THE WAR IN SOUTH AFRICA.

THE BATTLE OF SPION KOP.

By FREDERICK TREVES, F.R.C.S.,
Consulting Surgeon with the Forces.

Spearman's Hill, January 28th, 1900.

THE HOSPITAL BEHIND MOUNT ALICE.

As I mentioned in my last letter, the hospital to which I was attached moved to the banks of the Tugela. We reached the river on January 18th, and pitched our tents close to the headquarters camp and just under the hill—Mount Alice—from which the big naval guns were firing. We were thus as near as possible to the actual fighting. It was intended that the wounded taken off the field should be brought to our hospital, and then be moved down to Frere, and thence to the base, as quickly as possible. It is twenty-five miles across the veld from this camp to Frere. The road is not so bad as roads go in this part of the country, but it is very rough in places, and several drifts have to be crossed. At Frere the railway is reached.

FIRST WOUNDED ADMITTED.

On the Sunday after our arrival the wounded began to come in. Thirteen only came from the division posted at Potgeiter's drift, the rest came from Sir Charles Warren's division. Increasing numbers of wounded came in every day in batches of from 50 to 150. They were all attended to, and were sent on to Frere as soon as possible. All the serious cases were of course kept in the hospital.

THE ATTACK ON SPION KOP.

On Wednesday, January 24th, came the terrible affair of Spion Kop. I was awakened about 3 A.M. by the rifle fire attending the night attack upon the hill, and all through the day the artillery and rifle firing was terrible and incessant. Spion Kop is just opposite the hill under the shelter of which our hospital stands, and from this hill the engagement could be witnessed. The hill is steep, and was approached from the side of the river. I watched our men climb up, and it was evident that in certain steep places the getting of the wounded down would be attended with difficulty. The shell fire to which our men were exposed was very severe, and it was clear that the casualties would be numerous. Our hospital—when first we reached the river—was made up of 60 tents and 10 marquees. On Tuesday the order was given to increase it by 100 bell tents. This meant additional accommodation for 500 patients. No increase in the staff was possible. Under the able direction of Majors Kirkpatrick and Mallins the arrangements were complete on Wednesday.

THE WOUNDED FROM SPION KOP.

On Thursday the wounded came pouring in, and they came in the whole day and until late at night until the hospital was full. The number taken in that day was nearly 600. We had already sent down some 300, so the casualties have been heavier than at Colenso. In spite of the immense number of the wounded they were all got under shelter by Thursday night, had had their more serious injuries attended to, and had been made as comfortable as circumstances would admit. They bore evidence of the excellent work done in the field hospitals. These hospitals bear the brunt of the trouble and carry out the first treatment. They did splendidly on Wednesday and Thursday. The volunteer ambulance corps and the large body of coolie bearers did excellent service. The larger number of the wounded were on the top of Spion Kop. The path down was about two miles, was steep, and in places very difficult. The carriage of the wounded down the hill had all to be by hand. From the foot of the hill to the hospital the carriage was by ambulance waggons and in some cases by coolie bearers. All the stretchers had hoods. There was no doubt that the wounded suffered much on account of the tedious transport, but it was rendered as nearly perfect as possible.

The surgeons who went after the wounded on the top of the hill told me that the sight of the dead and injured was terrible in the extreme, the wounds having been mostly from shell and shrapnel; some men had been blown almost to pieces. The weather on Wednesday was warm but was not to be compared with the intense heat on the day of the battle of Colenso; the temperature was that of a hot summer's day in England. Thursday was fortunately cloudy and much cooler.

THE NATURE OF THE WOUNDS AND THE CONDITION OF THE WOUNDED.

As to the wounded, there was the usual proportion of minor injuries, but on the whole the wounds were much more severe than those received at Colenso. This is explained by the large number of wounds from shell and shrapnel. The men, moreover, were much exhausted by the hardships they had undergone. In many instances they had not had their clothes off for a week or ten days. They had slept in the open without great coats, and had been reduced to the minimum in the matter of rations. The nights were cold, and there was on nearly every night a heavy dew. Fortunately there was little or no rain. The want of sleep and the long waiting upon the hill had told upon them severely. There is no doubt also that the incessant shell fire must have proved a terrible strain. Some of the men, although severely wounded, were found asleep upon their stretchers when brought in. Many were absolutely exhausted and worn out independently of their wounds.

"THE MEN ARE SPLENDID."

In spite of all their hardships the wounded men behaved as splendidly as they always have done. They never complained. They were quite touching in their unselfishness and in their anxiety "not to give trouble." The English soldier is a man of whom the country may well be proud, and in these two terrible engagements on the Tugela they behaved from first to last in a manner worthy of the splendid traditions of the British army. A finer, hardier, and more heroic set of men could hardly have been gathered together. They were much depressed at the reverse. One poor fellow had been shot in the face by a piece of shell, which had carried away his left eye, the left upper jaw with the corresponding part of the cheek, and had left a hideous cavity at the bottom of which his tongue was exposed. He had been lying hours on the hill. He was unable to speak, and as soon as he was landed at the hospital he made signs that he wanted to write. Pencil and paper were given him, and it was supposed he wished to ask for something, but he merely wrote, "Did we win?" No one had the heart to tell him the truth.

WOUNDS OF THE NECK AND HEAD.

The Mauser wounds showed nothing new. The bullet at a long range acts more like a fine-pointed instrument, going through bone without splintering it, and dividing nerves and arteries with remarkable neatness. One case showed a communication between the external carotid artery and some adjacent vein, and another a communication between the common femoral artery and vein. There were several wounds involving the neck in which the larynx was involved. In one of these, in which I performed tracheotomy, the lesion had been effected by a piece of shell, and it was surprising that the patient could have survived the damage to the larynx and gullet. He is so far doing well.

General Woodgate received a very severe wound of the head from a fragment of shell. The piece entered at the outer angle of the right orbit, and ploughed along the skull as far as the pinna. It made a linear ragged gap in

the bone. Much brain matter was escaping, and the sight in the right eye was lost. I opened up the wound, and removed all depressed and loose fragments of bone with a relief to the patient which is, I am afraid, only temporary.

TREATMENT OF ABDOMINAL WOUNDS.

The abdominal wounds are numerous. Few are suited for operation. I have seen, on the one hand, many in which a Mauser bullet has passed through the abdomen in almost every direction, and in which recovery has followed without operation. On the other hand, abdominal sections are not very easily carried out on the field, and I think the cases for operation are best limited to those in which the lesion is well localised, and in which the bullet has escaped. Bullet wounds of the liver have done well, as also have like wounds of the kidney. An officer with a bullet wound of the liver—no exit—has done well after passing through a serious crisis.

AMPUTATIONS.

Very few amputations are required for Mauser wounds. Most of the amputations have been for shell wounds. In some cases bullets other than the Mauser (probably the Martini-Henry) have been used. Some of the compound fractures of the leg in both officers and men may yet need amputation. Wounds do remarkably well in camp.

SHELL WOUNDS.

The shell wounds are the most terrible and the most difficult to treat. One man had most of the face shot away, including both eyes. Another had the forearm shot off and two fearful wounds of each thigh dividing the anterior muscles to the bone. The chest cases are numerous, but do quite fairly. One patient has developed pneumonia and others have pneumothorax or hæmothorax. So far there has been little gangrene. In one case a shrapnel had opened the ulnar artery and the man came down safely with a tourniquet on his brachial composed of a plug of cake tobacco and the tape of a puttie. Of the many curious tourniquets I have seen this is the most ingenious.

THE HOSPITAL NURSES AND ORDERLIES.

We have a few iron bedsteads in the hospital which are of great service and are much appreciated. The great majority of the patients, however, are lying on the ground and cannot be dressed without difficulty. As many as possible are accommodated on stretchers. I have slept on a stretcher since I came to the front and can testify that they are most comfortable. Miss McCaul and the two Netley Sisters have rendered invaluable service, and have worked day and night. It is hard to imagine what we should have done without them. Three nursing sisters, however, can hardly cope with a hospital containing over 700 wounded men, and the great mass of the work falls upon the orderlies who are a singularly efficient, obliging, hard-working set of men.

THE MILITARY HOSPITALS AT WYNBERG.

By Sir WILLIAM STOKES, M.D., F.R.C.S.I.

WE have received the following communication from Sir William Stokes, Surgeon-in-Ordinary to the Queen in Ireland, and Consulting Surgeon to the Field Forces in South Africa, describing a visit which he paid to the military hospitals at Wynberg, in the neighbourhood of Capetown, shortly after his arrival from England:

THE WOUNDED.

On January 25th I visited the hospital at Wynberg, and was most courteously received by its Principal Medical Officer, Colonel Anthonisz. Accompanied by him and Mr. Fox Symons, who has had a large experience of military surgery, not only in the late Græco-Turkish but also in the present South African war, I visited Nos. 1 and 2.

The number of patients at present under treatment is not very great, owing doubtless to a lull in the hostilities during the past fortnight. But still, in the wards I found many cases of exceptional surgical interest—traumatic aneurysms, injuries of nerves, fractures of the femur, tibia, fibula, and humerus, and many cases illustrating the eccentric courses bullets take at times, even invading the brain, the thorax, or the abdomen without destroying life. One case struck me particularly. The ball entered the skull above and behind the left zygoma, passed forwards and downwards penetrating the orbit, then entered the nasal fossa, and ultimately emerged in the right submaxillary space without fracturing the lower jaw. The patient has recovered, but with loss of sight in the left eye. There have been several traumatic aneurysms of the axillary, posterior tibial, popliteal, and brachial arteries. These have been successfully operated on, all by the method of Antyllus, namely, ligation of the artery on the proximal and distal side of the tumour, and excision of the sac. Colonel Stevenson, the author of the well-known handbook of military surgery, *Wounds in War*, operated on a large diffused traumatic aneurysm of the axillary artery, in which there was no pulsation whatever. The result was most satisfactory.

Several exceptionally interesting cases of perforating pulmonary wounds have been treated, and the results in many of them have been complete recovery. This has been largely attributed to the comparatively minute tunnel-like wounds inflicted by the Mauser bullet. It appears to be agreed that the Mauser bullet inflicts as a rule a much less serious injury than any of the others. In a large proportion of instances when a bone is struck instead of being splintered or pulverised it is tunnelled, and the opening made being very small soon fills up, and the cases, as a rule, do well. The necessity for amputation or resection does not therefore arise as often as formerly. This opinion is strongly held by the eminent Principal Medical Officer of the Field Force, Surgeon-General Wilson.

THE ADMINISTRATION.

As regards hospital management, administration, and nursing the arrangements in the Wynberg Hospital are deserving of high commendation. With the operating theatre I was most favourably impressed. I found everything well up to date. The walls sheeted with enamelled zinc, the floor tiled and sloping, the light abundant both from above and one side, and for night operations electric light. Ample arrangements for sterilising instruments and dressing have been made, and hard by is a room for Roentgen ray photographic work. Great credit is due to the military authorities who have brought the arrangements and fittings of this hospital to such a high degree of perfection, and I trust that in Natal, which is my present destination, and where I hope to meet Sir William MacCormac and Mr. Treves, I may have the good fortune to work in hospitals equally well equipped.

INVALIDING FROM THE TRANSPORTS.

[FROM OUR SPECIAL CORRESPONDENT IN CAPETOWN.]

February 7th, 1900.

THE UNDERMANNING OF THE R.A.M.C.

I AM compelled this week to depart somewhat from the tone of optimism which I have hitherto honestly adopted, and to point out one or two directions in which the military machinery is showing some signs of strain. These signs have only become evident quite recently, and one has no justification for reflecting in any way upon the men on the spot. They are working, one and all, gallantly. The material at command is at fault. Up to the time of the arrival of the recent reinforcements, the Sixth and Seventh Divisions, and the auxiliaries, the department was standing the strain admirably. Now two things are becoming evident: one that the *personnel* of the R.A.M.C., both officers and men, is insufficient and without automatic machinery for expansion; and the other that the reserves and militia are, from a physical point of view, somewhat disappointing.

INVALID RESERVISTS AND MILITIA.

One has always held the idea that, whatever might be the case with regard to the militia, the reservist would be of superior physique to the man with the colours. Transport after transport tells us a different tale. It is perfectly true that the average reservist is a better developed man than his comrade with the colours, but it is unfortunately true tha

both reservists and militiamen contain a very large number of "lame ducks," hopelessly incapable of going to the front. This is not the case, to any appreciable extent, with the colours men, who are obviously under such continual observation as to render it very unlikely that any obviously unfit men could be drafted for foreign service. But the percentage of others who are being landed here, and sent to the station hospital with the immediate result of being marked for re-drafting to England, is far greater than would have been the case had an efficient system of inspection been adopted on your side. I am inclined to connect the number of lame ducks with the deficient *personnel* of the R.A.M.C. From the object lessons one is seeing here it is quite evident that the examinations at home have been conducted either by men who do not understand military requirements, or by men who were so pressed for time that they had to run through the work at a speed which does not permit thorough investigation. On no other supposition could one explain the fact that cases of distinct phthisis, of renal disease, of well-marked tertiary syphilis, of ulcer of leg, of large varicose veins, of varicocele, of inguinal hernia (old), of chronic gonorrhœa, of pretty distinct valvular disease of the heart, and similar ailments have been landed here, and can only be sent back again; and this, not in ones and twos, but in a very fair proportion. The station hospital, and unfortunately too often its *post-mortem* room, is the index of this state of things.

THE STATION HOSPITAL AT CAPETOWN.

The station hospital has to-day about 350 patients, with accommodation in marquees available for another 150 or more—that is, it is practically a general hospital. But a general hospital has a staff calculated for 520 beds. The station hospital has a staff for about half that number, and owing to the exigencies of the war has gone on expanding and expanding until the work is fairly beyond the power of the staff. The medical officer in charge has no secretary, no divisional officers, only a small staff of civil surgeons, of whom only one has had any military experience, and who are, moreover, being constantly changed. He has 37 of the R.A.M.C. all told, including sergeant-major and clerks. There are in addition 24 R.A.M.C. belonging to other units (but these are constantly being withdrawn), 1 man from the Militia Medical Staff Corps, 23 of the Cape Medical Staff Corps, 9 St. John men from England, and 11 others. But, it must be remembered, that none of these except the R.A.M.C. are fully trained, and that fatigues are exceptionally heavy, mainly owing to the constant transfer of patients from one part to another, and to the constant erection and re-erection of marquees in the attempt to adjust the accommodation to the exigencies of the patients. The number of men on fatigue duty daily has of late been on an average 25. Beside 2 ward-masters, 19 or 20 special night orderlies are regularly detailed. This means three nights in bed for the staff, and even then four of the proper wards, two detached huts (80 beds), two quite detached iron huts (80 beds), a marquee camp (at a long distance away with 90 patients), and sundry marquees are without any attendant after 5 P.M. It is true that every effort is made to put the more serious cases into the better attended wards; but, carry that as far as you may, the wards left to themselves at night contain many cases for whom supervision is necessary. Discipline, of course, must go to the wall, and even this attenuated staff is being depleted by the transfer of a sergeant and four corporals to the two additional companies of the Cape Medical Staff Corps now being raised. These are for bearer purposes, and the material coming forward appears to me to be indifferent. To add to the difficulty, the already overworked orderly officers at the station hospital are charged with the duty of examining numbers of recruits.

NEED FOR MORE ORDERLIES AND NURSES.

I blame no local authority for all this. The Medical Department has no real reserve, and the material for replenishing is not forthcoming. You can easily make a good light horse trooper out of your average colonial, but the same does not hold good on the medical side. Weighty as are the objections to nurses, the weightiest being the difficulty of accommodating them, I see no way out of the trouble but falling back upon the colonial nurses. Three nursing sisters, Miss Thomas of the Army Nursing Service, and two volunteers (Mrs. Bond and Mrs. Withycombe) have just joined, and are working in the enteric and pneumonia wards.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XV.

THE TURN OF THE TIDE.

THE good news of the surrender of the army which had invested Kimberley for so long has been quickly followed by the official announcement that a portion of the relief force has entered Ladysmith. The relief has been purchased at a heavy cost, and it is to be feared that the sufferings of the garrisons have been severe. Reports received since the relief of Kimberley show that that town offered a heroic resistance, and that its inhabitants endured much from hunger and disease as well as from the enemy. The forces on which Colonel Kekewich had to rely were small and indifferently armed for the defence of so large a town and the resources in food supplies had run extremely low before the siege was raised. Thus a correspondent of the *Daily Chronicle* says that the people tell harrowing stories of their sufferings during the siege, rivalling those of Paris. The stock of mealies had been consumed, the horses were starving, and those which died of starvation were seized and devoured by the kaffirs. Numbers of women and children lived in the underground workings of the mines, and when they came to the surface they were pale and weird-looking, like the inhabitants of a nether world. On Friday (February 16th) many saw the sun for the first time for weeks. This residence underground and in bomb-proof pits may have avoided heavy losses by the Boer bombardment, but I fear that when all the story is told, to the casualties of men during the siege will have to be added a long roll of children. These children have not only had their milk supply cut off, but have been compelled to put up with an indifferent water supply. Kimberley under ordinary circumstances is supplied by water brought in 18 miles by pumping from the Vaal river; this supply was long ago cut off, and that obtainable from the mines could not be entirely trustworthy. Siege soup, which appears to have consisted of what available vegetables there were, with a certain amount of horseflesh, may have sufficed for adults, but among children it is hardly to be wondered at that many died for want of more suitable nourishment. Apart from the privations which all alike had to suffer, several women and children are reported killed and wounded during the bombardment.

BRITISH AND BOER AMBULANCES.

Reuter's agent at Arundel, reporting the other day, says there is a marked difference between the character of our ambulance waggons and those of the Boers. Ours appear designed to combine the greatest clumsiness and the least comfort with the minimum of accommodation. It takes ten mules to draw them, and they carry 2 men lying down and several sitting; they jolt like a quarryman's dray. The Boer ambulances, on the other hand, are lightly but strongly built, and provide comfortable accommodation for 8 men lying down; they are mounted on springs and scarcely jolt at all. If this report be true it is certainly not altogether creditable to us. It must, however, be pointed out that there is among colonists and also among the Boers a predilection in favour of the spider-built American vehicle which has not yet extended itself to Britishers, either military or civil. In discussing field ambulances in a former letter I suggested that the ideal light ambulance was an American spider, and the BRITISH MEDICAL JOURNAL produced an illustration showing the sort of vehicle indicated. The extension of this style of mounting on wheels to our larger ambulance waggons would undoubtedly be advantageous. I have travelled for days in light American spider-built waggonettes drawn by mules over the rough veld roads, and it is astonishing how light, strong, and at the same time comfortable these spider-built vehicles are. The English cart, waggon, or carriage is invariably built on much heavier lines than the same vehicle would be in America, and this gives a certain clumsiness, which is not felt over macadamised roads but causes discomfort to the

passengers and additional labour to the horses or mules drawing it in such a country as the prairie or the veldt. This matter is well worth the consideration of the Army Medical Department, and the whole subject of remodelling the ambulance transport should receive attention.

SIR JAMES SIVEWRIGHT'S AMBULANCE CORPS.

Mr. Allan Johnson, one of the three British members of the South African Medical Corps organised by Sir James Sivewright, sent a full account of the remarkable adventures of that expedition to the *Aberdeen Free Press* and other journals. The story may be summarised as follows: Although the Transvaal Government had telegraphed to Capetown declining the services of the ambulance, the members were induced to proceed to Delagoa Bay, where they had an interview with Mr. Pott, the Transvaal Consul, who told them curtly that they were not wanted, declaring that there were no wounded requiring assistance. Mr. Pott's object, however, appears to have been to get rid of the British element of the corps. The Boer members, who had remained discreetly in the background so long as the corps had to deal with the British Colonial authorities at the Cape or at Durban, now claimed complete control over the expedition. In spite of the refusal of the Transvaal Government to have anything to do with the corps, they accepted the friendly assurances of a Boer whom they met fortuitously at Lourenço Marques that their services, if volunteered individually, would be accepted. The British members of the ambulance regarded these strange developments with suspicion, and Dr. Gray sought to retain the equipment of the expedition until Sir James Sivewright's wishes had been elicited. Sir James then telegraphed that they were to be handed over to the Boer leader, Dr. Neethling, who proceeded with the other Boers under special passports to Pretoria. Mr. Johnson says, in conclusion, it was clear "that, while the Transvaal Government was quite willing to receive any number of Afrikanders into their service, they would not look at an ambulance corps which included Britishers, especially if these showed that they meant to stick tenaciously to their pledge to work for the wounded of every sort and race without prejudice in the interest of humanity alone....."

THE BRITISH LOSSES IN THE WAR.

The War Office has issued an analytical table of the total casualties since the beginning of the war up to the week ending February 17th. From these statistics it will be seen that the proportion of killed—1,409 officers and men, to the wounded, 5,303—is at the rate of 1 to 3.7. Of the wounded, it is extremely satisfactory to note that over 95 per cent. recovered. This is a far higher percentage of recoveries than is recorded in any of the campaigns given in Stevenson's book. In plain English, the deduction from these statistics is that the chances of recovery for a wounded man are no less than 19 to 1. The excellent prospects of recovery which are thus afforded to men placed *hors de combat* are due to the humane qualities of the modern small magazine-rifle bullet, either Mauser or Lee-Metford. But it is extremely unsatisfactory to learn from Lord Roberts's telegram from Paardeberg of February 24th that "six of the men yesterday (February 23rd) were wounded by hollow-nosed Mauser bullets. The nickel case is slit with four slits, making the projectile of the most expansive and explosive nature possible. A wounded Boer brought into our hospital yesterday had sixty of these bullets in his pockets." The brutality of such conduct merits the strongest condemnation. The bullets described by Lord Roberts are those used by sportsmen for shooting big game, for while the Mauser and Lee-Metford bullet having a conical hard nickle tip inflicts a clean, small, and readily healing wound, the same bullets by very little manipulation can be made to produce wounds of the most terrible character. I have myself used the Lee-Metford bullet in deer stalking, and have seen evidence of what it can do if the nose of the bulllet be made of soft lead and hollow, or even if the nickel casing be split up.

DYSENTERY.

Dysentery is one of the commonest forms of disease in South Africa, and is especially attendant upon camp or campaigning life. Under the term is embraced a group of diseases affecting chiefly the large intestine. They are similar in their symptoms, but they differ in etiology and pathological results. It is erroneous to suppose that dysentery is confined to the tropics or subtropical countries. As a matter of fact, dysentery has often proved the scourge of armies, and was notably so among our own troops, both in the Peninsula and in the Crimea. It is also the disease of half-starved garrisons and ill-fed prisoners. Although dysentery may occur in temperate regions, especially among exposed armies, as in the case of our army in the Crimea, it increases in frequency and malignancy as the tropics are approached. Hamilton West, an American writer, ranks it in malignancy and mortality in the tropics with yellow fever, small-pox, and cholera as one of the four great epidemic diseases in the world. As a matter of fact, all forms of gastric and enteric catarrh increase in frequency and severity as the tropics are approached. Provisionally it is convenient to consider dysentery as occurring in no fewer than four different forms—these are the catarrhal form, amœbic dysentery, the diphtherial, and Japanese forms of dysentery. The commonest in South Africa is undoubtedly the catarrhal form.

Diarrhœa frequently precedes an attack, and at first is not painful; then follow griping abdominal pains, frequently blood-stained stools, with straining of the anus and tenesmus; later the stools become more gelatinous and bloody. The disease may last from a week to a month, and is usually followed by recovery, though death occurs in some cases of severe sloughing and ulceration.

In this form of disease no specific organism has yet been definitely assigned the responsibility, although Osler states that the "cercomonas intestinalis" is found in large quantities in the discharges. Mr. Treves discusses the treatment of dysentery, and tells us that Dr. Scott of Maritzburg and other local physicians are strongly in favour of sulphate of magnesia. This saline treatment, as it is called, has a strong advocate in Trousseau, and both in India and in South Africa there are physicians who prefer this salt together with the sulphate of sodium to any other drugs. Personally I confess I have found Livingstone's fever formula for African dysentery of great value. The Livingstone powder, as it is called, consists of a combination of calomel, bismuth, and compound ipecacuanha powder. One of Dr. Jameson's favourite remedies for dysentery was the injection into the bowel of a large enema of warm milk. If dysentery takes on at all a chronic character, there is nothing in my experience better than small doses of castor oil and opium at short intervals. Milk diet is of the utmost importance.

KIT FOR SOUTH AFRICA.

The *Morning Post* of February 24th refers to my last letter on the subject of kit for soldiers proceeding to South Africa. The question is undoubtedly an important one, and I have no hesitation in saying that, in providing kit for some of the corps sent out, errors for want of information have been made. As I was myself on an Equipment Committee, I append a list of articles which, in conjunction with several officers of long campaigning experience in South Africa, were eventually selected:—

LOCH'S CONTINGENT (NO. 2), SOUTH AFRICA.

List of Equipment supplied each Man in two Kit Bags numbered and marked L.C.—1 belt, 1 belt (cholera), 2 pairs boots, 1 brush, 6 pairs bootlaces, 1 bandolier, 1 blanket (large, about 8 feet by 6 feet), 2 pairs breeches (Bedford cord), 1 cap (field), 1 cap (fisherman's), 1 tin dubbin, 2 pairs drawers, 1 pair gloves, 1 hat (felt), 1 haversack, 1 hold-all (fitted), 1 housewife, 1 jacket lined, 1 jacket unlined (both khaki serge), 1 knife, 1 overcoat (cavalry pattern, blue or grey, not khaki colour), 1 patrol tin, 1 pair putties (leather), 1 purse, 1 pipe case, 1 pair shoes, 2 shirts (khaki flannel), 4 pairs socks, 1 sweater, 1 pair spurs and spare straps, 1 towel, 1 pair trousers (khaki serge), 2 vests, 1 water bottle, 1 watch case, 1 waterproof sheet.

THE R.A.M.C. AT DUNDEE.

MAJOR F. A. B. DALY, R.A.M.C., who was left in Dundee in medical charge of the dangerously wounded after the battle of Talana Hill, after being close on three months in the Boer's hands, at last succeeded in getting away with his whole staff, military and civilian, to Durban *viâ* Pretoria and Delagoa Bay. Major Daly and his staff were during the last month placed under close arrest and finally guarded over the frontier.

THE SPECIAL HOSPITALS.

The Langman Hospital sailed in the *Oriental* from the Albert Docks on February 25th. The male staff of the Princess Christian Hospital embarked on the *Assage* at Southampton on the same day.

MEDICAL OFFICERS OF THE FIELD FORCE, SOUTH AFRICA.

Additional Appointments.

For the following lists of medical officers who have recently proceeded or are proceeding to South Africa we are indebted to the courtesy of the Medical Division of the War Office:

Officers R.A.M. Corps and Civil Surgeons detailed for the 4th Cavalry Brigade (January 8th, 1900).

Unit.	Place of Mobilisation.	Medical Officer.	District from whence Obtained.
7th Dragoon Guards ...	Aldershot	Civil Surgeon J. L. Aymard	
8th Hussars	Curragh	Major J. M. Irwin	Curragh.
17th Lancers	Aldershot	Civil Surgeon A. C. Bird	
"M" Battery R.H.A. ...	Curragh	Captain H. W. H. O'Reilly	Aldershot.
No. 20 Bearer Co.	Aldershot	Major C. C. Reilly	Western.
		Captain T. P. Jones	
		Lieutenant C. S. Cato	Southern (Netley)
No. 20 Field Hospital ...	Aldershot	Major J. Ritchie	Scottish
		,, A. P. Blenkinsop	
		Civil Surgeon A. E. Priddle	
		Civil Surgeon K. B. Alexander	
		Quartermaster Hon. Lieutenant	

Officers R.A.M. Corps and Civil Surgeons detailed for Brigade Divisions of Royal Field Artillery.

Unit.	Place of Mobilisation.	Medical Officer.	District from whence Obtained.
12th Brigade Division: Brigade Division Staff (43rd, 86th, and 87th Batteries)...	Woolwich	Captain G. A. T. Bray	Aldershot
18th Brigade Division: Brigade Division Staff (2nd, 8th, and 44th Batteries) ...	Hilsea	Civil Surgeon C. C. Simpson	
14th Brigade Division: Brigade Division Staff (39th, 68th, and 88th Batteries)...	Weedon	Civil Surgeon F. O. Stoehr	
15th Brigade Division: Brigade Division Staff (5th, 29th, and 17th Batteries) ...	Woolwich	Civil Surgeon G. Mowat	

Medical Officers detailed for duty with Militia Infantry Battalions ordered to South Africa (January 8th, 1900).

Unit.	Place of Mobilisation.	Medical Officer.
4th Batt. Royal Lancaster Regiment...	Lichfield	Civil Surgeon A. S. Wells.
6th Batt. Royal Warwickshire Regiment	Colchester	,, A. Young.
3rd Batt. South Lancashire Regiment	Preston	,, T. H. Wells.
4th Batt. Derbyshire Regiment	Manchester	,, G. B. Buchanan.
9th Batt. King's Royal Rifle Corps	Templemore	Surgeon-Major J. Creagh.*
3rd Batt. Durham Light Infantry	Aldershot	Civil Surgeon F. E. Walker.
4th Batt. Argyll and Sutherland Highlanders	Dublin	,, H. R. Phillips.

* Regimental Medical Officer.

Personnel of Medical Units on the Lines of Communication (January 15th, 1900).

Unit and Place of Mobilisation.	Names.	Remarks.
No. 5 Stationary Hospital (Woolwich)	*Royal Army Medical Corps.* Lieutenant-Colonel W. W. Kenny (*a*) Lieutenant G. J. S. Archer Quartermaster and Hon. Lieut. (*b*) *Civil Surgeons.* Mr. R. Williams ,, H. Moore	1 warrant officer, (*e*) 40 non-commissioned officers and men (including 20 St. John Ambulance Brigade).
No. 6 General Hospital (Portsmouth)	*Royal Army Medical Corps.* Lieut.-Col. B. W. Somerville-Large (*a*) Major R. Jennings (*c*) ,, J. Osburne Lieutenant H. C. R. Hime (*d*) Quartermaster and Hon. Lieut. (*b*) *Civil Surgeons.* Mr. H. A. Ballance ,, J. W. E. Cole ,, F. G. Engelbach ,, J. D. Finlay ,, P. C. P. Ingram ,, V. W. Low ,, R. D. Maxwell ,, J. Owen ,, W. M. Parham ,, E. L. Parry-Edwards ,, R. D. Parker ,, H. J. Starling ,, J. O. Skevington ,, L. T. Whelan *Army Nursing Service.* Superintendent Miss S. E. Oram *Army Nursing Service Reserve.* Nursing Sisters: Misses L. E. V. Asman, M. I. Burdett, A. E. Davidson, R. Lawless, M. F. Lightfoot, L. B. Peers, J. E. Skillman, and A. L. Wilson and 2 female servants.	2 warrant officers, 143 non-commissioned officers and men (including 50 St. John Ambulance Brigade).

(*a*) Officer in charge. (*b*) Will join the unit on its arrival in South Africa. (*c*) Registrar and Secretary. (*d*) In charge of *x* ray apparatus. (*e*) For duty with a unit in South Africa; unit to be decided locally.

Personnel of Medical Units on the Lines of Communication (February 1st, 1900).

Unit and Place of Mobilisation.	Names.	Remarks.
No. 7 General Hospital Portsmouth)	*Royal Army Medical Corps.* Lieutenant-Colonel J. G. MacNeece (*a*) Major J. P. S. Hayes (*b*) ,, J. F. Burke Captain W. W. C. Beveridge (*c*) Quartermaster and Hon. Lieutenant (*d*) *Militia Medical Staff Corps.* Surgeon-Captain W. Waring ,, T. W. G. Kelly *Civil Surgeons.* Mr. H. Baylis ,, G. W. K. Crosland ,, H. Goodman ,, H. F. N. Hine ,, F. E. Ingall ,, W. J. Lindsay ,, B. A. Nicol ,, P. J. O'Sullivan ,, G. Park ,, A. Spong ,, G. R. Thomson (*e*) ,, W. Watkins-Pitchford *Army Nursing Service.* Superintendent Miss F. E. Addams-Williams *Army Nursing Service Reserve.* Nursing Sisters: Misses L. Basan, S. C. Chown, A. N. Ferguson, L. M. Fletcher, E. M. Gardner, M. L. Gordon, M. O. McNeill, and E. H. Wilson, and 2 female servants.	2 warrant officers, 143 non-commissioned officers and men (including 50 St. John Ambulance Brigade), and 1 special cook

(*a*) Officer in charge. (*b*) Registrar and Secretary. (*c*) In charge of *x* ray apparatus. (*d*) Will join the unit on its arrival in South Africa. (*e*) Skilled in *x* ray work.

Personnel of Medical Units on the Lines of Communication (February 10th, 1900).

Unit and Place of Mobilisation.	Names.	Remarks.
No. 8 General Hospital (Woolwich)	*Royal Army Medical Corps.* Lieutenant-Colonel R. T. Beamish (*a*) Major A. Wright (*b*) ,, J. S. Edge Lieutenant E. McDonnell (*c*) Quartermaster (*d*) *Militia Medical Staff Corps.* Surgeon-Captain H. E. Mortis ,, J. E. O'Connor *Civil Surgeons.* Mr. J. Bruce ,, F. W. B. Fitchett ,, A. H. B. Kirkman (*e*) ,, J. T. Leon ,, A. W. May ,, A. L. H. Smith ,, F. Stableford ,, W. A. Stott ,, W. L. W. Walker ,, C. Warren ,, R. Whittington ,, J. G. Willis *Army Nursing Service.* Superintendent Miss E. Holland *Army Nursing Service Reserve.* Nursing Sisters: Misses M. S. Barwell, E. M. Bickerdike, A. A. Bowles, A. Brooke, V. H. Buchanan, R. M. Bullock, R. M. Carr, E. E. Coutts, C. M. Friend, M. L. Harris, L. D. Hills, A. Hilson, F. Holmes, M. B. King, A. Knaggs, J. E. Mount, J. A. Ormerod, L. A. H. Seligmann, and A. L. Walker, and 3 female servants.	1 warrant officer, 109 non-commissioned officers and men (including 50 St. John Ambulance Brigade from England), 1 warrant officer, 23 non-commissioned officers and men from Colonial stations. 1 special cook.

(*a*) Officer in charge. (*b*) Secretary and Registrar: Specially selected; has a competent knowledge of the Dutch language. (*c*) In charge of *x*-ray apparatus. (*d*) Will join the unit on its arrival in South Africa. (*e*) Skilled in *x*-ray work.

Personnel of Medical Units on the Lines of Communication (February 20th, 1900.)

Unit and Place of Mobilisation.	Names.	Remarks.
No. 5A General Hospital (Depôt R.A.M.C., Aldershot) (*a*).	*Royal Army Medical Corps.* Lieut.-Colonel J. F Williamson (*b*) Major J. J. Russell (*c*) ,, T. Archer Lieutenant A. F. Carlyon (*d*) Quartermaster (*e*) *Militia Medical Staff Corps.* Surgeon-Captain J. T. Simpson Surgeon-Lieutenant J. Clerke *Civil Surgeons.* Mr. H. T. D. Acland ,, W. O. Beddard ,, C. L. Dunn ,, J. G. Green ,, P. W. James ,, R. Lindsay ,, H. D. N. Mackenzie ,, C. B. Paisley ,, C. A. Peters ,, R. W. E. Roe ,, H. S. Thomas ,, J. S. Warrack *Army Nursing Service.* Acting Superintendt. Miss L. W. Tulloh *Army Nursing Service Reserve.* Nursing Sisters: Misses R. I. Briggs, E. M. Chamberlain, E. M. M. Howard, I. Lovett, M. B. Perweet, E. M. Rowley, G. G. Styles, ~~H. Whiteford~~, and 2 female servants.	2 warrant officers (*f*), 144 non commissioned officers and men (including 35 men St. John Ambulance Brigade) (*g*).

(*a*) The *personnel* for this unit has been mobilised on receipt of orders from the Field Marshal Commanding in South Africa, and is despatched with a view to the re-establishment of No. 5 General Hospital, the *personnel* of which is reported to have been distributed to various stations. (*b*) Officer in charge. (*c*) Secretary and Registrar. (*d*) In charge of *x*-ray apparatus. (*e*) Will join the unit on its arrival in South Africa. (*f*) 1 to join the unit in South Africa. (*g*) Includes 1 rank and file to allow for the warrant officer joining the unit in South Africa.

CASUALTIES IN THE R.A.M.C.

THE deaths of two officers of the R.A.M.C. are announced in recent casualties lists. Captain R. H. E. Holt, who has died of wounds (reported February 20th), entered the service in February, 1892. He was a student of St. Mary's Hospital. Captain G. S. Walker, who died of enteric fever at Ladysmith on February 23rd, entered the service in 1892. He was a student of Queen's College, Cork.

Lieutenant MacKenzie, who was wounded in the action at Koodoosberg Drift on February 7th, was attached to the 1st Highland Light Infantry, and had already distinguished himself at Magersfontein. He is the son of Mr. MacKenzie, Assistant Land Commissioner, Dublin, and was a student of the school of the Royal College of Surgeons in Ireland. He received a commission by nomination in July, 1899.

THE SCOTTISH SOUTH AFRICAN HOSPITAL.

A MEETING of a Subcommittee of the Scottish South African Hospital was held in the Edinburgh City Chambers on April 23rd, under the presidency of Sir William Turner. There were also present the President of the Royal College of Physicians (Dr. Andrew), the President of the Royal College of Surgeons (Dr. Dunsmure), the Superintendent of the Edinburgh Royal Infirmary (Colonel Warburton), Professor John Chiene, Dr. Joseph Bell, and Colonel Rooney, R.A.M.C., Principal Medical Officer in the Scottish Military District. Mr. Chiene (the Professor of Surgery in the University of Edinburgh) was recommended as the head of the medical staff of the hospital. At the same time Mr. David Wallace was recommended as Professor Chiene's second, and the following four gentlemen as assistant surgeons—Messrs. George L. Chiene (a son of Professor Chiene), C. M. Cooper, James Miller (a son of Mr. A. G. Miller, one of the consulting surgeons to the Infirmary and a grandson of Professor Miller), and A. H. Watt. It was further recommended that Miss Beveridge, Matron of the Longmore Hospital for Incurables, should go out as matron of the hospital. These recommendations will come before a meeting of the full Committee in due course. The Subcommittee are meanwhile considering the remaining appointments as dressers, nurses, etc. Sir James R. A. Clark, Bart., late Surgeon-Major A.M.S., who is to be in military charge of the hospital, has arrived in Edinburgh, and is arranging details with Professor Chiene.

THE WOUNDED IN ENGLAND.

ON February 27th the Queen visited the Royal Victoria Hospital, Netley, and spoke to every patient in the hospital, numbering altogether on that day 556. Her Majesty was received by Colonel Charlton, R.A.M.C., the Principal Medical Officer, and the following officers were presented to her: Colonel Macleod, Lieutenant-Colonel Webb, Lieutenant-Colonel Chester, Lieutenant-Colonel Hughes, and Major Dick. The visit to the wards occupied altogether three hours.

The hospital ship *Princess of Wales* arrived at Southampton on February 25th, and on February 26th was visited by the Princess of Wales, who was accompanied by the Prince of Wales and the Duke of York. The royal party was received by Major Morgan, and Major Macpherson, R.A.M.C. The royal party visited every ward, and subsequently went on to Netley, where the wards as well as the Doecker huts, of which thirty have been lent by the German Red Cross Society, were inspected.

THE MEDICAL SERVICE OF THE AUSTRALIAN CONTINGENT.

OUR Special Correspondent in Sydney writes:

In addition to the eight medical men who have already gone to the seat of war in South Africa with the first contingent from this Colony,[1] twelve are going with the Medical Corps attached to the second contingent, which leaves Sydney on January 17th. The staff has been increased to a strength of 127, of which number 13 are lady nurses, and 23 are mounted men. Two of our best-known medical men have volunteered for service—Dr. MacCormick, the Lecturer in Surgery in the University, and Surgeon to Prince Alfred Hospital; and Dr. Scot-Skirving, Surgeon to St. Vincent's

[1] BRITISH MEDICAL JOURNAL, February 24th, p. 476.

Hospital, and one of the leading practitioners in Sydney. These two gentlemen are going with the rank of Honorary Major at considerable personal sacrifice, and in recognition of their patriotism they have been presented with five cases of surgical dressings and appliances, provided by subscription amongst the ladies of Sydney. Among the others who have volunteered for service are Dr. J. A. Dick, Dr. Newmarch, Assistant Surgeon to the Sydney Hospital, and Drs. Eames and Horsfall, Surgeons to the Newcastle Hospital. The thirteen trained nurses are under the superintendence of Miss Gould, Lady Superintendent of the Army Nursing Service Reserve, and late Matron of the Sydney Hospital. Six additional nurses are joining at Adelaide.

THE WELSH HOSPITAL.

MEETINGS in aid of the Welsh Hospital for South Africa are being held in Wales and in various towns of England to appeal to Welshmen. Local funds are being raised in most towns throughout the Principality. The Committee desire it to be understood that the hospital is intended for the use of the Imperial troops independent of nationality. Alderman Sir David Evans is the Treasurer, and the following surgical staff was appointed at a meeting of the Committee on February 27th: Mr. Thomas Jones, F.R.C.S., Professor of Surgery, Owens College, Manchester, and Surgeon to the Manchester Royal Infirmary; Mr. Lynn Thomas, F.R.C.S., Assistant Surgeon to the Cardiff Infirmary; and Mr. Mills Roberts, F.R.C.S.Edin., Surgeon to the Llanberis Quarries Hospital.

NEW FIELD HOSPITAL AND BEARER COMPANY.

The R.A.M.C. at Aldershot have received orders to prepare Nos. 21 and and 22 Bearer Companies for duty with the 8th Division, and Nos. 21, 22, and 23 Field Hospitals.

We are informed that the *personnel* of No. 24 Field Hospital will be Major J. Moir, in command, Major Saunders, Captain Thom, Lieutenant Harvey, 15 non-commissioned officers and men of the R.A.M.C., and 20 non-commissioned officers and men of the St. John Ambulance Association.

A large number of Volunteer Medical Staff Corps and St. John Ambulance Association men have been joining at Aldershot during last week. The R.A.M.C. has thus grown to very great proportions, and could muster then over 700 non-commissioned officers and men. Accommodation for these could not be found in the blocks of barracks for the Medical Corps. The overflow has had to find place in the Crunna and Talavera Barracks.

The *Norman*, in which Lieutenant-Colonel Sloggett, R.A.M.C., Medical Officer in Command of the Imperial Yeomanry Hospital, and Mr. A. D. Fripp, the Senior Civil Surgeon, and the ambulance men and supernumeraries, sailed from Southampton on February 10th, arrived at Capetown on February 28th.

THE PLAGUE.

PROGRESS OF THE DISEASE.

EUROPE.

IT is satisfactory to note that no plague exists in Europe at the present moment.

AFRICA.

Plague is not recorded from any part of Africa. It has disappeared from Egypt; and the outbreak at Delagoa Bay, which at one time seemed to be alarming, has completely subsided. Except for the possibly endemic area of plague in Central Africa reported by Koch, we have no knowledge of the presence of plague in Africa.

INDIA.

The total mortality in Bombay for the week ending February 10th reached a maximum of 2,461; the recorded mortality from plague for the week was 456. In the opinion of residents in Bombay plague prevails in the city to a much greater extent than official figures indicate, so much so indeed that many believe the number to be at least twice as many as the mortality statistics show, but it is allowed that the famine refugees have brought many acute ailments in their train. Some hundreds of the total deaths are assigned to diarrhœa and dysentery. Lately some 27 Europeans have been attacked by plague in Bombay, and some doubt is thrown upon the use the puolic conveyances are being put to, as regards the conveyance of infected persons to the hospitals. For the week ending February 9th the deaths from the principal diseases are assigned as follows: Plague, 456; respiratory diseases, 406; fevers, 242; small-pox, 225; phthisis, 178; diarrhœa, 165; dysentery, 70. In Calcutta plague has a tendency to increase. During the week ending February 3rd 87 deaths from the disease occurred as compared with 65 during the previous week. In the Patna district there were 620 deaths from plague during the week ending February 3rd. This is a serious increase, and points to a possible spread of plague through the North-West Provinces of India. In the Madras Presidency sporadic cases of plague continue to occur. In the Jullundur district, Karachi, and the Punjab a small number of deaths are recorded. At present Rajputana and Central India are free of plague.

ADEN.

Six cases of plague were reported from Aden on February 23rd and 1 death from the disease. The authorities are taking active steps to check the spread of infection at this important port of call.

MAURITIUS.

For the week ending February 22nd, 8 fresh cases of plague occurred in the island and 4 deaths from the disease. For some weeks now the return from Mauritius would seem to indicate that the disease is stationary.

AUSTRALIA.

A case of plague is reported from Sydney during the past week. It is also stated that a great number of rats are dying in the goods sheds along the quay.

The more we learn of the cases of plague at Adelaide, the more puzzling does the source of infection become. The first victim was a man, one of a number of deserters from the ship *Formosa*, which arrived at Adelaide on November 12th, 1898; and it was not until six week after landing on Australian soil he was admitted to hospital. Moreover, it was not at Adelaide, but at the small township of Gawler, that he was seized with plague. From the same place, also, the second plague case came, the patient being a boy, aged 9 years, a resident in Gawler. Although the captain of the ship *Formosa* mentions that "a number cases of sickness" occurred during the voyage from New York to Adelaide, they were all of a trivial nature. It will be remembered that this vessel called nowhere between America and Australia, and as no plague is known to exist in North America or Australia, the source of infection seems inexplicable. The man when brought into hospital was in a filthy condition, but we have yet to learn that filth generates plague. It would seem that infection must have been carried from either India or China. It is with the latter country that Australia is more intimately in contact, many Chinese having settled in Australia, especially along the coast. Even then the source of infection is a mystery, as none of the Chinese in Australia are known to be infected by plague.

SIBERIA.

Dr. Clemow's account of plague in Siberia and Mongolia, and the part played by the turbagan (*Arctomys bobac*) published in the *Journal of Tropical Medicine*, seems to show a wide area for the disease. It would appear that, in the former mention of this infected district, we should have stated that in the Aksha military district, in the province of Transbaikal, Siberia, plague has an endemic home where both man and animals are attacked. Aksha lies almost on the Russo-Mongolian border, hence the error in mentioning Mongolia as the seat of the disease; but as Eastern Mongolia is itself infected, it would seem that a continuous area of country is infected by plague. The *Arctomys bobac* (the türbagan), a species of marmot, seems to be the undoubted carrier of plague in the Transbaikal Province, and possibly in one of the infected districts of Mongolia.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1900.

MEETINGS of the Council will be held on April 11th, July 11th, and October 10th, 1900. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, March 22nd, June 21st, and September 27th, 1900.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

FRANCIS FOWKE, *General Secretary*.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: WEST LONDON DISTRICT.—A meeting of this District will be held at the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, Fitzroy Square, W. (near Gower Street Station), on Monday, March 5th, at 4.30 P.M., J. Pickett, M.D., Vice-President, in the chair. Agenda: Dr. Pegler: A short paper on Nasal Insufficiency. Dr. Jobson Horne: (*a*) Lantern Demonstration of Photographs of the Larynx, taken during life, to illustrate the position of the vocal cords in voice production; (*b*) Some Morbid Growths in the Larynx;