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THE WAR IN SOUTH AFRICA.

THE BATTLE OF TUGELA (COLENZO).

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

Consulting Surgeon with the Forces.

FRERE CAMP.

It was from Frere Camp that the army under General Buller started for the Tugela River. Frere is merely a station on the line of rail which traverses Natal, and as it consists only of some four houses it can hardly be dignified by the name of hamlet. These few single-storey houses had been very thoroughly looted by the Boers, and in one of them—the stationmaster's house—the General had his headquarters. Frere is simply a speck—a corrugated iron oasis—in the vast undulating plains of the veld. On the way to Ladysmith are a few large kopjes, from any one of which the line of the Tugela River can be seen, with the hills beyond occupied by the Boer entrenchments, and over them again the hills which dominate Ladysmith. There was no shade of any kind, and as the weather was exceptionally hot the camp was not precisely comfortable. The inconvenience of a continued sun-glare was intensified by constant clouds of brown dust and by the scarcity of water. On the other hand, the evenings were cool and the early mornings delightful.

The river which is reputed to "run" through Frere had long since ceased to run. The water was retained by certain dams, and the pools thus formed were not over numerous. The water was the colour of peasoup, and when in a glass was semi-opaque and of a faint brownish colour. It soon blocked a Berkefeld filter, the pencil of which had to be cleaned after each water bottle had been pumped full. The filtered water was pleasant enough to the taste. In the lowest pool, immediately above the iron railway bridge which had been blown up by the Boers, Tommy Atkins could bathe in what seemed to be a light-coloured mud. Here also he washed his socks and his shirts.

We came up to Frere—I, and my two nurses—with No. 4 Stationary Field Hospital. This hospital was under the very able direction of Major Kirkpatrick, and did splendid service. The other officers were Major Mallins and Lieutenant Simson, of the R.A.M.C., than whom none could be more efficient. We reached the camp on the Monday before the battle, when it was reputed that 30,000 men were under canvas. A camp of this size of necessity presented an endless scene of bustle and movement. Nothing seemed to be at rest but the interminable array of white tents and the rows of baggage waggons. Cavalry would be moving in one direction and infantry in another. Here a mounted patrol would be riding out or a couple of scouts coming in. Gallopers would be seen in all directions, and everywhere would be a struggling team of oxen or of mules enveloped in clouds of dust, and urged on by sweating men and strange oaths. The camp during the day lay dry, dusty, parched, and restless under a blazing sun, but at night there was a cool wind and cheery camp fires, and a darkness which blotted out the dusty roads, the dried-up river, the dismal piles of stores, and the general picture of a camp in a desert of baked earth. Every night a searchlight was at work sending despatches to Ladysmith, and almost every morning could be heard the Boer guns thundering over that unhappy place. Tommy Atkins looked very smart in his khaki suit when leaving Waterloo Station, or when embarking at Southampton, but at Frere he showed the effects of wear, and his tunic, his belt, his pouches, his boots, and his face had all toned down to one uniform tint of dirt colour. He was of the earth earthy. Even his brown face and red neck were well powdered with the common dust, but nothing seemed to have blotted out his cheerfulness and his determination to make the best of even a camp on the veld.

BEFORE THE BATTLE.

On Wednesday the army began to move forward to Chieveley, and on Thursday the whole camp had nearly vanished, and little remained but smouldering fires of camp refuse, the inevitable dust, the inevitable sun, and the inevitable Kaffir.

From a kopje some three miles beyond there—the kopje from which the Boers fired upon the ill-fated armoured train—the new camp at Chieveley could be seen. The baggage train which followed the army was eight miles in length. This train was made up mainly of waggons drawn by teams of oxen—eighteen to each wagon. The last bearer company was well out of sight in the new camp before the last waggons—carrying pontoons—had started. The course of this enormous caravan across the veld was marked by a line of brown dust which gave one the idea that the very road was smoking under this unwonted burden.

From the kopje we could see the firing of the great naval guns and the clouds of dust sent up by the exploding shells, and now and then from the weary road would come an attenuated sound, which was all that reached us of the shrill yells of the nigger drivers, whose dust-dried throats gave out noises like the shrieks of parrots.

DURING THE BATTLE.

On Friday morning No. 4 Stationary Hospital moved up hurriedly to Chieveley. To our numbers had been added two Netley sisters, whose skill, devotion and unselfishness were soon taxed to the utmost. On the way up it was evident that the battle was raging. The roar of the big guns was incessant, and rising above their solemn boom was the sharp, irritable crack of the quick-firing ordnance. When I reached Chieveley Station, where the hospital was to be pitched, a message arrived asking me to go down to the field of battle at once. I went down in a mule wagon immediately. Our hospital was about three and three quarter miles from the Naval Hill on which our big guns were pitched. Close behind the ridge formed by this hill were four field hospitals. The scene presented at this spot was beyond description. The men were coming in as fast as the ambulances and bearers could bring them. Some were dead, some were dying, all were parched with thirst and baked and blistered with heat. The men were lying on all sides on stretchers—amidst tents, piles of rifles, accoutrements, battered helmets, and blood-stained tunics. It was a sight no one would wish to see again, and the blazing sun added to the miseries of all.

Some 800 wounded were passed through the field hospitals and dealt with by sixteen surgeons. Those who harshly criticise the Army Medical Department should have seen the work done on that memorable Friday on the Naval Hill before Colenso. No work could have been done better. The equipment was good, the arrangements elaborated, and the officers worked on hour after hour without rest or food under the most trying possible conditions. No greater strain could have fallen upon a department and all concerned met the brunt of it valiantly and well. One could not be other than proud of one's profession.

The system of dealing with the wounded had been very carefully worked out by the Principal Medical Officer, Colonel Gallwey, C.B., and to his foresight and preparation the perfect working of the hospitals on the day of the battle is due. In addition to the ordinary bearer companies Colonel Gallwey had organised a volunteer ambulance corps of some 2,000 men disposed in the proportion of twelve men to a stretcher. It was intended that these bearers should convey the more seriously wounded from the field, so that they might be spared the jolting of the ambulance waggons over the somewhat rough ground. Not only did the bearers do this and so save infinite suffering, but all Friday night and Saturday they were carrying the graver cases from the field hospitals to the stationary hospital at Chieveley. So

admirably was the stretcher work done that not a single wounded man was left upon the field after dark on Friday.

AFTER THE BATTLE.

Our hospital at Chieveley was crammed to its utmost, and very many wounded men had to lie all night in the open. Fortunately the nights on Friday and Saturday were very fine, and there was a bright moon.

The work on Friday and Saturday was the heaviest I have ever experienced, and we all suffered a good deal from thirst. The nurses worked not only all day, but also all night. Some hundreds of wounded soldiers will have reason to remember their devotion that day, and how well they succeeded in rendering a little more tolerable a state of misery which was horrible to contemplate.

IN THE DONGA.

After a heavy afternoon on the field I returned to Chieveley Field Hospital in the evening, but had hardly got in when a galloper arrived to ask me to see Lieutenant Roberts, who had just been brought back. I returned at once with a full equipment of instruments, and much regret that that valiant soldier was from the first quite beyond the reach of surgery. In addition to a penetrating wound of the abdomen, his forearm was shattered by a Mauser and his knee wounded by a shell. He was pulseless. I slept outside his tent that night, and saw him up to Chieveley on Saturday morning. He never rallied nor regained a pulse, and died on Saturday at midnight. Before he was brought in he had been lying for seven hours in the sun in a donga. Here he was attended to by Major Babbie, R.A.M.C., who rode into the donga through a hail of bullets, and whose horse was killed under him. Major Babbie kept by the many wounded men in the donga until the battle was over, and as he alone had water in his water bottle he doled out water to each man in a minim measure, 1 drachm to each. The courage and daring of Major Babbie on this occasion calls for some recognition from the medical profession, if not from the military authorities.

THE HEAT.

On Sunday we had to leave Chieveley as the hospital was within reach of the Boer shells. We therefore retired to our previous "pitch" at Frere. The hospital tents at Chieveley were admirably situated, but the work was much hampered by want of water. The temperature on Friday and Saturday was up to 100° F. in the shade. On Monday the temperature rose to 104° F. in the shade. A clinical thermometer in a bag and under cover of a tent registered 104.5° F.

DEATH OF CAPTAIN HUGHES.

One very sad episode of the battle was the death of Captain Hughes, R.A.M.C., Surgeon to General Buller. He was riding to the aid of the wounded when he was shot through the root of the neck, and died in 30 minutes. He was an able surgeon, a charming companion, and a most amiable and popular man. He was beloved by everyone in his corps, and had a distinguished career before him.

THE HOSPITAL TRAINS AND SHIPS.

The method of dealing with the wounded in the Natal Field Force is as follows: The railway—a single line—is open as far as Chieveley, and on it are two admirably equipped hospital trains in charge of the indefatigable and ever-obliging Major Brazier-Creagh, R.A.M.C. The hospital train was on the field before daybreak on Saturday morning, and was soon filled with wounded. Some few of these were landed at the No. 4 Stationary Field Hospital at Chieveley, the rest were taken on to Estcourt and Maritzburg. At both these towns, but especially at Maritzburg, there is very excellent hospital accommodation. The base hospital alone at Maritzburg can take in 1,100 patients, and besides, there is the large military hospital at the Col-

lege, Grey's Hospital, and the hospital for volunteers established at the Legislative Assembly.

From Maritzburg the patients are sent down to Durban by the hospital train, and are then conveyed to Cape Town by the hospital ship *Spartan*, which is under the charge of Major Woodhouse, R.A.M.C. From the careful examination I made of her when I boarded her at Durban, I should think she was the best-equipped and best-managed hospital ship afloat.

Colonel Galloway's organisation has now been tested to the utmost, and has been proved to be efficient and admirable. Those in England who have friends among the army in Natal may rest assured that the wounded are well looked after, and that the arrangements for their comfort leave little to be desired. The wounded placed upon the hospital train by the Naval Hill below Chieveley could have—as soon as they were placed in their berths—iced soda water and whisky, iced milk, hot soup, or even champagne and seltzer. It is no matter of wonder that Major Brazier-Creagh is proud of his train, to which he has devoted so much labour and thought.

The strain of the work at Durban falls upon Major McCormack, R.A.M.C., who has charge of the base depot medical stores, and who—after weeks of hard work—has brought his department to a perfect degree of business-like efficiency.

MAUSER BULLET WOUNDS.

The great majority of the wounds are by Mauser bullets, some few are due to fragments of shell, and a still less number to shrapnel. The Mauser bullet is a very merciful one, and in no instance have I met with a case in which the head of the bullet had been cut off, as had been asserted by some. The damage done by the Mauser depends mainly upon the range. At 1,500 to 2,000 yards it penetrates like a needle. At 500 yards or less it will smash a femur or a humerus to fragments. When a bone is fractured the bullet—if retained—is generally found to be much distorted or broken up into many fragments. The shell generally peels off the leaden core.

As an instance of the fine hitting of the Mauser, I may mention a case (from the armoured train) in which the bullet went through the middle phalanges of the ring and little fingers, making four small wounds which healed kindly and neatly. The two bones were fractured but the man recovered with sound union and mobile joints. On the other hand, I have seen a fracture of the humerus in which the bone was broken into twenty-three small fragments. Many gunshot fractures of the thigh heal by first intention.

ABDOMINAL WOUNDS.

The point of entry of the Mauser is very small—often, as Tommy says, like a bugbite; it is not difficult to overlook. The point of exit is also often very small, but is more apt to be slit-like. Several patients have been shot through the abdomen without inconvenience following. In some of these the bowel has been penetrated, as shown by blood in the motions. The hole made in the bowel by the Mauser is very small, and can be closed by from three to five Lembert's sutures. Several penetrating wounds of the liver and kidney have been followed by no symptoms. One distinguished officer had a shrapnel bullet pass through his liver and kidney. He had little collapse, and beyond some temporary tympanites and hæmaturia he had no trouble of any kind.

BULLET WOUNDS OF THE HEAD AND SPINE.

In several instances the bullet has passed through the brain without causing marked symptoms, and perfect recovery has followed. For example, a bullet entered near the vertex, passed through the brain, hard palate, and buccal cavity, and escaped at the root of the neck on the opposite side. No discomfort followed except headache and some strabismus. Speaking generally, operations upon the skull for gunshot wound have done exceptionally well

and such operations have been numerous. I met with 4 cases of paraplegia on Saturday, the bullet having in each case apparently passed through the cord.

BULLET WOUNDS OF THE EXTREMITIES.

Amputations have been comparatively few. I have seen a Mauser go through the centre of the patella and out at the centre of the popliteal space, and lead to no trouble in the joint. In another case the bullet went through the popliteal space from side to side, and left the bone and joint untouched but led to an arterio-venous aneurysm.

BULLET WOUNDS OF THE CHEST.

After penetrating wounds of the lung there may be no symptoms beyond an immediate hæmoptysis, which is not repeated. In other instances there has been surgical emphysema or hæmothorax, a pneumothorax, and an example or two of empyema. On the whole, gunshot wounds of the chest do well.

Some cases are hard to understand, as, for example, one in which the bullet entered above the clavicle, and came out on the inner side of the opposite thigh, there being no symptom except temporary shock.

THE FIELD DRESSING.

The field dressing carried by each soldier answers its purpose admirably. Tommy has a great regard for it, and takes every care that he has it on him.

THE SPIRIT OF THE WOUNDED.

On all sides there is evidence that our soldiers behaved splendidly on the field, and I can say that when brought back wounded they were plucky, patient, and uncomplaining. Their unselfishness was many times very marked. An orderly was bringing some water to a wounded man lying on the ground near me. He was shot through the abdomen, and he could hardly speak owing to the dryness of his mouth, but he said, "Take it to my pal first; he is worse hit than me." This generous lad died next morning, but his pal got through and is doing well.

FREDERICK TREVES.

[FROM OUR SPECIAL WAR CORRESPONDENT.]

THE MEDICAL SITUATION AT THE BASE IN CAPE COLONY.

Capetown, December 30th, 1899.

THE BASE HOSPITALS AFTER LORD METHUEN'S ACTIONS.

THE news—the rather scanty news—that we get from England chiefly refers at present to the additional reinforcements that are coming out. With military matters I am in no way concerned; but it is at least possible that the idea may obtain at home that the non-combatant departments may also stand in need of further augmentation, and it is tolerably safe to assume that to the medical branch thoughts will be turned.

It may save disappointment to many if the medical situation is explained. At the moment of writing there are in round figures some 1,100 patients in the three base hospitals. No. 1 and No. 2, as the readers of the BRITISH MEDICAL JOURNAL are aware, are at Wynberg and No. 3 at Rondebosch. The latter hospital has rather over 100 cases, which were brought down a day or two ago in the hospital ship *Spartan* from Natal; No. 3, therefore, has at present more medical and nursing staff power than is required. It is likely to fill up gradually and without any sudden strain being thrown on it. After the engagements in the neighbourhood of the Modder River, in which General Lord Methuen's force took part, there was for a time very great pressure on the base hospitals Nos. 1 and 2. The nursing staff was hardly up to the strength calculated to meet such a sudden and serious strain. In some respects the hospitals were incomplete; thus, the operating theatre of No. 2 is still a marquee tent, the building being still in the hands of the workmen. Notwithstanding [the severe pressure, and in spite of the fact

that in minor details the absolutely smooth working that can only be looked for when the machine has been running for a little time was hard to secure, these base hospitals met the emergency with comparative ease. Hard work was entailed; but that was precisely what every member of the staff was burning with anxiety to give, and they asked for nothing better.

Meanwhile No. 4 Hospital, at present under orders to proceed to Natal, has not as yet been called into requisition, and there are two additional hospital ships, the *Lismore* and the *Nubia*, which have been fitted here. There is, therefore, a large margin allowed. The wounded at all the three base hospitals, broadly speaking, do well, and a large number of convalescents will shortly be ready to leave. On all these grounds, therefore, it does not seem probable that any increase of the medical or nursing staff will be called for.

A WARNING TO VOLUNTEER NURSES.

Yet every steamer from England appears to bring ladies who seek in vain to obtain nursing employment in the hospitals. To such as are unacquainted with the methods of a military hospital and its manner of working, the nursing staff appears inadequate. Judging only by their experience (when they have any) of civil hospitals, there appear abundant openings for more women workers. The outflow of sympathy is strong, and it seems almost cruel to point out that the resentment felt when applications are declined is highly unreasonable. The long and short of it is that the R.A.M.C. is not in any need of more nursing power. Were there any desire to appoint extra nurses, of which there is not the slightest indication, it is possible that the claims of the many nurses who, under normal conditions, exercise their vocation at places like Kimberley and Johannesburg would be first considered. Among these are many fully-trained nurses fully qualified to do any work to which they might be set. Their lot is a hard one, for prices at Capetown are high and civil employment is not easily obtained.

No one here would doubt the readiness with which the nurses at home would volunteer for service, but they are not wanted. At some future date the question of the employment of nurses to a greater extent than now obtains in military hospitals may come again to the front, and the experience derived from this campaign will be of much value; but this sort of question is one that it would be most improper to discuss at present and most unprofitable. No sane person would seriously argue, however strong the views he held, that any grave change of system should be made during a time of stress and trial.

The feeling that animates so many at home is just as strong at Capetown. Everyone is desirous of giving practical aid, of being useful in some capacity. It is to be feared that a formidable amount of thankless work devolves on the officials of the medical department in answering the numerous applications made.

NOS. 1 AND 2 HOSPITALS AT WYNBERG.

The hospitals at Wynberg are very easily accessible from Capetown, and, when strong south-easterly winds blow, Wynberg is a much pleasanter place than Capetown. It has been found necessary to restrict rigidly the granting of passes to the hospitals, which otherwise would have been inundated with visitors, many of whom would have gone out of pure curiosity. It is not easy to convince people that the essential business of a hospital is to get the patients well as quickly as possible, and move them away to make room for others, and that anything which interferes in the least degree with this end is highly undesirable.

NO. 3 HOSPITAL AT RONDEBOSCH.

No. 3 Hospital, charmingly situated at Rondebosch, with a magnificent view of Table Mountain, was opened on December 24th for active work, some 100 wounded and sick brought down in the hospital ship *Spartan* being the first occupants. The only objection that can be made against the site chosen is that it is rather exposed to wind. The trees that surround the tents are at some distance. The sandy soil gives but poor hold for tent pegs, and if the "Cape Doctor" blows with great force there may be anxious moments. The water supply is abundant and good, and the Water Company has undertaken to keep the roads watered. When the tent

ropes are secured by long iron pegs, which are immediately to be provided, the airiness of the situation will be an advantage and not an anxiety. The hospital is about a mile from Rondebosch Station, and the road leading to it is a good one. Still, the journey that has to be made from the docks in the case of sick and wounded brought by sea from Natal is rather a trying one.

THE WORK DONE IN THE FIELD HOSPITALS.

It speaks volumes for the excellence of the work done in the field hospitals that the patients arrive in such excellent condition. In my next letter I hope to particularise some of the cases under treatment, and it will then be seen that praise of the work done at the front is thoroughly well merited.

[Our correspondent informs us that he was leaving Cape-town for Durban on the day this letter was despatched.]

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

X.

FIELD AMBULANCES.

In my last letter I referred to the question of wheeled ambulances for use with the cavalry column, and in doing so said that I believed a spider-built vehicle would be more adapted for the purpose in South Africa than any two-wheeled cart could be, not excepting even the Irish jaunting car. Since writing, an illustration of one of these "spiders," as used in South Africa, appeared among the excellent snapshots from the field of operations published by *South Africa*, and by the kind permission of the Editor of that journal I am able to reproduce it here. A glance at this vehicle will show how



Spider cart used for the transport of wounded. From a photograph taken in Pietermaritzburg College Grounds by the special correspondent of *South Africa* with the force in Natal.

extremely difficult it would be to capsize it, with its wide axles and light wheels standing well out from the machine. Any one of these four wheels could go almost anywhere without actually capsizing the ambulance. Various patterns of arriages are mounted on wheels such as these; the one shown, with a little modification, would not be a bad one for ambulance work. The centre of the cart could be used either for 3 men lying down side by side or for 4 or more men sitting; in front at least 2 more men might be accommodated with the

driver. For rapid movement over a rough country two good horses would be used in a vehicle of this description.

DRESS FOR SOLDIERS.

The question of dress for troops in South Africa is still receiving the attention of experienced campaigners. The volunteers recently sent out are, it is satisfactory to see, provided with the wide-awake felt hat instead of the helmet, but puttees continue to be very much in demand, and although comfortable to the wearer are not entirely suitable for rough work in South Africa. The spear grass of India or "stick" grass of South Africa are equally liable to get into the puttees and cause considerable annoyance, while the various thorns abundant in the bush of South Africa will undoubtedly tear and penetrate them. On the whole, there can be little doubt that some form of leather legging, either as a puttee or an ordinary legging, should be provided, especially for the mounted men; such leggings are being made for the South African contingent of the Imperial Yeomanry. The latter has the further advantage of being a protection against snakes, which, although not a great danger, cannot nevertheless be entirely ignored. One officer, at least, it has been pointed out to me since writing my last letter, lost his life from the bite of a cobra during the Zulu war.

TICKS AND NATAL SORES.

The following letter from a lady, who is herself an experienced traveller, has been received:

When seeing a lady friend of mine (an experienced traveller) off to the Cape for the fourth time, last week, she begged me, in the interests of our soldiers, to ascertain if our medical men and surgeons who were accompanying them were aware, or had been duly warned, as to one of the plagues of Natal—(as bad as some of the plagues of Egypt)—and for which the season was just now approaching—namely, the prevalence in the grass of myriads of bloodthirsty ticks, which attack both man and beast indiscriminately. She herself, having made light of her father's injunction to keep off the grass, and going to look at some particular shrub, found herself covered with them one day. Most of these miniature leeches she managed to remove safely, but one failure resulted in one of the dreadful Natal sores, from which she suffered agonies, and so speaks from experience.

The danger is that in hastily tearing off the loathsome little creature the head should be left, when a so-called Natal sore results—an ulcer sometimes deep, which if multiplied indefinitely, may probably invalid many of our brave men, as can easily be imagined.

She told me of a simple local remedy—some kind of oil, as far as I remember—mixed with tobacco ash, which, if applied at once, makes the insect, as she expressed it, "kick out backwards, intact, of its own accord." I think that this information—the remedy (which I could more accurately verify if you wished)—cannot be too widely known, for we surely have enough to contend with as it is in this arduous campaign, and the root of evil at the bottom of many a mysterious sore may thus be discovered and removed.

The evil is undoubtedly a real one, as I can testify from personal experience; fortunately, however, the ticks are most abundant and troublesome in the immediate vicinity of the sea coast, and at altitudes of 3,000 or 4,000 feet they are much less numerous. I am not acquainted with the remedy referred to in this letter, but I have personally found carbolic oil to be absolutely reliable both as a preventive and as a cure. I can well recall a night spent in ambush near the Kei river, in the eastern provinces of the Colony. We lay in long grass, awaiting the arrival of a Kaffir marauding party who never appeared, but the torture of that night I shall never forget. We were literally devoured by swarms of these ticks, which infest the long grass of the coast.

It is curious that with ticks, as with other parasites, some sort of immunity appears to become established in the host; thus a newcomer suffers much more severely from the tick bite than the salted colonist. The reason would appear to be a double one, for while the veteran colonial campaigner suffers less from the effects of the bites, the tick itself appears to prefer fresh blood, and these parasites invariably attack in greater numbers the newcomers. Whether the tick is really responsible for the Natal sore referred to is not quite certain, some medical men maintaining that they are the result of a different parasite.

THE LAST HOURS OF THE FATALLY WOUNDED.

A very admirable letter on this subject was published the other day in the *Morning Post* by Colonel Wyndham Murray, M.P., a soldier of wide experience, who has served through no less than five campaigns. In the majority of instances he was on the staff of the commander, and his opportunities of observation have therefore been ample. He has already spoken with no uncertain voice in the House of Commons on

the question of offering additional facilities for rifle practice among our troops. He has seen that for those whose sad lot it may be to die in a far country, it is a great solace to be enabled, before death actually occurs, to send a last message to those best loved on earth; and to the recipients a communication of this sort mitigates, in a measure, the bitterness of the blow which they have to sustain.

Colonel Murray says that there are no persons whose special duty it is to collect the last words of the wounded in battle, and that many men die in a state of mental agony which would be considerably relieved if they were assured that their last words of farewell would be faithfully carried to their kith and kin. Colonel Murray therefore suggests that

Of the Medical Department with each force a few persons should be carefully selected for tact and other such qualities, who should make this their special duty immediately after an engagement, and that an officer in the hospital of each force should collect and make a careful record of every such case, transmitting the messages as required, so that the matter be on an organised footing instead of being carried out in, no doubt, the kindly but chance manner that must be the case at present.

In reference to this we may at once say in justice to our profession that we believe this office is invariably performed when the opportunity arises, but at the same time it must be admitted that the first duties of a medical officer are often so urgently of a purely surgical character that he has but little time for the performance of a duty which requires both delicacy and time. Where big armies are engaged, as in the present campaign, Colonel Murray's suggestion appears well worthy of attention, though possibly the task is one which should be shared, at least, by the chaplain's department. Death, of course, not infrequently comes suddenly and swiftly on the field of battle, but there are many cases where life lingers, it may be for an hour or even less, and in such opportunity for this last act does occur.

RAPID RECOVERY OF WOUNDED.

In the last issue of the *Polyclinic*, the journal of the Medical Graduates College in London, Mr. Jonathan Hutchinson observes that never before in the history of the world were wounded soldiers more rapidly restored to the combatant ranks. The term "wounded," he thinks, will soon cease to have the fearful significance which it once had, and all those coming under it will hardly be counted as losses, when we realise that two-thirds will probably be back in the ranks within a fortnight. Mr. Hutchinson concludes his article by pointing out what great interest would attach to statistics collected by those who have the opportunity as to the precise nature of the injuries of those killed on the modern battle field. Experience of the present campaign would apparently show that the only absolutely fatal part is the heart, and this, as has been suggested by more than one writer, may eventually be protected by a breastplate. Even penetrating wounds of head, although of course usually fatal, we have seen in the present campaign are not invariably so.

THE WOUNDED AND SICK AT NETLEY.

[BY OUR OWN CORRESPONDENT.]

DURING the past few weeks detachments of sick and wounded from South Africa have been arriving at Netley. The empty transports returning from the Cape afford ample and luxurious accommodation to convey to the military hospitals in England a considerable number of men. There are now at Netley a total of 450 soldiers returned invalided, of which number 358 are surgical cases.

On Thursday, January 18th, by the kind permission of the Principal Medical Officer, Colonel Charlton, I visited the hospital at Netley in order to see some of these men. A winter's sun shone brightly over the fine buildings, trim lawns, and playing fields of the hospital. From the water's edge the jetty ran out into the rippling surface of Southampton Water, and across the water lay the wooded slopes of Hampshire, covered by the perennial haze of England, the whole presenting a scene both beautiful and tranquil. It was a grateful change from the murk and gloom of a winter's day in London. It was the scene that formed the soldiers' last glimpse of England as he embarked for the South, and it was this scene which he gladly welcomed again on his return for a period of convalescence and rest. The excellent accommodation which the empty transports are able to offer, together

with the fine weather voyage from South Africa, evidently exercised most beneficial effects on the invalids. Thus of the 136 cases recently landed from the *Aurania* only one had to be carried into the hospital, the others all having sufficiently recovered to walk. As my time was limited I confined my visit to an inspection of some of the extremely interesting surgical cases, the result of gunshot wounds; of these the great majority have been inflicted by the Mauser bullet.

Surgeon-Captain Steele, of the Militia Medical Staff Corps, who was orderly officer for the day, took me to Major Dick, R.A.M.C., in whose charge most of the surgical cases had been placed, and who kindly took me round some of the wards. Among the cases were men who had been pierced by bullets in almost every direction. Thus, there were cases in which the head had been wounded, and apparently even the brain traversed; others were shot through the thorax, while several had been wounded in the abdomen, groin, and buttock, and both upper and lower limbs. Shoulder and elbow-joint had in turn been pierced. In one or two cases, of which I give brief notes, the body had been traversed literally from one end to the other. The wounds, with the exception of a very few, had almost entirely healed, and in a large number of cases had left no symptom whatever behind them. Most interesting of those with appreciable after-effects were cases of nerve injury, in which a degree of either pain or paralysis, or both, remained.

I will now give a few notes of the cases I actually saw in the order in which I saw them:

CASE I.—*Bullet Wound of Humerus.*

Lance-Corporal W. R., of the 3rd Grenadier Guards, took part in the engagement at Belmont. He received a bullet wound in the arm, which fractured the humerus and apparently had involved the shoulder-joint, the wound had completely healed; the wound of entrance had healed before leaving Capetown, that of exit on the voyage home. When hit, he was standing close to Lieutenant Fryer. The Grenadiers, R. says, were advanced out of their camp at 1.30 A.M., and subsequently took part in the successful engagement at Belmont, the first of Lord Methuen's brilliant series of actions previous to Magersfontein.

CASE II.—*Bullet Wound of both Thighs without Fracture; Probable Injury of Sciatic Nerve.*

Private E., of the Argyll and Sutherlandshire Highlanders, was wounded at Modder River by a Mauser bullet, which traversed both thighs, passing posterior to and clearing the femur in both legs. The second bullet had traversed the left deltoid muscle. The wounds had all healed, but a good deal of pain was still felt in the right foot. The patient himself attributed this pain to rheumatism, acquired from exposure subsequent to the wound, as he lay in pelting rain for many hours. There can, however, I should imagine, be little doubt that in this case the sciatic nerve had been lacerated by the passage of the bullet, and that the pain referred to was due to this.

CASE III.—*Bullet Wound of Elbow-joint.*

Private K., of the same regiment, had received a wound in the elbow which had fractured the bones of the joint. The wound had been entirely healed for some time past, and the splints had recently been removed. There was still a good deal of thickening, but the patient was making excellent progress.

CASE IV.—*Perforating Bullet Wound of Thorax: Paraplegia.*

Private K., of the King's Own Yorkshire Light Infantry, was engaged at Grasspan; in his case the bullet traversed the thorax. It had entered below the tenth rib on the left side in the midaxillary line, crossed in front of the spinal column, which, presumably, it had grazed, and came out in the mid-axillary region on the right side below the seventh rib. The shot was from a rifle at 600 yards distance, and made a perfectly clean wound both of entrance and exit. Major Dick, in commenting upon this case, said that the cleanest wounds were those from a Mauser bullet fired at from 400 to 1,000 yards; below 400 and over 1,000 a more explosive effect is produced. The patient explained that after the wound the effect he was principally conscious of was a loss of power in

both legs. Power had gradually been returning, and with it a certain amount of pain; the pain had increased slightly as the power returned. As this patient was one of those cases requiring a recumbent position during the whole of his journey, I asked him how he had fared. He said that the journey had been comfortable from start to finish, first of all by train to Capetown, and then by ocean steamer to good quarters at Netley. He felt that he had been well treated and cared for, and that every provision practicable had been made for his comfort.

CASE V.—*Perforating Bullet Wound of Chest: Pleural Effusion.*

Private W., of the Grenadier Guards, was wounded at Belmont. The bullet had entered 2 inches to the left of the nipple of the left side, where a rib had been fractured. The bullet came out to the immediate left of the spine below the seventh rib. Three weeks afterwards a certain amount of fluid had apparently collected in the pleura and had been drawn off through a trocar. All the wounds had healed, and he was rapidly regaining his normal condition. The wounds of entrance and exit, as well as the site of the puncture of the trocar, were all visible. The patient stated that the fluid drawn off consisted of blood and water. There was, at any rate, no reason to suppose that an empyema had formed.

CASE VI.—*Bullet Wound of Arm: Paralysis of Extensors.*

Lance-Corporal R., of the 1st King's Royal Rifles, was wounded at Lombard's Kop, near Ladysmith. In his case the bullet had traversed the back of the right arm, and presumably had severed the musculo-spiral nerve. The wound had healed completely, but there was entire loss of power in the extensor muscles. R. had taken part in the march of General Yule from Dundee to Ladysmith, and two days afterwards was engaged at Lombard's Kop, where he received his wound.

CASE VII.—*Wound of Face: Fracture of Nasal Bones.*

Private E. K., of the 1st Battalion Scots Guards, took part in the storming of the Kop at Belmont. He had received a bullet in the face, fracturing the nasal bones and destroying the right eye. He was not unconscious after the injury and said that he had not suffered any great degree of pain.

CASE VIII.—*Bullet Wound of Ischium.*

Private E., of the 2nd King's Royal Rifles, was engaged at Lombard's Kop on October 30th. He had a wound of entrance over the ischium, and the bullet had remained lodged in the body. It is hoped that it will be definitely located with the aid of Roentgen rays; at present the wound has completely healed and all that he is suffering from is a certain amount of pain in the right knee and groin.

CASE IX.—*Shell Wound of Muscles of Forearm.*

The next case was one of a wound from a shell. Of these some 6 or 8 had been received at Netley. Private J. S., of the 3rd Grenadier Guards, was engaged at Modder River, where he received his wound. A fragment of shell had torn out a portion of the muscles of the forearm; the wound had healed, but there was a good deal of contraction of the flexors.

CASE X.—*Bullet Wound of Foot: Cellulitis.*

Private H., of the 2nd West Yorkshire Regiment, formed one of the few exceptions to the general rule, and had a bullet wound of the foot, still unhealed. In this case sloughing and cellulitis had occurred, and on admission to the hospital his temperature was still elevated. Since his stay at Netley his temperature has gone down to normal; the wound is in a perfectly healthy condition and doing well.

CASE XI.—*Perforating Bullet Wound of Cranium.*

This was a very interesting and astonishing case of a man who had a bullet pass through his head behind both orbits. I was unfortunately unable to see him, as he was taking a walk somewhere in the extensive grounds. Major Dick assured me that the man was practically well, that he had never shown any special symptoms. He is probably the same case as that referred to in the letter of the Capetown correspondent of the BRITISH MEDICAL JOURNAL published some few weeks ago.

CASE XII.—*Bullet Wound of Pelvis and Abdomen: Injury to Bladder.*

Private S., No. 10 Mountain Battery, was shot in the right buttock during the engagement at Reitfontein, near Ladysmith, while serving his gun. The bullet entered about 2 inches to the right of the anus, and came out slightly below the umbilicus and within 3 inches of it to the left. He passed blood in his urine for some six days, and then steadily recovered. The bullet he believes was a ricochet off a stone close by. If this was so the wound was unusually clean, for as a rule a bullet which ricochets from a rock is rendered jagged and dangerous. But both the wound of entrance and that of exit in this, as in all the other cases, simply showed after healing up small purple marks about the size of the top of the little finger.

CASE XIII.—*Perforating Bullet Wound of Neck and Thorax.*

Private L., of the 2nd Coldstream Guards, took part in the fight at Magersfontein. The bullet entered on the left side of the neck, low down, and came out below the tenth rib on the right side of the midaxillary line. What course this bullet could have taken without wounding one of the larger vessels is difficult to conceive.

CASE XIV.—*Perforating Bullet Wound of Thorax, Abdomen, and Pelvis.*

Private M., of the Argyll and Sutherlandshire Highlanders, took part in the fight at Magersfontein. The bullet entered on the left side below and in front of the outer end of the clavicle, and it came out an inch below the crest of the right ileum. In this instance the bullet must have traversed the thorax, the abdomen, pelvis, and finally the iliac bone, literally from one end of the body to the other. The patient said that he had a good deal of abdominal pain for the first six days, but after that he was soon all right again. Both wounds had completely healed, and the wound of exit was very little, though slightly, larger than that of entrance.

Time would not allow of a further inspection of cases, although a large number would have repaid careful examination. If some of the surgical lecturers at the Polyclinic could get a dozen or two of these cases—now practically convalescent—to come to London for their demonstrations, they would certainly be conferring a favour upon a large number of the profession, who would be delighted to have an opportunity of seeing some of the extraordinary results of the Mauser bullet wounds. The patients now at Netley are in good hands and should do well. In addition to the officers of the R.A.M.C., several of the militia medical staff corps have been called up for service, and Surgeon-Captain Steele informed me that from his own corps he had taken a company of 50 men, who were assisting in various capacities about the hospital.

HOSPITALS FOR SOUTH AFRICA.

THE YEOMANRY HOSPITAL.

THE organisation of this hospital has made satisfactory progress, and it will probably be ready to leave on February 3rd should transport be at that time available. This matter, which is in the hands of the Transport Department of the Admiralty, is not yet settled, and it is possible that a special steamer may be chartered for the purpose. The hospital will be provided both with tents and huts, and the beds will probably be equally divided between these two forms of shelter. It is proposed that the operating theatre should be established in one of the huts. Special attention is being given to all the sanitary arrangements and a Pasteur-Chamberland installation to supply filtered water for seven hundred and fifty persons will be provided. A Washington-Lyons steriliser for infected clothing, and an incinerator for dressings will be taken out. It has been resolved to increase the staff of nurses to forty, all fully trained and carefully selected. The superintendent of nurses will be Miss Fisher, who was trained at Guy's hospital, and the night superintendent will be Miss Brereton, lately a sister of the Bright Ward at Guy's Hospital. The medical staff will include nineteen fully qualified medical men, including Lieut.-Colonel Sloggett, the military officer in command, and there will be in addition ten dressers. The surgical and medical staff of the hospital, so far as appointed, are: Alfred D. Fripp, M.S.Lond., F.R.C.S.Eng., Assistant-Surgeon to Guy's Hospital; John Wichenford Washbourn, M.D.Lond., F.R.C.P.Lond.,

Physician to and Lecturer at Guy's Hospital, and Physician to the London Fever Hospital; Raymond Johnson, M.B., B.S.Lond., F.R.C.S.Eng., Assistant-Surgeon to University College Hospital and to the Victoria Hospital for Children; F. Newland Pedley, F.R.C.S.Eng., L.D.S., Senior Dental Surgeon to Guy's Hospital, and Lecturer on Dental Surgery in the Guy's Hospital Dental School; Hamilton A. Ballance, M.S., M.D.Lond., F.R.C.S.Eng., Assistant-Surgeon to the Norfolk and Norwich Hospital; Wm. Turner, M.B., B.S.Lond., F.R.C.S.Eng., Assistant-Surgeon to the Westminster Hospital; Wallace C. G. Ashdowne, F.R.C.S.Eng., Surgical Registrar of St. Mary's Hospital; J. B. Christopherson, M.D., B.C.Camb., F.R.C.S.Eng., Demonstrator of Anatomy St. Bartholomew's Hospital; Andrew Elliott, M.D., C.M.Edin., D.P.H., Medical Registrar, West London Hospital; H. W. Saunders, M.B.Lond., F.R.C.S.Eng.

THE IRISH HOSPITAL.

Dr. J. B. Coleman, F.R.C.P.I., has been appointed to the staff of Lord Iveagh's Irish hospital for South Africa. Sir William Thomson, the chief surgeon, will, we learn, sail on February 3rd, for Capetown, so as to arrive a few days in advance of the remainder of the staff of the hospital and its materials.

THE LANGMAN HOSPITAL.

We understand that the staff of this hospital, the gift of Mr. John L. Langman, has been completed as follows:

Robert O'Callaghan, F.R.C.S.I., Surgeon to the French Hospital, London, Surgeon. Charles Gibbs, F.R.C.S.Eng., Assistant Surgeon to Charing Cross Hospital, Surgeon. H. J. Scharlieb, F.R.C.S., Anaesthetist to University College Hospital, Assistant Surgeon and Anaesthetist. A. Conan Doyle, M.D., Physician. The Army Medical Officer in command of the hospital will be Major O'C. Drury, R.A.M.C. Five senior students from University College Hospital as surgical dressers. Mr. Archie Langman, son of the donor, will act as treasurer and secretary.

THE PRINCESS CHRISTIAN HOSPITAL.

Mr. Alfred Moseley, of Hadley Wood, Middlesex, has offered to equip and support a base hospital for wounded at Capetown and the War Office has gratefully accepted the offer.

Mr. Moseley, a merchant connected with South Africa, proposes to erect four principal buildings one storey high, built of wood and covered with corrugated iron. Each will contain twenty-five beds. One will be reserved for cases of fever. There will be separate buildings for stores. The staff will consist of five Surgeons and Major H. B. Mathias will be the officer of the R.A.M.C. in charge. The Princess Christian has consented to the hospital bearing her name, and the Red Cross Society has associated itself with the undertaking.

No. 6 GENERAL HOSPITAL.

No. 6 General Hospital, mobilised at Portsmouth under the command of Lieut.-Colonel B. Somerville-Large, R.A.M.C., was inspected on January 20th by Surgeon-General Cuffe, C.B., Principal Medical Officer Southern District, who expressed himself highly pleased with the excellent appearance of all on parade.

The personnel of the Hospital, in addition to the R.A.M.C. largely drawn from Section D of the Army Reserve of the Corps, included a fine body of 50 supernumerary officers and men provided by the St. John Ambulance Brigade. The inspecting officer specially complimented these men, whom he, as an old member of the Order of St. John, felt assured would maintain the grand traditions of the Knights Hospitallers of old, who went to the East to succour the sick and wounded in war, as they, the English modern representatives, would surely do in the South, in friendly emulation of their comrades in the Royal Army Medical Corps, whose motto, *In arduis fidelis* (faithful in difficulties) had from all accounts been well adhered to in spite of the asperities which stimulate rather than deter. The Surgeon-General concluded by wishing them every success and a safe return after a successful campaign. They embarked at Southampton in the ss. *American*, on January 21st, for South Africa.

THE BATTLE OF MAGERSFONTEIN.

A correspondent in this country sends us the following details which he has received, describing the gallant conduct of Lieutenant H. E. M. Douglas, R.A.M.C., to which reference was made in the BRITISH MEDICAL JOURNAL of December 23rd, 1899:

Lieutenant H. E. M. Douglas was in medical charge of the Black Watch. During the morning, having lost touch with the Black Watch, he was attending the wounded under fire in front of our own guns, when he received a message from the front line of fire that a doctor or stretcher was required or a wounded officer of the Gordons (Captain Gordon).

He at once made his way there—that is to say, to within about 250 yards of the Boer trenches—under a heavy fire all the way, and attended to a number of wounded, and continued to do so until a general retire was ordered. He was wounded subsequently whilst procuring water for men of the Black Watch.

THE SICK AND WOUNDED OFFICERS' FUND.

A preliminary meeting of the Committee of the Sick and Wounded Officers' Surgical and Medical Aid Fund was held at Hampden House, under the presidency of the Duke of Abercorn, K.G., on January 22nd, and was attended by, among others, Sir Thomas Smith, Bart., Surgeon-General J. B. Hamilton, Dr. Thomas Barlow, Mr. Christopher Heath, Mr. Alfred Willett, Mr. Edmund Owen, Dr. G. S. Beatson (Glasgow), Mr. Alfred Cooper, Mr. Clutton, Dr. Newton Pitt, and the Honourable Arthur Brodrick, Honorary Secretary. The executive committee was elected, and a small subcommittee of medical men to make a report upon the manner in which the surgical and medical aid should be organised was appointed.

THE EIGHTH DIVISION.

The Principal Medical Officer for the Eighth Division, which will be under the command of Major-General Sir H. M. L. Rundle, K.C.B., is Lieutenant-Colonel W. A. May, R.A.M.C. Lieutenant-Colonel May entered the Army Medical Service in September, 1874, was appointed Surgeon-Major in September, 1886, received the rank of Lieutenant-Colonel in September, 1894, and was appointed Brigade-Surgeon-Lieutenant-Colonel on December 15th, 1897.

The medical officer appointed to the Staff of the Division is Major J. W. Jerome, R.A.M.C., who entered the service in February, 1882, and was appointed Surgeon-Major in February, 1894.

THE LATE MR. JOHN RUSKIN.

MR. RUSKIN'S ILLNESS DESCRIBED BY HIMSELF.

WHEN, some time ago, I was on a visit to Mr. Ruskin at his house at Coniston, he received me with that genial, almost tender, kindness and hospitality for which he made Brantwood famous, and not only Brantwood, but any other house which for the time being had been his home. He talked in his charmingly frank and naive manner, which, considering the delicacy of some of the subjects upon which he touched, was at once delightful and, even to a friend, a little surprising. Ruskin—as everyone knows—was an admirable talker. A rich vein of playful humour, when he was not in too serious and earnest a mood, underlaid his conversation, which, when accompanied with the merry twinkle of his deep blue eyes and the smile that on such occasions was ever playing prettily about his mouth and lighting up his expression, possessed a fascination peculiarly his own. One morning, as we sat at the breakfast-table—Mr. Ruskin and I—and after he had served me standing—as, with a pretty old-fashioned courtesy, he insisted upon doing—the sudden crowing of a bantam cock just outside the window behind me—that overlooking the lake—caused me to turn my head quickly that way.

"Do you object to that noise?" inquired my host with some solicitude. "Some people do. Now I like the sound of poultry very much in moderation, but it always serves to bring me back to a very painful incident which I will tell you about. It may be of some psychological interest one of these days.

"During my first illness of wild delirium—for I have had several such attacks, but the first was by far the worst—the voice of the fowls was an inexpressible terror to me. Ridiculous as it may seem, my madness took the form of my ever being in conflict, more or less personal, with the Evil One. I had at that time an old peacock who was good for nothing—and bad for very much; for at that season of the year the weather was abominable, and he was for ever foretelling rain with his ugly croaking voice. I was lying ill upstairs, and so quickly flew my thoughts (I have since in my subsequent attacks, which were much less severe, been able to verify this extraordinary psychological fact, which proves how the Creator of all can subdivide time infinitesimally) that every time he croaked I thought I was in a farmyard, and that I was impelled by the tyrant Devil to do some fearful wrong, which I strove with all my might and main to resist. But my pas-