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## THE WAR IN SOUTH AFRICA.

## THE RELIEF OF LADYSMITH.

By FREDERICK TREVES, F.R.C.S.,  
Consulting Surgeon with the Forces.

Durban, March 9th, 1900.

## THE FIFTEEN-DAYS' BATTLE.

No. 4 Stationary Field Hospital reached Chieveley on Sunday, February 11th, after a very tedious march, during which we felt the heat severely. The heat on the two following days was intense, and on Wednesday, February 14th, I watched the army moving out for the fourth time. The men were not in the best of spirits, and had not forgotten the circumstances under which Colenso was approached on the last occasion. On Thursday, February 15th, firing began, and from that day until Thursday, March 1st, there was fighting every day and all day. There is no doubt that these fourteen days represent the very hardest part of the campaign. The men were moving forward through a terrible country, and as soon as one ridge or kopje had been taken another had to be faced. There was seldom a night during which we did not hear rifle firing. This in most cases came from the Boers, who were in constant terror of a night attack, and would fire furiously from their trenches on the least alarm. The casualties during these fourteen days were comparatively few, but among them were many serious cases. The men, moreover, were exhausted by the continued fighting, and were often lying out for some time before they could be reached by the stretcher-bearers. Thus, many were lying out all night, and one man I talked to was unfortunately out two nights and a day. The Boers gave him water to drink, and at the same time relieved him of all he had on him.

## WOUNDS PRODUCED BY EXPANDING BULLETS.

It was during these fourteen days that we began to have experience of "explosive" bullets. The wounds made by bullets so named are easily recognised. They are marked by a small point of entry—the usual Mauser wound—and by a large and terrific wound of exit. This wound may form an open cavity as large in diameter as half a crown. At the same time there is great shattering of the bone. As certain statements as to the extensive use of explosive bullets by the Boers have appeared in newspapers from time to time it may be well to state precisely what has been the experience gained among our wounded. In the first place, practically all the wounded who have fallen in the Natal campaign from the Battle of Colenso (December 15th) to the Relief of Ladysmith have passed through the Field Hospital to which I have been attached. The only exceptions are represented by some few convoys of wounded (mostly slight cases) who went down to the base direct by ambulance train. We have, therefore, dealt with some thousands of instances of shot and shell injury. At the first battle of Colenso and at Spearman's Camp we met with isolated instances in which the injury was probably due to a Martini-Henry bullet or to a missile from a "sporting rifle." In these cases, however, the lesion was marked by a comparatively large point of entry and was hardly typical. Some may have been due to "explosive bullets," but it was not until after February 15th that I came across examples of injury due undoubtedly to bullets of this type. We have admitted a good many instances of these particular wounds, although the proportion among the whole number of the wounded is quite small. Moreover a large quantity of soft-nosed bullets have been found among the ammunition left by the Boers in their flight. I have myself found many on my visits to the Boer trenches and am bringing specimens home.

## THE GREEN BULLETS.

I am also bringing back a box or so of "poisoned bullets" (as

our soldiers call them) found among the Boer ammunition. These bullets are covered with a bright green composition. I do not for a moment suppose they are "poisoned." The coating appears to me to be a mixture of sulphate of copper and tallow, and is probably used to keep the rifle barrel clear. I propose to have this green material examined chemically when I return to London. I have turned over many heaps of Mauser ammunition in the Boer rifle pits and trenches, but have found no examples of the split or decapitated bullets which have been picked up by some. They must, I think, be uncommon. We have not met with any in No. 4 Hospital.

## VAGARIES OF BULLETS.

The vagaries of bullets are apparently without end. I have seen now several instances of wound of the prostate and base of the bladder both with communication with the bowel and without. When the prostate has been involved epididymitis has not been uncommon. In one or two instances of abdominal wound a faecal fistula has followed without any peritonitis. We have had several cases in which isolated nerve trunks have been cut across without other injury. In a case under the care of Dr. Elliot the Mauser penetrated the lower end of the thigh, wounding the popliteal artery, and causing a fracture of the femur which involved the knee-joint. A large traumatic aneurysm followed with great swelling of the whole limb. The knee-joint was filled with blood which showed a visible pulsation. This case was treated by rest and elevation, and when last seen was doing well. Certain traumatic aneurysms with distinct and widespread pulsation have vanished with rest.

## FIVE BULLET WOUNDS IN THE SAME ENGAGEMENT.

As an instance of extensive Mauser wounds I may mention the case of an officer recently in "No. 4." His experience is, I imagine, unique. He was shot in an engagement and fell. He rose and tried to walk towards a fellow officer. He was again shot and fell. He got up and made a second attempt to move when he was shot a third time. He could move no more, and when lying on the ground was shot a fourth time. In due course the stretcher bearers arrived, and as he was being carried down he was shot a fifth time, and one of his bearers was shot at the same moment, so that his stretcher was dropped to the ground. Of the five injuries four involved the limbs and back. The third wound received was a penetrating wound of the abdomen below the level of the umbilicus, the bullet escaping (apparently) at the buttock. The poor fellow was much collapsed on admission, had some abdominal pain, some tympanites, and slight vomiting. Following the indications taught by this campaign I advised no operation. He made an excellent recovery, thanks largely to his pluck and fine health and the care of his surgeon (Major Kirkpatrick).

## A MAXIM BULLET.

I may here mention that I have seen only one intact Maxim bullet extracted. The man was under Dr. Elliot's care. The bullet caused a long gutter fracture of the skull in the temporal region, opened the meatus, and was cut out in the neck near the clavicle. There was a considerable escape of brain matter. The bullet was detected by the telephone probe.

## THE TRENCHES ON FORT WYLIE.

On Sunday, February 25th, I paid a visit to the Boer trenches on the north side of Colenso, and was especially interested in the entrenched hill called Fort Wylie. This kopje was literally covered with burst shell and with shrapnel bullets. On the face towards the river almost every stone showed a mark of lead. The Boer trenches, on the other hand, contained such a quantity of empty Mauser cartridge cases that it is evident the enemy had not been inactive on this historic hill. The trenches were

wide and beautifully made, and were nearly neck deep. In some the earth had been scooped out in front so as to form a retreat when a shell burst. The Boers had in all cases provided the trenches with a means of escape, and had made elaborate attempts to ensure some comfort. In many trenches there was straw, and in one an iron bedstead. Among the *débris* in the trenches I was struck by the strange number of patent medicine bottles. They were almost as numerous as the gin bottles. The Boers had provided themselves with ingenious coverings against the rain, but they left behind the impression that they had little regard for cleanliness.

#### COLENZO VILLAGE.

The pretty little village of Colenso was represented by a woebegone street of broken-up and ruined houses. There was not a sound pane of glass in the place. In one ruined cottage the sole relic of the time of peace was a child's battledore. The railway station was little injured, but was rendered unattractive by the fact that the Boers had left a dead horse in the booking office. The animal had been long deceased. Colenso railway bridge, with its fine spans, was a fantastic ruin, a chaos of broken iron hurled into the rushing stream, a mere muddle of bent beams, hanging bolts, and twisted bars. Some precarious planks placed from one piece of wreckage to another formed the sole means of crossing the Tugela on the day of my visit. Not long after I had left this much-deserted village the Boers began to shell it again from Grobler's Kloof. Poor Colenso! Through all the glorious days of the summer now passing away there has been little but death and riot among the gardens which made the sleepy hamlet homely, and among the cactus and the mimosa which made it beautiful.

#### THE STORMING OF PIETER'S HILL.

Late on the afternoon of February 27th we were able to view from our camp at Chieveley the grandest spectacle of this campaign—the storming of Pieter's Hill. The hill formed a long ridge, or series of ridges, immediately in front of Umbulwana. The afternoon was a little cloudy, but a wide patch of sunshine rested upon this fateful ridge and made it luminous against the gloomy walls of Umbulwana. A more terrific display of artillery fire could hardly be imagined. It was incessant. The sound was as the roar of some uncanny sea. The air above the ridge was alive with the little white clouds of shrapnel, and on the ground itself were flashing lyddite and common shell and brown columns of dust, which rose up and were made brilliant by the sun. When the artillery ceased the rifle fire could be heard, and later on we knew that the trenches had been taken at the point of the bayonet, and that the way to Ladysmith was open.

#### THE JOURNEY TO LADYSMITH.

About 6 P.M. on Wednesday, February 28th, our cavalry reached Ladysmith, and on Thursday, March 1st, General Buller reached the long-beleaguered camp. On the following day, Friday, I had the good fortune to enter the town. My journey to Ladysmith was not accomplished without difficulty. I had to follow the road the army had taken, as the main road was not known to be free from the enemy, and moreover, the bridge leading to it had been blown up. The distance from Chieveley to Ladysmith by the route I took was between 23 and 24 miles. I took my covered cart (called in the camp the "bus"), with ten mules and two of my Kaffir boys. My servant rode in front to pick out the road. With me came my remaining nurse, Miss McCaul, and Mr. Day, an army chaplain. Miss McCaul was the first woman to enter Ladysmith after the siege. We took provisions, water, and forage for two days. We left Chieveley at 6.30 A.M., and the first part of the journey was over the battlefield of Colenso. We came across the skeletons of Colonel Long's horses, the horses attached to the lost guns; they were lying in a line as they fell, their

bones were whitened, but still attached to them were the collars and harness. The road now became very rough—over ridges and down into dongas, over boulders and deep into ruts; now the mules would be at a fair trot, and now they would be dragged to a standstill. At last we reached the hill commanding the pontoon bridge over the Tugela. At the top of this precipitous height was the mighty convoy of ox waggons with food for Ladysmith. The waggons could be counted by hundreds and the cattle by thousands. The hubbub could not be surpassed. The lowing of the oxen, the shrieking of the Kaffir boys, the bellowed orders of the convoy conductors, the groaning of colliding waggons made a compound of sound worthy of the scene. Among the rabble would be seen ambulance waggons, water carts, isolated gun carriages and ammunition waggons, bread carts, mounted officers hurrying through, weary pickets returning to camp, and a few "Tommies" tramping along with a cheery indifference to the restless struggling crowd. Owing to the kindness of the staff officer I was able to get my cart over the pontoon without delay.

#### CROSSING THE TUGELA.

The actual road above the pontoon was the very steepest declivity I have ever seen negotiated by structures on wheels. In England it would no doubt be indicated by a placard, "This hill is fatal to cyclists." The 'bus (empty of all occupants) slid unsteadily down the incline, rocking like a ship in a troubled sea, and the mules had to put on their best pace to keep clear of the onrushing wheels.

The river at the point of crossing is exceedingly picturesque. The steep rugged banks are rendered beautiful by mimosa and cactus, and below the pontoons the torrent breaks into foaming rapids, while up-stream is the celebrated waterfall of the Tugela. From the river the road wound on of its own sweet will to the foot of Umbulwana. It ran across plains and down into valleys, and over spruits and across boulders, and through mimosa groves and over dusty wastes. We had to ford a river at the foot of the great hill, and as the mules were nearly carried off their feet and our waggon was flooded with the stream we were glad to land on the opposite bank. We were by this time many miles ahead of the slow-moving food convoy, and had the advantage of seeing the country undisturbed.

#### BOER CAMPS.

We passed the Boer camps, which showed every evidence of a hurried departure. The cooking pots were still on the camp fires; the rude shelters under which our hardy enemy had lived were still intact. The ground was strewn with refuse, with the remains of the last meal, with discarded articles of clothing, with empty bottles and barrels, with fragments of chairs and tables, with empty flour sacks, and above all with the straw which is quite a feature of a Boer settlement. There were no tents. The shelters were made of boughs, of beams of wood from adjacent farms, of iron railings, of barbed wire, of plates of corrugated iron, and of casual patches of canvas, and of old sacks. In some of the trenches the shelters were very elaborate, and varied from an almost shot-proof retreat to a simple tent, made out of two raw cow skins stretched over bamboos. These wild camps, amid a still wilder country, suggested a brigand's stronghold, and indeed one could not help being frequently reminded of certain familiar theatrical scenes which professed to represent the conventional "brigand's retreat". The only evidences of a gentler mood were provided by a discarded concertina and by a letter I picked up on the road side. The letter was from a Boer wife at the home farm to her husband in the trenches. As we passed along the road we met with many evidences of a hurried flight. The dead horses were very numerous, and left by the road side, with traces cut, were carts, light spider carts, water carts, waggons, and such cumbrous impedimenta as wheelbarrows and a smith's forge. One waggon had fallen headlong into a donga in the dark, and was an utter wreck.



## THE FIRST SIGHT OF LADYSMITH.

At last on mounting the summit of a little ridge we saw before us a wide green plain of waving grass, and beyond the plain and under the shelter of purple hills lay the unhappy town of Ladysmith. Ladysmith looks very pretty at the distance—a cluster of white and red roofs dotted about among trees, and surmounted by the white tower of the Town Hall. The military camps were placed at various points about the town.

## THE GARRISON.

The first of these camps we reached was that of the gallant King's Royal Rifles. They had made some sort of home for themselves on the side of a barren and stony hill. They had, of course, no tents, but had fashioned all sorts of fantastic shelters out of stone and wood and wire. They had even burrowed into the ground, and had returned to the type of habitation common to primeval man. Among the huts and burrows were many paths worn smooth by the restless tread of weary feet. The path the most worn of all was that which led to the water tanks. The men themselves were piteous to see. They were thin and hollow-eyed, and had about them an air of utter lassitude and weariness. Some were greatly emaciated, nearly all were pale, nearly all were silent. They had exhausted every topic of conversation it would seem, and were too feeble to discuss even their relief.

I reached Ladysmith at 2.30 P.M., and the food convoy did not arrive until late the same evening, so we had the sad opportunity of seeing Ladysmith still unrelieved—unrelieved so far as the misery of hunger was concerned. I had no food at my disposal, but I had fortunately a good quantity of tobacco, which I doled out in pipefuls so long as the supply lasted. It would have taken many pounds, however, to satisfy the eager, wasted, trembling hands which were thrust forward on the chance of getting a fragment of the weed. We outspanned at the outskirts of the town, and the first person to come up to me was a skeleton of a Kaffir, who offered me a shilling while he pointed repeatedly to his mouth. He was really starving, and devoured the biscuits I gave him like a wolf. There is no doubt that the coloured people left in Ladysmith have suffered very severely.

## "STARVATION CITY."

The town is composed almost entirely of single-storeyed houses built of corrugated iron, with occasional walls of brick or cement. In the suburbs of the town these houses are made as villa-like as possible by means of verandahs and flower gardens and creepers. The main street of the town, however, has no pretensions to beauty, and is merely a broad road with corrugated iron shops on either side. On walking into "Starvation City," one's first impression was that of the utter emptiness of the place. Most of the villas were unoccupied, were closed up and, indeed, barricaded. The gardens were neglected and everything had run wild. The impression of desolation was accentuated by an occasional house with a hole in its roof or its wall due to a Boer shell. All the people we met were pallid and hollow-eyed, and many were wasted. All were silent, listless, and depressed. There were no evidences of rejoicing, no signs of interest or animation—and, indeed, as I have just said, Ladysmith was still unrelieved. Nearly every shop was closed or even barricaded. Sign-boards showed that here was a coach builder and there a grocer. The chemist's shop appeared to be empty of everything except the coloured water in the large bottles in the window. Such shops as were open were dark and desolate.

There were many grim evidences of better days. Thus one restaurant presented, among other cheery signs, the announcement of "Meals at all hours." Another establishment was gay with placards of "Ice creams." Notices of groceries of all kinds for sale made radiant a shop which

was empty of everything but a table and some rough chairs.

Such was the aspect of the weary town. Streets empty of all but a few tired and listless men; stores without goods, shops without customers, a railway station without passengers, a post office without letters, stamps, or post-cards. No words, indeed, can fully describe this city of desolation, this little colony of the almost hopeless, this poor, battered, worn-out, hungry town of Ladysmith, with a bright summer sun making mockery of its dismal streets.

The wretchedness of the place was not mitigated by the horrible smells which greeted one at every corner, nor by the miserable, dirty river which crawled slimily through the place.

## THE RETURN JOURNEY.

We left the town about 5 P.M., and met on our way back the long convoy of waggons with food. It was dark when we reached the river by Umbulwana, and as it was dangerous, and indeed impossible, to cross the rift except in daylight, we outspanned by the river bank, and made a pretence of sleeping. When yet it was dark on the following morning the mules were put in, and with the earliest streak of dawn we crossed the river and made for Colenso. The waggons were still toiling onwards towards Ladysmith.

The road, as I have said, was very rough, and my poor cart, which had served me well for three months, began to show signs of giving out. It broke down at last, one of the wheels coming to pieces. We were then some seven miles from Colenso and the vehicle was beyond all repair. So it was left by the road side among other wreckage, a forlorn relic of what was once a smart "bus." Our very scanty luggage was packed upon the mules' backs, our remaining food was distributed among the passers-by, and we proceeded to walk to Colenso. The mules with my servant kept to the road, but we walked along the railway. There was a blazing sun and the walk was tedious. The line took us through a district where fighting had been very heavy, and we were all the way sickened by the hideous smell of numerous dead horses and of still more numerous dead and imperfectly buried Boers. The hill sides and the very line presented the cases of countless shells; here was a huge yellow hole in the ground due to our lyddite and there was a rail bent and contorted by a blow from a solid shell. Cartridge cases, heaps of ammunition, empty meat tins strewed the way, and on each side of the line were graves, marked usually by a wooden cross, where our gallant men were buried.

By good fortune a trolley came along, and the men in charge of it kindly gave Miss McCaul a lift for the last five miles. The line was, however, broken in so many places that the trolley did not reach Colenso railway bridge many minutes before we did. At each break the trolley had to be lifted across. From Colenso we travelled to Chieveley by a casual goods train, sitting on the floor of an open truck, as there was no guard's van. We reached Chieveley on Saturday at 1 P.M., very tired and very dirty.

## SIEGE RATIONS.

I have made no mention of the life of the besieged at Ladysmith, of their strange food, of their remarkable messes, of their numerous sick, and of the way they spent their time. All this will have been fully recorded in the daily papers. We saw the lump of bread, made from mealies and starch, which constituted a ration, and were willing to believe that an excellent blancmange was made out of starch and violet powder.

## A GOOD SAMARITAN.

I may mention one incident of our Ladysmith journey which will serve to explain why the Kaffirs are attached to the English and very anxious for our success.

On returning from Ladysmith we bivouacked on Friday night near the drift, as I have already mentioned. The night was dark, and just before we turned in a conductor

of an ox waggon—a sturdy Scotchman—found his way to my bus to ask if any of us “knew anything of doctoring” as one of his Kaffir boys had been ridden over. I at once went off with a lantern. I found the “boy” under the shelter of a waggon, naked but for his loin cloth. He had been crushed by a passing team and some four of his ribs were broken. I asked for something to bind him up with, but there was nothing, not even an empty sack or a piece of carvas. I suggested a shirt, whereupon the conductor said, “Oh, if you want a shirt here is one!” and at once proceeded to divest himself of his own flannel shirt. I bound this round the “boy” and made him comfortable, while the good-hearted conductor spent the whole of a very chilly night with nothing on his shoulders but a thin drill coat. Only those who know how bleak the South African night often feels after a scorching day can appreciate the kindness of this Good Samaritan.

### THE IRISH HOSPITAL.

By Sir WILLIAM THOMPSON,  
Chief Surgeon.

*Naauwpoort, March 12th, 1900.*

THE stay at Capetown, due to the congested state of the railway traffic, came to an end on March 8th. The Hospital Corps started by train at half-past five carrying a few waggons, and leaving the mules to be carried forward in a day or two. The journey lasted just fifty hours. In that time we travelled by successive climbs to a height of 4,884 feet, where a portion of our hospital is now encamped. The country through which we passed gave one an idea of the difficulties which the troops have had to contend with. People at home are apt to think of a war carried on over practically smooth plains, with here and there a ridge; but for the first 400 miles of the journey we were always passing through mountains and abrupt small hills or kopjes, covered on their slopes with huge bare boulders, or presenting a precipitous face almost as straight as if it had been cut. The space of level ground between was no more than a mile, often it was less, and this looked in colour and consistence like sea sand, in which had been planted at varying intervals small shrubs about a foot or eighteen inches high. Approaching De Aar, and afterwards to this place, the aspect changed. There were fewer hills and larger spaces. These sometimes stretched for twenty or thirty miles almost flat, showing, as one glanced along the surface of the scrub, the appearance of some fertility. But of grass there was none, not more than there is on a well-used macadamised road, until we got into a region where rain had recently fallen. Then we found the young grass just giving a flush of green over what had a day before been sun-scorched sand.

We pitched our camp yesterday near No. 6 General Hospital, which is under the command of Colonel Large, R.A.M.C. The position is not ideal, but it is the best to be had for the present. By noon ten large marquees were up, and we were having a well-earned rest when a telegram came from Lord Kitchener asking that a section should be sent at once to De Aar. Our boxes were still unopened; a great deal of personal baggage and stores had not arrived, but we set to work with a will. Everyone wanted to go, and I finally selected Dr. George Stoker, second surgeon; Mr. Friel, fourth surgeon; with Dr. Counihan, and Mr. MacElwaine, and fifteen hospital orderlies and drivers. Everything was soon ready, and the party left by train at 9.30, the officers travelling in the guard's van and the men in open wagons. They had a wild send off from their comrades.

This section consists of five ambulance waggons drawn by strong mule teams, which we brought out from Ireland. A few square bell tents are carried, but the officers and men only took great coats and blankets. They will be attached to a quickly-moving force, the destination of which you will know before this reaches home.

There remains here, even after this depletion, tent accommodation for 100 patients, and in a day or two we shall be fully occupied. All the staff are in excellent health, but the heat is very trying.

### NOTES ON THE WOUNDED FROM PAARDEBERG.

By G. H. MAKINS, F.R.C.S.,  
Consulting Surgeon to the Force in South Africa.  
*Capetown, March 13th, 1900.*

#### CHANGED CHARACTER OF THE WOUNDS.

THE hospitals both at Wynberg and Rondebosch have been very full since the battle at Paardeberg and the subsequent advance of Lord Roberts's army. There have been material changes in the nature of a large proportion of the wounds, and the after-course has also been unfavourably modified as a result of the less satisfactory possibilities of transport dependent on the departure of the troops from the immediate vicinity of the railway.

#### TRANSPORT DIFFICULTIES.

With the advance of the troops the exigencies of transport led to the cutting down of the number of ambulance waggons to each field hospital to two only, hence almost the only means of transport for the sick has been by ox waggons, often with insufficient covering. Beyond this the various battalions have been so widely disposed that it has been necessary to keep patients in camp one or two days before they could reach hospital. The journey by ox waggon from Paardeberg to Modder River takes three days, and although this journey is short compared with that which wounded men often have to undergo on foreign service, none the less its effects are sufficiently obvious in the case of many of the wounds. Thus hæmatothorax has certainly been much more common after chest wounds than was the case earlier in the campaign, and, again, suppuration of the wounds has been more frequent.

#### WOUNDS BY EXPANDING BULLETS.

The other marked difference has been the larger proportion of wounds apparently the effect of expanding bullets. Although few bullets of this nature have been extracted, large quantities have been found amongst the captured ammunition, and there can be no doubt that they have been largely used. Such wounds have naturally been most striking in connection with fractures. I have seen several in which a typical Mauser wound of entry had opposite to it an exit wound as large as  $2\frac{1}{2}$  in. by  $3\frac{1}{2}$  in. with extruded muscle, everted torn skin edges, and great disorganisation of the limb. Beyond these, however, many wounds involving the soft parts only have exhibited similar characters quite foreign to any ordinary Mauser or Martini wound. Hence primary amputations have been slightly more numerous, and as a result of the increased difficulty of keeping such wounds clean—suppuration has been more common.

#### WOUNDS IN THE EARLY STAGE OF ENTERIC FEVER.

Another recent complication may be mentioned—namely, the occurrence of wounds in men during the initial stage of enteric fever. Several subjects of slight and some of serious wounds have proved on observation to be suffering from this disease, and in one case death has resulted. Notwithstanding these difficulties, however, the general progress of the wounded may still be regarded as highly satisfactory.

### A WEEK'S WORK IN A FIELD HOSPITAL.

THE following account will give a very good idea of work at the front after a trying march:

The field hospital left Modder River on February 10th, proceeding by rail to Eslin, and then by route march to Graspan; next day to Ramsdam, thence to Waterfall Farm, arriving at the Reit River at noon, and crossing the drift about 9 P.M.

On February 14th the hospital marched at 1 A.M., reaching Wegdraai Drift at 10 A.M., and left same evening at 5 to Klip Drift, where in heavy rain it halted and bivouacked.

On February 15th the hospital crossed the drift at 8 A.M. and encamped on the north bank of Modder River. Next day it recrossed and bivouacked till 3 A.M., and then marched to Klip Kraal, resting there a few hours.

On February 17th, at 5 P.M., the hospital marched towards Paardeberg, arriving at daybreak of February 18th in sight of the enemy, who were holding a position on the north bank of the river.

The action commenced soon after daybreak on February



18th. The field hospital was pitched in rear of a battery of artillery which was shelling the Boer position. During the day wounded were continually being brought in, and several operations were performed in the operating tent, dressings applied, etc., until, between 4 and 5 P.M., hospital work had to cease as the enemy had taken possession of a hill some 500 yards from it, and were opening a heavy rifle fire on our mounted infantry who were passing in detachments on the further side of the hospital. A distant Boer battery also opened fire, and shells fell close to the hospital on either side, but luckily no damage was done, as they did not explode. The rifle fire, however, was sweeping through the tents, so that the position was untenable, and it was necessary to remove the wounded to a place of safety. Accordingly, the most serious cases were placed in ambulances and hospital waggons: those who could walk did so, and the remainder were carried by R.A.M.C. officers and men on stretchers. The hospital tents had to be abandoned.

By the time the tents were evacuated it was getting dark; and after carrying the wounded a distance of between two and three miles it was necessary to bivouac in the open. A serious misfortune had happened earlier in the day—the loss of the hospital water carts, which had been captured by the enemy when sent to fill at the river. The wounded suffered considerably on that account, as well as through the discomfort of lying in the open. At daylight, however, it was found possible to carry the whole of the wounded (two had died in the night) some two miles further to the river bank, and fortunately some milk was procured from a kraal not far off. An officer of the West Riding Regiment had given valuable assistance in carrying the wounded, by placing 25 of his men at the disposal of the R.A.M.C. The tents and one water cart were subsequently recovered.

The following figures show the number of men treated in this hospital during the week ending February 23rd:

Admitted: Officers 15, of whom 13 were wounded.  
" Men 267, " 231 " (12 deaths).

Of these, 5 officers and 136 men were sent to the nearest stationary hospital, others were discharged to duty, and 90 wounded men remained till well enough to proceed also towards the base.

As regards the nature of the wounds, the following details are interesting (all were rifle wounds):

Head, face, and neck	...	...	Officers 3, men 22 (1 fatal).
Chest	...	...	" 2, " 14 (6 fatal).
Abdomen	...	...	" 2, " 13 (3 fatal).
Back and spine	...	...	" 1, " 15 (3 fatal).
Upper extremities	...	...	" 5, " 79.
Lower	...	...	" 2, " 88.

## WITH THE SOUTH NATAL FIELD FORCE.

FROM AN OCCASIONAL CORRESPONDENT.

### MEDICAL CASES.

ON the whole the health of the troops in Natal has been excellent since the war began. Only three diseases have been at all prevalent—namely, diarrhoea, dysentery, and simple continued fever. The two former are, perhaps, the most preventable of diseases. Carefully guard against abdominal chills, and especially against chills during sleep, and diarrhoea and dysentery will cease to give trouble. Unfortunately this is what the soldier will not, and often cannot, do. The admission-rate for diarrhoea and dysentery has, therefore, been high. In the treatment of the latter *ipeacacuanha sine emetine tincture*—which is the only preparation of the drug supplied in the field medical panniers—has been found practically useless. By far the best results, both in diarrhoea and dysentery, have been obtained from a mixture containing liq. hydrarg. perchlor. 3j and tinct. opii mx, an exclusively milk diet only being allowed.

Simple continued fever is almost always the result of exposure to the direct rays of the sun. The temperature ranges from 102° to 104° or more, and persists for five or six days, when the cases generally end with critical sweating. Antipyrin while the temperature remains high, and quinine later on, give the best results.

### SURGICAL CASES.

In quite 40 per cent. of the wounded the lower extremities were involved, a preponderance which is certainly remark-

able. As the cases reached the field hospitals they were quickly examined. When the wounds were slight, and the original dressings clean and well applied—which happened in a large proportion of cases—they were not disturbed. If displaced, bloodstained, or otherwise soiled, they were removed. The wounds were then thoroughly washed with perchloride solution, 1 in 1,000, covered thickly with sal alembroth wool, and firmly bandaged. In probably 10 per cent. of the cases one of the long bones was fractured, most frequently the femur. In several instances both bones of the leg were fractured by bullets, which passed transversely through the limb. When the fractures were caused by rifle bullets little, if any, comminution occurred. These cases were invariably put up in splints, and were at once despatched to the base. Many interesting cases of perforating wounds of the head occurred, several of which did well without any operation. In the field hospital under the command of Major G. H. Younge were two cases in which a Mauser bullet had entered at the vertex, and had passed downwards and slightly forwards through the brain, the orbit, and the hard palate. In both there was extensive extravasation of blood into the orbit. Both cases were treated simply with boric dressings, and when they left for the base the patients were perfectly conscious and rational and free from head symptoms. Uncomplicated wounds of the lung did remarkably well, many of the patients having apparently recovered in a week. In many cases, however, the bullets passed from above downwards, involving both the chest and abdomen. Such cases were invariably fatal. The experience gained in the present campaign will probably greatly modify opinion as to the necessity for laparotomy in gunshot wounds of the abdomen. A number of perforating wounds have recovered completely without operation, and the impression is steadily gaining ground that symptoms of internal hæmorrhage alone call imperatively for an immediate operation. There can be little doubt that since the action at Colenso some at least of the Boers have taken to using explosive bullets. A number of cases were seen at the battle of Spion Kop which clearly demonstrated this. The wounds of entrance were blackened with burnt powder, whilst the wounds of exit were torn and lacerated, and from 3 to 4 inches in diameter.

### THE ROYAL ARMY MEDICAL CORPS.

THE conduct of the R.A.M.C. since the campaign began and the success of the entire medical arrangements in South Africa are the best answers to the hostile criticisms which have been hurled at the Department during recent years. The critics stated that the officers only asked for military rank and titles so that they might sink their profession and strut in borrowed plumes. An overwhelming answer is now forthcoming; since the commencement of the war, the Corps has steadily come to the front until at the present moment it stands acknowledged by the verdict of every officer in South Africa whose opinion is worthy of notice as the only really efficient branch of the service, excepting only the Army Service Corps. The bestowal of substantive rank has been more than justified. The opinions of medical officers are now listened to with respect, and carry a weight which was formerly unknown. For this reason the Medical Department in South Africa has succeeded to a degree which its keenest well-wishers had hardly dared to hope, and would have been impossible under the old régime. With one or two further concessions—such, for instance, as the granting of independent transports—the Corps will, I believe, become a model one, which other branches of the service might well try to emulate. Apart altogether from professional skill the officers of the Corps have shown a degree of physical courage which could not be excelled. At the battle of Colenso, Major W. Babbie, C.M.G., R.A.M.C., rode through a hail of bullets close up to the Boer trenches to succour men of the Royal Artillery who lay wounded and exposed to the enemy's fire. At Spion Kop Captain E. M. Morphew, R.A.M.C., braved the hottest fire from the Boer trenches, and returned time after time to the fighting line, when to show oneself for a moment meant almost certain death, to collect and dress men who were wounded. On the second day of the battle of Vaal Krantz, the rear-guard, with the transport, field hospitals, and bearer companies were packed behind a steep ridge. Suddenly the Boer "Long Tom" began to drop shells into the position, and a

movement of unsteadiness became perceptible. Major G. H. Younge, R.A.M.C., restored confidence by the ingenious device of sitting down in an open space and, taking a razor from his haversack, quietly proceeded to shave himself. By the time the operation was completed "Long Tom" had been silenced by the naval guns, and complete confidence was restored.

#### BEARER COMPANIES.

The experience gained in the present war shows that radical changes are necessary in the constitution of bearer companies. At present these are independent units, quite separate from the field hospitals. As soon as the work of collecting wounded is over the establishment, consisting of 3 officers and 58 non-commissioned officers and men, remains idle until the next action, which may be a matter of weeks or even months. Thus a valuable supply of trained officers and men is kept in idleness, whilst oftentimes the field hospitals are greatly overworked. The only rational way out of this difficulty is to make the bearer companies an integral part of the field hospital. The officer commanding the latter would then be enabled to detail by roster officers and men for duty with the former when an action was impending, and could at other times utilise their services in the field hospital.

#### THE NATAL VOLUNTEER AMBULANCE CORPS.

This corps was organised by Colonel Gallwey, R.A.M.C., C.B., at the commencement of the war. They are commanded by unattached regimental officers, who have taught the men the rudiments of company drill. The corps has been a complete success, and has proved conclusively that volunteers are capable of performing satisfactorily all the duties of bearer companies.

### THE SICK AND WOUNDED IN DURBAN HARBOUR.

By GEORGE ASHTON, M.B. Vict.,  
Civilian Surgeon to H.M. Hospital Ship *Nubia*.  
*Durban, Natal, March 9th, 1900.*

#### THE HOSPITAL SHIPS.

At the present moment there are no fewer than eight hospital ships lying in Durban Harbour, and they each have accommodation as follows:

<i>Spartan</i>	120	patients, belonging to the Union Steamship Co.
<i>Trojan</i>	120	" " " " Union Steamship Co.
<i>Lismore Castle</i>	160	" " " " Castle Steamship Co.
<i>Nubia</i>	300	" " " " P. and O. S. N. Co.
<i>Maine</i>	218	" " " " Atlantic Transport Co.
<i>Orcana</i>	166	" " " " Pacific Steam Navigatn. Co.
<i>Sunrise</i>	6	" " " " Royal Yacht Squadron.
<i>Golden Eagle</i>	6	" " " " Royal Yacht Squadron.

Durban Harbour alone thus has accommodation for 1,100 sick and wounded soldiers. The *Spartan* and *Trojan* were the first hospital ships to be sent out at the commencement of the war, and were fitted up for hospital purposes at Southampton last October.

The *Spartan* leaves for Capetown to-morrow with a full complement of sick, who are to be transferred to the base hospital at Wynberg. The *Trojan* has been acting as base hospital for General Gatacre's column at East London, and has been sent to Durban in order to have some alterations made in her interior with the view of providing accommodation for an additional 30 cases. The American hospital ship, *Maine*, leaves in a few days' time for home with patients who are incapacitated from taking any further part in the present campaign. She is always most gaily decorated, and the series of flags she flies is unique in the history of the world. At the foremast she flies the Red Cross flag in accordance with the terms of the Geneva Convention; at the mainmast proudly floats the Union Jack, presented by Her Majesty the Queen; at the mizzenmast the most conspicuous and noteworthy of all flies the Stars and Stripes; whilst her poop staff is adorned with the Blue Ensign with the yellow anchor, denoting Admiralty Transport Service. It is needless to remind your readers that the *Maine* is the first ship that has sailed under the combined flags of Great Britain and the United States, and I am sure they will cordially re-echo the hope that she may be the forerunner of many. The *Lismore Castle*, *Nubia*, and the *Orcana* have all been fitted up for hospital purposes in Durban, and so are entirely a Colonial production. The *Golden Eagle* and the *Sunrise* are luxuriously fitted up steam

yachts belonging respectively to Sir Samuel Scott and Mr. Jesse Coope, and have been placed by their owners at the disposal of the Government during the present crisis for the reception of convalescent officers. The *Golden Eagle* is attached to the *Nubia*, whilst the *Sunrise* will be an annex to the *Lismore Castle*.

#### THE "NUBIA."

Considerable alterations have been made in the *Nubia* recently. When fitted up in January she was able to accommodate 474 patients, of whom 174 were provided with cots, the other 300 being distributed amongst the convalescent wards. These convalescent patients had their meals at mess tables, and slept in hammocks suspended overhead, which in the daytime were taken down and stowed away; in fact, their daily routine was almost precisely the same as that of a transport at sea. This is now altogether changed, and the two convalescent wards have been fitted up with cots. The other five wards have all received additional cots, every square foot of available space being utilised. The net result of these changes is that the *Nubia* can now accommodate 300 cot cases, whilst before the alterations she could accommodate 174 cot cases and 300 slight or convalescent cases. The need of an x-ray apparatus was keenly felt, and upon representing the matter to Colonel Clery, R.A.M.C., P.M.O. of the Lines of Communication, he immediately had a complete Roentgen-ray apparatus placed on board. A first saloon cabin has been fitted up as a dark room, with a supply of fresh water, sink, and a table resembling an operating table for patients to lie on while they are being skiagraphed. Already some excellent skiagraphs have been taken and developed, and they have proved of the greatest service, especially in shell wounds, as with their aid the presence of small particles of shell have been ascertained and their position localised, thus enabling the surgeons to cut down and remove them with the least possible delay and danger to the patient.

#### DYSENTERY AND RHEUMATISM.

We received our first instalment of patients on January 11th, and from that date up to to-day, we have had on the *Nubia* 962 cases, of whom 288 are now on board. It is a most significant fact, and one that gives rise to grave thought, that out of these 962 cases, only 289 have been suffering from gunshot wounds, disease accounting for the large remainder of 673. Of these 673 cases, dysentery claims the most victims with 230; rheumatism stands second with 82. Fortunately we have only had 7 cases of enteric on board. These figures show that the casualties, even in this war, are due less to wounds than to the wear and tear of war; to exposure to unfavourable climatic conditions, as sudden changes of temperature, especially felt whilst on outpost and picket duty at night; to irregularity of feeding and food sometimes of an indifferently kind; to impure water, and over-ripe or under-ripe fruit.

#### PROGRESS OF PATIENTS.

However, there is great matter for congratulation and thanksgiving in the fact that out of the 674 cases discharged from the *Nubia* no fewer than 443 have returned to the front, fit to resume their duties there. To-day 32 have been returned to the depôt at Maritzburg to be sent on to their different regiments. It is quite a common thing for the hospital trains, after bringing down their freight of sick and wounded, to return with a load of men who have recovered and are eager to again try conclusions with their country's enemies. The number of men sent home as unfit for further service is 170; some incapacitated for months; others, alas! for ever incapacitated from again proceeding on active service. The remaining 61 have been transferred to Wynberg, in the hope that a change of scene and climate may facilitate and hasten their recovery.

Total number of cases, January 11th to March 10th	962
Discharged fit for duty	443
Discharged unfit for further service	170
Transferred to Wynberg (will probably return to duty)	61
Remaining on board	288

Twenty-six operations have been performed; of these, 11 were for the removal of either Mauser bullets or pieces of shell.

It is with deep regret we have to record two deaths; a seaman, belonging to the Naval Brigade, as the result of purulent meningitis following old mastoid disease, which had been aggravated by exposure at the front; and Lieutenant Lock-



wood, of the Scottish Rifles, who had been sent down with a bullet wound of the shoulder, received at Spion Kop. The wound was progressing favourably, when he unfortunately developed enteric fever, perforation of the bowel ensuing. They were both interred with the fullest military honours. The good people of Durban, by providing luxuries, are doing great things.

#### COMFORTS AND LUXURIES.

At first, owing to the hurried manner in which the ship was prepared, and for other reasons, there was naturally a little trouble and friction in getting things to work smoothly, but now everything in this respect is all that can be desired. No expense has been spared, and patients, be they officers or men, will be very hard to please if they are not satisfied. Tommy must have his "smoke," and he suffers no stint in this respect, as only last week a present of 10,000 Egyptian cigarettes were sent on board by a Durban resident. Sir William MacCormac, Sir William Stokes, and Mr. Treves have each in turn visited the ship, and, as far as I can gather, have expressed the greatest satisfaction regarding the progress of all the cases and the admirable manner in which the patients' comfort and their welfare is looked after. The tins of chocolate sent out by the Queen as a New Year's gift to her troops have been distributed to the men on board, and are naturally greatly prized by the fortunate recipients. These tin boxes will be a most valuable memento of the South African war, and they are already fetching fancy prices; only last week one was sold in Durban for 35s. The "Marked Testaments" have also arrived on board and have been given out. They are small portable books in a strong red binding, and enclosed in a suitable case. They have "South Africa, 1900," printed in large gilt letters on the front, and 200 selected verses have been underlined in red and black ink.

It only remains to be said that the patients are thoroughly satisfied with the ship and fully appreciate the efforts made for their comfort and enjoyment, and, if there is such a thing as feeling regret at leaving a home of pain, the inmates of the *Nubia* feel it when they get their discharge, although of course it is combined with a keenness to get back to the front again. Everyone is cheerful and good-tempered, and there is not a sour or discontented face in any of the beds. This fact particularly struck the American doctors from the *Maine* when they paid a visit. "It is wonderful!" they said. "A lot of these men are badly smashed, and yet they are cheerful and light-hearted. How is it?" A possible solution to this interesting query is that Britons not only know how to fight with pluck, but also how to suffer with fortitude, and that their fellow men and women are continually working to make the sufferers' pillows easy and their time of pain brimful of comfort and sympathetic tenderness.

#### NEW HOSPITAL HUTS AT ALDERSHOT.

IN consequence of the expected arrival in this country of many more sick and wounded from South Africa it has been determined to erect huts for 700 patients at Aldershot.

Huts for 160 patients are being built at the Cambridge Hospital, near enough to that establishment to permit of their being administered from it.

At the Connaught Hospital in the North Camp, where more space is available, huts are being put up for 540 patients, but as they are somewhat more distant from the hospital, kitchens are to be added. They are, however, near enough to be administered from the hospital, which is an advantage to all concerned.

Each hut will afford accommodation for 20 patients giving ample cubic space and superficial area. The walls and roof are of corrugated iron lined with matchboarding, groined and tongued with an intermediate layer of felt. The floor is a foot above the ground, and composed of white pine boarding. The walls of the hut are supported on iron stanchions bedded in concrete. There is permanent ridge ventilation from end to end of the hut, draughts being prevented by minutely perforated zinc inside and out. In each hut there are ten windows, the lower part of each window opens outwards and the upper part inwards into a hopper.

Each hut is heated by two Magnet stoves, and there is the

usual lavatory and closet accommodation at one end, cut off from the ward by doors.

The lighting is for the present by oil lamps, as electric lighting, although in principle decided on, has not yet been introduced into Aldershot.

The foul drainage is connected with the general system by glazed earthenware pipes.

#### DESPATCHES: MEDICAL OFFICERS R.N.

THE *London Gazette* of March 30th publishes despatches received from Rear-Admiral Sir Robert Harris, Commander-in-Chief on the Cape of Good Hope and West Coast of Africa, reporting the proceedings of the Naval Brigade with Lord Methuen from the time they joined his headquarters up to the date of the battle of Graspan; and also the proceedings of the Naval Brigade with Sir Redvers Buller at the battle of Colenso on December 15th.

After describing the course of the engagement, Captain A. E. Marchant, Royal Marines, the officer in command, mentions the services of the officers engaged, and adds: "Fleet-Surgeon James Porter, who was with the firing line, and Surgeon Beadnell with the guns, did gallant and most excellent service under trying conditions, under fire nearly the whole time."

And Lieutenant Dean, R.N., in his report says: "I found Surgeon Beadnell at Belmont Station; he had been invalided by a medical Board that day, and was waiting for the hospital train. Though in bad health, he gladly accepted my order to remain with the guns in view of the pending engagement, and on Saturday he rendered invaluable aid to our wounded, working close up to the guns, where shrapnel balls were showering every other minute."

At the battle of Colenso, Lieutenant Ogilvy, who was in command of six 12-pr. guns attached to the Second Brigade, says in his report: "Surgeon Macmillan, R.N., and Lieutenant Palmer, R.A.M.C., were conspicuous in their attendance to the wounded."

#### CASUALTIES AMONG OFFICERS R.A.M.C.

MAJOR JAMES MINNIECE, R.A.M.C., who died at Ladysmith on March 17th of enteric fever, was the youngest son of the late Mr. James A. Minniece of Londonderry, and was educated at Foyle College, Londonderry, and Queen's College, Belfast. He took the degrees of M.D., M.Ch. of the Royal University of Ireland in 1881, and was for some time Medical Officer in charge of the Ardara Dispensary District, county Donegal. He passed into Netley in August, 1886, and received his commission as Surgeon-Captain in 1887. After being stationed at Aldershot, he was sent at the commencement of the hostilities in Egypt to the base hospital on the Nile at Assiout, and subsequently was stationed for four years at Cairo and Alexandria. He then returned to England, but subsequently proceeded to India, where he was stationed at Rawal Pindi; from thence he proceeded, on the breaking out of the Boer war, to South Africa with the Indian contingent, being in charge of the 5th Dragoon Guards, with which he was shut up in Ladysmith. He was promoted Major R.A.M.C. in February, 1899.

Lieutenant Francis Stephen Irvine, R.A.M.C., who is reported as killed in the action near Bloemfontein Waterworks, qualified as M.B., B.Ch. R.U.I., in 1899. He only entered the army in November last. At the time of his death he was attached to the Royal Horse Artillery.

Lieutenant A. W. Hall, of the Volunteer Medical Staff Corps, who died at Mooi River from enteric fever on March 20th, qualified as L.R.C.P. and L.R.C.S. Edin. in 1893, and became F.R.C.S. Edin. in 1895. He obtained the Gold Medal for Senior Anatomy in 1891. Mr. Hall was in practice at Durban when the war broke out, and was one of the first to volunteer, joining the Durban Light Infantry. Unfortunately he met with a serious gunshot accident to his leg upon the Durban rifle range, and was in hospital for several weeks, but he left for the front as soon as he was able to move about. Mr. Hall was appointed second in command of the Frere Hospital, where at the time of the operations upon the Tugela River and the relief of Ladysmith from 80 to 200 wounded were brought in daily.



## THE WELSH HOSPITAL.

MAJOR JOHN W. COCKERILL, R.A.M.C., has been selected for the appointment of officer in charge of the hospital. Major Cockerill served with the Wuntho Field Force in Burmah in 1891 as medical officer in charge of a column (medal and clasp). He served in 1898-99 in Sierra Leone on the Kwalu Expedition, and afterwards in the country of Bai Bureh, the leader of the rebellion, and was present at his capture (medal and clasp). Major Cockerill was, we believe, the first officer under fire after the warrant forming the R.A.M.C. was issued. He has received also the Royal Humane Society's medal.

The staff of the hospital was inspected by the Prince of Wales, who was accompanied by the Princess of Wales, on April 3rd. After the inspection the Prince expressed his satisfaction with the appearance of the staff, and said he felt sure they would discharge creditably the arduous duties which awaited them in South Africa. It was a matter of great satisfaction to know that the Principality of Wales was taking its part in the movement for the amelioration of the sufferings caused through the war. He concluded by wishing the staff a safe journey out to South Africa and a safe return home. Major Cockerill responded on behalf of the staff.

## HOSPITALS IN SOUTH AFRICA.

MR. LANGMAN received a telegram on April 4th from his son, the secretary of the hospital which he fitted out, stating that the hospital had travelled *via* East London to Bloemfontein, and that it was immediately being filled up.

A telegram from Surgeon-Major Kilkelly, received by the Committee in this country, states that the Portland Hospital will be moved to Bloemfontein on April 8th.

We are informed that Mr. G. Lenthal Cheate, one of the consulting surgeons with the forces in South Africa, was first attached to the Guards' Brigade Field Hospital with Lord Methuen's force at the Modder River. Subsequently, at his suggestion, Glover's Hotel, situated on a point of land at the junction of the Modder and Riet rivers, was turned into a hospital for severe surgical cases unable to travel, and the formation of the hospital was placed by Lord Roberts in Mr. Cheate's hands. It contains 20 beds, and has been largely used. Mr. Cheate is assisted by Messrs. Crispin and Hawksworth, both old house-surgeons at King's College Hospital, and by Miss Goode. The nursing is done by the orderlies of the R.A.M.C. and Northumberland Regiments, 14 in all.

We are informed that Professor Chiene, of Edinburg, who is on his way to South Africa as Senior Surgeon to the Scottish Hospital, has been requested by the War Office to act as a Consulting Surgeon to the forces.

## AN AMBULANCE FROM INDIA.

THE tonga ambulance train offered by a Parsi gentleman for service with the troops in South Africa left Pindi for Calcutta by special train on February 9th. It comprises 50 horses with harness and belongings, and 20 vehicles, 12 large with stretchers, and 8 small without stretchers. The animals are country bred, thoroughly trained and broken to harness. The tonga is built to supply a want much felt on field service as a means of quickly transporting sick and wounded of mounted troops moving faster than the rest of the army. The tonga is hung with springs, and can be used either with or without stretcher. In the latter case it accommodates two in a recumbent posture, or, if the patients can sit up, the large conveyance can hold five and the smaller three. The stretchers, easily foldable, can be packed on the splash board. Each tonga has waterproof purdahs on all four sides. It is adaptable to bullock draught with slight modifications in harness. The tent is a simple twofold cloth stretching from the arch of the tonga top to the ground, the outer fold made of millerained khaki drill impervious to rain, the inner fold of millerained thin lining. The lightness enables it to be rolled up and carried on the tonga cover. The tongas were freely used during the Tirah Field Force operations for bringing sick and wounded from front to base, and were most favourably reported on. They were also tried during the cavalry camp exercise at Delhi and at Attock manoeuvres, and, under the orders of the Commander-in-Chief in India, are in daily use on cavalry field days.

**THE METRIC SYSTEM IN RUSSIA.**—The metric system is about to be introduced in Russia, a project of law, prepared by the Minister of Finance, has received the approval of the State on the condition that regular assistance is furnished by scientific societies and universities for the verification of the weights and measures used in commerce. Since 1896 the system has been compulsory in the pharmacopœia of the Russian army.

## THE MIDWIVES BILL.

A MEETING of medical and lay constituents of the boroughs and divisions of South-East London and adjacent parts of Kent and Surrey, to consider and adopt measures to resist the registration of midwives, and particularly the Bill now before Parliament, was held at the Cannon Street Hotel, London, on April 4th.

The chair was occupied by Mr. GEORGE BROWN, Direct Representative for England on the General Medical Council, who in his opening remarks said that the public ought to know that the medical profession was not altogether indifferent in regard to the Midwives Bill now before Parliament. The meeting might be somewhat belated, but in 1892 before the Committee of the House of Commons the suggestion was made that the medical opposition was dictated by pecuniary motives. This was at once repudiated. The Bill was opposed because it would not do what the promoters of the Bill said that it would do: it would not remove a danger from the public, it would not render midwifery safer, and the mortality would not be less. The Bill did not propose to prevent the practice of midwifery by those who were uneducated; it proposed to put on the roll all the ignorant women now practising midwifery, and stamp them as legalised to do so. That would not contribute to the safety of the public. A three months' training could not qualify these women to be practical midwives. The contention was, as stated in the evidence given by him in 1892, that none should practise midwifery but those who were fully qualified in midwifery, medicine, and surgery. It was the duty of the State to put fully qualified medical aid within the reach of the poor lying-in women. It ought not to be necessary for medical men to protest against the Bill. The public ought to demand from the Legislature that none but those who were properly qualified should be allowed to attend midwifery cases. The principle of the Midwives Bill had unfortunately received the sanction of the House of Commons, and he maintained that had been done through the representatives of the Government deliberately ignoring public opinion and refusing to be instructed by the medical profession in this matter. It was not fair to the medical profession nor to the public nor to Parliament that the Lord President had not received deputations representing the medical profession to put this matter before him in the true light when he had received deputations from the promoters of the Bill. As a profession they did not maintain that no legislation was necessary, they believed that some legislation was necessary, but they certainly believed that ignorance should not take the place of learning and incompetence the place of skill. Had they had an opportunity of speaking to the Lord President of the Privy Council, and through him to the members of Parliament and to the public they would have made plain that whilst they were anxious that those women who desired to be attended by persons of their own sex should have every opportunity of doing so, they maintained that they should prove themselves to be thoroughly competent and thoroughly fit to deal with every emergency before being put on the roll.

Mr. R. B. ANDERSON read letters explaining their absence from Lord Hugh Cecil, M.P. (Greenwich), Mr. A. H. A. Morton, M.P. (Deptford), and Colonel Edwin Hughes, M.P. (Woolwich). A telegram was read from Mr. Victor Horsley stating that an urgent operation detained him at his hospital. Mr. Anderson read the following letter from Dr. Glover declining to be present at the meeting:

25, Highbury Place, N.,  
March 31st, 1900.

DEAR DR. TOOGOOD,—I hope you and your colleagues will not think me unkind or unreasonable in asking to be excused at a proposed conference on Wednesday next to resist the Bill now before Parliament, and any measure of the sort.

As one of those who have never concealed the opinion that the profession cannot prevent such legislation, though it may be able to influence important details, I should stultify myself by attending such a conference.

May I be allowed, too, to say—in which I am sure you will agree with me—that the direct representatives should have been consulted before they were committed by public notices to such an attitude as your circular of invitation suggests. I shall be glad if you will read this note to the meeting.—Believe me, yours very truly,

J. G. GLOVER.

Mr. ANDERSON then read the following answer to Dr. Glover, which had been sent:—