here, it is not felt to any such marked extent as on the coast terraces. At the present time the heat suffered by our troops on these plains is by far the most trying feature of the climate; thus Mr. Makins, in his letter published in the JOURNAL last week, speaks of the temperature in some of the canvas tents being as high as 115° F.

The question of what clothing will be required will, there-



fore, be seen to present some difficulty. Personally, when consulted on this subject, I have invariably recommended that at least one of the regulation suits should be of khaki-coloured serge, and not of cotton khaki itself. Cotton khaki is a splendid material for the sunshine and dust of the average summer day in the field on the plains, but is not a good material to get wet in. During wet weather the serge would be much safer and more comfortable; flannel shirts, brown leather boots, khaki puttees, with cashmere socks, are the best articles for everyday wear. It is as well to have no hooks on the boots, as they are very apt to get broken, or to get in the way when pressed against the stirrup in riding. Riding breeches are better made of worsted cord.

#### THE COMMISSARIAT.

In spite of the fact that the troops at Chieveley, Estcourt, and on the Modder River are in touch with the railway, a certain amount of occasional hardship does appear, by the letters from the correspondents, to have been endured by our troops in reference to commissariat. This we may believe has been temporary and accidental, but in view of the tremendous length of our lines of communication and the dependence of our soldiers on supplies from the bases, it is interesting to learn from the *Times* that a feature in connection with the provision of supplies is found in portable rations.

Each 2-oz. tin, although only 2 in. in height and 1½ in. across, contains all the needful ingredients for 1 pint of most nutritious soup, with the addition only of that quantity of hot water, salt, pepper, and all the needful seasoning being included in the tin. In the absence of other provisions the soup thus made is sufficient for a meal, or at least to keep a man going until he can obtain a more solid repast. With his food in this consolidated form a soldier can carry about with him rations enough to last him, if needs be, for four or five days; a mule can carry 2,500 tins, a camel over 2,000, and a Cape wagon will hold about 60,000. In addition to the orders which are being executed for the Government, large quantities alike of consolidated soups and of desiccated vegetables are being sent out for the canteens of various regiments.

#### SIR JAMES SIVEWRIGHT'S AMBULANCE.

Through the Exchange Telegraph Company we were informed on December 21st that Mr. Kruger had declined Sir James Sivewright's offer of an ambulance for the use of the Boers, on the ground that he does not receive such gifts from an enemy.

Sir James Sivewright is, we confess, a somewhat difficult person to understand. Is it that his heart is too large, or that he believes a fence the most comfortable of seats? He is an ex-Colonial Minister in the Cape Government; he is a member of the Afrikaner Bond; he has offered an ambulance party to Mr. Kruger for attendance upon wounded Boers; and he has offered certain farmhouses in the vicinity of Capetown to the Imperial authorities for the accommodation of wounded Imperial officers. This last offer has been declined. The course of the ambulance party since its departure from Aberdeen has been by no means smooth. Many of the gentlemen attached to this ambulance are the sons of South African Boers, whose sympathies, in so far as they have any political colour, are probably more with the Boers than with our men in the present conflict. On the arrival of the ambulance in South Africa, we are told that it was refused permission to go through our lines, and thus overland to Pretoria, and now, unkindest cut of all, Mr. Kruger says he does not receive such gifts from an enemy. That Sir James Sivewright should be accused of being anyone's enemy will, we are sure, hurt him acutely. What has happened to the members of the ambulance since Mr. Kruger's refusal it is somewhat difficult to gather, but it has been stated that disappointed Dutch medics have now in their individual capacity offered their services to the Transvaal. It is quite possible that if these offers have been made, they will finally be accepted by Mr. Kruger, on the explicit understanding that these gentlemen are willing to take up arms on behalf of the Transvaal. Should this eventuality arise, Sir James Sivewright will have been placed in an unenviable position.

#### MILITARY HOSPITAL ACCOMMODATION AT CAPETOWN.

The *Times* correspondent of December 23rd states that "complaints have been freely made for some time past about the military hospital accommodation at Capetown. This in no way affects the admirable surgical skill or the care of the medical officers, but there is a want of organisation and foresight in the arrangements and an absence of

those minor comforts which are necessarily dispensed with at the front, but are easily procurable at Capetown. The whole establishment of the permanent hospitals was calculated on too small a scale at the beginning and has never been completely recast since, while the standard of comfort, especially for officers, is too low." This telegram, which is continued in the same strain at some length, is not of a satisfactory character, but we have little doubt that the minor defects unavoidable in the hastily-arranged hospital on which the demands have exceeded anticipation, will promptly be remedied. The Army Medical Department have to our knowledge engaged a certain number of experienced civilian surgeons in South Africa, and among the refugees from Johannesburg alone are many capable men, whose services might be enlisted by the department should further occasion for such additional aid arise.

#### WOUNDED AND SICK AT WOOLWICH.

All the wounded and invalids admitted to the Herbert Hospital, Woolwich, on January 2nd, from the steamer *Garth Castle*, had wonderfully improved by the voyage home from South Africa. The cases, with four exceptions, had become convalescent, and are asking to be sent back to duty. The wounds of all those admitted to the surgical division have closed, and the majority are fit for duty, whilst the gunshot injuries to bones and joints are comparatively trivial and all likely under further treatment shortly to recover the free use of their limbs. Photographs are being taken by the Roentgen rays of the wounds and injuries to joints and bones of the men who have last arrived from South Africa. The choice of foods is varied, and all praise the attention shown to them not only during the voyage home, but since their arrival at Woolwich by the military medical authorities at the Herbert Hospital. At a time when every available bed in the home hospitals is likely to be required, it will probably be thought well to send invalids incapacitated and unfit for further duty to their homes or to convalescent institutes as soon as it is possible for them to pass the Board and to leave hospital. The numerous offers of convalescent accommodation now being made may therefore not improbably soon be taken up.

#### A BASE HOSPITAL FOR THE IMPERIAL YEOMANRY.

The Princess of Wales has become President of a Committee of ladies formed to raise a fund of £30,000 to establish a base hospital for the Imperial Yeomanry at Capetown. It is proposed that ambulance and stretcher bearers should also be provided. The scheme for providing medical aid for the Imperial Yeomanry in South Africa will have to be carefully thought out, and in any case it is clear that it must be of such a nature as to work easily with the existing medical arrangements for the regular army, upon which in fact it must be grafted.

#### TRANSFERS AND APPOINTMENTS.

At Aldershot orders were received on December 25th by the R.A.M.C. for the two bearer companies and two field hospitals to be in readiness to embark on January 4th, and one field hospital and divisional medical staff on the 6th. This puts a heavy strain on the executive; a number of men for these units had not joined last week. A number of civilian compounders have joined the R.A.M.C. at Aldershot, where they will undergo preliminary drill. They are all certificated, and will be sent to South Africa at an early date. They have joined the corps under special conditions for twelve months' service. There are also joining a large number of members of the St. John Ambulance Association who are enlisting under special conditions for bearer work in South Africa. From Aldershot the following medical movements have taken place: Majors Hallaran, Geddes, and Pike have left for South Africa; Major Cross for duty in Sierra Leone; Sister Thomas and Nursing Sisters Kitching and Noble embarked in the *Moor* for South Africa. Orders were also received at Aldershot for the following medical embarkations:

January 4th.—14th Brigade Bearer Company in the *Assaye* at Southampton; 15th Brigade Bearer Company on the ss. *Braemar Castle*; and 14th Brigade Field Hospital on the ss. *Goorka*.

January 7th (about).—Part of the 15th Brigade Field Hospital on the ss. *Britannic* at Southampton.

January 10th (about).—Part of the Divisional Troops Field Hospital in the *Bavarian* at Southampton.

The R.A.M.C. is calling in, it is stated, all available men from Ireland, Malta, Gibraltar, Bermuda, Egypt, and other places for duty either with the South African Field Force or at the Cambridge Hospital, where a large number of the sick and wounded are to be sent.

#### HOME HOSPITALS AND CONVALESCENT HOMES.

The Countess Brownlow has offered eight beds in a convalescent home maintained by her at Ashbridge for the use of invalided soldiers from the war.

Earl Carrington writes to the War Office that he and Lady Carrington will place Hill Farm House, High Wycombe, at its disposal as a convalescent home for invalid soldiers for a space of two years. Nurses and a doctor have volunteered their services, and all the authorities will have to provide will be daily rations.

The Governors of Newark Hospital have offered the War Office the use of vacant beds for invalid soldiers if they should require them.

The President of the Royal Southern Hospital, Liverpool, has written to the Director-General of the Army Medical Department stating that the committee will allot twelve beds for the use of sick and wounded soldiers and sailors at a charge of 2s. per day for each bed occupied or unoccupied.

The Committee of the Stanley Hospital, Liverpool, will, it is understood, place twenty to thirty beds at the service of the War Office.

Ten beds at the Convalescent Home, Reigate, have been offered by Mrs. Kitto for the use of men from South Africa.

Mr. E. A. Lee has placed a house at the disposal of the committee formed to establish at Torquay a convalescent home for soldiers and sailors invalided from South Africa.

#### PROPOSED GLASGOW HOSPITAL SHIP.

A fund is being raised in Glasgow to send out a hospital ship entirely equipped for the purpose of bringing back from South Africa sick and wounded soldiers to England.

### AN APPEAL TO THE YOUNGER MEMBERS OF THE MEDICAL PROFESSION.

In the crisis through which our Empire is passing, the importance of the Militia, Yeomanry, and Volunteer Forces as a support to the Army is fully evinced. And as it is impossible to forecast the further demands which may have to be made upon them in the near or distant future, it behoves us to strengthen them to the utmost of our power.

Many members and students of our profession are already enrolled in them, and are answering the call now made upon them with patriotic promptitude.

We venture to take the opportunity suggested by the beginning of a new year of appealing to such of the younger members and of the students of the medical and dental professions as are still unattached, yet capable of bearing arms or in other ways of helping in Imperial defence, at once to consider the advisability of joining some branch of the service.

(Signed)

FREDERICK T. ROBERTS, M.D., F.R.C.P.,  
Physician to University College Hospital.

EDMUND OWEN, M.B., F.R.C.S.,  
Surgeon to St. Mary's Hospital, London.

WILLIAM COLLINGRIDGE, M.A., M.D.,  
Surgeon-Lieutenant-Colonel Militia Med. Staff; late  
Commanding Mil. Med. Staff.

WILLIAM DUNCAN, M.D., F.R.C.S.,  
Captain Middlesex Yeomanry Cavalry.

J. EDWARD SQUIRE,  
Surgeon-Lieutenant-Colonel Commanding Volunteer  
Med. Staff Corps, London Companies.

London, January 1st.

### LITERARY NOTES.

DR. GEORGE M. GOULD is reprinting the editorial "Suggestions to Writers" which have appeared during the past year in the *Philadelphia Medical Journal*. The volume will be entitled *Suggestions to Medical Writers*, and will be an octavo of about 150 pages. In addition to the articles which have already appeared in the *Philadelphia Medical Journal*, the book will contain a general introductory chapter on Medical English, a chapter on Medical Paleography, and a new essay entitled History and Psychology in Words.

Among the curiosities of the Oxyrhynchus papyri, which have been edited, with translations and notes, by Messrs. Grenfell and Hunt for the Egyptian Exploration Fund (Part II, London, Henry Frowde, 25s.) is a list of specifics for the earache. They date from about the end of the second century, and are as follows:

Heat an equal quantity of beaver musk and poppy juice upon a potsherd, if possible one of Attic make but failing that of.....; soften by diluting with raisin wine, warm, and drop in. Dilute some gum with balsam of lilies, and add honey and rose extract. Twist some wool with the oil in it round a probe, warm, and drop in. Pound some closed calices of pomegranates, drop on saffron water, and when it becomes discoloured draw the liquor off. When required dilute as much as the bulk of a pea with raisin wine, warm, and drop in. Pound some Egyptian alum and insert into the ear an amount equal to the size of a pea. Anoint a persea leaf and insert. Thoroughly moisten a flock of wool with the gall of an ox, roll up and insert. Pound myrrh and alum in equal quantities and insert. Dilute frankincense with very sweet wine and syringe the ear; or use for this purpose the injections described above. Rinse with warm onion

juice. Syringe with gall of a bull or goat or sheep, or other similar kind of gall warmed. The sap of a pine tree, warmed, to be used in the same way.

The first specific must have been something not very unlike the old vinum opii, which not very many years ago was largely used as a local application in various painful affections, especially of the eyes; while "warm onion juice" is a popular remedy, the use of which has by no means died out at the present day. The "sap of a pine tree warmed" shows perhaps some dim striving after antiseptics.

The current number of the *Fortnightly Review* contains a very interesting article on the problems which await solution in South Africa, by Dr. Alfred Hillier. He has given it the title *Issues at Stake in South Africa*, and the subject is discussed from a point of view slightly different from that usually adopted. He dwells on the influence on the character and political standard of the Transvaal Boers, exerted by their long contact with native races. They have held these races in subjection, and individual members of them in slavery more or less openly avowed. This, he argues, has been the main element in producing certain traits which their warmest defenders cannot profess to admire. He arrives at the conclusions that their true interests are identical with ours, and that British victory now will be to their inestimable advantage in the future. We cannot pretend to trace the steps by which he arrives at this conclusion, but they are closely reasoned, and expressed in temperate and well-balanced language. The article will well repay perusal.

### ASSOCIATION INTELLIGENCE.

#### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 17th day of January next, at 2 o'clock in the afternoon.

December, 1899.

FRANCIS FOWKE, *General Secretary*.

#### NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1900.

MEETINGS of the Council will be held on January 17th, April 11th, July 11th, and October 10th, 1900. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, March 22nd, June 21st, and September 27th, 1900.

#### ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

FRANCIS FOWKE, *General Secretary*.

#### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

#### BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH: COUNTIES OF ROXBURGH, BERWICK, SELKIRK, AND PEEBLES DISTRICT.—This District will meet in the Railway Hotel, Newtown, St. Boswell's, on Friday, January 26th, at 3.30 P.M. Dr. Blair, Chairman of the District, presiding. Members are requested to send notices of all cases to be shown or papers to be read at the earliest possible date to the Honorary Secretary, Dr. W. HALL CALVERT, Melrose, N.B.