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With The South Natal Field Force

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of the minor difficulties which attend transport in a country where every stream is, as it were, sunk in a deep trench with precipitous sides.

On January 18th the hospital moved on six miles to the Great Tugela, and the tents were pitched under Mount Alice, where the big naval guns were placed, not far from Spearman's Hill. On January 23rd, the day before Spion Kop, orders were suddenly received to increase the hospital by 100 bell tents, which meant being ready for 500 more patients, or



Fig. 3.—The operating theatre of No. 4 Field Hospital, showing the operating table made of biscuit boxes. The officer standing at the tent door is Major Mallius, R.A.M.C., and the lady is Miss McCaul, one of Mr. Treves's nurses.

800 altogether, although no increase of the staff was possible. The tents were ready, however, by the next day, and on January 25th the wounded began to pour in until late at night, carried by the Volunteer Ambulance Corps (organised by Colonel Gallwey) and the coolie bearers. Some 300 wounded were at once sent on the 25 miles to Frere, but the hospital that night contained some 600 others. Additions later brought up the total which the hospital had to accommodate to about 700. Altogether the hospital stayed three weeks at

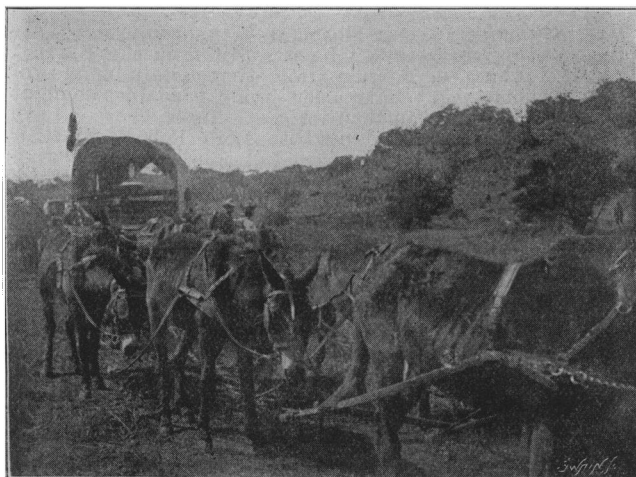


Fig. 4.—One of the ambulances of No. 4 Field Hospital waiting to cross a drift.

the camp near Spearman's Hill, and dealt with over 1,000 wounded in that time. The army began to retire on February 8th, and when, on the next day, the order came to the hospital to move, there were still about 150 serious cases under treatment. These were all carried by hand on stretchers across the veld 25 miles to the railway at Frere. By transporting the wounded in this way instead of in the

ambulance waggons, which are of a clumsy pattern made strong to go anywhere, much suffering was prevented, and in Mr. Treves's opinion many lives and limbs saved.

At Frere, which was reached on February 11th, the wounded were again placed in the hospital, and as soon as possible moved on by train to Mooi River Base Hospital, or to the hospital ships at Durban. These trains were improvised by Major Brazier-Creagh, R.A.M.C., who did wonders with the material at his disposal. Unfortunately the carriages had no through communication, and it was difficult to arrange their conversion. However, by hard work and the expenditure of much energy and ingenuity, Major Brazier-Creagh overcame all superable obstacles, and made the best of insuperable defects. Fig. 2 is from Mr. Treves's photograph of one of these trains, and shows the bearers at work getting the wounded into the carriages. Through the windows the white bed linen of the upper tier of beds can be seen. It was part of the general unpreparedness that there were no hospital trains in Natal. This defect has recently been repaired by the arrival of the Princess Christian Hospital train built for the Red Cross at Birmingham, and despatched to South Africa after the battle of Colenso was fought—not a conspicuous example of the alleged superiority of voluntary effort over official methods. The War Office has no train ready and does not prepare one; the Red Cross has no train built, but does set to work to build one (one for three armies resting on three different lines of railway), and manages to get to work six months or thereabouts after the beginning of the fighting.

WITH THE SOUTH NATAL FIELD FORCE.

FROM AN OCCASIONAL CORRESPONDENT.

THE FIGHT INTO LADYSMITH.

To appreciate fully the magnitude of the task accomplished by the troops under Sir Redvers Buller, one must have seen the district around Colenso. Opposite this village the Tugela is a broad and rapid river with steep and rugged banks, which changes its course continually. For months past it has been unfordable, and the only bridges crossing it had been destroyed by the Boers. On either side of the river are irregular ranges of hills, which are divided by deep ravines into innumerable kopjes of every conceivable shape. These vary in height from 500 to 2,000 feet above the surrounding plain. Many of them are almost perpendicular, and most of them are thickly covered by dense mimosa scrub and huge boulders, so that an army corps could be hidden amongst them without a man being visible. Each kopje bristled with strong and deep trenches so skilfully constructed that as each one was captured it was exposed to a withering fire from all sides. To add to our difficulties, the plain between Colenso and Ladysmith is studded with kopjes, which completely command both the road and the railway. The seeming impossibility of the task might well have caused even the bravest troops to hesitate, and it was only after four stubborn attacks, which extended over a period of 28 days' hard fighting, that the position was finally carried.

The strain which this entailed on our troops can only be realised by those who were present. Imagine an attack which lasted continuously for 17 days, as did the final one on the Boer position. During the whole of that time the troops slept on the hillsides, amidst thunder storms and rain, with not even a great coat to cover them. No words can do justice to their courage, heroism, fortitude, and cheerfulness under all the hardships and privations to which they were exposed.

Ladysmith, the goal of all our hopes during so many long and weary days, may be described as a town in corrugated zinc situated in an oasis of palms and eucalyptus trees. Stretching away to eastward of the town is a large circular plain some six miles in diameter. On the south-east margin of the plain rises Umbulwana Hill. Except to eastward the town is surrounded by barren stone-clad hills, prominent amongst them being the famous Wagon Hill, with Caesar's Camp to the south. Whilst wandering through Ladysmith, one is forcibly struck by its wonderful state of preservation. An angle knocked off the clock tower of the Town Hall, another off the porch of the Roman Catholic chapel, and an occasional circular hole through some stray house is all that remains to

tell of the fierce and long-continued siege and bombardment which it so successfully resisted. Amongst the troops and inhabitants, however, languid movements and pale and haggard faces showed clearly the effect of restricted rations and days and nights of broken rest. Considering the number of men and animals that were shut up in the town for four long months its sanitary condition is marvellous. Noxious smells are absent, and our entrance into Ladysmith was attended by an almost complete relief from the swarms of flies which plagued us at Colenso. The health of the garrison has naturally suffered much. At the time of the relief there were considerably over 2,000 sick and wounded in hospital, 800, it was said, were suffering from enteric fever. It is currently rumoured that the Principal Medical Officer, Colonel T. J. Gallwey, C.B., is making arrangements to send as many of the Ladysmith sick as possible to Durban, where they will be placed on board hospital ships and sent for a sea voyage.

MEDICAL ARRANGEMENTS.

As the relief column advanced against the hills south of the Tugela the field hospitals were steadily pushed forward from Chieveley until they rested on the south slopes of Monte Cristo and Hlangwana Hills. On February 21st the 5th (Irish) Brigade captured Oolenso. The same evening the brigade crossed the Tugela and occupied the hills around Fort Wylie. On February 22nd four field hospitals were moved across the pontoon bridge, which had just been constructed, and encamped on a large plain east of Fort Wylie, on the north side of the river. Whilst in this position the hospitals were vigorously shelled by the Boers, especially those under Lieutenant-Colonel G. T. Goggin, Major N. R. Cree, and Major G. H. Younge.

As the troops worked round the Boer left flank it was found impossible to send the wounded back in the direction of Fort Wylie, as the greater part of the road was exposed to the enemy's fire. The hospitals were, therefore, ordered to recross the Tugela, and to advance along its south bank in the direction of Ladysmith.

The evacuation of the field hospitals is unfortunately becoming increasingly difficult owing to the hospitals at the base and on the lines of communication being blocked with sick and wounded.

THE RED CROSS.

Numerous complaints have from time to time appeared as to the Boers failing to recognise the Red Cross. For instance, the field hospitals were repeatedly shelled at Spion Kop, at Vaal Krantz, and again at Fort Wylie. I do not believe for a moment, however, that this was done intentionally. It must be remembered that the Boer guns were firing at ranges varying from 6 to 8 miles, or even more, and at these distances it would be manifestly impossible to see the Red Cross flag. The hospital tents being the most conspicuous objects in the field naturally attracted the enemy's fire. In future campaigns, however, it would be well if all tents and ambulances were khaki-coloured. These would be practically invisible at long ranges, and would in every way be a very great improvement on the present light-coloured tents and ambulances.

LYDDITE.

During the actions around Colenso we had many opportunities of studying the effects of lyddite amongst Boer prisoners who were brought in wounded. Some of the wounds were quite ghastly. In one prisoner, admitted into the 5th Brigade Field Hospital, a fragment of shell had carried away the upper part of the sternum, several of the upper ribs, and the greater part of the adjoining shoulder, leaving the lung exposed to view. Part of the same shell had smashed the right femur, and opened the knee-joint. The patient was, however, progressing favourably when he left for the base. The exposed parts of the skin of many of the prisoners was stained of a bright yellow colour by the lyddite fumes, and washing had no apparent effect on the discoloration.

DRY ANTISEPTIC DRESSINGS.

The dislike, not to say suspicion, which both officers and men entertain towards dry antiseptic dressings is very remarkable. This arises in part from a desire to have the wounds exposed daily, so that they may see how

they are progressing; and in part from an inability to understand the advantages of antiseptic surgery. Wounded men will adopt almost any device, such, for instance, as deliberately soiling the bandages to ensure a change of dressing. If the dressings are not changed daily, many of them believe that they are being grossly neglected. The advantages of dry antiseptic dressings have, however, been clearly demonstrated during the present campaign, and it is certainly time that the army generally grasped the principle which underlies them.

BOER AMMUNITION.

At the battle of Colenso the bullet wounds were without exception caused by ordinary Mauser bullets. Not a wound was seen which even remotely suggested an expanding bullet. At Spion Kop, however, several of the wounds showed that expanding bullets had been used. When the Boer position at Monte Cristo was captured quantities of their ammunition fell into our hands. Amongst this were found Martini-Henry, Mannlicher, sporting Lee-Metford, sporting soft nosed, and Jeffrey's sporting cartridges. The latter are especially destructive. The tip of the envelope is removed and the nickel coating is scored longitudinally at four points. When it strikes a part of the bullet breaks and fattens out like a mushroom, inflicting a truly ghastly wound.

NUMBERING OF FIELD HOSPITALS.

Before leaving England the field hospitals were numbered consecutively from No. 1 upwards without any reference to the brigade to which they belonged. On taking the field it was found that this gave rise to constant mistakes and inconveniences. Finally the number of the hospital was changed to correspond with that of the brigade to which it belonged (as for instance the 1st Brigade Field Hospital)—a change which greatly simplified matters. This system should certainly be adopted in future campaigns, as under it the number of the hospital at once denotes the brigade to which it belongs.

During the attack on Pieter's Hill it was rumoured that Captain J. H. Campbell, R.A.M.C., attached to the King's Royal Rifles, had been recommended for the Victoria Cross. Captain Campbell was informed that some men of the regiment lay wounded on a kopje about 400 yards away. He walked to the kopje through a fire which was so fierce that he was almost hidden by the dust which was raised by the bullets. Strange to say he escaped without a scratch, but was wounded a day or two later whilst on duty with the regiment.

CHARGES AGAINST HOSPITAL MANAGEMENT.

Since writing the above I have learnt from the *BRITISH MEDICAL JOURNAL* of February 10th that certain charges of defective management have been brought against some at least of the hospitals in South Africa. These charges have been officially contradicted by both Lord Roberts and Sir Redvers Buller. How easily charges of this kind may originate is shown by an incident which occurred after the battle of Colenso. Two wounded men complained to their commanding officer whilst he was visiting the hospital, that they had had nothing to eat for two days. On inquiry it turned out that both the men were severely wounded, and were for good reasons only allowed fluid nourishment. An ample supply of milk and beef-tea had been ordered for them, and they admitted that they had received the whole of it. As, however, they had not had solid food they complained that they had had nothing to eat.

THE PASTEUR INSTITUTE OF ALGIERS.—The *Annales de l'Institut Pasteur* of March 25th contains a report by Dr. Trolard, Director of the Pasteur Institute of Algiers, of the work done at that institution from November 1st, 1894, when it was opened to December 1st, 1898. Since its foundation the Institute has received 1,836 persons who had been bitten by rabid animals. The animals which inflicted the bites were dogs in 1669 cases, cats in 130, asses in 9, jackals in 6, monkeys in 3, oxen in 2, goats in 2, while a mule, a horse, a sheep, and a hare are each accountable for 1. In addition to the 1,836 cases, preventive treatment was carried out in 10. Among the whole number there were 9 deaths; a mortality of 0.49 per cent.