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THE WAR IN SOUTH AFRICA.

THE MEDICAL ARRANGEMENTS IN
BLOEMFONTEIN.

[BY AN OCCASIONAL CORRESPONDENT.]

Bloemfontein, July 7th, 1900.

THE attack which has recently been made on the medical arrangements in Bloemfontein has been as unexpected as it has been wholly unmerited. From the telegrams which have been published here it would appear that Mr. Burdett-Coutts visited the town shortly after its occupation. At this time railway communication with the Orange River Colony was almost cut off by the destruction of several bridges across the Orange River. Every available train and every possible waggon was required to hurry provisions to the front. The rationing of the troops being of even greater importance than the equipment of the hospitals, the military authorities rightly decreed that it should take precedence of every other consideration. When Mr. Burdett-Coutts visited the town, therefore, he found the hospitals insufficiently equipped. Heedless of the difficulties which beset the medical authorities, and unmindful of the excellent work which the R.A.M.C. had already done during the campaign, he forthwith proceeded to frame highly-coloured and sensational charges against the Corps. He appears to have admitted that in framing these charges, he was comparing the condition of the hospitals in Bloemfontein with that of hospitals in London with which he was acquainted. Could anything have been more unreasonable? If we try to picture to ourselves the condition of even a fully-equipped London hospital into which 500 bad accidents had been admitted in a day, we may form some idea of the difficulties which the R.A.M.C. have had to face in South Africa. Yet this is what has happened many times during the present campaign; whilst on occasions nearly double that number of sick and wounded have had to be accommodated in a single day, and this whilst some at least of the hospitals were still in the process of equipment. That the R.A.M.C. have met and successfully dealt with such emergencies as these entitles them to the thanks, most certainly not to the censure, of the nation.

I venture to say that no one could have been more keenly alive to the temporary shortcomings of the hospitals in Bloemfontein than were the officers of the R.A.M.C. They were, however, powerless—tied hand and foot by the exigencies of the situation.

Were Mr. Burdett-Coutts to visit the town at the present moment, however, he would give a very different account of the hospital management. As soon as the more urgent demands on the railway traffic would admit, hospital equipment was hurried up from the base. In addition to those which are housed in permanent buildings, there are now seven hospitals under canvas in the neighbourhood of the town. For many weeks past all the hospitals have been fully equipped with spring and trestle beds, and with all the other requisites which are necessary for the comfort of the sick. So far, therefore, as Bloemfontein is concerned, the sick and wounded are as well and comfortably cared for as they would be in any station hospital in England, and I have reason to believe that the same remark applies to hospitals further up the line. I have frequently visited patients who are being treated under canvas, and one and all express satisfaction with the arrangements which have been made for their comfort. Indeed, many of them state that they would prefer to be treated in tents, as these are brighter, fresher, and better ventilated than most of the public buildings in Bloemfontein. All the cases under canvas which are in any way seriously ill are accommodated in large marquees, which are provided with double roofs and flies. The tents are bright and warm, and the supply of blankets and underclothing is ample, so that not one of the patients complained of cold. Indeed, there is a general consensus of opinion amongst the medical officers that enteric fever patients do better in tents than in permanent buildings, and it is not difficult to understand why this should be so. When the weather is bright and warm, as it usually is during the day time at this season of the year, the flies of the tent can be raised and a current of pure fresh

air admitted, which is both grateful and beneficial to the patients.

As for the dieting of the sick, the arrangements are all that could be desired. Each hospital is fitted up with stoves and all necessary cooking utensils. There is an abundant supply of excellent fresh meat, fowls, turkeys, fish, eggs, butter, milk, delicious bread, etc. The supply of medical comforts is as ample as could be desired, and includes champagne, brandy, wines, bovril, Liebig's extract, Brand's essence, tinned and malted milk, and many other articles. As far as I have seen—and I have had many opportunities of judging—the dieting and treatment of the sick in Bloemfontein are quite satisfactory.

A further charge has been brought against the R.A.M.C. by Mrs. Richard Chamberlain, namely, that the officers oppose the distribution of comforts to patients. This is an even more invidious attack than that of Mr. Burdett-Coutts, for it is calculated to arouse the resentment of every lady in England, or at least of all those who have relatives and friends serving in South Africa, or who have contributed towards the funds of the Society. An interesting point about these attacks is that they were published almost simultaneously. Is it possible that there can have been concerted action?

It has certainly not been my experience that medical officers throw any difficulties in the way of the distribution of suitable and necessary comforts to the sick. Indeed, I have found them not only willing but anxious to avail themselves of these, and officers from each of the hospitals pay almost daily visits to the Red Cross Society. There can be no doubt, however, that articles which are entirely unsuitable are oftentimes given to patients in hospital. I am aware of instances in which bags of biscuits have been handed by visitors to men who were in the third week of enteric fever, and this mistaken kindness has actually led to the death of the patients from perforation. Can we wonder then if medical officers throw difficulties in the way of indiscriminate distribution of articles of diet to men in hospital? Some at least of the articles which are sent to hospitals would be injurious even to men in perfect health; how much more then to men who are convalescing from, say, a dangerous attack of enteric fever?

Again, in other cases men in hospital have been found with perhaps a dozen cardigan jackets, or an even larger number of shirts; whilst in one instance that I know of a man was found in possession of 29 of these useful articles, which had been given him at different times by kind but not over-judicious visitors. Patients have even been known to exchange articles of clothing surreptitiously for liquor, in these cases generally of the worst quality. Again, is it surprising if medical officers occasionally throw difficulties in the way of visitors?

Bloemfontein is practically devoid of modern sanitary improvements. Enteric fever is endemic in the town, from 300 to 400 cases occurring annually amongst the permanent civil population. Under ordinary circumstances there is a good and abundant supply of water, derived from the town waterworks. Shortly after our occupation this was cut off by the Boers, and a considerable interval elapsed before it could be re-established. During this time the large force which was encamped round the town had perforce to fall back on shallow well and surface water. As the surrounding district is destitute of trees, or of wood of any kind, it was difficult to obtain sufficient fuel even to cook the men's rations. It was therefore quite impossible to boil the drinking water. It was even impossible to filter it, for during Lord Roberts's historic march most of the Berkefeld filters had been accidentally broken.

THE HOSPITALS AT CAPETOWN.

[FROM OUR SPECIAL CORRESPONDENT AT CAPETOWN.]

July 11th, 1900.

GREEN POINT CAMP HOSPITAL.

THE Green Point Camp Hospital, like its bigger sister at Woodstock, has grown gradually from very small dimensions to the size of a general hospital, although it is not as yet graded or staffed as such. This process of gradual development, conducted under the strain of active service conditions, is perhaps

the most severe of all tests of the administrative ability of the Medical Department, and in this case it is the more instructive from the fact that one officer, Major Trevor, R.A.M.C., has been at the head of affairs from the beginning. Judging by what I have seen on a recent visit, neither the Principal Medical Officer nor the Department can be accused of failure. The hospital is, in my opinion, all that can be reasonably expected as an agency for securing the wellbeing of the patients.

At the commencement of hostilities, when it was decided to establish a camp on Green Point Common, an ordinary camp hospital was, of course, part of the establishment. This was "non-dieted," the men simply drawing the ordinary soldier's ration, supplemented by such extras as the medical officers might consider it necessary to order, and it was only intended for the reception of cases of slight and temporary illness. All affections of at all a serious nature were transferred to Woodstock. Later, partly because of the large increase in the work at the camp, partly because of the great pressure on Woodstock, the Green Point Hospital was largely extended in its scope, and, by arrangement with the Corporation of Capetown, the Infectious Diseases Hospital, then just completed, was taken into it. It became partially dieted, and did, and is still doing, the full work of a station hospital, treating practically all the sick from its own camp, a certain proportion of sick landed from the transports, and at times convalescents from up-country. In addition to this, owing to the establishment of a camp for the Boer prisoners on the common, the sick from this place have been added to the patients. The position of the hospital is convenient, and, except for the drawback of a dusty atmosphere (not specially evident in winter), fairly salubrious, although not of course to be compared with Wynberg and Rondebosch. Green Point and Seapoint (the latter being a prolongation of the former) are the northern suburbs of Capetown, occupying a gradually narrowing belt of land fringing the peninsula between the sea and the foothills of the "Lion." They are the only marine suburbs, those in the Wynberg direction skirting the base of Table Mountain at some distance from the ocean. At Green Point the belt of land is still fairly wide, and is mainly occupied by a large common used as an open recreation ground, part of which is fenced in as an athletic and cycle track. This latter portion is now used for the Boer prisoners. The whole locality is practically a portion of Capetown and is easily reached by an excellent tram service. The hospital is situated just within the city or southern boundary of the common with the New Somerset Hospital between it and the sea, the Boer prisoners' enclosure intervening between it and the main road, whilst the camp proper stretches away to the north. Its convenience with reference to supplies is obvious, whilst its proximity to the New Somerset Hospital has frequently proved of service, enabling the two institutions to render mutual assistance in many ways. The two staffs have co-operated most happily. The medical officers of the Green Point Hospital perform the ordinary camp medical duties, including attendance on those officers and non-commissioned officers who live out of quarters. No. 5 General Hospital, it may be mentioned, performs the like duties for the garrison at the Castle and the main barracks, having one medical officer permanently detailed for the purpose.

The permanent part of the hospital—that is, the municipal infectious hospital—consists of three blocks, one facing the street, and two at right angles. The first of these, intended for an administrative block, is occupied as wards. The only disadvantage is that, the rooms being small, a large amount of extra trouble in nursing and supervision is necessitated. The building is a very fine two-storeyed one, excellently built, splendidly ventilated, and fitted with every necessary appliance. The kitchen and annexes are connected with it, and are perfect in their arrangements. Indeed, so far as the permanent buildings are concerned, the Green Point Hospital is probably the best in South Africa, as the infectious hospital was designed in accordance with the latest ideas of hospital construction. Enteric patients, who constitute here, as elsewhere, the majority of the acute cases, have been placed in the original wards. They are lofty, airy, cheerful, and new-looking. The latrines are fitted with Shank's arrangement for the mechanical cleaning of bed-pans. A third small block is used as nurses' quarters.

The remainder of the accommodation consists of well-built iron huts, wood lined, with a few tents. The Principal Medical Officer's office is a small and inconvenient hut at the camp end of the building. One of the huts deserves special notice, as it was presented by British actors and actresses, and bears a notification to that effect. It is used as an enteric ward, and contains 26 beds.

The Boer prisoners have a block of huts to themselves. They are extremely comfortable, and admit it. One of them, a field cornet, speaking in the mellifluous *taal*, was quite profuse in his appreciation of the good treatment he had met with, and told me that, although he was most anxious to get out on parole; it was only because he was now convalescent, and did not need any more attention. One at least of the nurses, a South African lady, I noticed to speak Dutch.

The *personnel* consists of Major Trevor, R.A.M.C., in charge; Captain Douglas, R.A.M.C., and 5 civil surgeons, one of them a retired Volunteer surgeon-major. There are 12 nurses and 23 orderlies, with a sergeant-major. Only 4 of the orderlies are R.A.M.C. men. When I paid my visit there were 190 soldier patients and 48 Boers. The total accommodation is 380 for the former, and 72 for the latter, thus very closely approaching the regulation dimensions of a general hospital. Next to enteric fever, dysentery bulks most largely, and there are a few cases of pneumonia. Here, as elsewhere, treatment by magnesium sulphate appears to be the favourite method for dysentery. On a general survey of the whole place, made just prior to Mrs. Dick Chamberlain's letter appeared, I can only say that any allegations made as to lack of comfort or want of cleanliness at Green Point were then certainly unfounded. My visit was entirely a surprise one, and I came away convinced that, so far as these essentials were concerned, the patients in this hospital were as well off as in any civil hospital in South Africa, better than in most, whilst private inquiries made from several patients lately discharged have failed to elicit any tangible complaints on other points.

THE HOSPITAL FOR BOER PRISONERS AT SIMONSTOWN.

The special point about this hospital for sick Boer prisoners is that it is the only one which has been entirely worked under civil surgeons. Even the "outside" hospitals, such as the Portland and the Yeomanry, albeit their professional staff was civil, have been administered by R.A.M.C. commandants. The "Palace" was organised by a civil surgeon P.M.O., Dr. Carré, who remained in charge ever since, and, of course, his junior medical officers have all been civil surgeons. When the first batches of prisoners were interned on ships in the Bay, a very lamentable amount of sickness, mostly enteric, appeared amongst them, and it became evident that their removal to a proper hospital on shore was desirable, although undoubtedly the original source of the trouble was not in the ships. Under these circumstances, the Base P.M.O., with his usual promptitude in grasping a situation, got hold of the "Palace," an old building which was at the time occupied as barracks by the Cape Garrison Artillery, and had been, I believe, originally built for a hotel. Dr. Carré, at the time one of the staff of No. 1 General, was put in charge, and given as free a hand in the way of organisation as was compatible with a very elementary conformity to military medical regulations. He has succeeded remarkably well, in spite of many obstacles. He has had no quartermaster and no steward, and until lately not even a non-commissioned officer. His present sergeant is a man promoted from the ranks of the Cape Volunteer Medical Staff Corps. Consequently, he or Dr. T. G. Hall, his only remaining junior officer, do all the work of making up diet summaries, accounting for stores and the like, and they may be seen at any time turning from professional work to unlock the store and give out so many pounds of butter or so many ounces of port wine. The P.M.O. has never had even a clerk from the R.A.M.C., a Boer prisoner on parole, who had been, I think, an attorney in Johannesburg, performing the duties. To carry on things smoothly must have been a difficult task, but it appears to have been accomplished.

At one time four civil surgeons were on the staff besides Dr. Carré, but now only one remains, Dr. T. G. Hall, formerly District Surgeon of Jacobsdal, who, as I mentioned in one of my previous letters, had been working the Jacobsdal Hospital for the Boer sick. He is a most valuable man, understanding the Boer character, and speaking the *taal* fluently.

There were originally 12 nurses, none of the Army Nursing Service, and two only from the reserve. The remainder were outsiders, and the majority untrained. One of these was the late Miss Kingsley, of whose ability and devotion to the sick Dr. Carré speaks in the highest terms. Several of the volunteer nurses were local Dutch ladies. There are only 6 nurses now.

The male staff consists of about 30, none of them R.A.M.C., some are Cape V.M.S.C., some St. John's, some line orderlies, and some civilians. Very few speak Dutch, but this is not of much importance, owing to the fact that a large number of the prisoners are members of other nationalities, and generally speak English.

There are now only 40 patients in the hospital; there have been as many as 136. The majority of cases are enteric fever, with a few cases of dysentery and pneumonia, and very little else. On the whole I think that the Boer is a worse patient for a disease like enteric than the British soldier, owing to his peculiar liability to nervous complications. He is very prone to get a low form of delirium with failing cardiac action, to which he often succumbs. Dr. Hall showed me two cases in which pure dementia had been left on convalescence. Many of the cases also showed signs and symptoms apparently those of a general neuritis in the third and fourth weeks. It has been noticed here, as elsewhere, that many cases of enteric keep up a fairly uniform temperature during the third and fourth weeks, not ranging very high, perhaps not above 101° or 102° , with very slight morning remissions, and in these cases one learns to form a very bad prognosis; complications develop or a relapse supervenes, and in either case the patient dies.

The hospital consists of a main building and four large huts, but none of the latter are at present in use for patients. They are constructed after the same pattern as those at Woodstock, and are roomy, well ventilated, and comfortable. The main building consists of a number of small wards, mostly holding 8 or 10 beds, and many open into each other. They have whitewashed walls, and consequently look somewhat unfinished, but all are scrupulously clean, and they have never been overcrowded. Every comfort is provided, and friends have free access to the patients, perhaps too much so, as they not infrequently abuse the privilege by conveying forbidden articles of food.

Besides the official supplies, which are liberal to a degree, plenty of clothing, tobacco, pipes, and other comforts are freely supplied by local sympathisers, and every deference is paid to their idiosyncrasies by relaxing in a large measure the discipline of military hospitals properly so called.

This hospital is a standing proof of one thing at least, that the authorities, who can boldly entrust the entire task of organisation and administration to a civilian staff, are not so hide-bound by tradition as some critics assert, whilst the fact of its being so great a success shows not only the ability of Dr. Carré, but that he must have had the cordial support of his chief, the Base P.M.O., in his arduous task.

INSPECTION BY GENERAL COMMANDING LINES OF COMMUNICATION.

The campaign of criticism against the medical administration is visibly slackening in view of the failure of the critics to bring up tangible facts. The General Commanding the Lines of Communication has just completed a tour of inspection of all the hospitals on the lines, and has authorised the publication of a general order expressing his entire satisfaction with the way in which the sick and wounded are cared for.

DINNER TO WAR SURGEONS AT DURBAN.

On June 30th the medical practitioners of Durban entertained Sir William Stokes, Consulting Surgeon to the Field Forces, and Sir Thomas Fitzgerald, of Melbourne, at dinner in the Durban Club. The Rev. Dr. Booth was also among the honoured guests. There was a large attendance of members, and Dr. Addison presided. In the speeches which followed appreciative remarks were made by the Chairman and Dr. Allen on the services rendered by the guests during the present war. Special reference was made by Sir William Stokes to the unjustifiable, and in many instances grotesque, charges

that had recently been made against the Army Medical Service. He paid a high tribute of praise to the superb way the medical and surgical work had been accomplished in the present campaign by the army medical officers both in the field and base hospitals, which undoubtedly had far distanced any similar work done in former wars. Sir Thomas Fitzgerald, whose health was proposed by Dr. Allen in a felicitous speech, fully endorsed all that had fallen from Sir William Stokes, and thanked the proposer not only for his kind references to himself, but also for what he had said of the splendid achievements of the Australian forces that had come forward so loyally and promptly in defence of their Queen and mother country. The Rev. Dr. Booth and Major McCormick, R.A.M.C., also spoke effectively. To the toast of "The Chairman," proposed by Sir William Stokes, Dr. Addison replied in suitable and eloquent terms. The entertainment was diversified by music, and some excellent and humorous anecdotes connected with his Colonial experiences were contributed by Dr. Damas.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

In Bombay during each of the two consecutive weeks, ending July 12th and 19th respectively, 60 persons died of plague. Six to eight deaths daily is the record of plague mortality at the present moment. The number of deaths occurring under the heading "diseases of the respiratory system" has increased lately in Bombay, and as these have in the past been looked on with suspicion, as pneumonic plague may be incorporated in the return, it may be concealment or ignorance is partly accountable for the favourable plague returns.

In Calcutta during the week ending July 17th there were 56 cases of plague and 53 deaths from the disease, a great falling off compared with the two previous weeks.

From the report of Captain J. K. Condon, Indian Staff Corps, on plague, the mortality from plague can be fairly well estimated. Up to the present moment some 300,000 persons have died of plague in the Bombay Presidency since the disease first appeared in Bombay in September, 1896.

AUSTRALIA.

New South Wales.—On July 21st there remained in the plague hospital 49 cases of plague; during the subsequent week no fresh cases were admitted. Of the 49 who were in hospital between July 21st and July 28th, 14 were discharged recovered and 1 died, leaving 34 in hospital on July 28th. Since the outbreak in Sydney 302 cases in all have been treated; of these 102 died. The mortality amongst the Chinese attacked by plague is out of all proportion to the death-rate amongst Europeans, as of 10 Chinamen attacked 8 died.

MAURITIUS.

During the month ending August 2nd, 10 cases of plague occurred in Mauritius, all the cases proving fatal.

SUSPECTED PLAGUE AT HAMBURG.

The ss. *Rosario* is lying at the quarantine station at Hamburg under medical supervision. The cause of the detention is that one of the crew was found to be suffering from symptoms suspiciously like plague. The steamer was carrying coal from Cardiff to Hamburg. The patient is progressing satisfactorily, and the rest of the crew continue well.

THE IDENTIFICATION OF BLOOD OF INDIVIDUALS.—Dr. W. Birchmore has satisfied himself that he has discovered a method of identifying the blood of individual members of the human race. In the *New York Medical Journal* of July 7th he gives the details of the apparatus and methods which he has used for some time in making thousands of blood-counts, and he has come to the conclusion that he can without hesitation swear to the fact that two specimens are not those of the same person and can with considerable certainty say that the blood of one stain is the same as that of some other presented. The sources of error are many, for the discrepancies in the best of eyepiece micrometers are oftentimes very great. The personal equation must also be fully considered. The author believes, however, that by making a large number of blood-counts and plotting the results into curves opinions of considerable legal value can be given.

PRESENTATION TO DR. ALAN HERBERT.—At the Hertford British Hospital, Paris, on August 4th, the Honourable Alan Herbert, physician to the hospital, was presented with an illuminated address by Dr. J. F. Sutherland of Edinburgh, on behalf of the former residents, numbering twenty. Dr. Faure Millar of Paris, presided. Sir Dyce Duckworth, Dr. F. H. Bateman, Dr. Brandt, Dr. Edward Neech, and Professor Berger took part in the proceedings.