name was compared with the two tables and the issue, fatal or otherwise, thus prophesied. Again, another astrologer had connected the various parts of the body with the different stars and planets; thus, the sun stood for the right eye, the moon for the left, and the star under which a child was born determined the part of the body which would eventually suffer. When ultimately these doctrines were put to the test by an unbelieving public, a writer went so far as to add a chapter as to how to overcome misrepresentations and doubts on the part of patients.

Prosthetic Apparatus after Excision of Lower Jaw.

In the Dental Section Dr. Witzel (Dortmund) showed a patient, a child, in whom he had resected the whole of the lower jaw. In this case an artificial jaw was inserted immediately, and became fixed in its position and to a certain extent performed the work of the natural jaw.

Epidemic Dysentery and the Dysentery Bacillus.

Professor W. Kruse (Bonn) stated that dysentery, so far as Germany was concerned, dated from the war of 1870. Some 30,000 soldiers were then affected, 3,000 dying. The returning troops spread the disease throughout the country, and since then it had not disappeared. Various local epidemics were described which in different localities had in one year caused the deaths of 100 to 150 persons. During recent years the disease had shown itself in a larger number of areas which caused the Government to commission the speaker (who had eight years' experience in Egypt) to study the disease at home. Last July he had occasion to witness an epidemic and perform eight *post-mortem* examinations on victims of the disease. In the case of Egyptian dysentery, Kruse established the existence of a certain amœba which, however, he only once discovered in the above cases. On the other hand, from the fæces he had obtained a bacillus resembling closely the typhoid bacillus. Inoculation of animals which readily suffered from dysentery—cats and monkeys—gave no results. The Egyptian bacillus was found in small intestinal ulcers, but his recent cases showed a membranous formation. These indications were given as an incentive to further research in this direction.

Pathological Changes in Bile.

Dr. Brauer (Heidelberg) stated that former knowledge of bile was based entirely upon *post-mortem* examinations. On the other hand, observers could now by means of fistulæ make comparative investigations, some of which, as for instance those with phosphorus, were fairly well-known. He had never found sugar in the bile of healthy individuals, but it was discovered in cases of diabetes, diseases of the pancreas, and after its removal. In cases in which parenchymatous changes of liver tissue took place these products had been traced in the bile. Thus, in cases of alcohol poisoning, alcohol acted detrimentally on the liver substance, and the bile showed epithelial cells.

Antidotes.

Dr. J. F. Heymans (Ghent) said that an antidote should not only arrest the action of a poison, but also arrest and reduce the symptoms of poisoning. He then proceeded to give some examples, such as the administration of oxyhydrate of iron in cases of arsenic poisoning. In this case only the poison remaining in the stomach was affected. Again, an antitoxin had no effect on the toxins circulating in the blood, but only protected the cells from the further injurious effect of such poisons and therefore was only preventive. As a more striking instance he described the result of poisoning by potassium cyanide in an organism previously saturated with sodium hypophosphite. As no effect was produced it might be assumed that a certain amount of free CN which was circulating might change to CNS, which was far less harmful in the case of the rabbit, for instance, 100 times less poisonous.

Conclusion.

Hamburg has been chosen as the next meeting place of the Congress, and officers were elected for the various sections. As previously stated, some hundred papers were down for reading, and it would be impossible in a small space to even give the names of those that have not been referred to. Every section, however, was full of interest, and a specialist would have heard a large variety of subjects discussed in his respective department, that of obstetrics and gynæcology, for instance, being particularly well supported by eighteen speakers with original papers. The Congress passed off very well and seemed to be thoroughly enjoyed by those present.

THE WAR IN SOUTH AFRICA.

THE IRISH HOSPITAL AT PRETORIA.

By Sir William Thomson,
Surgeon-in-Chief.

Pretoria, September 13th.

Dr. Coleman's Services in the Actions outside Pretoria.

I have just seen in print the notes which I sent you late in June from this place. They were written under great pressure, and were unrevised. I am sorry to see that I have made one important omission. In describing our work in the action outside Pretoria I have failed to mention the services of my colleague, Dr. Coleman. My staff had been so depleted by illness that I was able to send only Dr. Coleman and a few orderlies with the stretchers and ambulances. That duty he did every day when fighting was expected, and when our division was actually engaged he was always well to the front with his men, fearlessly doing whatever the circumstances of the moment demanded. My bearers—some constabulary and some civilian—behaved also with great coolness and bravery, and I had to use threats to only one Cape boy driver, who pleaded that he did not come out to be shot.

Results of Three Months' Work.

Since I wrote to you last the Irish Hospital has completed nearly three months' work in Pretoria, and I am able to give you some figures as to the results. Up to August 31st we had admitted 1,593 patients, of whom 445 were enteric cases; of these last 52 died, showing a mortality of 11.6. Deaths from wounds were 8 4, and from other conditions 0.91. At Bloemfontein, where a section of the hospital remained under Dr. George Stoker's charge until June 22nd, 150 enteric cases were treated with a mortality of 12.6. Deaths from wounds were 5 per cent., and there were no deaths from other causes. The total number treated in the stationary hospitals, which therefore does not include field-hospital work at Prieska or on the advance to Pretoria, was 1,864, with a general death-rate of 4.8. It is right to state that 6 enteric cases died within 48 hours of admission and 4 within 72 hours; these were in the last stages of exhaustion, but they are of course included in the figures given. Up to September 13th the admissions to the Irish Hospital in Pretoria were 1,813; 1,313 were discharged, 70 had died, and 430 patients remained under treatment.

In his evidence before the Commission at Bloemfontein the Principal Medical Officer, General Wilson, gave the following particulars as published in the report.

The death-rate of wounded at the Irish Hospital was 7.3 per cent., whereas at the Langman it was 7.15; at No. 5 Stationary Hospital 6.98; and at No. 9 General Hospital 4.94, whereas at the Portland it was 7.33. The enteric death-rate was: At the Irish Hospital 13.16 per cent.; at No. 5 Stationary 15.19; and at No. 9 General 14.05; whereas it was at the Langman 18.78 per cent., and at the Portland 14.07.

The Volks Hospital, Bloemfontein.

I have just seen the report of the Volks Hospital at Bloemfontein, ranging from January 1st to August 31st. The summary is interesting:

Died from enteric fever, 39; died from other causes, 4; total, 43.

Rate of mortality.—The death-rate on 1,004 cases is 4.3 per cent.; the death-rate on 462 enteric fever cases is 8.5 per cent.

Of the 1,004 cases were: Civilians (mostly Boers), 493; military, 511.

Amongst the 511 military patients were: 392 privates, 41 corporals, 24 sergeants, 1 sergeant-major, 1 quartermaster, 28 lieutenants, 7 captains, 3 majors, 1 general, 3 war correspondents, 1 war artist, 3 clergymen, 6 medical officers.

The different diseases of which the 511 military were suffering were: 311 enteric fever, 166 shot-wounds, 4 pneumonia, 3 asthma, 6 bronchitis, 2 phthisis, 1 Bright's disease, 15 dysentery, 3 sunstroke.

Of the 511 military patients 24 died, giving a death-rate of 4.7 per cent.

Of the 311 military enteric patients 24 died, giving a death-rate of 7.75 per cent.

Fever, Enteric Fever, and Simple Continued Fever.

The low death-rate in enteric fever in the Boer Hospita will at once be noted, and it may serve to justify that ridiculou

statement of some local nurse, which has been published in England, that she "would be ashamed to lose a case of enteric." That kind of wild statement carries its own contradiction. But the return shows once more how fallacious statistical results may be, and what a false impression they may convey. I have learned that all febrile conditions which cannot be otherwise classified are put down as enteric. At all events, in the detailed lists which are before me, only one fever (rheumatic) other than enteric is noted. On the other hand, the Army Medical Department have a class for simple continued fever. It will be seen at once how the inclusion in one set of figures diminishes the apparent death-rate; and how in the case of the army returns the grouping of fevers increases the apparent death-rate of enteric. There is undoubtedly a form of fever which, whether it is essentially enteric or not, has not any of the characteristic symptoms of that disease. It is obvious that the only way of arriving at a result such as that now published from Bloemfontein would be to include all febrile conditions under one heading. Of course, it would be unscientific, but it would be a result arrived at from similar premisses.

Although this hospital happens to stand first on the results, I think the returns given by the principal medical officer are distinctly satisfactory everywhere, when the conditions prevailing in a campaign are considered; and they will compare favourably with those which are obtained in the best hospitals at home.

Prospects for Spring and Summer.

The decrease of enteric cases goes on, and we now get down to about one-fifth instead of one-half of our admissions. The death-rate, too, is steadily falling. But we are now in the springtime; already the temperature is distinctly warm. Pretoria looks at its best, for the young grass is brightening the veld, and various blooms and the tender green of expanding leaves make softness and brightness everywhere. But alas, we have yet to face dust storms, then rains, then myriads of flies, which already are beginning to infest our rooms; and to make things worse, local authorities assure us that we shall have a second outbreak of enteric. The season for malaria, too, is just opening along the line of railway to Koomati, and there will be an increased death roll. Hospitals are being instituted at Middleberg and other places east of this.

Hospital Accommodation at Pretoria.

In Pretoria itself there is, at least at present, as much accommodation as is required. No. 2 General, under Colonel Keogh; the Langman, under Mr. Gibbs; the Imperial Yeomanry, under Dr. Sandwith; the Welsh Hospital, under Professor Hughes; and Nos. 1, 2, and 3 at the State Model School, under Major Cummins and other officers of the R.A.M.C., are now well equipped and at work. The No. 2 General Hospital, the Langman, and the Welsh are grouped on the veld two miles out overlooking the town. They have been well fitted, tents and streets are lighted by electricity, and all the essentials—good beds and good kitchens—are present. The Yeomanry Hospital occupies a private house with some 40 beds, and these are supplemented by numerous marquees which accommodate 200 patients. There is of course in all these cases plenty of room for rapid expansion, and therefore I think we are not likely to have the experiences of Bloemfontein repeated here.

The Hospitals Commission.

The Royal Commission to inquire into the charges concerning the hospitals in South Africa arrived here from Bloemfontein on September 8th and forthwith proceeded to take evidence. On September 10th and 11th they spent some hours in visiting the hospitals and inspecting the wards. What impression these made upon their minds I cannot say, but I do not think the most fastidious critic could find any indication of inhumanity in the treatment of the patients in Pretoria. Every consideration is given to them, and I am, on the other hand, able to say that there are no better or braver patients than our soldiers. It is a pleasure to treat them, they are so docile and grateful. I am sure that is the impression that "Tommy" has made upon the civilian doctors at all events, and if he has been hardly treated now and again it has been for reasons that were overmastering.

THE SCOTTISH NATIONAL RED CROSS HOSPITAL.

By Henry E. Clark, F.F.P.S.G.,
Surgeon in Charge; Professor of Surgery, St. Mungo's College, Glasgow.

Kroonstadt O.R.C., Sept. 14th, 1900.

The Temporary Hospitals at Kroonstad.

This hospital has been settled at Kroonstadt since the end of May. The first detachment, consisting of the staff and equipment for 100 beds, reached Capetown on May 12th, the date of Lord Roberts's entry into Kroonstadt, and this circumstance determined our destination. I was myself sent forward by the night mail on May 15th with four doctors and seven nurses, the condition of matters at Kroonstadt being urgent, but the railway line was so seriously damaged beyond Bloemfontein that we were detained at that town five days. During that time the rest of the staff and the equipment went round to Port Elizabeth, disembarked, and actually reached the capital of the Free State on the day we left it to go on. My party reached Kroonstadt on the morning of May 25th, the only change in our arrangements made at Bloemfontein being that six student-orderlies of the Scottish Hospital staff and the nurses of No. 3 General Hospital were sent on, the Scottish nurses being put on duty at the Bloemfontein hospitals. I shall never forget the scene presented by the temporary hospitals at Kroonstadt when we arrived. There were about 600 patients in the town nearly all suffering from enteric fever. These occupied the Dutch Reformed Church, numerous bell tents in the compound round it, the Town Hall, the Grand Hotel, and the Kroonstadt Hotel.

The schools were used as a hospital before the arrival of the British and continued to be so used, being worked by a Russian-Dutch ambulance. The patients in these buildings lay, for the most part, on the floor. Some had mattresses but many had none, and they were thickly crowded together clad in their ordinary garments and wrapped in their own blankets. Until we arrived there were no nurses (excepting at the Russian-Dutch ambulance), and but few orderlies. There were 7 medical attendants, including 2 Russian surgeons and a local doctor; but there was a deplorable lack of medicines, medical comforts, bed-clothing, and personal clothing for the patients. I recognise that these conditions were unavoidable and have nothing but praise for the admirable work accomplished by Major Ford and his staff under peculiarly trying circumstances. I agreed to take charge of the Kroonstadt Hotel Temporary Hospital, and continued to have charge of it till it was vacated. Although I had come out with the idea of doing surgery I could not refuse to take my share in the treatment of enteric fever patients, seeing that the conditions were such as I have described. No. 3 General Hospital and the equipment and the rest of the staff of the Scottish Hospital reached here two days later (May 27th) and from henceforth the condition of matters speedily improved. In a marvellously short time the temporary hospitals were put in a satisfactory condition, and the tent hospitals were soon able to take in all the new cases of disease and injury.

The Completion of the Scottish National Red Cross Hospital.

A month after the sending off from Glasgow the first detachment, consisting of 100 beds, a second section consisting of the staff and equipment for 210 beds was forwarded, and still a month later a third section of 210 beds, to make up the full complement of 520 beds for a general hospital. Thus our hospital has become the largest voluntary hospital sent out, with the exception of the Yeomanry Hospital. During our short stay at Bloemfontein we had visited the hospitals and had marked the prevalence of enteric, and were not surprised to find a like condition of matters at Kroonstadt.

Bullet and Shell Wounds.

Our dreams of interesting surgical cases, and valuable experience of bullet and shell wounds seemed likely to be dissipated, but thanks to the energy of Christian de Wet we got a fair share of bullet wounds from Rhenoster, Lindley, Bethlehem, and the east country generally. Many of these exemplified the comparative innocuousness of the Mauser bullet, so often referred to by your correspondents. Thus we had cases of bullets passing through the lungs, the liver, the