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South African Hospitals Commission

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the police surgeons, this varies in amount from £10 or £12, to £20, £30, £40, £50, up to £100. Salaries of £100 and upwards are paid in nine towns, Birmingham and Manchester each paying £125, Kingston-upon-Hull £135, Bristol and Leeds each £150. The author was unable to discover any fixed ratio between the amount of duties and the salary paid, but thought £50 little enough in most cases for the duties to be performed. Referring to the police surgeon's frequent appearance in the witness-box, it was pointed out that in the provinces this often involves great loss of time and considerable out-of-pocket expenses, the surgeon in order to give evidence at assizes having to leave his own home and his practice sometimes for a whole week, travel by rail to the assize town, stay there at a hotel, and incur expense by the employment of a *locum tenens*, and at the end of the trial receiving only the quite inadequate remuneration of a guinea a day. Five years ago representations were made to the Home Office by the United Kingdom Police Surgeons' Association, when the then Home Secretary admitted that a substantial grievance had been shown to exist, but said that he and other holders of his office had been afraid to burn their fingers by attempting to remedy it—a plea which, if held sufficient, might prevent the remedying of almost any injustice that had existed for half a century. Consequently not only has nothing been done, but the present Home Secretary has even refused to receive a deputation on the subject either from the Police Surgeons' Association or from the British Medical Association.

Reference was also made to the mode of procedure when the police surgeon is called in to give an opinion on the body of a newborn child found by the police. The English system of death certification and registration being very imperfect, and there being no system in London corresponding to that of the *médecins-vérificateurs* of Paris, these cases have all to be reported to the coroner, who thereupon summons a jury of twelve or fifteen men, mostly belonging to the artisan class, who have first to view the body, then listen to the police surgeon's or any other evidence that may be laid before them, and in the end are told by the coroner: "Well, gentlemen, you have heard what the doctor says was the cause of death; do you find your verdict in accordance with his opinion?" which in ninety nine cases out of a hundred they do.

The author suggested that if the police surgeon were authorised, as in Edinburgh, to make a necropsy where necessary, and his report were then accepted in lieu of a death certificate, it would be both better and cheaper in the long run.

The author's conclusions were:

1. Police surgeons should be paid at the rate of at least 10s. per officer per annum, or preferably by fixed salary of at least £50 a year when the men under their care number 100 or less, with a proportionate increase for numbers over 100.
2. The injustice of compelling police surgeons to give evidence on behalf of the Crown at assizes, and paying a sum which actually leaves them out of pocket as a result, should be remedied without delay.
3. The modification of the system of *médecins-vérificateurs* at present carried out in Edinburgh, should be at once introduced in London and all large English towns.

### SOUTH AFRICAN HOSPITALS COMMISSION.

#### OVERWORKED ORDERLIES.

AMONG the witnesses whose evidence was taken by the Commissioners on September 5th was the Rev. Mr. Franklin, a local pastor, who complained that in the early days the staffs were inadequate. There were too few orderlies, and the men were overworked.

Dr. James, Surgeon of No. 9 Hospital, said men arriving in convoys were put in bell tents, and retained their unwashed clothes, which were not changed sometimes for a week. He was sorry for the men, but did not apply for changes of clothing because he knew it would be useless.

Major Wright, R.A.M.C., in charge of St. Michael's Home Hospital, said wounded and enteric patients were kept apart. He denied Mr. Burdett-Coutts's allegation that they were lying side by side.

Colonel Benson, Chief Staff Officer at Bloemfontein, said, as regards orderlies, there had been several cases of men having drink but few cases of intoxication while on duty. There were very few complaints in regard to their conduct otherwise.

#### SURGEON-GENERAL WILSON'S EVIDENCE.

On September 6th Surgeon-General Wilson, Principal Medical Officer in South Africa, detailed the arrangements made for the care of the sick and wounded. When the Army was increased beyond two Army Corps the Medical Department was undermined. He had inspected the base hospital in Capetown and considered that there was no serious cause of complaint. Lord Methuen's force had a full equipment for three field hospitals and bearer companies, with accommodation for 600 patients at Orange River. In Lord Roberts's advance from Modder River the hospital *matériel* was considerably curtailed owing to military exigencies. Hospital trains ran to Modder River with stores, medicines, and appliances, and the sick and wounded were well looked after notwithstanding the rapidity of the advance. Generally, the medical equipment was sent up as expeditiously as possible. He contradicted the figures given by Mr. Burdett-Coutts and Mr. Murray Guthrie to show that the death-rate in private hospitals was less than in military ones. Exactly the reverse was the case. He also denied having made any statement as to the unsatisfactory condition of the Bloemfontein Hospital.

#### GENERAL KELLY-KENNY'S EVIDENCE.

General Kelly-Kenny explained that on the advance to Bloemfontein the ambulances were cut down considerably owing to military exigencies. There were only two ambulances per brigade instead of ten, and the suffering endured was owing to the necessities of the march. He paid a tribute to the conduct of the orderlies, who behaved splendidly, and on occasion did a great deal of work in addition to their own. They even carried a number of Boer wounded across a river up to their armpits in water. Such service, the General stated, was purely voluntary.

#### STATEMENTS OF CIVIL SURGEONS.

Sergeant-Major Roberts and Corporal Beach indignantly denied the truth of the civil surgeons' statements with regard to No. 8 Hospital; but an orderly from that hospital partly confirmed them.

#### OVERCROWDING AT KROONSTADT.

At Kroonstadt, on the same day, witnesses admitted the suffering of patients, and that there had been overcrowding under field hospital management, but they could not see how it could have been altered. They agreed that the state of things improved when the General Hospital and the Scottish Hospital arrived.

#### THE CANADIAN RED CROSS COMMISSIONER AND MR. BURDETT-COUTTS.

A telegram in the *Times*, dated Toronto, September 5th, quotes Dr. Ryerson, lately Canadian Red Cross Commissioner in South Africa, in a letter in that night's *Tel-gram* regarding the alleged hospital mismanagement in South Africa as saying:

Mr. Burdett-Coutts has not added much strength to his case by the statement that he cabled his complaint from Capetown to Lord Wolseley. Why did he run away from Bloemfontein and Lord Roberts? Why did he not make his complaint where it would have met with instant investigation? Does it not look as though he feared the results of an immediate investigation?

Dr. Ryerson further asks how Mr. Burdett-Coutts reconciles his facts with the mortality statistics as given by Mr. Wyndham, and quotes figures showing that the death-rate from enteric fever at Bloemfontein was only 21 per cent., against a much higher mortality in the Chitral and more recent campaigns. He asks how it is possible that such good results could be obtained had matters been so bad as they were represented to be by Mr. Burdett-Coutts. The Canadian Commissioner also supports his arguments by pointing to the small disproportion between deaths from disease and those from wounds, as compared with the figures in former wars, and concludes by saying, "Surely there must be something wrong with Mr. Burdett-Coutts's facts."

#### THE COMMISSIONERS AT PRETORIA.

The Hospitals Commission reached Pretoria on September 8th, and at once got to work. Surgeon-Major Kilkelly, Grenadier Guards, stated that no complaint had been made of the Imperial Yeomanry and Portland Hospitals, although there was considerable pressure during the epidemic. He

denied that patients unfit to be moved had been taken to the Portland Hospital. The latter arrived in Bloemfontein in a storm, but tents were not pitched and no patients were received.

#### EVIDENCE OF SIR WILLIAM THOMSON.

Sir William Thomson, who has been in civil charge of the Irish Hospital since its commencement, complained that the authorities of the hospital were unaware of sick being detained at the railway station on May 23rd, as mentioned by Mr. Burdett-Coutts. He had then left Bloemfontein. He remembered similar incidents in April, in which notification had been given of the arrival of a train, but the train was several hours late owing to a breakdown, and the men were left without food. The arrangements for feeding patients at railway stations were not efficient until latterly. When Lord Roberts advanced the sick had, unfortunately, to be taken on with the army from Roodeval, as it was considered unsafe to send them back. He confirmed Mr. Murray Guthrie's statement that he had said that the men could not be properly treated in bell tents, and that there were insufficient stores in Pretoria. He formed a Committee in Pretoria which supplied all the hospitals with necessaries purchased in Pretoria and Johannesburg. He recommended the reorganisation of the medical department with a view to greater relief being given to the sick and wounded in war time, establishing the definite principle of a civil nursing system. This civil nursing system should be a distinct department, associated with the army under special officers. Consulting physicians were more necessary than surgeons in a campaign, where only one-sixteenth of the men in hospital were wounded and the remainder were sick.

#### EVIDENCE OF CHAPLAINS AND OTHERS.

The Rev. Maurice Jones, garrison chaplain, spoke highly of the hospital arrangements, with the exception of the 12th Brigade Field Hospital, where the medical officer in charge of 290 patients was left practically without a staff for twelve days.

Captain Mould denied that men for the Irish Hospital remained unattended at Bloemfontein Station for a long time.

The Rev. W. Le Grave, Roman Catholic Chaplain to the Forces, considered that the Woodstock Hospital was badly situated and difficult to keep clean, but the patients had every attention. Everything was perfect in Pretoria.

#### EVIDENCE OF MR. KENDAL FRANKS.

Mr. Kendal Franks, consulting surgeon, described the condition of the field hospital after Paardeberg as most distressing, but said it was unavoidable owing to the accommodation being cut down to meet the necessities of the campaign. He denied that 2,000 sick arrived in Bloemfontein after the action at Paardeberg. The total number of patients in Bloemfontein on March 16th was 302. Accommodation was always found for the sick and wounded, but there was a great deal of overcrowding. The dead were always buried in separate graves.

Major Faunce denied Mr. Murray Guthrie's allegation that the hospitals in Pretoria were short of everything.

#### ILLNESS OF THE CHAIRMAN.

According to a Reuter telegram, dated September 9th, Lord Justice Romer was unwell on that day, and it was considered possible that the resumption of the proceedings will be postponed.

#### SPLENDID WORK BY DOCTORS, NURSES, AND ORDERLIES.

Up to the present the complaints, says Reuter, made are chiefly in regard to matters of detail, but nearly the whole of the evidence bears testimony to the splendid work of the doctors, nurses, and orderlies.

### CONTRACT MEDICAL PRACTICE.

#### THE GROWTH OF CONTRACT PRACTICE.

##### COMMERCIAL TRAVELLERS' ASSOCIATION.

At a time when the medical profession is struggling to emancipate itself from the bondage to which it has been reduced by powerful working-class medical associations we feel it our duty to draw attention to the movement which is being very quietly carried on to enrol commercial travellers,

clerks, and their families in a widespread medical benefit society. We have received a copy of the following circular, but at present we think it desirable to suppress names and addresses:

— AND — COMMERCIAL TRAVELLER'S ASSOCIATION: —  
DIVISION.

President: — Esq., J.P.,

February —, 1900.

C. T. A. MEDICAL BRANCH.

Dear Sir,—In order to meet the wishes of members who desire to co-operate for the provision of first-class medical attendance for themselves and families on the lines of the medical schemes adopted by — and other C. T. A.'s, it is proposed to organise a similar scheme in connection with the — Division, and arrangements have been provisionally concluded with an eminent local physician, holding high London University qualifications, on the following terms:

10s. 6d. per annum for consultations, to a member or any of his family, at the doctor's house.

For visits at member's residence a reduced fee of 2s. per visit.

Medicines will be supplied, if desired, by the physician at a reduced charge.

This exceptionally favourable arrangement is necessarily subject to a minimum membership and it is hoped that those desirous of joining our Medical Branch will kindly fill up and return the enclosed form to the undersigned at the earliest possible date.

Yours faithfully,

Honorary Secretary.

To this is appended a form of application and an undertaking to pay the annual subscription in advance. We have reason to know that this scheme will be brought before the medical profession in the localities where it is being worked. The circular does not say how much the eminent physician receives per annum of the half-guinea subscribed. The adequacy of the rate of payment must no doubt depend upon the class of persons who take advantage of the scheme, the general rate of payment in the district, and the status of the practitioner employed, but it certainly appears to us to be very moderate. As, while there are many commercial travellers and clerks who are poor there are also very many who are quite well-to-do, there is the gravest risk that the scheme will be abused and that by accepting such work the profession will be forging another link in the chain which threatens to reduce the great mass of practitioners to a state of ill-paid servitude.

#### MEDICAL CLUBS IN LANCASTER.

The medical men in Lancaster are at present engaged in an interesting little contest with the members of various workmen's clubs. In round numbers these have a membership of some 4,000. At present the men pay 3s. 6d. a head per annum for medical attendance. The work is divided amongst twelve practitioners. In June the latter, through the Lancaster Medical Book Club, a very old society, which has latterly been enlarged so as to include all members of the profession practising in the town, gave notice that after the end of the present year nothing less than 5s. a head per annum would be accepted for attendance on club patients. After some negotiations the clubs have offered 4s. "as a final settlement of the question so far as the present staffs are concerned." This offer was refused at a meeting of the Book Club held on September 8th, and it will be recognised that the rate proposed by the medical men in Lancaster is certainly not unreasonable, having regard to the nature of the skilled services which they would undertake to render for it. The former rate of 3s. 6d. is absurdly low, and the increase to 4s. is inadequate.

#### THE BACKWORTH COLLIERIES AND THEIR DOCTORS.

The *Newcastle Daily Journal* recently reported a meeting called by an association styling itself "The Backworth and District Medical Co-operative Association." The object of the meeting appeared to be to form a medical club for Backworth and district to provide cheap medical attendance for its members without regard to their social position. It was stated that already 550 persons had agreed to become members, and it was decided to advertise for a doctor at once.

This movement appears to have arisen in consequence of the Backworth colliery doctors demanding a more equitable scale of remuneration for their services. As the colliery doctors are united, it has been found necessary to call in outsiders to crush their union, and for that purpose the above Association has been called into existence.

The modest demand of the doctors is that 9d. per miner and family shall be paid each fortnight instead of 6d. as heretofore. It is to be regretted that any of our profession should find it necessary to accept such contracts, even at the enhanced rate, and we earnestly hope that no practitioner will be found to assist the Backworth and District Co-operative Medical Association against his brethren and the interests of his profession.