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THE WAR IN SOUTH AFRICA.

THE MILITARY HOSPITALS IN NATAL.

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Pietermaritzburg, November 10th.

DURING the time the late Sir William Stokes was in Natal he contributed some interesting experiences to your pages regarding the hospitals on the lines of communication in Natal, notably those of Ladysmith and Mooi River.

His untimely demise rendered it impossible to place on record his impressions of the excellent work done in the military hospitals at Pietermaritzburg, where the special facilities which he enjoyed as Consulting Surgeon to H.M. Forces enabled him to appreciate at their true value the efforts of those who controlled that huge institution—the Military Hospital at Fort Napier with its 1,000 beds and the auxiliary hospitals which were integral parts thereof, namely, the College Hospital with 300 beds, the Legislative Assembly Hospital with 66 beds, and the Municipal Hospital (Grey's) with 50 of its beds devoted to military patients.

The General Hospital at Fort Napier is in itself a maze of scattered buildings, including the garrison church, which after the battle of Colenso had to be equipped and turned into a ward. The smaller hospitals above mentioned were all about a mile and a-half to two miles distant from the General Hospital and at opposite points of the town; and thus it will be seen that the P.M.O., Lieutenant-Colonel P. H. Johnston, R.A.M.C., found himself suddenly confronted with a most difficult problem at the beginning of hostilities, but succeeded within a few days in transforming all these institutions into hospitals of a very efficient type. This feat was not accomplished without the able co-operation of Majors Anthony Dodd and A. L. F. Bate, R.A.M.C., Divisional Officer. Last June the former met with an accident through his horse falling, and was invalided to England, to the sincere regret of everyone associated with him; his heavy duties as Registrar and Secretary then devolved on Major Bate, an officer whose iron constitution has saved him throughout his career from appearing on the sick list. I am indebted to him for the following statistics:

The greatest number of sick and wounded under treatment in one day after the battle of Colenso was 1,348.

The number of patients invalided to England was 3,500.

The number of operations performed was 260, chiefly for gunshot wounds, and of these a very comprehensive and instructive report, illustrated by many beautiful x-ray photographs, has been prepared by Dr. Irvine, Civil Surgeon attached to the R.A.M.C.

The good results obtained by the surgeons, apart from their personal skill, were in great part due to the amazing rapidity with which the wounded were transferred to Maritzburg, and carried from the station to the fort by the use of the McCormack-Brook pattern of wheel stretcher which, provided it is handled as directed by the inventors, can scarcely be improved upon.

From a civilian point of view, the General Hospital, Maritzburg, was all the more difficult to administer, as the personnel was constantly changing, nurses and doctors coming and going; nevertheless, benefit resulted by thus feeding other hospitals nearer the front with medical officers, nurses, and orderlies, who, during their period of service at Fort Napier, had become more or less familiar with military discipline and the exigencies of military surgery. As the campaign drew to a close the subsidiary institutions reverted to their original purposes. The General Hospital, Fort Napier, was gradually converted into a stationary hospital of 200 beds, and the bulk of the patients there were transferred to Howick, where the hospital is more modern and more salubriously situated than that at Maritzburg, from which it is separated by little over an hour's ride by rail. It is controlled by Major Westcott, P.M.O., and, besides the sick from General Buller's forces, has latterly received the wounded from General French's army outside the bounds of Natal.

General Sir Redvers Buller, V.C., etc., and Colonel Galloway, C.B., P.M.O., of Natal, selected the site on which the Howick Hospital stands, and General Buller naturally takes a pride in it. Nevertheless, when he visited the General Hospital, Maritzburg, for the last time, he paid the highest tribute in

his power to Lieutenant-Colonel Armstrong, Acting S.M.O., R.A.M.C., and Major Bate, R.A.M.C., in the absence of Lieutenant-Colonel Johnston, who was temporarily on the sick list as a result of the great strain to which he had been subjected during the whole of the previous twelve months.

In conclusion, I would like to say that in common with Sir William Stokes, Sir Thomas Fitzgerald, and Professor J. Chiene, late consulting surgeons to H.M. Forces, I fail to see that any other system than the one persistently followed by the authorities in Maritzburg could have produced similar favourable results, an opinion which, had he lived, Sir William Stokes would undoubtedly have placed on record.

IMPERIAL YEOMANRY HOSPITAL.

MR. L. VERNON CARGILL, F.R.C.S., who has now returned to London after acting as ophthalmic surgeon to the Imperial Yeomanry Hospital since its establishment at Deelfontein, sends us some notes which bring the history of the hospital down to November 10th, shortly before he left.

At that date there were 492 patients in hospital, of whom nearly four-fifths were Yeomen. Most of the cases then being received were convalescents, and the staff of the hospital at Deelfontein had been further reduced by the departure not only of Mr. Cargill, but also of Messrs. Christopherson and Ashdown, for England while Dr. Washbourn was engaged with the Branch Hospital at Pretoria.

PERFORATION IN ENTERIC FEVER.

Mr. Cargill states that three cases of perforation in enteric fever had been operated upon, but none had recovered. The following is the report of the last case:

The patient, a man, aged 30, was under the care of Dr. Elliot. Perforation occurred in the fourth week of the disease, which was severe, and marked by much toxæmia. Distension was not great. At the time of perforation the pulse was 96, and the temperature 101.2° F. There was no fall of temperature with the perforation, although the pain was sudden and severe enough to make the patient call out and to double him up in bed. During the next few hours the temperature gradually rose to 102.6° F., and the pulse to 116. Tenderness and rigidity increased in the lower half of the abdomen. Mr. Ballance operated within six hours of the attack of pain, and found the perforation immediately under the laparotomy wound, in a coil of the ileum 18 inches from the cæcum. It was one-sixteenth of an inch in diameter, and there had been very little leakage into the abdominal cavity. The aperture was closed by eight Halsted silk sutures, quite half an inch of the wall of the bowel being unfolded on each side of it. As a precautionary measure, a few stitches were placed in another Peyer's patch 12 inches from the cæcum, to unfold its very thin base. The intestinal coils and Douglas's pouch were sponged dry. No irrigation or drainage was used. The patient progressed extremely well for the next forty-eight hours; the pulse came down to under 90, the temperature was subnormal, there was no pain, and it was thought that he would pull through. At the end of this time, however, he again complained of abdominal pain, distension came on rapidly, the temperature rose to 102.6° F., the pulse to 144, and he died fifty-six hours from the time of operation. There was no vomiting, either at the time of the initial perforation or subsequently. At the necropsy it was seen that another minute perforation had occurred through the base of the same ulcer as before, along the track of one of the sutures, and had caused the second attack of peritonitis. The whole of the Peyer's patch, which was a very wide one, had not been infolded at the operation, as too much narrowing of the lumen of the bowel was feared. There was extensive ulceration in the lower 3 feet of the ileum, and also in the cæcum.

ENTERIC FEVER AND DYSENTERY.

The number of cases of enteric fever admitted during the month preceding the date of the report had increased, but the general type of disease was less severe than formerly, owing, as was believed, to the better condition and therefore greater resisting power of the men. The frequency of phlebitis in the convalescent stage was noticeable and suppurative otitis media was also far from uncommon. Two cases complicated with malaria gave Vidal's reaction, and also showed the tertian parasite in the blood. A few cases of acute and many of chronic dysentery have been admitted and have done well. Trial was being made of various native remedies for the treatment of dysentery, but the cases so treated had been few in number, and the results had not been very striking.

CARDIAC AND RENAL DISEASE.

The number of cases of cardiac and renal disease admitted had increased. Some of the cardiac cases were instances of valvular disease arising during an attack of acute rheumatism, but the majority were examples of failure of compensation due to the strain of hard work and exposure on an already damaged heart. To the same causes the cases of acute kidney affection can be traced. Rheumatism, especially the subacute articular

and muscular varieties, is still very common. It is interesting to note that in the great majority of the former, and in many of the latter there is a history of previous acute rheumatism. Acute rheumatism is, and has been, conspicuous by its absence, though many patients convalescent from the disease have been admitted.

Dr. Elliot remarks that from what he has seen here he would be inclined, if examining men for war purposes, to reject all, or nearly all, who have passed through an attack of rheumatic fever. The selection of men for the Yeomanry battalions has apparently been made on specially liberal lines. Many cases of old standing valvular and renal disease have come out, and one man arrived in hospital with an unhealed nephrotomy wound with which he had left home. Other cases have come under the care of the Ophthalmic Surgeon of Yeomen who have been passed and sent out for active service in the field, the condition of whose eyes and sight should have led to their rejection.

ENTERIC FEVER AT MOOI RIVER HOSPITAL.

THE following extracts from a letter dated October 24th from Major Henry H. Johnston, R.A.M.C., who has been in charge of the medical or enteric fever division of Mooi River Hospital, Natal, since January 29th, is of interest as showing how the risk of infection to the hospital staff and orderlies, who are in direct attendance upon the enteric fever cases, may, by the exercise of care, be kept down to a very low percentage as compared with even the surgical division of the same hospital.

In a letter dated September 26th Major Johnston mentioned that the percentage of deaths among the enteric fever patients in this hospital, since it was opened in January, had been lowered to slightly under the 10 per cent., at which it stood when we published his letter of August 10th in our issue of September 15th—namely, 118 deaths out of 1,209 cases, exclusive of officers.

The enteric fever disinfection carried out in this hospital since February last has been very successful. Although 45 per cent. of the *personnel* have been employed in the enteric fever wards, only about 26 per cent. of the cases of enteric fever have occurred among them, the remaining 74 per cent. of cases having occurred among the *personnel* employed in other parts of the hospital, so that the risk of enteric fever infection among the orderlies employed in the enteric fever wards has always been about half of what it was among the orderlies employed in other parts of the hospital. Notwithstanding that every precaution was taken to detect cases of enteric fever among patients transferred from other hospitals, on their arrival here, so as to ensure their isolation, a certain number, in the early stages of the disease, escaped notice, and were treated for days or weeks in the general wards of the hospital, before they were diagnosed and transferred to the enteric fever wards in the medical division of the hospital. Such cases no doubt were sources of infection as adequate precautions against the spread of infection were not taken.

During an outbreak of enteric fever all excreta should be disinfected and incinerated, as it is impossible to detect every case of enteric fever in its early stages in the general wards of a hospital. There has not been a single case of enteric fever among the officers and civil surgeons employed in this hospital, but out of about 750 men of other ranks there have been 34 cases, 9 of which occurred among the orderlies employed in the enteric fever wards, and 25 among the non-commissioned officers and men employed in other parts of the hospital.

Of the above number, 3 only have been contracted since June 1st, and 1 of these was contracted in the Transvaal when the patient had been detached on temporary duty for several weeks.

As regards the 9 cases contracted among orderlies employed in the enteric fever wards, several were probably due to carelessness on the part of the orderlies, some of whom were punished for eating their meals and sleeping in vacant beds in the enteric fever wards. To lessen these risks the orderlies were supplied with improvised hay mattresses in their own tents, and a hot meal was provided for the night orderlies at 2 A.M.

The following is the meteorology of Mooi River for September: Mean temperature in protected shade 4,500 feet above sea level, minimum 45.3° F., maximum, 75.2° F.; highest 89° F. on 24th, lowest 34° F. on 9th and 10th; mist on 3 days; rain on 1 day on 16th, 0.47 inch; prevalent wind N. and N.N.W. 10 times, S. and S.E. 17 times; no frost. Spring began in the beginning of September, and at present (October 24th) the country is quite green with fresh vegetation.

THE PRINCESS OF WALES HOSPITAL SHIP.

On December 10th the Princess of Wales visited Southampton for the purpose of inspecting the hospital ship named after her. It had shortly before arrived from South Africa with a third draft of ill and wounded soldiers. Of the 170 patients comprising this draft, over 100 were confined to their cots when the ship left Cape Town, but on arriving at Southampton only 9 were bedridden. One case, however, had proved fatal, and that was the only death which had occurred on board while the *Princess of Wales* had been in use as a hospital

ship. The total number of admissions of sick and wounded for treatment had been 728. It is greatly to be hoped that the ship, the fitting out of which cost at least £8,000, will not be dismantled, but no orders have as yet been received for its return to South Africa, and the Committee are apprehensive that it will be paid off.

THE WELSH HOSPITAL.

At a meeting of the General Committee of the Welsh Hospital on December 10th a report on the present position of the hospital and the work it had accomplished was read by Sir David Evans. Between June 5th and September 24th 757 patients had been treated in the hospital, most of whom were suffering either from enteric fever or gunshot wounds. The number of fatal cases was only 8. Not a single case of gunshot injury needed amputation, a result ascribed to the clean perforation made by the Mauser bullet and to the use of the telephone probe. The following resolution was proposed by Sir John Williams and seconded by Viscountess Barker, President of the Ladies' Committee:

The Committee of the Welsh Hospital in South Africa desire to record their profound sorrow for the death of the originator of the hospital and their able and devoted secretary, Professor Alfred Hughes, who, when the hospital was in serious difficulties owing to deaths and illness among the staff, volunteered to go to South Africa to undertake its management, and while in the discharge of his duties at Pretoria fell a victim to enteric fever. The Committee feel that no nobler example of self-sacrifice can be found in the annals of medicine. They would convey to the sorrowing widow, children, and relatives their deepest sympathy, and at the same time express their highest appreciation of his self-sacrificing services in the cause of the sufferers in the war.

THE LANGMAN HOSPITAL.

TWENTY-TWO of the staff and five of the nurses of the Langman Hospital, accompanying 7 officers and 381 men sick and wounded, arrived at Plymouth on December 8th. The medical arrangements on board the transport were in charge of the staff of the Langman Hospital, Civil Surgeon C. Gibbs, F.R.C.S., being the senior officer. During the ten months the hospital has been in service in South Africa no fewer than 1,200 patients have been treated, of whom over 300 were surgical, and there has not been among them a single death.

THE St. John Ambulance Brigade is despatching 100 more hospital orderlies for service in South Africa, having received a further requisition from the War Office to that effect. This is in addition to the 68 extra brigade men despatched a fortnight back at Lord Roberts's request, and brings the total of its members on active service up to 1,739, of which over 60 have died from enteric fever and other diseases.

LITERARY NOTES.

IN referring lately to Dr. John Johnston's *Musa Medica* we stated that the book was published by the Savoy Press; we are informed that this is incorrect. It is published by the Labour Press, Miller Street, Manchester.

At a meeting of the New Zealand Branch of the British Medical Association some time ago it was decided that the *New Zealand Medical Journal* should be resuscitated. The first number is now before us, and both its contents and its appearance are highly creditable to the editor, Dr. J. Malcolm Wason, and his assistants. It contains a presidential address on colonial practitioners delivered by Dr. Walter Thomas at the annual meeting of the New Zealand Branch held last February. Dr. Thomas does not give an altogether roseate account of medical practice in the colonies. He says medical experience there assuredly encourages a suspicion that clients may be roughly divided into two sections—one which calls in the doctor to prevent the annoyance of an inquest, and another which does so in order to have someone to blame should anything untoward occur. Dr. D. Colquhoun, of Dunedin, writes on the need of State institution for the treatment of inebriety, epilepsy, and consumption. A case of empyema of the antrum of Highmore is contributed by Dr. Saunders; Dr. A. Young describes a case of pseud-