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THE WAR IN SOUTH AFRICA.

WITH LORD METHUEN'S FORCE.

By Surgeon C. MARSH BEADNELL, R.N.

*Camp, Modder River, South Africa,
November 30th, 1899.*

THE BATTLE OF MODDER RIVER.

ON Tuesday, November 28th, 1899, was fought the battle of Modder River. It commenced with an interchange of shots between our scouts and the enemy's front line, at 5.30 A.M., and the firing, both artillery and rifle, continued almost without intermission till one hour and a half after sunset, when our troops retired about half a mile.

We, the Naval Brigade, slept in the train the previous night, with our guns in the trucks. At daybreak we detrained, and got our four 12-pounder long range guns into action on the left of the railway, facing N.E.

THE NAVAL BRIGADE.

I have roughly indicated our mutual positions in the annexed sketch. The naval guns endeavoured to silence the Boer artillery directly ahead of them, shell after shell appa-

rently exploding right on their guns, but each time, to our great dismay and disappointment, the enemy again opened fire. They were, however, eventually silenced about 4 P.M. On going over the enemy's position on the other side of the river on the following day, one could see several of our shells and hundreds of shrapnel bullets in the midst of the enclosure that protected the Boer guns, but unfortunately for reasons to be given later on, the enemy got away with the whole of their artillery. The gunners also did excellent work shelling the town and the other guns; so heavy was the fire that not a house escaped being struck, and the hotel was set on fire.

To give the reader some idea of the heaviness of the fire I took the following notes: A small stable built of mud walls 4 inches thick, and covered outside with galvanised iron, the front wall—that is to say, the one directly opposed to our fire—20 feet long and 10 feet high, contained the following apertures: (a) 10 produced by unexploded shells; (b) 3 irregular shaped by burst shells; (c) 571 by bullets—7 are the exits of Mauser bullets fired by the enemy, 31 are entrances of Lee-Metford bullets fired by our troops, the remainder 533 are all shrapnel. Most of these latter lay embedded in the mud wall; that is to say, they penetrated the iron but failed to penetrate the mud for more than half an inch. All the Lee-Metford pierced the wall and entered that on the other side but failed to pierce it. The Mauser, in like manner, pierced the front wall and failed to pierce the second. The reason that 7 Mauser bullets pierced the front wall of the house—that is, the wall facing us—was the fact that the rear wall of the house contained an open door, and the bullets that came through it had only one wall to traverse. The unburst shells passed through both walls, entered another house 50 yards

beyond, and then exploded. These facts give a good idea of the heaviness and extreme accuracy of our fire, also of the great penetrative power of the Lee-Metford and Mauser bullets and the feeble penetrative power, at all events in this particular case, of the shrapnel bullets.

THE RIVER.

After about two hours' fighting, finding that it was extremely improbable that we should have any casualties, thanks to our long-range guns, I obtained permission to go further up to the front, where I knew there must be plenty of work to be done amongst the wounded. Our fighting line had now assumed the shape of the letter A with its sides extended, the angle of the A resting on the railway line, and held by the Argyll and Sutherland Highlanders. The two sides of the A were stretched out, and more or less parallel to the river, which was lined with Boer trenches all along the south side, the ends of the sides of the A receding slightly from the line of advance. Twice the Guards on our right attempted to cross the river, but failed. On the left, the Northumberland Fusiliers and 9th Brigade made a similar attack, and succeeded in crossing; two men were drowned in the effort. Now, and not till now, did we ascertain how very strongly the enemy were entrenched; in fact, their position was

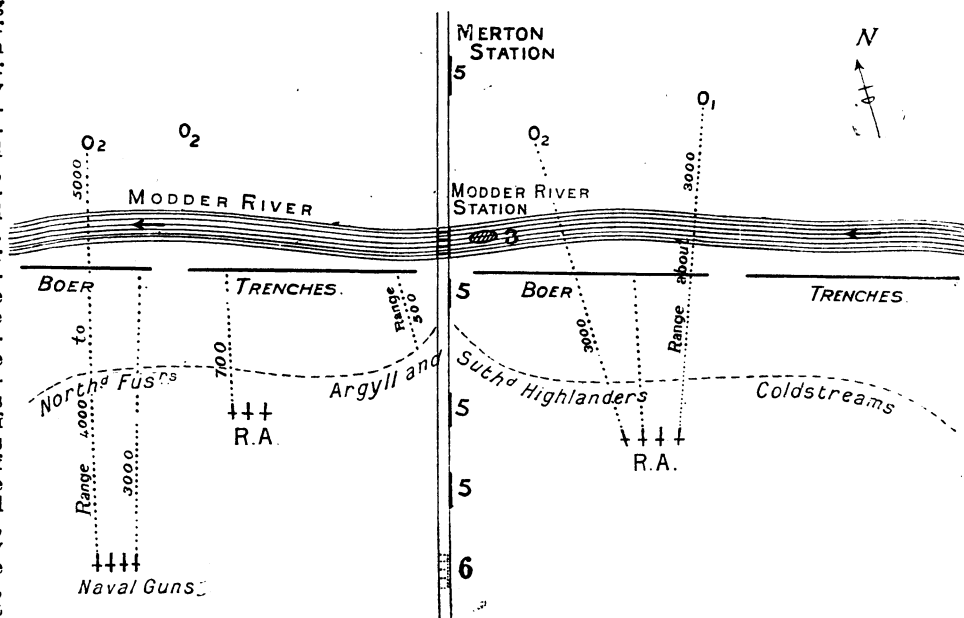
almost impregnable, and it seems a marvel that we were ever able to persuade the Boers to leave it.

Practically the whole of our attacking force was marching across an open plain in full view of the enemy, while they were absolutely and completely hidden. They lay behind trenches which extended along the near bank of the river for a distance of at least two miles. Behind their trenches the ground sank to the level of the river, so that their men, horses, and their

largest waggons could travel along the whole of their position on both sides of the river with almost absolute safety from our fire. The river was studded with boats used to ferry men to and fro, and to convey ammunition as required. On the other side of the river the ground gently inclined upwards, and here in strong positions were placed their Hotchkiss and other guns. The enemy's position was, as far as I, a non-combatant, could judge, an ideal one in every respect, but not a man of us knew, as far as I am aware, what a veritable hornet's nest we had got into.

CASUALTIES.

CASUALTIES.
Taking everything into consideration, our 420 dead and wounded, which was the cost of our day's work, was miraculously small. Everything was against us; we had to attack an immensely strong and entrenched position held by a vastly superior force, while advancing ourselves across an open plain. We had anticipated a brief and easy victory, and in consequence the men were not rationed, and a battle was fought and won by stomachs that had not seen food for twenty-four hours. Water was terribly scarce, and every water cart that came near the front had to beat a hasty retreat. The heat was terrific, and last, but by no means least, our chief was



Rough sketch of the position at the battle of Modder River.

put out of action very early in the day by a bullet wound. I learnt this in a curious manner. On the left of our line I saw a horse bolting riderless; it was evidently an officer's charger, as there was a sword, etc., attached to the saddle. I sent a bugler to catch the horse, and found it had a Mauser bullet wound through the near foreleg, and there was blood on the bridle, stirrup, and saddle. Drawing the sword, one read: "Methuen from Chapman." Fears at once arose that the general was wounded, and so, alas, he was, though luckily the wound was not serious. Firing ceased about an hour and a half after sunset. Next morning at daybreak our guns opened fire, but a few shots sufficed to prove that the enemy had trekked during the night, and thousands must have made a midnight march. We ascertained later from prisoners that the enemy greatly feared a night attack with the bayonet; hence this hurried retreat. They left all their artillery behind them; but shortly after midnight, discovering that we had not crossed the river, they returned and removed the guns to Spytfontein, where they are now encamped. What a chance we lost. Why, the reader may well ask, did we not push home our attack at the close of the fight or shortly after? Because the men were so done up by the heat of the day, the fatigue of the long and hard day's fight, scarcity of water, and want of food, that they were barely able to put one leg before the other. Thus was lost one of the best chances we have had this campaign of capturing the enemy's guns without loss of life. Next morning I went up and down the enemy's lines on both sides of the river, expecting to count the Boer dead by hundreds. After three hours' careful search I was able to count 18 dead Boers and 75 horses; so that, unless they buried or carried away their dead, their loss would appear to have been marvellously small. It is impossible at present to form even an estimate of the number of their wounded.

THE BOERS AND THE RED CROSS.

There appear to be men whose aim seems to be to underestimate our losses and to grossly exaggerate the losses of the enemy; men who delight to start tales that stretcher-bearers and ambulance wagons are fired upon by the enemy, etc. I fail to understand their motives. Broad-minded soldiers must see that stretcher-bearers cannot help being shot. No Boers would purposely fire on a Red Cross party, is my belief. The Boer Hospital here was struck by shell more than once, and all our ambulance waggons were struck by their missiles, a pure and unavoidable accident on both sides. I can myself give an instance in which the sick-berth steward of my ship was dressing a wounded marine; whilst the dressing was being put on the patient received a second bullet in the other leg, but with bullets dropping all round one it would be unfair to say that the Boers aimed at either the Red Cross or the wounded man. This particular incident occurred during our last battle at Graspan.

THE MAUSER AND THE LEE-METFORD.

The next morning we quietly marched into the town and occupied it. The day was spent in burying the dead. The field hospital was very crowded this morning, over 400 dead and wounded. The wounds produced by the Mauser bullets are all that could be desired; the entrance and exit are practically of the same size and very minute. Most of the patients make an uninterrupted recovery. It is a more humane bullet than our own Lee-Metford for two reasons: its calibre is less and its velocity is considerably higher. I must have seen some thousand bullet wounds by now, including those I saw in the Filipino-American campaign. My experience includes also some experiments I made this year at Wei-hai-wei, in the course of which I fired over 1,000 rounds of Remington brass-coated bullets and nickel-coated Lee-Metford at all sorts of animate and inanimate objects, including their penetrating power upon various metals, a series of experiments I hope to publish later on. My experience has led me to the conclusion that those wounds which heal up most rapidly and give the least trouble are wounds produced by bullets having the same characteristics.

1. A very high velocity.
2. A flat trajectory, so that they hit apex first and do not keyhole.
3. A hard smooth sheath with a smooth rounded apex.
4. A close range, for the same reason as (2) a bullet at a long range may hit the object side on.

If I were to tabulate these missiles in the order in which

the wounds produced by them were progressively more serious from above downwards, the table would read something as follows:

1. Mauser.
2. Krag-Jørgensen.
3. Lee-Metford.
4. Man-stopping Lee-Metford (hollow-headed nickel-sheathed).
5. Any of the first three with the nickel sheaths around the apex removed so that the lead nucleus is exposed.
6. Dum-dum.
7. Remington brass-coated, as used by the Filipinos.
8. Remington lead bullets, or the Martini-Henry.
9. Remington brass bullet, with brass sheathing removed so as to expose the lead nucleus.
10. Shrapnel bullets.
11. Shell or their fragments.

I have no acquaintance with explosive bullets; it is said the Boers have used them, but I think this to be exceedingly doubtful.

Most thoughtful men will agree that the Boers have proved themselves to be brave men, and instances of a violation of the laws of civilised warfare are few and far between.

THE BATTLE OF MAGERSFONTEIN.

December 13th, 1899.

YESTERDAY we attempted to oust the enemy from their position in the Spytfontein and Magersfontein kopjes, but I regret to say we signally failed; and to-day we are in the same position, but with a loss of 1,000 men; there are about 700 dead and wounded and about 300 missing. The Black Watch lost very severely—21 out of 29 officers. It seems that they advanced in the night in quarter column, and at dawn were still in this formation, and within easy range of the enemy's rifle fire. The Boer losses it is quite impossible to calculate, as the Kaffirs that came in from their camp after yesterday's battle tell the most widely divergent tales—from 6 dead and 40 wounded to 2,000 dead and wounded. Judging from past battles, I do not think their losses are a tenth part of our own.

Our lyddite shell from the 4.7 naval gun has a magnificent effect to the eye, sending up a vertical column of earth and *débris* to a height of about 50 or 60 yards. It is claimed by the inventor to kill by concussion within a radius of 34 yards from the site of the explosion. The shell weighs 46 lbs., and is charged with the high explosive called lyddite—chemically a picrate. I should estimate that quite 20 per cent. of the Boer shells do not explode. The cause of this is doubtful, whether due to a defect in the shell or its fuse or whether to a scanty supply of these projectiles cannot be stated. In the action at Belmont, when our naval guns were shelling the Boer artillery at 3,500 yards' range, we watched shell after shell pass over our heads and strike earth about 700 yards in our rear, sending up a cloud of dust but not bursting; gradually these shell fell shorter, till one landed between our guns. That was the last plugged shell the Boers fired; each subsequent one was a bursting shell, and we very quickly had several of our bluejackets hit; fortunately for us, however, their artillery was soon silenced and they retired. The second theory, therefore, is probably the correct one: having found the range with the comparatively harmless plugged shell, they then use bursting shell.

I have only witnessed the effect of the shock of the explosion once; it was in the person of a Highlander. A shell exploded about ten yards over his head, he was untouched by any fragments, but the concussion must have produced some curious pathological change in his nervous system, as he has never ceased (now ten hours) swaying his head to and fro with a pendulum-like motion similar to that of the china dolls with the nodding head so commonly seen in the London streets. His intellectual faculties have also been considerably disturbed, as he is only half rational.

THE GLORIES OF WAR.

Last night there were hundreds of our dead and dying left in the field; in fact, it has taken two days to collect them, and much suffering has been entailed. One poor fellow walked into our lines with a towel on the end of his rifle, he was raving mad, and had been wandering about for hours with a portion of his frontal lobe protruding through a Mauser exit wound in the fore part of his skull.

The medical men have had a terrible time of it—working incessantly for thirty-six hours. The field hospital presents a

sad but impressive sight: one mass of wounded inside, rows and rows of dead outside; it is a sight, I think, would cure once and for all those worthy individuals who talk of the "glories of war."

THE HOSPITAL TRAINS.

The hospital trains are beautifully equipped, and reflect the greatest credit on the Army Medical Department. It is quite a treat to see the nursing sisters attending to their arduous duties amidst all this blood and thunder with the same zeal and care they are so well known to display in our hospitals at home.

THE HEALTH OF THE TROOPS.

The health of our troops is excellent; beyond a few cases of diarrhoea, sunstroke, and sunburn, there is no sickness. With regard to the latter trouble the Highlanders are chiefly afflicted; why are men sent out into this fierce sun in petticoats? It is all very well to talk about the uniform being the essence of *esprit de corps*, but is not this carrying it too far? Surely they might be allowed to go into action at any rate as other men go. As it is their legs become covered with crops of vesicles; few of the men like their dress for this kind of work; the beauty of the kilt and sporran is masked by a khaki flap, and when these two part company the aspect is both ludicrous and alarming; I saw one man returning yesterday from his brush with the enemy in a pitiable plight; in his own words he had had to "take" a barbed wire entanglement "at the double," and emerged "a bleeding mass, with his kilt hard a starboard, his khaki flap half-left turn, and his sporran dangling on the wire."

WATER SUPPLY AND REFUSE DISPOSAL.

The water supply is bad, being derived directly from the muddy river. Boiling is imperative. The air for a radius of over 2,000 yards from the centre of the camp is tainted with the smell of half-buried horses; there were about 200 dead horses and mules buried after the battle of Modder river, but thanks to the vultures, the ants, and the humble microbe, they are rapidly being reduced to harmless skeletons.

DUST SPOUTS AND LOCUST STORMS.

The latrines are of the simplest; long troughs are dug in the ground and screened off; at night they are filled up with earth. We have had one or two very severe thunderstorms, but the things we dread most are the dust storms, or, as I would venture to term them, dust spouts, for they are analogous to waterspouts. Vertical columns of dust extending to a height of about 150 yards and travelling at a speed of 6 or 7 miles an hour pass through the camp and play havoc with all and everything, making life miserable; rifles are thrown out of gear, food and water rendered nauseous, and clothes spoilt.

We have had one "locust storm" up here at Modder River; for three hours the air was like a snowstorm, but black. One could not walk ten yards without colliding with hundreds of them; every blade of grass was demolished, and every crumb of biscuit or bread on the ground was pounced on by countless numbers. After three hours they had all disappeared as mysteriously as they came. The locust storm was travelling in a N.N.E. direction.

To-night at midnight we take our guns up to their position at the front, and open fire upon the Boers at dawn.

December 14th, 1899.

TOTAL LOSSES AT MAGERSFONTEIN.

Since writing the above some more dead and wounded have been brought in, bringing our total losses in the engagement at Magersfontein up to 1,100 dead and wounded. I have also heard that one of the army medical officers to whom permission was given by the Boers to go up to their lines and attend to our own wounded, has been made a prisoner of war owing to the fact that a revolver was found on his person. The two Generals have communicated with each other concerning him, but General Cronje remains firm, and claims that men and officers wearing the Red Cross should be unarmed. I know the officer personally, and regret his capture, but at the same time all will agree that General Cronje is within his right.

From our Special Correspondent in Capetown.

December 20th, 1899.

THE BASE HOSPITALS.

The work at the base is now becoming very heavy indeed consignments from Methuen's column arriving in rapid succession. It is satisfactory, however, to report that the service is everywhere standing the strain. As I mentioned last week, No. 1 is now full up, and No. 2 has well over 400 patients. No. 3, at Rondebosch, is ready for occupation. Two days ago, when I was out at No. 2, seven marquees were still in course of erection, the construction of the floors taking some time. Probably they are now complete. The accommodation has been supplemented by the kindness of the authorities of the Claremont Sanatorium, who have placed that institution, which is the property of the Seventh Day Adventists, at the disposal of the authorities as a hospital for convalescent officers. This offer has been accepted, and is somewhat timely, as there is no accommodation for officers at No. 2.

MEDICAL CASES.

Medical cases, as might be expected, are beginning to come in somewhat more freely from Methuen's column, and the medical division of No. 2, which is under Lieutenant-Colonel O'Connell, is still keeping to its proper work. Almost all the cases are either rheumatism or dysentery. The former come down mostly in a subacute condition, with joint pains and slightly elevated temperature. They have, of course, all undergone some treatment above. For the most part they are doing well, and no large proportion develop heart complications. Civil Surgeon Hancock, however, showed me one case under his care with a very loud, long, systolic, basic *bruit*, audible most plainly to the left, and quite localised. Nearly all the rheumatic cases give a history of some days' severe diarrhoea before the onset of the rheumatic symptoms. Probably the connection between the two depends on the depressing effect of the antecedent diarrhoea more than anything else. The dysenteric cases are numerous, and in this connection it may be mentioned that the affection known as "dysentery" has by no means the typical character of the endemic dysentery of India and other tropical climates. The manifestations are not so severe, neither is the prognosis, either as regards death or chronicity, so bad. One sergeant-major of the R.A.M.C. has, however, unfortunately succumbed to the disease in No. 2 General Hospital. As to treatment, one medical officer with whom I conversed is giving pulv. Doveri, and another the magnesium sulphate treatment. The results seem to be fairly good. I saw one case of ordinary hemiplegia, which is doubtless syphilitic, and is steadily recovering under potassium iodide. Two or three dysenteric cases have developed pleurisy, probably rather an accidental concomitant than a pure complication. Following the more recent trend of medical opinion, I notice that the medical officers are not tapping except in the presence of some manifest indication.

SURGICAL CASES.

On the surgical side the cases coming in present much of the routine character to which I have before alluded. The remarkable success obtained with the perforating thoracic wounds is still evident. The pleuritic effusion developed in a few cases generally becoming rapidly absorbed. For this one has to thank the splendid physique of most of the men (a factor largely dependent on the reserve element), the excellent hygienic conditions, and the good and abundant food. The record of cases of perforating abdominal wound continues to improve upon the experience of the speakers at the Portsmouth meeting of the British Medical Association. Civil Surgeon Hanwell pointed out one case which is convalescing steadily with merely a symptom; six cases of this class have so far done well. Under the care of the same civil surgeon is another case of much interest. A bullet had entered the buttock and emerged in the left groin, perforating the lower and posterior aspect of the bladder, going through the attachment of the internal oblique, and smashing the left pubic ramus. Of course there has been external extravasation on the left side, but the exit for the urine has been and is free enough, owing to extensive sloughing of the exit wound. Now there is an aperture large enough to insert three or four fingers, through which the shattered ramus and the opening

to the bladder can be clearly seen. The sloughing appears to be ceasing, and there is some attempt at granulation, but the wound is badly septic, and the patient in a marked septicæmic condition. At first a drainage tube was inserted, but this became so constantly blocked with sloughing fragments that it was discontinued, and Mr. Hanwell is now irrigating through the bladder with boracic lotion.

The spinal cases are the most disheartening things one sees in the hospitals, although they bring out the excellent nursing which is evident everywhere. In one, which became the subject of a necropsy, the cord was found literally smashed for over an inch. Civil-Surgeon Hanwell did an exploratory laminectomy in one of his cases, hit between the second and third dorsal, but found the laminæ intact, and no result followed.

In another case I saw the tibia was splintered by a bullet. The wound had been enlarged, and a number of fragments removed, some as large as one's thumb, and a drainage tube inserted. The wound had not remained aseptic, and effusion into the knee-joint has followed. The joint has been punctured, and the fluid I saw two days ago was distinctly semipurulent.

Major Loughheed, R.A.M.C., is in charge of the Surgical Division of No. 2, and has under him Major Macdonald, R.A.M.C., and 8 civil surgeons.

THE NEW SOUTH WALES MEDICAL CORPS.

I had an opportunity of inspecting the New South Wales Medical Corps the other day. It is a most smart and serviceable unit, and splendidly trained. The men wear, of course, the distinctive Australian smasher hat. It is organised as a half-bearer company and a field hospital of 50 beds, and 7 officers, with 83 non-commissioned officers and men. Colonel Williams is in command. The equipment is singularly complete, and, what is noticeable, the transport is entirely in the hands of the corps itself. The bearer half company has 5 waggons for sick, a water cart, and 1 waggon and 3 carts for equipment. The hospital has 6 covered carts, 1 Maltese cart, and a water cart. There are 53 horses in the combined transport. The hospital tents are 4, of the tortoise pattern, for 12 patients each. There is another tortoise tent for operations. The corps has come equipped with every requirement, including its own x-ray apparatus.

THE STATIONARY HOSPITALS.

At present the 4 stationary hospitals are distributed—1 at De Aar, another at East London, and 2 in Natal; 140 invalids left for England in the *Aurania*, in charge of Civil Surgeon Cochran. The *Trojan* hospital ship is still at East London. The new company of the Cape Medical Staff Corps, which is being raised under the Principal Medical Officer of the base, is being trained as a bearer company. The Capetown Station Hospital at Woodstock has been raised to 250 beds.

THE RED CROSS.

The combined aid societies, under Colonel Young's direction, are doing excellent work, and the hospitals both at the base and on the lines are being well supplied with comforts of all kinds. Colonel Young has appointed Major Lovegrove, a retired officer, to the charge of the dépôt at Wynberg, and he distributes the gifts in kind between Nos. 1 and 2. The Committees on the railway lines are helping valiantly in the work of providing for the wounded *en route*. The people in Capetown continue to bestow gifts both in money and kind most liberally; and, as I said before, the patriotism of the Malays and Coloured People is most praiseworthy. There is a little tendency for individual efforts in particular lines. For instance, one boys' school raised over £6 to provide fans for the patients at De Aar, in which dusty hot place they are sorely needed. Without Colonel Young's suave personality this generosity would have run riot, but he has done wonders in bringing order out of chaos.

The irregular Colonial Corps are not behind-hand in providing themselves with regimental ambulances. Brabant's Horse is calling for 48 men, and the South African Light Horse has 4 ambulance men per squadron.

The local civil surgeons engaged to attend to the posts on the lines of communication are receiving £1 per diem.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

VIII.

BELEAGUERED GARRISONS.

TIME passes, and still we regret to see that it has not yet been practicable to relieve any of the garrisons so long beleaguered and so gallantly held in South Africa. Kuruman, which has fallen after holding out for many weeks against overwhelming numbers, is fortunately of no strategic importance, and is chiefly of interest as having been the site of one of Livingstone's first residences and missionary stations in Africa. For some time past disquieting reports of increasing sickness have been sent in from Ladysmith; both typhoid fever and dysentery are apparently carrying off many victims. It is difficult from the short telegrams to arrive at the exact mortality. We are entirely in the dark as to the food supplies in Ladysmith, and it is quite possible that if rations are both low and poor in quantity they may be largely responsible for the dysentery, and would tend to render a man more susceptible to typhoid fever. In addition to these two serious forms of disease, there can be no doubt that a considerable amount of what is commonly known as "camp fever" (one of the "unclassified fevers" of the tropics) exists. Sir George White has himself been reported for a short time invalided with fever, which obviously cannot have been typhoid. Fortunately Ladysmith is well provided with medical men in the Army Medical Department, and also from South African sources. Both Dr. Jameson, who for many years was renowned in medical practice in Kimberley, and Dr. Davies, of equally good repute in Johannesburg, are with the garrison. These two gentlemen have had many years' South African experience of all forms of fever, so common in up-country South African towns during the summer months, and whatever medical skill can do we are convinced will be done. Mafeking from its position will be more liable to "camp fever" even than Ladysmith, and Lord Edward Cecil and other officers and men reported to be suffering from fever are probably for the most part affected with "camp fever," although undoubtedly in both towns typhoid fever has occurred.

CAMP FEVER.

Camp fever, it has been said, is one of those vague terms used to cloak the ignorance of physicians, and it must be admitted that it is difficult of scientific definition; and sometimes is loosely applied to anything from solar fever to the worst form of typhoid. It is, however, usually confined to solar fever and cases of simple continued fever. It is not in any sense of the word a malarious fever, nor is it, as a rule, more than highly inconvenient. From solar fever, which may be taken to be a minor form of sunstroke, and which is produced by prolonged intense heat, the recovery is usually only a matter of a few days. Simple continued fever almost invariably ends in recovery, but is apt to be much more chronic in character. The distinction between these and typhoid fever is often somewhat difficult, especially as the tropical form of typhoid is frequently characterised by the absence of such diagnostic symptoms as the typhoid spots and diarrhoea or hæmorrhage.

SCURVY IN KIMBERLEY.

A Reuter's message from Kimberley, dated January 3rd, states that typhoid and scurvy are somewhat on the increase, as, however, the same telegram states that Mr. Rhodes at Christmas provided some forty-two plum puddings, which were cooked at the sanatorium for distribution among the various camps, we sincerely hope we may take it that supplies are still very far from running short in that town. The population shut up in Kimberley is large, probably close upon 20,000, and the question of supplies is no doubt serious. At the same time it is probable that the De Beers Company, which, it is reported, provided themselves with arms, have also liberally provided themselves with stores against the possibility of that siege which has since been realised. Knowing Kimberley and its inhabitants well from having resided there some years, I expect that the scurvy referred to exists principally, if not entirely, among the natives shut up in the mining compounds. There are 3,000 or 10,000 of these natives living on rations, and already attempts have been

made to send them away to their distant homes on two occasions, but on both occasions they have been turned back by the besieging Boers, who probably recognise that their presence in Kimberley will be an additional strain on the resources of the town and embarrass the defenders. Scurvy is by no means, in my experience, uncommon among the natives who go to work in the mines. The native at his own kraal or village is a great vegetable feeder, and is accustomed to young mealies and other forms of fresh green vegetables; of late years these, together with plenty of lime juice, have been supplied by the mines in their various compounds, so that scurvy had become a comparatively rare disease amongst them, but I have little doubt that under the present arduous conditions both vegetables and lime juice are running low, hence the scurvy. At the same time I do not anticipate that the restriction of diet amongst the European inhabitants has yet become so great as to produce the disease to any extent in them.

RELIEF OF MAFEKING.

The relief of Mafeking is a matter of speculation, at least as far as the general public is concerned, but there have been from time to time indications that a force from the north was on its way down the line of railway; it has even been stated that it was in the neighbourhood of Mochudi and Gaberones. It is sincerely to be hoped that this is so, for should the force have to come by Maclutsi, which is in the low country on the Crocodile still further north, at this time of year a good deal of malarial fever among the men, and horse sickness among horses, would, it is to be feared, be encountered. The only districts in which malaria may be suffered by some of our forces during this campaign are those along the valley of the Crocodile to the north-west of the Transvaal, in which both Tuli and Maclutsi are situated.

ARRIVAL OF THE WOUNDED AT SOUTHAMPTON.

A further batch of wounded from the front arrived at Southampton on January 5th on the Cunard liner *Aurania*. She had on board 2 officers and 141 men, most of whom had been wounded in action. Every preparation was made for their reception, and a special train conveyed them to Netley Hospital. The majority of the men improved greatly during the voyage, and appeared to be quite cheerful. Some of the cases were of a serious nature. The majority of these men had served under Lord Methuen, others had been attached to the Ladysmith relief column. The two officers on board—Lieutenant Cameron of the Grenadier Guards, and Lieutenant Carroll of the Munster Fusiliers—were not seriously wounded.

LYDDITE.

With regard to the effect of lyddite as an explosive in warfare we are still rather in the dark. We are told that a lyddite shell exploding will destroy life within a considerable area by the mere force of concussion; on the other hand, a certain Mr. Preller, writing to the *Volkstem*, a South African Dutch newspaper, says:

We were standing close to Long Tom, which was, as always, attracting the enemy's shell fire. One of the British guns fired at us, and the shell fell close to us with a tremendous noise. It struck just behind our guns, and sank 4 feet into the solid ground, making a hole big enough to bury one horse and one man standing. Everyone expected that he would be the first victim of this wonderful lyddite's terrific power. Well, the fatal smoke cloud arose, and fragments of shell snarled around us in all directions. We stood and looked with bated breath. The smoke cleared away, and we found that not a man of us had been hurt. So there was another bubble burst. The lyddite smoke was proved to be non-fatal, and its general effect altogether less terrifying than we had been led to believe.

THE SIVEWRIGHT AMBULANCE.

In my last letter I referred to Sir James Sivewright's ambulance. As this same ambulance has been the subject of a good deal of criticism in various papers, it is only fair to give Sir James Sivewright's own statement to an interviewer who called on him on behalf of *South Africa*, with reference to this question.

Sir J. Sivewright said the party was composed of eight Afrikaner students, all British subjects and members of the South African Students' Union in Edinburgh, of which he is the President, with Dr. Gray, Mrs. Gray, and Mrs. Bamford, nurses, and Mr. Alan Johnson. The object for which they went to South Africa was to nurse and tend to the sick and wounded, irrespective of creed, colour, or nationality. With this object the War Office fully agreed, and the party left with their approval. On arrival in Cape Town, after an interview with Sir Alfred Milner, the party were forwarded by the *Oongella* to Delagoa Bay, and according to a tele-

gram he had on Sunday morning received from Pretoria, the Afrikaners and Mrs. Bamford had, in the latter part of last week, arrived at the Transvaal capital. There appeared to have been no hitch, except in the case of Dr. Gray, who had apparently been refused permission to cross the border, and Mrs. Gray had doubtless stayed with her husband. Of Mr. Alan Johnson there was no mention, and he might be among the party arrived in Pretoria, or he might have cast in his lot with Dr. and Mrs. Gray. Dr. Gray was known to have carried with him a number of letters from friends to British officers in Pretoria, and this, one of the cablegrams suggested to Sir James Sivewright, might account for his inability to obtain a permit to proceed.

As to the inference (continued Sir James) that the male members of the party had gone to the Transvaal with any motives save those mentioned, I may say that a member of a leading West End club told me the other day he had heard from a fellow member that not only were the party armed, but that the names of the manufacturers who had supplied the arms and ammunition could be given. I immediately offered to give £1,000 to the Lord Mayor's Fund if it could be proved that there was the slightest foundation for such a statement. I am still waiting to hear from that West End club. The lads have absolutely no weapons with them, except such as Mr. Montague, the well-known surgical instrument maker, of Bond Street, supplied them with. They are pledged to me—no matter what their private feelings may be—to give their services solely to the sick and wounded. I know the young fellows, and believe they will be as good as their word.

Such is Sir James Sivewright's explanation, and I confess that it does not seem to me to very much alter the position. Dr. Gray was the responsible and qualified surgeon in charge of this ambulance, and to say that there was no hitch in the affair, except in the case of Dr. Gray, who had been refused permission, etc., is equivalent to the announcement that the play of *Hamlet* will be proceeded with as usual, with the omission of the Prince of Denmark. However cosmopolitan Sir James Sivewright's sentiments may be, it is quite obvious that Mr. Kruger is determined that the ambulance party shall be Boers, and Boers only, the Boer medical student being, in his opinion, better for the nursing and tending of the sick and wounded, "irrespective of creed, colour, or nationality," than the qualified surgeon who was also a Scotchman.

HORSES AND THE CLIMATE OF SOUTH AFRICA.

It has been more and more evident as the campaign proceeds that mounted men are essential to successful operations—as mounted infantry, scouts, and cavalry. The somewhat tardy realisation of this on the part of the authorities has led to the wholesale exportation of horses from England and Australia to the Cape.

While I have no hesitation in saying at the outset that for South African warfare trained South African horses, if obtainable in sufficient numbers, would undoubtedly be the most suitable animals, and that I very much question whether the military authorities have not shown the same mistaken tardiness in securing them as they have in enlisting the invaluable services of British colonists, yet I believe that in the case of the large numbers of horses exported, and still being exported, from Australia and from England to South Africa, all that will be necessary in a large proportion of instances will be that they shall have a sufficient period of time to get over the stiffness and loss of condition entailed by the voyage. A few weeks should be sufficient for this, and the only further risk which the horse would run would be the horse sickness. It is quite probable that the imported horse is more liable to this disease than the native, but the precautions which are necessary against it I have already discussed. Many instances have come under my notice in South Africa where imported English racehorses have sufficiently recovered their condition in the course of a few months in the country to win the best races. It is notorious that no animal adapts himself so readily to a change of climate as man, but nevertheless there is no question that in many instances English or Australian horses soon become thoroughly fit and well in South Africa.

THE LANGMAN HOSPITAL.

We understand that this hospital will probably be ready to sail for South Africa about February 3rd. Dr. Conan Doyle will accompany the hospital in the capacity of Secretary and Registrar. Mr. H. J. Scharlieb, M.B., B.S. Lond., at present Assistant Anaesthetist to University College Hospital, has been appointed one of the junior surgeons.

THE COLONIAL CONTINGENT.

Some particulars with regard to the New South Wales Medical Corps, under the command of Surgeon-Colonel W. D. C. Williams, which has already reached South Africa, will be

found in the letter from our correspondent in Capetown. We learn from a Reuter's telegram that Dr. Alexander MacCormick and Dr. Scot-Skirving will accompany the second New South Wales contingent to South Africa. Dr. MacCormick is Lecturer on Surgery at the University of Sydney, and Dr. Scot-Skirving is Lecturer on Clinical Medicine in the same University. It is stated that these gentlemen will have the rank of major, and that they are accompanying the contingent in a consultative capacity.

THE IMPERIAL YEOMANRY AND VOLUNTEERS.

The fund for providing field hospitals for the Imperial Yeomanry now amounts to about £14,000, and it is expected that part of the hospital staff will leave for South Africa or about January 20th. We understand that Mr. Alfred D. Fripp, M.S., F.R.C.S., Surgeon in Ordinary to the Prince of Wales and Assistant Surgeon to Guy's Hospital, will be the Chief Surgeon to the hospital, and that Lieutenant-Colonel Sloggett, R.A.M.C., will be the military medical officer attached. It is stated that Surgeon-Captain R. R. Sleman, 20th Middlesex (Artists' Corps), and Surgeon-Captain E. W. St. V. Ryan, 16th Middlesex (London Irish) have been appointed medical officers to the City of London Imperial Volunteers.

THE INDIAN MEDICAL SERVICE IN SOUTH AFRICA.

We are informed that two officers of the Indian Medical Service are now serving in South Africa. These are Major Elliot, 21st Goorkha Rifles; and Captain Frost, 4th Goorkha Rifles, who embarked from Bombay with the Indian Contingent in September last. Major Elliot was ordered out in charge of 66th Native Field Hospital (for native followers), and has since his arrival been shut up in Ladysmith with Sir George White's force, as is also Captain Frost. Both are doing most excellent work in assisting their colleagues on all sides in their arduous task.

INDIAN AMBULANCE CORPS.

It is stated that Mr. Ghandi, a native of India, is raising an ambulance corps of Indians in Durban.

HOME HOSPITALS AND CONVALESCENT HOMES.

The St. George's Hospital Board has had under consideration what help can be given to the War Office for sick and wounded; as a result, steps are to be taken to place temporarily at the disposal of the War Office the whole of their Convalescent Home at Wimbledon, which contains 100 beds, together with the services of the staff.

St. Bartholomew's Hospital, London, has offered 50 beds, and soldiers so admitted to the hospital may be transferred to the Convalescent Home at Swanley, Kent, maintained by the hospital funds.

The Great Northern Central Hospital has placed 20 beds at the disposal of the War Office for the reception of sick and wounded soldiers from South Africa.

The governors of the Norfolk and Norwich Hospital have offered 4 beds in their Convalescent Home at Cromer for wounded British soldiers.

The Committee of the Royal Hants Hospital have intimated their willingness to receive for treatment sick and wounded soldiers from South Africa. The largest number that can be received is 12, and the War Office has been requested to give the preference, if practicable, to men of the King's Royal Rifles, Rifle Brigade, Hampshire Regiment, and the Yeomanry and Volunteers of the county.

The Committee of the Liverpool Royal Infirmary have decided to arrange for the reception of 18 more invalid soldiers and sailors (belonging to the Liverpool district) from South Africa, in addition to the 12 beds previously offered.

The directors of the Warneford and South Warwickshire Hospital at Leamington have decided to place one of the wards of the hospital at the disposal of the War Office for the reception of sick and wounded men of the Warwickshire Regiment at the front.

The Mayor of Blackpool has written to Lord Lansdowne offering 10 beds in the Victoria Hospital.

The Denbigh Infirmary, on the suggestion of Dr. Lloyd Roberts, has agreed to offer 6 beds to the War Office.

The Edinburgh Royal Infirmary has offered accommodation for 100 men.

The directors of the Dundee Infirmary have agreed to offer 50 beds in the institution, with a promise of 20 or 30 more if needed. The directors also state that the adjacent military hospital could be made available for 40 more.

The Paisley Infirmary are reserving the West or Coats's Pavilion of the new infirmary for the treatment of soldiers from the Transvaal.

The Committee of the Surrey Convalescent Home at Seaford has placed 10 beds at the disposal of Lady Knutsford, Vice-President of Surrey for the Soldiers and Sailors' Families Association.

The Committee of the Booksellers' Seaside Holiday Home will be prepared to offer free accommodation at their home at Eastbourne for such members of the trade who may volunteer for the front, and who may be wounded or invalided home.

The Leamington Town Council has agreed to allow the free use of the baths and waters in the cases of sick and wounded soldiers from South Africa likely to benefit by them.

At a meeting at Arundel to devise means of assisting wounded British soldiers and sailors in the Transvaal, the Duke of Norfolk and Lady May

Howard consented to receive a number of them at Arundel Castle until convalescent. Generous offers from other parts of the country have also been received.

Sir Archibald Edmonstone has offered the managers of the Edinburgh Royal Infirmary the mansion house of Colzium, near Kilsyth.

Lord Hopetoun has offered one of the wings of Hopetoun House for sick soldiers of the Highland Brigade or Scottish regiments.

Mr. A. B. Gilroy has placed Dunalaetair House with 60 beds at the disposal of the War Office free.

Mr. R. R. S. Waraker has offered his house (The Hall, St. Nicholas-at-Wade, Birchington) to the Government as a convalescent home for the use of the wounded.

A telegram from Nice says that an important scheme has now been completed in the Riviera by which practically all the leading hotels, besides many owners of villas, have agreed to receive convalescents from the Transvaal as free guests.

TRANSFERS AND APPOINTMENTS.

The following medical officers left Southampton on January 4th in the *Ghoorka* for South Africa: Majors Franklin and Cummins, R.A.M.C.; Lieutenants Davis and Stafford, R.A.M.C.; and Civil Surgeon Collum; also a Field Hospital Detachment of the R.A.M.C. left in the *Kildonan Castle*.

The hospital ship *Princess of Wales* arrived at Cape Town on January 8th.

SCOTTISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE annual meeting of the Scottish Poor-Law Medical Officers' Association will be held at 36, Buchanan Street, Glasgow, Messrs. Ferguson and Forrester's, at 6 P.M. on Friday, January 19th. The annual dinner will be held at the same place at 6.30 P.M.

The report to be presented to the annual meeting states that the Committee met ten times, and regret is expressed that owing to the fortunes of the ballot neither the Association's Bill to amend the Local Government Scotland Act, 1894, introduced by Mr. Alexander Cross, or that introduced by Mr. D. N. Nicol could be taken to a second reading. Mr. Cross has promised to introduce the Association's Bill into the House of Commons next year. Reference is then made to the case of Dr. Lamont, and it is stated that, though he was not a member of the Scottish Poor-Law Medical Officers' Association, the Committee did everything in its power to bring about the successful issue of the appeal to Parliament in his case. The report goes on to point out that at the annual meeting of the British Medical Association in Portsmouth, the grievances in regard to tenure of office were brought prominently before the business meeting, and the Association again pledged itself to assist in the struggle in every possible manner. The meetings of two Branches of the British Medical Association were attended by delegates from the Committee—(1) Border Counties Branch of the British Medical Association, held at St. Boswells; (2) Perth Branch of the British Medical Association, held at Perth. In both instances the delegates had a most courteous reception, and resolutions were passed, in each instance, pledging the members individually to use their influence with their several Members of Parliament, and at the same time authorising their Chairman and Secretary to sign a petition in favour of the Bill when it comes before Parliament next session. The Committee announce with great satisfaction that Sir Charles Cameron, M.P., has consented to become Honorary Vice-President for the year 1900, and thanks are expressed to Mr. Alexander Cross, M.P., Sir Charles Cameron, M.P., and Mr. D. N. Nicol, M.P., and others for their help in Parliament, and to the Council of the British Medical Association, and to the Editor of the *BRITISH MEDICAL JOURNAL* for their assistance during the past year.

The Treasurer's statement shows that the work of the Association is conducted in a very economical manner, and that there is a satisfactory balance in hand. The annual subscription is 5s., and should be paid to the Treasurer, Dr. Martin, 737, Gallowgate, Glasgow.

HARVEIAN SOCIETY OF LONDON.—The gentlemen proposed by the Council as officers of the Society for the year 1900 will be ballotted for at the annual general meeting on January 18th. The President proposed is Dr. W. H. Lamb, and the Honorary Secretaries Mr. Raymond Johnson and Mr. Hubert Phillips. After the meeting, the annual *conversazione* will take place at 8.30 P.M., when the retiring President, Mr. H. E. Juler, will deliver his address, and there will be music.