

BMJ

The War In South Africa

Source: *The British Medical Journal*, Vol. 1, No. 2040 (Feb. 3, 1900), pp. 280-283

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20263349>

Accessed: 07/02/2015 11:54

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at
<http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Digitization of the British Medical Journal and its forerunners (1840-1996) was completed by the U.S. National Library of Medicine (NLM) in partnership with The Wellcome Trust and the Joint Information Systems Committee (JISC) in the UK. This content is also freely available on PubMed Central.



BMJ is collaborating with JSTOR to digitize, preserve and extend access to *The British Medical Journal*.

<http://www.jstor.org>

THE WAR IN SOUTH AFRICA.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XI.

THE HOT DRY SUMMER.

MR. FREDERICK TREVES'S letter from Frere Camp, which appeared in the last issue of the *BRITISH MEDICAL JOURNAL*, has been read with the greatest interest both by the medical profession and the public. His graphic descriptions of the little town and the parched brown veld of the African summer are admirable, and bring before us, as scarcely any other correspondent has done, a picture of the camp, "dry, dusty, parched, and restless under a blazing sun." The heat both at Frere Camp and in Ladysmith itself appears to have been great, even for an African summer. Thus Mr. Treves says that on one day it was 104° in the shade, and that a clinical thermometer in a bag lying in the tent registered 104.5° .

A despatch from Ladysmith by runner, dated January 21st, states among other things that the heat was 107° in the shade. A heat of this degree does, however, not infrequently occur during the summer months in the up-country towns of South Africa. Thus in Kimberley I have known the temperature over 100° F. in the shade daily for weeks together. With such weather as this it is of course usual, and in fact almost necessary in the normal condition of life, that people should remain almost entirely under shelter during the middle hours of the day; yet we read of our soldiers in one engagement after another exposed to the blazing sun throughout the entire day. Fortunately in the dry atmosphere of South Africa these extreme temperatures are not so oppressive as in moister climates; nevertheless a temperature of 100° in the shade means something a great deal higher in the actual sun, and where the sunlight actually falls on the body it produces a sensation almost as if one were being hit by a stick.

In the neighbourhood of Frere and the Tugela about Colenso the season would appear to have been unusually dry, a condition which is usually accompanied in the summer by excessive heat. Thus, Mr. Treves speaks of the river which is reputed to "run" through Frere as not running at all, but consisting of a series of dams full of brownish water. As a matter of fact, this is the normal condition of African rivers for about nine months in the year. It is only during the rainy season that they are actually full and flowing. We have read several accounts of the Tugela being in flood; but it must be remembered that the Tugela flows out of the main range of the Drakensberg, and that it is from rainfalls higher up that these floods are usually produced. It is a common feature of South African rivers to be flooded in this way by rainfalls in the mountains near their source, and to flow afterwards, it may be for hundreds of miles, in a roaring torrent 10 to 20 feet above their usual height through an arid, parched, and rainless country.

The spot where the Tugela emerges from the Drakensberg is but little known or visited, but it is of exceptional wildness and beauty. Emerging high up on the mountains, the river flows in a large body over the side of a precipice, and down this it falls broken by occasional ledges for 4,000 feet, until at last in the valley below it descends literally in the form of spray. The stream is thus changed during its downward course from a solid column of water into what is little more than vapour. The floods that occur in South African rivers frequently come suddenly down a dry river bed without warning, and it is by no means uncommon for carts and horses, or even waggons and teams of oxen, to be swept suddenly away in crossing by a flood of this description.

KIMBERLEY.

From both Ladysmith and Kimberley heliograms of considerable length have recently been published; and whatever depression may exist outside, there is no expression of this tone in the messages flashed forth by the garrisons. We are assured from Kimberley *via* Modder River on January 24th that both people and garrison are in good health and are going about their tasks cheerfully. An earlier heliogram of January 19th is equally satisfactory in its purport. Thus it says the De Beers Company has undertaken the work of the

sanitation of the town since the failure of the former contractors through the capture of mules, carts, etc., by the enemy. Readers of my letters will perhaps remember that this was one of the dangers I anticipated to the health of the town, but it has evidently been grappled with satisfactorily. The ordinary water supply having been cut off, that now in use is evidently pumped from the mines.

Owing to the wisdom and forethought of the authorities in regulating supplies, the community is still enabled to obtain the absolute necessities of life at normal prices, although eggs, fowls, vegetables, etc., are at famine rates. From these reports we may reasonably infer that Kimberley with a population of over 20,000 can continue to hold out for some considerable time, and we cannot allow ourselves to believe that, in spite of some of our reverses, this community will not eventually be relieved.

LADYSMITH.

The one item of intelligence which must be held to be satisfactory, whatever be the military course of events in Natal, is that the general health of the garrison is much better. From this we may infer that the typhoid epidemic is on the wane. Some people write as though the relief of Ladysmith were the only step necessary to terminate this epidemic, but it must be borne in mind that typhoid fever is not dependent on a state of siege, nor would it vanish at the raising of the siege. It will continue so long as men susceptible to its attacks continue to drink a polluted water supply without boiling it.

The entire evacuation of the town would of course terminate an epidemic dependent on local causes, but should occupation in any form continue it is obvious that the radical cause of this epidemic must be traced and grappled with. A Reuter's telegram of January 21st says that the fever has abated in the garrison doubtless owing to the dry weather. This may possibly afford some explanation, for as I indicated in my last letter one of the dangers of these tropical rains is that surface drainage, and occasionally even flooded latrines, flow into the river and springs, or other sources of water supply; thus every thunderstorm, unless careful precautions are taken, may be the cause of fresh poisoning of the supply. The question of the commissariat in Ladysmith now becomes, if possible, of deeper interest than ever, and remembering the reason assigned for the change in the original plan of campaign, it is as gratifying as it is surprising to read messages so late as January 24th speaking of the supplies still spinning out splendidly.

MAFEKING.

Again an interesting letter appears in the *Times* of January 29th, dated "Mafeking, December, 1899," in which the writer states that "immense stocks of food supplies had been stored in the town. It is the knowledge of the valuable stores which are lying here which has inspired the Boers to court us so assiduously." From this we may fairly assume that Mafeking, at least, can hold out very much longer if necessary; and, on the other hand, if it has been reinforced by the troops from Southern Rhodesia, as is stated from Transvaal sources, it may prove a valuable base.

This statement, though unconfirmed, is not in itself improbable. As I pointed out in my last letter, one of the difficulties which a force from Rhodesia coming south would have to contend with would be a certain amount of malarial fever, and probably a considerable amount of horse sickness in the low country, but apparently the greater portion of this low country must have been traversed early in the summer, and at Gaborone the force would be already emerging into the higher veld.

TYPHOID AT MODDER RIVER.

Although the health of Lord Methuen's force has been reported to continue good, it is to be noted that on January 18th, 20th, and 22nd three deaths from typhoid have been reported. It is strongly to be hoped that energetic measures will be taken to arrive at the cause, and that prevention of further attacks will be found practicable.

LYDDITE.

A letter has been received from a correspondent asking as to the physiological causes of death after the explosion of a lyddite shell. I have raised this question already in one of my

letters, and had hoped that some of the readers of the BRITISH MEDICAL JOURNAL would have offered explanations. Judging from the published accounts, it would appear that the main effects of lyddite are due to shock produced by the concussion, such as is caused, for instance, by the explosion of dynamite. The effect of the explosion of dynamite on man I have observed on many occasions. The most terrible explosion that ever came under my notice, and probably the most terrible that ever occurred, was that in 1896 of three trucks laden with dynamite which were standing in Johannesburg outside the goods station. The dynamite was of inferior quality, being of Transvaal manufacture, and the Hollander officials were shunting the trucks. The result was an explosion which blew to powder every house within a radius of some 200 yards, which wrecked houses for a further radius of 600 yards, and which partially wrecked some buildings three quarters of a mile away. Thus I can well remember that one side of the Wanderer's Pavilion, which was afterwards used as a temporary hospital, three quarters of a mile from the scene of the disaster, was blown in. The effect on men, women, and children in the neighbourhood was terrible. Fortunately the houses were scattered and the population not dense, but some hundred were killed and another hundred more or less seriously injured. Of those killed, some showed actual injury from falling stones and timber, others showed no visible sign of external violence. Among the wounded were many cases of ruptured tympanum with hæmorrhage from the ears. The effects, I take it, were due to concussion, or, in plainer English, were the result of an actual blow from the surrounding atmosphere. The tremendous development of gas produced, as in the case of all explosives, an instantaneous and terrific increase of pressure in the atmosphere immediately surrounding the explosion. It is in this way that lyddite acts, and it is presumably in this way that sheep within an acre of the explosion of one of our largest shells are said to have been nearly all killed.

BOER MEDICAL CORPS.

The *Globe* of January 25th contains interesting details from a letter written to a friend in Berlin by Dr. Schneider, surgeon in chief to the Transvaal forces, which I trust Sir James Sivewright has read. He (Dr. Schneider) says that the needs of the Boers with regard to surgeons, bearers, bandages, and other appliances are better provided for than is generally supposed. In 1896 to 1897, he remarks incidentally, enormous stores of arms and ammunition, both from England and Germany, were imported into the Transvaal, and Germany's chief share in the work of preparation consisted in supplying the Transvaal with surgical instruments, drugs, and hospital appliances. To this end £500,000 have been spent for the Boer Army Medical Service, which is now thoroughly equipped. He says: "We have some English surgeons who are old settlers in the Transvaal, and who have volunteered for service in the Transvaal army, but the Boer troops show no confidence in them."

Referring apparently to the operations around Ladysmith he states that the severely wounded are sent by rail to Harrismith or to Glencoe as quickly as possible, where the Boer women have gathered themselves together, and friend and foe are most carefully attended. The writer says that wounded Englishmen fall so frequently into their hands that the surgeons are most busily engaged with them. The wounded have, as a rule, almost the same treatment; there is always ready for them a supply of fresh milk, bread, meat, and wholesome soups. "It is only natural that we German surgeons should give our first attention to the Boers, but so far we have never forgotten the Englishmen." In case of a great battle where many on both sides would have to be attended to, the writer says that "the Boer surgeons would not suffice to meet the claims made upon their services, and, as a matter of course, would have to leave the wounded English to their sufferings." This necessity might, we suppose, arise, but it must be a painful one for any surgeon with a proper sense of the duties of his vocation to anticipate. One of the honourable traditions of our profession is that such succour as we can offer is freely given to friend and foe alike, and that a surgeon holding a high position, even with the Boer forces, should think it necessary to make the statement quoted above causes a somewhat painful impression.

THE DESPATCHES.

The despatches published in the *London Gazette* of January 26th, dealing with the operations in South Africa down to December 28th, 1899, contain some references to the work of the Army Medical Department which are eminently satisfactory.

Belmont.

In the action at Belmont on November 23rd, in which the first movement was made at 3 A.M., and which terminated at about 6.10 A.M. by the capture of the heights and the retreat of the enemy, the casualties, it will be remembered, were 54 killed and 238 wounded. In addition 20 of the enemy's wounded were taken into the British hospital. Lord Methuen in his despatch of November 26th, written from Enslin on November 26th, writes as follows with regard to the medical arrangements of this fight:

"By 10.30 my division was in camp; by 1 all my wounded were in a comfortable house being carefully tended; by 5 P.M. next day the hospital train conveyed the less severe cases to Orange River, the graver cases to Capetown. This is the most perfect work I have ever heard of in war, and reflects the highest credit on Colonel Townsend."

Enslin.

In this action the force under Lord Methuen started at 3.30 A.M. on November 25th, and was in action at 6.30 A.M. Lord Methuen describes the fight as far harder than at the previous engagement. The Naval Brigade and the Ninth Brigade were left to protect the guns, or assault a position if necessary; the Guards Brigade and two companies of the Munster Fusiliers were left to defend Belmont Station. The main idea of Lord Methuen's operation was to march a division at once to Swink's Pan, to work one battery round each flank, and to send cavalry and mounted infantry well forward with the object of capturing the eastern force. The operation was successful, but the casualties were 24 killed and 166 wounded. In addition to his own wounded Lord Methuen found over 30 wounded in the Boer hospital at Enslin. He makes the following observation with regard to the arrangements carried out by Colonel Townsend, R.A.M.C.:

"I again draw attention to the exceptional organising power of Colonel Townsend at Swink's Pan. At 11.30 P.M. I was informed that, owing to all the ambulances having been used for taking the wounded to the train at Belmont, I had scarcely a field hospital mounted officer, only three ambulances, and three stretchers. I knew I had to fight next morning, so got together fifty blankets in order to carry wounded with the help of rifles. I also sent to Colonel Townsend to make arrangements for wounded by 3 A.M., a messenger having to ride seven miles to him. He met me on the field with a full supply of ambulances, and I never saw anything more of him or the wounded, because he had a train ready for them between Grass Pan and Belmont. His only complaint is that there is not much of his mules left, an observation which applies equally to men and animals."

Modder River.

In this action, which was fought on November 28th, beginning at 4 A.M., the number of casualties was 72 killed and 396 wounded, Lord Methuen concludes his despatch by the following observation of the work of the Royal Army Medical Corps: "Again I call attention to the splendid hospital arrangements, for at 4.45 P.M. on the day after the fight all my wounded were on the way to Capetown. I am glad to have been slightly wounded, because in no other way could I have learnt the care taken of the wounded, and there was nothing officer or private soldier required that was not provided at once, and the medical officers never tired in their endeavour to alleviate suffering."

The despatch also contains the following mention:

"He (Colonel Paget) draws attention to Captain Moores, R.A.M.C., who, although wounded in the hand, said nothing, but continued his duties."

Natal.

Sir Redvers Buller's despatch with regard to the reverse at Colenso does not contain any reference to the work of the Royal Army Medical Corps or of the hospitals, but Major-General Hildyard, in his report on the night attack on Beacon Hill, near Estcourt, Natal, on November 19th, states that

"Major Rickets commanded the bearer company, and did good service both at the time and in connection with the removal of the wounded."

It will be remembered that the force by which the attack was made was under the command of Colonel Kitchener. Early in the night there was a storm of extreme severity, and the men lying out in it amongst the rocks were exposed to its full force. The hill was successfully taken and some thirty horses captured, but, in accordance with instructions, was at once evacuated. Owing to the nature of the ground, it would appear that there was considerable difficulty in removing our wounded. The cavalry, under Lieutenant-Colonel Martyr, assisted in the work of getting the wounded of the 2nd Battalion West Yorkshire Regiment down the hill.

THE CLASSIFICATION OF WOUNDED.

The casualty lists issued by the War Office usually contain indications of the severity of the wounds received. As the system of classification followed is probably not generally understood, it may be of interest to explain it.

"Wounded" is used as an inclusive term, and gives no indication of the severity of the injury. It is used only in preliminary statements forwarded home before the medical officers have had time to examine all the wounded and make a classified term.

Three classes of wounds are recognised: "Dangerous," "severe," and "slight;" but if a man is dangerously wounded and likely to die it is usual to state that his wound is "probably mortal." The actual classification is of course made by the medical officer on the spot.

It is impossible to attempt to specify the nature of the wounds which would fall into these several classes, but it may be said that a simple flesh wound would be entered as slight, a wound implicating bone or joint would be entered as severe, and a wound penetrating the abdomen, chest, and brain would be entered as dangerous.

THE YEOMANRY HOSPITAL.

ALL the arrangements for the despatch of the Yeomanry Hospital to South Africa are now in an advanced state. The entire male *personnel*, 150 in number, including the medical officers and ten dressers, will go by the *Majestic*, which is expected to reach England very shortly. She will take some days to coal and clean, but it is hoped that she may be ready to sail on February 10th or 12th. The nurses will follow on February 10th on a liner, as neither the *Majestic* nor any other transport has accommodation for ladies. With the nurses will go about ten female servants and ward maids. The *matériel* of the hospital is timed to arrive before the staff, who will find sufficient accommodation in the form of huts and tents already erected.

The site of the hospital has not yet been quite definitely settled; there seems to be some possibility that it will be established at De Aar, or some other advanced point on the lines of communication of the strong force which, it is believed, will now be pushed forward through the southern border of the Free State, according to the original plan of campaign. Of course the ultimate site of the hospital will be determined by the Commander-in-Chief, Lord Roberts, and the Principal Medical Officer, Surgeon-General Wilson. In any case this hospital will be of the nature of a base hospital, as is sufficiently shown by the fact that it has a staff of lady nurses who are not employed in field or stationary hospitals near the actual front.

There is a proposal to provide a Yeomanry Field Hospital, but this, we understand, has not yet taken definite shape. The medical staff, which has been selected from a very large number who have offered their services, is very strong and efficient, and Mr. Fripp is to be congratulated on the successful completion of this somewhat difficult initial task. He has been presented by the Princess Christian with a very complete dressing case filled with instruments for his personal use.

Mr. L. Vernon Cargill, F.R.C.S.Eng. (Assistant Ophthalmic Surgeon to King's College Hospital) will be in charge of the ophthalmological department and the Roentgen ray department will be under the direction of Mr. J. F. Hall-Edwards, L.R.C.P. (Surgeon Radiographer to the General Hospital, Birmingham), who has authority to obtain all the necessary appliances.

The staff of nurses has been carefully selected, and we understand that Lieutenant-Colonel A. T. Sloggett, R.A.M.C., the military medical officer in command, is very well satisfied with the non-commissioned officers and hospital orderlies who have been attached to the hospital.

The public has responded generously to the appeal for funds, and in addition a very large proportion of the equipment of the hospital has been given. The various firms that cater for the wants of the medical profession have been second to none in their generosity, and Messrs. Down Brothers, who are supplying the instruments at prices very advantageous to the hospital, have presented a quantity of enamelled metal furniture for the operating theatre, including a "raise and lower" operating table.

The following additional appointments completing the medical staff have been made:

Mr. L. Vernon Cargill, F.R.C.S.Eng. (Assistant Ophthalmic Surgeon to King's College Hospital); Mr. John F. Hall-Edwards, L.R.C.P. (Surgeon-Radiographer and Photographer to the General and Royal Orthopaedic Hospital, Birmingham); Mr. A. P. Parker, M.B., B.Ch.Oxon. (Middlesex Hospital); Mr. H. W. Bruce, M.D.Lond., B.S. (Guy's Hospital); Mr. L. E. C. Handson, M.B., B.S.Lond. (Guy's Hospital); Mr. G. E. Richmond, M.B., B.S., B.Sc.Lond. (Guy's Hospital); Mr. R. T. Fitzhugh, M.B., B.S.Lond. (Guy's Hospital); Mr. Barclay Black (Auckland, New Zealand).

The following senior students have been appointed dressers to the hospital:

Mr. J. Atkins, Mr. A. Ayre Smith, Mr. C. W. Breeks, M.B., C.M.Édin., Mr. A. de V. Blathwayt, Mr. D. J. Greenfield, Mr. W. B. Hay, Mr. A. Pearson, Mr. A. C. Ransford, Mr. Owen Richards, M.A.Oxon. (Fellow of New College), Mr. E. N. Thornton.

CAPTAIN C. DALTON, R.A.M.C.

Captain Charles Dalton, R.A.M.C., who was severely wounded during General Barton's operation at Chicvoley on January 23rd, obtained the commission of Surgeon-Captain in January 1891. He received his medical education in Carmichael School, Dublin.

THE IRISH HOSPITAL.

The first parade of the staff of the Irish Field Hospital given by Lord Iveagh for service in South Africa, took place on January 20th at the Royal Barracks. Sir William Thomson, Surgeon-in-Chief, inspected the men and was greatly pleased with their appearance. The men were inspected at the Royal Barracks, Dublin, on January 31st by Major-General Gossett, C.B., Commanding the Dublin District. They leave Dublin on Friday morning for the East India Docks, London, where they embark on the ss. *Montford*, which has been specially chartered to convey them to South Africa. On Saturday they will be inspected by His Excellency the Lord Lieutenant of Ireland and Lord Iveagh on board the vessel. Sir William Thomson leaves Southampton this day (Saturday) by mail steamer, so as to arrive in Capetown a little in advance of the remainder of the staff, with the view of making the necessary arrangements for its departure to the front.

HOSPITAL ARRANGEMENTS.

Captain E. G. Powell, R.A.M.C., now doing duty with the Coldstream Guards, has been selected for service with Mr. Van Alen's hospital about to go to South Africa.

The three bearer companies and three field hospitals to be attached to the 8th Division will be a heavy drain on the remaining resources. The units will concentrate at Aldershot.

The draft of St. John Ambulance Association members who joined at Aldershot has been distributed as follows: 50 to No. 6 General Hospital, Portsmouth; 20 to No. 5 Stationary Hospital, Woolwich; 10 to No. 20 Field Hospital; and 8 to No. 20 Bearer Company, both at Aldershot.

A general hospital with accommodation for 520 patients has been established at Mooi River, and sick and wounded have begun to arrive.

The New South Wales Medical Corps provided a whole bearer company for the recent Sunnyside expedition. Its field hospital at Orange River has been in great request, and extra accommodation has been provided. Three of the ambulances and two medical officers are kept at Belmont, and two ambulances at Zoutpansdrift. The health of the corps was said to be excellent.

The Belgian Ambulance Corps, numbering about 60 persons, including a dozen nurses, has arrived at Lourenço Marques. The party left by special train for Pretoria on January 9th.

CIVIL HOSPITAL ACCOMMODATION.

The following hospitals and convalescent homes, in addition to those already announced, have, in response to a circular from the War Office, undertaken to provide the number of beds indicated for the use of the sick and wounded returning from South Africa:

University College Hospital	...	...	20
Middlesex Hospital	...	...	30
St. Thomas's Hospital	...	...	25
London Temperance Hospital	...	...	10
Hospital for Consumption, Brompton	...	...	10
Royal Orthopædic Hospital (London)	...	...	10
Lewisham Union Infirmary	...	...	28
Royal South Hants Infirmary	...	...	26
Hunstanton Convalescent Home	...	...	40

Claremont Medical and Surgical Sanatorium, Cape Colony, three floors of the new wing of the building (now occupied by wounded officers).

THE ARMY NURSING SERVICE AND RESERVE.

In view of the interest taken in all matters affecting the welfare of the sick and wounded at the present time, it seems well to give the following particulars as to the qualification of candidates for the Army Nursing Service and the Army Nursing Reserve, and of their conditions of service.

THE ARMY NURSING SERVICE.

The Nursing Service of the army is classified as follows: (1) Lady superintendent of nurses, (2) superintendents, (3) nursing sisters. The two former classes are as a rule, but not necessarily, each filled up from the grade below it by selection, on grounds of experience, administrative capacity, and personal fitness.

QUALIFICATIONS OF CANDIDATES.

A candidate for the appointment of superintendent or nursing sister must not be under 25 or over 30 years of age, and must have had at least three years' preliminary training and service combined in a civil general hospital. She must also be of British parentage or a naturalised British subject, and will be required to produce

- Evidence of age.
- A recommendation from a person of social position (not a member of her own family) to the effect that the candidate's family is one of respectability and good standing in society, that she is in every way a desirable person to enter a service composed of ladies, and that she possesses the tact, temper, and ability qualifying her for appointment to the Army Nursing Service.
- A statement, signed by the candidate, showing whether she is single, married, or a widow; whether a member of a sisterhood or society, and giving particulars of the place and duration of her hospital training, which must have been undergone for at least twelve months of the time in a civil general hospital where adult male patients receive medical and surgical treatment, and in which a staff of nursing sisters, under a matron, is maintained.
- Certificates of efficiency in medical and surgical nursing from the medical officers under whom she has served.
- A recommendation from the matron of the civil hospital at which she was trained.
- A certificate from a qualified medical practitioner that she is in good health.

A candidate must state in addition (1) what experience she has had in hospital supervision; (2) what she personally understands by the duties of a superintendent and the execution of medical orders.

The certificates of age, qualification, and character in original must accompany the declaration form, which will be supplied to candidates by the Director-General, Army Medical Department.

On being nominated for an appointment a candidate will be required to undergo a period of six months' probation at the Royal Victoria Hospital, Netley, for the purpose of further testing her suitability for the Army Nursing Service.

THE ARMY NURSING SERVICE RESERVE.

The Army Nursing Reserve is formed for the purpose of supplementing the regular nursing service of the army in the event of war on any extended scale. In time of peace it is under the control of a specially constituted Committee, of which H.R.H. Princess Christian of Schleswig-Holstein is President, but in time of war the nursing sisters are entirely under the control of the War Department.

The Army Nursing Reserve consists of 100 or more nursing sisters, a certain number of whom may be detailed by the military authorities as acting superintendents. As a rule, the sisters are only expected to replace in military hospitals at home those members of the regular army nursing service ordered abroad, but, in case of pressing emergency, a certain proportion (selected from volunteers) are called upon to proceed on service at short notice.

A candidate for the appointment of nursing sister must not be under 25 or over 35 years of age, and must have had at least three years' preliminary training and service combined in a civil general hospital. She will be required to produce:

- Evidence of age.
- A recommendation from a person of social position (not a member of her own family) to the effect that the candidate's family is one of respectability and good standing in society, and that she is in every way a desirable person to enter a service composed of ladies.

c. A statement, signed by the candidate, showing whether she is single, married, or a widow, and whether she is a member of a sisterhood or society. The statement should also give particulars of the place and duration of her hospital training, which must, for at least three years, have been in a civil general hospital.

d. Certificates of efficiency in medical and surgical nursing from the medical officers under whom she has served.

e. A recommendation from the matron of the civil hospital at which she was trained, who must certify that she possesses the tact, temper, and ability qualifying her for appointment to the Nursing Service Reserve of the army. Ability to speak and write one or more foreign languages will be considered an additional qualification, and will give preference in selection.

f. A certificate from a qualified medical practitioner that she is in good health.

The certificate of age, qualification, and character must accompany the declaration form which will be supplied to candidates by the Secretary, Army Nursing Service Reserve, 18, Victoria Street, S.W.

PAY AND ALLOWANCES.

The regulations as to the pay and allowances for the Army Nursing Service and Reserve may be briefly stated as follows:

Superintendents and nursing sisters are supplied with public quarters (or with lodgings at the public expense) and with fuel and light.

Pay.—A nursing sister receives £30 for her first year of service, and an increase of £2 after every year of satisfactory service until she receives £50 yearly. When a member of the Army Nursing Service Reserve is called up for duty she receives pay at the rate of £40 a year. A senior nursing sister or a member of the Army Nursing Service Reserve called up for duty, when appointed superintendent, receives in addition pay at the rate of £20 a year.

Allowances.—A special allowance, in lieu of board and washing, at the rate of 13s. a week at a home station, or of 3s. a day at a station abroad when rations in kind are not supplied and of 3s. 6d. a week when they are supplied, will be granted to such nursing sisters, and a special allowance for the provision of clothing. Annual clothing allowance: abroad £4 7s., at home £4; triennial winter cloak allowance £2; triennial summer cloak allowance £1 5s. An allowance of 10s. 6d. a week for board, etc., will be granted to the servant appointed to attend on nursing sisters. The other allowances at stations abroad, including the allowance for servants, will be at rates not exceeding those of a departmental officer of subaltern rank.

Pension.—A superintendent or nursing sister of the Army Nursing Service, retired owing to attaining the age of 60, or owing to having been rendered unfit for hospital duty through disease or injury after ten years' service, receives a pension equal to 30 per cent. of her pay for the preceding year plus 2 per cent. of her pay for each additional year's service, to a maximum of 70 per cent. Special pensions and gratuities may be granted under exceptional circumstances.

LITERARY NOTES.

The new German *Pharmacopœia* will probably not be published till March or April.

For many years Greek practitioners have had no *Pharmacopœia* to guide them in prescribing. Dr. A. Damberghis, Professor of Pharmaceutical Chemistry in the University of Athens, has now supplied this want. His work has been recognised, by decree of the Minister of the Interior, as the official Greek *Pharmacopœia*.

We are glad to learn that Sir Joseph Fayrer, Bart., K.C.S.I., has written his *Reminiscences*. They ought to form a very interesting book. Sir Joseph Fayrer is, we believe, one of the very few men who have held a commission in the medical services of the navy and of the army and in the Indian Medical Service. The greater part of his service, however, was in India, and the story of his life contains many stirring episodes. He was in Rome in the troubled times of 1848-49; saw service in the first Burmese war; and was one of the beleaguered garrison in Lucknow all through the memorable siege of that town during the mutiny. The volume, which will contain some twenty or thirty illustrations, will, we understand, be published very shortly by Messrs. Blackwood.

Dr. S. G. Zervos of Athens claims for Hippocrates the honour and glory of having discovered the therapeutic usefulness of the wet compress, which is generally attributed to Priessnitz, the apostle of the water cure. In proof of this claim he cites the following passage from the *Father of Medicine* (Littre, *Œuvres Complètes d'Hippocrate*, t. ii, p. 269):

In pain of the side.....it is not inappropriate to use in the first instance fomentations with the object of relieving it. Of fomentations, the most potent is hot water enclosed in a leather bottle.....It is well also to apply a large soft sponge steeped in hot water, and squeezed out; the fomentation should be covered with cloths; in this way the heat will be longer maintained.

The late Dr. William A. Hammond, like that other eminent neurologist Dr. Weir-Mitchell, took to the writing of fiction in his later years. His first novel, entitled *Lal*, achieved considerable success. It was followed by four or five others, which were not equally appreciated by the reading public.