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The War In South Africa

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Source: *The British Medical Journal*, Vol. 2, No. 2070 (Sep. 1, 1900), pp. 597-601

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20265575>

Accessed: 07/02/2015 11:53

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Palace of Justice, Pretoria, now used as a hospital by the Irish Hospital Corps.

THE WAR IN SOUTH AFRICA.

THE IRISH HOSPITAL AT PRETORIA.

By SIR WILLIAM THOMSON, F.R.C.S.I.,
Surgeon-in-Chief.

Pretoria, July 24th.

WHEN I sent you my last letter we had just begun our work in the new domicile which we were fortunate enough to acquire. We had set up house on a very large scale, without deliberate preparation, and we were suffering all the inconveniences of such an enterprise. Still, no patient suffered. Those upon whom the strain and stress fell were the few who had undertaken the work, determined that it should succeed. The Hospital Board took over the building on June 15th.

THE MEDICAL AND NURSING STAFF.

On the 19th I transferred all the patients (83) remaining in the Irish hospital on the field. It was a hard day's work. We had no nurses; there were five orderlies, one dresser (Mr. Thomson), Dr. Coleman, and myself. Each man had to be undressed and washed before being put into clean sheets. But we took off our coats to it, helped to arrange the beds, and generally did orderly work all round. Dr. Coleman, distinguished physician as he is, never appeared to greater advantage, and I give to him and to the rest of my small party not only my own thanks but those of the sick, whom they so tenderly managed that day. Since then the rest of our establishment has come up from Bloemfontein, and now consists of Dr. George Stoker, Dr. J. B. Coleman, Dr. Friel, Dr. Counihan, Dr. Pouden; and the following extra physicians, Dr. Von Gernet and Dr. Haylett; registrar, Mr. Rhodes; dressers, Messrs. Stewart, MacIlwaine, Thomson, and Edwards; matron, Miss MacDonnell; assistant matron, Miss Walker, both of the Richmond Hospital, Dublin. In addition I have succeeded in getting twenty nursing sisters, and

I have supplemented our own Irish orderlies by a number of convalescents. In this way we have got into harness. But as our medical staff is less than half that deemed necessary in an army 520-bed general hospital, it will be seen that the work is arduous.

Several of the residents—Messrs. Heys, Beckett, Marks, Lewis, and Johnston—have selected wards to equip, and the Hon. Rupert Guinness has especially furnished the "Iveagh" ward, named after his father. We have got as a result sick quarters which would be the envy of many a hospital managed at home. The furniture and bedding are of the best; on the walls are engravings of excellent quality, giving to the wards rather the aspect of comfortable dwelling rooms than anything else.

We have erected a fine kitchen with five "ranges" and as many boilers for soup, etc. The sanitary arrangements I have already described in a previous letter. Altogether things work with the smoothness of an old-established hospital.

OPENING OF THE HOSPITAL BY LORD ROBERTS.

On July 11th Field Marshal Lord Roberts formally opened the hospital. He was accompanied by Lady Roberts, Lady Settrington, and the Hon. Aileen Roberts. There were also present the Military Governor (General Maxwell), Lord Kitchener, General Kelly-Kenny, Colonel Stevenson, P.M.O., Mrs. Louis Botha and Mrs. Lucas Meyer, Lord Stanley, the Burgomaster (Mr. Loveday), Mr. Leigh Wood, Hon. Rupert Guinness (members of the Hospital Board), and a large number of the civilians of Pretoria.

After many of the wards had been visited Lord Roberts made a short speech, in which he eulogised the work done and, as an Irishman, he said he was glad that the Irish Hospital had been the first to open there. He thanked Mr. Leigh Wood for the aid he had given to the British prisoners at Waterval in securing for them medical attendance and comforts. Subsequently tea was served in the Board room and the visitors' book was signed, the first signature being Lord Roberts, Lady

Roberts, Hon. Aileen Roberts, Mrs. Louis Botha and Mrs. Lucas Meyer. It was an interesting incident of the proceedings to see this little party in conversation, representing as it did the opposed forces of the war.

A DELUGE OF ENTERIC.

When we opened we were deluged with enteric cases. Every field hospital naturally sent in its worst cases, for all these men were lying on the veld with only the covering of a tent, and crowded to the number of eight in a "bell." Some of them were really moribund when they arrived, and these and many more died. On one day we had nine deaths. It was disheartening work, for there was very little margin of hope. Gradually, however, there has been an improvement, and we do not receive so large a proportion of bad cases. There have been a few wounded. Two of these—one shot through the spine, with complete division of the cord; the other through the colon and liver—have died. Another, an officer, shot through the left kidney, has made excellent progress, and, although there is still slight hæmaturia, he has no other symptoms.

DEATH OF A DOCTOR.

We have now received into this building 765 patients, of whom 248 have been discharged and 49 have died, leaving 468 at present under treatment. I am sorry to report the death of Dr. Teufel, a German physician, who had rendered service to our sick prisoners at Waterval, with Dr. Von Gernet. He acquired the disease there and was admitted here, but he was unhappily unable to resist the virulence of the attack. He received a military funeral.

THE MEDICAL COMMISSION.

The Medical Commission still exists, and has been of the greatest service. Some day I shall tell you more fully what it has done, but I think I may say that in the absence of medical supplies and the frequent interruptions of railway communication it has saved the situation. We have practically equipped all the stationary hospitals with blankets, sheets, mattresses, underclothing, bedsteads, pyjamas, and all kinds of drugs and dressings. In some cases our difficulties were enormous. Some articles could only be had by the half-dozen. Clinical thermometers had almost vanished from the town. Between this and Johannesburg we could only get a few bedpans. We had to pay £16 for 24, and then we got some made at a pound a piece. Some of the "indents" are amusing. One wanted several dozen thermometers when only half a dozen were available in the district, and then wanted 30 ear syringes. We have furnished hospitals and nurses' houses, and we are asked to supply khaki uniforms and overcoats when there is not one to be had in the Transvaal. The Commission is a universal provider, and it has borne the strain very well. Foremost in the work are Mr. Leigh Wood (the Chairman), and Mr. Rupert Guinness, who try to meet every demand now that Mr. Murray Guthrie has gone home. The Commander-in-Chief has given every facility for the important work, and in this way, as in others, he has encouraged the efforts of the Commission. His solicitude for his men who are enduring hardships is constant and untiring.

THE TREATMENT OF THE SICK IN SOUTH AFRICAN HOSPITALS.
Rumours regarding the agitation on the treatment of the sick had reached us from time to time, but it is only now that I have had a chance of reading some of what has been said. I have not had any duty outside my own hospital. I am not in a position to express an opinion from actual personal knowledge. I do not doubt that great hardships have been suffered. I know that. But there is a want of judicial calmness in the indictment which has swept public feeling with the force of a whirlwind. It is so easy to make us "creep." I have already said that the Army Medical Department must be reorganised; that more nurses and physicians should have been sent out; that sanitarians should be part of the force on the field. There is much to find fault with and improve. But it is fair to the department to say that at present its mouth is shut, and that no member of it may come forward now and state his case. There was a grave miscalculation as to the requirements of the campaign, but that miscalculation was not confined to the R.A.M.C. I think the department is

strangled by rules and regulations; that it is not progressive, if you like; but all these are matters to be considered calmly at the close of the war, and corrected. It is not the only department that will be improved by experience. Some weeks ago Lord Roberts appointed a Committee here, under the presidency of Colonel Gormley, R.A.M.C., to collect evidence regarding the treatment of wounded and sick in the field. I was invited to state my views, and I have done so in a few notes. When the Commission of Inquiry comes out I shall probably give evidence. I shall have faults to find. But meantime there should be some moderation, and it ought to be remembered that the army is engaged in war, and not in the peaceful pleasures of life at home.

A VISIT TO NO. 7 GENERAL HOSPITAL, ESTCOURT, NATAL.

By SIR WILLIAM STOKES, F.R.C.S.I.,

Surgeon in Ordinary to H.M. the Queen in Ireland; Consulting Surgeon to the Field Forces, South Africa.

[We received the following letter from the late Sir William Stokes just a week after his lamented death. The covering letter, dated August 2nd, expressed the distinguished writer's intention to leave for home on August 24th.]

On July 16th, while at Ladysmith, I received a telegram from Colonel McNeece, R.A.M.C., the able Principal Medical Officer of the General Hospital, Estcourt, asking me to visit Estcourt with the object of seeing some surgical cases of interest and importance, and for some of which operative interference it was thought might be indicated. I accordingly started the day following, and reached my destination at about 12.30 P.M.

Estcourt, which is the seat of magistracy of Weenan County, is situated at a high altitude, 3,833 feet above the sea level. Though a small provincial town it is one of some commercial importance, and is situated close to the junction of the Bushman's and the Little Bushman's river, the former of which is crossed by a railway bridge of five spans. The climate, which has the reputation of being one of the most equable in Natal, is dry and invigorating, and it was no small relief to inhale the pure air of the district after the choking dust and pestilential atmosphere of Ladysmith. There is little tillage to be seen, the district being mainly pastoral. Like most Natal villages it is situated in a hollow surrounded by partly-wooded hills which form a charming contrast to the bare inhospitable mountains and hills which surround Ladysmith.

The site for the General Hospital, No. 7, was judiciously selected by Colonel Gallwey, C.B., the Principal Medical Officer of Natal, and is situated about half a mile from the Estcourt railway station on the Ladysmith side. The area of the hospital covers about 60 acres on the crest and side of a gently-sloping hill. It had never been camped on or fouled, and water from the town reservoir was easily laid on.

On April 5th orders were received from the principal medical officer to increase the accommodation from 500 to 920 beds, all of which were soon occupied, chiefly with enteric cases, a large proportion of cases of dysentery being also under treatment.

THE HOSPITAL STAFF.

The hospital is divided into two divisions, medical and surgical, with subdivisions attached to each for convalescents. Major Barker, R.A.M.C., is in charge of the medical, and Major Porter, R.A.M.C., of the surgical division. These officers are ably assisted by the civil medical officers, who have done most excellent work. The same may be said of the nursing sisters, army, army reserve, and colonial.

Major Hayes, R.A.M.C., acts as Registrar and Secretary. The other officers originally connected with the hospital were Captains Beveridge, Waring, and Kelly. Of these, Captain Beveridge has been ordered to the front, Captain Waring to a field hospital, and Captain Kelly has been invalided.

CASES OF GUNSHOT WOUND.

Major Porter, R.A.M.C., showed me several cases of gunshot injuries of exceptional interest, most of them having been received in the engagement at Almond's Nek on June 11th. The first was one in which a bullet penetrated the right thigh and left knee-joint. There was no suppuration in the wounds, but a somewhat rigid ankylosis of the knee

supervened. The limb, however, was in a good, perfectly straight position. Another case was one in which a bullet passed through the cheek into the mouth, through the tongue, and finally emerged in the submaxillary region. The hæmorrhage in this case was very great, and with difficulty controlled; but ultimately the patient did well. I also saw two cases of chest wounds, in both of which the lung was perforated. The bullet in the first case entered an inch to the left of the right nipple, and emerged below the angle of the left scapula; and in the second case the wound of entrance was two and a-half inches below the centre of the right clavicle, and the exit three inches below the angle of the scapula on the same side. There was copious hæmoptysis immediately after the wounds were received, which happily, however, did not recur. Both cases have done well. I also observed an interesting head injury. A "pom-pom" shell exploded close to the patient, and one fragment entered the right mastoid and apparently destroyed the auditory apparatus, as the patient was perfectly deaf on that side. Another fragment of the "pom-pom" inflicted a severe flesh wound of the right arm. The last case that struck me as of interest was an arterio-venous aneurysm of the right femoral artery and vein, the bullet having entered the inside of the thigh, and, passing behind the femur, emerged on the outside of the limb. I thought the case a suitable one for operation.

OPERATING ROOM AND LABORATORY.

The operating theatre was built quite on the same lines as that at the Mooi River General Hospital, and possessed all the essentials for successful operation work, which was mainly undertaken by Major Porter, R.A.M.C. The x-ray room adjoins the operating theatre, and hard by are a well-furnished dispensary and a laboratory with every requisite for carrying out bacteriological research.

DIETING.

This is carried out on the same principle as in a large general hospital at home, but more liberally — Brand's essence Bovril, champagne, etc., being freely issued at the discretion of medical officers. The cooking staff is frequently tried to the utmost to provide all extras ordered, such as custard puddings, rice and sago puddings, etc. It must be remembered that each patient gets a separate pudding, not a helping from a large one. The dieting of patients convalescing from enteric fever is very carefully looked after, and they get numerous extras, and minced chicken after 14 days' normal temperature; but frequently patients persuade their friends to give them solid food when nurses or orderlies are out of the wards, and the consequences are relapses which are sometimes fatal.

TREATMENT OF ENTERIC FEVER.

No hard-and-fast rule was followed. In bad cases of hæmorrhage, transfusion of a saline solution at a temperature of 100° F. either into subcutaneous tissue over the abdomen (lumbar regions) or into the cephalic veins was employed with excellent results.

Widal's test was carried out in the great majority of the cases, also in doubtful ones. It was found in certain cases of dysentery that enteric fever coexisted, and that moreover as a patient convalesced from dysentery (say from ten to fifteen days after admission) symptoms of enteric appeared. Careful records have been kept of cases inoculated and not inoculated against enteric fever. It is impossible at present to give a decided opinion on the adequacy of its protection. Undoubtedly many cases inoculated contracted the disease, but as a rule the type was milder. Unfortunately those who had been inoculated had unbounded confidence in its efficacy, and consequently did not take as many precautions against contracting the disease as they should.

SANITATION.

The water supply is from the town reservoirs, and is filtered by means of the Pasteur-Chamberland pressure filter and Berkefeld's handpump filters.

The dry earth and pan system is in use for ordinary and convalescent patients, the pans being emptied and cleaned out four or five times a day, dusted with McDougall's or chloride of lime powder. There are two sanitary attendants

in each latrine, whose duty it is after a pan has been used to put in a little dry earth and chloride of lime or McDougall's powder, thus disinfecting each stool. Strong iron watertight carts remove the faecal matter and urine to deep pits some mile and a half off. These pits are 10 feet deep, and every morning the faecal matter of the day previous is covered with a layer of dry earth and chloride of lime.

Enteric stools and urine, night stools and bedpans are kept outside the tents at one special corner, the space occupied being sprinkled with chloride of lime every day. When a bedpan is required the orderly on duty in the tent brings it to the patient, first ascertaining that it is clean externally and internally. On being used he replaces it outside the tent, calling the conservancy man (Indian sweeper), who removes it to the special latrine set apart for enteric stools. The contents are placed in a covered receptacle. The bedpan is then washed in a 1 in 1,000 solution of perchloride of mercury, dried, and a small quantity of izal 1 in 20 poured in, just sufficient to cover the bottom.

The same process is carried out with urinals. About 50 yards from the enteric stool shed is a large oblong shallow boiler placed on a brick furnace; into this boiler the enteric stools, urine and disinfectants previously used are poured, sawdust is mixed with the same fluid and the whole boiled until almost dry from evaporation; the contents are then shovelled out, placed on the fire beneath and burnt, a little petroleum being added. Thus the whole faecal matter, sawdust, etc., are turned into ashes. There are 60 conservancy coolies, a certain number being told off to each row of tents, latrines, lavatories, etc.

The water used in the tents for the washing of patients, etc., is poured into pails kept in the same place as the bedpans, night-stools, etc., and removed to sanitary pails on wheels, also two large iron receptacles (tilt-carts); these, when three-quarters full, are wheeled to deep tanks 500 yards from the camp and below it. Outside the cookhouse and washhouses are large galvanised iron tanks capable of holding 100 gallons; these are constantly being emptied by conservancy men by means of the large pails on wheels. No water of any sort is allowed to run over into drains, etc. There are no drains in camp, all fluid being removed to the tanks.

The tank principle—devised, I understand, by Col. McNeece—is as follows:—Two large pits are dug out of the soil, 40 by 20 feet and 10 feet deep; these are connected by a pipe 4 feet from the top, and at the lower end of the further one is a wire grating fixed in on the principle of a sluice, which prevents any matter running into the drain, which follows a devious course for 300 yards until the water is thoroughly clear; it is then allowed to flow over the veld, where it is absorbed in the course of 100 yards or less. The principle of the tank is as follows: All slop water from tents, wash-houses, cook-house, etc., is poured into the first tank, also all orange skins, empty milk tins, egg shells, etc., etc., are put into the tank. Each day a layer of earth is thrown in and the whole surface sprinkled with chloride of lime. The capacity of the tank is about 1,000 gallons; it soon fills and the supernatant water flows into the second tank, where it settles, is sprinkled over with chloride of lime daily, and when it reaches the level of the drain flows off. As soon as the first tank is filled to within four feet of the top it is closed and filled up, the other being filled up also, and the same process again begun with fresh tanks.

DISPOSAL OF ENTERIC AND DYSENTERIC BED LINEN AND CLOTHING.

This is brought direct from the wards to the disinfecting shed. All linen soiled with faeces or blood is first washed in a solution of izal and water, then boiled in a similar solution, and then placed in Thresh's steam portable disinfectant, as is all linen and clothing used in enteric tents. It is then dried and handed over to the washing contractor direct.

The impression left on me by all I saw at the Estcourt General Hospital was most favourable, and the greatest credit is I think due to Colonel McNeece, R.A.M.C., and the officers, military and civil, who are working under him, for the unremitting industry, care, and attention to the minutest details which has characterised their work, by which they have succeeded in bringing the hospital to its present state of high efficiency.

STATISTICS.

The following are the statistics of the work of the hospital up to July 18th:

	Per Cent.	Deaths.	
Admissions to hospital	3.28	75	1,960
Enteric fever	8.50	59	694
Including simple continued fever, remittent fever, and intermittent fever	6.25	60	965
Dysentery	2.62	10	385
*Gunshot wounds	1.75	2	114

* Of these, one was a Boer with septic abscesses of the lungs who had been left for dead by the Boers beyond Laing's Nek. The other was the case of an abscess connected with the cervical vertebra (also septic on admission).

The above figures are subject to correction, but fairly accurate; 17 deaths from enteric fever occurred between one and forty-eight hours after admission.

MEDICAL ARRANGEMENTS IN ST. HELENA.

By WILBERFORCE J. J. ARNOLD, B.A., M.B., B.Ch.,
St. Helena.

Not since the days of Napoleon has St. Helena loomed so largely before the eyes of the world. A brief sketch, therefore, of the medical aspects of the island in its present rôle of military prison may be of interest. The staff appointed to look after the 2,000 odd prisoners of war, and 1,000 British troops, comprises two officers of the R.A.M.C. and three civil surgeons. Two of the latter were appointed direct from England; the third came in medical charge of the prisoners on board the *Milwaukee*, and has remained on the island. The Senior Medical Officer, Major Mosse, R.A.M.C., had a task of no little difficulty in organising the hospital arrangements to meet the sudden influx of so many sick among the prisoners. The great difficulty at first was the transport service, which was lamentably deficient, the island being almost totally wanting in the means of coping with the large quantity of medical and other stores which had been discharged from ships in profusion on the wharf. This difficulty had to be met by the importation of a large number of mules, waggons, and native drivers from the Cape.

The *personnel* of the Hospital Corps was largely made up of recruits of a few months' training, who naturally could not be expected to understand their duties perfectly. The obstacles in the way of efficient nursing and the carrying out of orders generally will be obvious to anyone acquainted with the hospital orderly even in his finished condition. The tact, patience, and administrative ability shown by the Senior Medical Officer, however, rapidly brought everything into smooth working order.

It was at first intended by the military authorities to establish a field hospital at Deadwood Plain, where the Boer enclosure is, and marquees had been sent out for that purpose. Acting on the advice of the Senior Medical Officer, who deemed the site unsuitable for a marquee hospital owing to the long continuance of heavy rains during the wet season, the situation was changed to Jamestown. The block of buildings there which has been transformed into the Boer hospital was formerly the officers' quarters of the 3rd West India Regiment, and is admirably suited for its purpose, the supply of light and air being abundant. The British Government has sent

out the complete equipment for a field hospital of 100 beds. Everything has been furnished on a generous scale, and certainly the prisoners have nothing to complain of in the measures that have been taken to provide for the needs of their sick. It fortunately has not been necessary as yet to put all these beds into occupation.

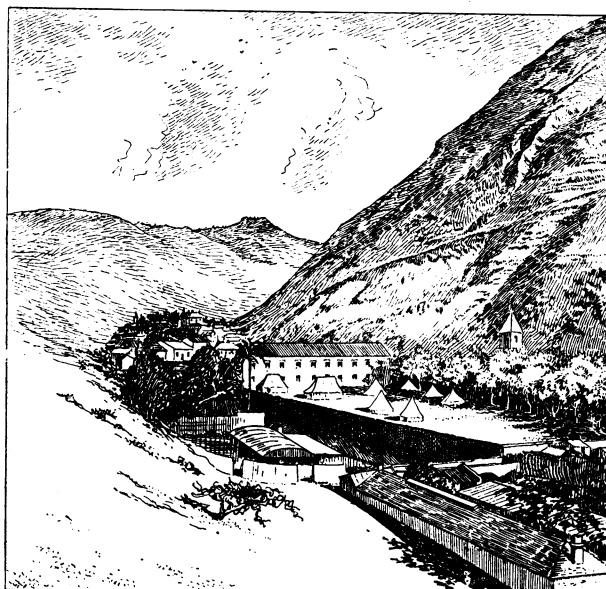
On the first arrival of the Boers the numbers admitted to hospital were considerable. There were numerous cases of typhoid and dysentery, and large numbers of patients suffering from bronchial affections. All the prisoners both in and out of hospital bore evident traces of the privations and hardships of war; but as a result of two months' stay on the island the amount of sickness has greatly decreased, and the mass of the prisoners look in splendid condition. At the Boer Hospital Civil Surgeon Roe is doing duty, and I am myself on duty at the Station Hospital. The latter is now reserved exclusively for the troops, though at first the prisoners shared some of the beds before their own hospital could be got ready. It is a square building at the head of the town, and is arranged for 28 beds, but this accommodation is supplemented by a marquee in the hospital precincts, so that admission can now be granted to 44 patients. Numerous cases of dysentery and several of enteric fever occurred amongst the troops, especially those whose duties lay in the immediate vicinity of the Boer encampment. At an

early stage of their stay on the island the condition of the prisoners' enclosure gave rise to some anxiety owing to the objectionable habits of the motley crowd composing the prisoners, including besides Boers, French, German, Irish, Portuguese, Italians, Scandinavians, and others who, especially at night, neglected to use the trenches and other conveniences. The place in consequence became dangerously unwholesome. Stringent measures were quickly taken to correct this, and now the sanitary condition of the camp is all that could be desired.

The site of the Boer encampment is an ideally healthy one. It is distant about six miles from Jamestown, and occupies a grassy plateau, reached by a steep and circuitous road, 1,700 feet above the sea, whose blue expanse is spread below, and over which the fresh wind constantly sweeps. The only drawback to the position as a

hospital site in the abstract is the heavy rainfall that often occurs at this time of the year, but the wind and sunshine exert wonderful drying properties, and so far the rains have produced no injurious results. The present season so far has been remarkable for its small rainfall and abundant sunshine.

Jamestown, which lies near the sea level, closely shut in a narrow valley, has just been visited by a very severe epidemic of influenza, in which fully 70 per cent. of the cases were complicated with pneumonia, and that, with few exceptions, of the lobar type. The death-rate amongst the natives of St. Helena has been unprecedented. Although Deadwood Camp during the time of the epidemic was in daily communication with the town, yet no case of any severity occurred amongst the prisoners; in fact, the ordinary amount of sickness was not appreciably augmented. This fact says much for the healthiness of their surroundings, and should remove from their friends in South Africa any concern as to the nature of the climate, about which so many erroneous reports were circulated. Major Austin, R.A.M.C., is in medical charge at Deadwood, and is assisted by Civil Surgeon Price, whose more especial duty is the medical care of the prisoners. Major



The Boer Hospital.

Austin has himself special charge over the British troops, comprising the 4th Gloucester Regiment, and a detachment of the West India Regiment. Two marquees have been set apart as temporary hospitals, but all cases requiring more than a few days' detention, whether amongst prisoners or troops, are sent down at once in covered ambulances, the former to the Boer hospital and the latter to the station hospital in Jamestown.

SOUTH AFRICAN HOSPITALS.

SCOTTISH HOSPITAL, KROONSTADT.

DR. ROBERT STIRLING, writing under date July 27th, has sent us the following notes of the surroundings and work of the Scottish Hospital, Kroonstadt:

As there was very little to do surgically and our staff of medical officers much more than sufficient, I came on to the Simmer and Jack Hospital, Germiston, Johannesburg, on loan from the Scottish till the authorities can send up a staff to work it, consequently I am not in a position to say much regarding the recent work of the Scottish Hospital, nor have I access at present to past records.

The site of the hospital is excellent—on sloping ground, near the railway station but outside the town. The water supply is abundant, obtained from the town supply by tapping the main which skirts the eastern boundary of the camp.

The double-lined tortoise tents have proved most satisfactory and the Docker huts are very comfortable. Despite the ingenious packing and light materials of the latter, however, the size and weight of the cases will probably prevent the use of the Docker hut except in base hospitals. The equipment of the hospital is all that could be desired, and is quite equal to that of our civil hospital so far as essentials are concerned. The climate in the month of June and early July was delightful if one can stand cold nights. The temperature frequently fell below freezing point inside the tents at night, and those who dared the morning tub had to break the ice. During the day we had ten hours usually of continuous sunshine, allowing free opening of tents and much sitting out of convalescent patients; indeed, the sick in beds were occasionally taken out into the sun with great benefit. Through the kindness of the commanding officers the bands of the Buffs and Oxforwards and the Pipers of the 4th Argyll and Sutherland Highlanders frequently enlivened our afternoons in camp with music. A large proportion of the cases were surgical. The wounded came by train and bullock waggon from Honing Spruit, Lindley, and other places, most frequently semi-convalescent.

Many of the Mauser bullet wounds were remarkable from the absence of symptoms following the apparent penetration of important structures, as inferred from the wounds of entrance and exit. Such wounds required little treatment beyond the first dressing. Shell wounds, on the other hand, from the bruising and sloughing of the soft parts, and their infection from jagged ricocheting fragments, were prone to suppurate. Attempts to secure primary union of such wounds invariably failed so far as my observation went, but all did well, with free opening of the wound and drainage and antiseptic irrigation. Major operations were not numerous, but amputations, trephinations, bullet extractions, aided by the use of the *x* rays, etc., were all successfully performed, while Mr. Tukey successfully employed Murphy's button in a case requiring the union of injured bowel.

The medical wards were mostly filled with cases of enteric fever, dysentery, rheumatism, and debility. Thanks to the energy of the Quartermaster's department, food was excellent and abundant and the cooking good.

Sisters and orderlies tackled their duties with zeal and good humour. The combined efforts of all members of the staff and the excellence of the equipment have earned a very good reputation for the Scottish hospital. The health of the staff could not be better.

THE LANGMAN HOSPITAL.

We are informed that the equipment of this hospital, which is now at Pretoria, has been doubled; the staff increased to seventy-five, including ten sisters; and Mr. Archie L. Langman, Lieut. Middlesex Yeomanry, who has been acting as secretary and treasurer, has been appointed by the authorities

Military Officer in Charge, to succeed Major Drury, R.A.M.C., transferred to General Hospital, Bloemfontein. Mr. C. Gibbs and Mr. H. Scharlieb, the senior medical officers who did such excellent work with the hospital in Bloemfontein, are continuing their services at Pretoria.

SOUTH AFRICAN HOSPITALS COMMISSION.

THE South African Hospitals Commission, which sailed for Capetown on August 4th, resumed its labours immediately on arriving there on August 21st. We are mainly indebted to the *Times* for the following reports of the evidence taken. The first witness examined was Major MacMahon, a volunteer surgeon attached to the Army Medical Reserve, who was on duty in Bloemfontein for three months, and who said the sanitary and other arrangements were satisfactory and there was an efficient supply of nurses. No complaints had been made in Pretoria. Early in July there was an abundance of food and a sufficient number of orderlies and nurses. The hospitals at Johannesburg and Kroonstadt were well conducted. Beds were commandeered from the town, and medical officers were free to purchase requirements pending the arrival of supplies. The Edinburgh Hospital at Norval's Pont and the Yeomanry Hospital at Deelfontein were perfect. He advocated the use of field hospitals possessing independent transports. The St. John Ambulance men and volunteers rapidly got into their work. At the base hospitals it was advisable to have more nurses. The returns which the medical officers had to make were too numerous, and bookwork should be delegated to clerks. The sites of the general hospitals were selected by the Principal Medical Officer in consultation with the military authorities.

WOODSTOCK HOSPITAL.

On August 22nd the Commissioners visited Woodstock. Colonel Williamson admitted that occasionally there were smells from the foreshore, but denied that they had ill-effects on the patients. Miss Thomas, nursing superintendent, said she considered the hospital healthy and satisfactory. The patients progressed remarkably well. Twenty soldiers were also examined, but they made practically no complaints, except in regard to a lack of orderlies and doctors.

GREEN POINT AND OTHER HOSPITALS.

The Commissioners next inspected the hospital accommodation at Green Point. Two of the Imperial Yeomanry who were with General Carrington's force, which went up to Rhodesia through Beira, gave evidence to the effect that no proper provision was made for the sick at the camps on the march to Umtali, but that the accommodation at that place was satisfactory.

On August 23rd the evidence given by the witnesses examined agreed that the management of the Woodstock, Maitland and Green Point Hospitals was all that could be desired. Dr. Scholtz, who was a physician at the Langman Hospital in Bloemfontein in April, stated that he had found the hospital in an excellent condition. There was no overcrowding. There had, indeed, been a scarcity of fresh milk, but the condensed milk supplied had answered admirably. He had visited all the hospitals and had seen nothing to complain of, nor had the patients complained to him. He had also visited three hospitals at Kroonstadt, where he found everything necessary being done for the patients. At Pretoria, undoubtedly, there had been some difficulty in obtaining buildings for the accommodation of the sick and wounded, and there had also been difficulty in getting up supplies. The number of orderlies was insufficient, but he was not aware that there had been any deficiency of drugs. The difficulty experienced in remedying any scarcity of such articles as blankets was due to red-tapeism in the Medical Department, whose rules were most arbitrary and superfluous. The medical officers would have ordered such necessities direct if they had had the power. The classification of cases by the Royal Army Medical Corps could not be depended upon, and if the doctors mentioned a case which was not in their classification the schedule was returned. He expressed the opinion that enteric fever had been contracted in the field. Colonel Trotter said great difficulty had been experienced owing to the scarcity of rolling stock, and Hospitals 9 and 10 and the Scottish Hospital had been unable for some time to