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and gratefully acknowledged, in the interest of the sick and suffering soldiers, by yours, etc.,

I. A. CLERY,
Colonel, R.A.M.C.,
P.M.O. No. 4 General Hospital.

Mooi River, Jan. 22, 1900.

[The public will regard the above letter as the most cheering piece of intelligence they have yet received with regard to any of the military hospitals. It is satisfactory to be assured that one among them claims to be considered well equipped. Our columns upon January 12th contained the following appeal:]

"No. 4 General Hospital, with 520 beds, has been established at Mooi River, and the sick and wounded commenced coming in yesterday. It is very difficult to obtain those comforts so necessary in a hospital at Mooi River, and such will be thankfully received and acknowledged if sent. Packages should be addressed to Colonel Clery, R.A.M.C. The hotel has been taken over as a hospital for officers."

As we are aware that hundreds of sheets, etc., have been sent up to Estcourt, and as appeals for underclothing, mattress covers, etc., from hospitals have been attended to, the above appeal from Mooi River appears to have been confused with the others, and given a wider meaning than Colonel Clery, R.A.M.C., intended. As regards the general mismanagement, we may add that the R.A.M.C. has been on its trial, and, so far, has not distinguished itself favourably, but the reverse—except upon the field, where everything is splendidly managed, and, as Colonel Clery points out, also at Mooi River. Examples of cruel mismanagement have been plentiful, but as there are now welcome signs of an awakening and as our only object is to obtain proper treatment at once for the sick and wounded, we abstain at present from further irritating criticism, to watch progress. Suffice it, that when official tongues are untied after this campaign is over, there are several whose experiences, when related, will cause a considerable sensation at home. Hence, though we may be silent, it will be well to remember that there is a "hereafter" to the transient power of to-day, when an account will have to be rendered for shortcomings now being duly noted.]

THE MEDICAL SERVICE OF THE AUSTRALIAN CONTINGENT.

WHEN that first strange initial blunder of the War Office was made, and the offer of an Australian contingent of all arms was declined, it occurred to Colonel W. D. Campbell Williams, of Sydney, Principal Medical Officer of the Medical Corps of the New South Wales Military Forces, that the offer of a medical service unit might nevertheless be accepted.

It should be explained that New South Wales is the only colony of Australia that possesses a thoroughly organised, trained, and equipped Medical Staff Corps. This is composed of a small number of regulars, but the bulk are "partially paid." The corps was originated by Colonel W. D. Campbell Williams, and is described as "more than up to date." The corps is able to provide for a field force of 7,000 men. One of its notable features is a cavalry ambulance, the waggons of which were designed and built to Colonel Williams's plans. They are for use with mounted forces in bush country, and are able to keep up with a rapidly moving force. A great proportion of the medical officers are either surgeons or physicians to civil hospitals, and included in their number are the leading surgeons and physicians of Sydney, so that it possesses the best medical skill of the colony. The "organisation" of the corps is such that with six hours' notice it can proceed to the front with every waggon horsed, its own transport, stretcher bearers, and all stores, tents, drugs, and medical comforts, etc., complete.

Colonel Campbell Williams's suggestion was taken up by the New South Wales Government, and the cable message sent to this country was, to the great gratification of the New South Wales Corps, answered by a message that the offer was "gratefully accepted," an instance of foresight, one among many, upon which the Director-General of the Army Medical Department must many times since have congratulated himself. The message accepting the offer was received in Sydney on Monday, and on Friday night the Army Medical Corps unit offered a half bearer company, and a field hospital complete in every detail on a war establishment was embarked. It included 93 men of all ranks, 49 horses, 5 ambulances, 10 transport carts, and 2 water carts, with all the ordnance and medical and surgical stores as laid down, with, in addition, a fine reserve store of drugs, Roentgen ray apparatus, etc. This is certainly an achievement upon which Colonel Williams is to be congratulated, and was rendered possible only by the state of preparedness in which the New South Wales Medical Staff Corps was kept, and by the goodwill by which the energy and organising ability of the commanding officer was seconded by all concerned. The medical officers who accompanied Colonel Williams (who is Senior Surgeon St. Vincent's Hospital, Sydney) were Captain Fiaschi (Surgeon to the Syd-

ney Hospital), Captain R. E. Roth (Lecturer on Physiology New South Wales Government Training College, etc.), Captain Perkins, Captain Green, Captain Martin. Among the officers who followed at a later date were Major Alex MacCormick (Lecturer on Surgery University, Sydney, Surgeon Prince Alfred Hospital); Major R. Scot-Skirving (Physician Prince Alfred Hospital).

As has already been announced, Colonel Williams has recently been appointed Principal Medical Officer of all the Australian Forces in South Africa.

In a Reuter's telegram dated Modder River, February 19th, describing the rapid march of General French's relief column, there is the following reference of the New South Wales Medical Corps: "The New South Wales Ambulance Corps, under Lieutenant Edwards, drawn by Australian horses, kept pace with the column and picked up many wounded. They were complimented by the brigadier as being the first ambulance to cross the Modder River."

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XIV.

THE GRASS PLAINS OF SOUTH AFRICA.

THE master mind of our veteran general has no sooner been applied to the task in South Africa than a totally new development has been brought about. The war has entered on a new phase, and actions are being fought in an entirely new country. The whole of the country over which Roberts's various columns are now manœuvring, consists of rolling grass plains, with only here and there a few kopjes and ironstone ridges dotted on their surface. The soil for the most part is sandy, and is but loosely held together by grassy tufts which are everywhere separated from each other by considerable intervals. In travelling over this country, waggons frequently strike out new paths in the untrodden veld, and in places it is quite possible that the huge convoys of waggons, each with 16 oxen, and each carrying 6,000 pounds weight, might travel over the veld five or six abreast. The season has been exceptionally dry, only a few thunderstorms having occurred, and the whole veld is parched and brown. In the tracks of waggons clouds of dust arise, and may be seen for many miles ascending into the air, marking the line of convoys across the plain as smoke sometimes marks in the distance the track of an ocean steamer.

"HEAT EXHAUSTION" AND MENINGITIS.

The heat during the march of the different divisions appears to have been intense, and Lord Roberts mentioned in his telegram of February 14th that no fewer than 44 officers and 53 men had been sent on the 13th in return ox waggons to the line of railway, prostrate with heat exhaustion. Heat exhaustion is a good soldier's phrase, and is often described in the tropics by medical men as heat syncope or sun traumatism. What the precise pathology of this attack may be it is difficult to say, but the symptoms usually are prostration, with headache, which usually passes off in twenty-four hours, or even less. At other times solar fever may follow for a day or two, and in some cases, of which a few have come under my notice, meningitis is produced and terminates fatally. The fatal cases which I have seen occurred in natives employed in the open workings of the diamond mines, with heads entirely uncovered and exposed to the midday sun, and shut off by the surrounding walls of the mine from any currents of air. Certain cases of fatal meningitis arose on the diamond fields under these conditions. With these exceptions I have never seen more than a few days' lassitude follow the most persistent exposure to the sun. At the same time during periods of great heat acute meningitis, which seemed directly traceable to the action of extremely high temperature, sometimes developed among patients suffering from fever and other diseases. The Free State plains are at an altitude of about 4,000 feet above the sea level, and although hot by day they are almost always cool by night. The summer nights on these plains are ideal for bivouacking in the open; with one blanket, a hole in the sand hollowed out for the admission of the hip, and a pair of boots or other articles of equipment for a pillow, a weary man

may obtain an excellent night's rest. The water supply on these plains away from the rivers is not good, and not infrequently ten or fifteen miles occurs between one small fountain and another.

DEATHS FROM DISEASE.

Mr. Wyndham, in reply to an inquiry, stated in the House of Commons that among combatants approximately 508 deaths from disease had occurred in South Africa, 240 from enteric fever, and 268 from other causes. If we deduct from these losses those resulting from epidemics of typhoid fever and dysentery in Ladysmith, it will be seen that the actual losses sustained by the whole of our forces cannot be described as great. As a matter of fact the Free State has a thoroughly healthy climate, in which our men are likely to remain fit and well, unless quartered for long periods of time in camps where the water supply is insufficient and typhoid fever is allowed to become established.

AMBULANCE WITH IRREGULAR CORPS.

My attention has been called to the medical corps attached to the New South Wales contingent, which is reported to have excellent provisions for ambulance attendance in the field, and an inquiry has been sent me as to whether the Colonial forces will be similarly equipped with medical requirements. A gentleman recently returned from Chieveley, where he has been some time with Buller's force, tells me that provision has been made for supplying surgeons to the irregular corps and that a considerable amount was collected among South Africans in London for supplementing some of the necessities for such equipment. My informant added that pyjamas were badly needed by both the Colonial forces and the regulars, not for use in the field but for the use of wounded men brought into the field hospitals from the front. He told me that while he was there many such wounded were brought in, and that after sitting up a man's khaki jacket or breeches, as the case might be, and attending to the wound, there was considerable difficulty in getting anything to put on. The matter is worthy the attention of some of the numerous organisations for sending out articles of clothing for the troops. While on the matter of clothing for the troops it is well to note a comment in the letter of my Capetown correspondent, which appeared in the last issue of the *BRITISH MEDICAL JOURNAL*.

PLEURISY AND PNEUMONIA AMONG RECRUITS.

He says many cases of pleurisy and pneumonia had been admitted to the base hospitals at Capetown from men only just landed from the transports. This is a distinctly unfortunate state of things, and is due, my correspondent thinks, to the fact that the men were obliged to go barefooted on board ship. I cannot believe this practice is in vogue on all troopships, but can readily understand that the khaki cotton, which many of the men are provided with, and which I have seen them wear on raw December days on the docks at Southampton, may prove a very poor protection during the first half of the voyage, and also in the case of a south-easter off the Cape. In some instances I am told that our men had no cloak whatever. No troops should be sent without cloaks, and for the mounted men there is nothing to beat the regulation blue cavalry cloak. Blue, by-the-by, is a better colour for this cloak than khaki. In South Africa itself the cloak will only be worn on picquet duty at night, or in camp. At night the dark cloak is less conspicuous than the khaki would be. One of the City Volunteers, a well-known lawyer, died of pneumonia on the voyage out, and I fear that he was a victim to insufficient clothing during the voyage. One of the peculiarities of the new campaigner or amateur traveller is the passion for unnecessary hardship, and many young fellows going out with the yeomanry and volunteers require a certain amount of restraint to prevent them from hazarding their health by recklessly undergoing unnecessary exposure, which they erroneously believe will have a hardening effect, but which as a matter of fact actually costs at any rate a small number of lives.

LADYSMITH.

From Ladysmith an extremely interesting account of the state of affairs has recently been published by one of Reuter's war correspondents, who escaped from that town on February 10th. Stores still seem to be fairly abundant,

but luxuries and vegetables are at famine prices. Mr. Hutton says that continual diet of horses and mules was getting somewhat monotonous. Further on we read that the live stock still included 4,000 horses, 700 mules, and 650 cattle. At first one is disposed to wonder why, with 650 cattle, men should be eating horses and mules. The explanation, perhaps is that the little grazing obtainable more easily keeps the cattle in condition than either the horses or the mules. Cattle, therefore, will last longer, and possibly, in addition, give a certain amount of milk. There is something almost ludicrous in the idea of mule sausage. The mule has been described as a being who has neither pride of ancestry nor hope of posterity to inspire him; he is a queer-tempered brute, and we have not yet forgotten that he bolted with the guns at Nicholson's Nek. Nevertheless, as a vegetable feeder the mule should be quite eatable, and apparently does afford at least a nourishing diet. The sickness in Ladysmith is evidently on the wane, and although the condition of the garrison is undoubtedly a hard one, there is still every reason to suppose that Ladysmith can, if necessary, hold its own for a considerable time to come; for such time, in fact, as may be necessary for the pressure of Lord Roberts's column in the Free State to compel the withdrawal of a large portion of the Natal Boer forces, and thus relieve the long-beleagured town. In fact, we may confidently anticipate that, if by no other means, the positions round Ladysmith will be taken—as were the positions at Magersfontein—by a movement which compelled the withdrawal of the forces occupying them.

THE SCOTTISH HOSPITAL.

It has been decided at a public meeting held in Edinburgh to open a fund to provide and maintain a hospital for the sick and wounded soldiers in South Africa. The leading medical and surgical authorities in Edinburgh are giving their cordial support to the scheme, and are to assist in securing medical officers and nurses. Although the hospital will be Scottish in origin and equipment, its services will be available for the sick and wounded of any nationality. The object is to aid the Army Medical Department in its efforts to relieve the sick and wounded in connection with the war. We understand that the cost of the hospital is expected to be about £12,000, and that a large part of that sum has been subscribed or promised. The preliminary staff appointments will be made this week.

A WELSH HOSPITAL.

It has been decided to equip a Welsh hospital, and at a meeting held at the house of Sir John Williams on February 21st subscriptions amounting to nearly £1,000 were announced. A provisional Committee was elected, including Sir John Williams, Dr. Frederick Roberts, Dr. Isambard Owen, Mr. Edmund Owen, and Mr. Thomas Jones, F.R.C.S., of Manchester, with Professor Alfred Hughes, of King's College, as Organising Secretary. Further particulars will be furnished and donations will be received by Professor Hughes at 7, Chester Terrace, Regent's Park, N.W.

THE PRINCESS CHRISTIAN HOSPITAL.

This hospital will sail from Southampton early next week. It has been presented to the Government by Mr. Alfred Mosely, a native of Bristol. This munificent gift has been entirely equipped and will be supported by the generous donor, who accompanies it to the Cape. Mr. Mosely's knowledge of the country and climate gained during twenty-five years' connection with South Africa will prove of no little value to the efficient working of the hospital. No trouble or expense has been spared to make the hospital in every way worthy of Princess Christian, who has graciously consented that it should bear her name. Major H. B. Mathias, D.S.O., R.A.M.C., who is a brother of Colonel H. H. Mathias, V.C., is the military medical officer in command. The civil staff will consist of the following:

THE STAFF.

Medical Officers.—J. Paul Bush, M.R.C.S.Eng. (Surgeon to the Bristol Royal Infirmary, Lecturer on Operative Surgery, University College, Bristol, and Chief Surgeon to the Bristol Constabulary), Chief Surgeon; G. V. Worthington, M.A., M.B., B.C. Cantab., M.R.C.S.Eng., late Senior House-Surgeon, St. Bartholomew's Hospital, London, late Ayr District Medical and Sanitary Officer, South Canara, India; E. A. Nathan, M.D.,

B.S.Lond., M.R.C.S.Eng., late House-Surgeon and House-Physician, St. Mary's Hospital, London; A. L. Flemming, M.R.C.S.Eng., late Resident Surgical Officer, Bristol Royal Infirmary.

Dressers.—A. B. Cridland, M.R.C.S.Eng., House-Surgeon, Bristol Eye Hospital, late Casualty Officer, Bristol Royal Infirmary; E. M. Pearce, M.R.C.S.Eng., Casualty Officer, Bristol Royal Infirmary.

Nursing Staff.—Sister E. C. Laurence, of Guy's Hospital, who will be the sister in charge, and Sisters M. Long, E. Atkins, E. M. Fisher, D. A. Snell, and F. Baker. There will also be 6 non-commissioned officers and 26 hospital orderlies.

THE BUILDING.

The building will consist of four pavilions each 130 feet long, and containing 25 beds—100 in all, with surgery, operation room, nurses' room, fitted bath rooms, washing room for the men, and lavatories attached. The structure itself will be of corrugated iron, hung inside with greenish-tinted canvas. The wards will be comfortably furnished with bedsteads fitted with spring mattresses, folding washstands, invalid tables and chairs, and many little details likely to make them more comfortable and homelike. The surgeries and operation room will be fitted with the latest improvements, including a very complete Roentgen ray apparatus, with all the apparatus for localising foreign bodies, etc. The accessories include the new mercurial interruptor for making and breaking the current, and driven by a special motor of its own. This interruptor gives a particularly steady and distinct image with the fluorescent screen, and it also has the advantage of diminishing the length of time of exposure. An expert in this department is included in the list of the medical officers.

In addition to the main buildings there will be three stores for the warehousing of the ample supply of provisions, invalid specialities, stimulants, drugs, etc., there will also be a separate building for the storage of the linen, a laundry, and a very complete kitchen of considerable size; in charge of the culinary department will be a professed cook and assistants. Another large structure will contain a central mess-room and sleeping accommodation for the doctors, nurses, and other members of the staff, which will number in all about 50 persons.

In honour of the founder and the medical staff of the hospital, the Bristol medical students and their friends met at dinner at the Clifton Grand Spa on February 17th. The dinner was well attended, and was pronounced a great success. Mr. Munro Smith presided. The menu was decorated with a humorous sketch of the "Two Pauls," Mr. Kruger being represented as making a rapid strategic movement to the rear, closely followed by Mr. Paul Bush armed with a formidable amputating knife and pair of forceps. Equally amusing was a topical song, sung—and composed, we believe—by Mr. Pearce. The words will probably be published later in the *Stethoscope*, the organ of the Bristol Faculty of Medicine.

Mr. Bush and his colleagues bear with them the best wishes of their friends for a pleasant journey, a successful sojourn, and a speedy return to Bristol.

THE LANGMAN HOSPITAL.

The staff of this hospital was inspected by the Duke of Cambridge on February 21st at the headquarters of the St. George's Rifles, Davies Street, Portman Square. As already stated, the civilian medical officers are Mr. Robert O'Callaghan, Surgeon to the French Hospital; Mr. Charles Gibbs, Assistant Surgeon to Charing Cross Hospital; Mr. Herbert Scharlieb, Assistant Anæsthetist to the University College Hospital; and Dr. Conan Doyle. The staff also includes six senior students of University College Hospital as dressers. The warrant officer is furnished by the Manchester Medical Staff Corps, and the St. John Ambulance has provided the non-commissioned officers and orderlies.

On the entry of the Duke of Cambridge the staff was called to order by Major O. C. Drury, R. A. M. C., the military officer in command. The Duke carefully inspected the men, and the medical officers were presented to him. The Duke then in a short speech congratulated the staff on having the opportunity of serving their Queen and country in South Africa. Though the news recently received had been more cheering, he still feared that there would be many occasions for them to render services both to the wounded and to the sick, and he congratulated the donor of the hospital, Mr. John Langman, on the noble gift which he had made to the nation. Mr. Langman subsequently entertained the Duke of Cambridge, the medical staff of the hospital, and a party of friends to lunch at Claridge's Hotel. It is expected that the hospital will sail in the *Oriental* on February 27th or 28th.

ACCOMMODATION FOR CONVALESCENTS AT MADEIRA.

Mr. Campbell Hyslop has been sent to Madeira on behalf of the Madeira Nursing Homes Committee, and has concluded arrangements by which 72 officers will find suitable accommodation in that island in the event of invalids being sent thither on their way home from the Cape.

After consultation with Dr. Graham it has been decided that the majority of cases will at this season do well in the environs of Funchal, where ample and most liberal provision has been made by Messrs. Reid. At a greater elevation cases demanding mountain air and altitude will be treated at Mr. Roche Machado's well-known quinta, 2,000 feet above sea level.

THE MIDWIVES BILL.

The text of the Bill to Secure the Better Training of Midwives and to Regulate their Practice, which was introduced by Mr. Tatton Egerton into the House of Commons on February 2nd, and which has been put down to second reading on February 28th, was issued by the Parliamentary Printers on February 17th, and is printed below. The Bill has been modified in several material respects by its promoters, the Midwives Bill Committee, to bring it into accord with the recommendations of the General Medical Council, but otherwise it agrees with the Bill introduced last year.

It will be remembered that at the annual meeting of the British Medical Association at Portsmouth a rider to the report of the Council was moved by Mr. George Brown, seconded by Mr. Brindley James, and adopted, requesting the Council to cause representations to be made to the Lord President of the Privy Council, to the effect that the general meeting of members of the British Medical Association deprecated the adoption of the Bill promoted by the Midwives Bill Committee in the session of 1899. Acting upon this, Dr. Saundby, the retiring President of Council, wrote to the Duke of Devonshire and represented the strong objections there were to the Bill as brought into the House of Commons, and praying in the name of the Association that the Government would take no steps in the matter without giving the British Medical Association an opportunity of being heard by a small deputation. A reply was received from the Lord President of the Council to the effect that the statement would have the Duke of Devonshire's best attention. This was reported to the meeting of the Council in October last, and referred to the Parliamentary Bills Committee. At the meeting of this Committee on January 16th, it was stated that the modifications in the Bill which had been prepared by the Subcommittee of the Parliamentary Bills Committee would be brought up if and when a Bill was brought before the House of Commons.

THE MIDWIVES BILL, 1900

(PROMOTED BY THE MIDWIVES BILL COMMITTEE.)

WE have received from the Honorary Secretary of the Midwives Bill Committee (12, Buckingham Street, Strand) a copy of the following Bill. The text differs in various respects from that of the Bill promoted by the Midwives Bill Committee in 1899, and the alterations are designed to bring it into accord with the recommendations of the General Medical Council:

MIDWIVES BILL.

ARRANGEMENT OF CLAUSES.

Clauses.

1. Short Title and commencement.
2. Certification.
3. Provision for existing midwives.
4. Constitution and duties of the Central Midwives Board.
5. Fees and expenses.
6. Power to County Councils to contribute.
7. Midwives' roll.
8. Appointment of Secretary and supplemental provision as to certificate.
9. Local supervision of midwives.
10. Delegation of powers to District Councils.
11. Midwives' licence.
12. Penalty for obtaining a certificate or a licence by false representation, or acting without a certificate or a licence.
13. Penalty for wilful falsification of the roll.
14. Prosecution of offences.
15. Appeal.
16. Act not to apply to medical practitioners.
17. Extent of Act and action by English Branch Council.
18. Definitions.

A BILL TO SECURE THE BETTER TRAINING OF MIDWIVES AND TO REGULATE THEIR PRACTICE.

BE it Enacted by the Queen's most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. *Short Title and Commencement*.—This Act may for all purposes be cited as the Midwives Act, 1900. It shall come into force on the first day of April, 1901.

2. *Certification*.—(1) From and after the first day of January, one thousand nine hundred and two, no woman shall be entitled to take or use the name or title of midwife (either