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THE WAR IN SOUTH AFRICA.

THE RETREAT FROM SPEARMAN'S HILL TO CHIEVELEY.

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

Consulting Surgeon with the Forces.

Chieveley Camp, by Colenso, February 23rd, 1900.

SEPTIC INFECTION OF SHELL WOUNDS.

As I mentioned in my last letter, we had great trouble at Spearman's Camp with the number of shell wounds. They suppurated without exception, and a few secondary amputations became necessary. Moreover, the septic changes were apt to spread to simpler wounds which would, under ordinary conditions, have healed without trouble. We had 100 coolie attendants with the hospital. It was their duty to keep the camp clean, to take away and bury all soiled dressings, and to empty vessels containing discharges, etc. This work was well done, but the difficulties of keeping a field hospital free from septic influences were increased by the great heat and the plague of flies. Had we remained at Spearman's it would no doubt have been necessary to have changed the pitch of the camp. The latrine arrangements were on the earth-closet system with protected buckets, and were quite perfect.

RETIREMENT OF ARMY.

On February 8th the army began to retire, and we were ordered to move all our wounded at daybreak on February 9th. We had then about 150 cases in the hospital, and all of them would be described as serious. Indeed, they were cases whose removal to the base had been delayed as long as possible. All these patients had to travel a distance of twenty-five miles, in hot and dusty weather, across the veld and along roads that could only be described as comparatively fair.

HAND TRANSPORT OF SERIOUS CASES.

It was here, again, that the value of the excellent system of stretcher bearers introduced by Colonel Gallwey, P.M.O., came so prominently forward. The wounded were got ready before daybreak, and at sunrise every man was on a stretcher and the army of stretcher bearers was at hand. The whole of the 150 were carried by hand on stretchers from Spearman's to Frere, a distance of twenty-five miles. Each stretcher had a hood to protect the patient from the sun. Food and drink and other necessities were taken, and the convoy was attended by a surgeon on horseback. No more perfect way of carrying the wounded exists, and we were pleased to hear that they all reached Frere without mishap, although one poor fellow—whose case was hopeless—died as soon as Frere was entered. This is, I think, a triumph, and the achievement would appeal to any who know what roads across the veld are like. At Springfield the bearers had to ford a river which enters the Little Tugela. Had the transport been made by ambulance waggons I am sure that both lives and limbs would have been lost and a terrible amount of suffering would have been occasioned. An ambulance wagon is built to stand very rough work and any kind of road, and is at best a very uncomfortable vehicle for a long journey.

SOME OF THE CASES TRANSPORTED.

Among the patients who were carried down on the 9th were several cases of interest. On February 3rd I had removed the "forequarter" (clavicle, scapula, and upper limb) for severe gunshot injury of the humerus and scapula. I employed Paul Berger's method. This man was among those who travelled to Frere, and I am glad to hear that he had a comfortable journey, and has since done very well.

On February 7th, at 11 A.M., I performed laparotomy for

a gunshot wound of the abdomen involving the sigmoid flexure. No drain was employed, but the abdomen was well washed out. This man undertook this journey of twenty-five miles across country on the morning of February 9th—that is, within forty-eight hours of the operation. He not only reached Frere with comfort, but has since done well. In civil practice it would be a little novel to let a patient take a long journey on the second day after a laparotomy.

General Woodgate, whose case is assuming a little more favourable aspect, and who was more at ease after I removed the damaged eye, was among those who travelled down on the 9th. He was accompanied by his brother, who has nursed him with the utmost devotion since the day he was wounded.

THE RETURN MARCH OF THE HOSPITAL.

As soon as one field hospital was empty we began our march to Chieveley with, as before, seventeen oxen waggons. We reached Springfield at sundown, and there bivouacked, the nurses sleeping in ambulance waggons. We left at dawn, and bivouacked for the next night at Frere. On February 11th we reached Chieveley, and enjoyed the luxury of once more having tents over our heads. These marches were very tedious and trying owing largely to the great heat, the blinding sun, and the dust. Our stay at Spearman's Camp had extended to 3 weeks, and we had dealt with over 1,000 (one thousand) wounded during that period.

THE SOUND OF AN APPROACHING SHELL.

Before leaving Spearman's I had an experience of a shell which enabled me to appreciate the very marked dislike Tommy Atkins has to the sound of an approaching shell. I and Captain Begbie, R.A.M.C., had ridden out to visit one of the advanced field hospitals—hospitals whose officers have the heaviest duties, the greatest share of hardships, and I am afraid the least credit for their splendid work. This particular hospital had been shelled, and had just come in to what they hoped was a more sheltered position under Zwarts Kop. After a chat we left the hospital, clambered through a donga, and rode across a level green to the road. As we reached the road we heard the exceedingly unpleasant sound of an approaching shell from the Boers' big gun. This shell dropped on the green we had just cantered across, and some 250 yards from where we had pulled up our horses. The shell in question was unpleasantly near the hospital, and a second shell that burst shortly after was nearer still, and I am afraid our already tried friends had once more to move. There is no doubt that the Boer fire was directed at some waggons, and not actually at the hospital itself.

THREE MONTHS CAMPAIGNING.

I and my remaining nurse, Miss McCaul, have now been nearly three months at the front, during which time we have been under canvas with the same field hospital. We have moved as the head-quarters camp has moved, and have pitched our camp no fewer than six times, namely, twice at Frere, twice at Chieveley, once at Springfield, and once at Spearman's. As a comment upon the effect of camp life, I may say that when we started at Frere at the beginning of December the *personnel* of the hospital consisted of six individuals—three officers of the R.A.M.C., my two nurses, and myself. Out of the six, five of us have been laid up with dysentery, Miss McCaul being the sole individual to escape. Of the five who were sick, two only (the commanding officer and myself) managed to get well in camp. The remaining three were seriously ill, and were gradually removed to the base. It thus happens that of the six who started, only three are still with the hospital. The hospital has since we started increased in size, and the staff more than doubled by the appointment of a number of civil surgeons and of Netley sisters.

THE CONSULTING SURGEONS AND THE R.A.M.C.

I shall leave the hospital, when the campaign ends, with great regret. Major Kirkpatrick has proved himself to be an ideal commanding officer. He has shown us all the greatest kindness and consideration, and has spared no pains to make "No. 4" the smartest and best hospital in the field. We have borne the brunt of every engagement, and the hospital has never failed. My other colleagues, the civil surgeons, were not only the most agreeable of companions, but they were so keen and so efficient in their work that it was the greatest pleasure to co-operate with them. Those who prophesied that all sorts of trouble and disagreement would arise between the army surgeons and the civil surgeons should know that no more harmonious body of men ever worked together than did those who constituted the staff of "No. 4." Miss McCaul and the Netley sisters worked without ceasing, and many and many a wounded soldier will have reason never to forget the unstinted kindness and devotion of the sisters at "No. 4."

THE GIRL HE LEFT BEHIND HIM.

In conclusion I am reminded of one little incident which may interest those who are interested in the "Absent-Minded Beggar." Among the wounded brought in one day from Potgieter's Drift was a man of scanty clothing, who held something in his closed hand. He had kept this treasure in his hand for some eight hours. He showed it to the sister. It was a ring. In explanation he said, "My girl gave me this ring, and when I was hit I made up my mind the Boers should never get it, so I have kept it in my hand ready to swallow it if I was taken before our stretchers could reach me."

THE BOER AMBULANCE SYSTEM.

FROM OUR SPECIAL CORRESPONDENT IN CAPETOWN.

February 23th, 1900.

THE HOSPITAL AT JACOBSDAL.

I AM indebted to Dr. T. G. Hall, a graduate of the University of Durham, who has been for some time District Surgeon of Jacobsdal, for some interesting particulars about the Boer system of attendance on the wounded at that place, which was the principal medical base for Cronje's force whilst barring the road to Kimberley.

At the outset of the war, Dr. Hall, who, I may mention, is not a Free State burgher, was appointed to work at this hospital. Jacobsdal is about a dozen miles from Modder River, about twenty from Magersfontein, about twenty-five from Graspan, and about forty from Belmont. The original hospital there was the schoolhouse. It consisted of three wards, having about fifteen beds each, an operating, reception, and administration room, dispensary, and offices. To this were added from time to time three adjacent cottages, each accommodating about ten patients. The whole was under the charge of Dr. Ramsbottom, the Principal Medical Officer of the Free State forces, with Drs. Bidwell and Hall as assistants. These were aided from time to time by the various doctors attached to the commandos in the field. For the last few weeks, however, Dr. Hall was absolutely singlehanded, the other medical men having been withdrawn elsewhere. The nursing staff at first consisted of the matron and two nurses from the Bloemfontein Hospital; later four other nurses from Bloemfontein and several Jacobsdal ladies were added. There were several ambulance men recruited from various places, but none of them had had any previous training, although two were chemists. One of the chemists was in charge of the x-ray apparatus. The supply of instruments was good. The fittings generally were fair, and the beds were spring mattresses sent from Bloemfontein and Pretoria.

THE GERMAN AMBULANCE.

Just before the British occupation of Jacobsdal, the whole place was taken over by the German ambulance, which was splendidly equipped with the very latest appliances, including its own oil engine and dynamo for the x-ray. The staff of this ambulance consisted of three surgeons, four nurses, and

five trained ambulance men, besides a man in charge of the x-ray apparatus. Operations were few. No major amputations were performed. Several fractures of the thigh and upper arm healed perfectly in two months. One case of a compound smash just above the ankle was very notable. The bone had been comminuted most extensively, and the wound of exit was very large. The patient was a man of the Lanciers. The wound healed perfectly. It may be mentioned that the climate about this part of the country is dry, and favourable in every way to aseptic surgery and to convalescence.

THE BOER COMMANDO SYSTEM.

To understand the general working of the Boer system of medical aid, one must look at the military system of the Republics. The units are commandos from each district, which act more or less independently of each other, and maintain their own *personnel* in everything. This organisation led to what is practically the old English regimental system of medical administration. Outside the hospitals there was nothing that one could call a departmental organisation. Each commando (or part thereof when divided, as was occasionally done in the case of large commandos) had a doctor attached, as long as the medical supply lasted, which was, in the case of the Free State, longer than with the sister Republic, owing to there being less prejudice against English surgeons. Each of these doctors had four to eight ambulance men, almost entirely without training, employed mostly as dressers. The bearers were generally Kaffirs. A spring waggon was used for conveying wounded. At Jacobsdal were three or four others spring waggons, which were sent out from time to time to the battlefields. The surgeon remained with his commando, that is, actually with the fighting line. First aid was rendered to wounded men on the field, and splints roughly applied, but nothing of the nature of an operation was performed. The wounded were then at once transported either to Jacobsdal or to Boshof, or Koffyfontein, where hospitals similar to those at Jacobsdal were established. The surgeon of the commando usually accompanied his own wounded, and remained at the hospital for some days. This provided each hospital with a staff of floating assistants after each battle. At Magersfontein, which, as your readers know, was held for a long time, there were a certain number of what might be called "field hospitals," established in farmhouses when available, in tents when they were not.

It will be seen from this sketch of the medical arrangements on the Western Border—and they appear to have been substantially the same elsewhere—that the Boer organisation has been practically that of corps surgeons rendering first aid and stationary hospitals. On the Natal side there has been practically a base hospital added at Pretoria and Johannesburg. But no organised system of collection existed, and nothing that could be called a field hospital as we understand it. It is obvious that such a system, although it may have answered fairly well with Boers defending certain positions at which they remained for long periods, and from which they only retreated to points nearer their stationary hospitals, must utterly break down with large numbers of wounded over a shifting area of country, such as is the condition under which fighting is now going on in the Free State. Even earlier it has begun to break down, with the splitting up of the Boer force between the West, Colesberg, and the Eastern Frontier. The amount of suffering which such a "system" would bring about if the Boers moved far away from their base, and clear of a railway line, is awful to contemplate. But, on the whole, it seems to me that the Free State arrangements were better thought out than those of the sister Republic, and more honestly administered.

MANAGEMENT OF ENTERIC FEVER.

Curiously enough, these temporary hospitals, which I have called "field hospitals," were principally used for medical cases, some of the cases of enteric fever being treated there right through. But, as a rule, the patients were sent to Jacobsdal, where special enteric hospitals were extemporised out of the Dutch reformed and Kaffir churches. They accommodated together about eighty patients, and Dr. Hall had charge of all these most of the time, in addition to his other work. Dr. Hall tells me that enteric fever constituted the main part of the medical work, dysentery being, curiously enough, conspicuous by its absence. The dietetic treatment

of typhoid fever presented much difficulty, owing to the scarcity of milk. Dr. Hall tells me that he has had to make twenty-four bottles (imperial pints) go round sixty patients. Maizena and various makeshifts had to be used to eke out this scanty supply. Otherwise food was fairly plentiful.

THE BOER WOUNDED.

Dr. Hall does not feel justified in giving me any statistics about the actual numbers of Boer wounded, but he took in at Jacobsdal most of the cases from Belmont and the succeeding battle. The most fatal cases were head wounds. Coinciding with our experience in Capetown, he found that perforating wounds of the abdomen, as well as those of the chest, did almost uniformly well. One unfortunate individual had a bullet wound right through the abdomen, shell wounds above and below the left knee, similar shell wounds above the left elbow, and a fracture of the left radius and ulna. He recovered most satisfactorily.

NOTES ON THE BASE HOSPITALS IN CAPE COLONY.

By Sir WILLIAM THOMSON,

Chief Surgeon, Irish Hospital, South Africa.

Capetown, February 25th, 1900.

ACCOMPANIED by Lord Iveagh's son, Hon. Rupert Guinness, I arrived here in the *Norham Castle* on Thursday last for service with the Irish Hospital. We were a day over the ship's usual time, for we had two bursts of heavy weather, and our earlier hopes of a good run were thus disappointed. Our last three days were unusually bad owing to a strong south-easter and a heavy head sea, but we came in sight of Table Mountain early on February 22nd, and by 7 o'clock we had heard of the relief of Kimberley.

Capetown has only one interest just now. The subject of the war pervades all conversation; the signs of it are present everywhere. There is a crowd of transports in the bay; in the streets khaki uniforms are many. I have seen here our own men from home, and the splendid soldiers whom New South Wales, New Zealand, Queensland, and Ceylon have sent to help. Some variety is lent to the monotonous khaki by the Indian *syces* who come in charge of horses from that country, men made conspicuous by their brilliant turbans, some wearing medals, some who will see war for the first time.

THE PORTLAND HOSPITAL.

I was anxious to see some of the base hospitals here, and on February 23rd I spent some time at the Portland at Rondebosch. I was fortunate enough to meet Mr. Bowlby and some of his colleagues, and also an old friend from Ireland, Surgeon-Major Kilkelly of the Grenadier Guards.

Rondebosch is a suburb of Capetown, and the site for the hospital is alongside that of No. 3 General Hospital, on a clear, sandy ground, about 100 feet above sea level. There is a good water supply. Pines grow round about very freely, and the roads are pleasantly cool and otherwise excellent. The hospital is very well equipped. The operation tent is boarded, and in the kitchen concrete has been laid down as flooring. The cooking arrangements are very good. There are several ranges, but, of course, all this is only possible at the base. The tents are of the tortoise pattern. I found the men occupying excellent wire-woven beds, and nothing was wanting to make their comfort and convalescence secure.

Some of the cases were of especial interest, and I may mention a few of those I saw.

Perforating Wound of Upper Jaw and Neck.—A Grenadier Guard was in the firing line, lying prone as he took aim. A Mauser bullet struck him in the right eye, passed downwards and to the left through the soft palate, continued its course through the floor of the mouth, emerged from the neck at the anterior edge of the sterno-mastoid, and again entering above the clavicle smashed that bone. That happened at Magersfontein. To-day all the wounds are healed. There is not any indication of a scar about the eyelids. The bullet went in without touching either. The man suffers from huskiness, and Mr. Bowlby told me there was some laryngeal paralysis, but the patient is otherwise perfectly well.

Multiple Bullet Wounds.—Near him lay a man belonging, I think, to the Warwickshire regiment. A lieutenant and six men tried to storm a kopje, but it proved too great an undertaking and they had to retire. The patient was struck at the outer edge of the left scapula. The bullet

emerged in front 2 inches above the nipple. He fell, and was immediately attacked by a Boer, who emptied the remainder of his magazine at him. One bullet entered above the left anterior superior spinous process, and coursed backwards through the muscles, and another went through the soft part of his left leg. This man was quite well, except that he had some blood in the left thorax. The wounds all ran an aseptic course.

Bullet Wound of Brain: Trephining: Recovery.—A young soldier was lying in bed looking as if nothing was the matter with him. He had been trephined five days before. When admitted he had a bullet wound in the vertex. He was partially insensible, but had no localising symptoms. His temperature then was 102°. The operation disclosed several fragments of bone embedded in the brain, and also part of the nickel covering of the bullet. He was quite free from fever or other symptoms, and he told me he felt all right.

Bullet Wound of Tarsus.—I saw another lad with an interesting injury. A bullet entered at the tip of the inner malleolus, passed slightly obliquely outwards and upwards, traversed the astragalus, and made its exit through the centre of the outer malleolus. The wounds were quite healed. All that remained were two scars of the area of the end of a lead pencil. The motion of the joint was all right, and there was no effusion of any kind to indicate a recent injury.

There had been four cases of fractured femur from bullet wounds. There was much bone splintering, but all had done well. Mr. Bowlby bore high testimony to the management of these cases at the front. All came down most carefully dressed; an aseptic case was rarely seen.

THE BASE HOSPITALS AT WYNBERG.

On February 24th I went to Wynberg, where I was glad to meet an old fellow-student, Lieutenant-Colonel Greer, R.A.M.C., one of the officers in charge. Later on, Mr. Makins, the Civilian Consulting Surgeon, joined us, and gave me much pleasure in the narration of the work being done at this great base hospital.

The name of Wynberg is so well known at home that it is unnecessary to do more than say it is eight miles from Capetown, and is normally the military camp. The range of large commodious huts have all been converted into hospital wards, and there is accommodation for 600 patients. The air is clear and cool, and there is a pleasant surrounding shade of pine trees, through which here and there views of the sea can be had.

There were not many serious cases in when I visited. There were two or three fractures of the femur, which were getting well slowly, but Mr. Makins believed the result would be good. In these and other cases where there had been much destruction there was considerable suppuration following necrosis, but the amount of shortening was very slight, and in some cases there was none.

Bullet Wound of Shoulder Joint.—An officer whom I saw had his left humerus divided through the surgical neck by a splinter of shell. There was of course a considerable wound. Mr. Makins determined to try to save the arm. Union of bone had taken place, and it is probable that there will ultimately be a useful arm. Nearly all the spinal cases have done badly.

I was interested to visit the Boer prisoners. They were a fine lot of men, and those of them who were out of bed were in high good spirits. I chatted with several of them about their injuries. I found that many of them belonged to European nationalities and that the pure Boer was only a percentage. These, however, all spoke English just as one hears it at home.

Perforating Lee-Metford Bullet Wound of Chest.—One man, a Dane, told me he was wounded at Magersfontein on December 11th. He was one of the Scandinavian picket, and he said that two-thirds of them were killed. He had a remarkable wound. The bullet entered just below the apex of the heart, and passing through the thorax came out at the eighth interspace on the right side in the mid-axillary line. He was out of bed, all the wounds were quite healed, and he appeared to be in good health.

Case of Snake-bite.—One boy, aged 17, told me he was in hospital for snake-bite. I learned that there had been much cellulitis of the hand and forearm, but he was recovering. He was taken at Elandslaagte. He said his father was in the Town Guard at Kimberley. Here was an instance of father and son fighting on opposite sides.

The prisoners occupied the same class of ward as our own men, and were treated in precisely the same way. They had comfortable wire-woven mattresses, mosquito curtains, etc., and the only indication that they were prisoners was the presence of a sentry outside the door.

All the wards were large, airy, well lighted, and well ventilated. So far as such comforts go, nothing could have been better.

ASEPTIC WOUNDS.

One of the facts which have been established thus far is the marvellous success which has followed the effort to keep wounds aseptic. It must always be remembered that the first dressings are made under the greatest disadvantages,

and that the patients pass quickly out of the hands of the surgeons at the front. They do not, of course, know what the results are in more than a tithe of the cases. At base hospitals such as Wynberg and Rondebosch the cases are treated to a termination, and it is high testimony to the efficiency of the work on the field that the results are so surprising.

ARE MODERN BULLETS TOO "MERCIFUL?"

Another fact is no longer new: that the modern smallbore bullet is more merciful than the bullet of the Snider or the Martini. Indeed, I have heard that a foreign *attaché* has expressed the view that there must be some reversion to older forms. Already the Boers have been trying to make their fire more deadly, not by using a soft-nosed bullet, but by splitting up the nickel covering so that it may spread and cause a more severe wound. Lord Roberts reports that such missiles have been found upon prisoners captured at Paardeberg. This may not be a general custom, but as I am under orders from Naauwpoort I may be able to inform you on this point in a future letter.

SIR WILLIAM MAC CORMAC.

I was glad to meet Sir William MacCormac on February 23rd. He had just come down from Kimberley. He has been very hard worked, and has been almost ubiquitous. He has well earned his rest, after most trying labour.

THE BASE HOSPITALS NEAR CAPETOWN.

FROM OUR SPECIAL CORRESPONDENT.

Capetown, February 28th.

SURGICAL CASES.

THE German hospitals have had little new lately, except that a few cases from the neighbourhood of Colesberg, and now that No. 6 has been established at Naauwpoort, these will probably be dealt with there. There will, of course, be a big rush during the next few days, at least this is anticipated, as No. 6 will hardly be able to absorb all the cases coming from Roberts's column, including, as they will, an enormous number of Boer wounded. I have had an opportunity of seeing several interesting convalescent surgical cases at No. 1 General Hospital during the last week. They show conclusively the excellence of the surgical work done.

Splinter Wounds of Shoulder and Neck.—One man who had been wounded at a place called Strydfontein had a curious mass of wounds about the left shoulder and neck. He was lying down firing, and the Boers were advancing. A bullet struck a rock close to him, and the shoulder and neck were absolutely riddled with largish fragments. He says that the place where the rock was struck was not more than four to six inches away from him. A number of pieces of rock and lead were taken out. The shoulder-joint escaped, and no nerves were injured, at least there is no paralysis.

Expanding Bullet Wounds.—This was evidently an expanding bullet, for a comrade was hit by the same Boer directly, the little finger being carried off, and then the jaw smashed in a way that could not have been done by a Mauser. That the Boers are using explosive bullets and expansive bullets largely is certain. The writer has in his possession quite a number of such taken from Boer bandoliers, including the murderous sporting Mauser cartridge—I mean the bullet which is used for elephants and such *feræ naturæ*.

Injury of Musculo-spiral Nerve.—In another case a bullet which had penetrated the chest, had then gone into the upper arm, and evidently injured the musculo-spiral nerve. The man has dropped wrist and other evidences of musculo-spiral paralysis, with impaired, but not abolished, sensation. In another case, the first part of the axillary artery had had to be tied on account of secondary hæmorrhage from a bullet wound penetrating the shoulder and emerging low down in the axilla. The case did admirably.

Shell Wound of Leg: Suppuration of Knee: Secondary Hæmorrhage.—I have seen again a case, which I reported in one of my earlier letters, of a shell wound of the leg with commencing purulent trouble in the knee-joint. This man's leg has had to be amputated in the middle third of the thigh, secondary hæmorrhage from the posterior tibial precipitating an issue which was impending on account of the effusion into the knee.

Comminuted Fractures of Humerus.—Another case at No. 1

General Hospital shows how admirably bone injuries are managed. A bullet, presumably soft-nosed, had entered the upper arm in front about 4 inches above the elbow-joint, and had emerged by a wound $3\frac{1}{2}$ by $2\frac{1}{2}$ inches behind, smashing up the humerus on the way. Fully an inch of the humerus was destroyed. This wound kept aseptic throughout, and after his arrival here there was no rise of temperature. The limb was put up in a poroplastic splint, and irrigated with sublimate solution, and is now rapidly healing.

INCREASE OF ENTERIC FEVER.

Cases of enteric fever are steadily increasing in number at the whole of the hospitals, but the disease, in proportion to the number engaged is not so large in Roberts's and Methuen's commands as on the frontier. This is what one would expect from the climatic conditions. I understand that it is very rife in Natal. The cases do, as a rule, fairly well, but as is observable always in this country, the temperature keeps up a long time. The medical officer in charge of the enteric fever ward at the Station Hospital informs me that he was struck with the much greater proportion of cases showing a rash than in civil practice in the Colony.

THE PORTLAND HOSPITAL.

The following cases of interest in the Portland Hospital may be added to those published last week:

Another remarkable case in the Portland Hospital is one in which a bullet entered the right orbit, passed diagonally downwards and to the left through the soft palate, emerged just behind the left sterno-mastoid about at the level of the fifth cervical vertebra, then hit the left clavicle and glanced along it for about $1\frac{1}{2}$ inch, splintering it on the way. The man has paralysis of the recurrent laryngeal, the left vocal cord being quite fixed, and Mr. Bowlby is convinced that the pneumo-gastric is divided, although there are no symptoms distinctly pointing to this. Considering the track of the wound and the laryngeal paralysis, Mr. Bowlby's inference seems incontrovertible.

Another interesting case in the Portland Hospital was one of trephining. A bullet or fragment of shell had entered the vertex just in the line of prolongation of the Rolandic fissure, but absolutely in the middle line, consequently no motor symptoms were observed. A good deal of bruised tissue came away, but the patient when I saw him two days after operation was absolutely *compos mentis* and conversing naturally, and had no elevation of temperature.

Compound fractures of the femur have been treated hitherto by simple extension and have done admirably. Both Mr. Bowlby and Mr. Wallace, however, intend using Hodgen's splint as soon as they can obtain them. As an illustration of the success of conservative surgery in this war, Mr. Bowlby informs me that not a single amputation of any kind has been performed in the Portland Hospital as yet.

THE MEDICAL STAFF CORPS.

E and F Companies of the Medical Staff Corps left on the 22nd, with Major Nichol in command, and Lieutenants Vaux, Fryer, Usherwood, and Brown as subalterns, the latter two being civilians drawn from No. 6 General Hospital.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XVIII.

BLOEMFONTEIN.

ON March 13th Lord Roberts telegraphed to the War Office that "by the help of God and the bravery of Her Majesty's soldiers" the troops under his command had taken possession of Bloemfontein.

Bloemfontein, the capital of the Orange Free State, is in the middle of the flat grass plains constituting the inland plateau. In 1846 it was made the headquarters of a British Resident and a small British force, at a time when the Orange State was the Orange Sovereignty under British rule. It is now once more the headquarters of a British Resident and a British force.

The town stands on the plain, and has in its vicinity one of the continually-recurring South African kopjes, in this instance in the shape of a long flat-topped hill. The streets

in the town all run at right angles to one another, and nearly every house has its garden and trees shading it. The Presidency, now the headquarters of Lord Roberts, is a handsome modern villa with cactus, aloes, and other subtropical plants growing in its gardens. In many parts of the town trees are growing in the streets. Bloemfontein, and the country round it, stands at an elevation of 4,500 feet above sea level. It is, as many of the correspondents have already stated, a pleasant little town, and Bloemfontein, together with the Dutch farms in the vicinity, have often been recommended as particularly good health resorts for phthisical patients.

The natural features of the climate are extreme dryness of air, brilliancy of atmosphere, and continuous sunshine, with only an occasional thunderstorm in the summer. It is improbable that there will be any rain after this month; and for six months to come Bloemfontein will have over it a sky which seldom or never contains a cloud. The weather will become much colder about the month of May, and the tormenting half gale of the high veld will prove a not infrequent annoyance. At night it is not at all unusual to get sharp frosts, although the bright sunshine of the daytime invariably raises the temperature considerably over freezing point. In June and July, warm clothing is essential by day as well as by night. Of all garments for the soldier, there is nothing at this time of year so serviceable as a good thick sweater; he can wear it under his tunic by day, and sleep in it at night.

The physical features of Bloemfontein and the portions of the Free State in which it stands, together with its climate, are thus excellent. The country is about as healthy as Nature can make it; only man is vile. The sanitation of Bloemfontein is very far from perfect, and hence epidemics of typhoid fever have on several occasions occurred in the town. The system in vogue is the pail system, or removal of the night soil by night in waggons. This system is theoretically an excellent one, but the least carelessness in the sanitary service renders it both obnoxious and dangerous. In my experience, wherever this theoretically perfect system is in vogue, as it almost invariably is in all South African towns, the degree of carelessness necessary to produce the obnoxious and dangerous conditions referred to is always displayed. With regard to the water supply, I am not sufficiently well informed to be able to speak of it with certainty. Bloemfontein, however, as pointed out, stands on a flat country, and is at a considerable distance from any river, conditions not favourable to an abundant and liberal water supply. As illustrating the almost level character of the plateau between Kimberley and Bloemfontein, it is interesting to note that a difference in the altitude in these towns is only 140 feet, Kimberley being exactly 4,360 feet above the sea. Lord Roberts, in his telegram of March 20th, states that "the people of Bloemfontein are affording us every assistance in the matter of hospital accommodation, and we have consequently been able to arrange for 500 beds." A telegram from the *Times* correspondent states that the New South Wales Ambulance Corps, which is under the command of Major Fiaschi, Surgeon to the Sydney Hospital, N.S.W., has been placed in charge of these 500 beds.

THE BASUTO BORDER.

Travelling east of Bloemfontein towards Ladybrand the plains begin to rise more markedly until the strip of fertile country known as the "Conquered Territory," which was originally possessed by the Basutos, is reached. On the borders of this territory is situated the old missionary station at Thabanchu. Lord Roberts's despatch, published on March 19th, says that a cavalry brigade has gone to this district in order to reassure the inhabitants in that part of the country, and distribute copies of the proclamation laying down the conditions on which burghers will be allowed to return to their homes. Through this territory the country continues to rise until the valley of the Caledon river is reached. This is a swift stream with steep banks, and on the eastern side of it is the Switzerland of South Africa—Basutoland. The "Conquered Territory" is a magnificent piece of country with a climate almost as cool as our own. It enjoys clear skies, bright sunshine, very little mist, and its rain falls in storms. I once spent a fortnight travelling in this country and into Basutoland to the foot of the Maluti mountains. After the arid,

sandy plains of the Modder River and Kimberley, it will be a comparatively cool and delightful land for our cavalry to find themselves in. The elevation of this district is about 5,000 feet above the sea, and its cool summer climate is much like that of the Johannesburg district in the Transvaal. The country is fertile, and the corn is grown readily without irrigation. In the midst of this country stands a beautiful and luxurious home, a rich man's hobby, a house which took over four years to build, situated in wild mountainous scenery, and surrounded by a million planted trees of every variety and shade of foliage. An instance of what the country is capable, and what its climate produces, it stands like an oasis in the veld. A few notes of this estate may be of interest. The owner is an Englishman, his wife the daughter of the missionary who founded the station at Thabanchu, who speaks Basuto like a native, and is beloved and almost worshipped by the Basutos. The house stands under a precipitous and weather-beaten kranz or cliff, and looks down over a wide-covered grass amphitheatre surrounded by hills. From the foot of a beautiful flower garden rises a great stretch of woods and plantations for some miles out into this natural amphitheatre. Here, in a naturally treeless country, firs, poplars, oaks, gum trees, ash, and the broom (*planta genesta*) all grow in luxurious abundance, a living monument of energy and enterprise. In the glades of these woods wander zebra and antelope, while from the trees come alternately the harsh cry of the guinea fowl and the cooing of the turtle dove. The bright plumage of the honeysucker flashes from flower to flower in the sunshine of the garden; overhead, above the trees, against the sky, the noblest of his kind, the blue rock pigeon cuts his swift way from kranz to kranz. From the cliffs behind the house away to the eastward, distant a day's journey into Basutoland, may be seen the broken serrated peaks and rugged outlines of the Maluti mountains. In these mountains are peaks over 10,000 feet high, notably the Mont aux Sources. In these mountains to the north-east there rise the Orange, Tugela, and some of the tributaries of the Vaal rivers. They are a grand range, running parallel to and at only a short distance from the main line of the Drakensberg; they form the greatest mass and contain the highest peaks anywhere south of the Zambesi. On the slopes of these mountains and in the fertile valleys between them and the Caledon river the Basutos chiefly dwell. They are perhaps the most intelligent of the great Bantu race.

COLONIAL PRISONERS AT PRETORIA.

In my last letter I drew special attention to the treatment accorded by the Boer executive to the Colonial prisoners at Pretoria. Before that letter was in the press a question had been addressed on the subject to Lord Lansdowne, and an assurance given that, should the reports with reference to these prisoners be authenticated, strong representations would immediately be made.

THE SIEGE STATISTICS FROM LADYSMITH.

We have already had occasion to quote some few statistics with reference to the siege of Ladysmith. The Special Correspondent of the *Standard* now supplements the interesting despatches on this subject already received from him by the following, dated Ladysmith, March 17th:

In November the garrison consisted of 572 officers and 12,924 men. In March it had been reduced to 403 officers and 9,761 men. The admissions to hospital numbered 10,668, including 1,766 cases of enteric fever, and 1,857 of dysentery. The deaths were 600, including 393 from the former disease and 117 from the latter. The patients in hospital on March 1st numbered 1,996, 708 of whom were suffering from enteric fever, 341 from dysentery, and 189 from wounds. Other figures are as follows: Died of wounds, 59; killed in action, 18 officers, 193 men; killed in assaults and sorties, 17 officers and 160 men; killed by the bombardment, 2 officers, 33 men; wounded in assaults and sorties, 45 officers, 352 men. In November there were in Ladysmith 5,309 horses and 4,539 mules. At the end of the siege the horses numbered 2,900, of which only 500 were effective, and the mules 3,713. The rations which in November were issued for 40 days were, towards the end, made to extend over 120 days.

To make this statement absolutely complete it would be interesting to know whether the deaths from disease referred to occurred entirely among the officers and men of the garrison, or whether they include the deaths among the civilian population, European and native, of which there were a considerable number in Ladysmith. Until we are quite clear on this point it is impossible to work out exactly the death-rate, although it is quite obvious that in any case this was terribly high.

DEATHS FROM DISEASE.

In the *BRITISH MEDICAL JOURNAL* of March 3rd we had to record the rather rapid rise in the number of deaths from disease in the force in South Africa. In the week ending February 17th the deaths from disease numbered 50, but in the following week they rose to 117; taking the force to be about 180,000 men, this amounted to a death-rate of nearly 34 per mille per annum. In the week ending March 3rd the deaths from disease fell to 92, a death-rate of about 26.5 per mille per annum, but in the following week they rose again to 115, which would give a death-rate of about 33 per mille per annum. In the week ending March 17th they again dropped to 93, which gives a death-rate of nearly 27 per mille per annum.

SCOTTISH SOUTH AFRICAN HOSPITAL.

The members of the surgical and nursing staffs in uniform attended the military service in St. Giles Cathedral in the morning of Sunday, March 18th. The surgical staff, headed by Professor Chiene, were in khaki. An appropriate service was conducted by the Rev. Dr. Theodore Marshall, Acting Chaplain to the Forces. At the close of the service the medical staff marched to the Royal Exchange Square, where they were briefly addressed by Lord Provost Mitchell Thompson. They sail on March 24th. We understand that Miss Florence Nightingale has given a donation of £100 towards the funds of the hospital. Dr. Francis D. Boyd goes as Physician to the Hospital.

DESPATCHES.

The *London Gazette* of March 16th publishes despatches from Lord Roberts, forwarding the reports of Lord Methuen and Sir William Gatacre respectively, describing the operations on the Modder River on December 10th and 11th, 1899, and at Stormberg on December 10th.

In summing up the result of the engagements, and bringing to notice the services of officers, Lord Methuen says: "Major O'Donnell, Royal Army Medical Corps, and Lieutenant Delap, Royal Army Medical Corps, were indefatigable in attending wounded under fire.....Lieutenant Douglas, Royal Army Medical Corps, showed great gallantry and devotion under a very severe fire in advancing in the open and attending to Captain Gordon, Gordon Highlanders, who was wounded; also attending to Major Robinson and other wounded men under a fearful fire."

General Gatacre specially mentions only two of the officers who served under him at Stormberg, and beyond that he was accompanied by Lieutenant-Colonel Edge, Principal Medical Officer, has nothing to say of the medical officers present with him.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association at 429, Strand (corner of Agar Street), London, on Wednesday, the 11th day of April next, at 2 o'clock in the afternoon.

March, 1900.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The spring meeting of this District will be held at Abergavenny on Thursday, April 26th. Notices of nominations, papers, etc., to be sent in by Monday, April 9th.—ALFRED SHEEN, Cardiff, D. ARTHUR DAVIES, Swansea, Honorary Secretaries.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of this District will be held at the Grand Hotel, Brighton, on Thursday, March 29th. The chair will be taken by Dr. Mackey at 5.15 P.M. The following communications have been promised:—Dr. Mackey: A Case of Typhoid Spine (Osler). Dr. Morgan: Retropharyngeal Abscess. Dr. Maynard: Hæmorrhagic Pancreatitis (with specimen). Dr. Mackenzie: Errors in Diagnosis (three cases). The Chairman will provide tea and coffee at 5 P.M. Dinner at 7 P.M.; charge 6s., without wine. Messrs. Down Brothers will exhibit instruments, etc., from 4.30 P.M.—J. W. BATTERHAM, M.B., 3, Grand Parade, St. Leonards-on-Sea, Honorary District Secretary.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting of this District will be held at the Royal Surrey County Hospital, Guildford, on Thursday, March 29th, at 4.15 P.M. Mr. F. Boxall, of Rudgwick, will preside. Agenda: Minutes of Guildford meeting. To decide where the next meeting shall be held, and to nominate a member of the Branch to take the chair thereat. Election of Honorary Secretary. To receive nominations for representations on the Council of the Association. Communications from East York and North Lincoln Branch and Hull Medical Society. The following papers will be read:—Dr. Sidney Martin: The Diagnosis of Early Tuberculous Disease of the Lungs. Mr. Battle: The Diagnosis of Early Tuberculous Disease of Joints. The Honorary Secretary: Remarks on the Treatment of Spasmodic Asthma. Members desirous of exhibiting specimens or reading notes of cases are invited to communicate with the Honorary Secretary at once. Dinner at the White Lion Hotel at 6.45 P.M.; charge, 6s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend and introduce professional friends. N.B.—The Honorary Secretary would be much obliged if members would kindly inform him by postcard whether they intend to remain to dinner. By so doing they will materially facilitate arrangements and promote the success of the dinner.—ALEX. HOPE WALKER, The Common, Cranleigh, Honorary Secretary.

PROCEEDINGS OF COUNCIL.

At a special meeting of the Council to consider amendments to the Midwives Bill, held in the Council Room of the Association, 429, Strand, on Wednesday, March 21st, 1900. Present:

Dr. J. ROBERTS THOMSON, President of the Council, in the Chair.

Mr. ANDREW CLARK, Treasurer.

Dr. E. G. BARNES, Eye.	Dr. R. H. KINSEY, Bedford.
Dr. JAMES BARR, Liverpool.	Mr. N. C. MACNAMARA, London.
Dr. RAYNER W. BATTEN, Gloucester.	Mr. H. J. MANNING, Salisbury.
Mr. LANGLEY BROWNE, West Brom-	Dr. C. H. MILBURN, Hull.
wich.	Dr. C. G. DRUMMOND MORIER, Lon-
Mr. JAMES CANTLIE, London (Hong	don (Adelaide and South Australia
Kong Branch).	Branch).
Mr. T. H. CHEATLE, Burford.	Mr. C. H. W. PARKINSON, Wimborne
Dr. H. RADCLIFFE CROCKER, Lon-	Minster.
don.	Dr. H. PHILLIPS-CONN, Reading.
Dr. W. DYSON, Sheffield.	Dr. FRANK M. POPE, Leicester.
Mr. GEORGE EASTES, M.B., London.	Dr. A. BROWN RITCHIE, Hulme.
Dr. JOHN H. GALTON, Upper Nor-	Dr. L. W. SEDGWICK, London.
wood.	Dr. G. E. SHUTTLEWORTH, Rich-
Dr. BRUCE GOFF, Bothwell.	mond.
Dr. OGILVIE GRANT, Inverness.	Mr. HENRY STEAR, Saffron Walden.
Dr. HENRY HANDFORD, Nottingham.	Mr. C. S. TOMES, F.R.S., London.
Dr. T. A. HELME, Manchester.	Dr. W. J. TYSON, Folkestone.
Dr. HOLMAN, London.	Dr. S. WOODCOCK, Old Trafford.

Dr. Farquharson, M.P., Chairman of the Parliamentary Bills Committee, attended by request.

The General Secretary read notice convening the meeting.

Read letters of apology for non-attendance from:

Dr. J. Ward Cousins, President; Dr. W. A. Elliott, President-Elect; Dr. H. Barnes, Dr. M. Beverley, Dr. J. Brassey Brierley, Dr. P. Maury Deas, Dr. T. M. Dolan, Brigade-Surgeon-Lieutenant-Colonel E. F. Drake-Brockman, Dr. Freeland Fergus, Professor David W. Finlay, Sir W. T. Gairdner, Dr. A. Godson, Dr. David Goyder, Dr. J. Groves, Mr. J. D. Harries, Mr. T. Vincent Jackson, Mr. T. R. Jessop, Mr. Evan Jones, Mr. Jordan Lloyd, Dr. J. C. McVail, Dr. J. W. Miller, Dr. J. W. Moore, Dr. James Murphy, Surgeon-General T. F. O'Dwyer, Dr. C. Parsons, Dr. R. W. Philip, Dr. G. H. Philipson, Dr. John Rolston, Dr. W. Russell, Dr. R. Saundby, Dr. A. Sheen, Dr. E. Markham Skerrett, Dr. R. Somerville, Dr. A. R. Urquhart, Mr. T. Jenner Verrall.

Moved by the PRESIDENT OF COUNCIL, seconded by Dr. HOLMAN and Resolved: That the Council desires to express its deep sympathy with Dr. Charles Parsons upon the sad loss of his son whilst fighting in South Africa.

The Council then proceeded to draft the following amendments to the Midwives Bill as read a second time in the House of Commons on Friday, March 9th, 1900, in order to bring the Bill into substantial agreement with the Bill of the British Medical Association:

1. In Section 2 Subsection (5) to omit the words "that she is qualified."
2. In Section 2 Subsection (5) at the end thereof to insert the words "and if any woman certificated under this Act shall do or purport to do anything which by this subsection it is declared that her certificate does not confer upon her a right or title to do she shall be liable on summary conviction to a fine not exceeding five pounds."

After Section 2 to insert the following section:

3. (1) A certificate under the Act shall entitle a woman to act as a midwife in accordance with this Act and the rules and regulations to be laid down hereunder in cases of natural labour only.

(2) From and after the first day of January one thousand