Agencies. Lieutenant-Colonel Crofts served in the Afghan war of 1878-80 at Kandahar and with the Khyber Brigade, and received the medal. He served in the Egyptian war of 1882, and was present at the battle of Tel-el-Kebir, and received the medal with clasp and Khedive's Star. He served also with the Zhob Valley Expedition in 1884.

KAISER-I-HIND MEDAL FOR PUBLIC SERVICE IN INDIA.

The new Indian decoration, created by a Royal Warrant, dated May 11th, 1900, "the Kaiser-i-Hind Medal for Public Service in India" is designed to reward important and useful services to the Indian Empire in the advancement of the public interests of that Empire. It is open to persons without distinction of race, occupation, position, or sex who may have rendered important and useful service in the advancement of the public interest in India. There are two classes, the first class awarded by the Crown on the recommendation of the Secretary of State for India, and the second class awarded by the Governor-General of India. The medal is an oval-shaped badge or decoration, in gold for the first class, and in silver for the second class, and is to be suspended on the left breast by a dark blue ribbon.

By an order, dated May 23rd, 1900, the Queen has granted the gold medal (first class) to the following officers of the Indian Medical Service:

Lieutenant-Colonel ROBERT NEIL CAMPBELL, M.B., who is Civil Surgeon of Shillong. He was appointed Surgeon, October, 1877, and attained the rank of Surgeon-Lieutenant-Colonel October, 1897. He served in the operations against the Naga Hill tribes in 1879-80, and was present at the assault of Konoma, and received the medal and clasp. He served with the Akha expedition in 1883-84.

Captain CHARLES HENRY JAMES, Indian Medical Service, is Plague Medical Officer in the Jullundur and Hoshiarpur District. He entered the service in January, 1891.

The silver medal has been conferred upon the following:

Captain JOHN WEMYSS GRANT, who entered the Indian Medical Service as Surgeon-Lieutenant on July, 1894, and was appointed to the rank of Surgeon-Captain in July, 1897. He is employed on plague duty in Rajpootana.

Miss CHARLOTTE ADAMS, who qualified as L.R.C.P., L.R.C.S.Edin., and L.F.P.S.Glasg. in 1895.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

THERE has been a considerable diminution in the death-rate for the whole of India during the week ending May 5th, the mortality being 2,498, against 3,365 in the previous seven days.

In Bombay city the subsidence of the epidemic has not been so great, but the mortality fell to the extent of 52, the actual number of plague victims being 421. The hot weather, therefore, although it has brought an abatement, has not coincided with so marked a decline in the plague mortality as the experience of previous years would have led us to expect.

In Calcutta the number of plague cases and deaths on April 25th, 26th, 27th, 28th, 29th, 30th, and 31st were: fresh cases, 57, 38, 33, 36, 49, 30, and 42; deaths, 45, 35, 29, 38, 44, 29, and 46 respectively, or 256 deaths during the week from plague—a considerable abatement.

In Karachi from 40 to 50 fresh cases of plague occurred daily during the last week of April, and from 30 to 40 deaths from the disease.

In Lucknow the attendance at the hospitals has fallen off to a very great extent owing to a scare amongst the people that if seen to be unwell at all they will be taken to the plague camp. There is no severe outbreak, but the community are in a state of alarm.

In the Mysore province only 4 indigenous cases of plague were reported during the week ending April 20th.

ADEN.

At Aden 86 deaths from plague occurred during the week ending May 1st.

EGYPT.

At Port Said during May 14th, 15th, 16th, and 17th, 10 fresh cases of plague occurred. In all 31 cases of plague are reported to have occurred at Port Said, with 15 deaths from the disease. The finding of numerous dead rats and mice in the city and at the wharves of Port Said seem to presage a widespread infection. The destruction of rats and mice has been determined upon by the authorities. There is considerable local distress amongst the labouring population of Port Said owing to the quarantine regulations which has almost stopped all work at the wharves. Certain French newspapers are protesting against the imposition of quarantine on the grounds that the disease is not plague but a similar disease with another name. This is a most dangerous doctrine, and on the face of it untrue.

In Alexandria one case of plague occurred on May 16th.

THE WAR IN SOUTH AFRICA.

WITH THE NATAL FIELD FORCE.

[FROM AN OCCASIONAL CORRESPONDENT.]

ENTERIC FEVER.

FOLLOWING almost immediately on the relief of Ladysmith, a sharp outbreak of enteric fever has occurred amongst the troops of the relieving force. This is the more to be regretted, as up to the final attack on the Boer position the force was practically free from the disease. When, however, we consider the conditions to which the troops were exposed during their attack on Pieter's Hill, the wonder is, not that enteric fever has broken out among them, but rather that the outbreak has been so limited. During the seventeen days that the final attack lasted, the men slept in the open without a vestige of cover. As the Boers were driven back, our men took shelter in their trenches. These trenches had been occupied by the enemy for many weeks without the faintest attempt at sanitation. Their condition was indescribably filthy. There was no help for it, however, and our troops had to occupy them for days together. At the same time it was often impossible during the daytime to send up drinking water to the troops in advanced positions, as every approach was swept by the Boer fire. The men, therefore, drank from every pool in their neighbourhood, whether it was contaminated or not. There can be no doubt that enteric fever existed amongst the Boer forces, and that our men contracted the disease whilst occupying the trenches which they had captured from the enemy.

Most of the cases I have seen in Natal present the classical symptoms of enteric fever, with this exception, however—that tympanites appears to be a somewhat rare condition. As yet I have not noted those hybrid cases to which the name typho-malarial has been applied in tropical countries. In Natal at least the rash is usually very profuse and well defined. On the whole the cases are of moderate severity, but a very large percentage, far exceeding the average, are attended by intestinal hæmorrhage. This, no doubt, is due to the fact that on field service it is impossible for patients to have the absolute rest and freedom from excitement which is so important a part of the treatment in permanent hospital. The treatment at present in vogue in Natal is almost exclusively by intestinal antiseptics, the only variation being in the reagent used. Some prefer salol, some carbolic acid, some again Burney Yeo's chlorine mixture.

DYSENTERY.

Dysentery is also very prevalent. Some at least of the medical officers with the force attribute the disease to irritation of the intestinal tract set up by particles of sand, dust, etc., which are accidentally swallowed with food or water. With this opinion, however, I cannot agree. It is easy by close observation to satisfy oneself that the dysentery from which the troops are now suffering, and similarly all or almost all dysentery on field service, is due to constantly-recurring abdominal chills contracted during sleep. Owing to the difficulties of transport only one blanket for two men and one waterproof sheet for each man can be carried. With this slight covering the men sleep on the ground in all weathers. Under these circumstances the nightly-recurring chills sooner or later bring on dysentery in those who are at all predisposed to the disease. Sand, dust, impure water, and indigestible food increase the liability to an attack by exciting local irritation, but they cannot directly cause it. In Natal the disease is seen in two forms, namely:

1. *Catarrhal.*—In this, which is really a catarrhal colitis, the motions consist largely of opaque mucus, which is often slightly blood-stained. There are few symptoms beyond an uncomfortable feeling of flatulence and distension with frequent calls to stool. If the patient is warmly wrapped up at the beginning of the attack it may pass off without any further treatment. If neglected the attack may develop into the second and graver form. It is in this, the catarrhal form, that a saturated solution of magnesium sulphate is found so useful.

2. *Ulcerative.*—This, which is much rarer and graver than the first variety, is usually the final stage of the neglected catarrhal form. It may, however, be a primary affection, at

least in some cases. It is accompanied by marked depression and by all the graver symptoms of dysentery. As the cases advance the motions contain more and more blood, until finally they consist almost wholly of long black shreddy coagula. When this form of dysentery is fully established, treatment at least in the field is practically hopeless. Every known remedy and combination of remedies, including rectal injections of boric acid, tannic acid, and silver nitrate, have been tried and have signally failed.

HOSPITAL ADMINISTRATION.

Since the relief of Ladysmith the Royal Medical Corps have had to face a most difficult situation, the difficulties being much increased by the fact that in Natal there are practically no public buildings which can be taken over to meet a sudden emergency of this kind. What it meant when 2,500 sick and wounded were suddenly released from Ladysmith and added to the already huge list of sick and wounded belonging to the relieving force may be imagined. Under the circumstances it was well that the corps in Natal had at its head two such experienced and able officers as Colonels T. J. Gallwey and W. B. Allin. They have met the emergency with such energy and resource that all difficulties are rapidly disappearing and it is confidently expected that in a few days the medical arrangements will again be working with their original ease and smoothness. None, however, who are not on the spot can realise the difficulties which the Royal Medical Corps have had to contend with owing to reduced establishments and limited accommodation. For years past the pruning hook has been vigorously applied to the Corps. Under its use the strength of both officers and men has been reduced to such a degree that before the war commenced the establishment was insufficient to perform the duties which devolved upon it even in times of peace. The deficiency has, of course, been made up by employing civilians, but the great drawback to this system is that there is no reserve of trained officers and men to meet the numerous casualties which have already occurred. At the present moment there is not a single field hospital in Natal which has its full complement of officers and men, most of them having lost from 20 to 40 per cent. of their establishment from sickness and other casualties. The Medical is the only unit which has to work under such a disadvantage. Regimental casualties are made up as rapidly as possible by drafts from England. The Royal Medical Corps, however, having no reserve to fall back upon, cannot be dealt with in this way.

Several changes in the distribution of field hospitals have recently taken place. The Fifth and Sixth Brigades, which now form the Tenth Division, have gone round to the Cape to join the force under Lord Roberts. At the time of their departure their field hospitals were so full of sick that they could not move. They had, therefore, to be left behind. The Fifth Brigade Field Hospital under Major G. H. Younge, which has been present at each of Sir Redvers Buller's battles, has joined the newly-formed Eighth Brigade, so that it will no longer be known by its original number. As the Fifth Brigade Field Hospital I hear that this unit has treated over 1,000 cases of gunshot wounds and about an equal number of sick, which is probably a record in field hospital work. The Sixth Brigade Field Hospital, under Major C. W. Thiele, has joined the Seventh Brigade.

CONTAGIOUS DISEASES.

The present campaign has once more brought to the front the question of contagious diseases, and has shown how urgently some stringent measure is needed to check the spread of these diseases in the army. It is only during a campaign that one can fully realise the ravages which result from venereal diseases. Men who are the subjects of constitutional syphilis may continue to perform their routine duties during peace time. Send them on field service, however, and they almost at once break down and develop the worst and most loathsome sequelæ of the disease. Large numbers of these men have reached South Africa only to flood the hospitals and occupy the accommodation which has been prepared for their wounded comrades.

THE estate of the late Dr. William Chapman Grigg, who died at Wynberg of enteric fever, has been proved of the gross value of £84,951 19s. 6d., including personal estate, and the nett value of £44,945 10s. 10d.

SURGICAL NOTES FROM THE MILITARY HOSPITALS IN SOUTH AFRICA.

[FROM OUR SPECIAL WAR CORRESPONDENT.]

Capetown, March 20th, 1900.

SECOND THOUGHTS—(*Continued*).

WOUNDS OF THE THORAX.

THERE is little that calls for remark concerning the surgical treatment of wounds of the thorax. The question of extracting the bullet in some of these cases will be dealt with later on. The ordinary penetrating wound seldom required any operative treatment, unless it were the removal of loose splinters of fractured ribs or sternum. Hæmothorax was a very common sequel. As a rule, the condition subsided spontaneously. Occasionally, if the breathing was much embarrassed, it was thought necessary to aspirate the pleural cavity. This is an unsatisfactory proceeding at the best for hæmothorax, for the rule is a sound one that in dealing with a large effusion of blood it is best to leave it alone if the blood and clot cannot be most thoroughly evacuated, a condition that is seldom possible in hæmothorax. Sometimes the elevation of the temperature led to the suspicion that pus was forming. But the temperature in almost every case of hæmothorax rises two or three degrees above the normal in the early stages, gradually sinking to the level of health in the course of a week or so if the case proceeds favourably.

It may be a mistaken impression, though I think it is one that will subsequently be borne out by the returns, when I say that in the earlier part of the campaign trouble but seldom followed those aspirating or exploratory punctures, whereas later on empyema which was not revealed by the puncture occasionally followed. Certainly in the later stages of the campaign, in the months of February and March for instance, and in the more trying, damp, and enervating climate of Natal, cases of empyema occurred with more frequency, wholly apart from any accidental infection other than that of the original wound. These were treated in the ordinary way, a portion of rib usually being removed. A case of suppurating pericarditis, the collection of pus being very extensive, was also, I understand (for I did not see this patient), treated with success by simple incision.

WOUNDS OF THE HEART.

While on the topic of thoracic wounds, mention may be made of injuries of the heart. Judging by the wounds of entrance and exit, and the direction, there seemed little or no doubt that recovery took place in some cases in which the heart was wounded. There is, of course, nothing very novel or surprising in such cases, and no very profound disturbance need be anticipated from a small, clean bullet passing at high velocity through the muscular substance of this organ. In one case, at least, in which the bullet passed through the cavity the effect was not immediately fatal, the patient surviving for a week or two. The diagnosis of heart wound was verified, but unfortunately I am unable at present to furnish precise details; I trust they may be forthcoming.

EMPYEMA.

The cases of empyema did well for the most part, the progress in the men being more like that seen in children. There was, however, a tendency (possibly the criticism is prompted by prejudice) to the overuse of drainage tubes, a tendency that might be defended as regards cases of empyema, but was decidedly well-founded, as a general rule, with respect to deep suppuration. Over and over again cases were met with in which convalescence was retarded and not promoted by the routine employment of drainage tubing. The best surgical practice has been modified considerably (and with great advantage to the patient) in this detail of late years, and it seemed rather an anachronism to find in some of the wards that almost every opening that could accommodate a tube had got one in it. Few surgeons now, I imagine, in our civil hospitals think it necessary to put a drainage tube as a routine practice into an amputation. Such wounds out here are more favoured in the matter of healing than at home, but they were seldom allowed the chance of healing absolutely throughout by immediate union. In the same way the practice, too often followed, of stuffing gauze into any