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## THE WAR IN SOUTH AFRICA.

## IN PRETORIA.

By SIR WILLIAM THOMSON,  
Surgeon-in-Chief, Irish Hospital, Field Force, South Africa.  
THE TOWN, THE CAMP, AND ENTERIC FEVER.

Pretoria, June 24th.

THE difficulty of "getting through" any letter to or from Pretoria suggests that we are in a degree invested by the enemy. True, he is a good way from us in the south, and in the north Botha has been driven off 40 miles after two sharp engagements. But De Wet has adopted the course which was obvious; he did not need the prompting of our generous Continental friends, and has assailed telegraph and railway lines in our rear with some success. Letters and telegrams do reach home we believe, but only by using messengers to carry them to a place of safety. Letters for us, however, do not come. I have had none of later date than April 20th, and anxiety is naturally great. We believe that somewhere south 1,200 mail bags are awaiting safe conveyance to the front—but rumour now has it that they have been captured and burnt by De Wet.

Pretoria is full of interest to us all. Our entry to it was through suburban brickfields and inches deep of red powder that shaped into clouds at the smallest breath. But as we advanced we entered long straight, wide roads, always running at right angles to each other, edged with houses of varying architecture and size. Some were pretty houses, many elaborate villa residences of red brick and stucco, faced and planted by trees, among which the fruit-laden orange was conspicuous. As we neared the central square we entered the limited region of shops. Many of them were really immense stores like those at home, most of them well fitted, and all of them lighted by electricity. The square itself is made impressive by the two great buildings—the Raadzaal or Parliament House, facing the new but unoccupied Palace of Justice. They are both worthy of the home metropolis, and the Boer officials certainly know how to make offices splendid and luxurious. In the middle of the square, and therefore spoiling the effect, stands an old Dutch Reformed church, but it was purchased by the late Government for removal. At one end of this stands the beautiful pedestal for the Kruger monument, the scaffolding still around it, but the effigy, although finished, absent; and already the vacant space has been assigned to a statue of Her Majesty. It is also suggested that Lord Roberts's statue should occupy the opposite end. Banks and insurance offices or hotels, more or less handsome, make the sides, and give a certain European air to the place. Then in the daytime the whirling dust is controlled by watering carts. At night the streets blaze with electric lights. But the ordinary civil population is absent. Many shops are closed altogether, but not one is barricaded as they were at Johannesburg. Tommy walks abroad unarmed as if he were in a garrison town at home; officers throng into the hotels to get a square meal after a biscuit ration. The only Boers to be seen are in the crowd at the Raadzaal, where they push in like a mob at an "early door" to deliver up their rifles and take the oath of neutrality. Sometimes this has been varied by fifty or sixty prisoners taken at some fight. These do not go free; but for the rest, when they have got their pass they join the ordinary street passengers, and lose any special identity for us as fighting men. Only a week ago they were firing on us; now the bandolier and rifle are put aside, and the Boers are ordinary people, fraternising with us, discussing the campaign, telling their adventures, criticising their own Generals and ours, but always expressing admiration of the splendid bravery of the British soldier.

Such is Pretoria to-day under a second British occupation. Just nineteen years ago, when we retired from it, the square over which two palaces now hold guard was covered with waving veld grass and the paved pathways were represented by a couple of foot tracks.

We camped on Wednesday, June 6th, with the 11th Division near the famous racecourse where our prisoners were confined, and the next night we knew of the release of about 3,000 of them at Waterval. Many of them looked ill and worn, but

their delight at hearing our guns and seeing their old comrades may be imagined. Of their hardships in illness and in health they speak openly. Stories fit about which may take form later on, but it would be unjust to mention names until there is substantial proof of charges. On Friday we moved out with the troops for about nine miles, and on Saturday returned to our ground nearer town. The ambulances carried back thirty patients, and later in the afternoon we received seventy more. But the field equipment which we had brought was adapted to fifty only. All we could do was to give up six small living tents provided for the company, and thus we were able to give cover to the second fifty; but these men had to lie on the ground wrapped in blankets. Nearly half were enteric cases, and it is easy to realise what this meant. There was no provision for them in the town. The Volks Hospital was full, and a model school was already crammed; other hospitals on the field were as we were, except that all their patients had to lie without stretcher, and on mattresses, while we were able to give these small comforts to fifty. As always happens, once the troops sat down, sickness made itself manifest, and there were 1,000 cases or more demanding treatment and proper housing.

## THE EVOLUTION OF THE IRISH FIELD HOSPITAL.

I had looked for some days at the stately exterior of the Palace of Justice, and wondered what was inside. I learned that it had just been finished at a cost of £180,000, but that it had never been occupied. A casual conversation with Major the Hon. R. White led to an introduction to General Maxwell, the Military Governor, who had visited the place. Next day the Pretoria Medical Commission was formed, consisting of Mr. Murray Guthrie, M.P., Mr. Leigh Wood, distinguished for his splendid services in helping our sick prisoners at Waterval, Mr. Heys, and Mr. Loveday, member of the Raad. The Governor asked me to act as adviser and to be a member of the Commission, of which Mr. Wood was made chairman. We became a local Red Cross Society, and by the energy of Mr. Wood and Mr. Guthrie an enormous quantity of material was collected in twenty-four hours, and we at once began to distribute bedding, etc., to the various hospitals, and we took over the Palace on Friday, June 15th, as a perfectly bare building. A hospital committee was formed, and I was asked to undertake the medical direction, with the usual proviso as to recognition of military supervision and control, a proposal which was at once sanctioned by Lord Roberts. Mr. Rupert Guinness was also appointed a member. On Tuesday, June 19th, I moved in with 80 patients, who were provided with wire-woven beds, white sheets, and the little luxuries that were so keenly appreciated by men whose only bed for six months has been the hard veld, and whose only tenting was the sky. Electric lighting had to be introduced, kitchens and latrines constructed, and stores laid in. It was downright hard work, for I had as helpers only Dr. Coleman, Mr. Douglas Thomson (dresser), Mr. Lurring (apothecary), and five orderlies, survivors of the march, and these, with Mr. Murray Guthrie and Mr. Wood, worked with untiring energy. To them I owe more thanks than words can convey.

To-day we have 260 patients in the hospital, the only addition to my staff being some untrained orderlies. The greater number of the cases are enteric fever, and several of these have died within a few hours of admission. They have been in field hospitals under conditions that were inimical to their recovery.

The Palace of Justice is a building of fine proportions, and would be quite worthy of a place in any metropolis. It has a frontage of about 200 feet, and a depth of nearly 250. The central hall is 145 feet by 45, floored with encaustic tiles and surrounded by a balcony supported by 60 massive stone pillars, the bases and cornices of polished metal. The central dome is lofty and ornate. The sides and front of the building are three storeys high, and the rooms number about 100. Beneath, in the basement, there is excellent storage.

Four of the principal wards have been named after Lord Roberts, the Military Governor (General Maxwell), Lord Kitchener, and Lord Iveagh—whose staff for the Irish Hospital has been for the time domiciled in the Palace of Justice.

The difficulty which was the first to be dealt with was the disposal of excreta. The method here is to have night-soil

removed by carts and buried. I determined to have it burned. For this purpose it is mixed with coal ashes and sawdust, removed, and fed into a furnace, so that with a preliminary free treatment with disinfectants, the best is done under the circumstances.

The remainder of my staff at Bloemfontein has been telegraphed for by the Commander-in-Chief, and when it arrives we shall be able to deal with 400 or 500 patients. But transit at present is very uncertain. Trains are still being fired into and contents blown up. An officer whom I met yesterday had been seven days on the journey. To-day, however, things look better.

## THE ALLEGATIONS AGAINST THE MEDICAL ARRANGEMENTS.

[FROM OUR SPECIAL CORRESPONDENT AT CAPE TOWN.]

July 3rd, 1900.

### THE OPENING OF THE CAMPAIGN.

THE main topic of interest at present is, of course, the sweeping attacks on army medical administration, which, under the leadership of Mrs. Dick Chamberlain, have been made on this side, concurrently with Mr. Burdett-Coutts's campaign in England. The first move here was a contributed article from an irregular from one of the Colonies, who is stated to be a man of education and of high position in his own country, published by the *Cape Times*, far and away the most influential of South African newspapers. For this article, by not inserting it in the correspondence columns, the *Cape Times*, of course, assumed a measure of responsibility, and it necessarily attracted much attention. It evoked a whole shoal of letters, nearly all in defence of the department.

Closely following upon this, the Archbishop of Capetown, a very highly respected prelate, distinguished for the moderation of his views in most matters, made a speech at the Good Hope Society, roundly accusing the medical authorities, not only of general neglect, but of keeping back from patients comforts sent by the Society. In particular he mentioned the camp at Rosebank, where there is some sort of a "hospital" devoid of the simplest comforts, and he went so far as to say that the medical officer there was unfit for his office. The Rev. G. G. McLure, a Presbyterian minister, substantiated the general charge of neglect, and went on to say that what had been said of Rosebank was equally true of Green Point and Maitland. Some further complainants have extended the attack to Wynberg and Rondebosch, but Woodstock was not specifically mentioned until yesterday, when Mrs. Dick Chamberlain, who is, I know, the prime organiser of the whole criticism, wrote to the *Cape Times* a very trenchant letter indeed, in which she designates both No. 1 and Woodstock as "dirty and insanitary," "swarming with filthy insects," and "destitute even of necessities, except those contributed by the public." The same issue contains a letter signed by 33 convalescents at Rosebank, protesting against the reflections on their medical officer, stating that their wants had now been attended to, and then going on to state that their real grievance lies in the direction of not being able to get their pay, a matter with which the medical world has, of course, no concern. It should be mentioned that the Archbishop has written to Dr. Klein (the Rosebank Medical Officer), apologising unreservedly for his aspersions upon him, and that this letter has been published. The Archbishop, however, still maintains that someone has been to blame in connection with Rosebank. Two correspondents write defending Naauwpoort and Deelfontein respectively, and the *Cape Times* prints a half-hearted subleader admitting that the complaints may represent an exceptional experience, but still damning the military medical officer with faint praise by insisting that heroism in the field does not make up for roughness or unsympathetic treatment of patients elsewhere.

### THE ALLEGATIONS EXAMINED.

Now, I purposely abstained from writing to you on this painful subject last week from the fear of being led into an *ex parte* statement, without the opportunity of personal inquiry. I have now carefully looked into the matter from all sides, and shall endeavour to give the result of my conclusions for

what they are worth. These conclusions are arrived at from the point of view of a civilian medical practitioner, holding no brief for the Army Medical Service, but who can add to twenty years' practice in the Colony the experience of an old campaigner, that of an administrator of a civil hospital, and that of a correspondent whose duty has brought him into daily contact with the hospitals at the base since the beginning of the war.

### ALLEGED DEFICIENCIES IN DIETS.

Briefly then, my humble opinion is that, whilst the medical machinery has failed in some places to save the men from discomfort, and perhaps in a few, has involved them in a measure of injury, the gross allegation of wilful neglect, of *mala fides* and of culpable incompetency, can easily be disproved. Some of them, indeed, disprove themselves. Take the worst allegation of them all, contained in the Colonial Volunteer's "Seamy Side" article, that a sergeant in charge of his field hospital, and other orderlies, systematically refused to supply actually routine articles of diet without payment at an exorbitant rate, and that this was allowed to go on systematically. Common sense alone is sufficient utterly to pulverise such a statement as this. There were, according to the complainant, 26 men in the tent. To assume that every single man of those 26 was prepared to keep silence under treatment of this kind, especially when accentuated by such trifles as the kicking of a patient with dysentery, is to assume the absurd. Tommy is not given to possessing his soul in peace when he has a grievance, and your average free and independent Colonial even less so. Complaint is all the easier from the fact that it is of a nature so easily substantiated. The diet sheet can be read by every patient, so that he knows what he is entitled to, and a failure to supply the items therein named is a common grievance to which the whole tent would certify. I have invariably found that the soldier scrutinises his diet sheet most carefully, and never fails to bring to the notice of his medical officer the slightest discrepancy between it and his supplies. But it is alleged that complaint can be stifled by the simple process of a sergeant bending over the bed of a man who is beginning a disclosure to his medical officer, and terrorising him into silence by "insulting and obscene" threats. This suggestion is grotesque, seeing that medical officers, R.A.M.C. and civil alike, have the usual allowance of perceptive faculty. Then, again, as to the stifling of legitimate complaint, what becomes of the orderly M.O., of the camp or garrison orderly officer, of the P.M.O., of the chaplain, and all the other heterogeneous mass of visitors, official and non-official? Could none of them listen? The experience of everyone of our civil surgeons is that the slightest defect, quantitative and qualitative, is promptly brought to the notice of the orderly M.O., whose special province it is to elicit complaints. Further, the men's own medical officers are by no means always accompanied by wardmasters or orderlies. Apart from their ordinary rounds, they constantly look into the wards at odd times, and on such occasion a private complaint is always possible. And there is this further consideration, that by far the major share of the actual attendance upon the sick is in the hands of civil surgeons, both at the base and at the front. These gentlemen are neither better nor worse than the generality of practitioners; indeed, the Volunteer admits that they are "shining lights of the service" (if so, the service is so permeated by them that its darkness cannot be so great), and they at least are not trammelled by the assumed baleful service traditions of brutality and incompetence. Consequently, if brutality and neglect are so rampant as we are told, the profession as a whole must plead guilty to charges not often levelled against it. But are the R.A.M.C. officers so easily persuaded to leave behind them the traditions of the most humane of callings? I do not think so. The most careful investigation has only brought to my notice one instance of harsh language or action on the part of an officer in that corps during this war. This was indefensible, I admit, but occasional black sheep may be found in any body of men. The point of the critics, on this side at least, is that the whole system is honeycombed with the faults complained of. No one can deny that the best of systems has its weak points, nor that individual evildoers are found everywhere. Unfairness consists in holding up the black sheep as types of the flock. What I maintain is that the military hospital system, with



its never-ending checks and counter-checks, often complained of as wearisome, is as perfect a human machine for checking speculation and neglect as one can at present devise. Your average civil surgeon complains that it is only too minute.

#### AT ROSEBANK CAMP.

Now as to the more specific charges. The pity of it is that they are so few. The Archbishop had heard this and had been told that, but he only nailed one charge to the counter, namely, that convalescents at Rosebank had neither had blankets nor beds. What are the facts? At Rosebank Camp there is no hospital whatever nor is one intended. This camp is the base dépôt of the South African Irregular Forces, such as the South Africa Light Horse, Roberts's Horse, etc. These forces were in the first instance raised and equipped by private effort, mostly by a few wealthy Johannesburgers. A committee of these gentlemen did all the recruiting, made all the arrangements, and, subject of course to the approval of the Imperial military authorities, appointed the officers, amongst others Dr. Klein, the present medical officer at the camp, a German practitioner well known for his kindness and ability. The committee secured the Agricultural Show ground as a base dépôt, at which recruits were and are kept until fit for the front. Later on of course it received men about to be discharged, men temporarily sent down to Capetown with prisoners or the like, and men discharged from hospital pending their rejoining their squadrons or being discharged from them. To examine recruits and to attend to medical needs of the dépôt Dr. Klein was kept, but it must be distinctly understood that he was merely to render temporary aid as a regimental surgeon, everything beyond the slightest ailment being sent to a general hospital after being examined by him. Consequently no hospital accommodation was provided nor needed. Except as regards the actual *personnel* of Dr. Klein the place did not come, apart from sanitation, under the purview of the R.A.M.C. at all. But quite recently, owing mainly to the delay of the pay people at Rosebank in settling with and discharging the men, the number of "convalescents" has increased, and as some of them were still weakly, Dr. Klein felt that they needed something better in the way of bedding than the ordinary trooper fit for service, and he repeatedly requisitioned the Commanding Officer of the dépôt to that effect. After a time, nothing being done, or apparently likely to be done, he appealed to his medical chiefs, not because they were responsible for the supplies (for they were not) but simply to back him up. Colonel McNamara promptly inspected and concurred with Dr. Klein in considering beds, etc., necessary, and requested the Commanding Officer to provide them, resting satisfied with the expectation that this would be done. Dr. Klein was equally satisfied, but the Commanding Officer did nothing, and thus the state of things undoubtedly wrong came about, and it was only remedied eventually by the Medical Department supplying the things required, clothing and bedding, for which it was not responsible. Surely it is too much to expect the R.A.M.C. to follow men up to their own units and perform the functions of a regimental commissariat.

#### CHARGES OF "CALLOUSNESS."

Then Mr. McClure and others have roundly said that the citizens of Capetown are sending waggon loads of comforts for the sick, and that the medical officers, or someone else, prevent their getting them. Mrs. Dick Chamberlain is even more emphatic. According to her, "So determined are the doctors not to allow the outside public, so callous are they to the sufferings of the unfortunate patients," that men have to lie on the floor and suffer all kinds of things. Now, again, for the facts. The P.M.O.'s of the hospitals have again and again appealed for various things, constantly gratefully acknowledge them, to the minutest detail, in the papers, and, what is of the most importance, forthwith hand everything received to the Superintendent Nursing Sister, who keeps them under lock and key, and distributes them entirely at her own discretion, subject only, of course, to the dietetic direction of the medical officers in charge of the cases. Surely no one can assert that any better almoners than our devoted nursing sisters could be found.

#### MAITLAND YEOMANRY CAMP.

Now as to the charges of neglect at the Maitland Yeomanry

Camp. The explanation I gave as to the position of Rosebank apply in great measure to this. It is not recognised as a "hospital" or "convalescent home." In order to meet ordinary every-day requirements and for sanitary purposes, the Yeomanry Hospital was asked to detail a medical officer to do duty at the McKenzie's Farm Yeomanry Base Camp, but it was distinctly ordered by the Surgeon-General that every case of illness in the least serious should be sent to a general hospital. The Surgeon-General has from the beginning been opposed to small subsidiary hospitals, and, I think, rightly. Unfortunately, it appears that the medical officer at McKenzie's Farm took upon himself to treat some cases of enteric fever there, and two died. It is certainly not proved that these men died from any neglect; indeed, the utmost that an indignant lady critic whom I interviewed on the subject could urge was that there was no nursing sister there. They were housed in a comfortable hut, and received quite as good attention as nine out of ten enteric patients get in civil life; but still, it is unfortunate that they were dealt with at a place never destined for the purpose, but for this the P.M.O. can hardly be held responsible. There is a little difficulty in getting at the exact position of the medical officer at McKenzie's—that is, as to whether the P.M.O. of the Base or the Yeomanry Hospital people are his immediate superiors. Of course, in the broad sense, all medical arrangements are under the Surgeon-General, but there is no going behind the fact that in the case of all the outside hospitals there is a certain delegation of responsibility to the bodies forming them. Indeed, if it were not so, the benevolent organisers would be the first to kick. It is only fair to mention that the Yeomanry people distinctly state that they disclaimed from the first any responsibility for the management of the Maitland Hospital. Be this as it may, it is rather unfair to expect the military authorities to exercise the same constant supervision over an institution distinctly instructed to regard itself as a mere "detention hospital" as over a recognised place for the continuous treatment of the sick. This consideration carries still more weight when the institution has some sort of an individuality apart from the military system properly so called, for reasons which I have just mentioned. I have very good reason to believe that this individuality was at the bottom of the retention of the enteric patients at Maitland. Whether the *esprit de corps* dwelt in the medical officer in charge or in the yeomen patients I am not prepared to say, but I do know that from the adjoining cavalry camp at Maitland proper even very slight cases are very promptly despatched to Woodstock or Wynberg.

#### FOOD SUPPLIES.

Another assertion made by the Volunteer contributor of the *Cape Times* is that even at Wynberg a man cannot get sufficient food without paying for it, that instead of the dietary pound of meat they only get 8 ozs., and that the allowance of butter is absolutely insufficient. Now, these assertions I am in a position to deny categorically, both from my own intimate acquaintance with Wynberg, Rondebosch, and Woodstock, and from the testimony of several men, Colonial friends, one or two relations of my own who have been in these institutions and can be relied upon to speak quite unreservedly. I am quite certain that the meat supply is absolutely up to weight, except on rare occasions, which without speculation must happen when large quantities have to be hurriedly divided. I know of several instances in which complaints have been made of short weight, and in all these cases, except one, the complaint was shown by actual weighing to be groundless. So far from wardmasters or orderlies being inclined to aid and abet the cooks in speculation, I have always found that these people are rather inclined to regard one another as natural enemies, and that the average wardmaster rejoices in catching the cookhouse people tripping. Again, as to the butter. It must be admitted that in some of the diets the ounce allowed is not quite sufficient, but practically whenever asked for an additional ounce, very often two, come in as extras. I have before me notes of 48 diet sheets taken from four wards and an annex without any selection. From these I have eliminated 14 cases in which for strictly medical reasons the diet is limited. The remaining 34 are on roast, varied, stewed steak, roast chop, stewed chicken, and minced chicken. In every sheet, except one, either stout, whisky, or port wine appears,

in six of them two bottles of stout daily. The one exception is a professed total abstainer who earnestly pleaded not to be given stimulants.

In all the cases but 6 (and 4 of these are on "varied") an additional ounce of butter is ordered, and in 17 of them 2 ounces. In addition, on all of these sheets, except the "varied" diets, some other "extra" appears—eggs, porridge, jelly, custard, rice pudding, or the like. I have no hesitation in saying that your middle-class patient in Capetown, say the average shopkeeper, bank official, civil servant, or the like, the man with an income of £300 to £500 per annum, literally cannot afford to give himself during convalescence so liberal a diet as Tommy Atkins is ordered in hospital. This may seem a strong assertion to make, but it is the result of a consensus of opinion from myself and two civil practitioners who have large good-class practices in this city. It may, of course, be said that the patient does not get what is ordered. To that I can only repeat that unless a patient is a helpless idiot and his medical officer hopelessly incompetent, a continued and systematic course of tampering with diets is impossible.

#### HOSPITALS AT WYNBERG.

Mrs. Dick Chamberlain's letter is written in a spirit widely different from the criticisms of the Archbishop, Mrs. Hanbury Williams, and some others. The former reaches the hardships of the sick and wounded by way of a personal grievance—always a bad introduction to an indictment. *Appropos* of that personal grievance, I may relate a little anecdote. In the early days of the campaign, I happened to be in a ward in one of the base hospitals. A lady, whom I did not then know, was talking to a patient whom I was anxious to see. After a respectful wait on my part, she passed on. The first words of the patient were, "I hopes you frightened her away, sir; I dessay she's an orful good lady in her way; but if she and all the other women would send us books, and stop away themselves, we chaps would have a bit o' peace. Sister is good enough for us." This incident explains why the military authorities thought fit to put an embargo on the unrestricted walking of hospitals by society ladies.

Now, a word as to Mrs. Chamberlain's definite charges, the "swarming with filthy insects" and the "lying of sick and wounded men on the dirty floors of No. 1 Hospital." It cannot be denied that in the old permanent wards of No. 5, and to some extent in those of No. 1, these objectionable denizens are at times in evidence, but that they are a general plague I distinctly deny, or that their occasional presence is due to any neglect of cleanliness. Mrs. Chamberlain shows her ignorance of South African conditions when she argues the presence of dirt from the presence of "Norfolk Howards" or lice. In many of the best houses and hotels in Capetown they may be found, but I have not yet discovered the means that will permanently eradicate them. Nothing short of pulling down the whole place would accomplish that end at Woodstock; but every possible effort is made, by cleanliness and odorous antiseptics, and these succeed in keeping them so far in check as to prevent any very notable annoyance. And the facts of the "dirty floor" indictment are there. To begin with, the floors are not "dirty," but as clean as scrubbing can make them. Secondly, the patients in question were not "sick," but convalescents on their way to England, who arrived when the hospital was full, and were detained two or three days pending the departure of a transport. They were placed on mattresses, were perfectly comfortable, and were not in the faintest degree injured by the arrangement.

#### DEFECTS REMEDIABLE AND IRREMIEDIABLE.

Finally, let me indicate a few points about which, with a show of reason, complaints have been made. They appear to me to be there:

- A. That kits and their contents have often disappeared.
- B. That the conveniences and nursing in the field hospitals were sometimes deficient.
- C. That there was for a time a scarcity of beds and some foods at Bloemfontein and elsewhere at the front.
- D. That in some cases patients brought from the fighting lines have had to lie for some hours on the ground till tents were put up.
- E. That the cooking, especially of "fancy" articles such as puddings, is at times bad.

Under A I have heard of scarcely any instances at the base, although of a fair number higher up. Pressure of work upon a small number of R.A.M.C. men goes far to excuse this, but possibly in some instances actual dishonesty is the cause. But this does not condemn the system adopted, as is proved by the fact that where the official system is thoroughly carried out, as it is at the base, very few articles disappear. My informants at the front mostly attribute their losses to dishonesty of ordinary soldiers and by carelessness or lack of time for proper supervision on the part of clerks and orderlies.

B. To any sensible man's mind this is easily explained by the enormous transport difficulties; so is C.

D. Marquees cannot be erected by a wave of the hand, and necessarily a hospital very often has very short notice of the arrival of patients.

E. This trouble is inseparable from any large institution in which cooking has to be done on a large and systematic scale, unless an enormous staff is kept. Precisely the same thing is complained of in the largest London hospitals.

The sum of the whole matter is that if "perfect" attendance of the sick and wounded, even at the base, is to be a *sine qua non*, the British taxpayer must keep a permanently-trained medical staff of at least six times the present number for a national emergency that may never occur again, and that, as for perfection at the fighting front, no money and no organisation will secure it. But I do maintain that the R.A.M.C. people, officers and men, have done all that human foresight and energy could accomplish.

#### THE WELSH HOSPITAL.

We are indebted to Mr. R. H. Mills-Roberts, F.R.C.S. Edin., one of the surgeons to the Welsh Hospital, for the following account of its work down to July 1st:

The Welsh Hospital with its staff left Southampton by H.M. transport *Canada* on April 14th. There were also on board several companies of the Imperial Yeomanry, including the "rough riders," together with various drafts—in all about 1,500. The voyage was uneventful. The weather was good and the sea calm. Our journey out was only broken by a stay of two hours at Las Palmas. We reached Capetown on May 3rd, and were met by our colleague, Mr. Lynn Thomas, who had preceded us to South Africa. We disembarked on May 5th, and soon discovered that our headquarters would be at Springfontein.

#### VISIT TO BLOEMFONTEIN.

While our hospital was being prepared we (the staff) placed our services at the disposal of the Surgeon-General. Our nursing sisters were temporarily sent to the hospitals at Wynberg and Woodstock, which hospitals the surgical staff had also the pleasure of visiting and inspecting.

On May 8th we received orders to proceed to Bloemfontein, and accordingly left Capetown by the mail at 9 P.M., reaching Bloemfontein on the morning of May 11th. Having reported ourselves to the Principal Medical Officer, we were told off as follows:

Professor Jones and Dr. Davies, with 3 dressers, to No. 8 General Hospital.

Mr. Lynn Thomas and Mr. Mills-Roberts, with Dr. Laming Evans and 2 dressers, to No. 9 Hospital.

And 2 dressers to No. 10 General Hospital.

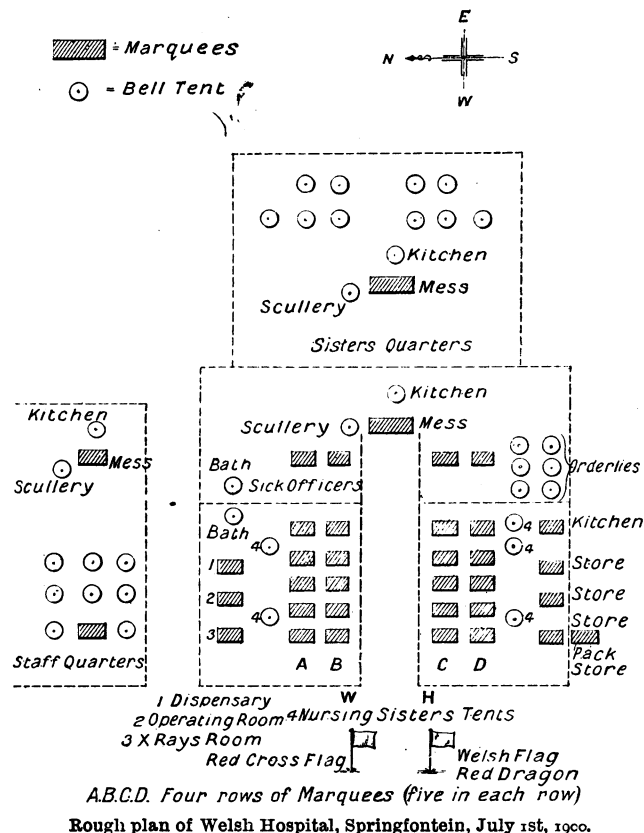
Bloemfontein on our arrival was crowded with cases of enteric fever and dysentery; there were said to be about 5,000 cases. No. 9 General Hospital, which normally consisted of 520 beds, contained nearly 1,700 (medical and surgical) cases. The surgical cases presented the usual characteristics described over and over again during this war, so that I need not now enlarge on the extraordinary achievements of the Mauser bullet.

Our visit to Bloemfontein was very disastrous; we all became more or less ill with "Modders." One of our dressers, Mr. Eames, who was attached to No. 8 Hospital, contracted dysentery. Of our nursing sisters who had joined us, two were told off as night and day specials to look after him. In spite of the greatest care and attention he died on May 27th. We were considerably depressed by the death of Mr. Eames, and were glad to leave Bloemfontein for our own hospital at Springfontein, where we were all installed on May 31st.



## THE SITE OF THE HOSPITAL AT SPRINGFONTEIN.

The Welsh Hospital is admirably situated on sloping ground 5,000 feet above the sea, about half a mile east of Springfontein Station. The frontage is due west, with an extensive view of undulating veld and distant kopjes. On our right flank is No. 3 General Hospital, under the able supervision of our kind and courteous friend, Colonel Keogh, R.A.M.C. Our left flank is protected by a series of low kopjes, on which are mounted some 4 7 inch guns, and to our rear are several other kopjes surrounded by carefully laid mines. We had been looking forward to a happy time at Springfontein; but misfortune after misfortune dogged our footsteps. One of our sisters, Miss Sage, who nursed Mr. Eames at Bloemfontein, became ill with dysentery; a few days later Dr. Davies developed the same disease, he was at No. 8 Hospital with Mr. Eames. Miss Sage died on June 12th and Dr. Davies died on June 15th.



## DEATH OF PROFESSOR THOMAS JONES.

These misfortunes cast a heavy gloom over our little camp. We were all very depressed, and things looked very black on June 18th when our beloved chief, Professor Thomas Jones, also died. The circumstances surrounding the death of Professor Jones were very sad and tragic. He was greatly upset by the deaths among our staff. Dr. Davies was an old house-surgeon of his and Mr. Eames an old dresser. He suffered from insomnia; he lost his appetite; his pulse became irregular and intermittent. We were all anxious to get him away, but feared that he was not strong enough to travel.

For some days there had been rumours of a possible attack on Springfontein. On the evening of June 18th some shots were fired on the kopjes behind our camp. These were followed by volley firing and cries of "lights out." It was thought that there was a night attack and preparations were accordingly made. It was discovered afterwards that the firing was due to a false alarm. Poor Professor Jones died that night of a broken heart brought on by grief and sorrow at the deaths among our staff and the worry and anxiety inseparable from a hospital like ours. He was one of the kindest and most

conscientious of men, but his nature was far too sensitive and tender for a rough campaign. His virtues were so many and so well known that it is quite unnecessary for me to enumerate them here. I will only say, with all that knew him, that to know Tom Jones was to love him.

## THE HOSPITAL.

We are hoping that our misfortunes are now at an end. In spite of all our troubles I am glad to say that our little hospital—of which we are all so proud—is in a very flourishing condition. We are attached to No. 3 General Hospital, and therefore have the advantage of the advice and guidance of that most able administrator, Lieutenant-Colonel Keogh, R.A.M.C.

Our hospital originally consisted of 100 beds, of which 78 are endowed, including one—the "Albert Edward"—given by H.R.H. the Prince of Wales. We can now accommodate 128 patients—16 officers and 112 men.

The hospital proper consists of 20 marquees; 4 for officers, containing 4 beds each; and 16 for men, containing 7 beds each. We are now preparing an additional block, 4 marquees, 7 beds each, for enterics only.

In my next letter I hope to give short notes of some of our cases. I am enclosing a rough plan of the hospital.

## THE R.A.M.C. SOUTH AFRICA FUND.

SUBSCRIBERS and donors to this fund will be glad to read the following extract from a letter written by Mr. A. D. Fripp, F.R.C.S., the Senior Surgeon of the Imperial Yeomanry Hospital at Deelfontein, dated July 2nd. After referring to the fact that he was writing in midwinter, though the sun was warm by day, he writes:

During the week there has arrived from the R.A.M.C. Fund in London a welcome present of pipes, tobacco, and clothes for each of the non-commissioned officers and men on our staff. It gave them great pleasure, for it showed them that they were not forgotten, and indeed I do not think that Her Majesty's forces contain any harder or more devoted workers than the hospital orderlies. Their position is one of considerable danger—I know one hospital which has lost over 30 from enteric fever out of less than 200—and their work in the wards is exacting and continuous. For them there is no such thing as a halt, unless indeed they get sick themselves, from the beginning of the war to the end, and they deserve all the kindness and recognition which friends at home can secure for them.

## THE HALF-CROWN SUBSCRIPTION LIST.

The following additional subscriptions to the Half-Crown Fund have been received down to and including July 25th, since our last list:

	Half-Crowns		Half-Crowns
Dr. C. Wakefield (London) ...	1	Dr. Grove ...	1
Mrs. J. F. Allan (London) ...	4	Dr. Woodcorde ...	1
Per Mrs. Milne Murray (Edinburgh):		Dr. Hudson ...	1
Mr. Cathcart ...	4	Dr. Archer ...	1
Per Dr. J. M. H. Martin (Blackburn):		Dr. Donald McRitchie ...	1
Captain Rawlinson ...	4	Dr. David McRitchie ...	1
Per Mrs. G. H. Davies:		Dr. Wood ...	1
Mrs. George Lewis ...	4	Per Dr. R. Anderson (Gateshead-on-Tyne):	
Per Dr. T. A. Helme (Manchester):		Dr. Smith (Gateshead) ...	1
Dr. J. T. Rogerson (Heaton Norris) ...	1	Dr. Ridley ...	1
Dr. R. T. Williamson (Manchester) ...	1	Dr. Kimpster ...	1
Per Dr. H. Lucas (Huntingdon):		Mr. L. H. Armour (Gateshead) ...	1
Dr. Hill ...	1	Dr. Davis (Gateshead) ...	1
Dr. Buckenham ...	1	Dr. Gilbert ...	1
Dr. Edwards ...	1	Dr. Galloway (Low Fell) ...	1
Dr. A. J. Balding ...	1	Dr. J. Anderson (Seaton Delaval) ...	1
Dr. Bradbury ...	1	Mr. Robert Tait (Seaton Delaval) ...	1
Dr. Griffiths ...	1	Mr. Jno. Stephenson (Seaton Delaval) ...	1
Dr. Deighton ...	1	Per Dr. D. G. Pearce Thomson (Penrith):	
Dr. Walker ...	2	Dr. Altham ...	1
Mrs. Walker ...	2	Dr. Bowser ...	1
Dr. D. B. Balding ...	2	Dr. Crerar ...	1
Dr. J. J. Balding ...	1	Dr. Biden ...	1
Dr. Pearson ...	1	Dr. Edlington ...	1
Dr. Clinch ...	1	Dr. Livingstone ...	1
Dr. Roper ...	1	Dr. Wilson ...	1
Dr. Gray ...	1	Dr. Thomson ...	1
Dr. Lucas ...	2	Per Dr. Ogilvie Grant (Inverness):	
Dr. E. L. Jones ...	1	A. L. ...	1
Dr. J. Giles ...	2	A. S. ...	1
Dr. Webb ...	1	Dr. Grant ...	1
Dr. Penberthy ...	1		