

BMJ

The War In South Africa

Author(s): G. H. Makins and A South African Campaigner

Source: *The British Medical Journal*, Vol. 2, No. 2035 (Dec. 30, 1899), pp. 1809-1812

Published by: [BMJ](#)

Stable URL: <http://www.jstor.org/stable/20262982>

Accessed: 07/02/2015 12:02

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

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

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



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

<http://www.jstor.org>

THE WAR IN SOUTH AFRICA.

SURGICAL NOTES FROM THE ORANGE RIVER.

By G. H. MAKINS, F.R.C.S.,

Consulting Surgeon with the Field Force in South Africa.

We are indebted to Mr. Makins for the following interesting letter:

Orange River, December 3rd, 1899.

THE WOUNDED FROM THE MODDER RIVER.

A short note from the seat of war may be of interest to your readers. After a three days' stay at Capetown, during which opportunity occurred of seeing the patients in the base hospital at Wynberg, brought from Natal, Surgeon-General Wilson kindly brought me up to this field hospital, and during an eight days' stay some 600 wounded men have passed through the hands of the R.A.M.C. here. An immense amount of work has been done by these field hospitals, under Majors Murray, Birch, Coutts, and Knaggs; in one night alone 300 patients arrived from the fight at Modder River. These hospitals are really acting for the present as stationary hospitals, since all the wounded have received their "first-aid" dressing and been passed through the field hospitals at the immediate front. The work is performed under some difficulties, as it is very hot and dusty on the veld. Yesterday, for instance, the thermometer registered 115° F. in some of the tents. Fortunately the patients are able to be removed every few days to the base by means of two excellent hospital trains which have been improvised from the ordinary railway stock by the R.A.M.C. The fact that the journey from here to the base hospital at Wynberg takes 28 hours emphasises the difficulties due to the immense length of the line of communication.

BULLET WOUNDS.

Your readers are no doubt by this time in possession of some information as to the cases at present at Wynberg, so I shall confine myself to a short account of what I have seen in this camp. I may say at once that the immense majority of the wounds have been inflicted by the Mauser or Lee-Metford bullets, and a small proportion by Martini bullets and large projectiles. I shall refer to the wounds by the small calibre bullets only.

The Mauser and Lee-Metford.

A wounded Boer referred to the Lee-Metford as a "gentlemanly bullet," and this remark is equally applicable to the Mauser. The wounds made by them are small, clean, and little disposed to suppurate, and the tendency to suppuration is no doubt decreased by the excellent physical condition of the patients and the healthiness of the district. Shock as a sign has been conspicuous by its absence even in the most serious cases, and gives little or no aid in the diagnosis of visceral injury. Retained bullets are comparatively uncommon, no doubt on account of the fact that most of the men have been wounded in rapid advances. The bullets met with have been little deformed, unless they have struck stones before entering, and I have seen no single instance which would suggest the use of either flattened or so-called explosive bullets among the wounded here. The only large exit wounds have been one or two opposite comminuted fractures.

Wounds of Vessels.

Wounds of the soft parts are, as a rule, simple tracks, with but little difference between the aperture of entry and exit; such wounds heal in a few days with no surrounding induration or cedema. In cases where vessels of any size are implicated, especially in such regions as beneath the deltoid, gluteus maximus, or the two layers of the calf, considerable deep hæmorrhages often occur and are rapidly absorbed, but free hæmorrhage from the wound itself is rare.

Wounds of great vessels naturally have not come under our observation in any number, but one patient died in a few seconds soon after admission with sudden swelling of the belly; another had a swelling, some dullness, and a thrill over the area of the innominate artery; and one case of fractured femur had apparently an injury to the femoral vein. This may, I think, be considered a very small proportion out of the total number of cases.

Wounds of Nerves.

Wounds of individual nerves will, I think, be a great feature of the campaign. Wounds of the median, ulnar, musculo-spiral alone, or in various combinations, are common; I have seen two isolated injuries to the great sciatic, and one of the spinal accessory nerve. In some cases the evidence is in favour of complete section, in others diminution of power combined with great hyperæsthesia suggests contusion or partial laceration.

Fractures and Wounds of Joints.

Fractures are for the most part transverse, or the bones are tunnelled with a simple track. Comminution in the series seen here is distinctly rare, either in the flat or long bones, and certainly a large number of the wounds have been inflicted well within the 1,000 yards range.

Joint perforations, especially of the knee, are fairly common. The cases left us too soon to form any opinion as to their permanent results, but everything pointed to these concurring with those to be seen at Wynberg, where little functional or structural alteration is to be observed.

Wounds of the Head.

The proportion of wounds of the head is small; some fractures with much bursting at the wound of exit have been met with; naturally many may have been left on the field, and I think only some three or four have come down here. Many extraordinary cases will no doubt be recorded; thus, for example, entry in the median line below the chin, perforation of the floor of the mouth, and tongue, the alveolar process of the superior maxilla, traverse of the floor of the orbit, injury to the back of the globe, perforation of the anterior fossa, and escape through the frontal bone at the margin of the hairy scalp. The patient thus wounded left here on the fourth day without any symptoms. Several others of a similar but slightly less complicated nature have been seen.

Wounds of the Neck.

Wounds of the neck have been very common, but we have seen none implicating the great vessels excepting the one already referred to. A number of wounds of the posterior triangle with mixed nerve injuries are, however, under treatment.

The small bullet effects the most complete transverse section of the spinal cord. No fewer than 10 cases of paraplegia have come down from the front, usually complete, symmetrical, and with total absence of patellar reflex. Time only will show how complete these injuries are, but one from Belmont died here on the fourth day, the remainder from Modder River have gone down to Wynberg.

Perforating Wounds of the Chest.

Perforating wounds of the chest have been numerous, producing remarkably slight symptoms. Hæmoptysis, slight in degree, persisting one to three days, occurs in one-third of the cases; a few have signs of blood in the pleura, and a few have cellular emphysema. The only constant sign is a want of respiratory mobility on the injured side and some diminution of breath sounds.

Wounds of the Abdomen.

I have seen fourteen wounds of the abdomen; of these, ten have exhibited no serious symptoms, and will probably all get well. The pulses have not risen above 80, and the only signs have been some local tenderness, rigidity, and deficient mobility of the belly; all came here on the third day after the injury; slight vomiting occurred in some of them before arrival. In two cases the injury probably implicated the kidney, and in one the liver, but in all three the hæmorrhage must have been very slight.

Abdominal Sections.

In four instances peritoneal infection had already occurred, three of the patients being Boers, and one an English officer. The latter had suffered an injury to the cæcum; abdominal section was done on the third day, and he is doing well at the end of the week, but still with a discharging wound; abdominal section was also done for a partly intraperitoneal, partly retroperitoneal, injury to ascending colon; retrocolic extravasation and emphysema had already occurred. The wound was found and the affected area drained; the patient is still living (eighth day), but will certainly succumb to sepsis from the

large foul cavity in his loin.* The remaining two were cases of injury to the small intestine. One was too ill for operation. The second was opened, and three perforations in the jejunum were discovered and sutured. Purulent inflammation had, however, already spread as low as the pelvis, and the patient died the day following the operation. All that can be said from this experience is that no patient should be operated upon from the mere fact of apparent traverse of the belly by a Mauser or Lee-Netford bullet. It is possible that if the patients could have been seen sooner operation might have been earlier decided upon in the four cases who were so treated; but the great number of wounded at the front rendered this an impossibility.

OPERATIONS AT THE FIELD HOSPITALS.

Operations at the field hospitals have been very few in number; I think, at the most, six amputations have gone down to Wynberg, and there can be little doubt that such operations will be comparatively infrequent in this series of cases. The cases, as a whole, started remarkably well. There has been no serious wound infection up to the present—a great tribute to the care with which the dressings have been applied in the hospitals and on the field by the hard-worked officers of the R.A.M.C. In this camp, during the last week, on several occasions the officers were up all night, or went to bed at 12, to rise at 4 A.M. The heat during the day has been very great, 108° to 115° F. in the bell tents in the afternoons of the last few days.

From Our Special Correspondent in Capetown.

December 6th, 1899.

ARRIVAL OF LORD METHUEN'S WOUNDED.

SINCE the series of battles north of the Orange River, a very large number of wounded have come down, and the R.A.M.C. has plenty of work on its hands. I can confirm my previous remarks that it is rising to the occasion most creditably. No. 1 General Hospital has now 574 beds occupied. No. 2 Hospital has been established, as I mentioned was to be the case, on adjoining ground at Wynberg. It has about 100 beds in occupation. Almost all the cases are surgical, and the distinction between the medical and surgical divisions in No. 1 has, so far as the class of case is concerned, been practically abolished.

WOUNDS OF THE LOWER EXTREMITY.

Wounds of the extremities—especially the upper part of the lower extremity—continue to be much in evidence, and the vast majority of injuries are from rifle bullets. The few shell cases appear merely to be from small fragments, and are of a very unimportant nature. One new feature is appearing in the cases from the First Division—a considerable proportion of compound fractures of the thigh, due, no doubt, to a certain number of the Free Staters who are operating in the North using rifles other than the Mauser. These fractures have not done as well as one would have liked, though perhaps quite as well as could have been expected. Several have had to be followed by amputation, and were septic on arrival, and death has been the result of a somewhat large proportion. The rule appears to be to send the compound fractures to the base, in preference to amputating in the field or at the stationary hospitals. The former would have been manifestly impossible, in view of the rapid movements of Lord Methuen's force.

ABDOMINAL WOUNDS.

Except as regards these compound fractures, and that despair of military surgery, the perforating abdominal wound, the results continue to be remarkably good. One case of the latter class I saw, however, which is doing admirably. A Mauser bullet had entered on the left side just above the pelvic brim, and had emerged on the opposite side by way of a hole in the ileum itself. It had evidently perforated the posterior wall of the bladder, and established a communication between that viscus and the rectum, for the man was, and still is, passing all his urine *per rectum*. Very little extravasation could have taken place before the securing of the fistulous communication, although the patient had pretty severe peritonitis. This has now subsided, and the patient is doing splendidly. Mr. Treves saw him, and advised that no operation should be undertaken.

HEAD INJURIES.

The head injuries have done, on the whole, very well. I saw one very successful case. The bullet had entered the cranium near the middle line, and had splintered the bone in a depressed gutter down along the course of the upper part of the Rolandic fissure. One of the civilian surgeons trephined, and removed a large number of spicules and small plates of bone. The patient had typical Jacksonian convulsions before operation and for two days later, but for four days these have ceased; his temperature has gone down to normal, and he is doing very well. He is somewhat dull, but has never been aphasic. Another patient who was trephined in the occipital region has done very well, no symptoms remaining except some photophobia.

WOUND OF THE SPINE.

Another case presents some features of interest. A bullet had entered almost exactly in the mid-spinal line at the level of the sixth cervical vertebra, and had travelled downwards, the man being lying down at the time, and lodged at the level of the seventh dorsal, whence it was removed. The lower extremities are paralysed, there is overflow dribbling from the bladder, and total anæsthesia as high as the fifth rib, with a zone of hyperæsthesia above. This zone is now about two fingers breadth, and the hyperæsthesia is not nearly so intense as before. When the case first came in the hyperæsthetic tract was very much wider; no expansion of the anæsthesia has so occurred; no depression can be discovered. He is being treated expectantly, with an idea of possibly doing a laminectomy later.

THE RED CROSS.

The Red Cross people are doing good work, a continuous supply of comforts finding their way to the hospitals. Colonel Young has left for the north. Several local societies have been established under his control, and at the intermediate stations some of them are doing good work in supplying a few extras to the men in transit. The Relief Committee for men has engaged the services of a paid medical officer, Dr. Duthie. The Women and Children's Committee still gets on very well with voluntary medical aid.

THE MEDICAL ASPECTS OF THE WAR.

BY A SOUTH AFRICAN CAMPAIGNER.

VI.

THE AFRICAN SUMMER.

THE summer is now well advanced in South Africa and several despatches complain of the intense heat. The two most trying months—January and February—have yet to come. It is during the summer, especially the later summer months, that typhoid fever and dysentery are most rife in all South African towns. Sir George White's report of December 18th will therefore cause little surprise to anyone acquainted with the country. He says they have in Ladysmith 65 men "seriously afflicted by enteric fever and dysentery"; but this is not a very large proportion in a garrison of 9,000. It is no greater than usually obtains at this time of the year among the miners along the line of reef at Johannesburg. The sanitary system in both cases is probably principally to blame. The latrine and pail systems are, when accompanied by a free and thorough use of dry earth, theoretically perfect, but in practice a certain amount of nuisance and sickness invariably appear to arise in connection with them during the hot summer months. The garrison at Ladysmith is not confined within particularly narrow limits, and in all probability their sanitary arrangements are about as good now as they would be in times of peace. At the same time, it must be borne in mind that the majority of our troops are at the most susceptible age, and that newcomers to the country always appear more liable to attack than older residents. It will be interesting to learn what proportion, if any, of the men affected with typhoid were injected with antityphoid serum.

THE WOUNDED.

The wounded in Ladysmith are reported by Sir G. White to be all doing well, while we are informed that of the men wounded in Lord Methuen's various engagements no fewer than a third have already recovered. This is cheering news to friends of the wounded, and the interesting letters from your correspondent at Capetown further show how very

quickly and completely many of the Mauser bullet wounds heal.

THE SICK AND WOUNDED BEING SENT HOME.

A letter from Mr. George Stoker, questioning the wisdom of sending sick and wounded soldiers home, appeared in the *Times* of December 22nd. Mr. Stoker has shown great practical interest in this question, and was the chief organiser of the Portland Field Hospital, which sailed for South Africa on December 13th, under charge of a staff appointed by the War Office. It will be remembered that the War Office made their acceptance of the hospital conditional on its being put entirely on a military footing and under military control. Mr. Stoker says the difficulties to treatment in South Africa appear to be classified under three heads:

1. Climate; 2. Accommodation; 3. Sentiment.
1. As for climate, I speak with a large experience of the treatment of the sick and wounded in war in various climates, and I venture to say that the climate of the uplands of South Africa, whether in Natal, the Transvaal, the Orange Free State, or the old Colony, is all that can be desired. The Ulundi wounded were treated in Ladysmith, and did splendidly.
2. Accommodation.—This is surely a matter of arrangement, and in such a climate nothing can be better than a properly equipped marquee hospital, better—I venture to think—than any improvised buildings, which are seldom convenient and hardly ever sanitary; better far than Netley Hospital, where, at this season especially, there is little choice between foul air and freezing!
3. Sentiment.—I think this consideration should not be allowed to interfere in preventing the best being done for the sick and wounded. In conclusion, let us not forget the great pain and discomfort to sick and wounded that long transport entails, and anything that helps to avoid this must be an advantage.

Unfortunately the uplands of South Africa are at present more in the hands of the Boers than of ourselves, although no doubt Estcourt and Maritzburg in Natal, and, say, Beaufort West in the Karoo, might be used for field hospitals. But the fact is, as I pointed out in a former letter, there is ample demand in the present war for accommodation both in South Africa and in England. Probably only the severe cases, with no prospect of recovery during the present campaign, will be sent home, and their desire would naturally be to be near their friends.

Mr. Stoker's reference to Netley is, I think, hardly fair. The hospital is beautifully situated and appointed; the wards are lofty, airy, and well warmed. For the convalescents there is a reading room, long covered glass corridors, and magnificent grounds. The British soldier need not complain if he never finds himself in worse quarters than Netley Hospital.

THE SEVENTH DIVISION.

The following is the medical staff of the Seventh Division for South Africa and of officers detailed to Bearer Companies and Field Hospitals:

Principal Medical Officer	...	Staff.	Lieut.-Col. J. A. Gormley, M.D.
Medical Officer	Major F. J. Morgan

SEVENTH INFANTRY DIVISION.

Officers, Royal Army Medical Corps, established for Regimental Units.*

<i>14th Brigade:</i>			
2nd Battalion Norfolk Regiment	...	Major S. Hickson.	
2nd Battalion Lincolnshire Regiment	...	Major A. A. Sutton.	
1st Battalion King's Own Scottish Borderers	...	Lieutenant A. M. MacLaughlin.	
2nd Battalion Hampshire Regiment	...	Lieutenant F. H. Merry.	
<i>15th Brigade:</i>			
2nd Battalion Cheshire Regiment	...	Major W. H. Pinches.	
1st Battalion East Lancashire Regiment	...	Major H. T. Baylor.	
2nd Battalion South Wales Borderers	...	Lieutenant C. S. Smith.	
2nd Battalion North Staffordshire Regiment	...	Lieutenant C. R. Evans.	
<i>Divisional Troops:</i>			
Brigade Staff, Royal Field Artillery (83rd, 84th, and 85th Batteries)	...	Lieut. A. J. M. Cuddon-Fletcher.	
Regimental Staff, Divisional Engineers (9th Company, Royal Engineers)	...	Lieutenant R. L. Davies.	
Officers of the Royal Army Medical Corps detailed to Bearer Companies and Field Hospitals.			

A.—Bearer Companies.

No. 7 Bearer Company (14th Brigade)	Major C. E. Faunce.
	Captain C. E. G. Stakartt.
	Lieutenant J. A. Hartigan.
No. 19 Bearer Company (15th Brigade)	Major L. R. Colledge.
	Lieutenant R. E. G. Phillips.
	Lieutenant W. C. Croly.

B.—Field Hospitals.

2nd Cavalry Brigade Field Hospital (14th Brigade)	Major D. F. Franklin.
	Major H. A. Cummins.
	Lieutenant A. H. Safford.
	Civil Surgeon R. W. Collum.
5th Divisional Field Hospital (15th Brigade)	Major G. Wilson.
	Major T. G. Lavie.
	Lieutenant J. M. Buist.
	Civil Surgeon W. L. Hatch.
4th Divisional Field Hospital (Divisional Troops), 7th Division	Major R. H. S. Sawyer.
	Major G. Raymond.
	Lieutenant J. F. Martin.
	Civil Surgeon J. A. Barnes.

*The following unit, to which a Medical Officer is allotted in War Establishments, will not have one detailed in the present instance: Divisional Supply Column. The General Officer concerned will make the necessary arrangements for its medical charge.

THE LATE CAPTAIN LOUIS HUGHES.

The District Corps Orders by Surgeon-General T. F. O'Dwyer, A.M.S., Commanding Royal Army Medical Corps, Aldershot District, for December 18th, contained the following:—

"The Surgeon-General Commanding announces to the corps with the deepest regret the death in action at Colenso of Captain M. L. Hughes, while employed on the staff of General Sir Redvers Buller. Captain Hughes was well known at Aldershot, where he filled the post of Assistant Sanitary Officer for the last two years; and where his zeal and scientific attainments were of advantage to the Army generally and contributed to raise the character and position of the corps in public estimation. The officers will wear the usual mourning for one month from this date."

Colonel Hughes, C.B., C.M.G., of Guildford, has received a telegram from General Sir Redvers Buller with reference to the death of his son, Captain Matthew Louis Hughes, at the battle of Colenso. General Buller adds, "We had all grown so fond of him."

PREPARATIONS AT HOME.

THE SICK AND WOUNDED OFFICERS.

We understand that a committee for the working of a Sick and Wounded Officers' Surgical and Medical Aid Fund is in course of formation under the presidency of the Duke of Abercorn, K.G. We understand that the purpose of the fund is to assist sick and wounded officers who, on return from South Africa, may stand in need of special or prolonged treatment. It is intended that careful inquiry should be made as to the pecuniary needs of such officers, and a number of leading physicians and surgeons in London and the provinces have joined the Duke of Abercorn's preliminary committee. We believe that a meeting of the committee to consider the exact nature of the help needed, and the mode in which it should be rendered, will be held at an early date.

HOME HOSPITALS AND CONVALESCENT HOMES.

The committee of the Passmore Edwards Convalescent Home for Members of Friendly Societies at Herne Bay has offered to the War Office the use of 20 beds in the institution for the occupation of soldiers who are invalided home from South Africa. The only condition attached to the offer is that the men chosen must be members of friendly societies in accordance with the trust deed of the institution.

A large detached building capable of holding some 80 beds has been taken at Windsor as a convalescent home. This establishment is to be called the "South African Convalescent Home" for wounded and invalided soldiers and sailors. From this it is proposed to pass them on to the other branch of the home at Westgate-on-Sea. It is proposed also to establish another branch of the home at the Isle of Wight, overlooking the Solent, for the use of officers exclusively, and to be called the "Convalescent Club," where both paying and non-paying patients will be received.

Lord Dartmouth has arranged to receive 6 convalescent soldiers from the war at his country house in Staffordshire. He appeals to others to find temporary homes for convalescent soldiers, and is trying to organise a scheme with this object.

The Alexandra Hotel, Woodhall Spa, Lincolnshire, has been offered for the use of invalid soldiers up to April 30th.

Soldiers invalided home will be able, by the kindness of the Bath Corporation, to take the waters free of charge, and will be comfortably housed while they are undergoing the cure.

The Liverpool Royal Infirmary has informed the Director-General, A.M.S., that 12 beds will be held at the disposal of sick and wounded soldiers from South Africa who may belong to the Liverpool district. The Royal Devon and Exeter Hospital has made a similar offer of 20 beds.

COLONIAL OFFERS.

At Melbourne, connected with the vigorous proceedings for the despatch of the new Victorian Force to South Africa, and owing to the numbers of doctors and nurses who are volunteering, the Government is considering the organisation of a small hospital corps. The citizens of Perth West

Australia, are about to send 20 nurses to attend our wounded soldiers at the Cape.

TRANSFERS AND APPOINTMENTS.

From Aldershot Majors T. Day and Tuckey and Lieutenant Stammers have left for duty at the Cape. Surgeon-Lieutenant Mudge, Militia Medical Staff Corps, has taken over the charge of Women and Children, Marlborough Lines, in succession to Captain Kelly, R.A.M.C., who takes charge of the Cavalry Brigade. A large number of civilian surgeons are now attached to the Cambridge Hospital pending employment in South Africa. A party of 170 reservists of Section D have joined the depot Royal Army Medical Corps. Major Hallaran, R.A.M.C., embarked in the *Castrian*; a contingent of the Royal Army Medical Corps in the *Jelunga*; in the *Gaika* 5 officers (Majors Pike, Geddes, and Fayle, Captain Chambers, Lieutenant Rattray), 1 warrant officer, and 57 men of the Royal Army Medical Corps. Lieutenant-Colonel Gubbins, R.A.M.C., the Principal Medical Officer of the Sixth Division, left Southampton in the *Dumottar Castle* on December 23rd.

The medical units of the 14th and 15th Brigades of the Seventh Division being mobilised at Aldershot are as follows: 14th Brigade, No. 10 Bearer Company, R.A.M.C., and No. 12 Field Hospital, R.A.M.C. (Woolwich); 15th Brigade, No. 14 Field Hospital (Dublin); Divisional Troops, No. 13 Field Hospital, R.A.M.C. (Edinburgh).

Instructions have been given to the various militia battalions embodied to select men in the proportion of two per company for special training as stretcher bearers. These men are to go to Aldershot for the course, which is to be given at the depot, Royal Army Medical Corps.

The *Norman* with No. 6 Bearer Company of the R.A.M.C. on board arrived at Capetown on December 19th.

The P. and O. steamer *Nubia*, Transport No. 4, has been detained at Durban, and will be fitted up as a hospital ship.

MEDICAL ARRANGEMENTS AFTER THE TUGELA ACTION.

A Reuter's telegram from Capetown states that Sir William MacCormac had said that all concerned with treating the wounded after the action at the Tugela deserve the fullest praise. Trains full of wounded left the field at 2 in the afternoon for Estcourt, and others followed promptly. Eight hundred wounded passed through the hospital at Chieveley, and the field was cleared of wounded by 7 o'clock on the evening of the battle. The Volunteer Ambulance Corps did splendid work, and the Field Hospital completely and promptly met a great emergency. It appears that many were taken on to Pietermaritzburg, and some straight to the hospital ship at Durban which was to convey them to Capetown. In commenting on this, a correspondent who is honoured by the largest print of the *Times* says: "It is satisfactory to record such a splendid performance. At a time when criticisms of everything and everybody are flying about, the admirable organisation of the Medical Department, and the perfect smoothness of its working deserve the fullest recognition. It is usually that part of an army which breaks down first, and is least adequate; in the present campaign it has so far proved entirely equal to all requirements."

AUXILIARY BASE HOSPITAL AT PIETERMARITZBURG.

We learn that Lieutenant-Colonel F. W. L. Hodder, M.B., a retired officer of the Royal Army Medical Corps resident at Durban, who placed his services at the disposal of the Principal Medical Officer, has been appointed to the charge of the Auxiliary Base Hospital at Pietermaritzburg. A staff of civil medical men and nurses, male and female, and a detachment of the R.A.M.C. non-commissioned officers and men have been attached to this hospital, into which the Natal Volunteers of various corps will be received, as well as soldiers of the regular forces. The splendid loyalty and courage of the Colonial volunteers, many of whom left their homes within an hour's notice, has excited the admiration of their comrades in the regular army. They are described as a grand force, but have unfortunately suffered severely from wounds and hardships.

LITERARY NOTES.

THERE is a legend that the heart of the great Napoleon having been left unprotected after the *post-mortem* examination was devoured by rats, and that the doctors replaced the missing organ with a substitute taken from a sheep. A correspondent of the *Philadelphia Medical Journal*, however, quotes the following passage from Campbell's *Foreign Magazine*, vol. v, 1844, in which a different account of the matter is given:

When Bonaparte died, it is well known that his heart was extracted with the design of being preserved. The physician who had charge of it deposited it in a silver basin, in water, and retired to rest. He felt so nervously anxious as the custodian of such a deposit, that though he reclined he did not sleep. While lying thus awake he heard first a rustling noise, then a plunge among the water in the basin, and then the sound of an object falling with a rebound on the floor. Dr. A— sprang from his bed, and the cause of the intrusion on his repose was soon explained—it was an enormous rat dragging the heart to its hole. A few moments more and that which before had been too vast in its ambition to be satisfied with the sovereignty of Continental Europe would have been found even in a more degrading position than the dust of Cæsar stopping a beer barrel—it would have been devoured as the supper of a rat.

Dr. Barclay Smith of Cambridge has called our attention to the fact that Joubert and Kruger—names of ill omen to us at

the present moment—may both be found in medical literature. Laurence Joubert's span of life extended from 1529 to 1583. There is a grim coincidence in the fact that one of his works is a treatise on gunshot wounds, and another deals with the treatment of wounds. He also wrote on plague, quartan fever, paralysis, popular errors in regard to medicine, and was a reformer of French spelling. Joubert entered the University of Montpellier at the age of 21, and lodged with one of the professors named Rondelet. Rondelet was so struck with Joubert's zeal and assiduity that he offered him one of his daughters in marriage. Rondelet had two daughters; the elder one was very fat, while the younger one had a most becoming figure. It was the elder one that Rondelet suggested should become Joubert's wife. Joubert, however, was not so eager to accept this proposal as he might have been. He refused her. He had cast loving eyes upon the younger one, though he had not sufficient courage to make his feelings known. No marriage resulted, "because," as M. Astruc, the historian, remarks, "The elder daughter did not please Joubert, while Joubert soon realised that he did not please the younger." Bartholdus Kruger was the author of a treatise on anatomy entitled *Anatomicus Curiosus θεοδιδάκτος. Hoc est Methodus Secundi Cadavera Hippocratica Democritæa*, which was published at Brunswick in 1700. Several "Krügers" also figure in catalogues of old medical writers. One of these, Johann Gottlieb, was the author of a treatise on a subject connected with firearms, *De nonnullis ad motum globuli e sclopeto explosi pertinentibus*, printed at Halle, 1737. Another, Ephraim, wrote an essay, *De usu peregrinationis medico* (1757), in which his namesake of the Transvaal may perhaps find comfort if he has to bid farewell to Pretoria.

PRINCE OF WALES'S HOSPITAL FUND FOR LONDON.

A MEETING of the General Council of the above fund was held on December 21st at Marlborough House to consider the amounts to be distributed this year. The PRESIDENT (H.R.H. the Prince of Wales) was in the chair.

FINANCIAL STATEMENT.

The Honorary Treasurer, Lord ROTHSCHILD, presented the following statement as to the financial position of the fund up to December 19th.

	£	s.	d.
Annual subscriptions...	25,000	0	1
Donations and undefined contributions	13,680	0	2
Annual grant from the trustees of the London Parochial Charities for the Maintenance of Convalescent Hospitals	1,000	0	0
Contribution from the League of Mercy	1,000	0	0
Income from investments	6,391	18	5
Sums given by donors to be invested	66	1	2
Subscriptions paid in advance for 1899	1	5	0
Making the total receipts	47,808	4	10
Deduct expenditure to date	1,547	11	5
Leaves a net amount up to the present of	46,260	13	5
The balance of funds from last year is	171,332	10	3
Making a grand total of	217,593	3	8
These total funds are held as follows:			
Bank of England	2,816	5	11
Other banks and newspaper	269	5	0
Investments	214,400	19	2
Amount returnable by Inland Revenue in respect of income tax deducted from income on investments	106	13	7
	£217,593	3	8

Lord Rothschild pointed out that about £9,000 more had been received this year, the expenditure, which amounted to £1,547 11s. 5d., was less, although there had been added this year the cost of a collector, and of a large amount of statistical work, including an analysis of the funds held by the whole of the hospitals visited.

H.R.H. THE PRESIDENT: The expenditure having been less and the income more I think we can consider it a very satisfactory result.

REPORT OF THE EXECUTIVE COMMITTEE.

This report recommended the distribution of £42,000 to 82 institutions. Of this sum £41,000 is allotted to hospitals, £1,000 to convalescent institutions, against £32,500 distributed