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The War In South Africa

Source: *The British Medical Journal*, Vol. 2, No. 2033 (Dec. 16, 1899), pp. 1697-1700

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20262835>

Accessed: 07/02/2015 11:57

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THE WAR IN SOUTH AFRICA.

From Our Special Correspondent in Capetown.

November 22nd, 1899.

THE RED CROSS.

COLONEL YOUNG, the Red Cross Commissioner, who arrived last week, is rapidly getting voluntary efforts into something like working order. His arrival was opportune, as there was a danger of the well-meant enthusiasm of the people leading to much wasteful overlapping. His organising ability, coupled as it is with a suave and conciliatory manner, is likely to effect much. Several suburban organisations for the provision of comforts for the wounded have already amalgamated with the Good Hope Society which was formed not only for the provision of such comforts, but to assist the wives and families of reservists and local volunteers. Colonel Young addressed a full meeting of that Society, and it was gratifying to find that the Committee agreed to work entirely under his direction. Similarly, on Monday last, he met the Committee of the Capetown Centre of the St. John Ambulance Association, and that body passed unanimously a resolution placing itself unreservedly under his orders. The Colonial Secretary has placed at Colonel Young's disposal an office in the Parliament Buildings. So far, he tells me, he is doing practically nothing but collect information and get into touch with the various organisations, as no need has arisen for any special efforts. He expresses himself as particularly pleased with the rest stations organised by the St. John Centre at Wynberg Station and the Docks, to which I alluded last week.

THE ST. JOHN AMBULANCE TRAIN.

The St. John detachment for train work has left for De Aar with one of the trains. It consists of seven men, who have had several weeks' training, first at railway stretcher work, and recently as orderlies at the Station Hospital, Capetown. Two officers, one non-commissioned officer, and three men of the R.A.M.C. also form part of the train crew. Plenty of other St. John men are available for similar work if required. Colonel Young has provided the train with an ice chest.

THE MILITARY HOSPITALS.

The Good Hope Society has already supplied a large amount of fruit, literature, and the like to the Wynberg General Hospital, and contributions are coming in freely.

It has been decided to establish No. 2 General Hospital at Wynberg on a site adjoining No. 1. No. 2 will be entirely under canvas. Colonel Duke is in command.

The location of General Hospitals 3 and 4 have not yet been decided upon, but neither will be at Durban.

The Principal Medical Officer has declined the offer of the Stellenbosch people of a supplementary hospital at that place, owing to sufficient accommodation being already available.

Sir William MacCormac arrived by the last mail, and is at present staying in Capetown, as the guest of a local medical friend. He has visited No. 1 General Hospital, and expressed himself as highly satisfied with everything there.

MEDICAL REFUGEES.

Drs. Rogers and Keenan, lately of Johannesburg, have been appointed to the South African Light Horse, an irregular corps raised here by the Uitlander Committee. Dr. Milne, another refugee, not being able to get a medical appointment, has joined the same corps as a combatant. The refugee medical men are complaining bitterly about the action of the authorities in engaging civilian aid at home, considering that, being out of employment, and unable to obtain any temporary work in a colony so medically overstocked as the Cape, they should have had a chance. One Johannesburg medical refugee, Dr. Harding, has been placed on the civilian staff at Wynberg, but he obtained his appointment from home.

THE BOER PRISONERS AT CAPETOWN.

The more severe cases amongst the Boer prisoners who arrived by the *Patiala* are at No. 1 General Hospital. The slighter ones are in an annexe to the Capetown Convict Station, with their unwounded fellows. It was decided at the last

moment to send these there instead of to the *Penelope*. The cases at the Convict Station are under the care of Dr. C. C. Elliot, surgeon to that institution.

BOER AMBULANCE ARRANGEMENTS.

I have just had an opportunity of speaking with a bearer of the Transvaal Ambulance Corps who has come down with Boer wounded. From his account the arrangements made were of the most primitive character. He left Johannesburg with an ambulance organised by the St. John Centre. It consisted of 3 medical men and 10 dressers, 4 of whom were left behind at what may call the "Stationary Hospital" at Newcastle. Their only equipment was 1 waggon, fitted to hold 3 men, 2 bell tents, and a stock of drugs. The drugs, however, were not supplied at Johannesburg, but were commandeered on the way. They were simply packed anyway in boxes carried on an ordinary South African waggon. Each medical man had a fairly good case of instruments, and each dresser one of the St. John bearer cases. There were 12 stretchers, but no bearers were provided. It would appear that any convenient building (at Elandsplaagte a coolie store) was selected as what one might call a field hospital. One doctor, with some of the dressers went on the field, the other 2 remained at the field hospital. The dressers attended to the wounded on the field, and then got Kafir men to carry them on the stretchers to the building. There temporary measures were taken, and all serious cases were sent on to Newcastle by train so far as that served, and by ordinary waggon otherwise.

At Newcastle a large house had been commandeered as a hospital, and had two doctors and five nurses. Not much however was done even there, the practice being to send everybody capable of travelling to Johannesburg. Each commando had an ambulance party equipped much after the style above described. Iodoform and carbolic oil on lint and gauze were used for first dressings. In supreme charge of all medical arrangements is Captain Bleksley, who was Sanitary Inspector at Johannesburg and head of the St. John Centre there. To him the surgeons were responsible. They appear to have possessed no authority whatever. By far the larger proportion of injuries were inflicted by shells. Some were very severe. At Elandsplaagte absolutely every wounded Boer was left to be treated by the British; indeed, my informant, who is a burgher of the State, tells me that with the really bad cases this was done as far as possible everywhere. There was a great deal of dysentery amongst the Boers, but very little other trouble. Food supplies were scarce, and of what might be called medical comforts hardly anything was to be obtained. All through for supplies reliance was placed upon things commandeered *en route*.

THE MEDICAL ASPECTS OF THE BOER WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

IV.

PROPORTION OF KILLED TO WOUNDED.

In the battle at Graspan, or, as it is to be called, Enslin, the losses, which fell principally upon the Naval Brigade, were 24 killed, 166 wounded, and 7 missing. Here we have again to note the happily small proportion of those actually killed among the number hit. The Boer force encountered at Graspan probably consisted of the remnants of the Belmont force together with other fresh commandoes, and the rifle employed in all probability was principally the Mauser. At the first engagement at the Modder River, where Lord Methuen's force found 8,000 Boers posted in exceptionally strong positions, the casualties, although severe (73 killed and 365 wounded), were lighter than had at first been anticipated. This brings the total casualties for the three actions up to 966 killed, wounded, and missing.

	Killed.	Wounded.	Missing.
Belmont	54	238	2
Graspan	24	166	7
Modder River	72	396	7
	150	800	16

This gives a proportion of killed to wounded approximately as 1 to 5.3. The proportion of killed to wounded varies in

different campaigns, and of course depends to a considerable extent on the conditions under which actions are fought, the tactics employed by the commanders, and the distance usually maintained between the opposing forces, and finally whether or not the engagements in a campaign consist for the most part in attacking entrenched positions where one side is exposed at short ranges.

Colonel Stevenson, R.A.M.C., Principal Medical Officer on the Line of Communication, in his work entitled *Wounds in War*, gives some interesting statistics on this point. Thus in the Russo-Turkish war 1877-78, where entrenched positions were continually attacked at short ranges, the proportion of killed to wounded among the Russians was as high as 1 to 2.1; at Blenheim in 1704 it was 1 to 1.3. The late Sir Thomas Longmore, summing up the available statistics on this point, showed that the proportion of killed to wounded has been, on an average, 1 to 4. These figures refer to the number of dead found on the field; while of those who reach the hospital alive, a large proportion died during the first two or three days, but these were not included in the figures given above. During the Russo-Turkish war 1877-78, 11.8 per cent. of the wounded died in the army of the Danube, and 30 per cent. in the army of the Caucasus. We may, therefore, conclude that we shall not be giving a too sanguine estimate when we predict that at least 87 per cent. of our wounded in South Africa will eventually recover. Fischer, whose statistics are probably the most accurate on this subject, gives the proportion of killed to wounded as follows:

At the battle of Kunnersdorf, 1759	...	...	1 to 1.9
At the battle of Leipzig, 1813	...	...	1 " 2.0
English in the Crimea	...	...	1 " 4.4
French in the Crimea	...	...	1 " 4.8
Prussians in Schleswig-Holstein, 1864	...	...	1 " 1.8
Prussians at Königgratz	...	...	1 " 3.6
Austrians at Königgratz	...	...	1 " 3.0
Germans in 1870-71	...	...	1 " 5.4
Russians in 1877-78	...	...	1 " 2.1

This gives an average of 1 to 3.2. It will thus be recognised at once that the proportion of 1 to 5.3, which is that for the battles on Lord Methuen's march, is considerably below the average of past campaigns, and is curiously enough almost identical with the loss sustained by the Germans in the campaign of 1870-71. It must further be borne in mind that these battles have all been fought under exceptionally arduous conditions for our men, inasmuch as they have in every instance been storming strongly held and partially entrenched positions.

Nature of Wounds.

Your special correspondent in Capetown is able in a recent letter to give some account of the wounds sustained by our men. Speaking of the cases which he had seen in the Wynberg Hospital, he says that all are Mauser bullet wounds except two; he also says that all the men agree as to the very small amount of shock produced by the Mauser bullets, and the slight amount of actual pain at the time of being hit; he also says that one notable circumstance is that the majority of the wounds are in the extremities, and from another source we hear that they are principally in the legs and abdomen. This the men themselves attribute to the wild firing of the Boers. As a matter of fact, it is an old tradition with the rifle to fire at a man's feet, as the bullet fired a little low will ricochet and do great damage, while if it be fired too high it passes harmlessly into space. There was a tendency with the Martini-Henry, and still more with the old Snider, for bullets to rise above the point fired at; hence the additional incentive to fire at the enemy's feet. The Lee-Metford and Mauser rifles are more accurate than the Martini-Henry, and this probably accounts for the fact of so many wounds being inflicted in the lower extremities. The bullets actually struck the object on the point aimed at. It is gratifying to think that not only are Mauser bullet wounds frequently almost painless at the time of infliction, but that a large number of them heal rapidly by first intention, a course which was rarely followed by the wounds from bullets of larger calibre.

LEE-METFORD v. MAUSER.

The bullet which our troops are using in the Lee-Metford rifle is known as the Mark II. It is a far less formidable

bullet than either the Mark IV or the Dum-dum, but, nevertheless, has a slightly greater smashing power than the Mauser bullet. What the proportion of killed to wounded among the Boers may be we are, from the figures supplied, unable to estimate. I commented in my last letter on the extreme importance in the campaign of keeping the railway open, and it is extremely gratifying to note that Lord Methuen in his rapid march has done this most effectually with the Kimberley line. When the Modder River bridge is once negotiated there will be little difficulty in completing the restoration of the line up to Kimberley. The value of the railway for transport purposes as well as for dealing with the sick and wounded is incalculable. It is pretty evident that the repairs to the permanent way on the ordinary veld are very readily effected. I have had some experience of what may be done in a few hours in this way in South Africa. On one occasion the train in which I was travelling, having run into a cow, was disrilled, the engine was thrown on its side and the metals torn up. In the course of five hours a new track had been laid passing round the scene of the catastrophe, a fresh engine had arrived on the scene, and the whole train, with the exception of the capsized engine, proceeded on its way. Navvies, with spare rails and sleepers, may be readily conveyed to the scene of damage, and repairs in this way be very rapidly effected.

MEDICAL ARRANGEMENTS FOR THE ARMY IN SOUTH AFRICA.

In view of the large number of men now with the army in South Africa, the Army Medical Department have considerably published for the information of the public details of their medical arrangements. The whole or part of this document has already been published in many daily papers. It informs us that every regiment, battalion, artillery division, and engineer company, has a medical officer attached to it, and he accompanies it into action with his orderly in order to administer first aid to any man who is wounded, while the regimental stretcher bearers are ready to carry the same to the dressing station or field hospital. There will be 45 surgeons in immediate charge of the men composing the Army Corps. They are also responsible for the sanitation of their respective camps. There is a bearer company for each brigade of cavalry and infantry; this is composed of 3 officers, the officer in charge being a major, a sergeant-major, 12 sergeants and corporals, 44 privates, and a bugler, all of the R.A.M.C., in addition to which there are for transport 38 men of the Army Service Corps, under a warrant officer. The mode of working is described as follows:

Two stretcher sections under an officer, each section consisting of four stretcher squads under a sergeant, collect the wounded and carry them to the collecting station, a spot chosen as near the fighting line as possible, but sheltered from the enemy's fire. The collecting station is in charge of a sergeant, who has a supply of dressings, etc., to replenish the haversacks of the stretcher bearers. Here also are placed the ambulance of the first line ready to receive them, under the sergeant's direction, and bear them back to the dressing station. The dressing station is on a site selected as being, if possible, out of fire, near a water supply, and also near a road. When available buildings are chosen, and if not the operating tent is here pitched, and instruments, medicines, and medical comforts are arranged ready for use, and a fire lighted for heating water. It may be considered the most important position in the journey of a wounded man from the field towards the camp, as it is here the first opportunity occurs for a careful examination of his condition. The major of the company and another medical officer are here placed, with a separate sergeant-major, three non-commissioned officers, and four privates, including a cook. The wounded, being carefully attended to and dressed, are now placed in the second line of ambulance and taken to one of the field hospitals, which are encampments attached to each brigade or each body of troops large enough to render it desirable. The equipment of a field hospital is for 100 beds, but it is so arranged and packed that sections of 25 beds can be utilised separately if required. As it must accompany its brigade on the march it is movable, being supplied with means of transport; but it is equipped with a view to make it as comfortable and complete as its mobility will permit of. From the railway line the sick and wounded are conveyed to the base, which is at or near one of the ports of embarkation.

HORSE SICKNESS.

Since my last letter an interesting description of the South African horse sickness has been published by Professor Wallace in the *Times*. He has been at some pains to collect the latest bacteriological evidence with reference to this disease, and says that:

Numerous experiments by the Director of the Bacteriological Institute at Grahamstown have showed that no material can be obtained from the bodies of animals which have died of the malady which could be used in producing immunity in healthy animals. The use of serum from animals which have recovered from the disease has already proved abortive. A

¹ *Compte-rendu du Service de Santé Militaire pendant la Guerre de Turquie de 1877-78.* Par N. Kosloff, 1887.

measure of success has, however, attended the inoculation of horses with infected donkey's blood and with an attenuated virus got by transmission of a virulent virus from partially immune animals. By this means a mild form of the disease is produced; a period of at least fifty days is allowed to elapse, during which secondary attacks of fever and moderately high temperatures occur at frequent intervals. By repeated mild attacks the system is fortified against subsequent inoculation more effectively than by an attack accompanied by high temperature. The secondary fever, which occurs to a horse after recovery from a natural attack is termed by the Dutch "Anmannung," and until the first of these returns have passed off the animal is not fully protected or "salted." Inoculation in any form is consequently out of the question in connection with the preservation of the animals engaged in the present campaign.

Under these circumstances we may still conclude that the best practical remedy available for our troops is that recommended by me in my last letter, namely, the provision of nosebags to act as air filters through which the animals breathe, and they should be worn from sunset until the dew is well off the grass on the following morning. Horse sickness (oedema mycosis), according to Professor Wallace, is a fever produced by a micro-organism one of the filamentous fungi which under suitable conditions of heat and moisture grows in the veld, but whether in the water, on the soil, or as a parasite, is not yet known.

THE GENEVA CONVENTION.

THE GENEVA CONVENTION OF 1864.

ONE of the redeeming features of modern warfare is the protection which is afforded to ambulances and military hospitals and their personnel. The Geneva Convention of 1864, which was signed by most of the Powers of Europe, and has since been recognised by nearly every civilised State, has done much to alleviate the horrors of a campaign and the sufferings of the wounded on either side. The strict neutrality of the ambulance, and the protection which it affords both to friend and foe, are the most important results of the Geneva Convention of 1864, while in 1868 certain additional Articles, also signed by the representatives of many European nations, provided *inter alia* for the care and protection of hospital ships.

The Geneva Convention was signed on behalf of Switzerland, Baden, Belgium, Denmark, Spain, France, Hesse Darmstadt, Italy, Netherlands, Portugal, Prussia, Wurtemberg, on August 22nd, 1864. It contained the following, amongst other provisions:

ART. I.—Ambulances and military hospitals shall be acknowledged to be neutral, and as such shall be protected and respected by belligerents so long as any sick or wounded may be therein. Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

ART. II.—Persons employed in hospitals and ambulances, comprising the staff for superintendence, medical service, administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality whilst so employed, and so long as there remain any wounded to bring in or to succour.

ART. III.—The persons designated in the preceding Article may, even after the occupation by the enemy, continue to fulfil their duties in the hospital or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong. Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

ART. IV.—As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals cannot, in withdrawing, carry away any articles but such as are their private property. Under the same circumstances an ambulance shall, on the contrary, retain their equipment.

ART. V.—This article provides for the protection of inhabitants who bring in or otherwise render assistance of wounded belligerents.

ART. VI.—Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they shall belong. Commanders-in-chief shall have the power to deliver immediately to the outposts of the enemy soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties.

ART. VII.—This Article provides that the flag and the arm-badge shall bear a red cross on a white ground. Such badge is to be adopted for hospitals, ambulances, and evacuations.

THE SUPPLEMENTARY CONVENTION OF 1868.

The following are taken from the additional Articles of 1868, which were signed on October 20th in that year on behalf of Great Britain, Austria, Baden, Bavaria, Belgium, Denmark, France, Italy, Netherlands, North Germany, Sweden and Norway, Switzerland, Turkey, and Wurtemberg.

ART. I.—The persons designated in Art. II of the Convention (*vide supra*) shall, after the occupation by the enemy, continue to fulfil their duties, according to their wants, to the sick and wounded in the ambulance or the hospital which they serve. When they request to withdraw, the commander of the occupying troops shall fix the time of departure, which he shall only be allowed to delay for a short time in case of military necessity.

ART. II.—Arrangements will have to be made by the belligerent Powers

to ensure to the neutralised person, fallen into the hands of the army of the enemy, the entire enjoyment of his salary.

ART. III.—Under the conditions provided for in Articles I and IV of the Convention of 1864, the name ambulance applies to field hospitals and other temporary establishments, which follow the troops on the field of battle to receive the sick and wounded.

By ART. VII, the religious, medical, and hospital staff of any captured vessel are declared neutral, and, on leaving the ship, may remove the articles and surgical instruments which are their private property.

HOSPITAL SHIPS.

The provisions which relate to hospital ships are also of interest.

ART. XIII.—Hospital ships which are equipped at the expense of the aid societies, recognised by the Governments signing this convention, and which are furnished with a commission emanating from the Sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting out and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their staff. They shall be recognised and protected by the belligerents. They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their staff, while performing their duties, shall be an armband of the same colours. The outer painting of these hospital ships shall be white with red streak. These ships shall bear aid and assistance to the wounded and wrecked belligerents without distinction of nationality. They must take care not to interfere in any way with the movements of the combatants. During and after the battle they must do their duty at their own risk and peril. The belligerents shall have the right of controlling and visiting them; they will be at liberty to refuse their assistance, to order them to depart, and to detain them if the exigencies of the case require such a step. The wounded and wrecked picked up by these ships cannot be reclaimed by either of the combatants, and they will be required not to serve during the continuance of the war.

SOLDIERS' WILLS.

There is one branch of our own law, that, namely, which relates to the making of the wills of soldiers on active service, to which it may be useful to make brief reference. By Section XI of the Wills Act, 1837, it was provided:

That any soldier being in actual military service, or any mariner or seaman, being at sea, may dispose of his personal estate as he might have done before the making of that Act.

Before the passing of that Act a soldier's will was regulated by the common law, that is, it might have been made by an unattested document or by word of mouth. By reason of the above Section the same rule holds good at the present day.

It has been decided that the term "soldier" in Section XI of the Wills Act includes an officer and a surgeon (Drummond v. Parish, 3 Curt. 522). The words "on actual military service" are equivalent to "on an expedition," but an officer (or surgeon), while quartered at home or abroad in barracks, is not on actual military service (Drummond v. Parish, 3 Curt. 522).

Although there need be no attestation clause it is necessary that some formality should be gone through in order to obtain probate. Thus, when a will made by an officer on actual military service is signed by him, but not attested, the Court will require an affidavit by two disinterested persons that the signature is in his handwriting (*re* Neville, 4 S. and T., 218). And where the will is signed by the mark of the deceased, an affidavit must be filed to show that when he made the mark the testator had knowledge of the contents of the will (*re* Hackett, 28 L. J., P. 42).

TRANSFERS AND APPOINTMENTS.

THE 4th Field Hospital at Aldershot was inspected by General Kelly Kenny on December 5th, the Principal Medical Officer accompanying him. The hospital embarked in the *Matetic* on December 6th.

Gibraltar has been requisitioned for army medical officers for South Africa.

Surgeon-Captain Waring, of the Militia Medical Staff Corps, takes over medical charge of the 3rd Brigade at Aldershot, while the duties of House-Surgeon of the Louise Margaret Hospital will be discharged by Dr. Penny, *vice* Major Pike, R.A.M.C., going out to South Africa in medical charge of the 1st Oxfordshire Light Infantry.

From Durban it is stated by the Central News that on General Sir Redvers Buller making it known that 2,200 men were wanted to proceed to the front for ambulance work in the field, mostly as stretcher-bearers, 1,000 men had at once notified their willingness to enlist in the new corps. The volunteers were unemployed British refugees from the Transvaal. A recruiting office for the "Natal Ambulance Corps," as the new force is to be officially called, was opened in the Drill Hall, and by December 6th sufficient names had been registered to form two complete corps. On the same date 700 of the ambulance recruits had been examined by the army surgeons and passed fit for service in the field, and were sent to Maritzburg by special trains.

The hospital ship, *Princess of Wales*, the departure of which has been seriously delayed by defects in its engines, sailed from the Nore on December 12th.

The *Antilban*, having on board No. 4 General Hospital, arrived at Cape-town on December 9th.

PREPARATIONS AT THE HOME HOSPITALS.

The military hospital, Devonport, will prepare 160 beds for the reception of wounded officers and men about to be sent home from the Cape. A ward at Haslar Hospital has been set apart for wounded men of the Royal Navy. At the Royal Victoria Hospital, Netley, extensive preparations have been made under the direction of Colonel Charlton, R.A.M.C., who is the officer officiating in charge. It is stated that Surgeon-General Wilson, at present Principal Medical Officer with the forces in South Africa, will on returning to England on the close of hostilities be appointed in medical charge of this hospital.

FOREIGN AMBULANCES.

From Lourenço Marques, under date December 6th, we learn that the German steamer *Köenty* has arrived with the German and Dutch Red Cross Brigade. The Germans consist of 3 doctors, 4 nurses, and 4 bearers; and the Dutch of 8 doctors, 10 nurses, and 4 bearers. There is also one ambulance wagon with appliances. The party were met by the Transvaal and German Consuls at Lourenço Marques, and were to leave for the Transvaal on December 7th, by an ambulance train awaiting them.

The Russian Red Cross Society, with the consent of its Imperial Patroness the Dowager Empress, recently asked the Minister for Foreign Affairs to convey to the proper authorities its offer of medical and sanitary assistance to the belligerents in South Africa. The British Government has declined the offer with thanks; but Dr. Leyds has telegraphed that a Russian Red Cross detachment will be gladly welcomed in the Transvaal. This detachment is now organised, consisting of 3 doctors, 8 sisters, 4 assistants, and 12 other attendants, who were to start for Pretoria on December 10th, taking with them a fully-equipped field lazarette for 25 beds. The Society has assigned 100,000 roubles for expenses.

ST. JOHN AMBULANCE BRIGADE AND THE WAR.

The St. John Ambulance Brigade was established by the Order of the Hospital of St. John of Jerusalem in England about twelve years ago, being an offshoot of the St. John Ambulance Association. Its main object was to provide organised first aid on public occasions, but it was also intended that its members should be invited to volunteer to supplement the medical personnel of the army if required in case of national emergency. Until the outbreak of the present war the Brigade has had no opportunity of proving its value and preparedness to act as an auxiliary to the Army Medical Service. The St. John Ambulance Association is chiefly concerned with the manufacture and distribution of ambulance material, such as ambulance waggons, stretchers, surgical haversacks, splints and bandages, and provides for the instruction and examination of classes in first aid, nursing, and hygiene, and the granting of certificates of proficiency. Persons who have obtained the Association certificate are alone allowed to enter the Brigade under certain conditions, the principal being that they shall attend at least twelve drills and practices yearly, shall pass an annual re-examination in first aid under the medical officers of the Brigade, and shall be ready to turn out for public duty whenever called upon by their officers. The total number of members of the Brigade in England, Ireland, Wales, and the colonies is now about 11,000, including nearly 2,000 nursing sisters.

The first call on the Brigade for volunteers during the present war was received from the War Office on November 3rd, and within ten days twenty-three picked men were assembled at headquarters in London fully equipped, and embarked on the *Princess of Wales* hospital ship, of which they form two-thirds of the hospital staff. The next call for fifty-five men was received on November 20th, and on November 22nd the volunteers selected from all parts of the kingdom were assembled at headquarters ready for embarkation. This detachment sailed in the *Simla* on November 25th, being intended for work in the base hospitals in South Africa. On November 29th twenty-eight men were requisitioned to man the Duke of Portland's hospital, and on December 4th the selected men were at headquarters fully equipped, and they sailed on December 13th in the *Majestic*.

While on service these men will be under the orders of officers of the Royal Army Medical Corps, and will receive pay at the same rates as the personnel of that corps. Each man provides his own outfit of under-clothing and brigade uniform, the khaki suits and field or sea kit being paid for by the St. John Ambulance Association, or in the case of the twenty-eight men, by the Portland Hospital Committee.

When it is known that the members of the Brigade are, almost without exception, men who are earning good salaries or wages, and that they voluntarily accept service under the War Office at rates which in many cases represent only about half of the amount they temporarily forego, it will be seen that the Brigade has good cause to be proud of the patriotic spirit evinced by its members. The number of men so far selected represents but a small proportion of the members of the Brigade who have volunteered for the service. Many of the nursing sisters have volunteered, but as the Army Nursing Reserve is more than equal to the requirements it has not been necessary to accept their offer.

THE PORTLAND HOSPITAL.

The staff of the Portland Field Hospital sailed on December 13th in the *Majestic* from Liverpool for South Africa. It is only fair to remember that the formation of this hospital is due to the initiative of Mr. George Stoker, who was a Commissioner of the South African Aid Committee in the Zulu war. The original proposal was to provide a purely civil hospital, to be under the direction of Mr. Stoker. A considerable sum was collected for that purpose, and Mr. Stoker and other surgeons, together with a number of dressers, students from various hospitals, were prepared to proceed with it to South Africa. It appears, however, that the War Office consented to accept the proffered assistance only on condition that the hospital was placed on a military footing and under military control. Under these circumstances, Surgeon-Major C. R. Kilkelly, of the Grenadier Guards, was appointed to the charge of the hospital, and Mr. Anthony Bowlby was nominated senior surgeon. The other members of the surgical staff were chosen by Sir Thomas Smith and Mr. Bowlby. The change in the constitution of the hospital has been a source of great

disappointment to those originally selected to take part in its work, many of whom had made all their arrangements and provided kit. The hospital has 4 nurses, 30 orderlies of the R.A.M.C., and 28 men provided by the St. John Ambulance Association.

LEGISLATION FOR MIDWIVES.

At a general meeting of the North-East London Medico-Ethical Society on November 30th, at the Hackney Town Hall, Dr. MAJOR GREENWOOD opened a discussion on the above subject. He drew attention to the cause that had led to the agitation for midwife reform—namely, the incompetence of many of the present class of midwives, and the mischief they caused to the lying-in, especially among the poorer classes. He contended that there was really no division of opinion in the profession as to the necessity of some reform, and that all the controversy was as to the shape this reform should take. He thought it very unfortunate that all the Midwives Bills hitherto drafted had been exactly copied from the Medical Acts, and would therefore appear as supplementary to them, and he thought that an unscrupulous midwife would be assisted by them to engage in illicit general practice; that this would be made plainer if men-midwives were admitted by the Bills in question. It was true they were not, but in all equity they ought to be. If they were he conceived that no one could be blind to the evil likely to be caused. He drew attention to the compromise argument, or argument of expediency, which he said he frequently heard in the mouths of eminent members of the profession: that they objected to these Bills, and had always done so, but, seeing that they were bound to come, they thought it would be advisable to take the wind out of their opponents' sails by adopting their Bills with improvements of their own. He disagreed with this principle. If the Bills were bad, the profession ought not to support them, and he denied that the Bills were bound to become law in the future. He pointed out the advantage of a constructive policy over a destructive, and that the opponents of these Bills would be relatively much stronger in their position if they had a policy of their own to put in the place of what they condemned. Legislation bristled with difficulties, but although the education of midwives was improving and would continue to improve without any Registration Bills, some kind of registration might be desirable. He would suggest a county register being kept of all midwives practising in the county; that each county council should appoint a Board chosen out the local practitioners, the medical officer of health being the person to examine all applicants for registration, unless they brought evidence of having passed an examination before another county Board. A registration of this kind would distinguish it altogether from medical registration, and the position of a midwife under such an arrangement would not be likely to be confounded with that of a medical practitioner.

Some discussion took place in which all the speakers agreed substantially with the opener of the discussion. Dr. Sequeira, the chairman, testified to the incompetency of many midwives in East London from the experience of thirty years in Whitechapel, but he thought they were better now than they used to be. All present strongly disapproved of the Midwives Registration Bills that had been brought forward up to the present time.

VISITATION OF THE QUEEN'S COLLEGE, CORK.

[FROM A CORRESPONDENT.]

In the charter granted to the Queen's Colleges in Ireland provision was made for the holding of visitations by a Board of Visitors, whose chief office is to inquire into the working of the Colleges, as well as to consider and decide regarding grievances which may be preferred before them by students or officers of the Colleges against the ordinances made by the College authorities.

On November 25th the Queen's College, Cork, received its visitation by this Board, on which, amongst others, the Presidents of the Royal Colleges of Physicians and Surgeons of Ireland sat.

The students took advantage of this occasion to make