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The Mortality In The Boer Concentration Camps

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Source: *The British Medical Journal*, Vol. 2, No. 2133 (Nov. 16, 1901), p. 1507

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20270317>

Accessed: 07/02/2015 12:16

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asionally occur—under what system will they not—but to base our legislation upon them is proverbially bad, and a really ill-used midwife would be borne up by a tide of sympathy and indignation which few men would care to face.

The financial aspect is the crux of this scheme as of most schemes, and it too has been strangely slurred over in the proposed legislation. Who is to pay the doctor? Where the midwife was working for any public body or charitable committee there would of course be no difficulty; nor in the case of the few well-to-do patients who might prefer her services; but, in the case of the very poor class who now resort to her in manufacturing towns or agricultural villages, Boards of Guardians must be empowered to pay a moderate but sufficient fee in cases where the medical man's services were required, reserving to themselves the right subsequently to recover it from the husband if his means should seem sufficient. I believe there is precedent for some such procedure, and Parliament could probably be induced to sanction it.

The attitude of the profession generally towards all the legislation which has been proposed seems to be one of passive resistance, and even its own parents are not enthusiastic over the Bill of the Parliamentary Bills Committee. Is it too late in this long-drawn agitation for the mass of moderate men to unite upon some such scheme as I have sketched, and actively oppose anything less?—I am, etc.,

Kilburn, N.W., Oct. 20th.

T. MORTON, M.D.

SIR,—In all the correspondence upon this topic I have seen no reference to the archaic history of registration. It may interest your readers and some of your correspondents to know the following, which is given me by the learned and Venerable Archdeacon of Montgomery, who, besides being a Fellow of the Society of Antiquaries, is highly gifted both in reading and in observation.

From Phillimore's *Ecclesiastical Law*, page 2059, it appears that down to the passing of the Medical Act in 1858 bishops licensed physicians, surgeons, and midwives. This was done partly in the interests of the Faculty to put a stop to impostors and charmers, and especially for spiritual good.

The oath of midwives was very strict, including:

*Item*.—You shall not in any wise use or exercise any manner of witchcraft, charm, or sorcery, invocation, or other prayers, than may stand with God's laws and the King's.

*Item*.—You shall not give any counsel or minister any herb, medicine, or potion, or any other thing, to any woman being with child, whereby she should destroy or cast out that she goeth withal before her time.

*Item*.—You shall not consent, agree, give or keep counsel, that any woman be delivered secretly of that which she goeth with, but in the presence of two or three lights ready.

With other regulations as to conduct.

The Archdeacon gives me some notes of physicians and surgeons in this (St. Asaph) diocese so licensed, for example:

1665. *Practicers of Physick*.—None licensed or resident in the diocese: but one

Dr. Turner (Thomas) administers at Llanrwst.

Dr. John Mostyn administers at Wrexham.

—Vaughan, frequently at Denbigh.

All three Papists.

and—

1736. At Abergeley, licence for Surgery granted to Edward Griffith, Gent., by Robt. Wynne, D.D., Vicar-general and official Principal of Isaac ..... Bishop of St. Asaph.

Unfortunately at the time of writing no reference could be found of any midwife so licensed; but the Archdeacon has such a note somewhere.

The Medical Act of 1858 makes no mention of repealing any former Act. Consequently it is a fair inference that the law under which such licences—and accordingly registrations—were effected, is still extant.—I am, etc.,

Colwyn Bay, Oct. 19th.

J. LLOYD-ROBERTS.

## THE MORTALITY IN THE BOER CONCENTRATION CAMPS.

SIR,—The mortality of the children in the concentration camps in South Africa is large and appalling. But I desire to point out that the method of estimation used in the article on the subject in the *BRITISH MEDICAL JOURNAL* of November 9th, and which is generally employed in the press, is very inaccurate. It is not correct to estimate a yearly mortality by simply multiplying a monthly or weekly rate, unless you have evidence that the population remains stationary in numbers, that is, in the present case, unless the loss by death

is compensated by gain from births and new arrivals. As we do not know that this is so, it would be safer, if we want to estimate the effect of a constant rate of mortality for a year, to treat it as operating on a diminishing population—that is, one which decreases each month by the number of deaths in such period. A different result then comes out. Thus, the figures which you have given for the four months, June to September, show a monthly mortality of 26.7 per 1,000 children, or 1 in 37, as stated. This would tell, up not to 12 times 26.7, but to 278.4 per 1,000 in the year. The statement that if the present conditions prevailed for three years all the Boer children now in the camps would be annihilated, hardly needs refuting. A population would never be wholly destroyed by a mortality of the highest rate imaginable (unless it reached the integer), since it operates necessarily on a constantly diminishing number. As a fact, it can easily be shown that, if 1,000 children are taken, the mortality-rate in question would destroy, not the whole 1,000, but 623 of them, in the course of three years.

I think, however, that considering the uncertainty of the numbers in the camps from one month to another, and the influence of temporary epidemic or endemic causes, it would be better to confine ourselves to the statement of a monthly rate of mortality, which can be compared with the English or any other standard, reduced from a yearly to a monthly rate for this purpose. Where the rate is small, as with us, its multiplication or reduction to correspond with differing periods of time is attended with little error. The error is large in the case of high rates such as those prevailing in the camps.

May I add that the death-rate of women, which is in the camps so excessive, is normally somewhat lower than that of men during the greater part of life, but not "much lower" as stated?

I write thus in the plea for statistical accuracy, not at all to detract from the purpose of your article, which justly emphasises the terrible character of the loss now going on, and the need for radical sanitary measures. Probably we are far from the end of the troubles in this respect. The breaking out of scurvy is to be looked for if the conditions are not greatly changed.—I am, etc.,

Finsbury Square, E.C., Nov. 11th.

R. HINGSTON FOX.

\* \* The contributor of the article on the concentration camps writes:

If Dr. Hingston Fox's contention that annual death-rates based on weekly deaths cannot be correctly estimated holds good, the weekly returns issued by the Registrar-General stand condemned. In truth, however, if it be remembered that they indicate a death-rate based on the facts of a given week, they are not misleading. Much less likely to mislead are death-rates based, like those in the special article, on the mortality statistics for four months. This is a much larger slice of a year than a week, and much more likely to represent the average experience of a year. For the benefit, however, of those holding Dr. Fox's views, monthly death-rates were given which are statistically quite free from possible objection. Dr. Fox's contention that a decreasing population must be assumed is contradicted by the facts for the largest camps, and therefore Dr. Fox's alternative statement of death-rates is erroneous. Dr. Fox is right in his criticism of the statement that an annual death-rate among children of 1 in 3 would cause annihilation in about three years. This does not, however, destroy the significance of the facts that 1 out of 37 children died during a month, that during four months 1 out of 9 children died, and that if this death-rate be continued for a year, 1 out of every 3 will have died. It should further be noted that the statement of proportion between English and concentration camp death-rates among children as 3.1 to 18.0 (which is sufficiently appalling) does not allow for the fact that this assumes that all the children in the camps are less than 5 years old. Were the correct ages given, the excess of mortality among the children in the camps would be seen to be even more excessive than I have shown it to be. Whether the dirty and insanitary habits of the Boers, and especially of the Boer women, be partially responsible for this, or whether it be the civil or military authorities, there is clearly urgent need for the breaking-up of the camps into smaller units under more efficient and stringent sanitary control.