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THE WAR IN SOUTH AFRICA.

THE MOOI RIVER GENERAL HOSPITAL.

FROM OUR SPECIAL WAR CORRESPONDENT.

THE SITE OF THE HOSPITAL.

No. 4 General Hospital, stationed close to the Mooi River station on the Natal Government Railway main line, and known generally as the Mooi River Hospital, merits a detailed notice, for it reflects infinite credit on the R.A.M.C. and on all concerned; on those who selected the site, on those who laboured hard to utilise it to the best advantage, on those who are entrusted with the management, and on the medical staff, who work together with an *esprit de corps* not invariably found in large military base hospitals. However stereotyped the pattern, each hospital, when once it has got into full working swing, develops an individuality, and this quality undoubtedly affects the standard of the work done. No. 4 has one great advantage, due to its position. It is not near any town or even village. There are a few camps scattered about in the vicinity. The cavalry dépôt is situated on the left bank of the river, a mile away. The camp—a small one—of the scouts is seen in the distance, and close to this, in a commanding position, on the strong crest overlooking a flat, well-watered plain, on which a great herd of cattle grazes peacefully, a detachment of the Naval Brigade watch unceasingly for an enemy now, mercifully, never likely to show themselves again as such in the vicinity. Viewed through the clear air, the kopjes where the Boer guns were stationed when they shelled the station seem but a short distance away. A thriving farm nestles under the slope of a hill a mile or two away, bedded in a dark patch of trees relieved by the brighter green of the mealie fields around it. For the most part, the country is quite bare of trees, but here and there on the crests of the hills dark fringes show. The country is really a great upland, over 4,000 feet above the sea level. The beauty lies in the magnificent sweeping curves of the hills, and possibly to some extent in the fact that the bracing air predisposes one to admire everything. No better station could have been found for a hospital and, indeed, the place is known as a health resort. A couple of miles away is the Lake Hotel, known to invalids, situated in the minute village of Weston, and looking down the valley along which the river winds.

THE OFFICERS' HOSPITAL.

The principal hotel close to the railway station has been taken over entirely and converted into a hospital for officers. It is well adapted for the purpose, having a large verandah or "stoep" running round three sides of the building. Most of the officers are accommodated in separate rooms, an arrangement that seems to be preferred, though the reason is rather hard to understand. These bedrooms are small, and most of them of an uncompromising cubical shape that suggests rather a prison cell than a sick room. The isolation is complete if the occupant has any complaint that confines him to bed, and at Mooi River visitors are few and far between, a condition of affairs which may increase the monotony of convalescence in some cases, but undeniably tends to the smooth working of the hospital, even if it be not an actual advantage to the patients. The officers no doubt feel the deprivation of communication with the outside world, but the men in camp, ungracious as it may be to hint even at the fact, appear to be perfectly satisfied with their own society, and profoundly indifferent as to whether they are visited or not. People do not always realise how absorbing and engrossing an occupation is the contemplation of one's own convalescence.

The main dining-room is fitted up as a general ward with about a dozen beds. As in all buildings not primarily designed for hospitals, the ventilation arrangements are less thorough than might be desired. So long as the warm weather continues, and windows and doors can be kept continually open, there is nothing to complain of. But the winter is fast approaching, and the cold at Mooi River can be very severe. Some difficulty is likely then to be experienced throughout the building in securing an adequate supply of fresh air without draught and without risk of chill. This, after all, is a problem in hospital construction that is still not solved to everyone's satisfaction in places where the

architect and the sanitary officer have a free hand to devise the most perfect arrangements that can be secured. The sanitary arrangements of the hotel are now good, though the amount of work done at the outset in this direction before the sanitary condition was considered satisfactory must have rather surprised the proprietors of the hotel.

The ground immediately surrounding the hospital required extensive clearing, for in this, as in so many of the hotels and dwellings in South Africa, the immediate *entourage* was more than untidy. Kaffir servants can hardly be expected to realise the necessity of living not only in a clean house but with clean surroundings. Sufficient care is not taken to impress this on them. They are such intelligent, willing, and cheerful servants, that the fault clearly lies with the masters rather than with the subordinates. The alterations, sweepings, and cleanings effected by the R.A.M.C. before the place was held fit for the reception of patients must have astounded and, it is to be hoped, also instructed them.

There is no doubt that the bold step of "commandeering" the hotel has been thoroughly justified. In the case of officers, tent life in hospital is unsuitable on many grounds. For the men, however, whenever the climate will allow of it, tent hospitals appear to be the ideal arrangement on active service.

COOKING.

In the important but often rather neglected detail of cooking the arrangements appear satisfactory. This essential department of a hospital has probably, during the present campaign, occasioned the authorities as much trouble and worry as any other of administration, and it must be admitted that the difficulty has not always been satisfactorily met. Sick cookery is an art that but few possess, and invalids are critical to the point of capriciousness in many cases. Even offers of large salaries have failed to tempt competent *chefs*, and the dearth of cooks of even moderate ability has been a serious trial. No Principal Medical Officer can ever feel entirely confident in the smooth working of the hospital under his charge unless this essential detail has been satisfactorily provided for. It is the one department in which everyone is qualified to give an opinion. It is unfortunate that in our country the disposition to learn the art of cooking, and the talent for exercising that art appears to be confined to women. The importance of this subsidiary branch of army organisation does not appear to have received the same amount of consideration in our own country as it has in Continental nations.

THE HOSPITAL CAMP.

From the Mooi River station to the hospital camp is about three quarters of a mile, the ground on the right bank of the river rising in a gentle slope. A thoroughly good road has been made, and a wide, well-constructed wooden bridge thrown across the river. The discomfort of transit from the station is thus reduced to a minimum, and a high embankment renders the gradient of the road down to the river very gradual, so that the wheeled stretcher carriages are easily conveyed to the hospital.

THE HOSPITAL TRAINS.

While on the subject of the conveyance of patients from the front it may not be out of place here to make brief reference to the hospital trains on the Natal Government Railway. At the time of my visit there were two such trains, both of which had been converted for the purpose. Although extreme ingenuity had been shown in making the very best of the materials at hand, it must be admitted that the trains fell far short of the standard attained in Cape Colony, and also, it would appear, in the Transvaal and the Orange Free State. The cardinal difficulty that could not be overcome was that the corridor carriage is not in use on this line, and no corridor carriages, of course, that might have been converted could be brought round from Cape Colony by rail, as a glance at a map of the railway system will show. Even at a station where there is a suitable platform the entraining of a stretcher case was attended with some inconvenience, and even risk, to the patient. Where no platform existed the difficulty was, of course, much enhanced. It is true that in other of our hospital trains this drawback has not been fully recognised. I was informed by Major Daly, R.A.M.C., whose almost unique

experience in this war gave him full opportunity of seeing the arrangements made for the care of the sick and wounded on the Boer side, that in his opinion the Boer ambulance trains were superior to our own. In particular he praised the ingenious arrangement whereby patients could be easily entrained out in the open. A sloping way, adapted at will to the position of the train, could be let down, and the stretcher bearers were able without difficulty and without alarming the patient, to carry their burden into the carriage. The device resembled apparently the method adopted in England for horse-boxes. These trains were, it is alleged, bought in Germany; a striking example, if true, of the completeness of the preparations thought necessary for purely defensive purposes. The worst feature of the separate compartment arrangement is, of course, that so long as the train is moving, the patients are inaccessible to the medical officer.

The Princess Christian train, now it is understood in process of being fitted together for use in Natal, will remedy a very serious defect in the arrangements, and there is no doubt that it is more needed in Natal than in the western sphere of operations.

THE PLAN OF THE HOSPITAL.

No one—not even a civilian, who is supposed to have no eye for such matters—could fail to be struck by the workmanlike order in which the general hospital was set out, and with the rigid mathematical precision of the lines. The diagonal lines of the marquees were as absolutely true as the longitudinal or transverse, a feature that furnished at once evidence of the complete and careful attention to detail of every kind which characterised the hospital throughout.

I was informed that no positive instructions existed as to the precise plan on which a general hospital was to be laid out, a rather striking example that *de maximis non curat* always the War Department. Colonel Clery, the P.M.O. of the hospital, and Major Lucas, R.A.M.C., taking advantage of the latitude thus provided, had to devise to a great extent their own arrangements of marquees, and had certainly succeeded very admirably in the general design. Some 89 marquees were in use as hospital wards at the time of my visit. The space available allowed of an almost indefinite increase without in any way altering the plan of the hospital.

The central row was devoted purely to administration. Building was going on actively and in the centre of the administrative block a large erection of wood and galvanised iron was nearly completed. This was to be used as a reading and recreation room.

Close by was the operating theatre, which was opened for use during my stay. The theatre was of wood and galvanised iron, with floors of concrete slightly sloping to one corner so as to allow of free flushing of the floor. The lighting was excellent, top lights being placed in the sloping parts of the roof. The operations that the military surgeon may be called in to perform may be of the most difficult nature, and it is cruel to compel him to work, as is the case too often in the hospitals here, under conditions of semi-darkness. Practically there were two theatres, divided by a partition with a wide door. The second room was used, when there was no great pressure of work in the theatre, as an anaesthetising room.

Attached to the same building was the x-ray room. The mains supplying current for this room furnished also electric light to the operating theatre—an enormous boon, and an advantage that one did not expect to meet with in a hospital practically so remote. The accumulator battery was at the railway station in trucks. These had to be sent down to Maritzburg to be charged.

THE MEDICAL AND SURGICAL DIVISIONS.

Wide alley ways separated the medical division and the surgical division respectively from the central administrative block. In too many of the military hospitals sufficient care did not seem to be taken to keep the medical and surgical cases apart. This necessary precaution was difficult or impossible to observe no doubt when large numbers of patients were aggregated together, and public buildings were utilised as hospitals; but the plan of mixing up the different cases was very objectionable, and when many cases of enteric or dysentery were under treatment, or bad septic cases were

present, positively dangerous. At Mooi river the distinction was very thoroughly observed from the first. Thus the medical officers were not, as is the case in some hospitals, called upon to treat cases of every kind at once, but were kept, very properly and very much to their own and the patients' benefit, to a particular line of practice.

SEPARATION OF SURGICAL CASES.

The principle of segregation was carried still further. Septic cases were on the surgical side kept apart as much as possible. The cases of spinal injury were left by themselves as requiring special care and attention. Venereal cases were lodged in a separate camp altogether some distance from the main hospital and entirely distinct from it. Most of the marquees contained six beds, but at the upper end of the hospital where the sligher cases were lodged there were eight beds, the regulation number.

THE BEDSTEADS.

It may be noted that for the most part the bedsteads were too wide, and with eight in a tent little room is left. If the camp is pitched on rising ground it is impossible as a rule to arrange the beds so that all shall slope in a convenient direction, and wide bedsteads have really to be packed in rather without regard to the comfort of the patient lying in them. The difficulty of moving or lifting a patient on a wide bedstead is much greater than on a narrow one, and when the case is one of fracture, particularly when the fracture is of the femur, the sagging of the wirewove frame constitutes a serious objection and one prejudicial to the patient. A great variety of frame is found in the different hospitals. It would seem desirable to adopt a regulation pattern of a more convenient height than the majority of those in use here, and of a regulation width that would allow more space in the tent while contributing to the patient's advantage and comfort.

SANITARY ARRANGEMENTS.

The sanitation of the camp was all that could be desired, and the precautions especially that were not only enjoined but rigidly enforced in dealing with the dejecta in the enteric and dysenteric cases were admirable. Rules and written regulations, however complete and minute, are useless without constant personal supervision. Orderlies—and nurses, too, for that matter—are but human, and in their anxiety to observe the actual letter of the law often strangely err in understanding its spirit. An incinerator at some little distance from the hospital provided for the prompt destruction of soiled dressings, etc.

THE WATER SUPPLY.

The water supply was taken direct from the river, which here flows with a fairly rapid stream. A small donkey engine pumped the water up into a tank raised on a scaffolding above the level of the highest point of the camp. This tank was circular, and made of galvanised iron, a contrivance that has been found of the utmost value. Such tanks are light, easily moved by rolling, and readily cleaned. The water was run off from this reservoir through a sand and gravel filtering bed and then into the boilers for thorough sterilisation, before it was distributed to the camp. Thus treated, the water could be readily further filtered through the Berkefeld filters. Unless water be delivered in a fairly pure state into these filters it is almost out of the question to secure due observance of the regulations with regard to the use of the Berkefeld filter. If there is any sediment in the water the candle of the filter becomes clogged, and the process is then so slow and laborious as to render it almost useless. That the filter is an extremely efficient one all agree, but in active service, in a hot climate its employment is perpetually evaded.

LAUNDRY.

Both the medical and surgical wards were most thoroughly equipped. Laundry difficulties, which in a wet climate are much more formidable than might be imagined, had been efficiently provided for.

MILK AND EGGS.

The supply of fresh milk left something to be desired, and indeed this has been a great difficulty throughout in the Natal hospitals. "Ideal" milk was in great request, and

many of the men asked for this in preference to the fresh milk which had to be boiled before it was served out. The time of delivery of the milk which had to travel far was necessarily rather uncertain; and in an uncertain climate like that of Natal, there was also a liability to the whole stock being delivered in a sour state. Eggs, too, were scarce, and fetched a high price.

"COMFORTS" AND LUXURIES.

The small luxuries and comforts which count for so much in the mind of the public when it turns its attention to hospitals, were provided in abundance. Of tobacco, too, there was an ample supply. The open-air method of treatment which the climate permits, and which has been so widely and wisely adopted in the military hospitals, allows of free use of tobacco in wards without annoyance to non-smokers. Tobacco has a very real value in the treatment of such cases as abound in military hospitals in time of war. A full supply of tobacco for smoking, in whatever form it might be preferred, would in the field hospitals and dressing stations be second only in value to morphine, and would very often most advantageously replace it. Men waiting their turn to be dressed after they are brought down from the fighting line often positively crave for tobacco, and it acts as a most efficient and harmless anodyne. A box of cigars or cigarettes would often give as much relief as the hypodermic syringe, and fit a man far better to stand a rough journey from the dressing station into the field or stationary hospital. The value of tobacco is recognised, but still not recognised enough.

THE NURSING SISTERS.

At the time of my visit there were only nine nursing sisters at work in the hospital. Nursing, in the sense it is ordinarily understood, was therefore practically out of the question. A general superintendence was really all that the sisters could provide—valuable, beyond question, but still of necessity so limited that its value was reduced to the smallest compass. If the principle is recognised of having nurses in hospitals at all a sufficient number should be provided to enable real nursing to be carried out. It was in contemplation to erect immediately marquees for 200 more patients, in anticipation of the relief of Ladysmith, making some 800 beds in all. But it seemed by no means certain that additional nurses would be forthcoming.

THE ORGANISERS.

I have given only a very imperfect sketch of what appeared to me, reviewing the hospital with an absolutely unprejudiced eye, as a very perfect organisation. Only a few weeks ago the site was practically a hayfield, covered with wiry grass, through which one had to wade, in wet weather, knee deep. Now, by dint of hard work and energy, controlled by judicious foresight, and directed into the proper channels by chiefs who possessed a real gift of organisation, the field is converted into a village, and this village is one of the most efficient and well-managed hospitals I have hitherto met with. The natural advantages of site, remoteness from habitations, proximity to the railway, etc., have been utilised to the fullest, and the net result is one of which the P.M.O., Colonel Clery, R.A.M.C., may well be proud. No commanding officer could well be more fortunate in his staff, and the share that Major Lucas, R.A.M.C., has taken in providing for the efficiency of the hospital is acknowledged by all.

CLINTON T. DENT.

THE WYNBERG HOSPITALS.

By Sir WILLIAM THOMSON,
Chief Surgeon, Irish Hospital, South Africa.

Capetown, March 6th, 1900.

WE have been unable to move to Naauwpoort owing to the block on the railway. With a single line it is difficult to carry up reinforcements and at the same time to bring down nearly 5,000 Boer prisoners. But we are promised an early transit to the junction, which is near the Free State border, and on the road to Bloemfontein. The hospital there is full, and help is badly needed, so that we hope to "lend a hand" there very soon.

I was anxious to pay a second visit to Wynberg, as some rainloads of wounded had come down from Paardeberg. They

had suffered much before they reached the train. For three days many of them had travelled in ox waggons, exposed to the heavy drenching rains of that region, but once the luxurious hospital train was reached, they travelled the 600 miles to Wynberg with all comfort.

In No. 1 Hospital I met Colonel Greer, who conducted me through several wards, and I saw several men whom I had visited before.

There were many new wounded Boers, but although they had arrived in a rather dilapidated condition they were now clean and cheerful. In one ward Boers and our own wounded were mixed. They are on excellent visiting terms, but the political question, when it is broached, sometimes interrupts this cordiality. The prisoners are treated precisely as our own men. They are, indeed, on parole now, and although there are the usual guards, the Boers who are able can leave the wards and move about the beautiful shady groves which are part of this delightful spot, or receive their visitors in the wards. I asked several how they were treated. The first said, "We could not be better treated in a first-class hotel." Others bore like testimony. I asked if they got enough to eat, and they testified that they were very well treated in this respect. "They could get anything." They were all well dressed in clothes provided by the hospital authorities. A father and his son were amongst them. I asked their name. "Thompson," said the boy, and he told me that his father was born in England, and, coming out at an early age, was now a burgher of the Free State.

I went to see No. 2 Hospital, which is under the charge of Colonel Duke. It is accommodated in tents. I was glad to find an old resident pupil of my own—Major Lougheed—in charge of the surgical side. The tents are large marquees of the usual size. There are boarded floors, and beside every bed is a small shelved table. The sheets and bedding were scrupulously clean, and the patients were clothed in sleeping suits, with which they had been provided on reaching the train. I was particularly struck by the fine healthy appearance of those who were not suffering from severe wounds. There were English, Scotch, and Irish, and a few Canadians—all fine stalwart fellows. One of the latter had five bullet wounds—none of them serious. He enjoyed his pre-eminence. The Highlanders were recognisable by the colour of their legs. The knee, and a little above and below, were sunburnt almost quite black; and one or two men told me that their bare legs suffered a good deal from the fierce sun on the veld.

I spoke to a Highlander who had come down from Paardeberg with a bullet wound of the ankle. It was not serious, and I refer to him only in connection with a curious coincidence. He was in hospital a couple of months ago with a wound in the same foot. He recovered and went to the front. Now he found himself back again in the same tent, in the same bed, and with another wound in the same foot.

Major Lougheed showed me a young fellow who had a bad brain wound.

Perforating Bullet Wound of Brain: Hemiplegia: Trephining: Recovery.—The bullet entered on the left side from before backwards, ploughed through the motor area, and passed out. There was paralysis of the right side. Both entrance and exit openings were enlarged by the trephine, and fragments of buried bone extracted. The paralysis disappeared. There had been a little suppuration anteriorly, but I found the patient doing well. He had practically no symptoms.

In this division seven or eight gunshot wounds of the head required trephining, and only one case which developed abscess has been lost.

The compound fractures of the thigh form an interesting group. In all those cases where the injury to the shaft is done by high-velocity bullets the comminution is very severe; sometimes the loss of substance is so great that union appears almost hopeless; yet when the loose fragments have been removed the results are excellent. Of a group of 30 admitted to No. 2 Hospital amputation has been necessary in only one case. Extension by weights is practised, and the shortening is slight.

Bullet Wound of Pharynx: Recovery.—One man of the East Kent received a bullet wound just below the base of the skull on the right side, about an inch and a half behind the mastoid process. The bullet passed under the base, pierced the pharynx and soft palate, carried away the first two upper molars on the left side, and escaped. This wound was received at Paardeberg on February 18th, just 16 days ago. The wounds were entirely healed, and the man was walking about the grounds.

The penetrating bullet wounds of the thorax are numerous, but are all doing well. In several of them there is hæmo-

thorax, and it is necessary occasionally to aspirate, or to open the chest wall deliberately to relieve dyspnoea; but all the cases do excellently well.

The mortality-rate of the wounded brought here is quite remarkable. Out of 970 bullet-wound cases of all sorts only 5 have died, a record which is a high testimony not only to excellent surgery but to the pains taken from the first to secure the safety and comfort of the wounded.

This camp is well laid out, and its general arrangements are quite good. Colonel Duke and his assistants have paid special attention to sanitation. The earth closet is used, and all ward refuse, dressings, etc., are burned. The water from the wash houses goes into absorption tanks and trenches. The tents are large and airy, with clean wooden floors. The bedding is as good as could be desired, and I know from personal inquiry that the men have no complaints to make as to their treatment in hospital. Indeed, speaking generally, in no war hitherto waged has so much attention been given to the care of the wounded, nor have the recoveries from wounds been so extraordinary.

I am anxious to make known the result of my visit to this great military hospital, because before I left home a ridiculous article appeared in *Le Matin*, associating me with an official duty—that of reforming the hospitals in South Africa. Indeed, the writer said there were really none to reform as they did not exist. Of course, this reference to me was absolutely without a particle of foundation. It is of a part with the information and intelligence which combine monthly in addressing a leading French medical journal to me at Dublin, *Ecosse*! I have only been a casual visitor, and I can say that while I think there are parts of the system in which improvements may be made, the exhibition of efficient working at Wynberg is one of which the medical department of any country might well be proud.

NOTES ON THE BASE HOSPITALS IN CAPE COLONY.

FROM OUR SPECIAL CORRESPONDENT IN CAPE TOWN.
March 7th, 1900.

THE WOUNDED FROM LORD ROBERTS'S FORCE.

THE work at the base continues to be more or less of a routine character. There is very little of surgical interest. The cases from the actions at Belmont, Modder River, and Magersfontein have now mostly passed into the convalescent stage, and only the slighter cases from the actions fought by Lord Roberts and General French have been sent down here. With the departure of our troops from the railway, the despatch of wounded almost straight from the battlefield to the base has been discontinued. This is obviously a wise course to pursue, as the fatigue of a couple of days' journey by road would be very detrimental to seriously wounded men. Lord Roberts's next forward move will probably bring him into possession of the railway either at Bloemfontein or some point to the southward thereof, and then within easy reach of the base hospitals or of the General Hospital No. 6, which has been established at Naauwpoort, and in that case the original plan of prompt despatch of wounded to a general hospital will probably be reverted to. Indeed, it is rumoured that as soon as we are in full possession of Bloemfontein and the country to the southward thereof, No. 3 General and the Portland will be moved up to the Free State capital. In favour of this course is the fact that in a few weeks the rains, which are already beginning, will render the Cape peninsula a very undesirable location for hospitals under canvas. This consideration will apply more strongly to No. 3 and the Portland than to any other of the general hospitals, as Rondebosch is particularly damp, and the site being on a dead flat will be liable to be swamped. As No. 1 consists of huts, and is on an easily drained slope, it may last very well through the winter months. One may be certain that Colonel Supple, the base Principal Medical Officer, who thoroughly understands local conditions, will appraise all these considerations at their proper value. So far very few serious surgical cases have been sent even to No. 6, which is principally filled with more or less convalescent patients from the Colesberg force, and with cases of enteric fever. I understand that there were an immense number of cases of enteric fever in Ladysmith, which might be expected. Even under normal conditions the dis-

ease is rife in Natal at this time of year, and one can easily account for a marked increase in a cooped-up garrison devoid of the ordinary conveniences of life. There have been a large number of cases on the Eastern frontier in the forces under Gatacre and Brabant. The base station hospital at Woodstock is getting its full share, mostly from the cavalry camp at Maitland and from the Australian transports.

THE SOUTH AFRICAN TYPE OF TYPHOID FEVER.

Typhoid fever here differs materially from the form usual in England, and approximates more nearly to the Indian type. The classical textbook typhoid is hardly ever seen here, and diagnosis, especially in the early stages, is very difficult. A practitioner of very large experience assures me that he does not see a rash in more than one out of five or six cases in civil practice, although, as I mentioned last week, the medical officer in charge of the enteric wards at Woodstock sees a larger proportion amongst the soldiers. This is interesting, as it may be due to the type being an imported one. Then, again, it is extremely rare to find the temperature chart typical. The temperature hardly ever goes either up or down in the orthodox manner, and defervescence is very irregular, and marked by a much closer approximation of the morning and evening register than is usual in Europe. Marked diarrhoea, again, is less frequent, and the characteristic tongue is seldom met with. Diarrhoea, when it is present, often appears only at a late period, perhaps for the first time in the third or even the fourth week, and gurgling and abdominal tenderness are frequently absent. Indeed, it may be said that a large number of enteric cases present nothing but pyrexia and the conditions which accompany any pyrexia. And yet many of these simple pyrexial cases are fatal, presenting typical lesions at the necropsy. The writer saw many such during the Kaffir and Zulu wars, when the disease was extremely rife. The fever is very often extremely prolonged, without any complications, and assumes very often an intermittent type. Cardiac failure is a frequent cause of death, and most experienced practitioners guard against it very carefully from the beginning. One cannot help thinking that there is something in the typho-malarial theory after all. Curiously enough there do not seem to be very many cases of enteric amongst the Boer prisoners from Cronje's force. What cases there are being mostly taken to Wynberg. Several cases of measles have already appeared, but, although occurring in adults, do not seem to be severe. All the infectious cases amongst the prisoners are sent to Woodstock.

THE HOSPITAL AT WOODSTOCK.

This hospital which is now, under the immediate eye of Colonel Supple, being got into excellent order, needs a few more nurses to make it complete, and these will be installed as soon as quarters are ready for their reception. I saw a very interesting necropsy there the other day:

The subject was a case of phthisis, with a mass of old consolidation at the right apex, a large ramifying vomica occupying most of the upper part of the right lung, and disseminated tubercle almost all over the rest of the same lung. The interesting point was that the vomica had penetrated the pulmonary pleura, formed an adhesion with the costal pleura, and perforated the chest wall in the second interspace, forming an abscess about the size of a pigeon's egg in the axilla, looking exactly like a suppurating gland. There was no general pleurisy whatever on that side. The patient had only been out about six weeks, and had been sent from a transport with the diagnosis of pneumonia.

This patient was either a militiaman or a reservist, I forget which, but a moderately careful physical examination ought to have precluded him from being sent out at all.

SOME SURGICAL CASES.

Dr. Simon, of the Station Hospital, related to me the other day particulars of a curious surgical injury.

The subject had been struck by the cowcatcher of an engine in the back, but not run over. The sacrum had been smashed and pushed to the right, and the adjoining parts of the left ilium comminuted so as to leave a large gap, exposing almost the whole length of the rectum. He had also sustained a gutter fracture of the skull, with resulting intracranial hæmorrhage, and this was apparently the cause of death. For some reason or other the head injury had been left alone.

At the Portland Hospital I saw a rather curious head injury the other day, under the care of Mr. Wallace.

Depressed Gutter Fractures of Skull.—A bullet had ploughed along the vertex, near the top of the Rolandic fissure, and had depressed the outer table in an absolutely vertical manner, without a trace of splintering, the inner table forming the floor. There is an almost exactly similar case in No. 3 Hospital, except that in the latter the bullet had separate entrance and exit wounds in the scalp, whereas in the former it had ploughed up the soft tissues as it went. Both cases had done absolutely well.

There are a good many wounds of bone, showing how largely soft-nosed bullets are being used by the Boers. One of these showed a small ordinary Mauser entrance wound at the back of the thigh, with a ragged exit in front, about 2 inches in diameter, the femur being comminuted extensively. Many fragments of bone have come away. This is a type of many similar cases. They are now being put up in Hodgkin's splints, and both Mr. Bowlby and Mr. Wallace accord unstinted praise to that ancient but very effective appliance. Good results are almost uniformly attained, even in these cases of extensive bone destruction. The gaps fill up apparently with new bone. Mr. Wallace thinks that many of the fragments retain their periosteum, and act as so many bone grafts. He consequently leaves as many as possible *in situ*. Judging from some specimens of bullets in the possession of the writer, the ingenious Boer, finding that the ordinary Mauser fails in full stopping power, improves upon it by cutting off the nose, and then making four longitudinal grooves along the mantling. A small turning machine for doing this work is, I am told, carried with the commandos. The use of this machine must apparently be left to individual predilection, for many of the ordinary Mauser clean wounds are met with.

Another case I saw at the Portland Hospital, under the care of Dr. Howard H. Tooth, was a very interesting instance of nerve lesions.

Injury of the Brachial Plexus.—A bullet had entered in front of the shoulder just to the outer side of the coracoid process, and had emerged immediately to the right of the fifth dorsal vertebra. There was more or less paresis and impaired sensation of the whole arm, but, according to Dr. Tooth, not complete paralysis of any one muscle, leading to the inference that one of the cords of the brachial plexus had been bruised but not actually divided.

COLONIAL NURSES.

A recent critic of the authorities on the score of failure to encourage colonial nursing talent may now possess his soul in peace. Ten nurses were sent to Natal last week and four to Orange River; this is in addition to many engaged for the transports and some for the hospitals. It may be safely said that no nurse with satisfactory credentials has gone without an engagement.

COLONIAL SURGEONS.

Colonial surgeons are freely available, and are being employed as far as possible, although the supply is still somewhat in excess of the demand. The station hospital at Woodstock is now, with the exception of the administrative officers, entirely worked by a staff of these gentlemen. Very many of them are also at work at the up country hospitals.

COMMISSIONS FOR CIVILIAN SURGEONS?

This war has been productive of many startling departures from established military usage. Let me suggest another, with a view to filling the depleted ranks of the R.A.M.C. Let the authorities offer commissions, without examination, to a certain number of the Volunteer and civil surgeons who have done satisfactory work; and I feel certain that the offer would, in a large number of cases, be gladly accepted to the advantage of the service. Many of these gentlemen have got very fairly into the minutiae of military detail, and have got so fond of military work that they would even face a moderate pecuniary sacrifice to have the opportunity of going on with it, more especially if some of the older men were allowed to commence as captains, a concession which I do not think the R.A.M.C. officers would resent if it were only made in really deserving cases. In this connection I feel bound to note the excellent good feeling which seems to exist between the regular officers and the civilians. There is no evidence of one iota of jealousy. A combatant officer high in rank said to me the other day that nothing could be better than the granting of commissions to some of the civilians, and made the remark, which I simply quote without endorsing, that there would be far less friction between the combatants and the surgeons if the latter did not enter the service till they had been toned down by eight or ten years of civil life, starting when they did enter as captains or majors.

THE P.M.O.s WITH LORD ROBERTS AND ON THE LINES OF COMMUNICATION.

Colonel Stevenson is away up country acting as P.M.O. with Lord Roberts's force, and during his absence Colonel Supple is acting as P.M.O. of the Lines in addition to his

other duties. The burden of responsibility on this very energetic and capable officer must be very great. Base duties alone are, I suppose, far heavier than they have ever been in any British campaign, not only because of the magnitude of the force engaged, but because almost all this force has been landed at the one base, and, owing to the geographical and climatic conditions, general hospitals have had to be concentrated here instead of being located somewhere on the lines of communication, as ordinarily would be the case. The base jurisdiction reaches as far as Stellenbosch, and within the area covered are three general hospitals, the Portland, the big station hospital, now run up to 420 beds—the camp hospitals at Green Point and Maitland, and several subsidiary institutions, most of which have had to be more or less improved. Added to this, the base P.M.O. has to manage all details of embarkation and disembarkation, make medical provision for all the Boer prisoners, engage civil surgeons and nurses, see after the equipment of new bearer companies, and do a thousand other things, largely through machinery which requires—as all improvised machinery does—constant supervision. How much the country owes to the energetic officer upon whom has fallen the main burden and heat of the day will probably only be found out at the close of the war. He has been ably helped by his painstaking Secretary, Major O'Connor, with whom in my journalistic capacity I have come a good deal into contact, but one hardly can understand how he will be able to supervise another office.

NEW HOSPITAL AT GREEN POINT.

The military authorities have taken the newly erected Corporation Infectious Hospital at Green Point, and are raising it by the aid of auxiliary buildings to an establishment of 300 beds. It will take the place of the present camp hospital, and will be partly dieted and partly nondieted. The venereal wards will come under the latter establishment. This new hospital will relieve the overtaxed Woodstock establishment. Some 60 cases of venereal diseases are, I understand, to be transferred at once.

AUGMENTATION OF GENERAL HOSPITALS.

Equipment for an additional 100 beds, drawn from the stores of the defunct No. 5, has been sent out to No. 3. I understand that it is likely that the other general hospitals will be raised beyond the regulation establishment. As this economises *personnel*, it is perhaps preferable to mobilising more hospitals.

WITH THE SOUTH NATAL FIELD FORCE.

FROM AN OCCASIONAL CORRESPONDENT.

WATER SUPPLY.

This is one of the chief difficulties at the present moment. Under the most favourable circumstances good water is far from abundant in South Natal. Wells may be said not to exist, and drinking water has to be obtained from streams and rivers which are scattered at long intervals apart. The past season has been one of exceptional drought, so that many of the streams are at present dried up. Thus the water has frequently to be taken from stagnant pools, which are often the colour of weak chocolate. The supply of wood in Natal is so limited that to boil the drinking water is out of question. Fortunately each unit is liberally supplied with Berkefeld filters, and when properly used, these are found eminently satisfactory. They have, however, certain drawbacks. The cylinders are so brittle that they require the most careful handling. They clog so quickly that they have to be removed and brushed every two or three minutes. The process of filtration is so slow that few have patience to continue it day by day. When, however, the filter is properly and carefully used it is, perhaps, the best we at present possess.

RATIONS.

Fresh meat and vegetables are issued when available. On the whole their quality has been excellent. The bread supplied has been particularly good, vastly superior in every way to that which is supplied to the troops in England, where the ration bread is so often heavy, sodden, and indigestible. When fresh rations cannot be obtained, biscuits and tinned meats are issued. These have been of excellent quality, and

many officers and men prefer them to fresh rations. Lime juice is also issued, but only when the troops are in receipt of tinned provisions. It is, however, to be regretted that the regulations do not permit more latitude to the Army Service Corps, and allow them to take a leaf out of the enemy's book. The Boer brings his cattle along with him, and at the same time makes them carry supplies of biscuits and dried rations. Fresh meat is, therefore, always available for him, whilst at the same time he gets rid of much of the long line of baggage waggons which so hamper the movements of British troops.

CLOTHING.

Khaki is, of course, worn by all ranks. In addition, each soldier has a great coat and the usual grey flannel shirt. When going into battle, however, he is so loaded with ammunition that the great coat has to be left behind. For many nights in succession, therefore, as happened for instance at the battle of Spion Kop, he may have to sleep without either great coat or blanket. In spite of this, the troops have kept wonderfully healthy.

FIELD HOSPITALS.

At the time of writing there are with the South Natal Field Force eight field hospitals, namely, six with infantry brigades and two with corps troops. Each field hospital is provided with its own transport. Originally this consisted of two mule waggons, two ox waggons, and two water carts. The mule waggons have been withdrawn from most of the hospitals, as they were required for the use of mounted corps, and additional ox waggons have been issued instead. Each ox waggon is provided with sixteen to eighteen oxen, and is capable of carrying easily from 4,000 to 6,000 lbs. As the total weight of the field hospital equipment, including tents, is in round numbers about 12,000 lbs., it will be seen that the waggons are not overloaded. They are therefore able to move quickly and can keep pace with any, even mounted, troops. By order of the P.M.O., Colonel T. J. Gallwey, C.B., R.A.M.C., each hospital carries, in addition to its ordinary equipment, a large reserve of medical comforts, so as to be prepared for all eventualities—an excellent arrangement which has been found to work admirably, as the hospitals are now more or less independent of the supply column and may be separated from it for days without risk of breaking down. According to the *Field Service Manual*, 1899, the equipment of a field hospital is two medical companions, two surgical haversacks, two field medical panniers, one reserve field medical pannier, one field surgical pannier, one field fracture box, and one antiseptic case. By order of Colonel Gallwey each hospital has been allowed to draw one additional fracture box and three additional antiseptic cases. With these additions the equipment is practically perfect. Without them the hospitals would have been quite unable to cope with the large numbers of wounded they have had to deal with since the commencement of the war. Each hospital also carries a large surplus stock of blankets and waterproof sheets, which have added greatly to the comfort of the sick and wounded. Charitable societies both here and in England have sent supplies of underclothing, etc., which were found invaluable, as the kits of many of the wounded were so damaged by the time they reached the field hospitals as to be practically useless. The articles which were found by far the most useful were pyjamas, flannel shirts, and cardigan jackets.

THE IMPERIAL YEOMANRY HOSPITAL.

We are indebted for the following account of the establishment of this hospital to Mr. Alfred Fripp, M.S., F.R.C.S., Chief Surgeon:

*Deelfontein (29 miles south of De Aar),
March 5th, 1900.*

Deelfontein is the site selected for the Imperial Yeomanry Hospital, and is the most northerly at present safe, in fact had we been two days later in leaving Capetown we should not have been allowed, with our 40 nurses, to come so far up, for the region around has broken out in rebellion, and a band of 2,000 to 3,000 are looting. It is not thought, however, that they will do any serious fighting. We met all Lord Roberts's Boer prisoners going down to Capetown—3,700 whites and some 400 blacks, under the charge of Lord Erroll. The railway line from Capetown, 471 miles, is very hard-worked, and

we were very fortunate to get away actually within one hour of the first moment that our force was completed by the arrival of the *Majestic* with our 17 other doctors and 10 surgical dressers. Colonel Sloggett, R.A.M.C.—our Principal Medical Officer—and I and 100 men had arrived three days earlier on the *Norman*.

Deelfontein is an excellent site for a hospital, but a lonely spot. However with our 520 beds, and 180 to 200 personnel, 100 blacks, and our guard of 50 volunteers, it will soon cease to be lonely. We face east, and have a lovely view of hills (mostly table-topped) many miles distant over rolling plains of karoo-covered ground. At our back is a long kopje, some three or four hundred feet high, which shuts out the prevailing wind. Ostrich farms (two of 13,000 acres each) come up to our land, and flocks of sheep and goats (which fatten exceedingly on the poor-looking karoo plant) are in the neighbourhood. There are no trees anywhere in this country for hundreds of miles, except at the older towns and in river beds, both of which are insanitary. But we have a clump of willows which just give relief to the eye, and will be popular with our patients. It is very hot now, both day and night, but in a month it will be very cold at night, and in June and July it is no uncommon thing for an inch of ice to form in the tank on the railway from which our water supply is drawn. But it is always warm during the day.

The water, which has been fully analysed with the best results, is pumped up from a well. We shall sink a second well as a stand-by. Unlike De Aar it is not very dusty here, and the karoo is greener than in most parts travelled through coming from Capetown. The railway line is guarded strongly by troops all the way—especially at the bridges—and in view of the rebels I mentioned the guard has been increased. We only arrived here this morning—100 personnel, 19 doctors and 10 dressers, and much baggage, and between 8 A.M. and 8 P.M. a wilderness of store cases was transformed into a camp. It was very hot and very hard work, but the 50 volunteers who form our guard erected a huge marquee, so that we messed 40 in it at 8 P.M.; everybody down to the cooks, who cooked in all three square meals (the first thing we did was to purchase and slaughter a bullock and two sheep) worked magnificently, and the result is that an iron and wood hut has been erected and all the stores put into it. Six tortoise tents have been put up for the officers and sufficient bell tents for the men, and we shall all sleep under cover, and the officers even on beds. Latrines have been dug. Blankets and washing and cooking and eating utensils and tables and chairs have been served out. Every man has his allotted task to perform until the hospital is open. We are hurrying on because the wounded and sick are many, and the other base hospitals are pretty full.

Most of our wards will be huts—corrugated iron outside, wood inside, with, generally, felt between, for, as I said before, the winter is coming on.

All our 40 nurses will be housed in similar huts. The nurses and their 10 maids are due in the *Guelph* in less than a week. It is a journey of 26 hours in the mail train, and as only four can travel in each compartment, they will fill up three long "bogies," and we shall have some difficulty in securing so much accommodation. We hope to have the nurses here and the hospital open by March 14th, which will be nine weeks only since the active work to float the hospital was begun in London.

The feeding and timing arrangements along the railway are a little uncertain, but really the railway has borne the brunt of this war as well as any department involved—with perhaps the sole exception of the R.A.M.C., whose achievements are almost beyond criticism. I have been over all the hospitals at Wynberg and Rondebosch, and one of the hospital trains, and I can only say that I am filled with admiration.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

XIX.

It is gratifying to observe that the death-rate from disease in the forces in South Africa has been considerably lower than that which occurred among the American army in Cuba. In both instances typhoid has been the most virulent enemy to the soldier. The remedy, which I have persistently advocated as the one reliable measure against typhoid, is that

which was found the most effectual through this campaign—simple boiling of the water. Water boiled in South Africa can very readily be cooled to an almost ice-cold temperature by being suspended in canvas water bags or felt-lined water bottles in the open air. The dryness of the atmosphere produces evaporation so rapidly from the surface of the canvas bag or the saturated felt lining of the bottle that the temperature of the water is rapidly lowered.

THE SIEGE OF KIMBERLEY.

An interesting letter from Mrs. Maguire to the *Times* refers to the unusual prevalence of typhoid during the siege, which was inevitable from the insanitary conditions arising. The scurvy, which we were informed by heliograph two months ago was prevalent in Kimberley, was, as I suggested at the time, almost confined to the natives. Lack of milk was undoubtedly one of the chief causes of the high infant mortality. The deaths from different causes towards the end of the siege appear to have averaged about 200 a week.

FEATS OF MEDICAL MEN DURING THE CAMPAIGN.

When the war is over there is little doubt that a volume of the greatest interest might be compiled dealing with the services and adventures of medical men during the campaign. The experience of Dr. Mackenzie, one of the best-known professional men in Durban, Natal, is of interest. At the time the war broke out he was returning from Europe with his family after a holiday trip. On landing at Durban he found that war was in progress, and that the Natal Carbineers, in which he held a commission as Major, was already at the front. In twenty-four hours after landing he had left Durban to join his regiment. One of the most brilliant feats performed by the Carbineers—and, indeed, by any body of men throughout the campaign in Natal—was the interception of a body of 300 Boers retreating into the Free State by a squadron of some 120 men in command of Major Mackenzie. The colonists in this squadron having detected the line which the Boer force proposed to take, galloped for an hour under cover of the hills of Natal, and formed an ambush on the line which the Boer force was taking. On the arrival of the Boers, Mackenzie's force took them completely by surprise, killing and wounding a considerable number, capturing prisoners, and putting the rest to flight. This brilliant performance may perhaps be cited in support of the view that the training of a surgeon by no means disqualifies a man as a soldier. Dr. Davies, of Johannesburg, has served throughout with the Imperial Light Horse, having twice been taken prisoner by the Boers. Dr. Arthur Fuller, of Kimberley, who was so unfortunate as to lose his only infant son in a railway accident which occurred at the time when trains were crowded with refugees, had travelled to Capetown before the siege of Kimberley began. The siege having commenced it seemed impossible for him to get back to his friends and his duties in the beleaguered city; nevertheless he succeeded, after the battle of Magerfontein, in getting through the Boer line and joining his friends at Kimberley.

THE WELSH HOSPITAL.

The surgical and nursing staff of the Welsh Hospital for South Africa will be inspected by the Prince of Wales at Marlborough House on Monday next.

The staff of the hospital has now been completed as follows:

SURGEONS.

Professor Thomas Jones, F.R.C.S., Professor of Surgery, Owens College, Manchester, and Surgeon to the Manchester Royal Infirmary.

Mr. Lynn Thomas, F.R.C.S., Assistant-Surgeon to the Cardiff Infirmary.

Mr. Mills Roberts, F.R.C.S. (Edin.), Surgeon to the Llanberis Quarries Hospital.

ASSISTANT SURGEONS.

Laming Evans, M.B. Cantab, F.R.C.S., late House Surgeon, St. Bartholomew's Hospital.

Herbert Davies, M.B., Ch B. Vict., Senior House-Surgeon, Stoke-on-Trent Infirmary.

Five dressers and nine or ten nurses will be appointed.

Mr. Thomas Jones was entertained at dinner on March 22nd by his colleagues at Owens College and by several prominent Welsh citizens of Manchester. The chair was taken by the Principal of the Owens College (Professor Hopkinson, Q.C.), and there were also present the Lord Mayor of Manchester (Councillor Briggs), the Dean of Manchester, the Treasurer of

the Owens College (Alderman Thompson), the Chairman of the Board of Management of the Royal Infirmary (Mr. Ed. S. Heywood), and a large gathering of medical and lay friends of Professor Jones. In responding to the toast of his health Mr. Jones stated that the Welsh Hospital was expected to leave England in about three weeks' time; that although officered entirely by Welsh surgeons and nurses, and subscribed for mainly by Welsh people, it was prepared to assist the wounded of any part of the British islands; and that the estimated cost of £10,000 was already nearly subscribed. The toast of "The Welsh Hospital" was proposed by the Lord Mayor, and responded for by Drs. Emrys Jones and Lloyd Roberts; that of "The Army, Navy, and Auxiliary Forces," proposed by Mr. Edward Heywood, was replied for by Captain Thorburn, commanding the Owens College Volunteer Company, and by Surgeon-Captain Coates, commanding the Manchester companies of the Volunteer Medical Staff Corps. His Honour Judge Parry also proposed the health of the Chairman. Some excellent music was provided during the evening by a Welsh choir and by Mr. Harrison Brockbank. About seventy persons were present at the dinner, and all expressed the heartiest good wishes for Professor Jones and congratulations upon his appointment.

MEDICAL OFFICERS OF THE FIELD FORCE.

ADDITIONAL APPOINTMENTS.

For the following list of medical officers who have recently proceeded, or are proceeding to South Africa, we are indebted to the courtesy of the Medical Department of the War Office:

Table showing the Personnel of Medical Units on the Lines of Communication.

Unit and Place of Mobilisation.	Names.	Remarks.
No. 11 General Hospital (Depôt, R.A.M.C., Aldershot).	<i>Royal Army Medical Corps.</i>	
	Major H. Carr (a)	134 non-commissioned officers and men (including 45 St. John Ambulance Brigade), and 1 special cook. 2 warrant officers to join the unit on its arrival in South Africa. Arrangements for charge of x-ray apparatus to be made in South Africa.
	" E. J. Lawless	
	" E. L. Freer	
	Captain C. F. Wanhill	
	Lieutenant H. P. W. Barrow	
	" J. R. Atkinson	
	" J. K. Tomory	
	" A. H. McDougall	
	" J. Clay	
	<i>Civil Surgeons.</i>	
	Mr. P. J. Bodington	
	" J. M. Coates	
	" A. P. B. Ellis	
	" A. Gilmour	
	" E. G. Goddard	
	" J. C. Hibbert	
	" W. H. Rowell	
	" W. H. Steele	
	" J. F. Whelan	

(a) Registrar and Secretary, and to act as officer commanding the unit till its arrival in South Africa.

The P.M.O., Field Force, South Africa, to detail a Lieutenant-Colonel, R.A.M.C., in South Africa, to command this hospital.

THE QUEEN'S VISIT TO THE WOUNDED, HERBERT HOSPITAL, WOOLWICH.

On Thursday, March 22nd, the Queen visited the Herbert Hospital, Woolwich, accompanied by Princess Christian and Princess Victoria of Schleswig-Holstein. Her Majesty was attended by Colonel the Hon. H. C. Legge and Colonel Davidson, whilst Sir Arthur Bigge, the Countess of Antrim, and Miss Emily Loch were the only other members of her suite. Major-General J. F. Maurice, C.B., and the staff of the Woolwich Command were in attendance. The Principal Medical Officer, Lieutenant-Colonel U. J. Bourke, R.A.M.C., received the Queen at the Herbert Hospital, and the following officers were presented: Lieutenant-Colonel J. J. Lamprey, R.A.M.C.; Civil Surgeons C. S. B. Eames, C. J. Jackson, and T. Hartington, and Miss Vaughan, Acting Lady Superintendent, R.A.M.C. Passing through the main archway, a covered platform had been erected opposite the door of the long corridor in which the convalescents recently home from South Africa were paraded, and down this the Queen passed to the grand pavilion, where every wounded soldier in the wards was seen and spoken to by the Queen.

To every man Her Majesty gave a bunch of hot-house flowers, with a kind and gracious word of sympathy to each. The name of the regiment and the name of the engagement and the nature of the wounds were mentioned to Her Majesty in each case. Princess Christian and Princess Victoria of Schleswig-Holstein also conversed with the wounded, and were greatly interested in everything they heard from them, the battles

they had been engaged in, and the injuries they had sustained. Every gracious word of sympathy from the Queen was most gratifying to the sick and wounded, as showing a tender solicitude for them. When the Queen left the Herbert Hospital for Windsor it was with expressions of pleasure at all she saw, and the arrangements made for her visit.

Lieutenant-Colonel Ulick Bourke, R.A.M.C., has received the following telegram: "Windsor Castle. I am desired by the Queen to express to you Her Majesty's entire satisfaction with all she saw at the Herbert Hospital on Thursday. BIGGE."

During the week the x-ray apparatus has been used for locating retained Mauser bullets and shell fragments still retained in the injured recently admitted from South Africa. Messrs. Arnold and Sons have been engaged in fitting artificial limbs.

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

At a meeting held at Leeds, under the chairmanship of Dr. J. E. Eddison, a committee was appointed, on the motion of Mr. Pridgin Teale, seconded by Dr. de Burgh Birch, Surgeon-Captain commanding the Leeds Company Volunteer Medical Staff Corps, to co-operate with the Central Committee in London in providing comforts required for the non-commissioned officers and men of the Royal Army Medical Corps and the various ambulance corps.

THE SPECIAL SUBSCRIPTION.

The following is a list of subscriptions to the special fund received by the Editor since the list published in the BRITISH MEDICAL JOURNAL of March 24th:

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Dr. Graham-Martin ...	1
Brigade-Surgeon Nicholson ...	1
Dr. Douglas-Crawford ...	1
Dr. T. H. Bickerton ...	1
Dr. S. H. House ...	1
Dr. K. S. Archer ...	2
Dr. Llewellyn Morgan ...	1
Dr. Bailey ...	1
Dr. J. M. Hunt ...	1
Dr. T. R. Bradshaw ...	1
Dr. Beaman (Haydock) ...	2
Dr. Street ...	2
Dr. W. Williams ...	1
Dr. J. J. O'Hagan ...	2
Dr. Blackledge ...	1
Per Mr. C. T. Quiller (London):	
Dr. G. D. Wilson ...	1
Dr. Lennane ...	1
Dr. Sutcliffe ...	2
Dr. Caiger ...	4
Dr. Richards ...	1
Mr. Herbert Turner ...	2

We have also received £1 per Miss Paget (London), collected at the Midwives' Institute after lecture given by Mr. F. R. Humphreys; and ros. 6d. per Sir W. M. Banks (Liverpool), from Dr. W. B. Paterson; and, per Mr. C. T. Quiller, £1 rs. from Dr. Crisp, ros. 6d. from Dr. Cronin, and ros. 6d. from Dr. Wonnacott.

In order to facilitate the work of collecting the small sums, the following gentlemen have expressed their willingness to receive subscriptions from gentlemen residing in their neighbourhood:

Mr. W. M. Beaumont, 4, Gay Street, Bath.
 Dr. Henry J. Blakesley, 46, London Road, Leicester.
 Dr. J. St. Clair Boyd, 27, Victoria Place, Belfast.
 Dr. E. Cureton, College Hill Court, Shrewsbury.
 Surgeon-Major-General J. Davis, 22, Merton Road, Southsea.
 Lieutenant-Colonel G. A. Emerson, I.M.S., 49, St. Michael's Road, Bedford.
 Mr. John W. Fry, Blythesbury, Maidstone.
 Dr. Harcourt Gervis, 2, Lyncroft Mansions, West Hampstead, N.W.
 Mr. R. Balfour Graham, F.R.C.S.E., Seaview House, Leven, Fife, N.B.
 Dr. J. Stenson Hooker, Rothesay Bank, Clive Vale, Hastings.
 Dr. G. P. Longman, 14, Wickham Avenue, Bexhill-on-Sea.
 Major R. C. Lever, Denton House, Ilfley, Oxford.
 Brigade-Surgeon-Lieutenant-Colonel G. A. Maconachie, I.M.S. (retired), 39, Queen's Road, Aberdeen.
 Mr. Edward Mathews, Mount Prospect, Redditch.
 Dr. Herbert Peck, St. Helen's, Chesterfield.
 Mr. C. T. Quiller, St. Paul's Close, Rectory Grove, Clapham, S.W.
 Major J. Raby, Ashford House, Barnstable.
 Dr. John Ruxton, 4, Brighton Parade, Blackpool.
 Dr. Henry Simpson, Glen Morfa, Conway.
 Dr. W. Johnston Smyth, Dureley Gardens, Bournemouth.
 Mr. Arnold Thomson, F.R.C.S.I., Castle Hill, Maidenhead.
 Colonel J. Tidbury, R.A.M.C., Medical Officer in Charge, Barracks, Winchester.
 Dr. Henry Waldo, 19, Pembroke Road, Clifton, Bristol.
 Mr. E. C. R. Ward, F.R.C.S.I., Belmont, Castle Connell, co. Limerick.

Subscriptions may also be sent to the Editor of the BRITISH MEDICAL JOURNAL, and will be acknowledged in the JOURNAL. The amount received for the Half-crown Fund up to and including Wednesday, March 28th, by the Editor is £365 14s. od. Cheques and Postal Orders should be made payable to the "R.A.M.C. South Africa Fund" and crossed "Holt and Co."

THE HEALTH OF DUBLIN.

THE Committee appointed to inquire into the health of Dublin met on March 19th, and inspected a large number of the most congested portions of the insanitary areas, courts, yards, etc., in both sides of the city. The Committee held sittings for evidence on March 20th, 21st, and 22nd:

Mr. Cooke, Honorary Secretary of the Society for the Prevention of Cruelty to Children, attributed nine-tenths of the cases of cruelty to drink. The insurance of children, as carried out by the poor, was immoral. The children dealt with by his Society were dirty and neglected, and the parents had a direct financial interest in their death.

Mr. Collins, Chief Inspector of Dairies, said there were at present 236 dairy yards within the city, many in congested districts. No dairy sheds should be allowed within 40 feet of a dwelling-house in the city.

Mr. Geoghegan, President of the Victuallers' Society, thought properly equipped slaughterhouses for butchers would be better than the present abattoir.

Mr. McBride, of the Tailors' Association, called attention to the great