

Newspaper cuttings scrapbook re the Army Medical Services/Royal Army Medical Corps, 1895-1907 compiled by Lieutenant Colonel William Johnston. Volume 3

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News Cuttings

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W. Johnston.



Army Medical Service -

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April 1900 — Sept. 1900.

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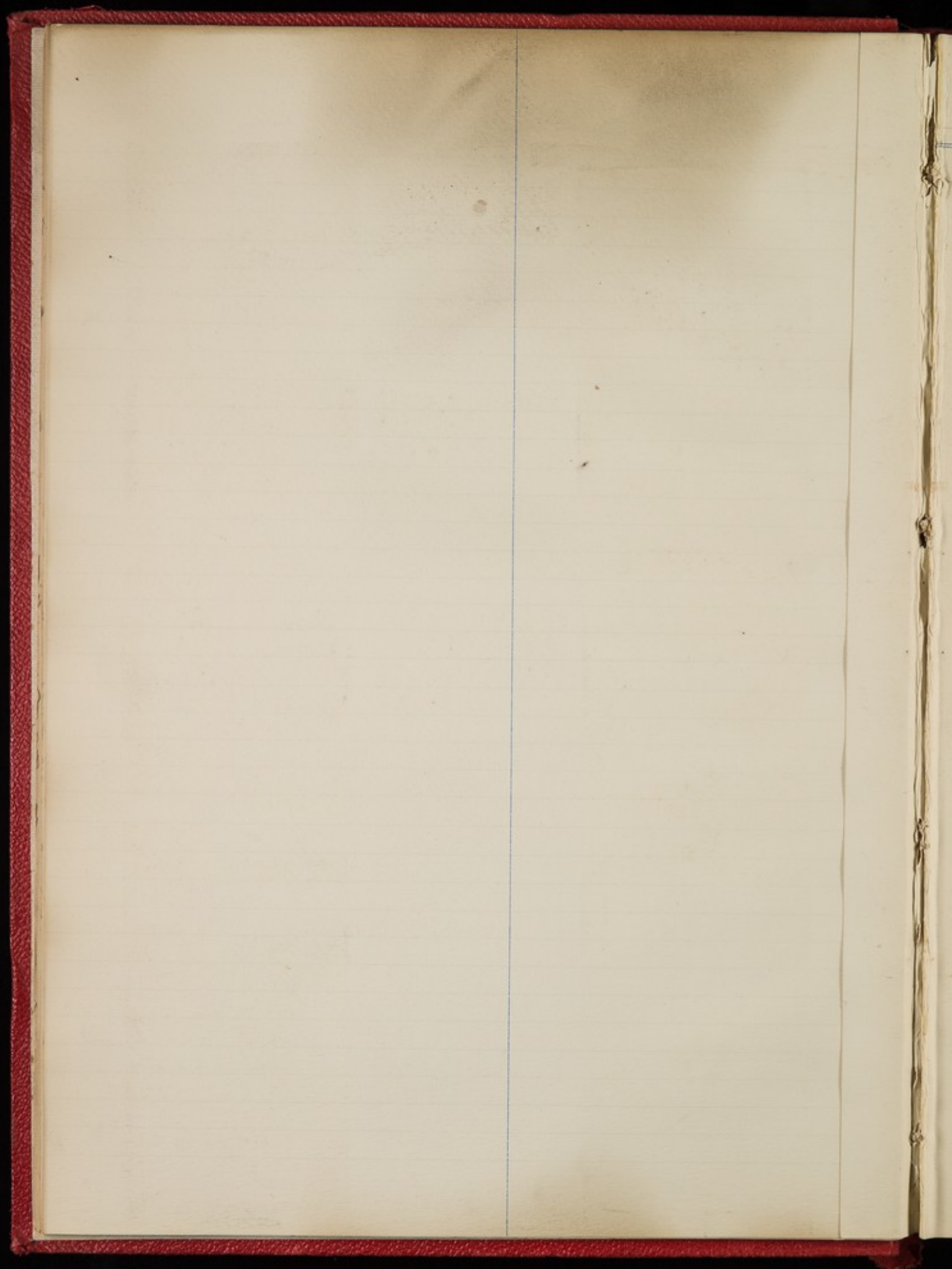
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THE TIMES, TUESDAY, APRIL 17, 1900.

OUR WARS AND OUR WOUNDED.

V.*

(FROM A SPECIAL CORRESPONDENT.)

CAPE TOWN, MARCH.

One small item was left out of the ground plan of No. 3 General Hospital. Far down on the right, where the ground slopes to the wooded hollow, there stands a little bell-tent all by itself in a group of stunted pines. It is only a dot as the eye leaves the big marquees, but greater than all of them by what it holds. Through the drawn curtain no bed or furniture is to be seen, nor anything save two narrow wooden boxes lying side by side. One of them is just going to burial—a Roman Catholic—and, their cemetery being two miles off, the priest meets him there, not here. There should have been a gun-carriage to take him, but some one has blundered and the transport has only sent an ordinary hooded wagon, from which a firing party of six Militiamen in khaki tumble out and form into line. Four orderlies lift the little box—only a feather-weight—covered by the Union Jack on to their shoulders and march up the slope. We stand uncovered, the two hospital officers at the salute; the Militiamen try hard to get the "reverse arms" together, but one rustic boy, whose eyes are blinking, has to twist his rifle four times round before he can stop it butt uppermost. The coffin slides under the hood, the six soldiers form up, change step, and march before and behind the wagon, which a pair of thin, worn-out horses strain through the sand. And so the little cortege moves off, insignificant, unnoticed, with its unsung hero, who, to some one, somewhere, was, perhaps, the one man in all the world.

Never morning were

To evening but some heart did break.

On the dark body of the wagon one word is painted in staring white block letters, VICTORIA—"the Great White Queen," for whom they all fight; and many die, and win, like this.

The staff of a general hospital, containing 520 beds, 20 being for officers, is composed as follows:—The principal medical officer in charge, who fortunately may be called without disrespect the "P.M.O.," is a colonel by rank. Next to him in importance, although not in Army rank, is the secretary and registrar, who is a major. These two officers together "run" the hospital, supervising the whole in all respects, but individually performing administrative and managerial, rather than medical, functions. With the reservation of final authority over medical affairs possessed by the P.M.O., they stand in something of the same relation to a general hospital that a management committee bears to a civil hospital at home. From the point of view of promotion the two offices are the prizes of the profession. The P.M.O. of a general hospital may be compared to a general of division, and the registrar to his chief of staff. Above them are only the "P.M.O. of the lines of communications," who, if we continue the comparison, represents the general officer commanding the lines of communications, and the "P.M.O. of the field force," who is the commander-in-chief. But here the comparison ends; for, while in military promotion the functions are continuous in kind while advancing in degree, in Army medical promotion the highest officers are to a large extent divested of what would appear to be the *raison d'être* of their existence—viz., the practice of surgery and medicine. Theoretically the P.M.O. is responsible for the medical as well as the administrative work of the hospital, the cases are nominally his cases, he is consulted before operations and so on; but as a matter of fact all this is left to the heads of the surgical and medical divisions. Practically, therefore, the P.M.O. of a general hospital ceases to be a surgeon or physician, and becomes a housekeeper. Nor have the functions of the secretary and registrar, diverse and responsible as they are, any connexion whatever with the medical department. Like a chief of staff, he is the mouthpiece of his commanding officer, and where the latter interfered with the medical work he would convey the order. But individually his duties are non-medical, and have nothing to do with the treatment of patients. He is secretary to the P.M.O. in all administrative work. He is registrar of all statistics and returns, and prepares all reports. Lastly, he is in sole charge of "company" work; he is the commanding officer of the corps for all purely military purposes—their discipline, clothing, feeding, and pay. The official designations of the two officers

indicate the curious separation of these latter functions from the head of the hospital. The latter is "P.M.O., No. 3 General Hospital," while his junior is "Officer commanding Detachment R.A.M.C., Rondebosch," which "detachment" is in effect the whole hospital staff.

The practice of divesting the two chief officers of a military hospital of all medical duties, although we shall find two exceptions to it forcibly illustrated in No. 3, is significant and worthy of note for two reasons. First, it would seem to pave the way for the admission of a complete civil medical staff in time of pressure. Secondly, to exclude medical functions from high positions, which are his constant objects of ambition cannot fail to act as a barrier and discouragement to the scientific pursuit of his profession by the Army medical officer. It is not the only feature that seems to have been carefully designed to that end and to make the conditions of his service diametrically opposed to those under which the civil profession has attained to its high degree of efficiency and skill.

The complete staff of the hospital may be divided, arbitrarily but for our purpose conveniently, into two parts, which we will call for brevity's sake administrative and medical; the first dealing with the management, maintenance, supplies, and provisioning of the hospital as a military institution, and the second with the care and treatment of the patients.

1. Administrative.—The "P.M.O." (a colonel) and the "secretary and registrar" (a major) have each three "clerks," these six forming the "office" staff. The "quartermaster" (a commissioned officer raised from the ranks) has under him nine "store stewards," six "cooks," and a "sanitary staff," composed of three "batmen." There are 21 of these "batmen" altogether, they rank lowest in the staff, and are used for miscellaneous purposes.

2. Medical.—For purely professional purposes a general hospital is divided into two divisions—the medical and surgical. Each division has a head, so there are two "officers in charge of divisions" (lieutenant-colonels). Under them are 16 "officers for general duty" (two lieutenant-colonels, four majors, ten captains and lieutenants). These are the military surgeons and physicians; 14 of them can be replaced by civilians. There are two "compounders." The ward staff consists of the "chief wardmaster" and ten "wardmasters and assistant wardmasters," eight "supernumeraries" to fill up vacant places, and 78 ward orderlies, who are the male nurses, 40 of these may be civilians. There are nine "nursing sisters" including a "superintendent," and these have two "female servants."

Practically the whole staff might be included in a third or "military" division, commanded by the registrar, who has in addition for purely military purposes one "sergeant-major," one "company pay-clerk," and two "buglers." His company officer (a major or captain) also does medical duty, and has therefore been included in the medical division, while the quartermaster mentioned above is also his quartermaster for company purposes.

It will be seen that the staff of a general hospital numbers 166 men and 11 women—177 all told. Enumerating the former by rank there are one colonel, four lieutenant-colonels, five majors, 10 captains and lieutenants; one quartermaster; while the "non-com." ranks, distributed according to the importance of the duties they have to perform, consist of two warrant officers, 14 staff sergeants and sergeants, two buglers, 12 corporals, and 115 privates.

There are three horses allowed for or provided—one for the P.M.O., and one apiece for the heads of the medical and surgical divisions. A horse may be essential to the dignity of a P.M.O. The other two officers are, or ought to be, always in the hospital. This is apparently the only reason why they have horses; it cannot be on account of their rank, because there are two other lieutenant-colonels who do not have horses. The only man who really requires a horse, the secretary, registrar, and military commander all in one, whose varied duties often take him outside the hospital, has none. The constructive genius of the department is only equalled by its practical insight.

It is interesting to observe how promotion is obtained through these various grades, and how, in the commissioned ranks at least, the progress upwards depends on conditions widely differing from those to which members of the civil medical profession owe their advancement. Practically promotion in the Royal Army Medical Corps is by seniority and not by merit. As an eminent civil surgeon put it the other day, if in February of a certain year a dull and backward student in a hospital school, only just able to pass his examination, enters the corps, and in October a brilliant and industrious one follows him into the same vocation, for all their respective lives the dull one will be in front of the clever one. Imagine the great physicians and surgeons of the day, or even the ordinary medical practitioner, obtaining eminence

*The previous articles appeared on March 24, and April 11, 13, and 14.

or success on those principles! In three years a lieutenant becomes a captain, and in nine years more the captain becomes a major. It is quite true there are examinations for these two promotions; but they are qualifying examinations for the purpose of excluding rank incompetence rather than tests of merit. Moreover, a confidential report on every officer is sent in to headquarters once a year by his superior officer. It is easy to imagine that these deal rather with his conduct and discipline than with his professional merit; the critic himself might often be little qualified to comment on the latter. After 20 years' service the major is entitled to the rank of lieutenant-colonel. From these lieutenant-colonels a selection is made, by a special board, of lieutenant-colonels for the "fixed establishment," who are entitled to extra pay and who must not be more than 54 in number. From these 54, the colonels are selected in the same way, 24 in number; they must not be over 55 years old. From these 24 colonels are selected ten surgeon-generals, who must be under 57 years of age.

To these commissioned ranks the prefix "surgeon" is no longer added, except in the case of generals; the "senior" is jibbed when it came to a surgeon-general being called a major-general. As to the wisdom and results of the change which gave the R.A.M.C. Army rank in place of "relative" or "substantive" rank, there is great diversity of opinion both in the Army and outside of it; and even Army medical officers themselves are not absolutely unanimous. They say that their position before was intolerable, for which there is some justification. Military men reply that Army rank acts as an incentive to encroach on purely military functions. Much jealousy exists between the two, which it must be admitted is evinced in a greater degree by the military than by the medical officer. On the whole it would appear that, if the latter is to be an officer in the Army at all, he should have Army rank. Anything less stamps him with a social and official inferiority which is inconsistent with his sense of self-respect and the importance of the duties he has to perform. The R.A.M.C. claim that they should be treated with not less consideration than their correlatives the Royal Engineers and the Royal Artillery, all three being scientific services. Certainly saving your own soldiers is as important as killing other people's. But it must always be remembered that any real elevation of this branch of the service, however well deserved, cannot be expected from titular distinction; and here and there an enlightened younger member joins a grizzled veteran in wishing for "a little less sword, and a little more stethoscope."

The promotion of non-commissioned ranks is much more dependent on merit. The orderlies are divided into three classes. A third-class orderly has to satisfy the medical officer under whom he works before he rises to the second class; a second-class orderly attends a regular lecture once a week besides demonstrations every day in the wards, and rises to the first class only after having had charge of a certain number of cases. First-class orderlies to lance-corporal, corporal, sergeant, staff-sergeant are steps only gained by examination. These examinations are held by the medical board of the hospital, and all papers and proceedings are sent up to the headquarters, promotion being confirmed and officially given from there. The examination for staff-sergeants is a very stiff one, and candidates must pass in "compounding." This is a most responsible function requiring special aptitudes; there is, therefore, a special examination for compounding open to any candidate who likes to enter, no matter what his rank. Staff-sergeants are divided into two classes, and are promoted from the second to the first class by selection. The next step—that of Sergeant-major—is also gained by selection; it is the highest non-commissioned rank. The sergeant-major is on his way to a commission; he holds himself aloof from the ranks beneath him, who address him as "Sir," but do not salute him. The final step, the goal of the non-com.'s ambition, is a commission to quartermaster. He is not an Army medical officer proper; promotion from the ranks to that dignity is never given, as the non-com. has had no medical training. The same restriction applies in the Engineers and Artillery (except Coast Defence), the ranker being assumed not to possess the requisite technical knowledge. The quartermasters of the R.A.M.C., however, are very able, intelligent, and practical men, and of great importance in the management of a large hospital.

It will be observed that the principle of selection plays a larger part in the commissioned than in the non-commissioned ranks. It is more important to note the unavoidable difference of its operation in the two. In the commissioned ranks the board that makes the selection is partly composed of lay officers, and cannot be said to be supremely qualified to judge on scientific merit; the selection is founded on the confidential annual reports, the nature of which has already been indicated; the medical members of the board are, so to speak, selecting from amongst themselves, from

the friends and companions of a few years ago; the board is naturally imbued with the spirit of promotion by seniority; it would always be difficult for them to refuse promotion to men whose length of service, obedience to discipline, and general good conduct justified it in the normal course. Whether these influences are calculated to secure a high order of medical efficiency or not is a question on which the general reader may form his own opinion.

In the non-commissioned ranks the principle of selection, much more limited in its application, works differently. The Army medical officer is well qualified to judge the merit of his privates and non-coms., whose duties are special but not scientific. There are no influences to deflect his judgment. His sole object is to get an efficient set of men under him who will assist him in his work and reflect credit on his hospital. Consequently the whole scheme of advancement in the non-commissioned ranks is thorough, well carried out by the officers, and calculated to secure, especially in the higher positions, an efficient and highly-qualified working staff.

The problem, however, remains that in time of war the supply is totally inadequate to the demand. The engagement of five eminent consulting surgeons for this war, though a step in the right direction, does not relieve the situation either as to the medical or the management department. The staff is constructed with a view to performing the complete work of a hospital in all its parts, and not to supplying a framework for the admission of civil aid wherever necessary. The ward master does not know the duties of the quartermaster, or the company pay clerk those of the pack-store keeper, or the ward orderly those of the clerk to the P.M.O. Consequently, as soon as a pressure arises, the staff becomes disorganized; numbers taken away from it to form new hospitals have to perform duties in which they have had no previous training; and the system is deprived of that kind of elasticity which, while allotting functions peculiar to the military character of such hospitals to men trained therein, whether they come from Regular, Reserve, or Auxiliary Army Medical sources, would receive and adjust the largest possible influx of the purely civil element. It must also be borne in mind that, in time of war, pressure does not fall only or mainly on general hospitals at the base; it is much more acute at the front in bearer companies and field hospitals, and in stationary hospitals up country. These, especially the first two, which form the field division of the work, demand military training and military staffs. The more therefore we can release these latter from the base hospitals for their proper place at the front, the more we shall extend the aggregate of relief. It has been shown in a former letter that base hospitals afford the best field for civil aid on account of their strategic security. There is another reason of an exactly opposite character. Under the Geneva Convention (Article IV.) curiously enough they are not, like movable hospitals, protected, at least as to their equipment, which remains subject to capture as prize of war.

There should be no difficulty about the medical staff. With the exception of the P. M. O. and the registrar there would seem no reason why the whole medical staff of a general hospital should not be civilians. Possibly that would be even better than the present mixed system, in which friction is only avoided by a good deal of tact on both sides. On the one hand, the civil mind does not grasp the idea of authority, or easily submit to rules and habits which are more essential to a military department than to the cure of sick and wounded men. On the other hand, instances have occurred of jealousy with regard to even the eminent consulting surgeons aforesaid performing operations, some of the junior members of the "Ram Corps" (Staff officer *legitimus*) holding themselves quite equal to an "abdominal section" or anything else. The heads of the medical and surgical divisions respectively should be men of high professional standing, possibly of consulting rank. They would have to be amply paid, but the country would not object to this for the sake of those who fight its battles, and considering the comparatively limited duration and infrequent occurrence of war. Indeed, the whole scale of pay of the civil doctors should be raised in order to secure a higher class than is at present engaged. The excitement of war, patriotic sentiment, change of climate, novel life, and other reasons, have drawn some able and distinguished men into the temporary service; but a really high average of the profession can never be obtained at £1 a day. The question of the pay of the R.A.M.C. cannot be discussed here; suffice it to say that it involves another great obstacle to raising the professional standard of the corps.

Apart from the nursing question, the case of the rest of the staff is different, so far as supplementary civil aid is concerned. Inmates of a military hospital have to be treated not only as patients but as soldiers. Their connexion with the Army must be recognized, registered, and

handed on through their various stages from the front, described in a preceding letter, into the general hospital, and to some extent maintained while they are in it; no link must be missing when they are discharged from it. In all this process a vast amount of red tape is involved, much of which appears arbitrary and superfluous. But we shall be better able to form an opinion if we step into the office of No. 3 and see what is going on there.

TIMES THE WAR. 21 April 1900.

THE VICTORIA CROSS.

Last night's London Gazette announces that the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on the undermentioned officer, whose claims have been submitted for her Majesty's approval, for his conspicuous bravery at the battle of Colenso, as stated against his name:—

Regiment.	Name.	Act of Courage for which recommended.
Royal Army Medical Corps.	Major William Babbie, V.C., C.M.G.	At Colenso, on the 15th December, 1899, the wounded of the 14th and 66th Batteries, Royal Field Artillery, were lying in the rear of the guns without any medical officer to attend to them, and when a message was sent back asking for assistance, Major W. Babbie, R.A.M.C., rode up under a heavy rifle fire, his pony being hit three times. When he arrived at the guns, where the wounded were lying in sheltered corners, he attended to them all, going from place to place exposed to the heavy rifle fire which greeted any one who showed himself. Later on in the day Major Babbie went out with Captain Congreve to bring in Lieutenant Roberts, who was lying wounded on the field. This also was under a heavy fire.

APRIL 21, 1900.

THE MEDICAL SERVICE AND THE WAR.

IN THE BRITISH MEDICAL JOURNAL of March 31st, p. 786, we referred to the first of a series of important letters by the special correspondent of the *Times* at Capetown, entitled *Our Wars and Our Wounded*. Within the past week four more letters of the series have appeared. The second letter is more or less complete in itself, and may be considered here, but the later letters open up various subjects without completing their discussion. In his first letter the writer stated that he criticised the sufficiency and efficiency of the Army Medical Service less as to the quality than the quantity of it, measured first by its numerical strength, and secondly by its power of automatic expansion on emergency. His second letter elaborates these points. The questions of sufficiency and efficiency cannot be separated; they mutually act, react, and hang together. "For many years," he affirms, "the department of healing has not advanced *pari passu* with the department of maiming." There has, in fact, been a see-saw like the shifting power of guns *versus* armour. While quick-firing, high-velocity, and long-range weapons rapidly fill ambulances and hospitals, they at the same time prevent and diminish the effectiveness of skilled assistance to the wounded; inasmuch as "the brave army surgeons and bearer companies, who move in the fire-swept zone of modern warfare, are subjected to greater risks than before." For the same reason there is difficulty and danger in rendering effective skilled surgical assistance at the earliest possible moment after the infliction of wounds; yet by such early treatment not only is suffering relieved, but, as recent experience proves, the chances of ultimate recovery and cure are immensely increased. Now, it must be clearly kept in view, in all schemes for the perfecting of the medical service in the field, that this all-important first surgical aid can only be afforded by regular officers and trained men, almost in the fighting line, and therefore must remain practically outside the sphere of civil aid. Three methods of improving and bringing the medical service more in line with the conditions imposed by modern warfare are suggested by the *Times* correspondent. First, the regular medical establishments must be increased, as relatively and absolutely they have of late years "numerically gone back instead of forward." We have frequently urged such increase, in justice both to the medical service itself, and to the soldier; but there has been no increase even to keep pace with recent additions to our combatant strength. The correspondent affirms that "the Medical Services should have a proportionate place in the Estimates;" but of that, as regards the officers, we find no trace in the late Estimates—only a stereotyped sum set apart as in former years for the maintenance of an insufficient establishment. Secondly, besides increased regular establishments, he advocates a proportionate augmentation of our slender Medical Reserves, which in future must be real and not nominal, and fully available for rapid mobilisation; they should be trained in connection with the auxiliary forces, and recruited from men willing and able to leave their civil avocations when suddenly called upon to do so. Thirdly, with the two first methods of augmentation legitimately carried out he would, further, through "improved elasticity in the existing organisation," admit the full and free use of civil medical aid, for the employment of which, he truly says, there are the "strongest reasons, both economic and practical." In this way, it is believed, a



Major WILLIAM BABBIE, V.C., C.M.G.,
Royal Army Medical Corps.

personnel capable "of performing many of the remaining duties now allotted to Regulars in a war establishment could readily be found in civil life." He alludes, no doubt, to the organisation of base hospitals on a fuller civil footing. To these propositions we give cordial assent: always provided that such civil aid is to be regarded and reckoned as auxiliary and supplementary to an efficient regular service, and not as a ready excuse for neglecting and starving the latter. We would utter a warning against a growing fallacy that in the present war we are learning all we need know of future army medical requirements. It may not be so. Our salvation in it has no doubt lain in the great possibilities of civil aid, both home and local. In this sense, through the salubrity of the climate and the presence of a colonial civilisation, an amount of help has been received which we may not hope to obtain should the theatre of our next great war be in a foreign, an unhealthy, or a semi-savage country. We cannot always calculate on abounding civil aid, so that our future medical organisation must meet and anticipate our world-wide requirements. Meanwhile there seems to be a general agreement on three points: (1) An actual and proportionate increase in regular establishments to meet world-wide duties in peace, and the wants of an army of at least three corps in the fighting line; (2) that such establishment must be supplemented and fed by properly trained and truly available reserves; (3) that civil aid must be effectively secured both in *personnel* and *matériel* by improved elasticity in existing organisation and regulations.

GENERAL LYTTLETON ON THE WORK OF THE R.A.M.C. IN SOUTH AFRICA.

On March 20th at Sunday River Camp, Elandslaagte, Natal, Major-General the Hon. W. G. Lyttelton, on leaving to assume command of the Fourth Division, bade farewell to the troops of the 4th (Light) Brigade which he had commanded so successfully in the recent operations for the relief of Ladysmith.

Addressing the *personnel* of No. 9 Bearer Company and No. 9 Field Hospital, R.A.M.C., attached to the 4th Brigade, the gallant general said:

"Officers, non-commissioned officers, and men of the Royal Army Medical Corps.—On vacating the command of the 4th Brigade, I wish to record my high appreciation of the valuable work done by the R.A.M.C. in the recent campaign. You have been with me during the past four trying months. This is not the first campaign I have served in by a good deal, and I desire to say that, though I have always seen the members of the Medical Department perform their duties meritoriously, in no previous campaign have I seen the work of the R.A.M.C. rise to such a high standard. Not only have you done valuable work in connection with your own Brigade, but, from the reports I have received from senior officers, I understand you have been 'maids of all work' wherever medical assistance was required. The grateful thanks of the officers and the men of the Brigade are due to you for the excellent and efficient manner in which you have carried out your duties. Having had you with me from the commencement, I would have liked to have led you to Pretoria; but this is not to be. However, I feel I shall not be far separated from you. And now I wish you farewell."

At the conclusion of his speech three hearty cheers were given by the officers and men of the Royal Army Medical Corps for one of the most popular and distinguished generals in the British army.

It may be remembered that the above-mentioned units who have earned such high praise in South Africa were mobilised at the Royal Infirmary, Dublin, last October, and embarked in the ss. *Servia* at Queenstown for South Africa on November 3rd. On November 29th, at Mooi River, Natal, they joined their 4th Brigade, which they accompanied in all the subsequent operations of the campaign, including the battles of Colenso, Spion Kop, Vaal Krantz, and the fourteen days' fighting on the Tugela, ending with the brilliant victory at Pieter's Hill and the relief of Ladysmith. They were the first medical units to reach the beleaguered city, and took part in the triumphal entry of the relieving army on March 3rd.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE monthly Army List for April discloses the following changes in the distribution of officers of the Army Medical Service:

Distribution in the April Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.
Surgeon-Generals	5	1	4	—	10	—
Colonels	7	9	11	—	27	1
Lieutenant-Colonels	21	29	32	—	82	5
Majors	25	201	122	4	452	6
Captains	22	77	95	—	194	5
Lieutenants	2	100	35	—	137	4
Total	62	432	273	4	871	29

The total establishment (852) of medical officers is 2 fewer than in March; 1 died from disease, 1 was killed in action. But as 19 are seconded the real effective strength is 833.

The number (63) at home shows a decrease of 12; but, further deducting the administrative and other staff the total executive officers available for general duty is only about 40.

We hear Sir Redvers Buller has recently demanded an augmentation of over 50 medical officers for Natal alone; where they are to be found we do not know.

Time brings its reverses, and this is one; Sir Redvers was strongly opposed to granting medical officers the army status they lately received; and thereby is partly responsible for the present scarcity. He is now, under stress of war, calling for the very men he sought to discourage in peace.

The number of medical officers in South Africa (412) shows an increase of 23; at other foreign stations 373, a decrease of 13. It thus appears that the seat of war has been supplied partly from home, and partly at the expense of our foreign garrisons.

At present over 92 per cent. of our army medical officers are abroad, leaving no practical margin for casualties, which, indeed, are likely to show progressive increase as the strain of

the war is prolonged. We constantly hear of the splendid work our medical service is doing in South Africa, but must remember that it is working at very high pressure, and might be thrown out of gear by a big battle.

About 122 retired medical officers are employed, of whom 4 are at the seat of war. Of 63 quartermasters on full pay, only 10 are at home, but are supplemented by 15 recalled from the retired list.

APRIL 28, 1900.

THE PRINCE OF WALES.

At the last meeting of the Council of the British Medical Association, it was resolved to send a telegram to the Prince of Wales congratulating him in the name of the Association on his escape from the dastardly attempt on his life. A telegram in suitable terms was sent, and the following reply has been received by the President of Council: "I sincerely thank the British Medical Association for kind congratulations on escape in recent attempt at Brussels.—ALBERT EDWARD."

THE ARMY MEDICAL REPORT FOR 1898.

THE issue of this elaborate report a few days ago, scarcely behind the average date of its annual appearance, is a proof of the efficiency of the Director-General's staff, considering the very heavy duties which must have been thrown on his office during the past six months of the war. This fortieth volume displays the same extreme accuracy as its thirty-nine predecessors. Its statistics and facts are marshalled with the usual clearness, and the volume is enriched by twelve valuable appendices, which extend over 200 pages. The following are the broad facts set forth in comparing 1898 with the averages of a previous decade. With an army strength a little greater, the ratios of sickness per 1,000 of strength in 1898 showed an increase in certain directions over the decade; the increases were in admissions, deaths, and invaliding, but not in those of constantly sick, or the duration of cases. The increases, excepting those in China and the Straits Settlements, were almost wholly connected with the Khartoum expedition and the operations in Crete; and are reflected in the returns from Egypt, Malta, and Cyprus. Enteric fever and dysentery were the chief elements in the increase. In 1898 the ratio of admissions per 1,000 of strength were 381.9, against a decennial average of 366.3; the deaths 10.82 against 8.86, and the invaliding home 41.41 against 24.55. The health of the army in India did not depart from the average. It is satisfactory to note that both at home and abroad inefficiency through venereal diseases shows a small decrease. Recruiting was on an average scale during 1898; returns show a slight increase in the number of recruits raised in England and Scotland, with a small proportionate diminution from Ireland. The volume is unusually rich in important appendices, consisting of a number of reports on various medical subjects. Among them are contributions from the Netley Professors, Colonels Notter, Macleod, and Stevenson, and by Majors Dick and Semple. Surgeon-General Taylor contributes a very interesting report on the Sudan campaign, in which the chief cause of disease seems to have been bad water. There are also excellent reports on various operations in West Africa, contributed by Majors Wilson, Sutton, Burke, and Howie, Royal Army Medical Corps.

THE MEDICAL SERVICE AND THE WAR.

THE third, fourth, and fifth letters from the Capetown correspondent of the *Times* relate chiefly to the organisation and administration of base military hospitals. With the laudable object of ascertaining the extent of the "adaptability of the Army Medical Department to admit civil aid into its organisation in war time," without at the same time confusing the efforts of "public and private philanthropy to send self-contained hospitals, ships, ambulances, and such like to the British forces," the correspondent contrasts Base Hospital No. 3 at Rondebosch with the civil Portland Hospital at the same place, which was the first of its kind at the seat of war. The army hospital, of over 300 beds, he describes as in all its parts a model of military precision, while the civil Portland Hospital of over 200 beds, if less rectangular and regular in form, has merits of another kind. The matters he touches on do indeed open up questions both military and civil of a wide, difficult, and even delicate character.

the whole these banquets are better given to those who return than to those who go out. (Hear, hear.) I have been privileged to assist at one of these banquets, for not more than two occur, or perhaps three, in the life of the longest of us. That was a banquet to Lord Dufferin on his return from Canada, I think, and in the interval between the acceptance of the Reform Club and the actual dinner I remember very well that he accepted a post—I think it was that of Ambassador to Russia—under the then Conservative Government, and the tradition is that before accepting that offer he consulted the late Lord Beaconsfield, who was then Prime Minister, and who was not merely Prime Minister, but a shrewd judge of what was right and convenient in life, as to whether he could dine with the Reform Club after accepting an appointment from a Conservative Government, or whether it was his duty to abstain; and the tradition is that Lord Beaconsfield, with that admirable wisdom which distinguished him on such occasions, said:—"Why not, my dear fellow, one must dine somewhere!" (Laughter.) I never have been so foolish as to endeavour to ascertain the veracity of that anecdote. It would not be difficult, because Lord Dufferin, happily, is still with us, but it is never wise to explore what has given you pleasure and to endeavour to press a delightful action to the austere source of fact. But, at any rate, I only mention these circumstances to show that it is only on rare occasions and to do honor to very conspicuous and distinguished persons that the Reform Club is able to raise itself from what may be termed its habitual lethargy (laughter), in order to give a banquet to a

guest. I dare say Sir William MacCormac and Mr. Treves, who are old members of this club, appreciate the honor that we wish to do them without any such historical retrospect as that in which I have indulged. I have done it more for the public than for the Reform Club. (Laughter.) At any rate, it is well we should bear it in mind, and that we should not seek to allow our compliment to be diminished by any want of our own recollection of its importance. We have had of late a very singular development in this war in which we are unhappily engaged.

We have had, as you know, gigantic preparations, costing unnumbered millions sterling, and likely to cost as much more. We have given that ungrudgingly. But the results have not been in every respect and in all respects completely satisfactory. It is not possible in war must be prepared to take the ups with the downs, and the darker shade with the brighter shade. But, though the correspondence of this war has been greater than has ever attended a war before, because it is the first time that a wholly educated army has been brought into the field, and every private soldier can write home an account to his relatives of what has passed more spiritedly, I think, very often than the more elaborate accounts sent by the professional correspondents—when, I say, in a war in which there has been so much correspondence as this, and therefore so much diversity of opinion, there has been unanimity only on one point, and enthusiastic unanimity—that our medical and hospital service has been practically perfect. (Cheers.) Now, that is due mainly to the Government, because the Government have been able to obtain the men and give the supplies which those men have used. We must always give credit to the Government where credit is due. (Hear, hear.) But what did the Government do, and how, as I understand, did they achieve this end? They sent for the two most eminent men they could think of, and the Government gave them a free hand. (Cheers.) All honour to the Government and all honor to the men. These are the men whom you are entertaining to-night. (Cheers.) Without a second thought they left their great practice, they left their great connection with this country, and went out for six months, and at what sacrifice you can guess, to superintend the hospital and surgical arrangements of our Army. I do not think their names need any mention from me. Sir William MacCormac's name is a household word. He has been for four successive years chosen president of the College of Surgeons, an honor, I believe, almost unprecedented, if not unique. He earned his spurs in the battlefield 20 years ago. Perhaps he may not like to be reminded of that, because the lapse of time is never pleasant. But we remember it, and I think it would do no harm to our French friends if they remembered it too. (Cheers.) In the Franco-Prussian war, in the bloody and thunderous scene at Sedan, Sir William MacCormac was continuously carrying on surgical operations. He has brought his experience and skill to bear upon our war and soldiers in their turn. Mr. Treves, too, has left a great practice, and has applied his unrivalled surgical skill in the same way. His name is a household word among us, and I need not expatiate upon it. But may I mention one thing? I saw to-day in a paper an announcement that he was about to enter Parliament. (Laughter.) It was stated that he had been consulted about it, and that he had said he would rather enter the grave. (Sustained laughter.) I trust that if this is authentic he will take the opportunity, in the remarks he will soon address to us, to explain it to our satisfaction. (Laughter.) Gentlemen, we are not merely—and this is the last sentence with which I will trouble you—we are not merely honoring two eminent men and two fellow-members of the Reform Club, we are not merely honoring a consummate act of patriotism on their part, but I venture to think we are recognizing something more, which, perhaps, not all recognize as it should be. We are paying honor to the non-combatant members of our Army. (Cheers.) We are all glad to see that one, Major Balfie, received the other day the Victoria Cross. We are not sure that the non-combatant members of our Army have received their fair share of the Victoria Cross. Their reason is not less than the heroism of those who engage in ferocious battles; and they have shown that they are as susceptible of fear as much as the soldiers whom they tend. It is in that spirit and with that recollection that I ask you to drink with all the honors the Reform Club can afford to its choicest members the health of Sir William MacCormac and Mr. Treves. (Cheers.)

SIR W. MACCORMAC, in reply, after returning thanks for the high honor done him by the Reform Club, said he went out to South Africa with some reluctance, he might now admit, but deemed it right to go from a sense of duty and because he felt that one might be of service, because of his long relationship with the medical department of our Army as well as because of the experience he had gained in previous wars. Even had he the knowledge, it was no part of his duty to criticize either the policies or the conduct of the war. He might, however, repeat what had already been well said, but which, in the case of one coming from the actual scene, might well be said again, that the courage and endurance of our soldiers were never greater (cheers), and that we might well be proud of our fellowship with the race to which they belonged. (Cheers.) They fought under conditions which might well dissuade the bravest, in a country of appalling difficulties, advancing in the open against an unseen enemy, who poured a pitiless hail of bullets into them like rain, and who themselves were practically unseen and safe from our assault. To illustrate this he referred to the battle of Colenso. On that day we had some 1,140 casualties. We all believed, rightly or wrongly, that Boer statements on the subject of their losses were not very trustworthy. He had had an opportunity of learning, he thought on good authority, what the Boer losses were on that occasion. He heard from the other side, from the German officers who were there watching the methods of Boer warfare, and the statement was subsequently most positively confirmed by the Free State Secretary, Mr. Fischer, with whom he had several conversations, that the total loss of the Boers on that day was five killed and 25 wounded; and this, he thought, might well be true, for our people never caught sight of a Boer the whole day. When he had an opportunity afterwards of seeing the Boer positions about Colenso and their trenches, the only wonder was that any one was injured or that such places were anything short of impenetrable. And this small number of casualties occurred in spite of the previous two days' heavy bombardment of artillery. Our modern guns seemed but little more dangerous than the older weapons. In fact, Commaunt Albrecht, the

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Boer artillery captain, calculated that 12 Boers were killed and 40 wounded for every 1,000 fired of our shells, so it might be said that our modern guns had not achieved the results that were expected of them so far as killing was concerned. (A laugh.) Some laughed at that statement, but the business of war was to kill and wound, and the more that were killed and wounded the better, because the sooner the war would come to an end. The comparative want of gravity in the wounds inflicted by the Kanner bullet was very remarkable. Men recovered after being shot through every part of the body, and 95 per cent. of those treated in this base hospitals recovered from their injuries. Another very remarkable fact was the fewness of the amputations performed. (Hear, hear.) During the first four months of the war only 20 amputations were performed at the No. 1 General Hospital at Wynberg. Our Lee-Metford projectile inflicted a very similar kind of wound, but the Boer wounded were not so well treated as ours were. The Boers did not possess, as our troops did, a first field dressing, whose speedy application doubtless saved much life and suffering. During his stay in South Africa he had an opportunity of examining the medical arrangements both throughout the Cape Colony and Natal, and he did not himself believe it would be possible—and he was able to contrast what he had seen with his experience of former wars—to have anything more complete or better arranged. Lord Rosebery had referred to the action of the Government. Well, he thought too much praise in this respect could not be given to the Government. On the part of the Government authorities there was nothing that was suggested, nothing that money could purchase, that was not forthcoming, when and where it was wanted. The supply of medical requirements was lavish, and what was above all praiseworthy, those enormous supplies did not remain heaped up at Cape Town, Durban, or Port Elizabeth, but were distributed to the various hospitals over many hundreds of miles of country. A scene connected with the arrival of a convoy of wounded and sick at Frere he looked upon as conveying in the interest way the horrors of the actual battlefield. (Cheers.) He did not think the enormous distances which food and forage, and even water, had to be transported, not to mention the munitions of war and the troops, were adequately realized in this country. In seeing what he did he traversed himself 6,500 miles of country, often under very uncomfortable conditions of transport. The convoys were prodigious in size. He saw one six miles or more in length, each wagon drawn slowly along by 10 oxen, and many such followed laboriously in the rear of each of our divisions. In spite of all these difficulties of provisioning such a large army so many miles from their base, he found that, wherever he might be, the soldiers received a daily supply of fresh meat and bread, and that, therefore, except perhaps during the actual hours of fighting, the hardships experienced by our men in the matter of commissariat might be counted as not worth mentioning. Officers and men received the same supplies, and his own actual experience proved on many occasions the excellence of these commodities. Although he did not intend to talk politics, yet he would not wish to sit down without expressing his own opinion, formed after reading much and conversing with all sorts and conditions of men, that this war was a necessary war, that it had been forced upon us by the circumstances of the case. (Cheers.) He was convinced that nothing could have averted it, and it did not come now it must have come later—perhaps at a time when there were complications in Europe or elsewhere to cripple this country—and at any cost of life and money we must succeed if we were not to abdicate the proud position the British Empire now occupied. He would even go further and say that in his opinion the war was one of the best things that had happened to England in this century. It was one of the best things because it had brought out the manhood of the land and exhibited the virtues of our countrymen, not only to ourselves, but to those abroad, who had been of late not able or willing to appreciate them. Without doubt our country would emerge better and more powerful from the contest than it had ever been before. This war, too, would effect this great and paramount good—in the first place, it would unite our children in the great colonies to us in bonds closer and more affectionate than was ever thought possible before, and in the second, and quite secondary, place, in his opinion, it would sweep away a narrow, bigoted, and corrupt oligarchy and substitute for it a just and honest government. (Cheers.) He was only entitled, however, to speak with authority of the medical arrangements of the war, and he thought it was not only his own opinion, but also that of all those who were competent to form one, that these arrangements were better than had ever been before; and surely it was a good thing that the soldier should know and feel assured that if misfortune overtook him he would have the best and kindest care. Surely it was a good thing that those at home, who had perhaps greater anxieties than those who were at the front, should also feel that what was done for their beloved ones was the best that could be done. From his heart he assured them that he believed that to be really and wholly true. Of the medical officers it might be said that they had shown themselves to be without fear, as most certainly they were without reproach. (Cheers.)

Mr. TREVES, who also replied, said he felt it a great honour to be entertained at dinner at the Reform Club under the presidency of Lord Rosebery. Nothing he could say could express his profound sense of this honour and their kindness. He endorsed what Sir William MacCormac had said about the treatment of the sick in South Africa. It was perfectly true that there had never been a campaign in which the horrors of war had been so mitigated, and where the treatment of wounded had been so complete. His lot was cast with the field hospital which followed the Ladysmith relief column from beginning to end. He was present at every engagement, from the battle of Colenso to the relief of Ladysmith, and their hospital, small as it was, received the wounded during the whole of the Natal campaign, with the exception of the slight cases. After one night's battle, Spion Kop, 715 wounded were put into the hospital camp. One afternoon they had orders to clear the camp of wounded before sunrise next day, and men were borne on 150 stretchers by hand to Frere, 26 miles, a thing which he believed had never been done in a campaign before. (Cheers.) The medical men serving in the war owed much to General

Buller, who took a remarkable interest in the surgical necessities of the campaign, and showed great anxiety about the accommodation of the sick and wounded. (Cheers.) During the time he himself was at the seat of war he saw much of the common soldier. "At the front" there were no sergeants or public-houses (laughter), and then the common soldiers' better qualities were shown. We British were an emotional people, but there was in the race a patriotism which it was sometimes almost terrible to witness. (Cheers.) The singing of the National Anthem by the troops at 7 o'clock in the morning at the Church parade before the advance on Spionkop's Camp was an incident he could never forget. Many of the men who took part lost their lives a few days after at Spion Kop. No doubt every man in singing "God Save the Queen" meant what he said; and it was sung as with one voice, a voice of brass. (Cheers.) On another occasion a whole battalion gave three cheers for the Queen. The gladiators' salute in ancient Rome might have sounded fine, but it was as nothing to this. The fighting spirit of the British soldier was astonishing. He asked one man who was shot in the back how he was hit. He was advancing to attack a kopje heavily entrenched by Boers, and was dreadfully distressed to see men falling on all sides. He closed at a particular Boer but could not hit him. "Make your range lower," shouted a friend. The soldier did so and he brought down the Boer. "Doctor," he said, "you should have been there: it was a dream." (Cheers and laughter.) This only showed the common soldier had thoughts far beyond his 1s. 1d. per day. (Cheers.) A soldier would come into camp filthy beyond description, having been unable to wash or change his clothes for a long time, and dragging his rifle and accoutrements after him. He had what Mr. Atkins would persist in calling "dy-sentry." (Laughter.) He was put into a tent and the utmost done for him, but in a week's time he would die and be buried at the back of the camp. This meant much more than 1s. 1d. per day, and he did not think the British soldier quite got the credit of it. (Cheers.) Most of the wounded soldiers received at Spion Kop were shell wounds. One man, whose face had been half blown away and was unable to speak, asked to be allowed to write. He did not beg that his sufferings might be alleviated; he wrote three words—"Did we win?" (Loud cheers.) He himself was struck not only with the patriotism and admirable pluck of these men, but with their almost feminine kindness to each other and their extreme unselfishness. (Cheers.) So far as the sick were concerned, there were two plagues in South Africa—the plague of fire and the plague of women. ("Hear, hear" and laughter.) The flies could be got rid of by means of horsehair wigs, gauze, and other appliances, and the flies disappeared at night. But the women mentioned in Sir Alfred Milner's proclamation were absolutely a terror. They came out in the guise of amateur nurses (laughter), having exhausted every other form of excitement; they took up the time of the officers, and, in fact, had the camp to themselves. (Loud laughter.) Considering the kind of war in which we were engaged and the number of lives lost, the picture of a number of elaborately-dressed ladies masquerading in summer toilets and arranging picnics about Cape Town was a blot on the campaign. (Cheers.) No one who read Sir Alfred Milner's proclamation in this plague could appreciate it so much as those who had suffered. In conclusion, Mr. Treves said he had good back proof that he was an Englishman and a surgeon, and, if he might add it, exceedingly grateful that he was a member of the Reform Club. (Cheers.)

The LORD CHIEF JUSTICE proposed the health of the chairman. He made playful allusion to Lord Rosebery's many-sided interests and activities, to the interest he took even in horse-racing—largely because Oliver Cromwell did the same—and remarked that there was only one thing in which the noble lord had not, he believed, played a part, and that was as umpire in a football match. His public utterances were looked to with interest by large masses of thinking people, and it was not too much to say that he made the morning papers a little brighter reading than they otherwise would be. His influence in forming and directing public opinion was great. That great influence carried with it great responsibility, and his friends did not doubt—he did not doubt—that when the occasion arose Lord Rosebery would not shrink. (Loud cheers.)

LORD ROSEBURY, in responding, said,—It is no form of words, so more affectionate, when I say I regard it as a great honour to have been selected by the committee to preside over the arrangements of this banquet and to have been allowed to take the chair to-night. I confess I see no reason for that choice except that judicial impartiality which at present I am privileged to share, though with unusual ability, with my learned friend who has proposed this toast. I have not indeed, as he has mentioned, been ever selected for that high but perilous form of judicial position known as umpire in a football match. (Laughter.) There are two reasons for that. In the first place I might be wanting in the physical courage and physical strength which are required for one who fills that important part, and, in the second place, I have never been invited to fill it. (Loud laughter.) I am afraid, as regards the censure passed upon me by my too-indulgent friend, that I am an impatient offender. I regard him as a too partial judge of me to propose my health, but I am always grateful for his kind words, and there is no prouder recollection connected in my mind with the office I once filled in the State than that I was the means of recommending him to fill that great office which he occupies with so much lustre. (Cheers.) One word more. I think the committee not merely do themselves honour and tender a high honour to those who are their guests, but did a good stroke of business for themselves in the banquet which has taken place, because I venture to say everybody who has been here to-night has had a high privilege. (Cheers.) They have enjoyed, I will not call it a luxury, but the satisfaction which few outside this room will have had, of hearing at first hand from those who have occupied high positions in this campaign and in language vivid and eloquent their experience of the field. And what is more is this—no one who has listened to those speeches can fail to rise from the table feeling prouder that he is a Briton and that he is a fellow-countryman of those gallant soldiers. Sir William MacCormac told us what was profoundly interesting to us, his general experience in this campaign. But I think the anecdotes Mr. Treves told us, red hot from the battlefield, thrilling with all the skill of a Kipling, delineating the higher and nobler qualities of British soldiers, will long, if not always, dwell in our thoughts. He forgot, by the way, to rise to the fly I threw over him about entering Parliament.

these able and entertaining letters are timely contributions to matters of truly national importance. We are able to endorse many of the writer's conclusions; but certain of them, especially those relating to medical administration, are apt to be misconstrued, to the detriment of the Army Medical Service. The writer, it is true, has a civil life, which is necessary and to be encouraged, can only in war be properly applied at base hospitals, while the field hospitals in the fighting line must be manned by the regular medical service. In contrasting the military with the civil hospital he declares that the "tortoise" tents of the former "are built on the principle of the Chinese box, being half the weight, and yet affording greater floor space; nevertheless the greater height of the marquee permits a deeper vertical air-space, which is of much importance in a hot climate. The chief difference between the two hospitals lies, however, in the much more expensively equipped and staffed hospital in the field, which the expenditure had been on a scale which no usual Army Hospital would cover. The chief members of the medical and surgical staff of the Portland are paid at the rate of £2,500 a year, a sum £1,000 greater than the salary of the Director-General of the Army Medical Service himself. By this high standard of pay the hospital, it is said, secures a higher class of professional assistance. The correspondent does not seem to wish to disparage the Army Medical Service in making such comparisons. That service is at least on a high average level with medical men in civil life, and the public could not but be grateful for the high standard. It is perhaps most likely to be misunderstood in the somewhat ambiguous description of the administration in military hospitals. He describes the two moving spirits of a base hospital as a P.M.O. of the rank of colonel, with a secretary and registrar of major's rank, who command and administer the hospital, and a director of professional work, strictly so-called. That work revolves round the medical officers, the medical and surgical heads respectively of divisions. That arrangement the correspondent considers faulty, inasmuch as the administrative seems to be considered higher than the professional staff. Clearly, a great many military hospitals are run on the principle of engineering, and the time of the two officers devoted to administrative and not the professional work which, he says, leads to promotion; but we are not prepared to accept this statement without qualification. The colonel must himself have to go through all the work of his subordinates, and by that means earned his promotion. It is the stock argument in former days, of those who, jealous of medical officers having the smallest authority even in their hospitals, said they should be relieved of all administration, and left the nature of things that is not feasible. The result of dual and even triple control was tried, was the direct confusion and inefficiency of one, and the other could now even contemplate any such retrograde action. A soldier in hospital is still a soldier; and in his own best interests and in the interests of discipline, he should not be relieved of the least weight of that fact. On this account a base army medical hospital should be run by a civil staff to maintain the necessary military line. The correspondent also tilts at the principle of seniority dominating merit; but it is difficult to see what better system could be adopted than seniority tempered by selection. Promotion is a very delicate matter, and engender suspicions of favouritism, and make army service to distasteful and uncertain that form would care to enter it.

Mr. Kirino also is among the prophets who have risen to bless the splendid organisation for dealing with the sick and wounded in South Africa evolved by the officers of the Royal Army Medical Corps. In his four letters which

have been published in the *Daily Mail*, the last on Wednesday, he gives a picture drawn with the graphic pen which probably he alone among modern living writers can command, of the journey made by one of the hospital trains from Capetown north to Modder Station, to bring down some of the wounded from Paarlserberg. He describes the journey in a way that shows how the hospital trains are run, the doors of the cars flew back obediently to the order of the stretchers; the side boards were ripped out of the tunks; the cook put the last favouring to the big stock-pot; the sisters stood to attention, each in her ward—a doctor and a nurse are responsible for half a train apiece—and the big hospital cars were filled with the wounded, who were taken from pain, our wounded. Food and drink were served often bring it, but on occasion we must help Nature." He describes the long journey down to Wynberg, the good-humoured, even humorous, talk of the wounded, the quiet efficient work of the surgeons, and the beneficent tyranny of the military order. The letters should be read by everybody who takes any interest in the wounded and the people who look after them.

DINNER TO SIR W. MAC CORMAC
AND MR. TREVES.

The Reform Club gave a dinner on Saturday night to two of their distinguished members, Sir William MacCormac, President of the Royal College of Surgeons, and Mr. Frederick Treves, F.R.C.S., in recognition of their conspicuous services to the wounded in South Africa. The party numbered thirty-two, amongst whom company present exceeding 100 in number and including many medical men were the Lord Chief Justice (Lord Russell of Killowen), Lord Burghorpe, Sir Henry Fowler, M.P., Mr. Herbert Gladstone, M.P., Sir William Acland, Sir John Barran, Sir Francis Mowat, Mr. J. H. Bland, Mr. C. E. Bland, Mr. W. G. Lockyer, Sir Joseph Leese, Q.C., M.P., Mr. Armistead, Sir Christopher Nixon, Mr. Abbey, K.A., the Hon. Charles Russell, Mr. McKenna, M.P., Mr. Johnson-Ferguson, M.P., Mr. Douglas Walker, Q.C., Mr. Denham, Q.C., Mr. R. S. Cadell, Q.C., Mr. Matthews, Q.C., Mr. Dicken, Q.C., Mr. Malcolm, M.P., Dr. Fauchaldon, M.P., Mr. Latham Bright, Mr. Canton, M.P., Mr. Lloyd Morgan, M.P., Mr. Bustard, Q.C., Mr. R. Wallace, Q.C., Mr. J. C. Parkinson, Mr. James Knowles, Dr. Jeanny, F.R.C.S., Mr. J. H. Bland, Q.C., Mr. J. H. Bland, Q.C., Mr. Graves, Mr. W. H. Macnamara, Mr. Buckton Browne, Dr. Hubertson, Mr. S. Vaughan Morgan, Dr. Stephen McKenna, Dr. Mayo Collier, Dr. Sutton Townsend, Dr. Hastings, the Rev. H. H.adden, Mr. Kearley, M.P., and Lieutenant-Colonel Newnham.

Lord Dufferin, and the Queen, and Lord Rosebery, proposed the toast of the evening, "Sir William MacCormac and Mr. Trevelyan," and said:—"My lords and gentlemen,—This is one of the rare occasions when the Reform Club wakes up and does itself justice. (Laughter.) The banquets of the Reform Club are rare, and the rarer they are the more valuable. About nothing, however, is so common as to have a banquet about oneself and to one's point. (Laughter.) Then there was a banquet given to Sir Charles Napier as a preliminary to a campaign in the Baltic, which makes one feel in the retrospect that on the whole these banquets are better given to those who relate to the country than to those who are to be. We have been privileged to assist at one of these banquets, for not more than two occur, or perhaps three, in the life of the longest of us. That was a banquet to Lord Dufferin on his return from Canada. I think, and in the future I think I shall be glad to have a banquet to me, and the actual dinner I remember very well that he accepted a post—I think it was that of Ambassador Extraordinary to the United States. I think that the Minister, but a shrewd judge of what was right and convenient in life, as to whether he could dine with Lord Dufferin after he had been in Canada, and as a Conservative Government, or whether it was his duty to abstain; and the tradition is that Lord Rosebery said, "I think it is better to have a banquet to a Minister on such occasions, said,—"Why not, my dear fellow, one must dine somewhere." (Laughter.) I never saw a Minister who had been in Canada, and the veracity of that anecdote. It would not be difficult, because Lord Dufferin, happily, is still with us, but it is never so easy to find a Minister who has been in Canada, and an endeavour to press a delightful fiction to the austere source of fact. But, at any rate, I only mention these ancient customs, and I only mention them to show that it is not to do honour to very conspicuous and distinguished persons that the Reform Club is able to refuse to give a banquet to a Minister, and to give a banquet to a private citizen (laughter), in order to give a banquet to

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Boer artillery captain, calculated that 12 Boers were killed and 40 wounded for every 1,000 fired of our shells, so it might be said that our modern guns had not achieved the results that were expected of them so far as killing was concerned. (A laugh.) Some laughed at that statement, but the business of war was to kill and wound, and the more that were killed and wounded the better, because the sooner the war would come to an end. The comparative want of gravity in the wounds inflicted by the Mauser bullet was very remarkable. Men recovered after being shot through every part of the body, and 95 per cent. of those treated in the base hospitals recovered from their injuries. Another very remarkable fact was the fewness of the amputations performed. (Hear, hear.) During the first four months of the war only 20 amputations were performed at the No. 1 General Hospital at Wynberg. Our Lee-Metford projectile inflicted a very similar kind of wound, but the Boer wounded were not so well treated as ours were. The Boers did not possess, as our troops did, a first field dressing, whose speedy application doubtless saved much life and suffering. During his stay in South Africa, he had an opportunity of examining the medical arrangements both throughout the Cape Colony and Natal, and he did not himself believe it would be possible—and he was able to contrast what he had seen with his experience of former wars—to have anything more complete or better arranged. Lord Rosebery had referred to the action of the Government. Well, he thought too much praise in this respect could not be given to the Government. On the part of the Government authorities there was nothing that was suggested, nothing that money could purchase, that was not forthcoming, when and where it was wanted. The supply of medical requirements was lavish, and what was above all praiseworthy, those enormous supplies did not remain hoarded up at Cape Town, Durban, or Port Elizabeth, but were distributed to the various hospitals over many hundreds of miles of country. A scene connected with the arrival of a convoy of wounded and sick at Frere he looked upon as conveying in the intensest way the horrors of the actual battlefield. (Cheers.) He did not think the enormous distances which food and forage, and even water, had to be transported, not to mention the munitions of war and the troops, were adequately realized in this country. In seeing what he did he traversed himself 6,500 miles of country, often under very uncomfortable conditions of transport. The convoys were prodigious in size. He saw one six miles or more in length, each wagon drawn slowly along by 16 oxen, and many such followed laboriously in the rear of each of our divisions. In spite of all these difficulties of provisioning such a large army so many miles from their base, he found that, wherever he might be, the soldiers received a daily supply of fresh meat and bread, and that, therefore, except perhaps during the actual hours of fighting, the hardships experienced by our men in the matter of commissariat might be counted as not worth mentioning. Officers and men received the same supplies, and his own actual experience proved on many occasions the excellence of these commodities. Although he did not intend to talk politics, yet he would not wish to sit down without expressing his own opinion, and he formed after reading much and conversing with all sorts and conditions of men, that this war was a necessary war, that it had been forced upon us by the circumstances of the case. (Cheers.) He was convinced that nothing could have averted it. And it did not come now it must have come later—perhaps at a time when there were complications in Europe or elsewhere to cripple this country—and at any cost of life and money we must succeed if we were not to abdicate the proud position the British Empire now occupied. He would even go further and say that in his opinion the war was one of the best things that had happened to England in this century. It was one of the best things because it had brought out the manhood of the land and exhibited the virtues of our countrymen, not only to ourselves, but to those abroad, who had been of late not able or willing to appreciate them. Without doubt our country would emerge better and more powerful from the contest than it had ever been before. This war, too, would effect this great and paramount good—in the first place, it would unite our children in the great colonies to us in bonds closer and more affectionate than was ever thought possible before, and in the second, and quite secondary, place, in his opinion, it would sweep away a narrow, bigoted, and corrupt oligarchy and substitute for it a just and honest government. (Cheers.) He was only entitled, however, to speak with authority of the medical arrangements of the war, and he thought it was not only his own opinion, but also that of all those who were competent to form one, that these arrangements were better than had ever been before, and surely it was a good thing that the soldier should know and feel assured that if misfortune overtook him he would have the best and kindest care. Surely it was a good thing that those at home, who had perhaps greater anxieties than those who were at the front, should also feel that what was done for their beloved ones was the best that could be done. From his heart he assured them that he believed that to be really and wholly true. Of the medical officers it might be said that they had shown themselves to be without fear, as most certainly they were without reproach. (Cheers.)

Mr. TREVELL, who also replied, said he felt it a great honour to be entertained at dinner at the Reform Club under the presidency of Lord Rosebery. Nothing he could say could express his profound sense of this honour and their kindness. He endorsed what Sir William MacCormac had said about the treatment of the sick in South Africa. It was perfectly true that there had never been a campaign in which the horrors of war had been so mitigated, and where the treatment of wounded had been so complete. His lot was cast with the field hospital which followed the Ladysmith relief column from beginning to end. He was present at every engagement, from the battle of Colenso to the relief of Ladysmith, and their hospital, small as it was, received the wounded during the whole of the Natal campaign, with the exception of the slight cases. After one night's battle, Spion Kop, 715 wounded were put into the hospital camp. One afternoon they had orders to clear the camp of wounded before sunrise next day, and men were borne on 150 stretchers by hand to Frere, 25 miles, a thing which he believed had never been done in a campaign before. (Cheers.) The medical men serving in the war owed much to General

Buller, who took a remarkable interest in the surgical necessities of the campaign, and showed great anxiety about the accommodation of the sick and wounded. (Cheers.) During the time he himself was at the seat of war he saw much of the common soldier. At the front there were no nursemaids or public-houses (laughter), and then the common soldiers' better qualities were shown. We British were an emotional people, but there was in the race a patriotism which it was sometimes almost terrible to witness. (Cheers.) The singing of the National Anthem by the troops at 7 o'clock in the morning at the Church parade before the advance on Spionkop's Camp was an incident he could never forget. Many of the men who took part lost their lives a few days after at Spionkop. No doubt every man in singing "God Save the Queen" meant what he said; and it was sung as with one voice, a voice of brass. (Cheers.) On another occasion a whole battalion gave three cheers for the Queen. The gladiators' salute in ancient Rome might have sounded like it, but it was as nothing to this. The fighting spirit of the British soldier was astonishing. He asked one man who was shot in the back how he was hit. He was advancing to attack a kopje heavily entrenched by Boers, and was dreadfully distressed to see men falling on all sides. He aimed at a particular Boer but could not hit him. "Make your range lower," shouted a friend. The soldier did so and he brought down the Boer. "Doctor," he said, "you should have been there; it was a dream." (Cheers and laughter.) This only showed the common soldier had thought far beyond his 1s. 1d. per day. (Cheers.) A soldier would come into camp filthy beyond description, having been unable to wash or change his clothes for a long time, and dragging his rifle and accoutrements after him. He had what Mr. Atkins would persist in calling "dysentery." (Laughter.) He was put into a tent and the utmost done for him, but in a week's time he would die and be buried at the back of the camp. This meant more than 1s. 1d. per day, and he did not think the British soldier quite got the credit of it. (Cheers.) Most of the wounds soldiers received at Spionkop were shell wounds. One man, whose face had been half blown away and was unable to speak, asked to be allowed to write. He did not beg that his sufferings might be alleviated; he wrote three words—"Did we win?" (Loud cheers.) He himself was struck not only with the patriotic and admirable pluck of these men, but with their almost feminine kindness to each other and their extreme unselfishness. (Cheers.) So far as the sick were concerned, there were two plagues in South Africa—the plague of flies and the plague of women. (Hear, hear and laughter.) The flies could be got rid of by means of horsehair wigs, gauze, and other appliances, and the flies disappeared at night. But the women mentioned in Sir Alfred Milner's proclamation were absolutely a terror. They came out in the guise of amateur nurses (laughter), having exhausted every other form of excitement; they took up the time of the officers, and, in fact, had the camp to themselves. (Loud laughter.) Considering the kind of war in which we were engaged and the number of lives lost, the picture of a number of elaborately-dressed ladies masquerading in summer toilets and arranging picnics about Cape Town was a blot on the campaign. (Cheers.) No one who read Sir Alfred Milner's proclamation on this plague could appreciate it so much as those who had suffered. In conclusion, Mr. TrevelL said he was quite back proud that he was an Englishman and a soldier, and, if he might add it, exceedingly grateful that he was a member of the Reform Club. (Cheers.)

The LORD CHIEF JUSTICE proposed the health of the chairman. He made playful allusion to Lord Rosebery's many-sided interests and activities. To the interest he took even in horse-racing, largely because Cromwell did the same—and remarked that there was only one thing in which the noble lord had not, he believed, played a part, and that was as umpire in a football match. His public utterances were looked to with interest by large masses of thinking people, and it was not too much to say that he was the morning paper's little brighter reading than they otherwise would be. His influence in forming and directing public opinion was great. That great influence carried with it great responsibility, and his friends did not doubt—he did not doubt—that when the occasion arose Lord Rosebery would not shrink. (Loud cheers.)

LORD ROSEBERY, in responding, said,—It is no form of words, no mere affectation, when I say I regard it as a great honour to have been selected by the committee to provide over the arrangements of this banquet and to have been allowed to take the chair to-night. I confess I have no reason for that choice except that judicial impartiality which at present I am privileged to share, though with unusual ability, with my learned friend who has proposed this toast. I have not indeed, as he has mentioned, been ever selected for that high but perilous form of judicial position known as umpire in a football match. (Laughter.) There are two reasons for that. In the first place I might be wanting in the physical courage and physical strength which are required for one who fills that important part, and, in the second place, I have never been invited to fill it. (Loud laughter.) I am afraid, as regards the censure passed upon me by my too-indulgent friend, that I am an impenitent offender. I regard him as a too partial judge of me to propose my health, but I am always grateful for his kind words, and there is no prouder recollection connected in my mind with that office I once filled in the State than that I was the means of recommending him to fill that great office which he occupies with so much lustre. (Cheers.) One word more. I think the committee not merely do themselves honour and tender a high honour to those who are their guests, but did a good stroke of business for themselves in the banquet which has taken place, because I venture to say everybody who has been here to-night has had a high privilege. (Cheers.) They have enjoyed, I will not call it a luxury, but the satisfaction which few outside this room will have had, of hearing at first hand from those who have occupied high positions in this campaign and in language vivid and eloquent their experience of the field. And what is more is this—one who has listened to those speeches can fall to rise from the table feeling prouder that he is a Briton and that he is a fellow-countryman of those gallant soldiers. Sir William MacCormac told us what was profoundly interesting to us, his general experience in this campaign. But I think the anecdotes Mr. TrevelL told us, red hot from the battlefield, thrilling with all the skill of a Kipling, delineating the higher and nobler qualities of British soldiers, will long, if not always, dwell in our thoughts. He forgot, by the way, to rise to the fly I threw over him about entering Parliament.

(A laugh.) Cynics may say—I hope there are none in the Reform Club (laughter)—that his preference to enter the grave to entering Parliament might be combined with entering one of the chambers of which that Parliament consists. (Laughter.) But he did not avail himself of that opportunity, but manifested a stern silence, and I am inclined to think it is from a merited consciousness that if he did choose to enter Parliament he would cut out most of the leaders in rhetoric that adorn these two Chambers. Gentlemen, I once more thank you for drinking the toast of my health. (Cheers.)

This concluded the list of toasts, and the company then dispersed.

In LORD ROSEBURY's speech at the Reform Club on Saturday night, when SIR WILLIAM MACCORMAC and MR. TREVES were entertained by their fellow-members on their return from South Africa, he did justice, but no more than justice, to the services rendered to the State and to humanity by those eminent surgeons, and by the noble profession they represent. LORD ROSEBURY went so far as to say that the fact that our medical and hospital service has been "practically perfect" may be considered as beyond dispute. It must be remembered, however, that the original arrangements, as clearly appeared in our correspondence from Cape Town as well as in many private letters, were by no means altogether satisfactory. This was, doubtless, a mere reflection of the general underestimate of the difficulties of our task in South Africa for which we have now to pay in purse and person. Fortunately, at a comparatively early period, the War Office took the wise course of sending out two most distinguished surgeons to provide for the organization of the base hospitals and the supervision of the field hospitals, with the result that the wounded in war time have never been more skilfully treated or with smaller loss of life. SIR WILLIAM MACCORMAC has had an unequalled experience in the treatment of gunshot wounds during the Franco-German and the Turco-Servian wars, and his eminence in his own profession is attested by the fact that he filled during four years successively the office of President of the Royal College of Surgeons. MR. TREVES is known both to the public and to his professional brethren as a master in his noble art, an art which, in our own day, has made the most astonishing and beneficent progress. It was very fortunate that the War Office was able to secure the services of such men. In their persons, too, apart from their individual work, honour has been done both to the medical profession and to the non-combatant members of the Army, whose courage and devotion is often equal to that of their combatant companions in arms. There is no need to insist upon this point. The officers of the medical service of the Army have never spared life or limb in the discharge of their duty. While we pay our tribute to the admirable work of hospital organization and surgical treatment, of which SIR WILLIAM MACCORMAC and MR. TREVES stand out as the most distinguished representatives, we have to remember, also, the every-day duties of the regimental doctor, doing what he can for the sick and wounded, without any elaborate appliances, and, perhaps, under the hail of the shells and rifle bullets of the enemy.

It is interesting to note that SIR WILLIAM MACCORMAC not only bore testimony to the excellence of our hospital arrangements and to the small proportion of deaths from wounds and after operations, but that he was enthusiastic in his praise of the valour and endurance of our soldiers under most trying conditions. He appears to have satisfied himself that the losses of the Boers, under our heaviest fire, was very slight compared with ours, since they sought cover, while we did not. It seems by SIR WILLIAM MACCORMAC's account that the wounds inflicted by the Mauser bullet, unless they happen to touch a vital spot, are slight and easily healed, and our own Lee-Metford bullet is in the same category. Of course, a great deal depends upon the surgical treatment, and the wounded Boers have a far better chance in our hospitals than our men have in theirs. All, however, are infinitely better off than the most carefully tended were in the days of the Crimean war or of the Indian Mutiny, not to speak of the horrors on both sides of the Russo-Turkish campaigns. Good climatic conditions and antiseptic surgery have made things very different from the days in which an operation was "torture and trouble in vain, for it never could save us a life." MR. TREVES,

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It was, possibly, not anticipated that the guests of the evening at the Reform Club would have been quite as outspoken as they were, though we are sure that the great majority of those who were present at the entertainment were thankful to them for their frankness and sincerity. The LORD CHIEF JUSTICE expressed his conviction that "when the occasion" arose LORD ROSEBURY would not shrink, "and we share the hope, though we should be glad to have the conditions more precisely defined. No doubt SIR WILLIAM MACCORMAC and MR. TREVES felt that they were under an obligation not less imperative to speak out their minds, whatever might be the sentiments of the audience. It is certainly significant that SIR WILLIAM MACCORMAC was cheered by his brother-members in the Reform Club when he avowed his conviction that the present war is a just and a necessary one, forced upon us by the circumstances of the case. He contended that it was one of the best things that had happened to the country in this century, because it had brought out the manhood of the land and compelled all the world to recognize it. It would be a great and permanent benefit, he held, because it would unite our colonist fellow-subjects with us, while substituting justice and honest government in South Africa for a narrow and corrupt oligarchy. That is, we are sure the undoubted and prevailing opinion of the country, and it is satisfactory that it should be acclaimed at the Reform Club. Though MR. TREVES did not, like his eminent colleague, enter upon the domain of political controversy, he touched, it may be, on a still more delicate question. He entered a strenuous and unsparring protest against one of the two plagues which he says at present afflict South Africa—"the plague of flies and the plague of women." The former is a natural nuisance and may be dealt with in certain well-known ways. The latter is far more difficult to cope with. It has been denounced by SIR ALFRED MILNER in a strongly-worded despatch and it has been described by one of our Correspondents on the spot in language as severe as is consistent with the usages of civil speech. MR. TREVES is outspoken enough. The women mentioned in SIR ALFRED MILNER's despatch he says, are "absolutely a terror." They have descended upon the hospital camps and taken up the time of the officers, "in the guise of amateur nurses, having exhausted every other form of excitement." Who, indeed, can deny that, in these anxious times, when issue vital to the Empire depend upon the fortunes of the war and when the tale of the dead and wounded is so long, "the picture of a number of elaborately-dressed ladies masquerading in summer toilets and arranging picnics about Cape Town is a blot on the campaign?"

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The sweeping statement of Mr. Treves at the Reform Club that amateur nurses had been a blot upon the campaign has created much surprise here, as it would seem practically to amount to the condemnation of all amateur effort in this direction. In view of the generous efforts made by many wealthy persons who have organized private hospitals and converted private houses and yachts into convalescent homes, in view, too, of the many gentlemen and ladies who have unsparingly devoted both money and time to the welfare of our sick and wounded soldiers, such a condemnation appears most unjustifiable. It is

possible that, in a few cases, amateur busybodies may be found whose attempts at assistance do more harm than good, but with our original medical organization quite insufficient for the

sultants to the army medical officers. In the exercise of those duties they were "happily able to testify to the admirable and effective organisation of the Medical Department of the army, for which the officers of the medical

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Royal Naval and Military Bazaar

At Olympia, on June 19th, 20th & 21st,

In Aid of H.R.H. Princess Christian's Home for Disabled Soldiers and Sailors

Under the immediate Patronage of

HER MAJESTY THE QUEEN.

H.R.H. PRINCESS CHRISTIAN OF SCHLESWIG-HOLSTEIN.

H.R.H. PRINCESS HENRY OF BATTENBERG.

H.R.H. PRINCESS LOUISE DUCHESS OF FIFE, AND THE DUKE OF FIFE.

H.S.H. PRINCE LOUIS OF BATTENBERG, AND

HER GRAND DUCAL HIGHNESS PRINCESS LOUIS OF BATTENBERG.

H.S.H. PRINCESS VICTOR OF HOHENLOHE-LANGENBURG.

H.H. PRINCESS EDWARD OF SAXE-WEIMAR.

The Duchess of Abercorn
The Duchess of Beaufort
The Duchess of Buccleuch
The Duchess of Buckingham and Chandos
The Duchess of Marlborough

Lily, Duchess of Marlborough
The Dowager Duchess of Newcastle
The Duchess of Roxburghe
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ENDED AT THE FRONT. the Present War, delivered audience at the meeting of al Society this week, apart rest of his remarks, which d incisive, and apart even on the problems of military ate practical interest to the a lethal weapon and as a de combat the Lee-Netford A pleasant feature in his in which he "exploded" that have been popularly ury methods of the Boers. it the so-called "explo- xpansile bullets—were not stal campaign until within ysmith. But particularly oisoned" bullets was his ain Mauser bullets, which s-green coating, and this us basic acetate of copper, been analysed at his re- armless oxide of nickel, he bullet by the paraffin ed to keep the rifle from al effects of the explosion anything like so tragic as e fumes are distinctly ser with his men stationed loding lyddite shell who ces close to the ground ha. Some facts in his zeive, without loss of time, Africa. It seems, as the edical Department later in res's informal strictures in eeing women has already i that the Royal Engineers ontaining typhoid cases ence. But it would be lief of suffering if our carts but torturing as to the exigencies of the f our foes. The reference on our wounded in the al train from the level of from the army stretchers then into the train— i leading to the adop- iche could be made to und to the bunks in portant practical observa- t—say of two days by tal—meant in many cases, of the thigh, septicity and n's rest in a field hospital e fighting line meant a Director-General wisely of such field hospitals near whether or not we were ment; but the wounded pretending to be civilised. at gunshot wounds of the talsis, it is, we believe, the ypodermically as soon as efore the wounded man is s is not the least of the e country; it is the per- sserver trained in scientific arration, and deals with e public attention in the

and of the manner in which they are carried out, cannot fail to be comforting to the many who have relations and friends at the front, and satisfactory to the country at large. It is greatly to be regretted, therefore, that in regard to this matter a false note should have been struck in a quarter which makes it sound with a loudness out of proportion to its real importance. The Times, which is often unfortunate in its choice of sources of inspiration on medical matters, in a leading article on the dinner at the Reform Club, stated that Sir William Mac Cormac and Mr. Treves had been sent out by the War Office "to provide for the organisation of the base hospitals and the supervision of the field hospitals." The implication was that to them belonged the credit of the successful working of the Army Medical Service. The error was at once pointed out by Sir William Mac Cormac and Mr. Treves, who in a letter published in the Times of May 1st stated that the organisation of the medical arrangements of the campaign was no part of their duty. They were sent out solely to afford professional advice and assistance as con-

(A laugh.) Cynics may say—I hope there are none in the Reform Club (laughter)—that his preference to enter the grave to entering Parliament might be combined with entering one of the chambers of which that Parliament consists. (Laughter.) But he did not avail himself of that opportunity, but maintained a stern silence, and I am inclined to think it is from a merciful consciousness that if he did choose to enter Parliament he would cut out most of the leaders in rhetoric that adorn those two Chambers. Goodness, I once more thank you for drinking the toast of my health. (Cheers.)

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HELENA



Mr. C. P. Little begs to announce that he is organizing a
Royal Naval and Military Bazaar
At Olympia, on June 19th, 20th & 21st,

In Aid of H.R.H. Princess Christian's Home for Disabled Soldiers and Sailors

Under the immediate Patronage of

HER MAJESTY THE QUEEN.

H.R.H. PRINCESS CHRISTIAN OF SCHLESWIG-HOLSTEIN.

H.R.H. PRINCESS HENRY OF BATTENBERG.

H.R.H. PRINCESS LOUISE DUCHESS OF FIFE, AND THE DUKE OF FIFE.

H.S.H. PRINCE LOUIS OF BATTENBERG, AND

HER GRAND DUCAL HIGHNESS PRINCESS LOUIS OF BATTENBERG.

H.S.H. PRINCESS VICTOR OF HOHENLOHE-LANGENBURG.


H.H. PRINCESS EDWARD OF SAXE-WEIMAR.

The Duchess of Abercorn
The Duchess of Beaufort
The Duchess of Buccleuch
The Duchess of Buckingham and Chandos
The Duchess of Marlborough

Lily, Duchess of Marlborough
The Dowager Duchess of Newcastle
The Duchess of Roxburghe
The Duchess of Somerset

Princess Alexis Dolgorouki

• The Baroness von Eckhardtstein



The Marchioness Camden
The Marchioness of Cholmondeley
The Marchioness of Granby
The Marchioness of Hamilton
The Marchioness of Lansdowne

The Countess of Albemarle
The Countess of Arran
The Countess of Aylesford
The Countess of Bathurst
The Countess of Bective
The Countess of Bradford
The Countess of Buchan
The Countess Cadogan
The Countess Cairns
The Countess Carrington
The Countess of Chesterfield
Dorothy, Countess of Chesterfield
The Countess of Clanwilliam
The Countess of Cork
The Countess of Coventry
The Countess of Cromartie
Lilian, Countess of Cromartie
The Countess of Dalkeith
The Countess of Darnley
The Dowager Countess de la Warr
The Countess of Derby
The Countess of Donoughmore
Georgina, Countess of Dudley
The Countess of Dundonald

The Viscountess Baring
The Viscountess Castlerosse
The Viscountess Chelsea
The Viscountess Deerhurst
The Viscountess Downe
The Viscountess Duncannon
The Viscountess Falmouth
The Viscountess Gage

The Lady Alington
The Lady Annaly
The Lady Florence Astley
The Lady Alene Beaumont
The Lady Binning
The Lady Audrey Buller
The Lady Camoys
The Lady Carew
The Lady Churchill
The Lady Edward Churchill
The Lady Alwyne Compton

The Marchioness of Londonderry
The Marchioness of Tullibardine
Julia, Marchioness of Tweeddale
The Marchioness of Zetland
The Marquise d'Hautpoul

The Countess of Erne
The Countess of Gosford
The Countess of Guildford
The Countess of Harewood
The Countess of Hopetoun
The Countess Howe
The Countess of Iddesleigh
The Countess of Kilmorey
The Countess of Listowel
The Countess of Lonsdale
The Countess of Lucan
The Countess of Mar and Kellie
The Countess of Pembroke
The Countess of Powis
The Countess of Romney
The Countess of Rosse
Blanche, Countess of Rosslyn
The Countess of Shaftesbury
The Countess of Stradbroke
The Countess of Warwick
The Countess of Westmorland
Isabella, Countess of Wilton
The Countess of Yarborough

The Viscountess Galway
The Viscountess Hampden
The Viscountess Helmsley
The Viscountess Hood
The Viscountess Milton
The Viscountess Parker
The Viscountess Wolseley

The Lady Constance Gore
The Lady Evelyn Goschen
The Lady Claud Hamilton
The Lady George Hamilton
The Lady Arthur Hill
The Lady Hindlip
The Lady Hothfield
The Lady Gilbert Kennedy
The Lady Algernon Gordon Lennox
The Lady Caroline Gordon Lennox
The Lady St. Leonards

The Lady Loch
 The Lady Magheramorne
 The Lady Methuen
 The Lady Cecil Scott Montagu
 The Lady Newtown-Butler
 The Lady Northwick
 The Lady Pirbright
 The Lady Eva Wyndham Quin
 The Lady Rosmead

The Hon. Lady Gatacre

The Hon. Mrs. Herbert Eaton
 The Hon. Mrs. Ronald Greville
 The Hon. Mrs. Dudley Leigh

Lady Bridge
 Lady Crossley
 Lady de la Rue
 Lady de Trafford
 Lady Edmonstone
 Lady Faudel Phillips

Madame von Andre
 Mrs. d'Arcy
 Mrs. Asquith
 Mrs. Bischoffsheim
 Mrs. Cosmo Bonsor
 Mrs. Brenton
 Mrs. Brocklehurst
 Mrs. Seymour Corkran
 Madame de Dominguez
 Mrs. Drexel
 Mrs. French
 Mrs. William Grenfell
 Mrs. Alfred Harmsworth

The Lady Alice Stanley
 The Lady Feodorowna Sturt
 The Lady Suffield
 The Lady Edmund Talbot
 The Lady Jane Taylor
 The Lady Arthur Wellesley
 The Lady Windsor
 The Lady Wolverton

The Hon. Lady Tracey

The Hon. Mrs. Rochfort Maguire
 The Hon. Mrs. Edward Stonor
 The Hon. Mrs. Trotter

Lady Lister Kaye
 Lady MacCormac
 Lady Rawlinson
 Lady Culme-Seymour
 Lady Meysey Thompson
 Lady White

Mrs. Alexander Henderson
 Mrs. H. J. King
 Mrs. George McDonald
 Mrs. Mackay
 Mrs. Bradley Martin
 Mrs. Carl Meyer
 Mrs. Neumann
 Mrs. Arthur Paget
 Mrs. Lionel Phillips
 Mrs. Pretymann
 Mrs. Claud Stracey
 Mrs. Julius Wernher

It is arranged that there shall be between Forty and Fifty Stalls erected, representing various Ships and Regiments of Her Majesty's Navy and Army—these Stalls to be presided over by, if possible, the Wives of Commanding Officers of the respective Ships and Regiments. The following is a list of some of the suggested Ships :

H.M.S. VICTORY
 H.M.S. POWERFUL

H.M.S. VICTORIA AND ALBERT
 H.M.S. HANNIBAL

H.M.S. BARFLEUR

and several others not yet finally settled.

The following is a list of the Regiments :

1st Life Guards.
 2nd Life Guards.
 Royal Horse Guards Blue.

1st Dragoon Guards.
 2nd Dragoon Guards.
 6th Dragoon Guards.

Royal Dragoons.
2nd Dragoons.

7th Hussars.
9th Lancers.
10th Hussars.
11th Hussars.
17th Lancers.
21st Lancers.

Royal Engineers.
Royal Horse Artillery.
Grenadier Guards.
Coldstream Guards.
Scots Guards.
Northumberland Fusiliers.
Royal Welsh Fusiliers.

Inniskilling Fusiliers.
Royal Highlanders (Black Watch).
King's Royal Rifles.
Seaforth Highlanders.
Gordon Highlanders.
Cameron Highlanders.
Royal Irish Fusiliers.
Rifle Brigade.
Royal Dublin Fusiliers.
The Essex Regiment.
Royal Marine Light Infantry.
Army Service Corps.
Royal Army Medical Corps.
Royal Military School of Music.
Imperial Yeomanry.
City of London Imperial Volunteers.
The A.M.B. Relief Corps.

And Three Colonial Stalls representing Australia, Canada and South Africa.

It is arranged that each stall be decorated with the Regimental Names, Colours and Badges, and each stall will display different articles, for instance, the combined Household Brigade (Grenadier, Coldstream and Scots Guards) will be a Flower Stall; the 1st Life Guards, Books; the 2nd Life Guards, Umbrellas, Sticks, Parasols, and so on.

There will be Dramatic and Musical Entertainments each afternoon by the leading Members of both professions, some of the Principal Military Bands will perform, and Military Concerts will be given each night, when the price of admission will be somewhat lowered.

A Magnificent Souvenir is kindly being designed by MR. JOHN CHARLTON, and these Souvenirs will be sold by Young Ladies well known in Society.

There will be Refreshment Rooms, Tea Rooms and a Military Canteen, the latter most generously provided and given by the Kronthal Company.

Her Royal Highness Princess Christian, who has so closely allied herself with the Home for Disabled Soldiers and Sailors, is warmly interested in the Bazaar, and it is thought that this may be a good opportunity for those who have not already contributed, to come forward and support the Bazaar, and so show their appreciation of the noble work done in South Africa by our gallant Soldiers and Sailors. When it is remembered that the Allied Building Trades of London have given £25,000 worth of materials for building the Home, it is earnestly hoped that other large firms will assist by contributing goods, etc., to this Bazaar.

All enquiries and offers of assistance should be made to the Secretary, Royal Naval and Military Bazaar, 19, Holbein House, Sloane Square, S.W.

possible that, in a few cases, amateur busybodies may be found whose attempts at assistance do more harm than good, but with our original medical organization quite insufficient for the needs of so large a campaign it is useless to deny that the assistance, and in some cases even the searching criticism of amateurs, has been of the greatest value.

MEDICAL ARRANGEMENTS AT THE CAPE. Times May 1900.

TO THE EDITOR OF THE TIMES.

Sir,—In the remarks contained in your leading article of this morning it would appear as if the consulting surgeons attached to the field force in South Africa had been concerned in organizing the medical arrangements of the campaign. This was no part of their duty, which was solely to afford professional advice and assistance as consultants to the Army medical officers. In the exercise of these duties they have been happily able to testify to the admirable and effective organization of the medical department of the Army, for which the officers of the medical service are alone responsible.

We are, Sir, your obedient servants,
WILLIAM MAC CORMAC.
FREDERICK TREVES.

April 20.

TO THE EDITOR OF THE TIMES.

Sir,—Your Special Correspondent at Cape Town adversely comments upon some remarks I made at a recent dinner at the Reform Club upon the troublesome horde of amateur busybodies who have hindered work among the sick at the seat of war.

My remarks upon this subject were no more than a personal confirmation of the comments made by Sir Alfred Milner in a recent despatch published in your columns. To these remarks I adhere. On the other hand, no one can speak more highly than I can of the splendid work done by the nurses in South Africa or of the devotion of a number of ladies who have by their most generous efforts done so much to relieve the sufferings of our sick and wounded soldiers.

I am distressed to think that I may have been from any cause considered to have done other than lavish praise upon these hard-working, sympathetic, and kind-hearted ladies.

Yours faithfully,

FREDERICK TREVES.

6, Wimpole-street, Cavendish-square, W., May 1.

MAY 5, 1900.

HONOUR TO WHOM HONOUR IS DUE.

The dinner given by the Reform Club on Saturday to two distinguished members, Sir William Mac Cormac and Mr. Treves was an honour paid not only to them but to all the eminent surgeons who answered the call of the Government for help in dealing with the wounded in South Africa. It was also a tribute to the work done by the Royal Army Medical Corps, and Lord Rosebery said nothing more than the simple truth when he declared that our medical and hospital service has been "practically perfect." His lordship further praised the devotion to duty and the heroism of the medical officers in the field in terms the warmth of which is particularly gratifying as coming from a man who has been and is likely again to be the First Minister of the Crown. We hope his words will be taken to heart by the military advisers of the Government who have too often shown a grudging spirit in their appreciation of the services of medical officers which contrasts unpleasantly with the generous recognition of them expressed by Lord Rosebery. Especially do we recommend the powers that be at the War Office to mark and inwardly digest his plain-speaking as to the unfairness with which medical officers are often treated in the distribution of honours, notably in regard to the Victoria Cross. Sir William Mac Cormac and Mr. Treves bore emphatic testimony to the efficient organisation and admirable working of the whole medical service in South Africa. The President of the Royal College of Surgeons can speak with special authority on this point, for he has had an almost unrivalled experience in the surgery of war. The fact that judges so thoroughly competent have expressed such unqualified approval of the arrangements made for the care of the sick and wounded, and of the manner in which they are carried out, cannot fail to be comforting to the many who have relations and friends at the front, and satisfactory to the country at large. It is greatly to be regretted, therefore, that in regard to this matter a false note should have been struck in a quarter which makes it sound with a loudness out of proportion to its real importance. The *Times*, which is often unfortunate in its choice of sources of inspiration on medical matters, in a leading article on the dinner at the Reform Club, stated that Sir William Mac Cormac and Mr. Treves had been sent out by the War Office "to provide for the organisation of the base hospitals and the supervision of the field hospitals." The implication was that to them belonged the credit of the successful working of the Army Medical Service. The error was at once pointed out by Sir William Mac Cormac and Mr. Treves, who in a letter published in the *Times* of May 1st stated that the organisation of the medical arrangements of the campaign was no part of their duty. They were sent out solely to afford professional advice and assistance as con-

sultants to the army medical officers. In the exercise of those duties they were "happily able to testify to the admirable and effective organisation of the Medical Department of the army, for which the officers of the medical service are alone responsible." The Royal Army Medical Corps has done, and is doing, work which makes praise even from such men as Sir William Mac Cormac and Mr. Treves superfluous, but it must be none the less pleasant to the officers of the Corps and to the chiefs of their branch of the service to have their efficiency so frankly and fully recognised by the highest authorities in their profession.

MAY 12, 1900.

MR. TREVES AND THE WOUNDED AT THE FRONT.

The address on the Wounded in the Present War, delivered by Mr. Treves before a crowded audience at the meeting of the Royal Medical and Chirurgical Society this week, apart from the extreme general interest of his remarks, which were characteristically clear and incisive, and apart even from their importance as bearing on the problems of military surgery, had in it much of immediate practical interest to the empire. He maintained that as a lethal weapon and as a means of putting the enemy *hors de combat* the Lee-Netford is superior to the Mauser rifle. A pleasant feature in his address was the impartial way in which he "exploded" some of the adverse theories that have been popularly adopted in regard to the military methods of the Boers. For example, he asserted that the so-called "explosive" bullets—meaning thereby expansile bullets—were not used by the enemy during the Natal campaign until within thirteen days of the relief of Ladysmith. But particularly in regard to the so-called "poisoned" bullets was his personal evidence effective. Certain Mauser bullets, which he showed, had a brilliant grass-green coating, and this had been ascribed to the poisonous basic acetate of copper, or verdigris. This material had been analysed at his request, and proved to be a harmless oxide of nickel, derived from the thimble of the bullet by the paraffin with which it had been anointed to keep the rifle from fouling. Although the mechanical effects of the explosion of lyddite are not, he states, anything like so tragic as had been supposed, yet the fumes are distinctly overpowering; he told of an officer with his men stationed fifty yards away from an exploding lyddite shell who were obliged to put their faces close to the ground in order to be able to breathe. Some facts in his address might well, we think, receive, without loss of time, practical application in South Africa. It seems, as the Director-General of the Army Medical Department later in the evening stated, that Mr. Treves's informal strictures in regard to the plague of sight-seeing women has already developed an efficient antidote in that the Royal Engineers have surrounded hospitals containing typhoid cases with an unclimbable wire fence. But it would be the means of an infinite relief of suffering if our ambulance carts—excellent as carts but torturing as ambulances—could be adapted to the exigencies of the country on the type of those of our foes. The reference he made to the pain inflicted on our wounded in the process of filling up the hospital train from the level of the line—removing them first from the army stretchers into carriage stretchers and then into the train—might possibly bear fruit in leading to the adoption of inclined planes which could be made to stretch direct from the ground to the bunks in the train. Another most important practical observation was that long transport—say of two days by rail on the way to the base hospital—meant in many cases, for example, gunshot wounds of the thigh, septicity and death; while a four or five days' rest in a field hospital placed comparatively near the fighting line meant a patient out of danger. The Director-General wisely pointed out that the experience of such field hospitals near the main column depended on whether or not we were getting the better of an engagement; but the wounded are respected by all combatants pretending to be civilised. Whether it be the case or not that gunshot wounds of the abdomen immediately stop peristalsis, it is, we believe, the rule to administer morphine hypodermically as soon as possible after the injury and before the wounded man is removed. Mr. Treves's address is not the least of the services he has rendered to the country; it is the personal first-hand evidence of an observer trained in scientific methods of observation and narration, and deals with many points which must engage public attention in the future.

(A laugh.) Cynics may say—I hope there are none in the Reform Club (laughter)—that his preference to enter the grave to entering Parliament might be combined with entering one of the chambers of which that Parliament consists. (Laughter.) But he did not avail himself of that opportu-

silence, and I am inclined to think that if he did he would cut out most of the Chamber of which that Parliament consists. (Laughter.) But he did not avail himself of that opportunity. (Cheers.)

This concluded the list then dispersed.

In LORD ROSEBURY'S Club on Saturday night MACCORMAC and MR.

by their fellow-members South Africa, he did

justice, to the services to humanity by those

the noble profession the

BERRY went so far as

that our medical and

"practically perfect"

beyond dispute. It is

ever, that the original

appeared in our co-

Town as well as in

were by no means alto-

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and the Turco-Serbian

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Surgeons. Mr. TREVIS

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individual work, hono-

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is often equal to that

panions in arms. Th-

upon this point. The

service of the Army

limb in the discharge

pay our tribute to

hospital organization

of which SIR WILLIAM

TREVIS stand out as

representatives, we

the every-day dut-

doctor, doing what

wounded, without any

perhaps, under the

bullets of the enemy.

It is interesting to

MACCORMAC not on

excellence of our ho-

to the small proportion

after operations, but

his praise of the val-

soldiers under most

appears to have satisf-

of the Boers, under

slight compared with

while we did not. It seems by SIR WILLIAM

MACCORMAC's account that the wounds inflicted

by the Mauser bullet, unless they happen to

touch a vital spot, are slight and easily healed,

and our own Lee-Netford bullet is in the same

category. Of course, a great deal depends upon

the surgical treatment, and the wounded Boers

have a far better chance in our hospitals than

our men have in theirs. All, however, are in-

initely better off than the most carefully tended

were in the days of the Crimean war or of the

Indian Mutiny, not to speak of the horrors on both

sides of the Russo-Turkish campaigns. Good

climatic conditions and antiseptic surgery have

made things very different from the days in which

an operation was "torture and trouble in vain, for

"it never could save us a life." MR. TREVIS,

Royal Dragoons.
2nd Dragoons.

7th Hussars.
9th Lancers.
10th Hussars.
11th Hussars.
17th Lancers.
21st Lancers.

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Royal Horse Artillery.
Grenadier Guards.
Coldstream Guards.
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Northumberland Fusiliers.
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who was in charge of the hospital arrangements of the Ladysmith relief column, fully bore out SIR WILLIAM MACCORMAC's evidence and added some characteristic touches of his own. Both

Times CAPE COLONY. 11 May 1900.
(FROM OUR SPECIAL CORRESPONDENT.)
CAPE TOWN, APRIL 30.

The sweeping statement of Mr. Treves at the Reform Club that amateur nurses had been a blot upon the campaign has created much surprise here, as it would seem practically to amount to the condemnation of all amateur effort in this direction. In view of the generous efforts made by many wealthy persons who have organized private hospitals and converted private houses and yachts into convalescent homes, in view, too, of the many gentlemen and ladies who have unsparingly devoted both money and time to the welfare of our sick and wounded soldiers, such a condemnation appears most unjustifiable. It is

possible that, in a few cases, amateur busybodies may be found whose attempts at assistance do more harm than good, but with our original medical organization quite insufficient for the needs of so large a campaign it is useless to deny that the assistance, and in some cases even the searching criticism of amateurs, has been of the greatest value.

MEDICAL ARRANGEMENTS AT THE CAPE. 21st & 22nd May 1900.

TO THE EDITOR OF THE TIMES.

Sir,—In the remarks contained in your leading article of this morning it would appear as if the consulting surgeons attached to the field force in South Africa had been concerned in organizing the medical arrangements of the campaign. This was no part of their duty, which was solely to afford professional advice and assistance as consultants to the Army medical officers. In the exercise of these duties they have been happily able to testify to the admirable and effective organization of the medical department of the Army, for which the officers of the medical service are alone responsible.

We are, Sir, your obedient servants,
WILLIAM MAC CORMAC.
FREDERICK TREVES.

April 30.

TO THE EDITOR OF THE TIMES.

Sir,—Your Special Correspondent at Cape Town adversely comments upon some remarks I made at a recent dinner at the Reform Club upon the troublesome horde of amateur busybodies who have hindered work among the sick at the seat of war.

My remarks upon this subject were no more than a personal confirmation of the comments made by Sir Alfred Milner in a recent despatch published in your columns. To those remarks I adhere. On the other hand, no one can speak more highly than I can of the splendid work done by the nurses in South Africa or of the devotion of a number of ladies who have by their most generous efforts done so much to relieve the sufferings of our sick and wounded soldiers.

I am distressed to think that I may have been from any cause considered to have done other than lavish praise upon these hard-working, sympathetic, and kind-hearted ladies.

Yours faithfully,

FREDERICK TREVES.

6, Wimpole-street, Cavendish-square, W., May 1.

MAY 5, 1900.

HONOUR TO WHOM HONOUR IS DUE.

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sultants to the army medical officers. In the exercise of those duties they were "happily able to testify to the admirable and effective organisation of the Medical Department of the army, for which the officers of the medical service are alone responsible." The Royal Army Medical Corps has done, and is doing, work which makes praise even from such men as Sir William Mac Cormac and Mr. Treves superfluous, but it must be none the less pleasant to the officers of the Corps and to the chiefs of their branch of the service to have their efficiency so frankly and fully recognised by the highest authorities in their profession.

MAY 12, 1900.

MR. TREVES AND THE WOUNDED AT THE FRONT.

THE address on the Wounded in the Present War, delivered by Mr. Treves before a crowded audience at the meeting of the Royal Medical and Chirurgical Society this week, apart from the extreme general interest of his remarks, which were characteristically clear and incisive, and apart even from their importance as bearing on the problems of military surgery, had in it much of immediate practical interest to the empire. He maintained that as a lethal weapon and as a means of putting the enemy *hors de combat* the Lee-Metford is superior to the Mauser rifle. A pleasant feature in his address was the impartial way in which he "exploded" some of the adverse theories that have been popularly adopted in regard to the military methods of the Boers. For example, he asserted that the so-called "explosive" bullets—meaning thereby expansile bullets—were not used by the enemy during the Natal campaign until within thirteen days of the relief of Ladysmith. But particularly in regard to the so-called "poisoned" bullets was his personal evidence effective. Certain Mauser bullets, which he showed, had a brilliant grass-green coating, and this had been ascribed to the poisonous basic acetate of copper, or verdigris. This material had been analysed at his request, and proved to be a harmless oxide of nickel, derived from the thimble of the bullet by the paraffin with which it had been anointed to keep the rifle from fouling. Although the mechanical effects of the explosion of lyddite are not, he states, anything like so tragic as had been supposed, yet the fumes are distinctly overpowering; he told of an officer with his men stationed fifty yards away from an exploding lyddite shell who were obliged to put their faces close to the ground in order to be able to breathe. Some facts in his address might well, we think, receive, without loss of time, practical application in South Africa. It seems, as the Director-General of the Army Medical Department later in the evening stated, that Mr. Treves's informal strictures in regard to the plague of sight-seeing women has already developed an efficient antidote in that the Royal Engineers have surrounded hospitals containing typhoid cases with an unclimbable wire fence. But it would be the means of an infinite relief of suffering if our ambulance carts—excellent as carts but torturing as ambulances—could be adapted to the exigencies of the country on the type of those of our foes. The reference he made to the pain inflicted on our wounded in the process of filling up the hospital train from the level of the line—removing them first from the army stretchers into carriage stretchers and then into the train—might possibly bear fruit in leading to the adoption of inclined planes which could be made to stretch direct from the ground to the bunks in the train. Another most important practical observation was that long transport—say of two days by rail on the way to the base hospital—meant in many cases, for example, gunshot wounds of the thigh, septicity and death; while a four or five days' rest in a field hospital placed comparatively near the fighting line meant a patient out of danger. The Director-General wisely pointed out that the experience of such field hospitals near the main column depended on whether or not we were getting the better of an engagement; but the wounded are respected by all combatants pretending to be civilised. Whether it be the case or not that gunshot wounds of the abdomen immediately stop peristalsis, it is, we believe, the rule to administer morphine hypodermically as soon as possible after the injury and before the wounded man is removed. Mr. Treves's address is not the least of the services he has rendered to the country; it is the personal first-hand evidence of an observer trained in scientific methods of observation and narration, and deals with many points which must engage public attention in the future.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. W. PAVY, M.D., F.R.C.P., F.R.S., President, in the Chair.

Tuesday, May 8th, 1900.

THE WOUNDED IN THE PRESENT WAR.

MR. TREVES, lately Consulting Surgeon with the Field Force, Natal, gave an address on this subject. After expressing his sense of the honour done him in asking him to give such an address, he said:

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The Rifling.

The purpose of rifling is to give rotation to the ball in its long axis. Unless that be done the ball as a projectile, if it be a conical ball, is practically futile. A cylindrical bullet, of which I show you an example (Fig. 6), coming from a smooth-bore rifle would begin to rotate on its short axis immediately it left the muzzle, and even at the distance of a few yards would strike a target on the flat; therefore as a projectile it would be useless. A Martini rifle has one complete turn of the barrel in 22 inches, the Lee-Netford actually doubles that, and makes one complete turn in 10 inches. The Mauser makes one complete turn in 8½ inches, so that as far as velocity in the rotation of the bullet at the muzzle is concerned the Mauser is by far the superior weapon.

The great object in all four rifles is to get a flat trajectory; that means much greater accuracy in shooting in regard to the sighting of the rifle. Much harder hitting is secured, because it is a cleaner hit, and of course a very greatly-increased danger zone, especially with regard to cavalry. The bullet of a Snider, sighted to 2,000 yards, will have to rise no less than 866 feet above the line of shot; the Martini-Henry sighted for 2,000 yards will have to rise 337 feet, which means an enormous zone where a man might walk about at his ease without the least possibility of being hit between the rifle and the target. The Lee-Netford has the same range, but only rises the short distance of 194 feet, and consequently the trajectory is very nearly flat. The muzzle velocity of the Martini-Henry was only 1,350 feet per second; the muzzle velocity of the Lee-Netford is 2,000 feet per second, and the muzzle velocity of the Mauser 2,500 feet per second.

The Bullet.

With regard to the shape of the bullet, this bullet of a Lee-Netford (Fig. 3) is supposed to represent the acme of perfection in the shape of a bullet. In a very admirable book published by the War Office authorities as a *Textbook for Military Small Arms*, it is stated that the power of a bullet to overcome resistance must be directly proportional to its weight, and inversely proportional to its cross section. It comes to pass, therefore, that an elongated projectile such as the Mauser or the Lee-Netford bullet has an enormous advantage owing to its small diameter. This is the reason that there has been a progressive reduction in the bore until it has been reduced to its present small section. Of two bullets of equal weight and of equal diameter the longer bullet has a better range. With regard to the head of the bullet, the particular type which offers the very least resistance is that known as ogival, which means that the curve is made up of a part of the circle, the radius of which is equal to two diameters of the base of the bullet. This is shown perfectly well in a Mauser or in a Lee-Netford bullet.

The Lee-Netford bullet is a more destructive bullet than the Mauser. This opinion is based upon the cases of a number of wounded Boers we had at Spearman's Camp after the battle of Vaal Krantz, and also upon the reports, especially the report of Dr. Mackenzie in the *Lancet* of February 17th, who gives an account of a certain number of wounded Boers. These specimens I have brought back are all, without exception, from the Boer trenches, and they have been beautifully mounted by Mr. Shattock, of the College of Surgeons. I should say that all these bullets, including the Lee-Netford and the Mauser—and this is a matter of the utmost importance with regard to bone injuries—are made up of a core composed of lead hardened with 2 per cent. of antimony, and of a shell or thimble made up of 80 per cent. copper and 20 per cent. nickel. So far as I know the thimble or shell of the Mauser and Lee-Netford are exactly the same. The Lee-Netford and the Mauser bullets, both placed on a level base, are shown of natural size (Figs. 3 and 5). The Lee-Netford is the larger missile of the two, but as a matter of fact the difference in size is comparatively slight. For instance, the Lee-Netford measures 1.25 inch the Mauser 1.19. The diameter of the Lee-Netford bullet is 0.311 inch, the diameter of the Mauser is 0.284 inch. The weight of the Lee-Netford bullet is 215 grs., the weight of the Mauser is 175 grs. I may mention that the weight of the Martini-Henry bullet—the most destructive bullet seen in this campaign—is 480 grs., the length 1.27 in., and the diameter 0.45. The Mauser bullet has a groove in the bottom of the cartridge to fit into the clips, for Mauser cartridges are carried in clips of five, which is the size of the magazine. In the section of the Mauser bullet (Fig. 6) and cartridge case, the smokeless powder, which is black and like minute pieces of coal, is seen packed up at the bottom of the cartridge; the core is of hardened lead and the thimble composed of copper and nickel. In the section of bullet and cartridge case the cordite is seen in the Lee-Netford (Fig. 4) arranged in strings like gelatine. The extraordinary thing is that Thomas Atkins extracts this cordite, which is made from nitro-glycerine, from the cartridge and eats it. It is a mild form of stimulant.

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The Fine Hitting of the Mauser.

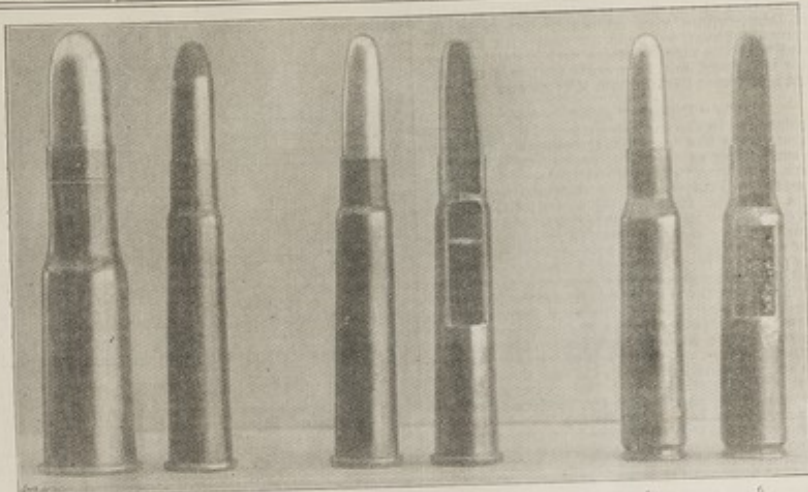
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OUR WARS AND OUR WOUNDED

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE BRITISH MEDICAL JOURNAL 1157



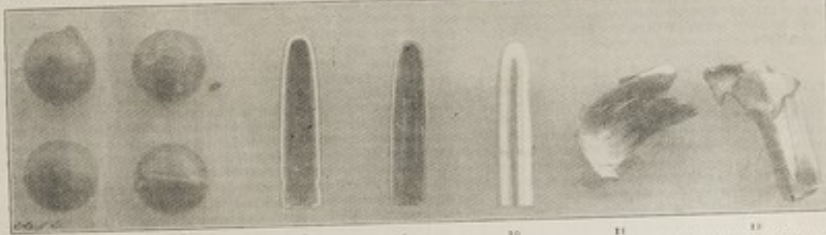
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yards his limb would be smashed; if at 1,500 yards the wound would be trifling. That is said to be based on experiments in which corpses and dead animals had been shot at at various ranges. I feel as certain as I can be of anything that that formula is wrong, and I believe that when the details and data of this war are published that formula will be modified. Of course it is very difficult to get a proper account of the range, for every man says he was shot at a range of 150 or 200 yards. With smokeless powder it is very difficult to get the range in most cases, and in some there had been a cross fire, and it was difficult to know from which side the man was shot. From noting myself men who were struck down in an engagement which I was watching, I was quite certain, being

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n modified by share of the and greatly the hospital Army. When

ilitary commanding officer at Wynberg must be informed by letter and telegram, and he sends a non-com. to take them over, and provides transport if they are too weak to walk. When a patient is danger-ously ill the same officer is wired to, and he sends a man to make his will in the presence of a doctor. All inquiries about officers and men, unless they can be answered at once, have to go to the base commandant of his regiment. That is one plan; another is the "round robin." A telegram is received as to a particular officer; if the officer is not to be found it is marked "Not here," and signed by the P.M.O. It is then posted to the next hospital, and so on through

appears in a weird phrase, "discharged otherwise." This means that a patient is transferred from one disease to another, and some of the forms and returns of discharge and re-admission must be filled up, although the patient has never left the hospital. Gaining confidence, the demon then inserts two columns of the patient's completed years of (1) service, (2) service in his regiment, both of which must be quite unnecessary to his status as a patient, and could easily be obtained from his regimental roll. By the time our

*The previous articles appeared on March 24, April 11, 18, 19, and 27.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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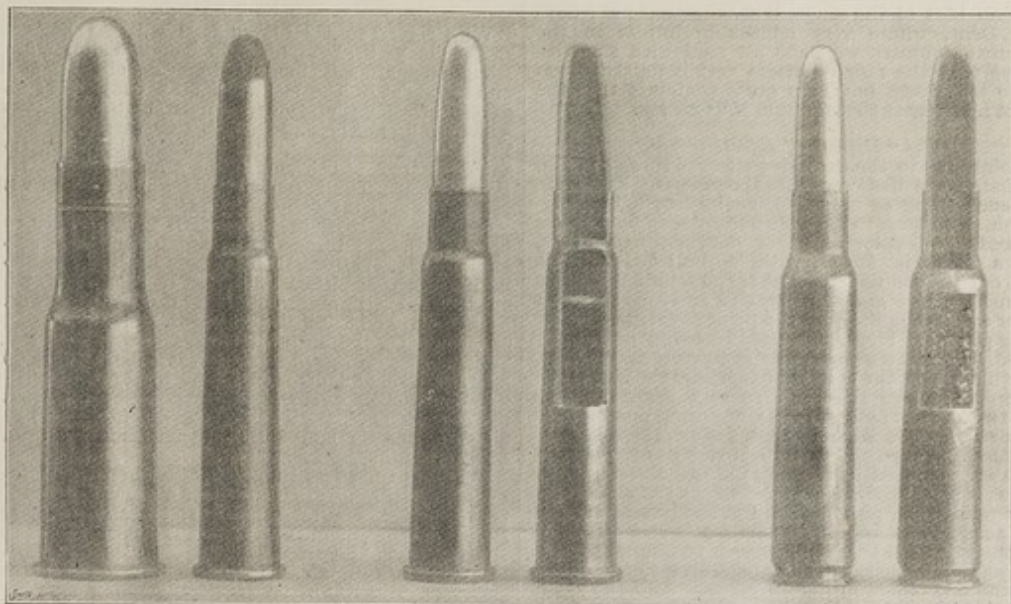
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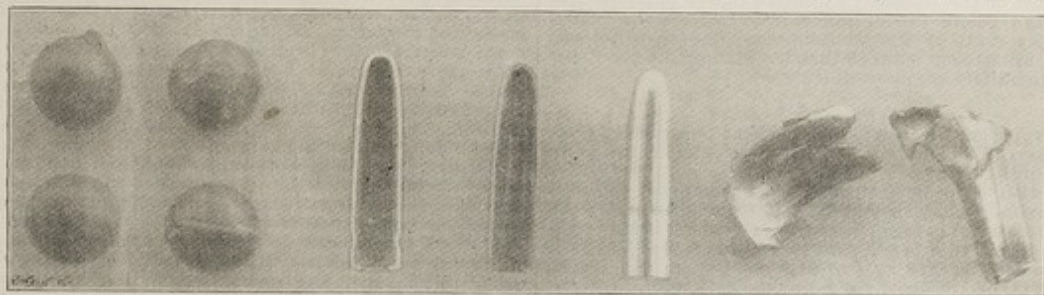
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able to form an idea of the range, that range was not everything. Mr. Dent, whose very admirable letters in the BRITISH MEDICAL JOURNAL we have all read with such instruction, says that the range matters very little. Perhaps that is a little too strong, but I am quite confident that the range does not mean what that formula MV^2 means.

The "Explosive" Effect.

The next point is as to the explosive effect of these bullets. This unfortunate term has crept into the reports. Of course there is no such thing as an explosive bullet; it is a preposterous term. The term "expansile bullet" may be perhaps justifiable, and the explosive effect depends upon this, that when a man is struck with a bullet it makes a small point of entrance and the rest of the wound is like an inverted funnel. I have seen the point of entrance as big as what a soldier calls a bugbite, and the point of exit the size of a five-shilling piece¹ or bigger, the wound being practically funnel-shaped. It is not a question of the shock of the impact, the wound is blown out, the bone is broken, and the fragments are driven up and down the limb, so that there is a gap between the two ends. This effect is uniform, precise, and easily recognised, and is what is meant when the explosive effect of a bullet is spoken of. There is a very positive cavity, and the bone is separated by a real gap. All the textbooks state that that is solely the effect of the velocity of the bullet, or, in other words, the range of it; but I am confident that that is not accurate in regard to this small-bore bullet. I notice from the textbooks that experiments on animals do not always agree. Some say that the explosive effect is shown up to 500 yards and others up to 750 yards. All I can say is that all the cases in which I have seen explosive effects have been at comparatively short range, and I am certain it is not range and range only. I have seen a perfectly clean perforation of a bone at a short range, as for instance at Vaal Krantz, where the firing was from one Boer ridge. It is true that in every case in which explosive effects have been manifest it has been at a short range, and in every instance in which the bullet has been retained it has been found to be deformed.

The Soft-nosed Bullet.

The bullet which I show (Fig. 2) I picked up in the Boer trenches after the Boers had evacuated Hlanganwe Hill. The nickel casing of the bullet has been cut away at the top, exposing the lead core, which is not hardened with antimony. The result is that the lead mushrooms out. It has been said that the Boers use this, that, and the other bullet, but I was through the whole of the Natal campaign, and we never had any evidence of the so-called explosive bullet until the last thirteen days before the entrance into Ladysmith. Then about 10 per cent. of the wounds were due to soft-nosed bullets. I must bear witness that the statements about the use of these bullets are not well founded.

"Poisoned Bullets," So-called.

A point uppermost in the public mind at this moment has reference to poisoned bullets, and I have here an ordinary clip of Mauser bullets which I picked up at Colenso. The bullet is coated with some bright green greasy material, and it is evident the bullets have been dipped into something, for the tallow-like material is seen adherent to the metal. It is positively stated that this is poison. I saw in the *Daily News* of as recent a date as three or four days ago the statement that these bullets had been dipped in verdigris. I understand that verdigris is a basic acetate of copper, and that it is poisonous. Some of these clips, all of which I picked up in the Boer trenches, have been examined by Mr. Hugh Candy, the Lecturer on Chemistry at the London Hospital, who reports as the result of his chemical analysis that the green material is absolutely non-poisonous. The basis of the compound is paraffin, and the colour is due to an oxide of nickel; and as there is 20 per cent. of nickel in the coating of this bullet, it is reasonable to suppose that it is produced from the thimble and not from anything added. Anyhow, Mr. Candy assures me that it has been examined for every reasonable poison, but that the results have been negative; therefore this substance must have been used for the purpose of keeping the barrel free of fouling.

¹ 3.8 cm.

Shell Wounds.

With regard to shell wounds, I will say nothing except that we met with both common shell and shrapnel. Nothing is more magnificent than the bursting of English shrapnel; and the sight of the last assault at Ladysmith, when there were ninety-four guns playing upon Pieters Hill, was a sight which could not be equalled on this earth. It was towards the end of the evening, the sun was lighting up the edge of the ridge, and at the back was a thunder cloud rising over Umbulwana. The shrapnel, looking like puffs of white snow, afforded a very marvellous spectacle.

Common shell for the 4.7 gun is an explosive cylindrical hollow cell, containing a bursting charge. The effect of the explosion is seen from the dust it raises, and the bits of stone it knocks up. I picked up pieces of shell which were hurled out by the shell bursting, some of the pieces of which might be driven right through a man's head. One particular specimen I have shown is a piece of a shell from "Long Tom," which was fired into a street at Ladysmith. I brought it from there, and it was given me by the man who picked it up. At the bottom of the specimen can be seen what is called the driving band, and a notion can be formed of the gigantic weight of the shell fired by that enormous gun, and how it breaks up into fragments.

Shrapnel I need not say is a conical shell containing from 150 to 200 bullets (Fig. 7), according to whether it is fired from a 12 or 15-pounder. Shrapnel contains a bursting charge set off by a time fuse, the end of the shrapnel is blown out and the bullets acquire the velocity of the missile. All shrapnel breaks in the air, and from a howitzer it breaks high up in the air and descends. The velocity of the descending shrapnel is the velocity of the missile itself and the bullet is not shot out of it by gunpowder. The iron of the shell itself is twisted by the bursting charge. The Boer shrapnel, of which I have a specimen picked up in Ladysmith, and not exploded, is similar in shape to our shrapnel.

A water-bottle belonging to an English soldier at the battlefield of Spion Kop shows the point of entrance of a shrapnel bullet which went through the water-bottle and then through the man; the man recovered without any grave symptoms. The bottle shows that the hole was a very clean one, just taking the shrapnel bullet and not very much more. The size of the shell of the Maxim gun is shown in Fig. 1.

Lyddite.

The Boer prisoners were not pleased with lyddite, but it has nothing like the effect that is ascribed to it. A lyddite shell bursting in soft ground, as it did in a farm near Spearman's Camp, makes certainly a big hole, but if it falls on to well-made ground such as railway road it does not make the enormous cavern that has been described. The fumes are always dense yellow. Several Boers were brought in suffering from concussion produced by lyddite. They remained insensible for one or two days, but without any sign of injury of any sort due to lyddite. The smell of lyddite is very distressing, and the best testimony as to this is from our own men. Some of the King's Royal Rifles in mounting a kopje to take a trench had one of our shells fall within a distance of 50 yards from them. The officer in charge of the line told me that they could scarcely breathe; they had to keep their faces almost on the ground to avoid the awful stench of this explosive. But I think the statement of the terrific effect of lyddite shells is exaggerated. If one came into a room like the one we are in now, it would not blow the whole place right out, and to say that its fumes are absolutely poisonous is untrue.

Expansile Effect.

I show a specimen (Fig. 13) demonstrating the expansile effect of a Mauser bullet. In this case the man was struck on the outer side of the deltoid muscle; the wound was a clean hole which would not have taken more than the point of a pencil. It had produced an ordinary oblique fracture of the bone as was inevitable, and it had blown away the head of the humerus. On examination hardly any fragments of bone were found at all; they had been practically pulverised. The bullet made a kind of trap door into the scapula, and was found close to the vertebra. The bullet has been fixed on the scapula, and is shown

on the photograph. It presents the ordinary deformity, that is to say, the flattening out of the core and a breaking up of the thimble. The case is an interesting one to me because I amputated the entire upper extremity, collar bone, shoulder blade, and upper limb, and it is the first case so treated in the field. The man is now, I am glad to say, in England, and quite well.

The next specimens illustrate how the Mauser bullet is deformed by striking bone. Here is a bullet that is almost in pieces (Fig. 11). The top can be lifted off like a cap, and you can scarcely believe that this bullet fractured a man's femur. It did not, however, pass out of the limb, and I cut it out after the battle of Colenso.

Shrapnel bullets (Fig. 7) are not quite round, the spheres being seldom perfect, but these bullets may pass through liver and kidneys practically without producing symptoms.

Hospitals, Transport, and Ambulances.

Mr. Treves next showed on the screen lantern slides of the photographs reproduced in the BRITISH MEDICAL JOURNAL of April 14th, pp. 914 and 915, and then made the following observation on the ambulances:

The ambulance carts are certainly not adapted to the country in which they are now working. They are magnificently made waggons, will stand anything, and are drawn by ten mules and driven by Kaffir boys; they are very serviceable, but they are very hard to ride in. The Boer ambulance cart, on the other hand, is a modified spider cart, and is admirably suited to its work.

I think you will permit me to show you the next slide, because I really wish to do everything I can to acknowledge the extraordinary kindness and generosity of the authorities of the Army Medical Department. They very kindly put at my disposal this cart (Fig. 14), with sixteen mules, a Scotch cart, a conductor, four Kaffir boys, a horse, and a man. The cart shown in the figure entered Ladysmith; but it broke down coming from Ladysmith and was left in a spruit. According to some of the enterprising war correspondents, this was the cart that Joubert lived in, and as such it has been accurately described.

Mr. Treves then showed photographs of the hospital trains, which he said were managed by the indefatigable Major Brazier-Creagh, and were of enormous service in Natal. Commenting on that reproduced in the JOURNAL of April 14th, p. 914, he said:

We had to fill up the train from the level of the line, and it was very distressing to get the patients on board, because they had to be taken from the army stretchers, then put into the carriage stretchers, and then put into the train.

Wounds of Soft Parts.

The skin wounds are exceedingly simple and very small. The wound of entrance is circular, and Mr. Tommy Atkins always describes it as a bug-bite. The wound of exit is in many cases but little larger; possibly it may be a little larger, but in many cases the entrance and the exit wounds are of exactly the same size. Wounds are very easily overlooked, and primary healing is almost invariable.

The field dressing attached to every soldier's coat is quite admirable, and one of the very best things that has been introduced as a primary dressing. The only criticism is that it contains a piece of mackintosh which it is directed should be put over the wound. In hot weather it is better for that to be omitted, but of course if it is raining it should be used.

In no case have I found any clothing carried into the wound. Once I found a piece of a rifle carried in. In this case the officer was on a stretcher when he was struck in the knee and in the hand, the leaden core of the bullet was left in the knee where it can now quite easily be seen with the x-rays. The thimble went into the hand, and I removed it yesterday. I may say this, that in spite of statements to the contrary, I am certain that 20 per cent. of Mauser bullets are retained. They do not go right through the body.

I have picked out three statements from the current textbooks which I merely mention because I think they are not borne out by what has been observed during the present war. It is stated that the entrance and the exit holes decrease in size as the range increases, but that is not my experience. Again it is said that a circular and small wound of exit is rare when a bone is hit, but that is not my experience. I have seen the very smallest hole after the bullet has actually passed through a bone. It is said

that the largest exit wounds are those at short ranges, but that again is not my experience.

Shock is always slight in these cases, and it is often slight after abdominal wounds. Some men scarcely know that they are hurt, and the common remark is



Fig. 13.

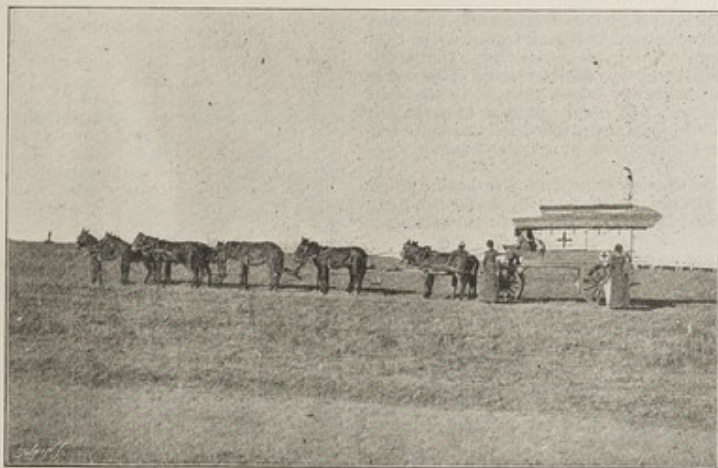


Fig. 14.

that the blow felt as if the man had been struck with a hammer.

Hæmorrhage.

External hæmorrhage of any kind is rare. Colonel Stevenson, in by far the best book on gunshot wounds that has appeared, writes that hæmorrhage from direct hits from the new bullet will certainly be more profuse than was the case in similar injuries with the old spherical bullet, but that has not been borne out, for the hæmorrhage is less. Men coming down with tourniquets are exceedingly few. The ingenuity with which a sailor invents a tourniquet is marvellous; the most perfect I saw was in a case of a wound of the ulnar artery, where the tourniquet on the brachial was composed of a plug of tobacco and the tape of a puttee. Internal bleeding is not uncommon, especially in abdominal cases, and it may be very copious. Extensive subcutaneous hæmorrhages are seen with injuries received at a short range.

I will not trouble you with any bullet stories, for the bullet story is becoming very much worse than the fish story. Bullets have gone through brain, lung, heart almost, and every other part of the body without causing the man anything more than a little interest in his case. I will mention one case, however, which I have already published,² and it still remains unintelligible to me. The man was crawling up towards a ridge when he was struck by a bullet which entered above the collarbone in the neck and the bullet came out on the inner side of the opposite thigh without producing literally any inconvenience or any symptoms of any sort whatsoever, except that the man being wounded thought he had better take advantage of it and get the bread and other luxuries that we might have for the wounded.

Injuries of Bones.

I hope you will permit me to take four of the most prominent statements made in the most recent textbooks, which I have picked out because I do not believe that they are accurate; at all events they are not borne out by experience in the present war. The first is that the severity of the injury to bone decreases as the range increases; the second is that explosive effects are produced when a bone is hit at short range, such as 500 yards or under; the third is that fractures are nearly always oblique; and the fourth is that when a bone is fractured the exit wound is always larger than when this does not occur.

The first of these statements is not in accord with my experience; and Mr. Dent, I am glad to find, says also that he is not convinced of the influence of range.

With regard to the alleged obliquity of fractures, I should say deliberately that the great majority of fractures in this war due to Mauser bullets have been transverse. Certainly they are adjusted with the greatest possible ease. The statement that the exit wound is always larger when bone has been struck is not correct. It has not been possible to establish any such rule; I have seen many cases in which the bone has been fractured, in which the wounds of exit and entry were exactly alike.

Transverse fractures of the lower end of the femur going into the joint are uncommon, whereas injuries to the head of the humerus and the lower end of the tibia are more common.

The injuries involving bone are as aseptic as the wounds of the soft parts, with the exception that the very worst element in the treatment of these bone fractures is the long transport which is almost fatal for a gunshot wound of the thigh. But if such a case were allowed to lie in the field hospital for 5 days it was not necessary to look at him any more. If, however, such a case was put into a train and taken for 2 days on the railway down to the base hospital that case would probably end fatally. Long transport was really impossible in gunshot wounds of big bones like the femur. In our field hospital we could keep such patients quiet and they did exceedingly well, and we never had any sort of anxiety with cases of fracture of the femur. We always kept them until we had the usual notice to quit.

I think I am sure that the Director-General will agree with me in saying that that is an advantage of having a big field hospital following the main column, because these cases can

be kept for four days or so and then allowed to go down. Hard transport or mule train or the big mule ambulance was really impossible.

Trephining.

I can say nothing whatever about the telephone probe because of the want of time, nor about head injuries, except to say that no operations in the field did anything like so well as these. There is no doubt that in head injuries the rule should be not to operate in this case or to operate in that, or to operate under these conditions or under those conditions, but to operate in every single instance of gunshot wound of the head. I have been asked what were the usual fatal cases. A man taking shelter behind a boulder lifts up his head and gets a bullet through it, and though in going over the dead I could not give the exact proportion—I could not even guess at it—yet I think, because probably the head injuries are more easily seen, one came to arrive at the impression that the majority of those killed on the spot were shot through the head.

Abdominal Injuries.

I will say nothing about spinal injuries, but if you will allow me I will say a few words about abdominal injuries. Everyone who went out to this war thought that this was the time for abdominal surgery, because abdominal surgery had been introduced since the last big war. The results, however, have been very disappointing. Two factors must be considered: First of all, the proportion of recoveries without operation is very high; and secondly, operative treatment of gunshot wounds of the abdomen in the field is exceedingly disappointing. I had this advantage, that, being quite close up to the front all the time, we could have our patients brought into the hospital directly, and so there was no question of loss of time. Nevertheless, the results were exceedingly disappointing.

The mortality from abdominal wounds in the American Civil War was over 90 per cent. My impression is that in this war, taking men shot through the belly, 60 per cent. have recovered without operation. How that opinion may be modified when the actual facts are published I do not know, but, as I say, I have come to the conclusion that a Mauser bullet through the abdomen only involved a 60 per cent. risk of death. I will first of all ask, Why do these cases get well without operation? How is it that 60 per cent. get well without any treatment? If the individual is wounded when fasting—and in these long engagements such as Colenso the men were always fasting, and often had been for hours—that circumstance contributes to recovery. Another fact favouring recovery, the importance of which cannot be exaggerated, is easy and short transport. The men that came down from Spion Kop were, from a surgical point of view, hopeless. Spion Kop is very difficult to get up, and almost worse to get down; a long distance had to be done over rocks, and the men had to be brought by hand-carriage down the mule path and then carried by mule ambulance into the hospital. We lost 33 men in seven days after the battle of Spion Kop, having had 750 wounded on that particular night.

The marvellous things that happened are shown by the cases I have published, all in patients who were shot through the belly. Beyond that fact nothing occurred. They were shot through the abdomen, and it was interesting to them to know that, but there was nothing else to notice. One of the cases was that of a bullet wound close to the umbilicus; the bullet came out by the spine of the second lumbar vertebra. What had happened to the structures like the big blood vessels I do not know. One bullet went in in the anterior part of one loin and came out at the other loin, after having traversed the whole belly. One went in exactly over the stomach and came out over the right loin; another went in at the tip of the eleventh rib and came out at the axilla. In none of those cases had the men any more than what would be called trifling symptoms, such as those they would get from eating a green apple. We unfortunately learned by carrying out operations which ought not to have been done that the hole made by the Mauser bullet in the bowel is very minute. It is often quite well closed by two Lembert sutures, and I am certain that the hole is closed almost directly by the apposition of adjacent coils of intestine. I may be wrong, but my impression is that when a man is struck in the abdomen peristalsis stops. I think it physiologically probable

² BRITISH MEDICAL JOURNAL, January 29th, p. 227.

that the shock of a wound through the belly would stop peristalsis. I never found a case in which it was necessary to dilate the bowel with hydrogen or anything of that sort. I found in one or two abdominal sections I made that I did nothing but harm, because in searching for the damage I opened wounds which were already closed. That of course one had to learn by experience. I began to search about, when out came some gas, and I said, "Here I have opened a part which was already sealed." I think I learned that the cases that do worst are those associated not with a particular wound here or a wound there, but those associated with copious internal hæmorrhage, and I think that impression is likely to be correct.

The next point is why these operations are so exceedingly disappointing. There are five points I would draw your attention to: First, there is the enormous pressure on time, when men are coming in by ambulance after ambulance, not in tens and twenties, but in hundreds, and there are only ten medical men. Under such circumstances, you cannot really say "We will do an abdominal section in this case." The afternoon would be taken up by it, and there are fifty things which must be done—men who are bleeding, and matters of great urgency to be attended to. Therefore it would be inhuman to say, "We will let all this crowd go, let us do this abdominal section." No department could have been more royally liberal than the Army Medical Department was in this campaign; but of course you cannot flood the place with medical men; you cannot say let us have fifty or sixty. But after a big engagement like that of Colenso, when we had 800 wounded, and after Spion Kop there was great pressure. Then there is great delay in getting the patients in from the field. At Spion Kop the wounded had to lie on the hill many hours before the Boers buried their own dead, and would allow us to touch our wounded. Then there was the difficulty of getting them down. Long transport was another reason for patients doing badly. Think of the difficulties of operating on an abdominal case. I show you a slide of the operating table we had, made of biscuit boxes.³ There was no water; at least there was water, but it was not anything that we are accustomed to call water. It will be said, Why not boil it? But where is the fuel? There is nothing on the veld but grass; we are twenty-six miles from the railway. Some may say, Why not use methylated spirits? Can you carry that about in any quantity? Others may say, Filter the water. Well, I never could get anything like half a bottle of water filtered without having to take the filter to pieces and clean it, because it was found to be thickly coated with mud. There was no doubt that Jameson was right when he said that the proper way to treat South African water is first to boil it, then pass it through a filter, and then throw it away. You cannot realise starting an abdominal section without towels. You may say, Have plenty of towels, but if we started with 600 towels where are the laundries? There is the veld and there is the Tugela, but the Tugela is covered by Boer rifles. What is to be done? You say well take 1,000 towels. Well, take 1,000—that means 16 more oxen—and even then your towels are no good. It cannot be done; in the country you cannot manufacture water, and you cannot produce in the middle of a deserted place a complete laundry.

Another thing which rendered abdominal surgery almost impossible was the trouble we had from flies. It is easy to imagine it, but I do not think anybody can describe it. One's hands were covered with flies as one operated; put them away as we might they were there again. If a piece of bowel came out it was covered with flies; we kept wisps going, and we tried all sorts of things, but you cannot keep the South African fly away.

Lastly—and I do not wish to say too much about this—of course, the hospital orderly, admirable a man as he may be, is not really quite the man to nurse from first to last an abdominal case. I should like to be very gentle with the hospital orderly; but he has to go and unship a waggon, pitch a lot of tents, and dig a trench for the kitchen. At one time he is handling a spade, at another time a bucket, at another time heavy boxes, and he is not exactly aseptic to look at. There are not unlimited shirts up there. It cannot be helped;

if you had millions with you you could not do much better. There remains the fact that the hospital orderly is not quite the person you would entrust with an abdominal case. I might mention this: that I was able to do all my abdominal cases by taking with me sealed tins containing dressings and needles. They do not take up much room, they are all prepared in England, and I took enough to last me all through. The tin is opened by taking hold of a strip and tearing across, as a meat tin is opened. The box makes a tray for sponges. The box contains enough carbolic to make a 1 in 20 solution, and all the ligatures and catgut, in fact all the material necessary for abdominal section. The lid makes an instrument tray, and will take all the scalpels or scissors wanted. I suppose it is true, as Lord Lister said, that an instrument kept for 15 minutes in a 1 in 20 solution of carbolic acid is clean. The sponges are all damp, ready for use. I brought two or three tins back, and they were examined in the bacteriological laboratory at the London Hospital by Dr. Bulloch, who says they are absolutely sterile. I did not want any water, as the sponges were wet; I wanted nothing. Of course, one would like to wash one's hands, but there are clean instruments, clean sponges, and so on.

Conclusions.

I have put down the circumstances that I think I learnt would argue for abdominal section, and the circumstances against it. The circumstances in favour of operation I would enumerate under five heads:

1. If the patient is seen before seven hours, which is not an unreasonable limit.
2. If the patient has had a short and easy transport. We had many of those.

3. An empty stomach. I should say that in some few antero-posterior wounds of the abdomen above the umbilicus it is a *sine quâ non* that it should be a case with an escaped bullet, especially when associated with extensive hæmorrhage. Then I deliberately believe that a patient ought to be operated upon. It might be thought that such cases would be very common; but, in fact they are very uncommon.

The circumstances against operation are:

1. If the patient is not seen till more than seven hours after the wound. I do not say that this is an absolute bar, but it is one argument against operation.

2. If there has been a long and arduous transport.
3. If he has been wounded soon after a meal. That is very improbable.

4. I should exclude all cases of transverse or oblique wounds above the umbilicus, because it is practically impossible to do all that is required. I will not trouble you with the details now, but I did some operations in such cases. I found six, eight, ten, twelve openings in the bowel, and when I had seen to these I had six holes in the mesentery, and very likely wounds in the liver. I am speaking of transverse or oblique wounds.

5. I exclude all cases of retained bullet. We can see the point of entrance, but where is the bullet? It may have gone this way or it may have gone that way; we do not know anything about it. You cannot in the field embark on any of those operations where you can bring out the viscera in the same way as you might *post mortem*. It may be very well in a hospital but it cannot be done in the field. I would not touch such a case.

6. I would exclude all cases of wound of the liver, of the spleen, and of the kidney. We had such cases in large numbers. A certain famous officer, whose name I will not mention, had a shrapnel bullet go through the liver and through the right kidney. He has come home here and is now quite well.

7. Do not operate on most cases below the umbilicus, because they do all right if they are left alone.

8. Lastly, I would not operate upon a case in which I thought the colon was implicated alone (I might except the transverse colon), because the cases did very well if they were left alone. But with an antero-posterior wound with an escaped bullet, which is a *sine quâ non*—that is to say, if where it went in and where it came out can be seen, I believe I have learnt that the bowels do not move after they have been struck.

³ BRITISH MEDICAL JOURNAL, April 14th, p. 115.

It comes to this, that the cases that are suited for abdominal section in the field are, roughly, exceedingly few.

Stationary Hospitals.

The DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT felt that he had some of the credit of the good results of which he had heard that night in that he had had the honour of recommending Mr. Treves for the appointment. A stationary hospital behind the field hospital was not always possible; its possibility depended greatly on whether or not we were getting the best of the battle. The length of transport certainly governed in great measure the septicity of wounds, and doubtless the wounded should be kept in stationary hospitals for days whenever possible. The observations on the plague of women which Mr. Treves had made at home had borne fruit in South Africa, as manifested by the fact that the Royal Engineers had already encircled the hospitals containing enteric cases with a barbed-wire fence.

Surgeon-General MUIR thanked Mr. Treves for his very instructive and able paper.

The meeting was adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, May 2nd, 1900.

ALEXANDER E. MILLER, M.D., F.R.C.S.E., President, in the Chair.

CASE.

MR. COTTERILL showed a patient after laminectomy for paralysis of two years' standing, the result of spinal caries.

SPECIMENS.

MR. SHAW McLAREN showed (1) carcinoma of œsophagus and stomach after gastrotomy, (2) bilateral fracture of scapoid bone of carpus.

CROSS INFECTION (SO-CALLED) IN FEVER HOSPITALS.

Dr. CLAUDE B. KER, medical superintendent of the Edinburgh City Hospital, read a paper on this subject. In the Edinburgh City Hospital a certain number of cases were annually attacked by some infection other than that for which they were admitted. Such accidents could hardly fail to happen in any building with a large population of children. The causes alleged by critics were (1) the carrying of infection by the staff from one ward to another, (2) infection by the air from other wards, (3) mixing of the nurses at meals, (4) inefficient disinfection of wards. In Dr. Ker's opinion, though certain rare cases might depend on those causes, they only accounted for a very small proportion of the second infections. He himself attributed the latter to (1) wrong diagnosis of the practitioner outside, (2) the admission of cases suffering simultaneously from two diseases, only one of which was at first recognised, and (3) most frequently the admission with one disease of a patient who was in the incubation stage of another, and afterwards developed it. Dr. Ker maintained that it was absolutely impossible to prevent outbreaks of a second infection which depended on this last cause. He did not expect a smaller number of such outbreaks in the new hospital, but he suggested that a fewer number of persons would be exposed in each instance owing to it being constructed on the pavilion system.

In the discussion which followed Dr. JAMES RITCHIE, T. R. RONALDSON, JAMES CARMICHAEL, DOWDEN, LUNDIE, WEBSTER, HARVEY LITTLEJOHN, and the PRESIDENT took part.

THE ACTIVITY OF THE SALIVA IN DISEASED CONDITIONS OF THE BODY.

Dr. AITCHISON ROBERTSON read a paper, in which he said that in order to eliminate the fallacy which might arise from the hourly variation in the diastatic power of the secretion, the experiments were always performed at the same hour each evening. Above 100 cases of disease of various kinds were investigated in order to see if the activity of the salivary ferment had undergone any change.

Amongst gastro-intestinal disorders, the average amount of sugar formed by the action of 2 c.cm. of saliva on 10 c.cm. of starch mucilage for ten minutes at a temperature of 38° C. was 0.089 gram (the normal average being taken as 0.080 gram). In chronic gastric catarrh this figure varied from 0.078 gram to 0.1 gram. In acid dyspepsia the amount of sugar formed was above the healthy average, while in ulceration of the stomach the amount was generally only slightly below the normal average. In dilatation of the stomach the salivary ferment was

found to be almost absent, or, at least, inactive. In cirrhosis of the liver the amount of sugar was not reduced, and in some cases it was greatly increased. In the group of pulmonary diseases the salivary ferment was generally fairly active, and on an average 0.087 gram sugar was formed. In phthisis the ferment was present in normal amount, and in pneumonia the amylolytic power of the secretion was above the normal during the period preceding the crisis, but lower after this event. In the large group of heart diseases the saliva retained its usual composition, and the amount of sugar formed hovered at or about the normal limit. A larger proportion of subnormal cases occurred in the group of nervous diseases fully 41 per cent. giving a proportion of sugar lower than the normal. In three cases of Addison's disease which were examined the saliva of two showed a marked deficiency in diastatic power, while the third exceeded the normal limit. In the group of renal diseases 55.5 per cent. gave a production of sugar lower than the normal amount. In diabetes the saliva had a very active converting power, and in general the amount of sugar produced was much above the usual figure. In simple anaemia the converting power of the saliva reached the normal limit, but if the affection were associated with dyspepsia then the average was subnormal. In subacute and chronic rheumatism the ferment existed in its normal proportion. In general febrile conditions the secretion of saliva was greatly reduced in amount and this reduction increased *pari passu* with the increase in temperature. This scanty secretion, however, seemed to possess increased amylolytic power.

With regard to the quantity of saliva secreted, the author said that in most cases of acid dyspepsia the amount of saliva secreted was above the normal. In chronic gastric catarrh the quantity was hardly up to the average and the same deficiency was seen in ulceration of the stomach. In those cases associated with diarrhoea or ascites the secretion was often far below the normal amount. In bronchitis and in the early stage of pneumonia the secretion was generally up to the full average and might even exceed it. In chronic phthisis the secretion was always very scanty. In heart affections of a grave character the amount of saliva secreted was always low. In affections of the spinal cord the amount secreted reached and even surpassed the average amount; in some cases of cerebral tumour the reverse occurred. In chronic Bright's disease a scanty secretion of saliva was also found. In simple anaemia, chronic rheumatism, and in Addison's disease, the secretion was subnormal in amount. In many cases where the secretion was scanty its diastatic power was also feeble, and on the contrary where the secretion was copious its proteolytic power was also great. Dr. Robertson described an easy method of estimating the diastatic power of saliva, and stated that it was evident that a full appreciation of the diastatic power of the secretion was necessary when one came to consider the dietetics of disease. In those cases where the secretion was exceedingly scanty, or even in abeyance, or in those cases where ptyalin was absent from the saliva, or again in cases where the secretion was inhibited by drugs, ordinary starchy foods ought not to be given. If they were administered at all the starch must first be rendered soluble by treatment with some of the artificial digestant agents. The author advocated a more systematic examination of the saliva in all diseases of the gastro-intestinal tract, as also in other diseases where ordinary starchy food was found to disagree with the patient.

FOLKESTONE MEDICAL SOCIETY.—At a meeting on April 6th, Mr. READ in the chair, several members spoke as to the inconvenience of so-called "travellers" calling upon them. Others said that, although they did not object to representatives of firms they dealt with calling on them, they objected to those from proprietary medicine firms and such like.—Mr. W. F. CHAMBERS read a paper on operative midwifery. The prevention of sepsis should be carried out with even more care than in a surgical operation. A cocaine tablet in a piece of wool, wetted and then applied to the cervix had done good in two cases. He sterilised the forceps in iodic hydrarg. solution. Axis traction forceps were of assistance, and those of Le Page were simple and economical, but were liable to slip. External version was impossible in most cases of transverse presentation, as the cases were seen too late. The use of a curette directly after delivery or during the lying-in period should be discouraged; the finger nail was more to be trusted. In ruptured perineum he did not suture unless the tear was severe or unless there was a good nurse in attendance. In his experience the sutures gave way. He tied the legs together and kept the wound clean.

INTERNATIONAL ANTI-ALCOHOL CONGRESS.—The eighth meeting of the International Anti-alcohol Congress is to be held in Vienna in 1901. An Organising Committee, with Professor Max Gruber as Chairman, has been formed.

THE TIMES

MONDAY, MAY 14, 1900.

OUR WARS AND OUR WOUNDED

(FROM A SPECIAL CORRESPONDENT.)

VI.*

CAPE TOWN, APRIL.

In the preceding letter it was mentioned that No. 3 would supply two exceptions to the usual practice which divests the two principal officers of a general hospital of medical functions. Colonel Wood, the P.M.O. of this hospital, performs operations, for which he is well qualified by professional ability and experience, and his regular inspections of the surgical division on Mondays and the medical division on Fridays, added to the general daily visit of the whole hospital, are no perfunctory exercises from either a medical or a sanitary point of view. For the latter purpose he is accompanied by the sanitary officer and the medical officer of the day. Major Keogh, the secretary, registrar, and military commander of the hospital, has also a high reputation for both medical and surgical skill, and, combining these qualifications with marked administrative ability, he adds to the arduous functions of his three-fold position those of head of the surgical division, which are usually performed by a special officer. When we come to examine the multifarious work involved in the former class of duties, it will be easy to see that nothing but a keen love of his profession and a desire to vindicate the much assailed medical reputation of his corps could give one man the strength and will to face so heavy a task.

One glance into the marquee that constitutes the "office" of No. 3 dissipates all thoughts of a hospital, and carries us back to the dingy building in Pall-mall. It is the realm of officialdom; crowded with all its bewildering paraphernalia, and presided over by the demon of red-tape. The whole front of the tent is let down to cool the fevered heads of the two chief officers and their "clerks," six red-faced brawny orderlies, who struggle from morning to night with the demon—like gladiators in the meshes of the reticulus. Thick books and thin books, square books and narrow books, blue-paper forms ruled in columns up and down and across, sheets of all sizes and shapes, with rows of printed headings along the top and down the side, some blank, some half filled, and some completely covered with heavy handwriting—which no one will ever trouble to read—curling up and down to keep within the narrow spaces, files, clips, portfolios, and all the apparatus of official exactitude, lie scattered about on tables and chairs, or stored in shelves improvised out of packing-cases placed on end with the lids knocked off.

Anathema is ineffective; only some detailed description will bring home to the reader what it all means, how much of it is necessary, and how much more superfluous. Worthy P.M.O.'s, and registrars, and orderlies by the hundred are perspiring all day under the strain out here; we must not grudge them a few moments' sympathetic attention. We will only take a few specimens. The admission and discharge book, which is kept in the hospital, is the basis of all; it is a very necessary register, giving the patient's regiment, company, and regimental number, rank, name, age, religion, disease or wounds, dates of admission and discharge, number of his case and ward, number of days in the hospital, with a wide column for "observations," and 12 mysterious narrow ones for "hospital stoppages of pay." When a patient is sent from this hospital to another these details have to be repeated, in great part on a separate form (nominal roll or convey report) to which a medical certificate of each case is attached containing many of the details over again, and pinned to it a medical history of the case. *Per contra*, when a patient is admitted here from another hospital he is accompanied by similar forms. If on making up the admission book discrepancies are found they are submitted to the P.M.O. But the red-tape demon begins his work early in the columns of the important book under notice. In the space "discharged" it must be stated whether the patient goes out to duty or as an invalid, or how, and to where. This is all very well, but the demon's finger appears in a weird phrase, "discharged otherwise." This means that a patient is transferred from one disease to another, and some of the forms and returns of discharge and re-admission must be filled up, although the patient has never left the hospital. Gaining confidence, the demon then inserts two columns of the patient's completed years of (1) service, (2) service in his regiment, both of which must be quite unnecessary to his status as a patient, and could easily be obtained from his regimental roll. By the time our

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It comes to this, that the cases that are suited for abdominal section in the field are, roughly, exceedingly few.

Stationary Hospitals.

The DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT felt that he had some of the credit of the good results of which he had heard that night in that he had had the honour of recommending Mr. Treves for the appointment. A stationary hospital behind the field hospital was not always possible; its possibility depended greatly on whether or not we were getting the best of the battle. The length of transport certainly governed in great measure the septicity of wounds, and doubtless the wounded should be kept in stationary hospitals for days whenever possible. The observations on the plague of women which Mr. Treves had made at home had borne fruit in South Africa, as manifested by the fact that the Royal Engineers had already encircled the hospitals containing enteric cases with a barbed-wire fence.

Surgeon-General Muir thanked Mr. Treves for his very instructive and able paper.

The meeting was adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, May 2nd, 1900.

ALEXANDER E. MILLER, M.D., F.R.C.S.E., President, in the Chair.

CASE.

MR. COTTERILL showed a patient after laminectomy for paralysis of two years' standing, the result of spinal caries.

SPECIMENS.

MR. SHAW McLAREN showed (1) carcinoma of oesophagus and stomach after gastrectomy, (2) bilateral fracture of scapula bone of carpus.

CROSS INFECTION (SO-CALLED) IN FEVER HOSPITALS.

DR. CLAUDE B. KER, medical superintendent of the Edinburgh City Hospital, read a paper on this subject. In the Edinburgh City Hospital a certain number of cases were annually attacked by some infection other than that for which they were admitted. Such accidents could hardly fail to happen in any building with a large population of children. The causes alleged by critics were (1) the carrying of infection by the staff from one ward to another, (2) infection by the air from other wards, (3) mixing of the nurses at meals, (4) inefficient disinfection of wards. In Dr. Ker's opinion, though certain rare cases might depend on those causes, they only accounted for a very small proportion of the second infections. He himself attributed the latter to (1) wrong diagnosis of the practitioner outside, (2) the admission of cases suffering simultaneously from two diseases, only one of which was at first recognised, and (3) most frequently the admission with one disease of a patient who was in the incubation stage of another, and afterwards developed it. Dr. Ker maintained that it was absolutely impossible to prevent outbreaks of a second infection which depended on this last cause. He did not expect a smaller number of such outbreaks in the new hospital, but he suggested that a fewer number of persons would be exposed in each instance owing to it being constructed on the pavilion system.

In the discussion which followed DR. JAMES RITCHIE, T. R. RONALDSON, JAMES CAMMICHAM, DOWDEN, LUNDIE, WEBSTER, HARVEY LITTLEJOHN, and the PRESIDENT took part.

THE ACTIVITY OF THE SALIVA IN DISEASED CONDITIONS OF THE BODY.

DR. AITCHISON ROBERTSON read a paper, in which he said that in order to eliminate the fallacy which might arise from the hourly variation in the diastatic power of the secretion, the experiments were always performed at the same hour each evening. Above 100 cases of disease of various kinds were investigated in order to see if the activity of the salivary ferment had undergone any change.

Amongst gastro-intestinal disorders, the average amount of sugar formed by the action of 5 c.c. of saliva on 10 c.c. of starch mucilage for ten minutes at a temperature of 37° C. was 0.05 gram (the normal average being taken as 0.05 gram). In chronic gastric catarrh this figure varied from 0.01 gram to 0.1 gram. In acid dyspepsia the amount of sugar formed was above the healthy average, while in ulceration of the stomach the amount was generally only slightly below the normal average. In dilatation of the stomach the salivary ferment was

found to be almost absent, or, at least, inactive. In cirrhosis of the liver the amount of sugar was not reduced, and in some cases it was greatly increased. In the group of pulmonary diseases the salivary ferment was generally fairly active, and on an average 0.05 gram sugar was formed. In phthisis the ferment was present in normal amount, and in pneumonia the amylolytic power of the secretion was above the normal during the period preceding the crisis, but lower after this event. In the large group of heart diseases the saliva retained its usual composition, and the amount of sugar formed hovered at or about the normal limit. A larger proportion of subnormal cases occurred in the group of nervous diseases fully 1 per cent. giving a proportion of sugar lower than the normal. In three cases of Addison's disease which were examined the saliva of two showed a marked deficiency in diastatic power, while the third exceeded the normal limit. In the group of renal diseases 35.5 per cent. gave a production of sugar lower than the normal amount. In diabetes the saliva had a very active converting power, and in general the amount of sugar produced was much above the usual figure. In simple anaemia the converting power of the saliva reached the normal limit, but if the affection was associated with dyspepsia then the average was subnormal. In subacute and chronic rheumatism the ferment existed in its normal proportion. In general febrile conditions the secretion of saliva was greatly reduced in amount and this reduction increased pari passu with the increase in temperature. This scanty secretion, however, seemed to possess increased amylolytic power.

With regard to the quantity of saliva secreted, the author said that in most cases of acid dyspepsia the amount of saliva secreted was above the normal. In chronic gastric catarrh the quantity was hardly up to the average and the same deficiency was seen in ulceration of the stomach. In those cases associated with diarrhoea or ascites the secretion was often far below the normal amount. In bronchitis and in the early stage of pneumonia the secretion was generally up to the full average and might even exceed it. In chronic phthisis the secretion was always very scanty. In heart affections of a grave character the amount of saliva secreted was always low. In affections of the spinal cord the amount secreted reached and even surpassed the average amount; in some cases of cerebral tumour the reverse occurred. In chronic Bright's disease a scanty secretion of saliva was also found. In simple anaemia, chronic rheumatism, and in Addison's disease, the secretion was subnormal in amount. In many cases where the secretion was scanty its diastatic power was also feeble, and on the contrary where the secretion was copious its proteolytic power was also great. Dr. Robertson described an easy method of estimating the diastatic power of saliva, and stated that it was evident that a full appreciation of the diastatic power of the secretion was necessary when one came to consider the dietetics of disease. In those cases where the secretion was exceedingly scanty, or even in abeyance, or in those cases where ptyalin was absent from the saliva, or again in cases where the secretion was inhibited by drugs, ordinary starchy foods ought not to be given. If they were administered at all the starch must first be rendered soluble by treatment with some of the artificial digestant agents. The author advocated a more systematic examination of the saliva in all diseases of the gastro-intestinal tract, as also in other diseases where ordinary starchy food was found to disagree with the patient.

FOLKESTONE MEDICAL SOCIETY.—At a meeting on April 6th, Mr. READ in the chair, several members spoke as to the inconvenience of so-called "travellers" calling upon them. Others said that, although they did not object to representatives of firms they dealt with calling on them, they objected to those from proprietary medicine firms and such like.—MR. W. F. CHAMBERS read a paper on operative midwifery. The prevention of sepsis should be carried out with even more care than in a surgical operation. A cocaine tablet in a piece of wool, wetted and then applied to the cervix had done good in two cases. He sterilised the forceps in iodine hydrate solution. Axis traction forceps were of assistance, and those of Le Page were simple and economical, but were liable to slip. External version was impossible in most cases of transverse presentation, as the cases were seen too late. The use of a curette directly after delivery or during the lying-in period should be discouraged; the finger nail was more to be trusted. In ruptured perineum he did not suture unless the tear was severe or unless there was a good nurse in attendance. In his experience the sutures gave way. He tied the legs together and kept the wound clean.

INTERNATIONAL ANTI-ALCOHOL CONGRESS.—The eighth meeting of the International Anti-alcohol Congress is to be held in Vienna in 1901. An Organising Committee, with Professor Max Gruber as Chairman, has been formed.

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THE TIMES
MONDAY, MAY 14, 1900.
OUR WARS AND OUR WOUNDED

(FROM A SPECIAL CORRESPONDENT.)
VI.*

CAPE TOWN, APRIL.

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all of them, till the officer, is found. The same plan is adopted with regard to circulars from headquarters. Both these documents, therefore, take several days to get round.

Just now a fierce epistolary contest has been raging about her Majesty's chocolate. By a wise and kindly forethought the patients in these hospitals were supplied with their boxes prior to going home. The weaker ones, it is said, cried with delight at the sight of them. But thereupon the men of the R.A.M.C. thought they had been left out. There has been some delay in correcting the misapprehension, and the orderlies sprang into the breach ready to do battle for the honour of the corps and the cause of loyalty and appetite combined. The matter has just been settled, and joy has returned to the camp.

Identification is a terrible affair, but, of course, necessary. There is a man named Jones who was so bad when he arrived that he could not state his Christian name, and he has since died. They have only his surname and his regiment; his regimental number is missing. They wire to the officer commanding the regimental base depot, who knows nothing; the regiment has passed on up country. A man in this hospital knows a man in another who ought to know the sick man, but who on inquiry does not know his Christian name. Meanwhile, at home, the relations of all the Joneses in the regiment go into mourning; four widows perhaps marry, three of whom will be subsequently indicted for bigamy.

When a man dies in hospital the clerk to the local authority must be notified, and all the process of the civil law compiled with; the clergyman of his denomination is communicated with, and the military officer commanding at Wynberg advised, so that he may arrange for a gun-carriage and firing party. Roman Catholics are in every case buried in their own cemeteries, of which there are two here, one at Wynberg and one at Maitland. Protestants of other denominations than the Church of England are buried in the cemeteries of the latter, having none of their own; but the Church of England service is insisted on. The theological generosity of this ordinance will not tempt us into a discussion of it.

We will pass on to firmer ground—the question of "kits." These terrible kits! One kit will worry the life out of the whole staff and bring healthy sergeants to an early grave. A letter comes saying that the kit of a gunner is missing; he lost it at the front, or left it in the field hospital at Modder or the stationary hospital at De Aar, or left it here when he returned to the front. Is it here? If not, where? The inquiry goes to the commanding officer of the base depot of his corps, who sends letters in every direction to try and trace the errant kit, which consists probably of an old khaki tunic with a couple of bullet holes through it surrounded by dark stains, a pair of worn-out boots, some hopeless underclothing, and perhaps a rusty rifle. The pursuit of that kit will go on through the campaign, occupying a dozen departments; and the registration of its loss, valuation of its contents, and apportionment of blame and loss will support half-a-dozen War Office clerks for some years to come.

But there is another vast field of work that has to be covered by the Registrar, as commanding officer of the military "detachment" into which the whole staff of the hospital is constituted. All the ordinary regimental returns must be made, just as if it were a fighting force. "Pay and Mess-books," "Nominal Rolls by Stations," "Lists of Offences," "Pay Lists," "Specifications of Vouchers," "Family Remittances," "Statements of Accounts," "Returns of Rations," "Extra Duty Pay," "Messing Allowances," and plenty more, each on a separate sheet with endless columns and spaces, have to be filled up and sent in somewhere. It is maddening to think of—for a hospital.

We have not yet done with the rampant militarism imposed on these institutions. In addition to the daily return to the P.M.O. described above, which deals with the patient's condition as a sick or wounded man, his connexion with his regiment has to be maintained every day—for what earthly reason passes understanding, for he is dead to his regiment while in the hospital. But the demon grins, with his regimental supports behind him. The doctors are not going to have it all their own way, with their columns of diseases, R.C.P. nomenclature, and so forth. The regiment must have its say. So all that elaborate return has to be re-cast in regiments, and this "Details of Corps" must be sent every day to the "Base Commandant," a military personage who has absolutely nothing to do with the hospitals. This daily regimental return involves an incredible amount of extra, and apparently quite superfluous, labour. A conscientious examination and survey of the processes considered necessary to a military hospital enable us to arrive at the solemn verdict that nine-tenths of the paper material used for the returns ought to be crammed down the throat of the man who invented them.

We must go out into the air. We must leave the "office" staff—the six sturdy, broad-shouldered orderlies, three behind the P.M.O. and three behind the Registrar—perspiring in the

grasp of the demon who, like an octopus, reaches out his arms and feelers, penetrating, insistent, prehensile, over all. We are told these strong men, who try to keep their military bearing as they bend over the bewildering mass of books and documents, are able, industrious, and efficient clerks. We can quite believe it. But we cannot help thinking of wasted force and fine material thrown away, and that such men's place is charging over the crest of a kopje with fixed bayonets instead of attacking columns of blue paper with a fine-nibbed pen. At least, they might be tramping the veldt, stretcher in hand, picking up wounded men who lie dying of thirst in the sun and of cold at night for want of such as these. They would do the work better than the Scotsman and Jetsam of Cape Town, who, untrained, uninsured, and probably rejected for the fighting colonial forces, drift into the "volunteer" bearer companies. For Heaven's sake let these hale, sound, trained men, and a hundred like them on this staff, go to their proper work at the front. They should be fighting the enemy or saving their comrades in the field, instead of registering all the minutiae of wounds and diseases in the office of a base hospital, or doing women's work in its wards. Now we will go into the air.

TUESDAY, MAY 15, 1900.
ARMY NURSING IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—Discussions have recently taken place on the subject of Army nursing in South Africa, and reflections—which I consider well advised—have been passed upon a certain class of women nurses. These censures do not apply to the duly-qualified and recognized Army nurses, respecting whose status and position I desire to say a few words.

On the outbreak of hostilities, when the question of nurses for military hospitals was under consideration, it was decided that nursing sisters sent out in addition and supplementary to the nursing sisters of the Regular Army service should be drawn solely from members of the Army Nursing Service Reserve, of which her Royal Highness Princess Christian is president and which forms part of the Central British Red Cross Society.

This rule has been strictly adhered to as regards nurses sent out from England by the Red Cross Committee.

It has, however, come to our notice that other nurses have been appointed locally to do duty in military hospitals and in hospital ships, and that some of them have been commented upon in a manner that tends to bring discredit upon the qualifications and conduct of nursing sisters in general.

The Central British Red Cross Committee, therefore, desire to state that the selection of nurses for service in South Africa is made after careful inquiry and examination of certificates of qualifications, a three years' course of training in a first-class hospital being essential, and that the Red Cross Society is not responsible for the conduct or qualifications of any nurses except those selected from the Army Nursing Service Reserve.

The Red Cross Committee deem it of importance that the public should be aware that there are three distinct classes of nursing sisters now employed in South African military hospitals—namely—

1. Those belonging to the Regular Army Nursing Service.
2. Those enrolled in the Army Service Reserve with qualifications similar to those required by the Regular service.
3. Those employed locally, and for whom the Central British Red Cross Committee are in no way responsible.

Should, however, any of these latter be found to fulfil the rules and requirements laid down for the Army Nursing Service Reserve sisters, they will be considered as eligible for enrolment in that body, after full inquiry as to their character and qualifications.

Your obedient servant,
WANTAGE, Chairman of Central British Red Cross Committee.

MAY 19, 1900.

half a dozen different kinds of rifle ammunition; unless there is uniformity of pattern there would be endless confusion. Such confusion there was in the Crimea, when half were

been almost unreservedly lavished on the Army Medical Department during the present campaign. I do not hint for a moment that such laudation is undeserved. It may be that I am somewhat of Sir Peter Teazle's advice when he remarked "I am somewhat of a damned wicked world; and

"But in all seriousness it is not ascribed fully now the fearful mortality of bad hygienic surroundings, in the Franco-later wars. This came preventable disasters. Air, air, pure sunlight, for our wounded in this wedged. I dread lest ended and patted on the x its efforts to improve s in store for us when rors of war amidst unlook on our present ex- are working in the right rofession may feel that it est to contribute to the

MAY 19, 1900.]

THE "HUMANITY" OF SMALL-BORE RIFLES.

THE BRITISH MEDICAL JOURNAL 1209

A LECTURE

ON

SMALL-BORE RIFLE BULLET WOUNDS AND THE "HUMANITY" OF THE PRESENT WAR.

Delivered at St. George's Hospital, on May 1st, 1900.

By CLINTON T. DENT, M.C., F.R.C.S.,

Surgeon to the Hospital.

We are all, I suppose, a little prone to assume that what is new to us is necessarily new to everyone else; and that of what we have lately learned others must necessarily be ignorant. The mere fact that I mention such a truism may, however, be taken as a proof that I do not share in the belief. In this South African campaign—rather prematurely called in some quarters the Transvaal war—there are so many features of novelty that even the most cursory sketch of some may prove of interest. I do not, of course, lay claim to any profound knowledge or experience of gunshot wounds; and, in drawing comparison with the results of other wars, I have been compelled to resort to books and statistical reports. Fortunately, military medical statistics relating to losses in wars are uniformly reliable; and, indeed, are given with a merciless thoroughness. As far as regards the present campaign I have had a fortunate experience, for in the course of the past few months I have, I suppose, seen between 2,000 and 3,000 wounds—nearer the latter figure, I suspect, than the former. It is easy enough to waste time, for war provides endless distractions and excitement, but during my time I stuck closely to work throughout, disregarding even the fascinations of Cape-town. Everywhere, as I most gratefully acknowledge, I received the utmost courtesy and the utmost attention from high civil officials, from staff officers, and from the medical officers of all ranks. To them my very warmest thanks are due. My experience was principally, if not almost entirely, limited to the base hospitals and the stationary hospitals. It is there, after all, as it appears to me, that the civilian is best placed. There one can judge deliberately of organisation as a whole or of medical details; and it is certainly there that, free from the hurry and rush which are absolutely inseparable from work nearer the front, one can best study gunshot wounds and best watch the effects and results of treatment. My mission was a twofold one: first, to study the whole army medical organisation as it was working on a large scale in this present war; and the other was to learn all I could about the effects of gunshot wounds inflicted with the most modern weapons.

ARMY MEDICAL ORGANISATION.

You will pardon me if, on the first of these matters, I preserve silence, beyond making the one remark that it appears to me to be premature at present either to endorse or to question the criticism that has been made in some quarters of the army medical organisation as a whole, or on the other hand to join in the somewhat fulsome, or at any rate full, stream of eulogy and praise which is in other quarters lavished on the entire department. Efficient it is—that much I will say; more efficient beyond all question than any army medical organisation that has ever been in any campaign of any magnitude yet. But I hope that that will not prevent us in the future from striving to make it much better.

THE "HUMANITY" OF MODERN WARFARE.

It is often said that this is a humane war. I am disposed to take the remark as a sort of text for my lecture, and to consider from a broad standpoint the question of the humanity of this war. That statement is chiefly founded on the fact that modern small-bore gunshot wounds display remarkable features; that wounds do well; that operations do well; and that many of the recoveries that have taken place are undoubtedly very remarkable.

Professor Bruns anticipated, as the result of a series of experimental observations made a few years ago, that the next war would be a humane one. The experiments were made on the dead bodies of men and horses. Bullets were fired into them at known ranges, and the effects were noted. The weapons used were small-bore rifles. On the other hand,

theorists like M. Bloch, in that remarkable work of his, *Is War Now Impossible?* takes absolutely the opposite view. He thinks war will be so inhumane that it will be impossible. Here we have contrasted the prophetic views of the practical man and of the theorist. I suppose that, judging by experience of the present campaign, in the whole history of literature no theory has ever been more astonishingly wide of the fact than that of M. Bloch has proved itself to be. One is reminded of an old remark of Ambroise Paré at the end of his treatise on gunshot wounds, "See, gentlemen, how I learned to treat gunshot wounds—not by books." Ambroise Paré did not underrate his own superlative merits; but he was a great and a wise surgeon, and recognised that there was but one way of gaining real knowledge of this class of injuries. Indeed, while the theorist is hopelessly wrong, the experimenter has already been shown to be very frequently far from right in his views.

There are other factors of the first importance to be taken into account besides the effects of these small-bore bullets. To these factors I wish first to draw attention. But, before passing on, I may say at once that it has been abundantly proved in the present war that the view is a correct one that the great majority of wounds are inflicted by rifle bullets and do not result from shell fire; that is borne out beyond all question.

SEPTIC DISEASES.

My point, however, is that the humanity of a war is not to be gauged solely by the nature of the bullet wounds. From the broader and purely surgical point of view, a war is humane or not according to the answer to be returned to this question: Are there or are there not present the great class of septic disorders, such as pyæmia, erysipelas, septicæmia, "hospital" gangrene, tetanus, osteomyelitis, and the rest? We know that these diseases are really preventable. Have we succeeded in preventing them? If they are absent, from my present point of view it may be regarded as a humane war; if they are present, as an inhumane one. Hitherto—and I desire to emphasise the fact strongly—these diseases have been almost if not entirely absent in this war. I cannot recall having seen a case of pyæmia or tetanus, or "hospital" gangrene, or osteomyelitis. A satisfactory condition of affairs, you will think. Such it undoubtedly is; and yet I wish at once to touch a discordant note, and to state my decided impression that in some parts of the seat of war wounds are not now doing quite so well as they did at the outset. To this I will allude again later on. Meanwhile, I wish to draw your attention to the various factors that have contributed to the exceptional results that have hitherto been obtained. One is the condition of our men. The sea voyage to the Cape told all in their favour. Of the weak and weedy striplings who, I had been assured, formed the bulk of our army, I saw hardly any examples. If they were put on board the transports in England, they had been got rid of before the troops were landed at the Cape. I saw regiment after regiment disembark: almost uniformly the men seemed a vigorous and healthy lot. The regiment in particular that I went out with, the Second Lancashire Fusiliers, were a remarkably fine set of men for the time in hand. The troops had, as a rule, been well fed on board, and they have, to say the least, been adequately nourished on shore. The good feeding of an army is of enormous importance. We may have in this campaign ignored, to our loss, some of the Napoleonic maxims, but the authorities have realised to the full one of the utmost value, to the effect that "an army moves on its belly."

COMMISSARIAT AND TRANSPORT.

Now, if one department may be praised unreservedly in this campaign more than another, it is certainly the commissariat department. The way they have done their work is marvellous. It seems to me that such a department has its full share of blame when things go wrong, but that it does not get its fair need of praise when things go right. And on this occasion things have gone right. To those who have been working in hospitals this has been abundantly clear. The progress of a case of sickness and the behaviour of a wound form a very delicate test of a man's condition. As an instance of the difference that it makes whether men are well or ill fed, take the case of the Ladysmith garrison. On January 30th, 1900, there were, out of the Ladysmith garrison, in Intombi

[2055]

NEEDS.

If the medical details of sent been carried out is has richly merited the only fault has been its iderfully the Director- and expended their the few. If the under- we have constantly alised, the Government public opinion to take the present time there ore ambulance men are number for Rhodesia, d returning from South alisbury and elsewhere, us. The demands from ould be met by offering ood men for Rhodesia vates, 19, and 25, respec- id sergeants. With re- a South Africa, as soon re should be no hesita- / promised in civil hos- pital hospitals at home, Reserve should suffice, stretcher bearers per- once. With regard ired for the camps ne, we believe that would supply all that ived relative rank, pay, rely unpopular contract he volunteer service on test might be applied ficer in charge of the t the force provide a ls and train the regi- draw his non-commis- se Volunteer Medical anies. Had the War aggested, appointed an- er with the rank of spect the force, under ers of district, there ; serviceable body.

WEST INDIES
MAY 20, 1900.

a medical correspondent (the front) holds every I although strong men ce for superior rank is For instance, after the as riding next morning, he found wounded men atification of this, it dent down the available dital by one half, prior to rley, and also that the rking throughout the fordeficiencies that were borne in mind that the en the "Bobs" rode out.

on the P.M.O. of the ended curtly the reason

for the cruel and apparent neglect of which he was a witness. Fortunately this officer was a strong man, and, secure in the perfect justice of his case, replied that the only one to blame was he who cut down the hospital ambulance and waggon, and that his own officers, without sleep or rest, were still busy at their duties. The G.O.C., perhaps irritated at the reply, stated that he would not allow anyone to speak to him like that, and was met by the respectful retort that the answer was only the truth. But for one medical officer of this calibre there are many whose future would not permit such freedom of speech, and here comes in the utility of the civil surgeon.

Of the news there I will only say that the question seems to be settled altogether that trephining can be done with the utmost freedom and with the greatest advantage to the patient. Never, I believe, in military surgery, have so many trephinations been done, or with such admirable results, as in the present campaign. Yet trephining is an operation which so great an authority as Sir Thomas Longmore thought hardly justifiable in military surgery.

CONCLUSIONS.

I have given you a very cursory—I fear you will question the epithet if I say a brief—sketch of some of the features of surgical interest in this war. Possibly I have adopted too pessimistic a tone. I am conscious that I have not added my voice in any marked degree to the chorus of eulogy that has

all of them, till the officer is found. The same plan is adopted with regard to circulars from headquarters. Both these documents, therefore, take several days to get round.

Just now a fierce epistolary contest has been raging about her Majesty's chocolate. By a wise and kindly forethought the patients in these hospitals were supplied with their boxes prior to going home. The weaker ones, it is said, cried with delight at the sight of them. But thereupon the men of the R.A.M.C. thought they had been left out. There has been some delay in correcting the misapprehension, and the orderlies sprang into the breach ready to do battle for the honour of the corps and the cause of loyalty and appetite combined. The matter has just been settled, and joy has returned to the camp.

Identification is a terrible affair, but, of course, necessary. There is a man named Jones who was so bad when he arrived that he could not state his Christian name, and he has since died. They have only his surname and his regiment; his regimental number is missing. They wire to the officer commanding the regimental base depot, who knows nothing; the regiment has passed on up country. A man in this hospital knows a man in another who ought to know the sick man, but who on inquiry does not know his Christian name. Meanwhile, at home, the relations of all the Joneses in the regiment go into mourning; four widows perhaps marry, three of whom will be subsequently indicted for bigamy.

When a man dies in hospital the clerk to the local authority must be notified, and all the processes of the civil law complied with; the clergyman of his denomination is communicated with, and the military officer commanding at Wynberg advised, so that he may arrange for a gun-carriage and firing party. Roman Catholics are in every case buried in their own cemeteries, of which there are two here, one at Wynberg and one at Maitland. Protestants of other denominations than the Church of England are buried in the cemeteries of the latter, having none of their own; but the Church of England service is insisted on. The theological generosity of this ordinance will not tempt us into a discussion of it.

We will pass on to firmer ground—the question of "kits." These terrible kits! One kit will worry the life out of the whole staff and bring healthy sergeants to an early grave. A letter comes saying that the kit of a gunner is missing; he lost it at the front, or left it in the field hospital at Modder or the stationary hospital at De Aar, or left it here when he returned to the front. Is it here; if not, where? The inquiry goes to the commanding officer of the base depot of his corps, who sends letters in every direction to try and trace the errant kit, which consists probably of an old khaki tunic with a couple of bullet holes through it surrounded by dark stains, a pair of worn-out boots, some hopeless underclothing, and perhaps a rusty rifle. The pursuit of that kit will go on through the campaign, occupying a dozen departments; and the registration of its loss, valuation of its contents, and apportionment of blame and loss will support half-a-dozen War Office clerks for some years to come.

But there is another vast field of work that has to be covered by the Registrar, as commanding officer of the military "detachment" into which the whole staff of the hospital is constituted. All the ordinary regimental returns must be made, just as if it were a fighting force. "Pay and Mess-books," "Nominal Rolls by Stations," "Lists of Offences," "Pay Lists," "Specifications of Vouchers," "Family Remittances," "Statements of Accounts," "Returns of Nations," "Extra Duty Pay," "Messing Allowances," and plenty more, each on a separate sheet with endless columns and spaces, have to be filled up and sent in somewhere. It is maddening to think of—for a hospital.

We have not yet done with the rampant militarism imposed on these institutions. In addition to the daily return to the P.M.O. described above, which deals with the patient's condition as a sick or wounded man, his connexion with his regiment has to be maintained every day—for what earthly reason passes understanding, for he is dead to his regiment while in the hospital. But the demon grins, with his regimental supports behind him. The doctors are not going to have it all their own way, with their columns of diseases, R. C. P. nomenclature, and so forth. The regiment must have its say. So all that elaborate return has to be re-cast in regiments, and this "Details of Corps" must be sent every day to the "Base Commandant," a military personage who has absolutely nothing to do with the hospitals. This daily regimental return involves an incredible amount of extra, and apparently quite superfluous, labour. A conscientious examination and survey of the processes considered necessary to a military hospital enable us to arrive at the solemn verdict that nine-tenths of the paper material used for the returns ought to be crammed down the throat of the man who invented them.

We must go out into the air. We must leave the "office" staff—the six sturdy, broad-shouldered orderlies, three behind the P.M.O. and three behind the Registrar—perspiring in the

grasp of the demon who, like an octopus, reaches out his arms and feelers, penetrating, insistent, prehensile, over all. We are told these strong men, who try to keep their military bearing as they bend over the bewildering mass of books and documents, are able, industrious, and efficient clerks. We can quite believe it. But we cannot help thinking of wasted force and fine material thrown away, and that such men's place is charging over the crest of a kopje with fixed bayonets instead of attacking columns of blue paper with a fine-nibbed pen. At least, they might be tramping the veldt, stretcher in hand, picking up wounded men who lie dying of thirst in the sun and of cold at night for want of such as these. They would do the work better than the fotsam and jetsam of Cape Town, who, untrained, uninsured, and probably rejected for the fighting colonial forces, drift into the "volunteer" bearer companies. For Heaven's sake let these hale, sound, trained men, and a hundred like them on this staff, go to their proper work at the front. They should be fighting the enemy or saving their comrades in the field, instead of registering all the minutiae of wounds and diseases in the office of a base hospital, or doing women's work in its wards. Now we will go into the air.

TUESDAY, MAY 15, 1900.
ARMY NURSING IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—Discussions have recently taken place on the subject of Army nursing in South Africa, and reflections—which I consider well advised—have been passed upon a certain class of women nurses. These censures do not apply to the duly-qualified and recognized Army nurses, respecting whose status and position I desire to say a few words.

On the outbreak of hostilities, when the question of nurses for military hospitals was under consideration, it was decided that nursing sisters sent out in addition and supplementary to the nursing sisters of the Regular Army service should be drawn solely from members of the Army Nursing Service Reserve, of which her Royal Highness Princess Christian is president and which forms part of the Central British Red Cross Society.

This rule has been strictly adhered to as regards nurses sent out from England by the Red Cross Committee.

It has, however, come to our notice that other nurses have been appointed locally to do duty in military hospitals and in hospital ships, and that some of them have been commented upon in a manner that tends to bring discredit upon the qualifications and conduct of nursing sisters in general.

The Central British Red Cross Committee, therefore, desire to state that the selection of nurses for service in South Africa is made after careful inquiry and examination of certificates of qualifications, a three years' course of training in a first-class hospital being essential, and that the Red Cross Society is not responsible for the conduct or qualifications of any nurses except those selected from the Army Nursing Service Reserve.

The Red Cross Committee deem it of importance that the public should be aware that there are three distinct classes of nursing sisters now employed in South African military hospitals—namely—

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Should, however, any of these latter be found to fulfil the rules and requirements laid down for the Army Nursing Service Reserve sisters, they will be considered as eligible for enrolment in that body, after full inquiry as to their character and qualifications.

Your obedient servant,
WANTAGE, Chairman of Central British Red Cross Committee.

A LECTURE

ON

SMALL-BORE RIFLE BULLET WOUNDS AND THE
"HUMANITY" OF THE PRESENT WAR.*Delivered at St. George's Hospital, on May 1st, 1900,*By CLINTON T. DENT, M.C., F.R.C.S.,
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We are all, I suppose, a little prone to assume that what is new to us is necessarily new to everyone else; and that of what we have lately learned others must necessarily be ignorant. The mere fact that I mention such a truism may, however, be taken as a proof that I do not share in the belief. In this South African campaign—rather prematurely called in some quarters the Transvaal war—there are so many features of novelty that even the most cursory sketch of some may prove of interest. I do not, of course, lay claim to any profound knowledge or experience of gunshot wounds; and, in drawing comparison with the results of other wars, I have been compelled to resort to books and statistical reports. Fortunately, military medical statistics relating to losses in wars are uniformly reliable; and, indeed, are given with a merciless thoroughness. As far as regards the present campaign I have had a fortunate experience, for in the course of the past few months I have, I suppose, seen between 2,000 and 3,000 wounds—nearer the latter figure, I suspect, than the former. It is easy enough to waste time, for war provides endless distractions and excitement, but during my time I stuck closely to work throughout, disregarding even the fascinations of Cape-town. Everywhere, as I most gratefully acknowledge, I received the utmost courtesy and the utmost attention from high civil officials, from staff officers, and from the medical officers of all ranks. To them my very warmest thanks are due. My experience was principally, if not almost entirely, limited to the base hospitals and the stationary hospitals. It is there, after all, as it appears to me, that the civilian is best placed. There one can judge deliberately of organisation as a whole or of medical details; and it is certainly there that, free from the hurry and rush which are absolutely inseparable from work nearer the front, one can best study gunshot wounds and best watch the effects and results of treatment. My mission was a twofold one: first, to study the whole army medical organisation as it was working on a large scale in this present war; and the other was to learn all I could about the effects of gunshot wounds inflicted with the most modern weapons.

ARMY MEDICAL ORGANISATION.

You will pardon me if, on the first of these matters, I preserve silence, beyond making the one remark that it appears to me to be premature at present either to endorse or to question the criticism that has been made in some quarters of the army medical organisation as a whole, or on the other hand to join in the somewhat fulsome, or at any rate full, stream of eulogy and praise which is in other quarters lavished on the entire department. Efficient it is—that much I will say; more efficient beyond all question than any army medical organisation that has ever been in any campaign of any magnitude yet. But I hope that that will not prevent us in the future from striving to make it much better.

THE "HUMANITY" OF MODERN WARFARE.

It is often said that this is a humane war. I am disposed to take the remark as a sort of text for my lecture, and to consider from a broad standpoint the question of the humanity of this war. That statement is chiefly founded on the fact that modern small-bore gunshot wounds display remarkable features; that wounds do well; that operations do well; and that many of the recoveries that have taken place are undoubtedly very remarkable.

Professor Bruns anticipated, as the result of a series of experimental observations made a few years ago, that the next war would be a humane one. The experiments were made on the dead bodies of men and horses. Bullets were fired into them at known ranges, and the effects were noted. The weapons used were small-bore rifles. On the other hand,

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There are other factors of the first importance to be taken into account besides the effects of these small-bore bullets. To these factors I wish first to draw attention. But, before passing on, I may say at once that it has been abundantly proved in the present war that the view is a correct one that the great majority of wounds are inflicted by rifle bullets and do not result from shell fire; that is borne out beyond all question.

SEPTIC DISEASES.

My point, however, is that the humanity of a war is not to be gauged solely by the nature of the bullet wounds. From the broader and purely surgical point of view, a war is humane or not according to the answer to be returned to this question: Are there or are there not present the great class of septic disorders, such as pyæmia, erysipelas, septicæmia, "hospital" gangrene, tetanus, osteomyelitis, and the rest? We know that these diseases are really preventable. Have we succeeded in preventing them? If they are absent, from my present point of view it may be regarded as a humane war; if they are present, as an inhumane one. Hitherto—and I desire to emphasise the fact strongly—these diseases have been almost if not entirely absent in this war. I cannot recall having seen a case of pyæmia or tetanus, or "hospital" gangrene, or osteomyelitis. A satisfactory condition of affairs, you will think. Such it undoubtedly is; and yet I wish at once to touch a discordant note, and to state my decided impression that in some parts of the seat of war wounds are not now doing quite so well as they did at the outset. To this I will allude again later on. Meanwhile, I wish to draw your attention to the various factors that have contributed to the exceptional results that have hitherto been obtained. One is the condition of our men. The sea voyage to the Cape told all in their favour. Of the weak and weedy striplings who, I had been assured, formed the bulk of our army, I saw hardly any examples. If they were put on board the transports in England, they had been got rid of before the troops were landed at the Cape. I saw regiment after regiment disembark; almost uniformly the men seemed a vigorous and healthy lot. The regiment in particular that I went out with, the Second Lancashire Fusiliers, were a remarkably fine set of men for the work in hand. The troops had, as a rule, been well fed on board, and they have, to say the least, been adequately nourished on shore. The good feeding of an army is of enormous importance. We may have in this campaign ignored, to our loss, some of the Napoleonic maxims, but the authorities have realised to the full one of the utmost value, to the effect that "an army moves on its belly."

COMMISSARIAT AND TRANSPORT.

Now, if one department may be praised unreservedly in this campaign more than another, it is certainly the commissariat department. The way they have done their work is marvellous. It seems to me that such a department has its full share of blame when things go wrong, but that it does not get its fair meed of praise when things go right. And on this occasion things have gone right. To those who have been working in hospitals this has been abundantly clear. The progress of a case of sickness and the behaviour of a wound form a very delicate test of a man's condition. As an instance of the difference that it makes whether men are well or ill fed, take the case of the Ladysmith garrison. On January 30th, 1900, there were, out of the Ladysmith garrison, in Intombi

and in Ladysmith itself over 2,500 sick and wounded in hospital—say, one-sixth of the force disabled through sickness and wounds. This condition of affairs was largely owing to the short rations—and the rations were short and uncommonly bad; there is no harm in saying so now. All the more honour to the garrison who stood it all.

Diseases complicating wounds were not much in evidence. The diseases that the medical officers have chiefly had to contend with are, in the first place, enteric. But the enteric is of the most terrible type that I have ever seen. Probably not far short of 30 per cent. of its victims died. Then there was dysentery in its various forms, some of it very mild, much of it not dysentery at all. There was rheumatism to some extent, but comparatively little malaria, save amongst the soldiers who came from India or who had seen service in malarious districts elsewhere. There were probably far more cases of pneumonia on board the transports on the voyage out than in the hospitals in South Africa, where the disease was but seldom seen.

Another factor is the transport. If the transport is bad, or if the conditions under which the wounded soldiers are conveyed back to the field, stationary, or base hospital be unfavourable, the cases are likely to do badly. On the whole the transport has been good. Sometimes the conditions were very trying, as, for instance, after the Spion Kop action, where, after the men crossed back over the Tugela to Spearman's Camp, they had twenty-three miles of rough country to traverse in dhoolies or ambulance carts before they joined the railway line at Frere. There was the same trouble after the action at Vaal Kranz, and after that at Pieters Hill, when the final relief of Ladysmith was effected. Again the battle of Paardeberg was fought a long way from the railway line and the nearest stationary hospitals at Kimberley. In all these instances the difficulties of the return journey and the difficulties of transport were very great. The condition of the wounded soldiers on arrival was proportionately bad. At the extreme front the conditions were good. Never, I suppose, have more efficient and courageous stretcher-bearer companies been organised than in this war. It may be gathered that they were not easily kept in order. Many of them were refugees from Johannesburg and such-like places. All agree that the way they would go out under fire to fetch in the wounded men and the rapidity with which they would get them back to the hospital were deserving of the very highest praise. It would be very seldom that the ordinary stretcher-bearer companies could be got to show the courage under fire that these men did on many occasions; so the wounded were got back from the field quickly. The ambulance trains did their share of the work well. The Cape Government Railway officials worked with a will. On the Natal side that extraordinary organiser, Mr. David Hunter, the general manager of the Natal Government Railways, worked the transport with astonishing smoothness. Consequently the wounded were given every chance to do well.

THE CLIMATE.

The climate was absolutely the strongest point in our favour. Consider, in Natal alone, the heights at which the hospitals were. Maritzburg, where the great central base hospitals are placed, is at a height of 2,200 feet above the sea. Ladysmith itself is 2,300, Estcourt 3,000; and one of the best hospitals in South Africa, that at Mooi River, which is No. 4 General Hospital, the altitude is 4,500 feet. In the matter of climate no more perfect place for a hospital than Mooi River could well be imagined. The climate, whether in Natal or in Cape Colony, appears to be surgically almost sterile, a point of the very first importance. The same holds in Cape Colony: the hospitals stand high. From a few hours after leaving Wynberg the railway mounts up by a steep incline, and on to the high veld, a huge tableland which stretches away over the Karoo for hundreds of miles, until the slope begins to fall again towards the Zambesi. You therefore have a huge, elevated, dry plateau, the veld, at a height of 4,000 and 5,000 feet. In this warm, dry climate—sometimes very hot in the middle of the day, and very cold at night, but dry and with a sandy soil—the open-air method of treatment can be practised to an extent that I confess at first staggered me. One saw patients lying in the hospitals in the marquee tents with the door flaps open, and the tent looped up all

round, with the windows open and the dust, if there was any wind—and there generally is wind—blowing through, but nothing bad ever came of it. The patients could be dressed, or undressed, or operated on for that matter, practically in the open air, and yet, if due precautions were taken against unnecessary chilling, no harm followed.

THE HOSPITALS.

If one thing was proved more conclusively than another in the Crimean war it was the necessity for air space and light in hospitals, and the experience of this campaign has borne it out. The chief medical authorities have taken this lesson, at least, fully to heart, and their wisdom in so doing has been proved to the hilt. Whenever the climatic conditions permit I should give the preference to tents, of whatever pattern they be, rather than to huts even in base hospitals. Huts are necessarily more close. Public buildings, churches, schools, and the rest are far less suitable.

The wide distribution of the hospitals was another highly advantageous factor. In Natal the hospitals are spread over 180 miles, and between Cape Colony and Bloemfontein the line of communications, dotted over with hospitals, is 750 miles long. In South Africa good sites for hospitals can be found everywhere. Contrast with that the condition of things in the Crimea, where it was hardly possible to find a suitable place to pitch a hospital in the whole peninsula.

Another feature of the campaign itself, from the military point of view, has been in favour of the medical men at the hospitals. At no time has there been any severe strain on the hospitals. There have been a series of sharp engagements, it is true; but these were fought for the most part at distinct intervals and over a large tract of country. The strain was thrown equally on two separate hospital systems, one in Natal, the other in Cape Colony. Lord Methuen's battles at Belmont, Graspan, Modder River, and Magersfontein followed, it is true, quickly one after another. When I first went out, there were some 1,000 wounded in the base hospitals at Capetown, practically all of them coming from the Modder River district. But, though this aggregate was fairly large, the patients had not been all at once thrown on the hands of the medical officers. There had been opportunities of partially clearing the hospitals in front and the wounded had been sent down in batches. In Natal I question whether at one time a strain such as was anticipated could have been adequately met. There is no harm in saying so now, when the fighting in Natal is obviously over. A request had been sent down to get ready at least 5,000 beds when the advance was first made on Ladysmith. However, as it turned out, there were a series of engagements fought, and so the hospitals were never overcrowded.

ANTISEPTIC TREATMENT.

With regard to antiseptics, this is really the very first war of any magnitude in which the antiseptic system has been used on a large scale. In the Russo-Turkish war it was employed on a small scale, but with the most admirable results, by some German surgeons. The results are even better in this war. There has been an abundance of surgical materials, and the organisation has been well managed, so that all the materials of one kind are not crowded into one place and all those of another kind into another place. The various packages have been intelligently made up, so that, for example, the whole of the chloroform has not been sent into Natal while all the cyanide gauze was sent to Cape Colony. Preposterous mistakes of the sort have before now occurred in war, even with English officials at the head of affairs. Dressings were lavishly supplied, and were lavishly, not to say extravagantly, used. Still, I take it, the British taxpayer will not mind that. In certain details, on the other hand, needless economy seemed to be observed. While the amount of dressings used in the hospitals was perfectly astounding, there appeared to me, to take a single instance, to be a most singular parsimony with regard to the issue of nailbrushes, apparently insignificant but yet really most important articles in a surgical ward or operating theatre. The medical men had often to provide their own. Those who know something of the peculiarities of military methods are aware that it will take you quite as much trouble and possibly quite as long to get a nailbrush as, say, 500 extra bedsteads. All the

men were supplied with field dressings; of the value of these I cannot say much, but I have no doubt they did some good. The dressings in the field hospitals were always abundant, but necessarily in the field hospitals the minute details of the antiseptic system cannot be very thoroughly practised.

With regard to the practice of the antiseptic system throughout this campaign I hardly know what to say; perhaps it will be best at present to say no more than this: that it is abundantly clear that the elaboration of detail which is found absolutely necessary in a London civil hospital may be, and perhaps is, pretty often dispensed with out there. Under less favourable conditions of climate and of the other surroundings I have mentioned they certainly could not have been disregarded with equal impunity. Yet it must not be supposed that all wounds heal by first intention there, and that everything goes on in the best possible way in the best of all possible climates. Suppuration was common enough almost from the first, and it became more abundant as time went on. Many cases of compound fracture came down to the base hospitals suppurating very freely. It is not likely that the behaviour of wounds will improve. Indeed, I think it is getting rather worse; it is worst on the Natal side, where the climate is not quite so good, and some of the hospitals are getting somewhat worn from use. Of course the progress of a fracture depends very greatly on the amount of disturbance of the parts rendered inevitable by transport. But I saw nothing beyond suppuration, with high temperature, when pus was locked up in a wound, or when sloughs were separating from a wound. So soon as the offending part was dealt with—amputated, if necessary—the temperature sank and the case did well. Of pyæmia and septicæmia one saw nothing, and of tetanus nothing whatever; I do not believe there has been a case yet.

With regard to erysipelas, until yesterday I would have said that there had not been a case of erysipelas; but only yesterday I received information of the death of a young officer whom I saw in Natal, from whom a bullet had been extracted, and who died, I regret to say, according to report, from erysipelas. The circumstances I do not yet know, but I must say it seems to me that even if it be a single isolated case it is still of very grave import. I only heard of this long after I had thought upon the subject, and ventured to predict that the cases were not doing so well, and that the staff must keep a sharp look-out for graver septic complications. In some of these the cases are very septic; the septicity was not matter for much surprise. For example, there were some Boers who had been wounded at Paardeberg in the Kimberley Hospital—an admirable hospital—who were not received until a fortnight after the action. Two of them had compound comminuted fractures of the arm involving the elbow. So far as I could learn the only dressings they had applied had been tobacco juice, with tobacco leaves over the wound. They preserved their limbs, but whether in consequence of the tobacco juice I cannot tell you. Indeed I believe they preserved their limbs chiefly by declining altogether to part with them. Ultimately, although at one time the cases did not look at all hopeful, they were on the mend.

THE PROPORTION OF WOUNDED TO KILLED.

Professor Billroth, writing only a few years ago about the next great war, was convinced that there would be an increase in the number of wounded owing to the adoption of small-bore rifles. He thought too that the proportion of severely wounded would be very greatly increased. That anticipation has not been borne out. The proportion of killed to wounded up to the present in this campaign is about the usual one—about one killed to four wounded. It has often been much higher than that. In the Russo-Turkish war the proportion of killed to wounded on the Russian side during the assault of Plevna was 1 to 2.1. There, as you will remember, the attack was made on an enemy in very strong position, the condition of affairs that has obtained in most of our engagements.

DEATHS FROM WOUNDS.

The number of the deaths from wounds is, however, much more to the point. On this topic I must say a word, even at the risk of wearying you with figures, for on the "deaths from wounds" the health of the troops in the campaign may be determined, the efficiency of the hospital system esti-

mated, and, from my point of view, the humanity of the war gauged. It is not merely by the severity of the wound that a particular bullet inflicts, or by the amount of laceration that it entails, that we should judge. We must first take into account wounds which are necessarily mortal, but in which it is possible to transport the patient to hospital. These are comparatively few. In this war, as in others, those who are not killed at once by some such injury as smashing up of the skull or injury to the spinal cord high up, die, if they die in the field, of hæmorrhage. Of the wounds which are likely to be returned as "mortal" we may take some, but very few, to be of the head. Either the man is killed at once or there is a likelihood of recovery. A large proportion of abdominal wounds prove fatal, perhaps 40 or 50 per cent. The same may be said of injuries of the spinal cord, but after a distinct lapse of time, after they get into the hospital. Wounds of the bladder have shown bad results in this campaign; and necessarily also bad compound fracture of the femur high up. But with regard to all the rest, if a man can get into the hospital wounded he has a chance of recovery unless he dies of one of those septic disorders. That is abundantly proved by the returns officially furnished. It is a curious fact that up to a certain date in March we had 4,934 wounded, taking non-commissioned officers and men alone. Now, in the Franco-German war, the Fourteenth German Army Corps up to a particular date had 4,344 wounded. The numbers are very similar. Of these 4,344 Germans, 617 died; and of our 4,934, 239 died. Put into percentages it comes roughly to this: a mortality of "deaths from wounds" amounting to 5 per cent. in our army, and in the Fourteenth Army Corps to 14 per cent. Of the 617 Germans who died, 304 died of pyæmia and septicæmia and 39 of tetanus. If we exclude, then, these preventable disorders, the mortality in the two armies is almost the same—namely, 5 per cent. in our army and 6 per cent. in the German army corps. This result is surely very striking and very instructive.

SHELL AND SHRAPNEL WOUNDS.

And now, with regard to the humanity of the wounds. I have nothing to say about shell wounds: they are very much as before. Comparatively few men are killed by them—at any rate it is a very costly way of destroying or attempting to destroy your enemies. More are killed by shrapnel. But it is abundantly clear on both sides that shell and shrapnel fire, and especially the missiles from quick-firing machine guns have a widespread demoralising effect on the troops.

BULLET WOUNDS.

Let us consider only the small-bore rifles. Of course, "small-bore" is only a relative term. The calibre of the Mauser is 7 mm., or 0.275 of an inch, and that of the Lee-Enfield 7.7 mm., or 0.303 of an inch. As regards efficiency, there seems very little to choose between the two rifles. It is of the bullet that I wish chiefly to speak. The core in both consists of hardened lead covered over with a mantle or envelope. The envelope in our bullet is made of copper nickel in the proportions of 80 per cent. of copper, and 20 per cent. of nickel. The diameter of the bullet is 0.311 inch. The diameter of the Mauser bullet is 0.284 inch. The bullets are therefore, so to speak, larger than the bore of the rifle barrel. As they are forced through by the explosion they "take the grooving" and the rifling of the barrel imparts the movement of rotation in the longitudinal axis of the bullet. I want you particularly to notice, as shown by the sections (Fig.) the relative thickness of the sheath or mantle. The sheath of the Mauser bullet is of steel nickelled over. Ours, as already stated, is of copper nickel.



There is no need to weary you with minute details. The main point is that in modern rifles there is an exceedingly high muzzle velocity. Roughly, the bullet leaves the muzzle of the Mauser rifle at a rate of about 1,500 miles an hour, which is pretty rapid going; at 1,300 yards the velocity works out at between 800 and 900 miles an hour. The muzzle velocity of our rifle is rather lower than that of the Mauser,

but the energy at 1,000 yards is greater. The trajectory is practically flat up to 500 yards—that is to say, if a man is in a trench and holds his rifle on the level close to the ground, the danger zone is 500 yards; in other words, the bullet will not rise more than 6 feet for the first 500 yards. The rifling is intensely sharp; there is a complete turn in 8.66 inches in the Mauser rifle and one in 10 inches in the Lee-Enfield, so that the rapidity of rotation communicated to the bullet is tremendous. The energy of the bullet also is enormous. The energy of a bullet, it is computed, depends on the mass of the bullet multiplied by the square of its velocity, so that a small bullet going with a high velocity may have as much energy as a large bullet going with a low velocity. The weight of the Mauser bullet varies from 172 to 175 grs., and that of our bullet is 215 grs.

EXPLOSIVE AND EXPANDING BULLETS.

Much has been said about "explosive" bullets, and I think people abroad and at home have allowed their feelings to be carried away rather than the subject. No such thing as a truly explosive bullet has been used in this campaign by either side. Explosive bullets were forbidden altogether by the St. Petersburg Conference in 1868, to which England was a consenting party. I do not think the Transvaal authorities were consulted in the matter at that time, so possibly they might claim to be to a certain extent exempt. They have not taken advantage of the circumstance. An explosive bullet is defined to be one in which any missile under 400 grams (14 ozs.) is filled with any fulminating or detonating compound. No such missile has been employed on either side in the present war.

An "expanding" bullet is quite a different affair. There are many different forms. The hard mantle may be incomplete at the top of the bullet, allowing the lead core to show. There may be a cavity extending some way down the bullet and open at the top; or the steel or copper nickel envelope may be slit down the side of the bullet. A common form is the "soft-nosed" bullet. Here the mantle ceases a third of an inch or so from the point, and the lead core projects to that extent. There is no doubt that soft-nosed bullets have been occasionally—but I believe very rarely—used by the Boers. Here are specimens picked up in the Boer trenches at Magersfontein. Note, then, that an expanding bullet may be deliberately made as such, or that a properly covered bullet may with a little trouble be converted into an expanding bullet. For sporting purposes expanding bullets are used. Oddly enough, for big-game shooting expanding bullets are used because they are considered more humane. When used in war they are reckoned inhumane. The inconsistency, however, is only apparent. The sportsman's object is to kill his game and not to wound it. A wounded animal is likely to escape for the time, but to die after a long interval if disabled, for it cannot hold its own in the struggle for existence. A bullet, therefore, is required that has a "stopping" effect. Now, any kind of sporting bullet, such as the soft-nosed bullet, will, if it strikes anything hard, break up and deform, and sometimes if it meets with tough structures such as tendon, it will also "set up" in the same way. The projecting lead core of the soft-nosed bullet flattens out, and the bullet assumes more or less a mushroom shape. As the bullet is rotating while it inflicts the wound, the lead is commonly twisted in the longitudinal axis, and this increases the liability for fragments to break off. The mantle, too, strips up, sometimes becoming completely detached from the core. The torn edges of the hard sheath project. Obviously a bullet so deformed will lacerate more than when it is intact, and it injures the tissues over a wider area, and clearly, too, the liability to hemorrhage is greatly increased. In soft tissues, therefore, the sporting bullet is very destructive, and the wounds inflicted are very serious.

Confusion arises from the fact that any form of high-velocity bullet may exert, under certain circumstances, an expanding or "explosive" effect. Thus, if a completely covered bullet strikes the shaft of a long bone it will exert an expanding action on the bone; but that is a very different thing from its being an explosive bullet, whether it be a soft-nosed or split bullet, or any one of the hundred kinds of sporting bullets. Again, if any form of high-velocity bullet be fired at short range into a skull, it will burst the skull more or less. These

scattered fragments show the effect as obtained experimentally. The skull was filled with plaster, and a bullet was fired into it just as the plaster was beginning to set, and was of about the consistency of brain matter. On an empty skull no such effect will be produced. But the explosive action in the skull is not due to the explosive or expanding nature of the bullet. It is due to the high velocity and the extreme energy of the bullet, not to its particular form, a natural bullet is just as likely to produce this expanding effect as a soft-nosed bullet. Just the same character of effects is shown in the case of the long bones. I show some skiagraphs to illustrate the point. Here the bullet has struck the shaft of the humerus, pierced it, fissured and broken the bone in various directions, and spread the fragments asunder. On the long bones an expanding bullet is rather less likely than a normal bullet to produce this expanding effect. The sporting bullet may yet damage a bone more grievously, and it will inflict a far more lacerated wound. It has long been suspected that the results obtained by experiments on the dead subject would not be borne out in actual practice. Experience in this campaign has strongly proved the correctness of the surmise, and the specimens shown furnish evidence of the fact.

Broadly speaking the injuries caused in the living subject are less serious than would have been anticipated from experiments. In this respect, then, modern war is more humane than it was thought likely to be.

SKIN WOUNDS.

Mauser bullets commonly make a clean hole or slit through the skin, and let in practically no air. Often, it appeared to me, though the view was questioned by some, the bullet knocks in a little flap of skin. Close examination of a scar often reveals a little crescentic mark different from the rest of the cicatrix. The bullet itself is sterile; attempts to get cultivations from it immediately after it has been fired have failed. It is very unlikely to carry any bits of clothing into the wound. The only shreds of clothing found in wounds that I have heard of are bits of the Highlanders' kilts, another argument against that inappropriate and indelicate form of clothing. Shreds of clothing are very likely to be highly septic. The Mauser bullet will go through the skin and soft parts so cleanly that you cannot tell the apertures of entrance from those of exit. At a long range the speed of rotation begins to diminish, and the bullet begins to wobble while still preserving a straight course as it goes through the air. It is less probable then that the aperture of exit will be identical in appearance with that of entrance, but in the bulk of cases you cannot tell one from the other. I can recall the case of one man who was hit by a cross-fire shot in that portion of his frame which, in the words of Ingoldsby, it is considered equally indecorous to turn to a friend or a foe; and where, if I remember right, one of the combatants in the famous triangular duel in *Mr. Midshipman Easy* also met with a similar injury. The patient had four wounds from a single bullet in the gluteal region. All four scars were absolutely identical. John Hunter noted that the orifice of exit of a round bullet very often healed before the orifice of entrance, but I could notice no such difference in the wounds I saw.

The question of exploding and expanding bullets is a very old one. It comes up at every war. At Waterloo the French were accused—and they, of course, accused us also—of using cut bullets, which broke up in the wounds, as you can read in Sir H. Maxwell's *Life of the Duke of Wellington*. The same recriminations went on in the Crimean war; and again in the Franco-German war. They have been used in this campaign; there is no question about that, for we have it on the most unimpeachable authority possible—Lord Roberts himself—who would never bring the charge unless satisfied by the most irrefragable evidence. But, I repeat, for I wish to emphasise the opinion, that such forbidden bullets have been very rarely used. Often, no doubt, at the outset of the campaign, extracted bullets were perfectly honestly supposed to be of the expanding form when they were merely normal bullets that had deformed in striking a bone, or were possibly ricochet shots. Nor have "express" and large-bore bullets been employed against us save in the rarest instances. I have seen two or three express bullets extracted from patients. There is this one enormous difficulty about their use: that an army on active service cannot have

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half a dozen different kinds of rifle ammunition; unless there is uniformity of pattern there would be endless confusion. Such confusion there was in the Crimea, when half were armed with the Minié rifle (so-called, though Captain Minié did not invent the rifle but only the bullet fired from it) and half with the old brown Bess.

INJURIES OF LONG BONES: AMPUTATIONS.

Specimens of bullets which caused fractures and have been extracted show that the natural Mauser bullets may be deformed and resemble expanding bullets after having struck the bone.

Closely bearing on injuries of long bones comes the subject of amputations for those injuries. The figures of course are not yet to hand for this campaign, but I believe that the results of amputations in this war will be very remarkable indeed, and contrast in the most marked manner with those of former wars. In the Peninsular campaign the results were fairly good; in the Crimea they reached the lowest ebb I suppose that surgery will ever reach as regards results. Out of 1,666 amputations of the thigh done in the French army, 1,531 died; the mortality was 91.85 per cent. The mortality on our side was 65 per cent. In the American Civil war the mortality after amputations of all kinds was 64 per cent. We may, I think, safely anticipate that the mortality in the present campaign will at least be twice as low; so it is not only the bullet wounds that heal well, but also the wounds caused by operations. Here, much more markedly than in the case of punctured wounds due to bullets, the surgeon is favoured by those conditions to which I have already drawn attention, and of course by the fact that pyæmia, osteomyelitis, and so on, are conspicuously absent.

WOUNDS OF JOINTS.

I can only now allude to the subject of joint wounds, though these injuries are of vast interest. Speaking of the Crimean war, Surgeon-General Sir Thomas Longmore said that not a single patient with a wound of the knee-joint recovered with his life and his limb. If the limb was amputated, he had a better chance than if conservative treatment was adopted. But remember 65 per cent. of our cases died after amputation of the thigh. If the limb was not amputated, the man died of the knee-joint wound. In this war I do not think I have seen a single death after a knee-joint wound, and wounds in which the bullet has unquestionably traversed the knee-joint are common. The bullet nearly always pierces the patella cleanly, and it appears to me to make little or no difference whether the range is short or long. I have only seen one case in which it failed to drill a hole through the patella if it struck that bone. Haemarthrosis usually follows the injury. Experiment shows that a Lee-Metford bullet can go clean through the knee-joint in the extended position without injuring any of the bones. The bullet in one case traversed the ligamentum patellæ. The specimen is of interest, for it has been denied that a bullet can traverse the joint without injuring bone save in the flexed position. There is the proof that it can. Case after case have I seen in which, beyond all shadow of question, the bullet has gone clean through the joint, and in which recovery has been complete, including perfect mobility.

In one extraordinary case a Highlander, wounded at Magerfontein, was shot through the knee-joint. There, I am bound to say, the hit was a convenience to him. I fell down, saw a hole in his popliteal space, and saw the blood spurting out. His only cover was an ant heap. The moment he moved he was shot at, so he kept still. The bleeding had ceased spontaneously before he got an opportunity of applying his field dressing. He had to wait some twenty-eight hours before he was picked up. He was brought down to Wynberg, a journey of some twenty-eight hours, in the hospital train, followed by a drive up hill to the hospital. There the dressing was removed, and immediately blood spouted out very vigorously. It was found the popliteal artery was wounded. The man recovered.

Another case I saw where the knee-joint was wounded, probably by a shrapnel bullet, and suppuration followed. There was some necrosis about the head of the tibia, and the suppuration extended into the knee-joint through a small opening. In this case the knee joint was laid freely open, and it was found that the whole of the synovial membrane was thickened and inflamed, looking as if the knee joint was lined with a layer of thick crimson plush. I suggested to the surgeon in charge that it should be dissected out. My hint was taken, and I heard some time after that the man was making a perfectly good recovery. In the history of military surgery I do not think you will find many operations of the sort recorded. Great credit is due, therefore, to the civil surgeon who performed it. I am a little proud of having suggested the proceeding.

WOUNDS OF THE SPINAL COLUMN AND HEAD.

I did intend to make some remarks about the head cases, but my time has slipped away, and I must trust to be able in some future clinical lecture to draw attention to the subject. But I wish to show you an experimental specimen made by firing a bullet at very short range into the spinal column. The lumbar vertebra is extensively broken up. An exploding and expanding action has been exercised upon the bone by the bullet. The astonishing feature of the preparation is that it shows how a high-velocity bullet can pass between important structures without wounding them. Here the bullet has found its way between the aorta and the vena cava without wounding either. Without such evidence as this it would have been thought impossible that a bullet travelling at such high velocity could cross the track of important nerves or vessels without wounding them. Nerves, I may mention, will show the most profound effects and lose their functional power when a bullet has only passed close by them.

But into so large a subject I must not now enter, and I only allude to such injuries to show how much there is of interest in modern rifle bullet wounds. I hope to communicate some remarks on nerve injuries to the Royal Medical and Chirurgical Society in due course.

Of the head cases I will only say that the question seems to be settled altogether that trephining can be done with the utmost freedom and with the greatest advantage to the patient. Never, I believe, in military surgery, have so many trephinings been done, or with such admirable results, as in the present campaign. Yet trephining is an operation which so great an authority as Sir Thomas Longmore thought hardly justifiable in military surgery.

CONCLUSIONS.

I have given you a very cursory—I fear you will question the epithet if I say a brief—sketch of some of the features of surgical interest in this war. Possibly I have adopted too pessimistic a tone. I am conscious that I have not added my voice in any marked degree to the chorus of eulogy that has

been almost unreservedly lavished on the Army Medical Department during the present campaign. I do not hint for a moment that such laudation is undeserved. It may be that I am somewhat of Sir Peter Teazle's advice when he remarked "Sir Oliver, Sir Oliver, this is a damned wicked world; and the fewer people we praise the better." But in all seriousness I dread lest the good surgical results be not ascribed fully enough to their proper cause. We know the fearful mortality brought about by overcrowding and by bad hygienic surroundings in the Crimean war, and, for that matter, in the Franco-German, Russo-Turkish, and other later wars. This campaign has already shown that these preventable disasters have been traced to their true source. Air, air, pure sunlight and air, have done more, much more, for our wounded in this war than seems generally to be acknowledged. I dread lest the Army Medical Department commended and patted on the back as it has been and is, may relax its efforts to improve further. If so a terrible awakening is in store for us when we next have to face the hideous horrors of war amidst unfavourable surroundings. But if we look on our present experience just as an indication that we are working in the right direction, then at least the medical profession may feel that it is doing—not that it has done—its best to contribute to the humanity of war.

Least we forget.

MILITARY MEDICAL NEEDS.

THE manner in which the whole of the medical details of the present war have up to the present been carried out is ample evidence that the service has richly merited the name Royal Corps. Certainly its only fault has been its numerical inferiority. How wonderfully the Director-General and his staff have husbanded and expended their slender resources is known only to the few. If the undermanned state of the service, to which we have constantly drawn attention, were generally realised, the Government would be forced by the pressure of public opinion to take immediate steps to rectify it. At the present time there are five different calls to be met: more ambulance men are required for South Africa, a large number for Rhodesia, orderlies for the sick and wounded returning from South Africa, orderlies for the camps at Salisbury and elsewhere, and for the various station hospitals. The demands from South Africa, including Rhodesia, could be met by offering better pay. It is reported that good men for Rhodesia will be taken on at 5s. a day for privates, 1s. and 2s. respectively more given for corporals and sergeants. With regard to the sick and wounded from South Africa, as soon as the pressure becomes heavy, there should be no hesitation in taking up the beds already promised in civil hospitals. For the camps and the station hospitals at home, the men of the Militia Medical Reserve should suffice, but in addition at least four stretcher bearers per company should be trained at once. With regard to the medical officers required for the camps and station hospitals at home, we believe that the volunteer service could and would supply all that is needed provided the officers received relative rank, pay, and allowances, and not the extremely unpopular contract rate. Now is a good time to put the volunteer service on its trial. One way in which the test might be applied would be to put a senior medical officer in charge of the hospital at Salisbury Camp, and let the force provide a volunteer staff to serve the hospitals and train the regimental stretcher bearers; he should draw his non-commissioned officers and men from the Volunteer Medical Staff Corps and brigade bearer companies. Had the War Office years ago, as has often been suggested, appointed an experienced volunteer medical officer with the rank of colonel generally to supervise and inspect the force, under the various principal medical officers of district, there would by this time have been a large serviceable body.

M. A. P.

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MAY 19, 1900.

Doctors at the Front.

THE iron band of discipline (writes a medical correspondent in a private letter to M. A. P. from the front) holds every officer in the R.A.M.C. in its grip, and although strong men to arise in its ranks, still, the reverence for superior rank is great, and often silences objections. For instance, after the battle of Dreifontein, Lord Roberts was riding next morning over the field, and, to his annoyance, he found wounded men still remaining untended. In justification of this, it must be remembered that someone had cut down the available waggons and ambulance of every hospital by one half, prior to starting on February 11th to Kimberley, and also that the whole staff of every hospital was working throughout the night of the battle trying to make up for deficiencies that were not their fault. Further, it should be borne in mind that the bearer companies were still working when the "Bobs" rode out.

LORD ROBERTS turned at once on the P.M.O. of the infantry division concerned, and demanded curtly the reason for the cruel and apparent neglect of which he was a witness. Fortunately this officer was a strong man, and, secure in the perfect justice of his case, replied that the only one to blame was he who cut down the hospital ambulance and waggons, and that his own officers, without sleep or rest, were still busy at their duties. The G.O.C. perhaps irritated at the reply, stated that he would not allow anyone to speak to him like that, and was met by the respectful retort that the answer was only the truth. But for one medical officer of this calibre there are many whose future would not permit such freedom of speech, and here comes in the utility of the civil surgeon.

all of them, till the officer, is found. The same plan is adopted with regard to circulars from headquarters. Both these documents, therefore, take several days to get round.

Just now a fierce epistolary contest has been raging about her M and kindly foretells hospitals were supposed going home. The with delight at the the men of the R.A. left out. There having the misapprehension sprang into the breach honour of the corps appetite combined settled, and joy has

Identification is necessary. There so bad when he arrived Christian name, and only his surname mental number is officer commanding who knows nothing up country. A man in another who ought who on inquiry does. Meanwhile, at home in the regiment go perhaps marry, if quietly indicted for

When a man dies local authority process of the clergyman of his d with, and the Wynberg advised, gun-carriage and d are in every case b of which there are one at Maitland. I tions than the buried in the ce none of their o England service is generosity of this into a discussion of

We will pass on of "kits." These worry the life out healthy sergeants comes saying that he lost it at the hospital at Modder De Aar, or left it front. Is it here; goes to the command of his corps, who to try and trace it probably of an old bullet holes through a pair of worn-out clothing, and perch cupping a dozen dition of its loss, va portionment of bla a-don War Office

But there is ano to be covered by officer of the militia the whole staff of the ordinary regis just as if it were Mess-books." "Lists of Offences tions of Vouche "Statements of A "Extra Duty Pay plenty more, each less columns and sent in somewhere for a hospital.

We have not militarism imposed tion to the daily r above, which deal as a sick or wound regiment has to what earthly reas is dead to his r But the demon gr behind him. This is all their own diseases, R. C. P The regiment m elaborate return and this "Details to the "Base Commandant," a military personage who has absolutely nothing to do with the hospitals. This daily regimental return involves an incredible amount of extra, and apparently quite superfluous, labour. A conscientious examination and survey of the processes considered necessary to a military hospital enable us to arrive at the solemn verdict that nine-tenths of the paper material used for the returns ought to be crammed down the throat of the man who invented them.

We must go out into the air. We must leave the "office" staff—the six sturdy, broad-shouldered orderlies, three behind the P.M.O. and three behind the Registrar—perspiring in the

grasp of the demon who, like an octopus, reaches out his arms and feelers, penetrating, insistent, prehensile, over all. We are told these strong men, who try to keep their military bearing as they bend over the bewildering mass of

but the energy at 1,000 yards is greater. The trajectory is practically flat up to 500 yards—that is to say, if a man is in a trench and holds his rifle on the level close to the ground, the danger zone is 500 yards; in other words, the bullet will not rise more than 6 feet for the first 500 yards. The rifling is intensely sharp; there is a complete turn in 3.66 inches in the Mauser rifle and one in 10 inches in the Lee-Enfield, so that the rapidity of rotation communicated to the bullet is tremendous. The energy of the bullet also is enormous. The energy of a bullet, it is computed, depends on the mass of the bullet multiplied by the square of its velocity, so that a small bullet going with a high velocity may have as much energy as a large bullet going with a low velocity. The weight of the Mauser bullet varies from 172 to 175 grs., and that of our bullet is 215 grs.

EXPLOSIVE AND EXPANDING BULLETS.

Much has been said about "explosive" bullets, and I think people abroad and at home have allowed their feelings to be carried away rather on the subject. No such thing as a truly explosive bullet has been used in this campaign by either side. Explosive bullets were forbidden altogether by the 84. Petersburg Conference in 1864, to which England was a consenting party. I do not think the Transvaal authorities were consulted in the matter at that time, so possibly they might claim to be to a certain extent exempt. They have not taken advantage of the circumstance. An explosive bullet is defined to be one in which any missile under 400 grams (14 ozs.) is filled with any fulminating or detonating compound. No such missile has been employed on either side in the present war.

An "expanding" bullet is quite a different affair. There are many different forms. The hard mantle may be incomplete at the top of the bullet, allowing the lead core to show. There may be a cavity extending some way down the bullet and open at the top; or the steel or copper nickel envelope may be slit down the side of the bullet. A common form is the "soft-nosed" bullet. Here the mantle ceases a third of an inch or so from the point, and the lead core projects to that extent. There is no doubt that soft-nosed bullets have been occasionally—but I believe very rarely—used by the Boers. Here are specimens picked up in the Boer trenches at Magersfontein. Note, then, that an expanding bullet may be deliberately made as such, or that a properly covered bullet may with a little trouble be converted into an expanding bullet. For sporting purposes expanding bullets are used. Oddly enough, for big-game shooting expanding bullets are used because they are considered more humane. When used in war they are reckoned inhumane. The inconsistency, however, is only apparent. The sportsman's object is to kill his game and not to wound it. A wounded animal is likely to escape for the time, but to die after a long interval if disabled, for it cannot hold its own in the struggle for existence. A bullet, therefore, is required that has a "stopping" effect. Now, any kind of sporting bullet, such as the soft-nosed bullet, will, if it strikes anything hard, break up and deform, and sometimes if it meets with tough structures such as tendon, it will also "set up" in the same way. The projecting lead core of the soft-nosed bullet flattens out, and the bullet assumes more or less a mushroom shape. As the bullet is rotating while it inflicts the wound, the lead is commonly twisted in the longitudinal axis, and this increases the liability for fragments to break off. The mantle, too, strips up, sometimes becoming completely detached from the core. The torn edges of the hard sheath project. Obviously a bullet so deformed will lacerate more than when it is intact, and it injures the tissues over a wider area, and clearly, too, the liability to hemorrhage is greatly increased. In soft tissues, therefore, the sporting bullet is very destructive, and the wounds inflicted are very serious.

Confusion arises from the fact that any form of high-velocity bullet may exert, under certain circumstances, an expanding or "explosive" effect. Thus, if a completely covered bullet strikes the shaft of a long bone it will exert an expanding action on the bone; but that is a very different thing from its being an explosive bullet, whether it be a soft-nosed or split bullet, or any one of the hundred kinds of sporting bullets. Again, if any form of high-velocity bullet be fired at short range into a skull, it will burst the skull more or less. These

scattered fragments show the effect as obtained experimentally. The skull was filled with plaster, and a bullet was fired into it just as the plaster was beginning to set, and was of about the consistency of brain matter. On an empty skull no such effect will be produced. But the explosive action in the skull is not due to the explosive or expanding nature of the bullet. It is due to the high velocity and the extreme energy of the bullet, not to its particular form, a natural bullet is just as likely to produce this expanding effect as a soft-nosed bullet. Just the same character of effects is shown in the case of the long bones. I show some skiagraphs to illustrate the point. Here the bullet has struck the shaft of the humerus, pierced it, fissured and broken the bone in various directions, and spread the fragments asunder. On the long bones an expanding bullet is rather less likely than a normal bullet to produce this expanding effect. The sporting bullet may yet damage a bone more grievously, and it will inflict a far more lacerated wound. It has long been suspected that the results obtained by experiments on the dead subject would not be borne out in actual practice. Experience in this campaign has strongly proved the correctness of the surmise, and the specimens shown furnish evidence of the fact.

Broadly speaking the injuries caused in the living subject are less serious than would have been anticipated from experiments. In this respect, then, modern war is more humane than it was thought likely to be.

SKIN WOUNDS.

Mauser bullets commonly make a clean hole or slit through the skin, and let in practically no air. Often, it appeared to me, though the view was questioned by some, the bullet knocks in a little flap of skin. Close examination of a scar often reveals a little crescentic mark different from the rest of the cicatrix. The bullet itself is sterile; attempts to get cultivations from it immediately after it has been fired have failed. It is very unlikely to carry any bits of clothing into the wound. The only shreds of clothing found in wounds that I have heard of are bits of the Highlanders' kilts, another argument against that inappropriate and indecorous form of clothing. Shreds of clothing are very likely to be highly septic. The Mauser bullet will go through the skin and soft parts so cleanly that you cannot tell the aperture of entrance from those of exit. At a long range the speed of rotation begins to diminish, and the bullet begins to wobble while still preserving a straight course as it goes through the air. It is less probable then that the aperture of exit will be identical in appearance with that of entrance, but in the bulk of cases you cannot tell one from the other. I can recall the case of one man who was hit by a cross-fire shot in that portion of his frame which, in the words of Ingoldby, it is considered equally indecorous to turn to a friend or a foe; and where, if I remember right, one of the combatants in the famous triangular duel in *Mr. Midshipman Easy* also met with a similar injury. The patient had four wounds from a single bullet in the gluteal region. All four scars were absolutely identical. John Hunter noted that the orifice of exit of a round bullet very often healed before the orifice of entrance, but I could notice no such difference in the wounds I saw.

The question of exploding and expanding bullets is a very old one. It comes up at every war. At Waterloo the French were accused—and they, of course, accused us also—of using cut bullets, which broke up in the wounds, as you can read in Sir H. Maxwell's *Life of the Duke of Wellington*. The same recriminations went on in the Crimean war; and again in the Franco-German war. They have been used in this campaign; there is no question about that, for we have it on the most unimpeachable authority possible—Lord Roberts himself—who would never bring the charge unless satisfied by the most irrefragable evidence. But, I repeat, for I wish to emphasise the opinion, that such forbidden bullets have been very rarely used. Often, no doubt, at the outset of the campaign, extracted bullets were perfectly honestly supposed to be of the expanding form when they were merely normal bullets that had deformed in striking a bone, or were possibly ricochet shots. Nor have "express" and large-bore bullets been employed against us save in the rarest instances. I have seen two or three express bullets extracted from patients. There is this one enormous difficulty about their use: that an army on active service cannot have

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half a dozen different kinds of rifle ammunition; unless there is uniformity of pattern there would be endless confusion. Such confusion there was in the Crimea, when half were armed with the Minié rifle (so-called, though Captain Minié did not invent the rifle but only the bullet fired from it) and half with the old brown Bess.

INJURIES OF LONG BONES: AMPUTATIONS.

Specimens of bullets which caused fractures and have been extracted show that the natural Mauser bullets may be deformed and resemble expanding bullets after having struck the bone.

Closely bearing on injuries of long bones comes the subject of amputations for those injuries. The figures of course are not yet to hand for this campaign, but I believe that the results of amputations in this war will be very remarkable indeed, and contrast in the most marked manner with those of former wars. In the Peninsular campaign the results were fairly good; in the Crimea they reached the lowest ebb I suppose that surgery will ever reach as regards results. Out of 1,666 amputations of the thigh done in the French army, 1,531 died; the mortality was 91.89 per cent. The mortality on our side was 65 per cent. In the American Civil war the mortality after amputations of all kinds was 64 per cent. We may, I think, safely anticipate that the mortality in the present campaign will at least be twice as low; so it is not only the bullet wounds that heal well, but also the wounds caused by operations. Here, much more markedly than in the case of punctured wounds due to bullets, the surgeon is favoured by those conditions to which I have already drawn attention, and of course by the fact that pyæmia, osteomyelitis, and so on, are conspicuously absent.

WOUNDS OF JOINTS.

I can only now allude to the subject of joint wounds, though these injuries are of vast interest. Speaking of the Crimean war, Surgeon-General Sir Thomas Longmore said that not a single patient with a wound of the knee-joint recovered with his life and his limb. If the limb was amputated, he had a better chance than if conservative treatment was adopted. But remember 65 per cent. of our cases died after amputation of the thigh. If the limb was not amputated, the man died of the knee-joint wound. In this war I do not think I have seen a single death after a knee-joint wound, and wounds in which the bullet has unquestionably traversed the knee-joint are common. The bullet nearly always pierces the patella cleanly, and it appears to me to make little or no difference whether the range is short or long. I have only seen one case in which it failed to drill a hole through the patella if it struck that bone. Hemarthrosis usually follows the injury. Experiment shows that a Lee-Metford bullet can go clean through the knee-joint in the extended position without injuring any of the bones. The bullet in one case traversed the ligamentum patellæ. The specimen is of interest, for it has been denied that a bullet can traverse the joint without injuring bone save in the flexed position. There is the proof that it can. Case after case have I seen in which, beyond all shadow of question, the bullet has gone clean through the joint, and in which recovery has been complete, including perfect mobility.

In one extraordinary case a Highlander, wounded at Magerfontein, was shot through the knee-joint. There, I am bound to say, the kill was a convenience to him. He fell down, saw a hole in his popliteal space, and saw the blood spurting out. His only cover was an ant heap. The moment he moved he was shot at, so he kept still. The bleeding had ceased spontaneously before he got an opportunity of applying his field dressing. He had to wait some twenty-eight hours before he was picked up. He was brought down to Wyberg, a journey of some twenty-eight hours, in the hospital train followed by a drive up hill to the hospital. There the dressing was removed, and immediately blood spouted out very vigorously. It was found the popliteal artery was wounded. The man recovered.

Another case I saw where the knee-joint was wounded, probably by a shrapnel bullet, and suppuration followed. There was some necrosis about the head of the tibia, and the suppuration extended into the knee-joint through a small opening. In this case the knee joint was laid freely open, and it was found that the whole of the synovial membrane was thickened and inflamed, looking as if the knee joint was lined with a layer of thick crimson slush. I suggested to the surgeon in charge that it should be dissected out. My hint was taken, and I heard some time after that the man was making a perfectly good recovery. In the history of military surgery I do not think you will find many operations of the sort recorded. Great credit is due, therefore, to the civil surgeon who performed it. I am a little proud of having suggested the proceeding.

WOUNDS OF THE SPINAL COLUMN AND HEAD.

I did intend to make some remarks about the head cases, but my time has slipped away, and I must trust to be able in some future clinical lecture to draw attention to the subject. But I wish to show you an experimental specimen made by firing a bullet at very short range into the spinal column. The lumbar vertebra is extensively broken up. An exploding and expanding action has been exercised upon the bone by the bullet. The astonishing feature of the preparation is that it shows how a high-velocity bullet can pass between important structures without wounding them. Here the bullet has found its way between the aorta and the vena cava without wounding either. Without such evidence as this it would have been thought impossible that a bullet travelling at such high velocity could cross the track of important nerves or vessels without wounding them. Nerves, I may mention, will show the most profound effects and lose their functional power when a bullet has only passed close by them.

But into so large a subject I must not now enter, and I only allude to such injuries to show how much there is of interest in modern rifle bullet wounds. I hope to communicate some remarks on nerve injuries to the Royal Medical and Chirurgical Society in due course.

Of the head cases I will only say that the question seems to be settled altogether that trephining can be done with the utmost freedom and with the greatest advantage to the patient. Never, I believe, in military surgery, have so many trephinings been done, or with such admirable results, as in the present campaign. Yet trephining is an operation which so great an authority as Sir Thomas Longmore thought hardly justifiable in military surgery.

CONCLUSIONS.

I have given you a very cursory—I fear you will question the epithet if I say a brief—sketch of some of the features of surgical interest in this war. Possibly I have adopted too pessimistic a tone. I am conscious that I have not added my voice in any marked degree to the chorus of eulogy that has

been almost unreservedly lavished on the Army Medical Department during the present campaign. I do not hint for a moment that such laudation is undeserved. It may be that I am somewhat of Sir Peter Teazle's advice when he remarked "Sir Oliver, Sir Oliver, this is a damned wicked world; and the fewer people we praise the better." But in all seriousness I dread lest the good surgical results be not ascribed fully enough to their proper cause. We know the fearful mortality brought about by overcrowding and by bad hygienic surroundings in the Crimean war, and, for that matter, in the Franco-German, Russo-Turkish, and other later wars. This campaign has already shown that these preventable disasters have been traced to their true source. Air, air, pure sunlight and air, have done more, much more, for our wounded in this war than seems generally to be acknowledged. I dread lest the Army Medical Department commended and patted on the back as it has been and is, may relax its efforts to improve further. If so a terrible awakening is in store for us when we next have to face the hideous horrors of war amidst unfavourable surroundings. But if we look on our present experience just as an indication that we are working in the right direction, then at least the medical profession may feel that it is doing—not that it has done—its best to contribute to the humanity of war.

Least we forget.

MILITARY MEDICAL NEEDS.

THE manner in which the whole of the medical details of the present war have up to the present been carried out is ample evidence that the service has richly merited the name Royal Corps. Certainly its only fault has been its numerical inferiority. How wonderfully the Director-General and his staff have husbanded and expended their slender resources is known only to the few. If the undermanned state of the service, to which we have constantly drawn attention, were generally realised, the Government would be forced by the pressure of public opinion to take immediate steps to rectify it. At the present time there are five different calls to be met: more ambulance men are required for South Africa, a large number for Rhodesia, orderlies for the sick and wounded returning from South Africa, orderlies for the camps at Salisbury and elsewhere, and for the various station hospitals. The demands from South Africa, including Rhodesia, could be met by offering better pay. It is reported that good men for Rhodesia will be taken on at 5s. a day for privates, 1s. and 2s. respectively more given for corporals and sergeants. With regard to the sick and wounded from South Africa, as soon as the pressure becomes heavy, there should be no hesitation in taking up the beds already promised in civil hospitals. For the camps and the station hospitals at home, the men of the Militia Medical Reserve should suffice, but in addition at least four stretcher bearers per company should be trained at once. With regard to the medical officers required for the camps and station hospitals at home, we believe that the volunteer service could and would supply all that is needed provided the officers received relative rank, pay, and allowances, and not the extremely unpopular contract rate. Now is a good time to put the volunteer service on

its trial. One way in which the test might be applied would be to put a senior medical officer in charge of the hospital at Salisbury Camp, and let the force provide a volunteer staff to serve the hospitals and train the regimental stretcher bearers; he should draw his non-commissioned officers and men from the Volunteer Medical Staff Corps and brigade bearer companies. Had the War Office years ago, as has often been suggested, appointed an experienced volunteer medical officer with the rank of colonel generally to supervise and inspect the force, under the various principal medical officers of district, there would by this time have been a large serviceable body.

M. A. P.

WEEK ENDING
MAY 26, 1900.

Doctors at the Front.

THE iron band of discipline (writes a medical correspondent in a private letter to M. A. P. from the front) holds every officer in the R.A.M.C. in its grip, and although strong men to arise in its ranks, still, the reverence for superior rank is great, and often silences objections. For instance, after the battle of Dreifontein, Lord Roberts was riding next morning over the field, and, to his annoyance, he found wounded men still remaining untended. In justification of this, it must be remembered that someone had cut down the available waggons and ambulance of every hospital by one half, prior to starting on February 11th to Kimberley, and also that the whole staff of every hospital was working throughout the night of the battle trying to make up for deficiencies that were not their fault. Further, it should be borne in mind that the bearer companies were still working when the "Bobs" rode out.

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The Civil Surgeon. *****

IGNORANT of forms as a baby, and secure in his ignorance, he dares many things and rarely gets snubbed. At Dekiel's Drift a civil surgeon was left in charge of some sick, about forty-five in number, and his orders were to take them back to the base, two days' journey, and rejoin his unit without delay. The weather was terribly hot, and he asked for a water cart for his sick, but this was refused. Nothing daunted, he appealed to a very great officer indeed, and again his request was denied on the score of impossibility. These refusals would have daunted most men, but nothing abashed, and only conscious of his duty to his charge, he went to Lord Roberts himself. To that great, little man, he stated his case, and asked that at any cost a water cart might be granted him. "Of course!" was the instant reply, and it was a proud man who rode alongside that crippled conveyance during the hot and scorching trek, divested through his pluck and tenacity of half of its terrors. Someone was short of a water-cart, but to Roberts the sick or wounded soldier was, and is, a living, suffering entity, whilst to others he is a burden and an impediment.

JUNE 2, 1900.

THE MEDICAL SERVICE AND THE WAR.

THE sixth letter of the series on Our Wars and Our Wounded from the special correspondent of the *Times* at Capetown to which we have already referred, dealt chiefly with the immense amount of military administrative detail in a base hospital. It was alleged that to meet such detail the two chief medical officers thereof, the principal and his secretary (otherwise commandant and military registrar) are usually divested of professional work personally, from which separation of duties it is inferred that mere military administration must officially be considered superior to professional ability.

We before took exception to the legitimacy of that inference, and the correspondent now bears out our contention; for he aims at showing the large amount of administrative clerical detail which demands the constant supervision and guidance of the principal.

If the implied divorce between military administrative and professional duties be usual, it is not universal; for, as he now states, he found Colonel Wood, Principal of No. 3 Base Hospital, not only skilfully performing surgical operations, but in conjunction with his secretary, Major Keogh, running the surgical division himself. He adds that nothing but "a desire to vindicate the much assailed medical reputation of his corps could give one man the strength and will to face so heavy a task." We do not know that the reputation of the Army Medical Service needs any vindication. The double "task," however, is much too "heavy" for any man, and is therefore very wisely not imposed by regulation. But this instance of double duty shows that administrative and professional work can be happily, if less effectively, combined and disposes of the implication that they are incompatible.

The correspondent devotes much space to criticising in trenchant fashion the many military details which it is declared "a rampant militarism imposes on" base hospitals. When this subject is discussed it too often seems to be forgotten that a soldier remains a soldier when he falls sick; that a base hospital is an important part of a military machine which must work in harmony with the military organisation in the field. It must maintain the military continuity and personal identity of every soldier patient. Such duties can be carried out only by officers and men specially trained.

We are not prepared to answer off-hand the comprehensive question "how much" of the special labour thus imposed "is necessary and how much more superfluous." Wide and important collateral issues are involved, and until these have been considered it is not wise to rail at large at the "demon of red tape," or dogmatically to assert that "nine-tenths of the paper material used for the returns ought to be crammed down the throat of the man who invented them." As a matter of fact, when the existing regulations for hospitals in the field were drafted some years ago, great pains were taken to minimise office work and simplify returns, and these endeavours have certainly not been unattended with success. How is the State, the army and the public, including thousands of anxious private individuals, to obtain knowledge of the condition of the sick and wounded at the seat of war if daily, weekly, and special returns such as those prescribed in Paragraphs 793 to 799 of the regulations for army medical services, (1897) are not forthcoming?

The Regulations (Paragraphs 758 to 764) on the conduct of the base hospitals include the following (Paragraph 758): "The organisation will, while closely corresponding to that of general hospitals in time of peace, be varied and adapted to meet the special exigencies of circumstances, locality, climate, etc." A latitude in dis-

posing with the less essential details is thus given to the principal, and if he does not act on the spirit of this rule he will assuredly fail in an obvious duty.

These remarks broadly relate to the general conduct of base hospitals. Let us glance at the more specific instances of "rampant militarism" which are alluded to. Take the very important question of the identification of a sick soldier in the field. That has to be maintained in two directions—first, the identity as an individual; secondly, as a fighting unit of a corps; and can only be done by correct check rolls and personal kit lists, passed from hospital to hospital, from front to rear, a duty demanding a trained administrative and clerical staff within the hospitals. Nobody will question the importance of identification, and the correspondent paints a grimly facetious picture of an imaginary Jones who arrives at the base too ill to give an account of himself; his number and Christian name are unfortunately lost, and only his regiment is known; he dies, and as there are many of the name in his corps, all the relations of all the Joneses in their uncertainty go into mourning; yea, even "four widows" may be plunged into grief by the announced decease of this one untraced man. Could the necessity of efficient hospital administration and a trained clerical staff be better enforced than by this not improbable illustration?

Or take the classification of diseases and of wounds into "slight," "severe," "serious," "dangerous," etc. Think of the hopes and fears of thousands of loving hearts at home which centre in such a classification; consider the judgment and skill demanded of principal and executive medical officers in such a duty; picture the heartache and suffering which a mistaken diagnosis, or even a mere clerical error in the classification may bring to the relations of stricken soldiers!

Or, again, take what the correspondent calls the "terrible question of kits." It is a cardinal principle that kits, arms, and accoutrements of a sick soldier in the field shall, if they can be secured, accompany him wherever he goes. This is held to be the best way of keeping the men efficient as independent fighting units; moreover, in savage warfare, it enables the sick and wounded to defend the hospital if attacked. Where would the men in the hospital at Rorke's Drift have been without their arms? On the kit largely depends the potential efficiency of a sick or wounded soldier should he recover and pass again to the front; and the great majority of sick and wounded men recover, and many soon return to duty. It is estimated that 94 per cent. of the wounded in the present war recover, and quite a third speedily return to duty; hence the importance of kits, arms, and accoutrements being ready for such men, who may be hundreds of miles away from their corps. The care of kits must therefore be provided for in hospitals on the field. Without such provision a base hospital would soon be a scene of mere chaos and indiscipline, a hindrance instead of an important auxiliary to the army in the front. For such duties the hospitals must be equipped and administered under the full autonomy now wisely granted to them.

The correspondent talks of "wasted force" in the shape of broad-shouldered, able-bodied clerks employed in the hospitals who, he says, instead of wielding pens should be rushing kopjes, bayonet in hand; or at all events succouring comrades in the fighting line. Now, it must be understood that weaklings are not suited for the medical corps; they have been tried and found wanting. These athletic clerks have indeed a proper niche in the military edifice even as others in the fighting line; they are specially enlisted on account of educational and other fitness, and specially trained in the important duties for which they are suited, and which they efficiently perform; they cannot under our voluntary system be drafted to combatant duties. Way, then, should it be made a reproach to them that they do the work which they are put to do?

Unfortunately, many of the criticisms contained in this series of letters, and especially in the last one, are calculated to prejudice the public against army medical work, whether executive or administrative; and tend to reusitate the exploded fallacy that medical officers cannot or should not administer their hospitals. If they mean anything they are intended as an argument for the reconstitution of the old and intolerable system of divided authority in military hospitals which was accountable for such disaster in former days. The War Office has shown itself capable of extraordinary fallibility of judgment, especially in the administration of the medical service of the army; but we cannot believe that it will be guilty of anything so foolishly retrograde as is suggested by this irresponsible writer in the *Times*.

DAILY EXPRESS, LONDON,
THURSDAY, JUNE 7, 1900.
REAL NURSES OR

MAY 26, 1900.]

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE BRITISH MEDICAL JOURNAL 1285

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. W. PAVY, M.D., F.R.C.P., F.R.S., President, in the Chair.

Tuesday, May 22nd, 1900.

THE WOUNDED IN THE PRESENT WAR.

THE DISCUSSION ON THIS SUBJECT WAS RESUMED BY MR. CLINTON DENT.

Temporary and Extemporised Hospitals.

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Women Nurses.

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among a few scrubby trees and speculates on the number of codies in the daily military funeral, from four to six being the average. It is not a beautiful spot, and I notice that the photographers who supply papers with charming peeps at hospitals, set among the hills higher up the mountain, severely alone.

Did you? The better heard there are seven hundred and officers and men to be somewhere!

at the news of our reverence a young gentleman of my who had all his life lived all, and snored comfortably to enlist in a corps that re the unusual advantage of ra expenses. The hand of king him to arrive safely at asked him over with dysentery the iron law of military him as a private soldier to hospital at Woodstock.

scomforts.

pon a broiling day in April ed him.

on his back in one of the on sheds. His pillow was that necessary article, his pt over clean, and he was water out of a bottle, for, as sed to me, there was no glass ther side of him were two dunce, smoking a peculiarly trating kind of plug tobacco. numerous and strong on the tching season having evi-good one. The heat, as I something remarkable, and puff of wind would deposit a through the open windows. spital orderlies had ever had in their work before, and nurse—one nurse, mark you da.

s whom I had been assured cards, to the boisterous of and patient, there was never if that there had been—they in welcome, indeed!

d showed every intension of nitary world, never to return, search of the P.M.O., as we apital medical officer. I found ition of acute depression, having over six hundred anage with a staff equal to

I explained to him the on of a young volunteer, a vate, who had never known he best of food and lodging in treated in his first serious e P.M.O. sympathised. ers' hospital at Wynberg he allowed to go, but the mot to be moved he was carried main building, which, with walls, was an ice-house, comon shed where I had found

melancholy place enough at e long room was without a ture, the walls were old and ere were no screens, no coms for the convalescents, no s for those who were able to ng for the nightly plague of o fans for the daily host of

loor, bare walls, and iron beds remember, that this was not ere no one would have dreamt at the hardships of war, but ith many a ship half-full of e, and comforts lying in Table

house, day that I visited him carry- of certain necessary comforts was frowned upon by digni- rched like a cootie-handist—I go in the ward. There were

brilliant flowers in vases; bottles of eau de Cologne and sprays for using the same stied by some of the sufferers. Yet more wonder- ful, behold my friend was clothed in a clean, soft night-shirt! Two ladies, he told me, the wife of an officer and her sister, had wrestled with the powers that were and obtained permission to provide certain little luxuries to the wards—not his alone but all in the hospital.

A Change for the better.

You should have seen the eyes of the men about him light up with quiet gratitude when he mentioned their names! I have no desire to tire you by following out, step by step, the reformation of conversion of

curve like rusty sea serpents cast up by the tide, lies the Woodstock Military Hospital, an ancient battery, ungracefully decayed, and railway sidings, lately increased in number, adorn either flank. In the rear is the dirtiest and most disreputable suburb of Capetown, productive of Malayia, insects, half-breeds, dust, coolies, and variegated smells.

Part of the patients lie in a two-storied, stone-built building of some size, originally painted yellow, but now stained by the winter rains into many dreary hues; the less fortunate are lodged in corrugated iron sheds and a multitude of bell tents. The blue-shaded convalescents sit in deep sand

The Civil Surgeon. *****

IGNORANT of forms as a baby, and secure in his ignorance, he dares many things and rarely gets snubbed. At Dekiel's Drift a civil surgeon was left in charge of some sick, about forty-five in number, and his orders were to take them back to the base, two days' journey, and rejoin his unit without delay. The weather was terribly hot, and he asked for a water cart for his sick, but this was refused. Nothing daunted, he appealed to a very great officer indeed, and again his request was denied on the score of impossibility. These refusals would have daunted most men, but nothing abashed, and only conscious of his duty to his charge, he went to Lord Roberts himself. To that great, little man, he stated his case, and asked that at any cost a water cart might be granted him. "Of course!" was the instant reply, and it was a proud man who rode alongside that crippled conveyance during the hot and scorching trek, divested through his pluck and tenacity of half of its terrors. Someone was short of a water-cart, but to Roberts the sick or wounded soldier was, and is, a living, suffering entity, whilst to others he is a burden and an impediment.

JUNE 2, 1900.

THE MEDICAL SERVICE AND THE WAR.

THE sixth letter of the series on Our Wars and Our Wounded from the special correspondent of the *Times* at Capetown to which we have already referred, dealt chiefly with the immense amount of military administrative detail in a base hospital. It was alleged that to meet such detail the two chief medical officers thereof, the principal and his secretary (otherwise commandant and military registrar) are usually divested of professional work personally, from which separation of duties it is inferred that mere military administration must officially be considered superior to professional ability.

We before took exception to the legitimacy of that inference, and the correspondent now bears out our contention; for he aims at showing the large amount of administrative clerical detail which demands the constant supervision and guidance of the principal.

If the implied divorce between military administrative and professional duties be usual, it is not universal; for, as he now states, he found Colonel Wood, Principal of No. 3 Base Hospital, not only skilfully performing surgical operations, but in conjunction with his secretary, Major Keogh, running the surgical division himself. He adds that nothing but "a desire to vindicate the much assailed medical reputation of his corps could give one man the strength and will to face so heavy a task." We do not know that the reputation of the Army Medical Service needs any vindication. The double "task," however, is much too "heavy" for any man, and is therefore very wisely not imposed by regulation. But this instance of double duty shows that administrative and professional work can be happily, if less effectively, combined and disposes of the implication that they are incompatible.

The correspondent devotes much space to criticising in trenchant fashion the many military details which it is declared "a rampant militarism imposes on" base hospitals. When this subject is discussed it too often seems to be forgotten that a soldier remains a soldier when he falls sick; that a base hospital is an important part of a military machine which must work in harmony with the military organisation in the field. It must maintain the military continuity and personal identity of every soldier patient. Such duties can be carried out only by officers and men specially trained.

We are not prepared to answer off-hand the comprehensive question "how much" of the special labour thus imposed "is necessary and how much more superfluous." Wide and important collateral issues are involved, and until these have been considered it is not wise to rail at large at the "demon of red tape," or dogmatically to assert that "nine-tenths of the paper material used for the returns ought to be crammed down the throat of the man who invented them." As a matter of fact, when the existing regulations for hospitals in the field were drafted some years ago, great pains were taken to minimise office work and simplify returns, and these endeavours have certainly not been unattended with success. How is the State, the army and the public, including thousands of anxious private individuals, to obtain knowledge of the condition of the sick and wounded at the seat of war if daily, weekly, and special returns such as those prescribed in Paragraphs 793 to 799 of the regulations for army medical services, (1897) are not forthcoming?

The Regulations (Paragraphs 758 to 764) on the conduct of the base hospitals include the following (Paragraph 758): "The organisation will, while closely corresponding to that of general hospitals in time of peace, be varied and adapted to meet the special exigencies of circumstances, locality, climate, etc." A latitude in dis-

posing with the less essential details is thus given to the principal, and if he does not act on the spirit of this rule he will assuredly fail in an obvious duty.

These remarks broadly relate to the general conduct of base hospitals. Let us glance at the more specific instances of "rampant militarism" which are alluded to. Take the very important question of the identification of a sick soldier in the field. That has to be maintained in two directions—first, the identity as an individual; secondly, as a fighting unit of a corps; and can only be done by correct check rolls and personal kit lists, passed from hospital to hospital, from front to rear, a duty demanding a trained administrative and clerical staff within the hospitals. Nobody will question the importance of identification, and the correspondent paints a grimly facetious picture of an imaginary Jones who arrives at the base too ill to give an account of himself; his number and Christian name are unfortunately lost, and only his regiment is known; he dies, and as there are many of the name in his corps, all the relations of all the Joneses in their uncertainty go into mourning; yes, even "four widows" may be plunged into grief by the announced decease of this one untraced man. Could the necessity of efficient hospital administration and a trained clerical staff be better enforced than by this not improbable illustration?

Or take the classification of diseases and of wounds into "slight," "severe," "serious," "dangerous," etc. Think of the hopes and fears of thousands of loving hearts at home which centre in such a classification; consider the judgment and skill demanded of principal and executive medical officers in such a duty; picture the heartache and suffering which a mistaken diagnosis, or even a mere clerical error in the classification may bring to the relations of stricken soldiers!

Or, again, take what the correspondent calls the "terrible question of kits." It is a cardinal principle that kits, arms, and accoutrements of a sick soldier in the field shall, if they can be secured, accompany him wherever he goes. This is held to be the best way of keeping the men efficient as independent fighting units; moreover, in savage warfare, it enables the sick and wounded to defend the hospital if attacked. Where would the men in the hospital at Rorke's Drift have been without their arms? On the kit largely depends the potential efficiency of a sick or wounded soldier should he recover and pass again to the front; and the great majority of sick and wounded men recover, and many soon return to duty. It is estimated that 94 per cent. of the wounded in the present war recover, and quite a third speedily return to duty; hence the importance of kits, arms, and accoutrements being ready for such men, who may be hundreds of miles away from their corps. The care of kits must therefore be provided for in hospitals on the field. Without such provision a base hospital would soon be a scene of mere chaos and indiscipline, a hindrance instead of an important auxiliary to the army in the front. For such duties the hospitals must be equipped and administered under the full autonomy now wisely granted to them.

The correspondent talks of "wasted force" in the shape of broad-shouldered, able-bodied clerks employed in the hospitals who, he says, instead of wielding pens should be rushing kopjes, bayonet in hand; or at all events succouring comrades in the fighting line. Now, it must be understood that weaklings are not suited for the medical corps; they have been tried and found wanting. These athletic clerks have indeed a proper niche in the military edifice even as others in the fighting line; they are specially enlisted on account of educational and other fitness, and specially trained in the important duties for which they are suited, and which they efficiently perform; they cannot under our voluntary system be drafted to combatant duties. Why, then, should it be made a reproach to them that they do the work which they are put to do?

Unfortunately, many of the criticisms contained in this series of letters, and especially in the last one, are calculated to prejudice the public against army medical work, whether executive or administrative; and tend to resuscitate the exploded fallacy that medical officers cannot or should not administer their hospitals. If they mean anything they are intended as an argument for the reconstitution of the old and intolerable system of divided authority in military hospitals which was accountable for such disaster in former days. The War Office has shown itself capable of extraordinary fallibility of judgment, especially in the administration of the medical service of the army; but we cannot believe that it will be guilty of anything so foolishly retrograde as is suggested by this irresponsible writer in the *Times*.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. W. PAVY, M.D., F.R.C.P., F.R.S., President, in the Chair.

Tuesday, May 22nd, 1900.

THE WOUNDED IN THE PRESENT WAR.

THE DISCUSSION ON THIS SUBJECT WAS RESUMED BY MR. CLINTON DENT.

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MR. CLINTON DENT said, with regard to the accommodation of the wounded in the base hospitals, that, considering the climate of South Africa, tent hospitals were better than those of wood or galvanised iron, for they permitted what was practically the open-air treatment of the wounded. The sand and dust storms certainly made life in a tent rather worse than in a hut, and neatness was not possible to the same extent, but on the whole the wounded did better in the tent hospitals. On the high veld the possibility of shifting the whole hospital quickly was an advantage in favour of the tent. At first the amount of ventilation seemed excessive, but if chilling were prevented nothing but good resulted. Churches and schools were ill-adapted for hospitals. In the first place, if a church were used, all the patients had to be put in one ward. There was not in churches enough light, and cross-ventilation was not possible. The square marquee used in some of the hospitals was, on the whole, more satisfactory than the oval or round marquees. The bedsteads were, as a rule, much too wide, taking up too much of the hut space or tent space. In any case there should be some sort of flooring. The wards might well be of canvas, but the operating theatre should be of more permanent material, with efficient top-lighting.

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Women Nurses.

The place of women nurses in the field was in the hospitals and they should never be allowed within the zone of fire.

Medical Attachés.

Governments should send to the seat of war accredited medical *attachés* to observe and record experience that would be useful for their respective countries. A medical *attaché* would find a welcome from his brother medical men, and nothing would be concealed from him.

Classification of Wounds.

Of the total number of wounded in the present war 27 per cent. were damaged by shell fire, and 73 per cent. by rifle fire. Never before had there been so large a proportion of recoveries and return to duty of the wounded as in the present war, even after injury to important structures. A mortality of 5.34 per cent. was very small indeed; among officers it was 2½ per cent. greater than among the men. At Netley, of 92 cases of knee-joint injuries 26 were returned to duty; of 154 chest wounds 73 were sent out fit for duty; of 76 abdominal wounds 26 were discharged as fit for duty. The diminishing evil effects of wounds in war did not seem to indicate a cessation of war, even if such cessation could be regarded as an unmixed benefit to mankind, which he doubted.

Cases at Netley.

Major W. DICK, R.A.M.C. (Netley) referred to cases of injury to nerves. In one case of musculo-spiral palsy in which it seemed that the nerve must have been divided an operation proved this not to have been the case. Deflection of small-bore bullets was probably more common than was thought. The cases of perforating abdominal wounds in Netley Hospital were all healed; these had had no jolting or transport, and all were fasting at the time of receiving the injury. In one case in which a laparotomy had been performed there was a very pendulous abdomen, and the man would be invalided out of the service.

ANTISEPTICS AND UNIVERSAL PEACE.

THE resumed discussion of the subject of the wounded in the present war at the meeting of the Royal Medical and Chirurgical Society on Tuesday elicited some interesting opinions and raised questions of wide importance. We may allude to two or three matters of more general interest. First, in regard to the question whether the good results in bullet wounds should be attributed to antiseptics, or, as Mr. Clinton Dent has contended, largely to the special climatic conditions of the country in which most of the fighting has taken place, Sir William MacCormac pointed out that the good results which were in a similar degree apparent in the American war in Cuba, where modern methods were employed, could hardly be due to a phenomenally pure atmosphere, because of such there was none—nay, more, epidemic disease was abundantly rife among the combatants, not only typhoid, but also yellow fever and other zymotic diseases. The same argument applies, in perhaps a less degree, to the hygienic conditions of our war in South Africa. A climate which permits typhoid fever, dysentery, and epidemic diarrhoea to attack so large a proportion of a force must be under shrewd suspicion of not having been the main cause why so many of our wounded recovered so quickly and smoothly, particularly in view of the fact that the antiseptic treatment of wounds was in a large measure thoroughly and skilfully carried out. A wide question raised

by Sir William MacCormac is that of the effect of the comparative slightness of the wounds in modern warfare on the theory of universal peace as propounded recently by M. Bloch. Probably neither the slightness nor the severity of wounds will either accelerate or retard the adoption of general arbitration, any more than the Czar's Rescript will lead to speedy reductions of armaments. The question of war or no war is neither a matter of wounds nor expense; both are mere accidents. If the achievement of science is to be that the bulk of the world's soldiers who are shot shall neither be killed nor permanently crippled, it is not easy to see how this will in any way disturb the principle of the ratio between opposing forces upon which the chances of war so largely depend. Meanwhile, as universal arbitration is at present a counsel of perfection, we would cordially endorse Sir William MacCormac's views in regard to Government medical *attachés*.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following distribution of Army Medical officers is shown in the monthly Army List for May:

Distribution in the May Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals ..	5	1	4	—	10	—
Colonels ..	7	9	11	—	27	3
Lieutenant-Colonels...	17	32	61	—	110	3
Majors ..	23	191	166	2	382	4
Captains ..	11	78	96	—	185	6
Lieutenants ..	1	101	35	—	137	4
Total ..	64	412	373	2	851	20

The total establishment (851) is one less than the April list, from Lieutenant Irvine having been killed in action at Bloemfontein Waterworks. The Home list (64) shows an increase of 1 executive officer; the South African list (412) is exactly the same, for the death of the above-named officer is balanced by the addition of a captain (78).

Sir Redvers Buller, therefore, did not get the 50 additional medical officers he was said to have asked for. The very sufficient reason no doubt was that there were none to send him.

The list at other foreign stations (373) is unaltered; but the unposted has sunk to 2, officers presumably on sick leave, a marvellously small number in such a large total list.

It will be noticed that the rank of Lieutenant-Colonel has increased by 36, moved up from the rank of Major, by automatic promotion on completion of 20 years' service.

The number seconded shows an increase of 1.

The number of retired medical officers employed is 123, and of retired quartermasters, R.A.M.C., 16.

THE ORDER OF THE BATH.

Surgeon-General HENRY SKEW MUIR, who is made Companion of the Bath (Military Division) is Deputy-Director-General of the Army Medical Service. He received his medical education at the University of Glasgow and Guy's Hospital, and took the degree of M.D. Glasgow, in 1863. In the following year he entered the army as Assistant-Surgeon, was promoted Surgeon in 1873, Surgeon-Major in 1876, Brigade Surgeon in 1888, Surgeon-Colonel in 1893, and Surgeon-Major-General in November, 1896. He served in the Afghan war of 1878-80 (action of Shahjui; mentioned in despatches; medal). He was Principal Medical Officer in Egypt 1897-98, and though he was not present at the actions in the Sudan, was responsible for the medical arrangements made for the campaign.

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DAILY EXPRESS, LONDON,
THURSDAY, JUNE 7, 1900.

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SOME FACTS CONCERNING A CERTAIN CRITICISM.

By the "Express" Correspondent,
R. FLETCHER ROBINSON.

CAPETOWN, May 15.

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Rumours and stories have been circulated both for and against these amateurs. We have heard how a horrified doctor discovered one in the act of "giving buns to his enterics," and we have also been told of a pig-headed medical who described the suggestion of a lady that milk from a certain insanitary district should be sterilised, as "a remark obviously subversive of all military discipline" whatever that may mean.

Again I have not the slightest wish to say a word against the eminent surgeons who have done their work so well, received salaries considerably higher than the pay of our generals, and now stand well up in the list for baronetages and knighthoods. They have served their country and reap a goodly reward; for Sir Thomas Brown, the celebrated specialist, of Harley-street, received five times the fees of plain Mr. Brown of Something Gardens.

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But I have a little personal experience to relate that tells of the good deeds of two ladies who gave their time and money without stint, and yet did not believe that a badly-fitting gown and complete self-abasement before the medical officer were necessary for successful nursing.

To those generous-hearted people at home who read what now I write, I appeal, begging them to remember from this one example that it were well not to hastily believe all the cynical stories that are told of the ladies at the war.

Tommy's Hospital.

On the edge of a disreputable and most melancholy shore, across which drain pipes curve like rusty sea serpents cast up by the tide, lies the Woodstock Military Hospital, an ancient battery, ungracefully decayed, and railway sidings, lately increased in number, adorn either flank. In the rear is the dirtiest and most disreputable suburb of Capetown, productive of Malays, insects, half-breeds, dust, coolies, and variegated smells.

Part of the patients lie in a two-storied, stone-built building of some size, originally painted yellow, but now stained by the winter rains into many dreary hues; the less fortunate are lodged in corrugated iron sheds and a multitude of bell tents. The blue-clad convalescents sit in deep sand

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The Civil Surgeon.

IGNORANT of forms as a baby, and secure in his ignorance, he dares many things and rarely gets snubbed. At Dekiel's Drift a civil surgeon was left in charge of some sick about forty-five in number, and his back to the base, two days' journey out delay. The weather was too water cart for his sick, but this he appealed to a very great request was denied on the refusal would have daunted most and only conscious of his duty to Roberts himself. To that great, and asked that at any cost a him. "Of course!" was the man who rode alongside that cry and scorching trek, divested of half of its terrors. Someone to Roberts the sick or wounded suffering entity, whilst to other impediment.

JUNE

THE MEDICAL SERVICE

THE sixth letter of the series Wounded from the special case Capetown to which we have already the immense amount of military base hospital. It was alleged that two chief medical officers their secretary (otherwise command) are usually divested of professional which separation of duties it is administration must officially professional ability.

We before took exception to ference, and the correspondent tion; for he aims at showing the strative clerical detail which division and guidance of the principle.

If the implied division between and professional duties be used as he now states, he found C No. 3 Base Hospital, not only sk operations, but in conjunction Keogh, running the surgical d that nothing but "a desire to v medical reputation of his corp strength and will to face so h know that the reputation of t needs any vindication. The doubt too "heavy" for any man, and i imposed by regulation. But thi shows that administrative and happily, if less effectively, comi implication that they are incom.

The correspondent devotes m trenchant fashion the many mil declared "a rampant militarist pits. When this subject is di to be forgotten that a soldier r falls sick; that a base hospital i military machine which must v military organisation in the fie military continuity and personal patient. Such duties can be ca and men specially trained.

We are not prepared to answer question "how much" of t posed "is necessary and how Wide and important collateral until these have been considere large at the "demon of red tape," that "nine-tenths of the paper turns ought to be crammed do who invented them." As a m listing regulations for hospitals some years ago, great pains wer work and simplify returns, and t tainly not been unattended with

The Regulations (Paragraphs 758 to 764) on the conduct of the base hospitals include the following (Paragraph 758): "The organisation will, while closely corresponding to that of general hospitals in time of peace, be varied and adapted to meet the special exigencies of circumstances, locality, climate, etc." A latitude in dis-

1286 THE BRITISH MEDICAL JOURNAL

BRITISH GYNÆCOLOGICAL SOCIETY.

[MAY 26, 1906.]

Medical Attachés.

Governments should send to the seat of war accredited medical attachés to observe and record experience that would be useful for their respective countries. A medical attaché would find a welcome from his brother medical men, and nothing would be concealed from him.

Classification of Wounds.

Of the total number of wounded in the present war 27 per cent. were damaged by shell fire, and 73 per cent. by rifle fire. Never before had there been so large a proportion of recoveries and return to duty of the wounded as in the present war, even after injury to important structures. A mortality of 5.34 per cent. was very small indeed; among officers it was 21 per cent. greater than among the men. At Netley, of 92 cases of knee-joint injuries 26 were returned to duty; of 154 chest wounds 73 were sent out fit for duty; of 76 abdominal wounds 26 were discharged as fit for duty. The diminishing evil effects of wounds in war did not seem to indicate a cessation of war, even if such cessation could be regarded as an unmixed benefit to mankind, which he doubted.

Cases at Netley.

Major W. Dick, R.A.M.C. (Netley) referred to cases of injury to nerves. In one case of musculo-spiral palsy in which it seemed that the nerve must have been divided an operation proved this not to have been the case. Deflection of small-bore bullets was probably more common than was thought. The cases of perforating abdominal wounds in Netley Hospital were all healed; these had had no jolting or transport, and all were fasting at the time of receiving the injury. In one case in which a laparotomy had been performed there was a very pendulous abdomen, and the man would be invalided out of the service.

ANTISEPTICS AND UNIVERSAL PEACE.

THE resumed discussion of the subject of the wounded in the present war at the meeting of the Royal Medical and Chirurgical Society on Tuesday elicited some interesting opinions and raised questions of wide importance. We may allude to two or three matters of more general interest. First, in regard to the question whether the good results in bullet wounds should be attributed to antiseptics, or, as Mr. Clinton Dent has contended, largely to the special climatic conditions of the country in which most of the fighting has taken place, Sir William Mac Cormac pointed out that the good results which were in a similar degree apparent in the American war in Cuba, where modern methods were employed, could hardly be due to a phenomenally pure atmosphere, because of such there was none—may, more, epidemic disease was abundantly rife among the combatants, not only typhoid, but also yellow fever and other zymotic diseases. The same argument applies, in perhaps a less degree, to the hygienic conditions of our war in South Africa. A climate which permits typhoid fever, dysentery, and epidemic diarrhoea to attack so large a proportion of a force must be under shrewd suspicion of not having been the main cause why so many of our wounded recovered so quickly and smoothly, particularly in view of the fact that the antiseptic treatment of wounds was in a large measure thoroughly and skilfully carried out. A wide question raised by Sir William Mac Cormac is that of the effect of the comparative slightness of the wounds in modern warfare on the theory of universal peace as propounded recently by M. Bloch. Probably neither the slightness nor the severity of wounds will either accelerate or retard the adoption of general arbitration, any more than the Czar's Rescript will lead to speedy reductions of armaments. The question of war or no war is neither a matter of wounds nor expense; both are mere accidents. If the achievement of science is to be that the bulk of the world's soldiers who are shot shall neither be killed nor permanently crippled, it is not easy to see how this will in any way disturb the principle of the ratio between opposing forces upon which the chances of war so largely depend. Meanwhile, as universal arbitration is at present a counsel of perfection, we would cordially endorse Sir William Mac Cormac's views in regard to Government medical attachés.

persing with the less essential details is thus given to the principal, and if he does not act on the spirit of this rule he will assuredly fall in an obvious duty.

These remarks broadly relate to the general conduct of

ROYAL NAVY AND ARMY MEDICAL SERVICES. THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following distribution of Army Medical officers is shown in the monthly Army List for May:

Distribution in the May Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals	5	8	4	—	17	—
Colonels	—	—	11	—	11	3
Lieutenant-Colonels	17	38	62	—	117	3
Majors	21	211	806	8	1046	4
Captains	11	25	96	—	132	6
Lieutenants	1	105	35	—	141	4
Total	54	412	373	8	847	20

The total establishment (851) is one less than the April list, from Lieutenant Irvine having been killed in action at Bloemfontein Waterworks. The Home list (54) shows an increase of 1 executive officer; the South African list (412) is exactly the same, for the death of the above-named officer is balanced by the addition of a captain (78).

Sir Redvers Buller, therefore, did not get the 50 additional medical officers he was said to have asked for. The very sufficient reason no doubt was that there were none to send him.

The list at other foreign stations (373) is unaltered; but the unposted has sunk to 2, officers presumably on sick leave, a marvellously small number in such a large total list.

It will be noticed that the rank of Lieutenant-Colonel has increased by 36, moved up from the rank of Major, by automatic promotion on completion of 20 years' service.

The number seconded shows an increase of 1. The number of retired medical officers employed is 123, and of retired quartermasters, R.A.M.C., 16.

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authority in military hospitals which was accountable for such disaster in former days. The War Office has shown itself capable of extraordinary fallibility of judgment, especially in the administration of the medical service of the army; but we cannot believe that it will be guilty of anything so foolishly retrograde as is suggested by this irresponsible writer in the *Times*.

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Ward 18. Let me describe it as I last saw it three days ago. In the centre of the room were three or four big basket chairs, heaped high with cushions, where in lanky skeletons of men rested with happy smiles on their white faces. There was a little reading library in a cupboard, and illustrated papers and magazines in tumbled confusion.

Flowers, most tastefully arranged in stands, softened the bareness of the harnish-like room. There were extra pillows and nightshirts far softer than the authorities supply; there were mosquito curtains to stave off night attacks, and fans to combat the flies by day. There were great screens, two, three or four of them—and what a little privacy means to young, modest, disease-stricken men those who have suffered only know.

And all these comforts, or nearly all of them, had been the gift of two private citizens of the British Empire, who were neither an organisation, nor a delegation, nor a committee, nor authorised by the powers that are, but simply warm-hearted women, who rejoiced to pay out of their own pockets for their brothers in distress.

To those who have shirts and socks to spare I have a message to give. The soldiers leaving Woodstock have in many cases been sent shirtless away, and even socks are stopped out of their pay. "I fear I am troubling you by asking your help," says a letter before me, "but we will arrange for their distribution, and the head sister will let us know when the men are about to be discharged. Warm clothing is so necessary now."

"I fear you will agree with Sir Alfred Milner in wishing the ladies anywhere but in South Africa, or perhaps think them a 'blot' on the campaign." I personally do not agree with Sir Alfred, nor with the speeches of certain distinguished medical gentlemen to which I have already referred. If you are of the same mind, make up your parcel and send it to Mrs. Richards at the Vineyard Hotel, Newlands, Capetown. It will be gratefully received.

JUNE 9, 1900.

GUNSHOT WOUNDS OF THE ABDOMEN.

AMONG the many lessons that we have learnt during the present campaign in South Africa, few are more unexpected, none are more striking in their novelty, than those which have reference to the surgical experience of gunshot wounds of the abdomen.

What may be called the regulation belief of all those experienced in this branch of surgery was explicitly stated in the discussion at the last meeting of the British Medical Association in Portsmouth. In a leading article in the *BRITISH MEDICAL JOURNAL* in October we summed up the various arguments adduced, and expressed the opinion that the final verdict seemed to be "that even if the most remote chance of wound of the gut exist, the abdomen should be opened at the earliest possible moment."

The unvarying experience of all surgeons at the front in the present war is precisely contrary to this. Sir William MacCormac has told us of the enthusiastic anticipation of much abdominal work that was exhibited by all when preparing for South Africa. This war was to be the first war in which modern abdominal surgery would be largely practised. No anticipations were ever less justified by results. In the leading article already referred to it was pointed out that, as Major Deever had shown, the possibility of aseptic operation on the field in the Tihah campaign was not hopeless, and the confident belief was expressed that in future campaigns aseptic operations would certainly be carried out with little or no difficulty. How fallacious this hope was has been proved by the letters of all our correspondents. Water is almost impossible to obtain in quantity, and when obtained is little better than that available in Tihah. Dr. Jameson has said that water on the South African veld should be first boiled, then filtered, and finally thrown away, and his opinion has been acclaimed by more than one of the surgeons at the front. An ideal aseptic operation—by reason of the lack of water, of towels, and of many other needful articles, by reason of the plague of flies, the want of adequate help, and so forth—has been frankly impossible.

The first essentials, then, of abdominal exploratory operations are lacking, and it would seem inevitably lacking, in the field. But supposing them to be present, there is, despite the large provision made by the Medical Department of the War Office, the insuperable difficulty of attending to the cases at the precise moment opportune to success. The wounded are brought in in shoals, the medical officers, military and civil, are few, and a large number of cases cannot be quietly postponed that one solitary abdominal case may, with academic precision, be submitted to a prolonged operation. Such, then, were, as we knew, the difficulties in the Tihah campaign, and such still are the difficulties to-day. But fortunately experience has already definitely shown that operation for gunshot wounds of the abdomen is not often needed. In the early part of the campaign, before time or circumstance or opportunity had permitted any formulation of experience, some small number of cases were, as a routine, operated

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Lieutenant-Colonels	17	38	60	1	116	3
Majors	35	102	164	1	302	4
Captains	11	70	94	—	175	3
Lieutenants	37	101	99	—	237	6
Total	100	221	269	2	592	19

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It is such work as this, which has been quietly, unostentatiously, and perseveringly accomplished by these ladies, which makes a man proud of his fellow-countrywomen.

I am, Sir, your obedient servant,
JOHN FULLEY, Chief Commissioner Central
British Red Cross Committee,
CAPE TOWN, MAY 27. *Times*, 25 June 1900.

THE TIMES, WEDNESDAY, JUNE 27, 1900

OUR WARS AND OUR WOUNDED.

IX.

(FROM A SPECIAL CORRESPONDENT.)

CAPE TOWN, MAY 29.

A long time has elapsed since the despatch of the last preceding letter.* During that period the growing scenes of neglect and inhumanity, of suffering and death, which have been the lot of the British soldier in the closing chapter of this war have made up a picture which it is impossible any longer to conceal from the eyes of the British public.

A natural aversion to hasty criticism or exaggeration, and still more to anything approaching sentiment when dealing with the hard necessities of war time; a hope that the lamentable disorganization and inefficiency of our medical system under the sudden strain of sickness at the front was only temporary, and that the gaps in its personnel and equipment which left thousands of stricken men uncared for, on the ground, in the most painful stages of a deadly disease would quickly be filled up; these combined to arrest my pen until, just returned from the front and within touch of news from home, I read that which proves that truth concealed serves the same purpose as falsehood and that the time has come to speak out.

To a mind stocked with scenes which would sicken the hardest heart it comes like a blow between the eyes, leaving one dizzy and bewildered, to learn that at the very moment when these horrors were at their worst and when men were dying like flies for want of adequate attention, a large company of intelligent and well-meaning gentlemen at home, both lay and professional, were feasting on—amongst other things which the war-worn soldier out here would have been equally glad to have—the perfection of the medical and hospital arrangements in this campaign!

On that night (Saturday the 28th of April) hundreds of men to my knowledge were lying in the worst stages of typhoid, with only a blanket and a thin waterproof sheet (not even the latter for many of them) between their aching bodies

*Owing to heavy pressure on our space, we have been unable to publish the letter here referred to in which our Correspondent writing from Bloemfontein on April 15 mentions the large number of sick that had arrived with the troops, and after describing the local conditions of the town and neighbourhood, indicated the growing danger of an epidemic, although typhoid was at that time stated not to be on the increase. For the same reason we have been compelled to hold over another letter in which our Correspondent argued the whole question of female nursing in military hospitals, taking the objections seriously, and presenting a strong case in favour of full female nursing in all hospitals, except those actually accompanying a march. He showed that under the Army Medical system the Nursing Sister is only a superintendant of male nurses, whereas the actual manual work of nursing should be done by women. Articles I.,—VI., appeared on March 21, April 11, 13, 14, 17, and May 14.

Ward 18. Let me describe it as I last saw it three days ago. In the centre of the room were three or four big basket chairs, heaped high with cushions, where in lanky skeletons of men rested with happy smiles on their white faces. There was a little reading library in a cupboard, and illustrated papers and magazines in tumbled confusion. Flowers, most tastefully arranged in stands, softened the bareness of the barn-like room. There were extra pillows and nightshirts far softer than the authorities supply; there were mosquito curtains to save off night attacks, and fans to combat the flies by day. There were great serpens, too, three or four of them—and what a little privacy means to young, modest, disease-stricken men those who have suffered only know.

And all these comforts, or nearly all of them, had been the gift of two private citizens of the British Empire, who were neither an organisation, nor a delegation, nor a committee, nor authorised by the powers that are, but simply warm-hearted women, who rejoiced to pay out of their own pockets for their brothers in distress.

To those who have shirts and socks to spare I have a message to give. The soldiers leaving Woodstock have in many cases been sent shirtless away, and even socks are stopped out of their pay. "I fear I am troubling you by asking your help," says a letter before me, "but we will arrange for their distribution, and the head sister will let us know when the men are about to be discharged. Warm clothing is so necessary now."

"I fear you will agree with Sir Alfred Milner in wishing the ladies anywhere but in South Africa, or perhaps think them a 'blot' on the campaign." I personally do not agree with Sir Alfred, nor with the speeches of certain distinguished medical gentlemen to which I have already referred. If you are of the same mind, make up your parcel and send it to Mrs. Richards at the Vineyard Hotel, Newlands, Capetown. It will be gratefully received.

JUNE 9, 1900.

GUNSHOT WOUNDS OF THE ABDOMEN.

AMONG the many lessons that we have learnt during the present campaign in South Africa, few are more unexpected, none are more striking in their novelty, than those which have reference to the surgical experience of gunshot wounds of the abdomen.

What may be called the regulation belief of all those experienced in this branch of surgery was explicitly stated in the discussion at the last meeting of the British Medical Association in Portsmouth. In a leading article in the *BRITISH MEDICAL JOURNAL* in October we summed up the various arguments adduced, and expressed the opinion that the final verdict seemed to be "that even if the most remote chance of wound of the gut exist, the abdomen should be opened at the earliest possible moment."

The unvarying experience of all surgeons at the front in the present war is precisely contrary to this. Sir William MacCormac has told us of the enthusiastic anticipation of much abdominal work that was exhibited by all when preparing for South Africa. This war was to be the first war in which modern abdominal surgery would be largely practised. No anticipations were ever less justified by results. In the leading article already referred to it was pointed out that, as Major Beevor had shown, the possibility of aseptic operation on the field in the Tihah campaign was not hopeless, and the confident belief was expressed that in future campaigns aseptic operations would certainly be carried out with little or no difficulty. How fallacious this hope was has been proved by the letters of all our correspondents. Water is almost impossible to obtain in quantity, and when obtained is little better than that available in Tihah. Dr. Jameson has said that water on the South African veld should be first boiled, then filtered, and finally thrown away, and his opinion has been acclaimed by more than one of the surgeons at the front. An ideal aseptic operation—by reason of the lack of water, of towels, and of many other needful articles, by reason of the plague of flies, the want of adequate help, and so forth—has been frankly impossible.

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Cape Town, May 27. Times, 25 June 1900.

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To a mind stocked with scenes which would sicken the hardest heart it comes like a blow between the eyes, leaving one dizzy and bewildered, to learn that at the very moment when these horrors were at their worst and when men were dying like flies for want of adequate attention, a large company of intelligent and well-meaning gentlemen at home, both lay and professional, were feasting on—amongst other things which the war-worn soldier out here would have been equally glad to have—the perfection of the medical and hospital arrangements in this campaign!

On that night (Saturday the 28th of April) hundreds of men to my knowledge were lying in the worst stages of typhoid, with only a blanket and a thin waterproof sheet (not even the latter for many of them) between their aching bodies

*Owing to heavy pressure on our space, we have been unable to publish the letter here referred to in which our Correspondent writing from Bloemfontein on April 15 mentions the large number of sick that had arrived with the troops, and after describing the local conditions of the town and neighbourhood, indicated the growing danger of an epidemic, although typhoid was at that time stated not to be on the increase. For the same reason we have been compelled to hold over another letter in which our Correspondent argued the whole question of female nursing in military hospitals, taking the objections seriously, and presenting a strong case in favour of full female nursing in all hospitals, except those actually accompanying a march. He showed that under the Army Medical system the Nursing Sister is only a superintendent of male nurses, whereas the actual manual work of nursing should be done by women. Articles I.—VI. appeared on March 24, April 11, 13, 14, 27, and May 14.

and the hard ground, with no milk and hardly any medicines, without beds, stretchers, or mattresses, without pillows, without linen of any kind, without a single nurse amongst them, with only a few ordinary private soldiers to act as "orderlies," rough and utterly untrained to nursing, and with only three doctors to attend on 350 patients. There were none of the conditions of a forced march about this. It was a mile from Bloemfontein, the capital of the Free State, a large town which we had occupied for more than six weeks, with a line of railway to two seaports, along which thousands of troops and countless trainloads of stores and equipment of all kinds, and for every one except the sick; had been moving up during the whole of that leisurely halting time. About the same day a convoy of wounded men were being subjected to nameless torture for want of any ambulance transport or the simplest comforts, huddled together in rough springless ox-wagons, jolted over spruit and drift for 40 miles; the road being strategically safe and their destination this same Bloemfontein, provided with most things except humane appliances for the wounded. These are two typical instances of the state of things here on April 28.

From morning to night the gloomy processions followed each other across the Market-square at slow march with arms reversed, bearing shapeless figures sewn up in blankets to unknown crowded graves in the cemetery on the southern hill, day after day and week after week in ever-growing numbers. How many of these might-to-day be strong men full of life rejoicing at their near return to home and friends is a terrible speculation which must be left to those who consider the conditions attending their sickness and death.

By what incredible ignorance of then current facts, by what bankruptcy of insurance against patent dangers, were such funeral bakemeats permitted to furnish forth that ill-timed feast at the Reform Club, where the spirit of congratulation filled the atmosphere and nothing was heard but eloquent and highly authoritative statements that "it would not be possible to have anything more complete or better arranged than the medical service in this war." Next morning very naturally the Press took up the chorus, and a comforting sense of satisfaction and pride settled down on the public mind. Amidst all the chequered course of this war here at last was one white illumined square, one just and righteous cause of national congratulation. The reputation of England for humanity had been vindicated, for all was well with the sick and wounded.

It is a painful and thankless task to rob the British public, ever ready and generous, of that cherished consolation; but the bubble must be pricked, and they must wake up and look the troublesome things that lie beneath straight in the face; for these are lives of men. It is a stern duty to tell the truth, "lest we forget," or, worse still, go out of this campaign misled and uninformed as to the capacity of our present medical system to meet the exigencies of a great war.

Neither the audience who heard, nor the public who read, nor the Press which commented so favourably on the speeches referred to could be expected to go behind their high authority, or to question their reiterated assurances. All took their cue from the same prompting, an experience of the medical arrangements which closed when the war was half over, in volume of human pressure if not in time, when its only victims were the wounded, and sickness was but just appearing, yet in forms suggestive of terrible possibilities in the near future.

Up to that time things had been fairly, but not wholly, satisfactory. The favourable note had been sounded from the first, from the plains of Colenso and other lesser battlefields where the splendid bravery of our Army doctors under fire seized and engrossed the public imagination. In that quality, indeed, the record of the R.A.M.C. shows no flaw; but it can no more provide a proper medical system in war than the bravery of our troops can supply tactics and strategy. When the talk is of "perfect medical arrangements" it is only misleading to keep the attention fixed on acts of heroism in the field. Then came the pleasant descriptions of the base hospitals at Cape Town to complement the general satisfaction. To the latter these letters did full justice as the writer saw them. But was there nothing else witnessed by or known to those who "had an opportunity of examining the medical arrangements both throughout Cape Colony and Natal, and did not believe it would be possible to have anything more complete or better arranged," and who did not leave this country till March? Even at Cape Town was the Woodstock Hospital, old, condemned, and running over with vermin, a fit place for sick soldiers to be moved into from arriving transports? Were the hospitals at De Aar and Orange River, "stationary hospitals" formed early in the war and always certain from their position to be largely used, perfect in staff and equipment? Let the inmates answer. Was the medical service on the line up from East London to Sterksburg perfect? Ask the civilians

of Queenstown who, in the absence of all military provision, received a telegram on the morning of the Stormberg disaster to take in 100 wounded that afternoon, or the New South Wales Ambulance Contingent who as late as February rescued the column from an almost complete dearth of medical arrangements. And Paardeberg? This, too, was within the limits of the first chapter on which the speeches were founded. Was the medical service at Jacobsdal and Paardeberg included in the sweeping eulogy? The horrors of those scenes, the tortures suffered by our wounded there owing entirely to shortcomings of medical equipment, staff, and transport, were a by-word in every mouth before that first chapter closed.

So far as the sick are concerned there have been two plagues in South Africa—the plague of blindness and the plague of whitewash. Whitewash can easily be got rid of, but if allowed to remain it doubles the dangers of blindness when that supervenes. Just as there was no quaver in the note of absolute perfectibility about the past, so there was no warning as to the future. Read the two speeches through from end to end and no whisper of it is to be heard. The past accounted for the extreme limit of patients which the Army Medical Department could deal with efficiently—say, 5,000. There had been no sickness to speak of. Yet the lesson of every war that ever occurred is writ large in history and carved on a million tombstones—three sick at least to one wounded. Was there no place for reservation as to the 15,000 and more to come, and how they were to be dealt with by an organization suitable to 5,000 and already full? Was it fair to the British Army, was it just to the British public, to go on thumping the tub of "perfection," and to pronounce the verdict before the real trial had begun? Would it not have been common prudence to wait and see what would happen? It was no longer even a matter of speculation. Already typhoid had opened her deadly wings, and spread them like some monstrous vulture over march and camp and field and town, from front to base. But typhoid is the known "scourge of South Africa." The danger was always patent. Was it no one's duty to think, to warn, to prepare?

Your readers will remember the calculations presented in the first letter of this series showing the hospital accommodation which it would be prudent to supply for this war. They were based on previous facts and experience open to any one interested in the subject—10 per cent. of the whole force under arms was taken as a minimum—say, 20,000 beds. If from the first these requirements had been fearlessly laid down and provided for in time, what disasters might not have been averted! The Government would not have refused; the people would have poured out money like water. The second letter described the feeble and confused process of "muddle through" by which enlargement was being attempted, and its results on the efficiency of units, arising not less from the inadequacy of personnel and equipment than from the inelastic nature of the system. It would be as easy to stretch an old glass bottle, tied up with red tape and sealed with official stamp, as effectively to adjust the present system to a sudden pressure of numbers. The new measure can only flow over and lie on the ground, and be lost. We shall see that this is more than a parable.

There are 20,000 sick and wounded troops this day in South Africa, and more than half of these are down with typhoid. The figures are not official; but they may be relied on. From the Vaal River by Kroonstad to Bloemfontein; through Springfontein and Norval's Pont to Naauwpoort; on to De Aar; then up by Orange River to Kimberley; down again from De Aar through Deelfontein—all these being great centres of sick—to Cape Town, which is full now, in spite of its 800 shipped home every week; back from Naauwpoort down to East London; at Port Elizabeth; at Durban, Maritzburg, Mooi River, Ladysmith—20,000 British soldiers sick and wounded, not a man less, and probably some thousands more. It is a respectable British army, larger than we have won some wars with, and about the strength people said at first that we should require for this one; but it is an army of sick men. At Bloemfontein a few days ago there were 5,000 sick on one day left after another 5,000 had been sent down the line in the previous fortnight; this is official. How have these stricken thousands, or most of them, been housed and tended? How have they been nursed? How have they been moved? An indication has been given; a few specific instances will follow in this and the succeeding letter.

For a month after our occupation of Bloemfontein, where, it will be remembered, our forces remained seven weeks before the general advance, the hospital accommodation there consisted of two kinds—(1) the field hospitals situated in the various camps about the town; and (2) the extemporized hospitals in the town itself in various public buildings commandeered for the purpose. These latter, according to the official list, contained about 700 beds. The conditions of the town and the surrounding country were explained and the

possible danger of an epidemic clearly indicated in the last letter, although the authorities maintained that typhoid was not on the increase. In that letter the sick were given as 2,200, which, with 700 in the town, would leave some 1,500 in the field hospitals.

We will deal with the latter establishments first. It was difficult to ascertain their number, and it would be useless to state it at any given time, as those hospitals were constantly being evacuated as brigades moved away. The large exodus of troops in the direction of Dewetsdorp and Thaba Nchu on the fruitless attempt to cut off the enemy in the south-east closed many field hospitals, and the later general advance caused nearly all to be evacuated. It will be better, therefore, to take one of them as an illustration. It was the first I visited on my arrival, it remained after the others, passed through the highest pressure of sickness, and was on the point of being abolished a few days ago.

An ordinary field hospital contains 100 beds—a *façon de parler*, because it has no beds. When stretchers are available they are sometimes used as beds in the tents. The theory of a field hospital is that it is to be always moving with troops. When troops make a long stay in one place it may be used as a "stationary" hospital, and its equipment should be improved for that purpose. It is an axiom laid down by an accepted authority that "if the hospital is to be long in occupation every effort should be made to raise the patients off the ground." Ten weeks existence of this hospital in one spot is certainly a period satisfying the condition; but no attempt was ever made to supply beds or even mattresses for it. Situated within a mile of Bloemfontein, nurses could have been accommodated in it just as well as in a "general" or "stationary" hospital, where they are allowed. There were never any nurses in it, or, indeed, in any field hospital. The distinction between a field hospital used as this was and a stationary or general hospital is rendered merely nominal by strategic security, permanence *in situ*, and enlarged accommodation. In these respects some of the field hospitals around Bloemfontein differed in no way from general hospitals, and least of all in the necessity for proper nursing. But hardly any nurses at all came to Bloemfontein for a month after our occupation of it. Of this anon.

The staff of a field hospital comprises 40 all told, apart from those engaged solely in transport, which is supplied by the Army Service Corps. There are four medical officers, two ward-masters, 14 trained nursing orderlies, and six supernumeraries—for 100 patients. The field hospital in question before it arrived in Bloemfontein had been broken into two, one half having been sent in another direction, leaving this hospital with half its equipment and staff. It should consequently have accommodated 50 patients. On my first visit to it (April 9) there were 250 in its tents, 90 of whom were typhoid cases. It was in such a condition of crowding, insufficient equipment, and general misery that I hesitated to describe it in my last letter, hoping for a speedy improvement which the authorities promised.

More than a fortnight later another visit disclosed the following state of things. With no further equipment than two marquees and a few bell tents, no addition of staff or anything else, there were 316 patients, of whom half were typhoids. Their condition was almost indescribable. The tents were bell tents such as were mentioned in a former letter as affording sleeping accommodation for from six to eight orderlies when working and in sound health. In many of these tents there were ten typhoid cases lying closely packed together, the dying against the convalescent, the man in his "crisis" pressed against the man hastening to it. There was not room to step between them. Think of this, you who know the sort of nursing a typhoid patient requires. With no beds or mattresses, and only 42 stretchers in the whole hospital, it followed that 274 patients had to be on the earth. There was a great scarcity of blankets, and no patient could have more than one, with a waterproof sheet, between his body and the ground. The ground is hard as stone, and at night the temperature falls to freezing point. Besides other deficiencies which cannot be described there were no sheets or pillow-cases or pretence of bed linen of any kind; only the coarse rug, grating against the sensitive skin burning with fever. The heat of these tents in the midday sun was overpowering, their odours sickening. Men lay with their faces covered with flies in black clusters too weak to raise a hand to brush them off, trying in vain to dislodge them by painful twitching of the features. There was no one to do it for them. Seventeen orderlies had come with, or been raised for, the half-section of the field hospital; 10 had been taken from it, the number being made up from the Bearer Company; but they had other duties to perform than brushing flies off patients' faces. At night there were not enough to prevent those in the delirious stage from getting up and wandering about the camp half naked in the bitter cold. In one tent, where some slept and others lay with

eyes open and staring, a case of "perforation" was groaning out his life huddled against his neighbour on the ground. Men had not only to see, but often to feel, others die.

It was a sad and sickening spectacle this, which I describe exactly as my eyes saw it, and without exaggeration or excuse. I leave it and other similar facts it will be necessary to relate to the consideration, not of wives and mothers—we will put them out of sight—but of hard, practical men, accustomed to the hospitals of the poor, of the medical profession, of the great nursing community, of the whole British public, who at the moment when this sight was to be seen out here were reading those comforting words spoken at Calais on April 26, as an avant-courier of the speeches two days later at the Reform Club:—"Nothing that provision could suggest or that money could purchase was wanting anywhere. The supply was simply lavish. . . . Here everything was sent up with the utmost promptitude and medical stores and comforts were always on the spot."

We have hardly come yet to the question of local responsibility. Certainly in the case of this particular field hospital it did not lie with its chief medical officer, who was an energetic, painstaking member of the R.A.M.C., working day and night, never leaving his hospital, and sitting down each evening to his blue paper "returns" after 14 hours' work in the tents. "Yes," he said simply, as we parted, "we do our best, but it makes one's heart sick to look at them."

There is no need to pile on the agony, but worse remains behind which must be told. Therefore I will pass over an incidental visit to the hospital after a heavy rain, when many of the patients—typhoid had increased—were to be seen lying three inches deep in mud, and come to my last visit, four days ago, on my way down to the front. The chief medical officer had been changed; from all reports this one was as painstaking as the last. He told me that at one time his patients had increased to 400! Three hundred of these were typhoids. The few trained orderlies had been mostly taken away; in their place were 25 untrained and ignorant privates from an infantry regiment, most of whom were themselves "convalescents," to do the whole of the nursing. The medical staff remained always at three. Let the "Manual" throw its own light on this. The patients here were within 24 of the number (520) allotted to a general hospital. A general hospital has 20 medical men, 78 trained nursing orderlies, 27 untrained privates, and nine nurses. The sick require far more attention and nursing than the wounded; the general hospitals at Cape Town, equipped as above, were mostly occupied by wounded. Here was this hospital crowded with typhoid left to three doctors, 25 untrained privates, and no nurses.

With one more incident graver than all the rest the dark history of a field hospital at Bloemfontein must close. On the occasion of my last visit the hospital had been mostly emptied, as it was to move on to the front. In the course of this process 20 of the worst cases were removed to a more permanent hospital a mile and a half off. How were they taken? They were lifted out of their tents and put into rough ox-wagons—all typhoids and many of them dangerously ill—and then jolted across the veldt, which in this place is much broken by sprouts and gullies. One case was in a state of "hemorrhage" when moved. The order had come to evacuate the hospital; the medical officer had no choice but to obey; there were no ambulances. In three days four of these 20 were dead men.

It must be remembered that these events occurred at Bloemfontein, and mainly during the second month of its occupation by our Army. The town had always been marked down as our advanced military base, and from the day we entered it became what it will never cease to be, a British stronghold. The strategic conditions surrounding the scenes described must therefore be clearly differentiated from those which attend a continuous march, in order that we should not be misled by talk about "military exigencies" and the like. No practical man will question the prior claim of military exigency over humanity where the interests of the two are irreconcilable; but whenever the former is not really endangered by the latter humanity cannot, and must not, be entirely neglected. This raises a question of policy, apart from and above that of the disorganization of a medical system. It need not be discussed here; but in the writer's opinion there were no military exigencies really involved that could necessitate, there were none so pressing that they can excuse, the sufferings and horrors to which our sick and wounded were subjected at this time and place. To relieve these, and others which must be related, there were certain obvious methods, none of which could have seriously interfered with military exigencies.

Before indicating these or completing the medical history of Bloemfontein, I must beg leave to offer a few words of personal explanation. Your readers will remember that towards the end of

last year your special Correspondent at Cape Town called attention to certain imperfections in the Army medical system, and particularly in the base hospitals. Those reports, denied in some quarters, supported in others, were the proximate cause of my visit to South Africa. Immediately on arriving I applied for leave to go to the front, being anxious to follow the treatment of the sick and wounded in its natural sequence from the field down to the base. Considerable delay occurred before I could obtain the requisite facilities, and this, while it lengthened my stay at Cape Town, necessitated my reversing the process of examination. The time, however, was not altogether wasted; first, because it enabled an analysis of our Army medical organization to be made under conditions most favourable to it, the base hospitals being then in admirable order; and, secondly, because had I left South Africa before the pressure of sickness occurred my mission would have been less than half completed. Although in my analysis I confined myself to describing what I actually saw at Cape Town, much subsequent evidence arose, not only to support the earlier criticisms of your regular Correspondent, but to create uneasiness as to the future and to strengthen my determination to see the system through to the front. The reverse side of the picture has, however, presented a contrast which it was impossible to anticipate.

As there are statements contained herein the gravity of which I fully appreciate, while I hold myself responsible for their accuracy, I beg to subscribe my name.

W. BURDETT-COUTTS.

We publish this morning a letter dealing with the medical arrangements in South Africa which cannot but be painful reading for a public which has been assured on high authority that everything in that department has been entirely satisfactory. Our Correspondent, Mr. BURDETT-COUTTS, is so well aware of the gravity of the statements he makes and at the same time so prepared to maintain their accuracy that he prefers to append his name. It at least conveys the assurance that the writer is no novice in matters of the kind here dealt with, but, on the contrary, has had large experience in the organization of relief for the victims of war. He is not likely to have expected the impossible or to have given way to the impatience with which the sight of unrelieved suffering fills the hearts of humane spectators. His letter contains evidence that he has striven to guard against the generous error of forgetting the hard necessities of war and framing judgments according to the standard recognized in the peace and security of civil life. It therefore constitutes a very grave indictment against the War Office, and one which cannot be met by referring to the eulogiums of the distinguished surgeons to whom the Reform Club afforded an opportunity at the end of April to assure the public of the approximate perfection of medical equipment. In fact, it will be seen that the eulogiums refer to one thing and our Correspondent's damaging criticisms to another. In the early stages of the war the medical department had to deal mainly with wounded men in stationary hospitals. There were always some who maintained that even then there was much confusion, much red-tape, and only moderate success in dealing with convalescents. But the purely surgical part of the work was well done, the wounded men were carried off the field with great promptitude, and often in circumstances of great difficulty and danger, and the needful operations were performed with skill and despatch. It was that part of the work, we may assume, that was mainly in the minds of Sir WILLIAM MACCORMAC and Mr. TREVELL when they delighted and soothed the public by their praises of the Army Medical Corps. We gather from our Correspondent's allusions to the Woodstock Hospital at Cape Town, to the stationary hospitals at De Aar and Orange River, and to the minor hospitals along our lines of communication that even in these early days the two eminent authorities referred to might have found by extending their area of observation reason to qualify the benediction they gave so wholeheartedly.

But we may pass all that as debateable matter. The real charge contained in our Correspondent's letter is that, whatever success may have attended preparations for dealing with men wounded in battle, there was no adequate or approximately adequate provision for dealing with the far more numerous class of men stricken down by disease. In every campaign there comes a time when the general conditions

of camp life, even in the most salubrious climates, engender fevers of a dangerous type. That much more might be done than is done to prevent disease of this kind we regard as highly probable, if not quite certain. Men confined in such a place as Ladysmith and compelled to drink polluted water cannot hope to escape. But a force moving in the open country four thousand feet above the sea and fairly provisioned ought not to develop enteric fever if the conditions of health are properly understood and thoroughly enforced. However, we have to take things as they are. It may, perhaps, be regarded as inevitable that whenever considerable bodies are brought together there will be fever of the well-known type sooner or later. We have some two hundred thousand men in South Africa, and it ought to have been foreseen that on an average about ten per cent. of them would be in hospital after the war had gone on for a certain time. It does not appear that this was foreseen, or, at all events, it was not properly provided for. Our Correspondent has not sought his examples where they might probably be found in greatest abundance and of the most startling kind. He has not pressed unfairly upon the War Office by picking out all the failures that might perhaps excusably occur in out-of-the-way corners. He has gone to Bloemfontein, the headquarters of the COMMANDER-IN-CHIEF for seven weeks, and he tells us what he saw after the occupation had lasted a month, and when there had been ample time to obtain necessary appliances if such appliances existed. Typhoid was rampant in Bloemfontein, partly, no doubt, on account of that loss of the waterworks which must always remain a blot upon the campaign. There was uninterrupted railway communication to the sea, and there was more than ample time to get everything needed from Cape Town, or, for that matter, even from England. Yet there were neither beds, nor linen, nor stretchers, nor nurses, nor proper ambulances, nor any of the well-understood necessities for the treatment of typhoid.

Our Correspondent draws a painful picture of the condition of affairs. There were some 1,500 men in field hospitals. There ought to have been stationary hospitals properly equipped for these men; or, if field hospitals were to serve the turn, they ought to have been provided with some of the appliances of a stationary hospital. Field hospitals have no beds because, in theory, they follow an army on the march, so for seven weeks men ill of typhoid fever lay on the ground. But this was not the worst. The fever cases increased, but the accommodation, poor as it was, did not. The field hospital overflowed into bell tents constructed to hold six healthy men who are out in the open air all day. Into these were huddled ten typhoid patients who had to lie there day and night on the hard ground, or, when it rained, in three inches of mud. Let any one try to conceive what that means even for men in health, and then let him think what typhoid means and what nursing it requires. These poor wretches had practically no nursing, not even that of trained orderlies, not even such as might have been given by an adequate number of untrained but willing male attendants. We shall not reiterate the horrible details which our readers will find in our Correspondent's letter. They will agree with us, we imagine, that a strong case has been made out for inquiry, and that, apart from all question of humanity, this callous shortsightedness on the part of the War Office is the very worst possible policy.

18th POLITICAL NOTES, June.

The indictment of the War Office contained in Mr. Burdett-Coutts's letter respecting the medical arrangements in South Africa, which was published in our columns yesterday, has created a painful impression in Parliamentary circles; and there is a widespread feeling that the whole subject should be discussed at the earliest possible moment. At question time to-day an attempt will be made in the House of Commons to elicit a statement from Mr. Wyndham as to the official attitude with regard to the allegations; and, should the reply be unsatisfactory, a motion for adjournment may be submitted to provide a text for investigating the matter upon grounds of "public urgency." Mr. Burdett-

Counts himself, it is understood, would have preferred a debate in Committee of Supply; but so much progress has been made with the Army Estimates that it is doubtful whether any vote remains to be dealt with which would serve as a vehicle for discussion. The Welsh members are particularly anxious to have the matter thoroughly threshed out; for, according to private advices which have recently come to hand, the arrangements connected with the Welsh hospital at the front leave much to be desired.

THE TIMES, FRIDAY, JUNE 29, 1900. THE HOSPITALS IN SOUTH AFRICA.

Mr. DILLON asked the Under-Secretary for War whether his attention had been drawn to the letter of the hon. member for Westminster, from Cape Town, dated May 29, on "Our Wars and our Wounded;" whether the previous letters, written from Bloemfontein early in April, but not published, were communicated to the hon. member or any other person to the War Office on their receipt; and so, what steps were taken by the War Office to inquire into the condition of the hospitals and the sick in Bloemfontein and other hospital centres; and whether the Government were now in a position to make any satisfactory statement as to the condition of the hospitals and the treatment of the sick in Bloemfontein in the months of April and May last, and generally in South Africa.

Mr. WYNDHAM.—I have read the letter of the hon. member for Westminster. No previous communication has, so far as I know, reached the War Office beyond the short telegram sent to the Commander-in-Chief from Cape Town on June 1. There are six questions on the paper arising out of the statements made by the hon. member, and I understand that my right hon. friend the First Lord of the Treasury will be prepared to deal with them in reply to a question which stands last on the paper in the name of the leader of the Opposition. (Cheers.)

Mr. DILLON.—Arising out of that answer perhaps I may be permitted to ask the hon. gentleman to reply to the paragraph in my question which asks whether the letters of the hon. member for Westminster previous to May 29 came to the knowledge of the War Office through any channel? (Irish cheers.)

Mr. WYNDHAM.—I have answered that we had no previous communication from the hon. member at the War Office beyond the telegram of June 1. (Hear, hear.)

Mr. DILLON.—The reason I ask the question is that the answer of the hon. member to my question just now was not an answer. (A laugh.) My question was perfectly distinct. It was whether what may be described as the suppressed letters of the hon. member for Westminster ("No.")—suppressed, I mean, by *The Times* newspaper and not by the Government—whether these letters did come to the knowledge of the War Office through any channel. The hon. gentleman's answer was that he had had no communication from the hon. member for Westminster. (Irish cheers.)

Mr. WYNDHAM.—I know nothing of the letters which *The Times* newspaper refused to publish. (Cheers.)

SIR H. CAMPBELL-BANNERMAN (Stirling Burghs) asked the First Lord of the Treasury whether his attention had been called to a letter from Cape Town, dated May 29 last, signed by the hon. member for Westminster, in which grave defects were described as having existed in the treatment of the sick in South Africa; whether her Majesty's Government were aware of the facts as described; who was responsible for the state of things alleged; and whether prompt steps had been taken to remedy it. (Cheers.)

Mr. BALFOUR (Manchester, E.).—I think it is perhaps for the convenience of the House that I should endeavour to answer in one reply the numerous questions on what most naturally and properly is felt by the House to be a subject of national importance. (Hear, hear.) I do not understand that anything has come to our notice which suggests that any sufferings of the sick and wounded in South Africa are due to an insufficient supply of medical comforts and supplies sent from this country. The question is rather one of organization and distribution in South Africa. A certain amount of correspondence, which I hold in my hand, has passed between Lord Roberts and the Secretary of State on the subject, and I propose to lay this correspondence before the House. I hope it will be in the hands of members in a very few hours—probably before dinner-time this evening. (Hear, hear.) But as the House is feeling so keenly on the subject, perhaps hon. members will like me to read some material extracts from this correspondence. (Hear, hear.) Even if those extracts somewhat exceed in length an ordinary answer to a question in this House. As my hon. friend the Under-Secretary for War has stated, the first intimation reached us in a telegram to the Commander-in-Chief from the hon. member for Westminster on the 4th of June. On the 5th of June the Secretary of State telegraphed to Lord Roberts, and on the 6th of June Lord Roberts sent the reply, which will soon be in the hands of members, and from which the following extracts are taken:—

"The very existence of my force depended upon the supplies coming up by train along a line of railway nearly 900 miles long, every bridge of which for the last 128 miles had been destroyed by the enemy. Notwithstanding this, I ordered that the requirements of the sick were to be first taken in hand as soon as the rail had been repaired and a few trains of supplies had been got through. The principal medical officer proceeded with the first train to Kroonstad with surgeons and nurses. The field hospital could not be utilized, as we were about to move on again, but No. 3 general and Scotch hospital had been held in readiness at Bloemfontein to be sent to Kroonstad directly the line was open; this was done, and the former received 150 patients within 24 hours of its arrival. I repeatedly visited the hospitals during the short time I was at Kroonstad, and I impressed upon the principal medical officer and Lord Methuen, who was on his way to Kroonstad, to do all that was possible to remedy matters. A few days after my departure I received a report from the principal medical officer that the

medical arrangements there were in all respects in good order, while Lord Methuen has since informed me that everything is thoroughly satisfactory. I was deeply distressed at being unable to make suitable arrangements for the sick on our first arrival at Kroonstad; but it is obvious that a certain amount of suffering is inseparable from the rapid advance of a large army in the enemy's country, when railway communication has been destroyed; and such suffering would have been enormously increased had it not been for the prompt manner in which the medical authorities made the best of the very scanty accommodation available at a place little larger than an ordinary English village."

Subsequent to that reply of Lord Roberts a further question was addressed on the same subject by the Secretary for War to the Commander-in-Chief in South Africa on June 20. On June 25 a reply was sent by Lord Roberts, of which I propose to read this extract:—

"As regards hospitals at the base, before leaving Cape Town I personally assured myself that the arrangements were working satisfactorily, and I have not heard since any complaints about them. When we arrived at Bloemfontein we had an abnormal number of sick, due no doubt not only to the peculiar exhausting nature of the march, but also to the terrible sanitary conditions of our camp at Paardeburg, where the only water available for drinking purposes flowed down from the Rietvlei a mile and a half higher up the river, which was crowded with dead animals in a state of decomposition. We also had a considerable number of wounded after the fight on the 16th of March. To hastily improvise accommodation at Bloemfontein for such a large number, which gradually increased up to 2,000 before I left that town, was no easy task. Owing to the rapidity of our march from the Modder no tents could be carried with the force, and none were available until our railway communication with Cape Colony had been restored. As soon as I could arrange for such supplies being placed at Bloemfontein as were necessary for the very existence of the force, I ordered up tents and all necessary appliances for the sick, nurses, more doctors, and more hospitals. Bloemfontein is not a large town, but all suitable public buildings, schools, &c., were made into hospitals. I constantly visited these, and after a very short time they were, I considered, in good order and not overcrowded. . . .

I can quite understand that people who have no practical experience in such matters (cheers) are much concerned to hear the hardships which sick and wounded soldiers have to undergo in time of war, especially when they are not aware of the many difficulties that have to be contended with in order to alleviate suffering on active service. (Hear, hear.) Such difficulties are sufficiently great in countries in which there are large towns and villages, and easy communication by road and rail from the base of operations, but they have been immeasurably increased in South Africa by the local conditions to which I have already referred. I have no wish to shrink responsibility in the matter (cheers), or to screen any shortcomings which might be proved against the Royal Army Medical Corps. You state you have been told that the reports of MacCormac and Treves are optimistic, and the conditions have probably changed for the worse since their visit. It is true that neither of these gentlemen took part in the long or difficult march, but two consulting surgeons who are now en route to England—Mr. Watson Cheyne and Mr. Lushall Cheyne—have been with this force from the Modder River to Pretoria. I would ask that their opinions on the subject might be ascertained, and I would further suggest that a small committee, consisting of one or two medical men of recognized ability in whom the public have full confidence, together with some men of sound common sense (laughter and cheers), should be deputed to proceed to South Africa in order to inquire into and furnish a full report on the working of the medical arrangements throughout the war. I will guarantee that they shall have the fullest assistance to enable them to make a searching inquiry into the matter. If their visit should result in accelerating the conditions of our sick and wounded soldiers during time of war, no one would be more grateful and pained than myself." (Hear, hear.)

4.30 The right hon. gentleman continued.—The Government are of opinion that an independent inquiry should, at Lord Roberts's request, be placed at his disposal. I think the House has as full information as can be given until hon. members have the papers in their hands. The subject, I am aware, is one on which a great deal of public feeling is properly excited, and, in my opinion, where such a state of public feeling exists, it is most desirable that this House should have an opportunity of discussing the question if so desired. I do not think that the motion for the adjournment of the House would be a convenient method because the papers would not be in the hands of members. In any case my right hon. friend the member for the Isle of Thanet has put down what is called a blocking notice, which would prevent the adjournment of the House from being moved. ("No, no.") I am so informed; but, however that may be, I think that a far more orderly procedure would be for the House to discuss this question on the Estimates. (Hear, hear.) I propose to-morrow, therefore, that we should depart from the usual order of business and place an estimate first on the paper before the House votes to enable the question to be raised. I had originally intended to place on the paper the vote for the salary of the Secretary of State, but I have reason to believe that under our rules it would not be possible to discuss the Medical Department on that vote because there is a separate vote for it. I propose, therefore, to place a purely nominal supplementary estimate of £0 for the Army Medical Department, to stand first on the order paper, and to give the House the opportunity of discussing this question. (Cheers.) I hope the House will feel that I have given all the information I can with a view to publicity.

Mr. BURDETT-CUTTS (Westminster).—May I ask the right hon. gentleman a question arising out of his answer—whether in Lord Roberts's statement there is any account of the field hospitals about Bloemfontein, and any other account than that which he has read of the towns hospitals within Bloemfontein, which contained 700 patients out of 2,300? I did not hear them referred to.

Sir BALFOUR.—I venture to think that we had better not attempt to anticipate the debate of to-morrow by question and answer across the floor of the House. It is a legitimate question, but it can be dealt with adequately to-morrow.

POLITICAL NOTES.

In connexion with Mr. Burdett-Coutts's allegations concerning the treatment of the sick in South Africa, it is worthy of note that in October last Sir Walter Foster wrote to Mr. Wyndham pointing out that in all probability great loss of life from fever and other maladies more or less preventable by careful sanitary work was likely to occur in the campaign, and suggesting the appointment of a small sanitary commission to proceed to South Africa to assist the Army medical officers to prevent the dangers referred to. More than this, the member for the Ilkeston division offered to place his services and his experience as a physician and as secretary to the Local Government Board during the last cholera invasion at the disposal of the War Office in an unpaid capacity; but Lord Lansdowne, in a communication dated November 9, 1899, declined the offer on the ground that the need of special assistance was not the same in sanitary matters as in surgical operations.

As a preliminary to the debate for which the Government have provided special facilities to-day, Sir Henry Fowler will, at question time, ask Mr. Wyndham whether the facts relating to Sir Walter Foster's offer are as stated in the preceding paragraph; and it may be inferred that a good deal will be said from the Opposition benches later in the sitting with regard to the alleged failure of the War Office, not only to foresee the possibilities of the campaign, but to appreciate the value of expert advice when tendered. Sir Walter Foster submits that from the outset the authorities have paid too little attention to the medical, as distinguished from the surgical, side of the hospital work. In his opinion, accommodation should, in a war of this magnitude and duration, be at all times available for 25 per cent. of the forces being *hors de combat* at once.

The vote which the Government have put down as a vehicle for to-day's discussion is for a sum of £5 (supplementary) for the Army Medical Establishments. As Mr. Balfour said would be the case, this is purely a nominal estimate; and when it has served the purpose for which it is placed on the paper it will probably be withdrawn. To-day will be reckoned as one of the 20 "elotted days," as it is only days on which estimates are considered "supplemental to those passed in a previous Session" which do not count.

It is understood that the front Opposition bench would have been prepared to support a motion for adjournment after questions yesterday, if the Ministerial reply to Sir Henry Campbell-Bannerman had been deemed unsatisfactory. Apart from the fact, however, that Mr. Balfour's conciliatory attitude rendered immediate action unnecessary, it was ascertained from the Speaker that the resolution of which Mr. James Lowther gave public notice earlier in the sitting would operate for "blocking" purposes as effectively as though it had been placed on the order book on the previous day. Certain members of the Opposition are disposed to quarrel with this ruling; but recognized authorities on procedure state that motions of which notice has been publicly given have, at all events since 1884, been held to act as a bar to motions for adjournment on the same subject from the moment when public notice is given.

A good deal of disappointment was felt towards the close of yesterday's sitting of the House of Commons when it became known that the arrangements for distributing to members before going home copies of the correspondence between Lord Roberts and Lord Lansdowne with regard to the treatment of the sick in South Africa had broken down. Mr. Balfour, in referring to the papers at question time, intimated that they would probably be in the hands of hon. and right hon. gentlemen in a very few hours; but, owing to a complicated system of red-tape which surrounds the Stationery Office, the War Office were unable to rise to the emergency. It is only fair to add that the fault does not rest with Mr. Wyndham, for that gentleman left no stone unturned last night to overcome the departmental difficulties thrown in his way. The secret of the matter appears to be contained in a dispute as to his authority to order the printing to be done.

The statement made last night by Mr. Balfour in the House shows at any rate that HER MAJESTY'S Government are alive to the importance of the issues raised by the letter we published the day before yesterday from Mr. BURDETT-COUTTS. At a time when there are few of us in these islands who have not either relatives or friends engaged in fighting their country's battle in South Africa, so pitiable an account of the sufferings to which many of the

sick and wounded would appear to have been quite unnecessarily subjected was bound to create very great anxiety and distress. The FIRST LORD OF THE TREASURY did not hesitate to acknowledge that the subject was most naturally and properly felt to be one of national importance. He proceeded in the first place to read extracts from some correspondence between the SECRETARY OF STATE FOR WAR and the COMMANDER-IN-CHIEF for South Africa, which had its origin in a telegram addressed on the 4th of June to LORD WOLSELEY by the member for Westminster before he left Cape Town for England. Neither the messages read in the House nor the correspondence subsequently laid before it can be described as altogether satisfactory, for, as the inquiry interposed by Mr. BURDETT-COUTTS at once indicated, LORD ROBERTS's explanations fail to deal with the points to which the member for Westminster mainly directed his criticism. No one, we presume, questions the anxiety of so humane an officer as LORD ROBERTS to alleviate as far as he possibly could the sufferings of his sick and wounded. The point at issue is whether a reasonable amount of foresight and a more elastic system might not have placed him in a position to alleviate those sufferings to a much greater extent than he was actually able to do. With the specific points raised by Mr. BURDETT-COUTTS as to the condition of the field hospitals about Bloemfontein LORD ROBERTS's reports do not deal, nor could they, indeed, be expected to deal, as they were not specifically set forth in the communications addressed to him by the War Office. LORD ROBERTS, however, while confining himself to a general exposition of the difficulties with which his task had in this respect been beset, states with his usual soldierly directness that he has no wish to shirk responsibility in the matter or to screen any shortcomings which may be proved against the Army Medical Corps. He therefore suggests that a small committee composed of a few medical men of recognized ability and of laymen, he characteristically adds, of sound common sense should be deputed to proceed to South Africa in order to inquire into and furnish a full report on the working of the medical arrangements throughout the war. This suggestion HER MAJESTY'S Government have very rightly decided to adopt, and an opportunity will to-day be afforded to the House of discussing the whole question.

Mr. BURDETT-COUTTS will, no doubt, avail himself of the debate to place before the House in full detail the information upon which he has based his letters to *The Times*. In the meantime, we publish to-day one of the letters which Mr. DILLON, who, apparently, had not taken the trouble to read the foot-note we appended to Mr. BURDETT-COUTTS's last article, accuses us with characteristic offensiveness of having suppressed. The best answer to Mr. DILLON, and, we may add, also to Mr. WYNDHAM, whose reply conveyed the same unwarrantable impression that we had refused to publish some of Mr. BURDETT-COUTTS's letters, is that the debate which is to take place to-night is itself the immediate consequence of the publicity which with a full sense of our responsibility we gave without delay to the grave statements laid before us by the member for Westminster. We trust that that debate will be carried on in a spirit worthy of the very serious issues to be dealt with. LORD WANTAGE's letter which we publish to-day gives an interesting account of the work done by the excellent institution in which he is interested, but as Mr. BURDETT-COUTTS never referred to the Red Cross Society, its efficiency no more constitutes a reply to charges brought against an altogether different organization than the flippancies in which Mr. THURTS indulged last night at Dorchester constitute a refutation of such statements as we publish to-day from a soldier who has just been invalided home from a typhoid hospital in Bloemfontein. The subject, as Mr. BALFOUR stated, is one about which a great deal of public feeling is properly excited, and the country will unquestionably and rightly insist that it shall be thoroughly and freely investigated and the facts, however painful, probed to the bottom.

MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

The War Office last night issued the following correspondence between the Secretary of State for War and Lord Roberts concerning the allegations made against the hospital arrangements for our field force in South Africa:—

From the Secretary of State for War to the General Officer Commanding, Cape.

War Office, June 4, 1900, 12 30 p.m.

Following has been received by Lord Wolsley:—

"Cape Town, June 1.—Returned from front, terrible pressure sickness. Breakdown in medical arrangements. Doctors, nurses, equipment miserably insufficient. Pitiable scenes here entirely falsify statements sent home."

The above is signed "Coutts." Please let me know at once if there are any grounds for these alarming statements. Consult principal medical officer with Lord Roberts's force, if necessary, and principal medical officer, Bloemfontein.

From the Secretary of State for War to Field-Marshal Lord Roberts.

War Office, June 5, 1900.

We are receiving private telegrams complaining of alleged general breakdown in hospitals. I have asked General Officer Commanding Lines of Communication for a report. A complaint of your hospitals at the front has just come in. Is there any foundation for it? You will, of course, spare no expense to mitigate suffering. From Lord Roberts to Secretary of State for War. (Received June 5.)

Pretoria, June 16, 1900, 6 30 p.m.

I was aware Burdett-Coutts had drawn attention to the medical arrangements at Kroonstad: on our arrival there a very large number of sick and wounded had to be provided for and the accommodation available proved quite insufficient for them. [The passage of Lord Roberts's despatch which comes in here will be found in Mr. Balfour's speech in our Parliamentary report.] Since leaving Kroonstad we have had no difficulty about our sick and wounded; there have been comparatively few sick, and we have found ample accommodation for them and the wounded both here and at Johannesburg. Sir William MacCormac and Mr. Treves have stated publicly their experience of the medical arrangements in South Africa, and I submit that their evidence is more reliable than that of Burdett-Coutts, to whom I would have explained what our difficulties were at Kroonstad, if he had taken the trouble to call upon me.

FROM SECRETARY OF STATE FOR WAR TO LORD ROBERTS.

War Office, June 20.

We continue to receive disquieting reports as to state of hospitals. It is alleged that there has been deficiency of medical appliances and comforts and even necessities; that there has been much overcrowding; that nurses and hospital orderlies are too few; and that the proportion of deaths has consequently been abnormal. We are told that reports made by MacCormac and Treves were optimistic, and that conditions have probably changed for the worse since their visit. You explain the circumstances owing to which the state of hospitals at Kroonstad was unsatisfactory. Can it be said that, except where these special difficulties presented themselves, the arrangements were, on the whole, sufficient; that the number of cases to be dealt with was greater than could reasonably have been anticipated; also that the state of things was confined to one or two places, and that it has now ceased to exist? Is it true that in cases requiring careful nursing and treatment proportion of deaths has been unusually high? Can we do anything now to mitigate the evil if it exists? Shall we send you more nurses?

From Lord Roberts's reply to this, dated Pretoria, June 25, 10 10 p.m., Mr. Balfour read two long extracts in the House last night, as will be seen from our Parliamentary report. The intervening portion which Mr. Balfour did not read is as follows:—

To give some idea of the pressure at Bloemfontein, I would state that from the date of our arrival there on March 13 until two or three days ago, or in a little more than three months, there have been approximately 6,369 admissions from enteric fever alone. Of these 1379 died, giving a mortality of 21 per cent. Numerous cases which were returned as simple continued fever have no doubt been cases of slight enteric; this would much reduce the percentage of mortality. I am not aware whether 21 per cent. of enteric cases is an abnormal rate of mortality in civil hospitals in peace time in tropical climates, if so it must be ascribed to the abnormal conditions which obtained at Bloemfontein owing to the exhausted state of the men when admitted to hospital, and not, in my opinion, to neglect on the part of the Royal Army Medical Corps. The next place we had to form a hospital at was Kroonstad, 128 miles distant, and the difficulties which attended the disposal of the sick there I have already fully explained in my telegram. After Kroonstad we established no permanent hospital until we reached Johannesburg, 137 miles further on. There we had considerably less difficulties to contend with, as compared with Kroonstad, owing to the large civil hospital in existence there, in which a number of our sick and wounded were accommodated, and to the fact that several suitable buildings were available. I visited Johannesburg two days ago and found the medical arrangements in fair order. At Pretoria, though a much smaller place than Johannesburg, we have managed to make the sick comfortable in the various local hospitals, and by utilizing certain public buildings. Had our line of rail not been so frequently interrupted we should see this have had been a number of tents, with spare doctors and nurses, who left Bloemfontein some days ago, but have been delayed by the rail being cut.

MR. TREVES ON THE MILITARY HOSPITALS.

At the Dorchester Town-hall yesterday evening Mr. Frederick Treves and Lieutenant Michael Hodges, R.N., of the Laysmith Naval Brigade, were presented with the freedom of Dorchester, their native town. The mayor and corporation attended in state, and there was a large gathering of townspeople. The MAYOR, in presenting the vellum scrolls, which were enclosed in silver caskets, alluded to the services of Mr. Treves and Lieutenant Hodges. Mr. TREVES, who had an enthusiastic reception, said that those who criticized the defense and relief of Laysmith could have no conception of the difficulties of the country. It was a country of natural fortifications, and he did not think there were many generals who would have persisted with an attack extending over 13 days from the time he left Chieveley to the relief of Laysmith as General Buller did, and there were very few soldiers that would have followed their leader with more readiness than did the men of General Buller's column. (Cheers.) LIEUTENANT HODGES also suitably replied. The latter was also presented with a pair of binoculars and a silver inkstand from his fellow-townsmen.

At the banquet, which took place later in the evening, Mr. TREVES, in response to the toast of his health, referred at length to the hospital controversy. He said a terrible bomb had burst in London in connexion with the report in *The Times* with regard to the treatment of the wounded and sick in South Africa. He could not imagine anything that could have given rise to a greater panic, and which could have caused greater surprise and distress than the report of Mr. Burdett-Coutts. It gave a picture of distress and wanton neglect, which was hardly equalled by Sir W. Russell's description of the scenes in the Crimea. They were told of men dying like flies, of men huddled together in one tent lying upon the ground dying of typhoid, lying in three inches of mud, and no food, medicines, or nurses. If this were true, and he was not in a position to say offhand that it was not, it was a statement calculated to throw England into the utmost depths of distress. He was sent out by the War Office as a consulting surgeon to the troops. He was not in any way indebted to the War Office and was in a sense an absolutely independent person. He was attached to General Buller's column and all the sick up to the relief of Laysmith passed through their hospital. The surgeons there would acknowledge they had a very extraordinary strain thrown upon their resources. They had no sort of conception that they were going to be opposed in such a way as they were. They had the utmost confidence of success at Colenso until he was sent for to go up at once to the battlefield. They estimated they were going to have 50 or 60 wounded men but instead of that they had a vast number of over 200. But what was the result? There was not a single man who was not attended to. They worked all that day and night. No one spared himself, and he could honestly say that the Army Medical Department did work of which the country could be distinctly proud. They had the same experience at Epion Kop. They had a message to prepare for 500 extra wounded, but in one night they had brought down 715 wounded. He could say that the hospital accommodation was admirable. They were 26 miles away from any supply and they were attempting to make bricks without straw, but the extraordinary energy that everybody showed, the liberality of the department, the absolute abolition of anything like red tape, the understanding that everything possible must be done for the sick and wounded, was apparent to all. Every department helped them in every possible way, and only that could have rendered it possible for them to cope with the enormous number of wounded. When one came to hear of this extraordinary picture given by Mr. Burdett-Coutts at Bloemfontein all he could say was that it was really incredible that a department which had stood a strain of that character could have suddenly collapsed in the ignominious way he had pictured. With regard to the statement that they had no beds, he could say that for three months he slept in no bed. Hospitals must be mobile, and they could not take beds. What a dreadful thing—men lying on the ground! But they were lying on a blanket and a waterproof sheet. He would rather have typhoid patients lying for three weeks on the ground than move them down to the base. It was that which had killed so many. As to lying in three inches of mud, no one could expect a first-class hotel. His tent had been flooded out, and he had been paddling about in inches of mud. Why no huts? Because the men were a thousand times better off in tents. The large base hospital was still under canvas as being best for the men. There were other complaints, but he would ask them to remember that transport was excessively difficult and ammunition had to go up. War was war, and fighting materials were bound to go. But every one did his best for the sick. Then they were said to be without pillowcases and sheets. And a good thing too. What they would have done with them he did not know. Why they could not get even their shirts washed. He tried to wash his own, but he never tried it again. They could not possibly do what they would like in war. Naturally they would like every man to be between sheets, have pocket handkerchiefs, and one of Cologne, but it was impossible, and always would be. He could not understand Mr. Burdett-Coutts to be absolutely oblivious to the necessities of war. In no campaign of which he had knowledge, and of which he had read, had the treatment of the sick and wounded been so admirable. Mr. Burdett-Coutts had spoken of brutality and neglect. That was hard, considering the devotion of the medical staff. Mr. Treves then gave examples of personal devotion and self-sacrifice, which commanded his highest admiration. He begged them to suspend their judgment until they heard the other side.

There has just returned to Birmingham a soldier invalided home after an attack of enteric fever. He was in the Bloemfontein hospital, and in the course of an interview yesterday said that he could confirm the statements made by Mr. Burdett-Coutts, M.P., though he thought the fault was due to the transport service. While in the hospital he frequently saw naked men in a delicious state wandering about the camp in the freezing cold of the night. There was one orderly to every couple of tents, and as each of these contained a large number of patients, it was naturally impossible for one man to control them all. As to the treatment accorded to the sufferers, he said that he

frequently had to wait seven or eight hours before he could get a drink of water. In fact, it was no uncommon thing, if a patient wanted anything like a drop of milk or beef tea, for him to wander from one tent to another until he found what he required. "Although I was in the hospital 21 days," said the soldier, "I never saw a nurse at all." He further said that the convalescent and the dying were in the same tent. There was no distinction made. He fully endorsed all that Mr. Burdett-Coutts said, and especially the statement that men in the worst stages of typhoid fever lay on the hard ground with only a blanket and their waterproof sheet to cover them. In fact, he said, the majority were on the floor, as there were only a few stretchers. As to the stretch in the tents, it was terrible. There were no sanitary arrangements, and the consequence was a condition of things too terrible to describe in print. Patients lay about on the floor during the heat of the day, covered with flies and ants, which clustered about the faces and bodies of the suffering men and could not be knocked off, owing to the weakness of the patients. On one occasion, after a heavy thunderstorm soon after he went into hospital, he lay for nine hours in a pool of water which ultimately turned to mud, and no one came to him during the whole of that time.

OUR WARS AND OUR WOUNDED.

VII.*

(By MR. BURDETT-COUTTS, M.P.)

CAPE TOWN, AFRICA.

In the green roads and *allées* formed by the regular rows of marquees in which No. 3 General Hospital is laid out many an interesting hour may be passed, wandering in and out of the tents, chatting with the soldier-patients who love to fight their battles over again, observing the comfort and regularity of all the arrangements, the central table for common use, the neat little beds with a chest of shelves at the head of each, the temperature charts and diet sheets affixed to every sick case, the many little luxuries which lady visitors have added, the orderlies moving about methodically amongst the patients, and here and there a nursing sister looking in to see if her instructions have been properly carried out. Except in the special surgical and medical marquees, of which there are two in each of these divisions reserved for serious cases, many of the patients are up and sitting about, some on the beds, some in the entrance to the tent, and some outside under distant awnings. A large proportion of these, as previously mentioned, seem after subjects for a convalescent home than for a hospital fully equipped and manned for grave cases. Were a heavy pressure of the latter to come they could find no place in this hospital save at the expense of these convalescents, who are certainly not yet "fit for duty," otherwise they would not be here.

At the entrance to the broad central avenue some of the patients are making two large flower beds, neatly bordered with white stones and bedded out with plants brought by the neighbours. As dinner-time is near we will walk down the whole length of the avenue to the kitchen at the end. Within all is neatness, order, and precision. Seven cooks, consisting of a sergeant and six privates, are busy preparing the chief meal for some 500 patients. The head cook is a very smart and intelligent man, trained at Aldershot, and no mean artist. The seven "diets"—"roast," "varied," "convalescent," "chicken," "beef tea," "milk," and "plain milk"—have each its measured component parts, solids, liquids, and condiments, set down in the manual. No praise can be too high for the excellent cooking in this hospital, which of course depends on the individual attention given to the matter here. Even the Cape Town meat is made more than palatable, while the roast chops and cabbage, stewed chicken, soups, vegetables, and potatoes are most savoury. The rice and sago puddings and custards are delicious; the beef tea and chicken broth would tempt the feeblest appetite; the barley water almost converts us from a deadly and life-long hatred of that particular beverage. In fact, we must confess to having made a capital lunch by conscientiously tasting all the dishes, taking them—no hope unobserved—in order, soups first, then meats, vegetables, and chicken, finishing up with the custards. Meanwhile, outside a long row of orderlies stand ready to carry away the meals on warming pans, so that if you walk to the furthest marquee you find the food arrives there quite hot.

The making up of the supplies required in the kitchen each day is a complicated affair, and the provisioning of the hospital still more so. In each ward the orderly draws up a "Diet and Extras Sheet" for the patients under his charge. This is the basis of all supplies. An abstract or "Provision Ticket" is made by the ward-master for each ward. All these provision tickets are then taken to the quartermaster, who collates them and gives the order for the next day to the various contractors. The quartermaster must be

both careful and honest. It is in his department that most "leakages" can occur; 1,200 pints of milk, 300 bottles of soda-water, 250 of lemonade, 78 of stout, and 57 of beer are a few of the items on to-day's list.

When we consider the large staff assigned to one of these general hospitals it might be thought they would be self-contained and self-managed as to provisions and equipment. Not at all. The hospital draws all its supplies from another military department—the Army Service Corps. Its transport also comes from that source. With regard to stores not kept by the A.S.C., the latter make the contracts for delivery direct to the hospital. The quality of the food depends on the supervision of the quartermaster and medical officer of the day, and the rigour with which they reject anything questionable. In the latter case they go and buy direct from the shops and the bill is sent in to the A.S.C.

Not even the equipment of the hospital—the tents, beds, furniture, and other things special to it—are to be found in the Army Medical Department. All these have to be drawn from another source equally distinct from the A.M.D. and the A.S.C.—viz., the Ordnance Department. The mass of forms, indents, requisitions, receipts, returns, reports, and correspondence involved in this arrangement, added to a terrible thing called a "diet account" which has to be sent to the War Office every month, are enough to make the two hairs generally left on a warrant officer's head stand on end. It is credibly reported that several of these officers have sunk into early graves under the strain. One civil doctor, after a month's wrestling with the "sheets for extras," one for every egg or half-pint of milk, is now a wandering lunatic in his own hospital, sheet in hand, still trying to fill it up.

The only thing the Army Medical Department possesses are medical stores. Even with regard to these, the smallest thing not actually in the hospital can only be obtained by a protracted journey through the circumlocution office. A patient with bad eyes requires a pair of dark spectacles. There are none in the hospital. A requisition has to be drawn up and sent in to the P.M.O. of the base. He sends it on to the base medical stores. They have them not. The base P.M.O. then signs an order for them to be bought. They are sent here and a receipt signed for them, which the tradesman has to take to the base P.M.O. to get his money. All this may take two or three days, during which the eyes are getting worse. Now, an orderly of the hospital could have gone to the shop, bought the spectacles, paid for them, and brought them back in an hour! The former is the normal process; but just recently it has been allowed to be shortened in cases of extreme urgency. The fact is that many parts of the system are breaking down under the test of practical experience. Why and how it was ever devised, and how soon its network of red tape will be cut through and the whole system simplified, are interesting questions.

An afternoon may be spent in examining the other parts of the hospital, some of which have been briefly alluded to in the description of its ground plan. The kit store is a tin building with some 300 large pigeon-holes in which the patients' kits, after being thoroughly cleansed and where necessary sprayed with perchloride of mercury, are packed away with name and number tied on. On the floor are heaps of ammunition—21,000 rounds to-day—rifles and carbines, and swords with khaki-covered scabbards.

The linen store contains bedding, blankets, and hospital clothing. It is here that we come across one of several instances in which well-intentioned philanthropic societies and funds duplicate the work of the hospital. When a patient leaves to go home on a transport, he is supplied from the hospital with a fairly complete outfit for his journey and for the climate to which he goes. It consists of an overcoat, a serge suit, a blue green jersey and flannel vest, a pair of boots, two flannel shirts, drawers, and pairs of socks. The hospital makes certain of his having these; its officers know nothing except what they see in the newspapers of the philanthropic societies or their work. The consequence is that many of these articles are given over again at the ship's side, and money which might have been better spent in buying things the soldier does not possess, and which amounts in the aggregate to a very large sum, is practically wasted. The confusion points to a want of organization, and the absence of one head, whether civilian or military, or some central society acting in the joint interests of donors and patients, to adjust the incidence of official and voluntary aid. The economic vice of overlapping has not been confined to the administration of the war funds at home.

After the store tents, including the issue stores containing the supplies and specially under the quartermaster, we visit the dispensary, which is sufficient for its purpose, although roughly furnished with shelves formed of upright packing-cases, in which hundreds of jars and bottles are arrayed, piles of "dressings," lock-up cases for "poisons," and various "extension

* This letter was written before the ninth of the series, which was published last Wednesday.

apparatus" ingeniously made on the spot. There is a Röntgen rays tent, which would have been far more used 20 years ago when bullets lodged in the body instead of going clean through two or three men. The disinfecting process is carefully examined, and found as thorough as a department of such vital importance should be. All soiled linen is soaked in iron tubs in a solution of formaline and then either passed through Threshers' disinfectant or boiled and dried in the sun, while the refuse of the camp is carried every evening to a distant spot and there burnt.

The church, peculiar to No. 3, is made out of a marquee 50ft. long by 30ft. wide. It has a frame altar covered with a red-embroidered altar-cloth on which stand a cross and vases of flowers; the lectern is draped in a Union Jack, and there is a harmonium; the church is partly seated, and there is space for a congregation of 200. A long dining-tent for convalescents, seating some 150, is also used as a reading-room. An additional recreation marquee is being erected. A novel feature is a large pen of live chickens given by the neighbours for consumption as they are wanted. They are a nuisance, and anticipate their fate by eating each other.

After this lighter interlude we visit the enteric marquees, which, as previously stated, have been wisely isolated from the rest of the hospital and have a special ward master, orderlies, and nurses assigned to them. There are three marquees, 45ft. by 18ft., with 15 patients in each. In the daytime there is a nursing sister with three orderlies in each tent; at night an orderly in each, but only one nursing sister for all three.

The theory and practice of the Army Medical Department alike impose male nursing. It only needs a glance back at the normal staff (Letter V. in *The Times* of April 17), with its nine nurses and 78 ward orderlies, to understand this. Excluding India, there are only 56 Army nurses for England and the colonies. Under this system the nurse does no nursing; she directs and superintends the nursing by the orderlies. The chief ward master, who is responsible for the whole hospital within the wards, supports the nurses by his authority.

Owing either to the growing pressure of public opinion, or the deficiency of orderlies as the campaign extends, the allowance of nurses in these base hospitals has been materially increased. No. 1 General Hospital at Wynberg, with 650 beds, has now 39 nurses; but this large number is explained by that hospital having 120 officer-patients. Here, in No. 3, there are at present 19 nurses. It is a significant fact for our argument that this hospital started short of 38 orderlies, that number having been sent up with one of its medical officers to establish a stationary hospital at De Aar; 29 civil orderlies were taken on from the St. John Ambulance Society; and to make up for the remaining shortage of 18 orderlies, as well as the inexperience of the 29 civilians, ten nurses have been added to the normal staff of nine, making 19 in all. Female nursing is welcomed at No. 3, and there are many enlightened officers of the R.A.M.C. who hold the same view; but the traditions and practice of that body are tinged with a strong prejudice against it. Certainly at the headquarters of the department at home this prejudice remains; this was proved by the uncompromising rejection of a proper quota of nurses in the first offers of voluntary hospital assistance, in spite of the well-known opinion of Lord Wolseley, which is also said to be shared by Lord Roberts, in favour of female nursing.

A careful examination of the whole question, for which there is hardly space in these letters, has brought us to the conclusion that the absence or totally inadequate supply of female nursing laid down in the manual is a glaring blot on our present Army medical system. It is a violation of nature; for nursing—not superintendence only, but the actual handwork of the process—is woman's work, not man's. It is an antediluvian prejudice, dating from the time when Mother Gamp ruled in the sick room, and taking no account of the enormous development of scientific and efficient female nursing which has been one of the brightest features in the domestic history of the last 30 years. Since the Crimea, in the days of the Gamp régime, we have fought no war where nurses were possible; they can rarely go into savage countries. Even then Florence Nightingale taught us the lesson. She sowed the seed which was treasured and grew up in thousands of hearts, finding thoughtful minds and willing hands innumerable to prepare for the harvest of another great war time.

Fifty years later the day comes. Two hundred thousand British soldiers are facing wounds and sickness in a distant, but civilized, country, a country in which none can say the sanctity of womanhood is not recognized. Where are the women? Where are the nurses? A wretched hundred or two or three are here; while thousands—trained, skilled, willing, eager—are sitting at home wringing their hands! And all this for an antiquated tradition, an unnatural, blind, stupid prejudice of some fastidious "department," which the War Office ought to have knocked on the head at the outset of the war, with the

medical profession and public opinion at its back.

The arguments against female nursing in the Army in war time may be briefly stated, with the natural answers to them. We will give the Ancients all the rope they can claim; we are too polite to indicate the result. The premises, more than once laid down in these letters, must be borne in mind—that hospitals strategically safe afford the best, though not in a country like this the only, field for female nursing. What harm came to Mr. Treves's four nurses at Coleman's? De Aar, Orange River, Modder River, Naauwpoort, Bloemfontein, and many other advanced stations, where only a few nurses have been employed, all suggest the same question.

1. Soldiers prefer being nursed by orderlies, and do not like women about them when sick or wounded. Answer.—Direct negative; simply not the case. A soldier is not a fool but a man. Any man who has been seriously ill knows the difference between a rough-brown orderly with horny hands and creaking boots, smelling of tobacco and other things, moving about his bed, tending him with a man's touch, and the real ministering angel, the female nurse. It is not the poor orderly's fault, he does his best; but he is built that way.

2. There is no place for women to live in a hospital camp. Answer.—Nonsense; make a place. It has been done over and over again, as in No. 3, with perfect comfort and propriety. "Fine ladies," nominally, have gladly submitted to this stupendous difficulty.

3. Half the patients in a military hospital are convalescent, sitting about smoking and chatting, and a woman's presence or proximity interferes with their freedom and natural enjoyment of each other's society. Answer.—If this is true, it is in the nature of a *petitio principii*, because it is another proof that these hospitals ought not to be occupied by convalescents. Moreover woman's presence invariably raises the whole tone of a hospital, its comfort, moral, manners, and everything else about it. Tommy has plenty of time for swar-talk—that is the suggestion, otherwise the argument has no meaning—when he is in barracks or on the march. Any one who used the argument to a group of Tommies that they cannot behave themselves in the presence of a nice woman, would be likely to come away with his features somewhat rearranged.

4. Not all the cases in a military hospital are suited to female nursing. Answer.—This is merely a question of classification and separation which ought to be done under any circumstances. It is just as easy as isolating enteric or scarlet fever cases.

5. The Old Law, or what may be politely termed the "sentimental difficulty"—"philandering." Answer.—This is an argument somewhat difficult, not to answer, but to discuss. To be quite fair, there is something in it unless the nurses are carefully chosen and accompanied by a good matron. The whole nursing world will rise up in arms against the weakness of this answer. But what we have heard, we have heard. It is very little and very rare. There is no more danger than in a male ward in a civil hospital, and that has not yet been found sufficient to expel female nursing from those institutions, and never will be. It really depends on the character and conduct of the woman. Once that is assured she is perfectly safe, and the argument falls to the ground. To say that it cannot be assured would be an unwarrantable insult to a large class of our meritorious, self-respecting, single-minded, virtuous English womanhood.

There is no need to further urge the arguments on our side, but one should be set down which only knowledge makes obvious. If the department of nursing, almost more important than medical treatment in a campaign, which is always marked by a variety of fevers, is to be enlarged by civil aid in war time we can only turn to female nursing. It is there alone that practical experience lies. Even the St. John Ambulance orderlies, who deserve great credit and praise for their aptitude and devotion in this war, and for whom there is plenty of room at the front, where they would prefer to be, must necessarily start with nothing but theoretic training. They have never seen, much less handled, a patient. They learn quickly, but during the period of active probation—say a month or six weeks—the sick or wounded soldier is the *corpus vile* of the experiment.

The case is over. It only remains for common sense and humanity to give the verdict.

TO THE EDITOR OF THE TIMES.

Sir,—I desire through your columns to make a few observations on the subject raised by Mr. Burdett-Coutts in his letter of yesterday's date. I think it must be generally admitted that Mr. Burdett-Coutts's attack upon the Royal Army Medical Corps is, to say the least, greatly exaggerated. I will not ask you to occupy your valuable space with quotations which speak of "men dying like flies for want of adequate attention," &c., because these words can be read in Mr. Burdett-Coutts's letter. But I should

like to remark that his attack, though made upon the Army Medical Corps, is really an attack upon the Commander-in-Chief and upon the system and regulations that govern the Medical Department.

Speaking with the knowledge derived from reports constantly received from the seat of war by the Central Red Cross Committee, I am in a position to say that Lord Roberts has done everything in his power to support and assist the Army Medical Corps and the hospitals—both the military and those affiliated to the Red Cross Society.

There can be no desire on the part of the Red Cross Society to submit to "the plagues of blindness and whitewashing" with regard to any shortcomings of the Army Medical Service in South Africa. My own recollections of the valuable services rendered to the Army by Sir William Russell through the columns of *The Times* during the Crimean campaign of 1855-56 are such that I can never cease to be grateful for the severe criticisms which, after a considerable period, bore good fruit in the great amelioration in the condition of our Army and of our soldiers in the field and in the hospital. At the same time, critics who make strong attacks upon those who are engaged in the performance of their duties must not complain if they are themselves criticized. Mr. Bardett-Contts's attack will doubtless be met by replies from the War Office, meeting his assertions as best they can by explanation and, in some cases, denials of his allegations.

As chairman of the Central Committee of the Red Cross Society I may be allowed to draw attention to the fact that, although Mr. Bardett-Contts was well aware of the existence of that committee, which was sitting day by day and week after week for the express purpose of administering relief to the sick and wounded, and which has agents and depôts at the seat of war, he does not appear, either by letter or telegram, to have made known the complaints which he now makes, or to have suggested that either money or "material" should be supplied either from England or from Cape Town to remedy the deficiencies. Had he done so the funds that have been so liberally contributed by the public would have enabled the Red Cross Society, through their agents in South Africa, to have at once remedied some at least of the grave shortcomings which he describes. Voluntary aid in time of war, unless properly incorporated with the military organization, is of doubtful advantage. But this incorporation has, for the first time, been fully understood and worked out in a most satisfactory manner in this campaign. And the Red Cross Committee has throughout kept in touch with and worked in harmony with the Army Medical Department as well as with the various and diverse elements of which voluntary aid to sick and wounded is apt to be composed. The information which constantly reaches the committee from their representatives in South Africa has enabled them to utilize to the best advantage the funds and contributions entrusted to them by the public.

Our head commissioner at Cape Town is Sir John Furley, and sub-commissions are working in various districts—Mr. G. Bonham Carter at Cape Town, Dr. Chepman in Natal, Colonel Ryerson (of the Canadian Red Cross Society) has been at the headquarters with Lord Roberts, and has opened stores at Bloemfontein, and Mr. Kenworthy has been engaged in conveying stores from Kimberley to Mafeking.

Travelling agents were also in constant employ on the various lines of communication, personally taking up stores and "comforts" of all kinds and passing them, through the innumerable difficulties that have at times proved almost insurmountable, arising from the congestion of traffic on the single line of railway, to the depôts at the front, from which they are distributed to the various hospitals.

Colonel Ryerson writes on May 4 from Bloemfontein as follows:—

Approximately the number of sick and wounded here is 2,500. There are stationary hospitals in the Raad Zaal, Dame Institute, the Convent, Grey College, Old and New St. Andrew's College, St. Michael's-house, the Industrial Home, the Volks Hospital, and there are also the 8th and 9th General Hospitals. There are, in addition, the following private hospitals:—The Portland, the Langman, and the Irish. There cannot be less than 3,000 beds available. Besides, we supply the field hospitals—one for every brigade—here in Springfield and at Ears. You will, therefore, understand how great is the demand upon us, especially in view of the fact that there are at least 1,200 cases of enteric fever. The greatest demands are made upon us for the following articles:—Shirts, pyjamas, sheets, pillows, pillow-slips, bed-pans, whisky, rum, champagne, invalid foods of all kinds, sago, rice, tapioca, beef essence and extracts, chicken, fish, fruit, vegetables, jam, marmalade, stationery, reading matter, and a large assortment of miscellaneous contributions. We also supply from three to five dozen eggs a day to each hospital in town.

In Natal, Dr. Chepman has had similar demands made upon his resources. Sir John Furley writes on May 9 that:—

A depôt has been formed at Ladysmith in large rooms in the centre of the town. The principal medical officer of the district was so well satisfied that he issued

circulars to the officers of all the field hospitals, informing them that the depôt was open. This naturally brought an avalanche of requisitions, with which Dr. Chepman has had great difficulty to comply. However, he is doing his best, and we are backing him up.

I have quoted the above to give some idea of the manner in which the Red Cross Society is working in touch with the military authorities, as I wish to show that, knowing as he did of the existence of this society, Mr. Bardett-Contts might have availed himself of it by bringing the needs of the field hospitals he describes before Lord Roberts's Medical Staff Officer, Colonel Ryerson, who is also our agent. I have endeavoured to give an outline of the vast area over which the Red Cross Society is carrying on its work. It should be noted that the following "private" hospitals are working under its organization, and are constantly receiving such assistance as they may require in money or in kind. These hospitals include the Portland, Langman, Irish, Imperial Yeomanry, Edinburgh, Scottish National Red Cross, Welsh, Princess Christian, Van Allee, Moseley, &c. The Central Red Cross Committee has supplied the War Office with supplemental personnel for the hospitals in South Africa to the extent of 500 fully-trained nursing sisters—and specially trained orderlies, together with ambulance officers and men, to the extent of 2,600. The Red Cross bear the expenses of clothing for the nurses and uniforms and outfits for the orderlies, the War Office providing their pay. The nursing sisters are all selected from the members of the Army Nursing Service Reserve Branch of the Red Cross, of which H.R.H. Princess Christian is president; and the orderlies are chosen by the St. John Ambulance Branch of the society, of which Viscount Knutsford is president.

All this by no means exhausts the account of work done by the Red Cross. Among that which has proved most useful and beneficial is the railway hospital train "Princess Christian," which has been continually running in Natal, and conveyed many hundreds of sick and wounded men in comfort from the Ladysmith district to Durban. Other hospital trains have also been fitted up by us for use on the Cape Colony lines.

The "Princess of Wales" Hospital Ship has been employed in conveying sick and wounded back to England, and has also been working between Durban and the east coast ports and Cape Town.

These branches of our work have been already alluded to in previous letters which I have had the honour of addressing to you from time to time. What I have now said will, I hope, induce the public to suspend their judgment upon the working of the medical staff generally in South Africa.

In your leading article in your issue of June 27 you explain the difference between stationary and field hospitals—a most valuable explanation to those who do not appreciate the distinction between them. The denunciations of Mr. Bardett-Contts, as I understand him, do not in any way apply to stationary hospitals, but solely to field hospitals, and more especially to those used at Bloemfontein and its neighbourhood for enteric fever cases under the special pressure of a sudden and violent outbreak of that epidemic. Field hospitals, being intended for temporary work only, are not, according to Army regulations, supplied with bedsteads, but only with blankets and waterproofs. To provide such hospitals with bedsteads, as Mr. Bardett-Contts suggests, would be incompatible with their utility and mobility. In all probability the men he saw in these field hospitals were there only temporarily, and were about, as soon as possible, to be removed to the stationary hospitals, and were not necessarily, or even probably, the same men on the occasion of his second visit that he saw on his first visit.

I remain, Sir, your obedient servant,
WANTAGE, Chairman of the Central Red Cross Committee.
2, Carlton-gardens, S.W., June 28.

TO THE EDITOR OF THE TIMES.

Sir,—Will you permit me to make a few remarks on Mr. Bardett-Contts's letter in to-day's issue of *The Times*?

As a late P.M.O. of South Africa I can speak with a certain amount of authority on the subject, and first let me point out an absurd error of Mr. Bardett-Contts's. He states that "10 typhoid patients were huddled into bell tents intended to hold six healthy men." Allow me to correct him by saying bell tents are intended to hold 16 healthy men—not six as he states.

As regards the "Woodstock" Hospital he speaks the truth. The building is a discredit to any Government. When I reported on it in 1894, I stated that it was situated on the sea shore, that close in front of one of the main sewers of Cape Town discharged its contents, which were driven back on the beach when the wind set that way and sent a stench through the wards so bad that it was frequently necessary to close the windows.

Immediately behind ran the railway. On the right, within a couple of hundred yards, is the military cemetery; on the left some open ground, the resort of the bad characters of Cape Town.

As regards vermin, I can say there were none present during my incumbency, though the Cape Town barracks swarmed with bugs.

As regards the statements concerning the condition of things at Bloemfontein I am not in a position to speak, but I fear his criticisms bear the mark of truth.

I feel confident, however, that all that was possible was done by the P.M.O. in charge—first Colonel Stevenson and now Colonel Exham, of the R.A.M.C. With limited establishments and short supplies they were helpless to do more, and if these latter fell short then let the blame be laid on the proper shoulders.

For years the condition of short-handedness of the R.A.M.C., both in officers and men, has been urged on the War Office with but little effect, the view of the authorities being limited to "drugs and doctors," the former to be purchased, the latter hired, when necessity arose.

Organization of the medical service was not carried out in the manner it should have been; the men of the R.A.M.C. were far too few, and there was little or no reserve to fall back on.

I have just had an opportunity of meeting an exceptionally good medical officer who served throughout the siege of Ladysmith, and from him I learned many details of the medical arrangements of that portion of the war. Colonel Exham arrived with Sir George White just before the siege began, and it was due to his initiation that the Intombi neutral camp was arranged for with General Joubert. Indeed, but for this the sick and wounded would have been decimated by the enemy's fire.

Colonel Exham advised the "commandering" of all the supplies that could be obtained, such as tinned milk, soups, arrowroot, &c.

He also secured all the milk cows and fowl, and in fact made every possible arrangement for the comfort of the sick. At one time he had over 2,000 cases of sick and wounded, most of the former enteric and dysentery.

When Colonel Stevenson was taken on with Lord Roberts as P.M.O. of the field force, Colonel Exham was sent round to Cape Town and took his place, and I am in a position to state that no better officer (indeed, Mr. Burdett-Coutts admits this) could have been selected.

A man of fine physique and a first-rate professional officer, he is the right man in the right place, but, he is remembered, a P.M.O. short-handed of medical officers, nurses, and trained orderlies, with an insufficient supply of tents, bedding, linen, &c. *grauzamer*, can do but little to alleviate the sufferings of the sick and wounded. At the same time, while not disputing the accuracy of Mr. Burdett-Coutts's facts, it is only fair to bear in mind the principle of *audi alteram partem*.

Lord Roberts is too humane a man to allow his sick to suffer unnecessarily, and I would ask your readers to suspend their judgment till he has had an opportunity of putting the saddle on the right horse.

I remain, &c.,

J. B. HAMILTON, Surgeon-General, R.F., late P.M.O. South Africa.
Junior United Service Club, June 27.

CHARGES AGAINST HOSPITALS

[THE DAILY TELEGRAPH Special War Telegrams and Letters are Copyright both in Great Britain and in the United States of America.] *Daily Telegraph*, 28th and 19th.

From Our Special Correspondent.

CAPE TOWN, Wednesday, June 27

(6.25 p.m.).

I understand that Lord Roberts has replied fully to Mr. Burdett-Coutts' charges against the hospital administration at the front.

It is well known that the outbreak of typhoid fever from Modder River to Paardeberg was of such a character as no human foresight could have anticipated. For some time Bloemfontein has been satisfactory, and your correspondent, Mr. Charles Falconer, has a letter on the way to England praising the arrangements.

The highest authorities here declare that there is a modicum of truth in Mr. Burdett-Coutts' charges, plus gross exaggeration, and no allowance for the circumstances and the almost unprecedented difficulties.

I am informed that the Archbishop of Cape Town has apologised for similar, though less grave, charges made here, his information having proved erroneous.

The deficiency of clothing is admitted, but it was impossible to meet the sudden demand.

General Sir F. Forestier Walker and Colonel Cooper, the base Commandant, are satisfied that everything possible has been done. The Rosebank complained of was not a hospital, but a depot there of 300 men sent down from the front, and of whom not one has died.

FIGHTING THE FEVER.

THE SOLDIERS WORST ENEMY.

GENERAL HOSPITAL NO. 10.

If there is one circumstance more than another which tends to encourage the British soldier in time of war, it is surely the knowledge that should he fall ill or wounded by the way side there are hundreds of willing workers to nurse him through his sufferings and bring him back to health and life. As far as human endeavour can go everything is done to render our sick and wounded soldiers the most prompt assistance that medical skill can supply, and though many a poor fellow may lie for hours on the field of battle awaiting his turn to receive such welcome aid, he knows that once the friendly bearers have reached him he may rest content, in the assurance that he will be tenderly cared for, until his recovery is complete or at all events until every phase of human aid has been exhausted. The vast organisation of medical men and nursing staff necessary to meet the necessities of an army at the front can scarcely be credited. In Bloemfontein we are beginning to learn something of its magnitude. When one strolls out into the veld and views the various camps on all sides, it gives one something akin to a shock to be told that the majority of the clusters of white tents are hospital camps full of sick and wounded. The first impression does not last very long as, on reflection, one realises that war cannot be carried in any country without casualties, and there is, therefore, a feeling of pleasure in the thought that such ample accommodation and arrangements have been made to meet the necessities of the present war. The number of hospital camps around Bloemfontein are almost bewildering yet one has only to pay a visit to one or two, to find that the accommodation afforded is none too great, and that each of the camps, large and small, has its resources taxed almost to the utmost. Unfortunately in this war our soldiers have had an even more dreaded enemy to fight against than the Boer and his Mawer, an enemy which has probably contributed more towards filling our hospitals and putting men out of action than anything else, namely enteric fever. The number of victims this particular malady has claimed during the war already entitle it to rank as one of the most deadly scourges the people of South Africa have to deal with. It is a very insidious form of disease and grips its victims indiscriminately, though the greatest care may be taken to avoid its ravages. Its effect is far worse than the majority of wounds received in battle. Wounded men are often in and out of hospital care, almost before their comrades realise their absence from the ranks, but the man who is down with enteric fever has in almost every case a long, weary and monotonous time to lay in bed, and may congratulate himself if he has nothing worse to endure. It would be no exaggeration to say that three-parts of the men under treatment in our town and hospitals are suffering from this fever, and it is, therefore, a matter of the utmost satisfaction that we have so many agencies at work night and day fighting it down, and nursing back to health and strength the weak attenuated skeletons of men afflicted with the malady.

A number of articles have already appeared in these columns touching the excellence of our hospital accommodation, but so far no particular reference has been made to the splendid arrangements for the treatment of sick or wounded at the No. 10 or Headquarters General Hospital, which has found a commodious habitation in Grey's College, and other public buildings in town Grey's College being the central organisation from whence the numerous other Branch Hospitals in town derive their maintenance and support, so far as supplies of clothing, general equipment, and medical efforts are concerned. It is a strange and is somewhat a coincidence that so well-known an institution

as Grey's College which has educated and trained some of the brightest and most versatile of South African Colonists, and has contributed in no small degree to the athletic reputation of the Colony, should now be devoted to healing the sick, and that its recreation grounds where the students were wont to assemble in healthful and invigorating sport should have been converted into a resort for the sick. It is none the less appropriate, and the accommodation provided in the multifarious clinics and lecture rooms, all lofty and well ventilated chambers, could ill have been spared at the present juncture. It is here Surgeon Lieut.-Col. Wellington Lake and his able staff are at work, ever planning and devising measures for the relief of the sick. In Grey's College they have a splendid Headquarters including ample accommodation for stores, whilst that essential and important feature of hospital accommodation—a well appointed kitchen is here typified. A representative of "The Bloemfontein Post" visited this hospital yesterday, and to the courtesy of Lieut.-Col. Wellington Lake, the principal medical officer was granted an opportunity of going through the wards, obtaining at the same time, from the equally courteous Military Secretary, Major Freeman, a store of information about the management and conduct of the institution in addition to a general knowledge of the work performed by the various sections of hospital workers who invariably accompany an army at the front.

In the course of conversation Major Freeman pointed out the various stages of dealing with our sick and wounded, the first to take charge of them being the Bearer Companies, who frequently carry out the wounded from under fire and render that important "first aid" which is often the means of saving life. These Bearer Companies follow the troops into action, and having temporarily dressed the wounds of those committed to their care, hand them over to the Field Hospitals. These latter are usually under canvas and contain not less than 100 beds. They are lightly equipped so as to be able to move quickly in the rear of the troops. As the forces march onwards as speedily as possible to the general Hospitals, which are equipped with 500 beds and with all the necessary bedding and hospital clothing, and in fact everything a sick man could obtain in a general Hospital at Home. In this manner the work is carried out with a systematic completeness that is as astonishing as it is effective. At Grey's Hospital, though there are some 150 patients under treatment, there is no crowding of the wards or confusion in any sense. Quite a number of orderlies appear to be attached to every ward, so that the needs of every patient night and day can be immediately attended to. Most of the cases under treatment are those of enteric fever, some of them serious enough, but in passing through the wards our representative was not a little surprised to note how large a number of the patients had already reached the early stages of convalescence. The wards were all of them clean, bright and cheerful, the beds comfortable and roomy, with spotlessly white quilts and enticing pillows. Some of the patients were taking their afternoon naps, others reading or writing, and a few were to be seen out in the open air learning to walk again with the aid of a crutch. If one includes the Branch Hospitals of No. 10, the number of patients under treatment total up to about 700. At Grey's the patients are chiefly of the rank and file though a few officers are also under treatment here. The Lower Dames' Institute (formerly the Girls School), which is an offshoot of No. 10 general hospital, is also devoted to the rank and file the Upper Dames being devoted to the nursing of officers. Again the Convent Hospital, another offshoot, is devoted to the rank and file, having fine large and very airy wards, which add generally to the comfort of the patients, whilst at Government House the ball room has been turned into a ward by the kindness of Lady Roberts, and is already filled with wounded soldiers. At St. Michaels, Anglican Home also a branch of No. 10, both officers and men are treated, the

officers being located in two houses attached to the hospital, one of which was formerly occupied by the Landroost. In addition there are the Artillery Barracks, which have been filled up as a hospital (a branch of No. 10), where the nursing sisters all hail from Australia, and finally the Industrial Home behind the Railway Station, which is also filled with soldiers suffering from the effects of the war.

The responsibility of the proper conduct of so many branches, in addition to the Headquarters Hospital, is naturally no sinecure, and Surgeon Lieut.-Colonel Wellington Lake together with the able Military Secretary and Registrar, Major Freeman, and the various medical officers in charge have every reason to feel gratified at the result of their efforts. Emergencies are continually arising which require the constant attention of the officials, and it must not be forgotten that in devoting themselves to the care and nursing of our fever stricken soldiers, the risk of contagion is by no means to be ignored or overlooked. Nurses and orderlies are constantly falling victims to the fever, and one cannot speak in terms too laudatory of their self-sacrificing devotion. At Grey's College too Major Freeman informed me that the majority of the men acting as orderlies, who belong to the St. John Ambulance Association, the Volunteer Medicine Staff Corp, and Regimental Bearers, have volunteered for this duty and accept no pay whatever. Their work is oftentimes disagreeable and unpleasant. Refractory patients in their delirium are not very easy to deal with—and the hours of duty are often unavoidably long and wearisome. They nevertheless discharge their duty to the sick with a patience and sympathy well deserving public recognition. The medical officers, in charge at the various branches of No. 10 encourage their subordinates by every means in their power, and hence it is that cases of neglect are unheard of. The officers include Major Clement, the popular M.O. in charge at the Greys; Major Wyatt in charge at the Barracks; Major Greenway at the Dames Institute; Surgeon Major McMunn at St. Michaels Hospital—who has also charge of the ward at Government House and Surgeon-Major Watson at the Industrial Home. Each of the branch hospitals accommodate about 100 beds not including the officers wards, which vary, in point of accommodation, very considerably.

Sickness is a great leveller and there is absolutely no distinction in the treatment accorded to both officers and men, though their wards are kept apart. The same careful attention and diet is bestowed upon each of the patients, whether he be a General or a private. The fever itself knows no distinction of class, and those who are so bravely fighting it, recognise nothing but the fact that a man lies ill and requires their best care and attention. When one reflects that there are altogether between 4,000 and 5,000 patients now in the numerous hospitals in and around Bloemfontein, it will be understood how great is the strain upon the nursing staff, whose night duty is particularly trying. At Grey's and throughout the No. 10 branches they have a fairly strong contingent of nurses, but in the majority of the other general hospitals, so many of these self-sacrificing sisters have contracted the fever themselves, that the additional work thus thrown upon the remaining sisters is becoming a serious source of hardship. Even at Grey's further assistance is greatly needed. It is no light work these ladies have undertaken, but they realise that their presence in the sick wards and gentle sympathetic solicitude cheers and encourages the patients beyond measure, and the knowledge constrains them to remain at their post often when they should, in their own interests, be taking much needed rest. So many of the nursing sisters are themselves suffering from the fever that the Bishop's Lodge here is at the present time being fitted up specially as a hospital for them, several of whom are suffering from dysentery. The staff at Grey's brought out with them twenty of the nursing reserve sisters, one of whom, Miss Stewart Jones, we regret to learn, died whilst devoting herself to the work of succour-

ing others while three others are down with fever. The staff has fortunately been strengthened by several nurses who came here from Kimberley, having passed through the siege, in addition to a number of Canadian, Australian, and New Zealand sisters. As Major Freeman remarked to the writer: "the services rendered by these ladies have been invaluable, and we could do with more of them."

The facilities for nursing patients accommodated at the No. 10 Hospital are rather better than at the camp hospitals. "Our buildings," said Major Freeman "are not made of India rubber, and consequently we can only provide a certain number of beds." Moreover the Major is unstinting in his praise of the staff who include volunteers from the Colonial detachments, the Southampton Volunteer Bearer Company, the Cape Medical Staff Corps, and the Royal Army Medical Corps.

The duration of attack suffered by the various patients brought in, varies considerably. It depends upon the patients' constitution, the nature of the attack, and the complications which are always possible. Some of the patients are ready to be removed to Capetown or to return to duty within thirty days or less. Others again are compelled to lay in bed for a period exceeding two months. There is no complaint from these sufferers, who though the time often hangs heavily on their hands, realise that everything possible is being done for them, and are not slow in expressing their gratitude and appreciation. It is interesting to note their anxiety, when the medical officer goes his daily round taking the temperatures of those on the point of convalescence. How eagerly each patient examines his chart and prays that it may speedily record a prolonged period of "normal." Only one who has passed through this period of probation can fully realise and appreciate their anxiety on this head, for it means the substitution of a more strengthening diet, than milk and water, and the alleviation of the pangs of hunger, which is the patients' greatest trial.

It is a singular coincidence also that patients so often recover, when their case is regarded as beyond redemption by the medical staff, whilst others who are apparently on the high road to recovery, frequently collapse altogether, to swell the long list of victims who will never again be troubled with questions of temperature. Thanks to the kindly efforts of the Red Cross Brigade our hospital patients are fairly well supplied with books and periodicals, and their confinement to the wards, thus rendered as agreeable as possible. From the Red Cross Depot here, pens, ink and writing paper are also procured. These are considered luxuries not provided for in the regulations of the R.A.M.C., which, however, has this distinction, that every patient under its care can rely upon obtaining every necessary article in the shape of food and clothing, medical comforts, etc., his case requires, and in this respect he is often better off in a military hospital than in those set apart for civilians.

In many of the hospitals, despite the kindness extended by the Red Cross workers, there is a scarcity of periodicals and newspapers, which afford so much pleasure to the patients, and to whom no more agreeable gift could scarcely be offered. As a lady who has greatly interested herself in the welfare of our soldiers during the war, remarked in my hearing the other day. "Tommy" takes his greatest delight in the English newspapers. He loves to see his own regiment mentioned in print and his happiness is absolutely complete, should he find his own name printed in the list of wounded or sick. Accordingly gifts of newspapers are very welcome at the hospital. Illustrated papers and magazines are also eagerly looked forward to by our sick soldiers, the majority of whom have a particular penchant for *Ally Sloper*, so that if there are any "Sloperites" in Bloemfontein they can confer an inestimable boon upon our sick soldiers by sending them any back numbers of "Ally" they may have still in their possession. Such gifts may be forwarded to Lieut.-Colonel Wellington Lake, at Grey's College, the headquarters of No. 10 General Hospital,

from whence they can be distributed to the branches mostly in need.

As previously pointed out, the whole responsibility of the conduct of No. 10 General Hospital, devolves upon Lieut.-Colonel Wellington Lake, whose long military training and experience has stood him in good stead in controlling and directing the vast organisation under his charge. Lieut.-Colonel Lake is thoroughly interested in his work, and his example has been emulated loyally by his subordinate officers. At Home, he was in command of the Militia Medical Staff Corps, which is practically the 3rd Battalion of the Royal Army Medical Corps, and he has seen service before with the Ottoman Army. The whole of the officers and men of the Militia Medical Staff Corps volunteered their services for the war, and are nearly all of them out here, the former filling important positions in various parts of the country.

Sister Tulloch of the Army Nursing Service is in command of the Nursing Staff. She is a most able administrator, and served with distinction in the late Egyptian war, for which she received the medal.

THE TIMES, SATURDAY, JUNE 30, 1900. OUR WARS AND OUR WOUNDED.

VII.* (continued).

(By MR. BURDETT-COUTTS, M.P.)

CAPE TOWN, APRIL.

There remains one more scene before the curtain falls on this long day. A large convoy of wounded from the front—Bensberg and some from Paardeberg—is timed to arrive in the camp at 5.30. The Army Service Corps at Wynberg has been notified to meet the train at Rondebosch, a mile distant. But a delay of three hours has been announced, and during the interval the camp relapses into its normal quietude at the close of day. As night falls the stars come out in myriads, and the dark outline of Table Mountain stands clear cut across their jewelled arch. The moon, which tures night into day here, has not yet risen; and the tents beneath are shrouded in the land-darkness which starlight fails to penetrate. Only now and then a figure fits like a shadow between the tents, or stands out dark and giant-like against the light within a half-drawn curtain. These are the only signs of life; all is darkness and peace.

Suddenly, at the sound of a bugle, the camp springs into action and movement. Short, sharp orders break the stillness; lanterns swing like fire-flies in every direction; little squads of orderlies stand to attention on the roadside. Two nurses in white aprons and red capes, with the big red cross on their left arms, wait beside each squad; a surgeon stands close by. Staff-sergeants, sergeants, corporals take their appointed places. Some bring out sheets of blue foolscap ruled in columns and filled with writing; these are the convoy reports sent on beforehand, with particulars of the men and their injuries. Some sit at little tables, with large manuscript books open before them, and lantern, pen, and ink. All is ready; a few moments of well-ordered preparation has transformed the silence of rest into the silence of expectancy.

Slowly and noiselessly along the sandy road a ghostly column of white-headed ambulance wagons moves out of the dark pine trees. "Halt!" cries a voice, and the whole line stops. Four orderlies, sitting erect on the front seats, jump down and disperse. The squad by the roadside cluster round the back and peer into the dark cavern beneath the hood. Two bodies lie side by side on stretchers, lengthways along the floor of the wagon. Two orderlies take the projecting handles and slide one of the stretchers half out on its little flat wheels. A corporal holds his lantern up to read the tally tied to the end of the stretcher, and a sergeant stands by, blue paper in hand. "What's this?" asks the latter. "Gloucesters, 607, injured head," says one orderly. "Gordons, 1001, fractured thigh," says the other. "Gloucesters pass on," replies the sergeant, and then—falling into the Zulu-sque—"Thigh, tent 37." The stretchers are pushed back, and the little mules strain at the big wagon, which moves heavily forward.

The next one stops in its turn, and the process is repeated. "10th Hussars, chest wound, dangerous," reads the orderly. "10th Hussars, here." Four orderlies, one to each handle, lower the stretcher gently from the wagon and place it on the ground, a little way from the road. Two return to the wagons, and two remain stooping between the handles at either end. "Lift—steady!" and like a machine the stretcher rises

*Articles I.-VI. appeared on March 24, April 11, 13, 14, 17, and May 14; Article IX. on June 27; and the first part of Article VII. on June 29.

from the ground, slow and level, and moves off to a neighbouring tent. An orderly within pulls the flap aside; the other patients raise themselves on their elbows to look at the newcomer; the stretcher is aligned with the empty bed, with the length of one shaft resting on the edge. Very tenderly the two orderlies and a nurse half lift and half slide the body on to the bed. I notice the nurse does as much as the two orderlies, standing on the other side and making a cradle of her arms into which the body is gently moved. A fine young man this, fair and Saxon; his eyes are wide open, his mouth drawn with pain, for he is shot straight through the left chest; he has spoken no word yet. As the soft bed changes his position one low groan comes through his set teeth and one half-stifled cry, "God—my side!" We pass out, leaving him to skilled and tender hands.

At the entrance to the broad avenue of No. 3 a larger group is collected; the stretchers have been unloaded quicker than they could be passed to the tents. Five forms lie in a row on the ground bundled in blankets. A corporal, bending low on one knee to hear the faint voice, fills in the particulars on his paper, and two more sitting at a table take them down in a book. The wind blows chilly across the flat, and from Paardeberg to Cape Town by Modder is five days' journey at least. It struck me that wounds need not be bound up in red tape and that most of the details might have been taken after the patient was comfortably housed in his tent. The pitch of the military voice is a little grating as the corporal goes steadily on with the first of the five prostrate forms. "Surname?" "I do not catch it." "Christian name—in full?" "Benjamin." "Regiment?" "Kitchener's Horse." "Kitchener's Horse—in action already, and one at least come back! They only seem to have started yesterday, amidst waving handkerchiefs and tear-stained faces; for the populace of Cape Town gave many of its brothers and sons to this latest effort of the loyal colony. "Nature of injury?" "Right leg, left eye"—the tone is mechanical. "Religion?" The answer comes in a low monosyllable, unthought here. Even the corporal repeats it inquiringly, and a quick movement runs round the group. "Jew?" "Jew" repeats the low voice; but more firmly now, and with a suggestion of "Why not?" in the accent. A young face, thin and white, strongly marked to the type and wearing the look that painters gave the race in the old days of persecution—almost a smile, deprecating, patient, pathetic. He is a brave man, for in the tent he never flinches while his dressings are removed. He, too, like the Catholic buried this morning, has fought for the Great White Queen.

Here is one who fought on the other side—a wounded Boer prisoner. Being shot in the lower part of the leg only he is carried by two orderlies, who make a chair of their gripped hands while the patient puts an arm affectionately round the neck of each. He wears no uniform; an old black jacket, ill-fitting corduroy trousers, a wide-brimmed soft felt hat, and beneath it a pair of restless watchful eyes and the inevitable unkempt straggling beard. He is carried into a tent, and while his blood-stained clothes are being changed for a comfortable hospital suit the usual process of taking stock of his worldly possessions goes on. First comes his watch—a handsome gold one. "That goes under yer pillow," says the orderly; "see, I put it there. Anything else—any money?" The Boer, satisfied as to his watch, hesitates about the cash. "Any money?" repeats the orderly, blue paper and pencil in hand. "You'll have it all back—Boer and Briton, we treat 'em all alike here." "A shilling," replies the Boer after a pause, and fumbles in his pockets. The shilling is duly entered in its appointed square on the blue sheet. He hands it over reluctantly, and his eyes follow it from the orderly to the staff-sergeant. "Anything else?" "No, nothing else," replies the prisoner, somewhat doubtfully. "Sure? Remember, Boer and Briton, we treat 'em," &c. Then slowly and with difficulty the prisoner produces something from every pocket, a nameless collection—pipes, tobacco pouches, a silver match-box, a Bible, a gold snuff-box, little pots of beef essence, and a dozen other knick-knacks, and, lastly, from the bottom of each deep recess half-a-dozen cartridges. They cover the little table at his bedside, and the orderly goes on methodically with his inventory. "Have you got that shilling down?" asks the Boer anxiously. Only then something that has been familiar in his English from the first takes a definite note. It seems to carry us far away, north of the Tweed, and things are getting confused. After all our Boer turns out to be a Scotchman, long resident in the Transvaal, and commandeered to fight. Somehow our interest in him fades. Probably he could not help it; but we think of Wanchope and that sudden gap, wide and deep, in the Highland column as the dawn broke over Magersfontein. So we go on.

By this time the convey have all been housed. Within the tents doctors, nurses, and orderlies are busy with the wounded, changing their dressings and making them comfortable for the night. The low murmur of voices, hearken now and then

by a groan or cry, is all that is to be heard in the camp. The moon has risen, the tents gleam like a white city in its brilliant light, and the distant fringe of tall pine trees that surround the open plateau forms a dark wall against the pale sky. Darker still—majestic, protecting, friendly—Table Mountain looks down over all like a statue of Eternity watching the changing drama of Time.

VIII.

BLOEMFONTEIN, APRIL 14.

A famous march must always pay its withering toll; and behind the victorious columns that move through the Market-place with flying colours and bands playing there drags like a lengthening shadow the long trail of yellow, hollow-cheeked, enfeebled men, in every stage of physical suffering and depression, who disperse silently into such quarters as they may find, like moles into the ground. It is a melancholy and thankless task to follow them into their varied hiding-places; but is it too much to ask of people at home who have supped full of joy and "demonstration" at the combined feast of Paardeberg, Kimberley, Ladysmith, and Bloemfontein? Perhaps not, now with the anti-flavour of Koon Spruit and Reddersburg to remind them that all is not over yet and that possibly the real Boer war is only about to open.

At present there are fully 2,000 sick and 200 wounded in the hospitals of the town and the field hospitals around it. The former have come from the march, growing day by day, and borne along as best they could be in field hospitals, whose ambulance transport was from the first cut down by four-fifths—two ambulance wagons per bearer company in place of the normal ten. Many of those wounded in the advance were sent back to Kimberley in bullock wagons, and we can well imagine the excruciating sufferings caused by such method of conveyance. "Bullets first, pills afterwards," was the grim military order, until the morning after Driefontein the "Chief" saw 30 wounded men still lying out on the ground, although the bearer companies and doctors had been working for 20 hours without cessation and had gathered in 400. Then he said he thought the rest of those ambulances had better come up. But they were a long time coming. The fact is now recognized that few modern campaigns have involved such hardships to the fighting and marching forces as the recent advance to Bloemfontein, and every excuse must be made for military exigencies which have been rendered more pressing by a distant base and a single line of railway. Yet those who have read the foregoing letters will be prepared to hear the opinion expressed that at least the normal ambulance transport should have been provided from the first, whatever the difficulties of the case, and that a lack of adequate provision for the sick and wounded in these days cannot fail to tarnish the glory of military successes.

However, they have got here somehow, these 2,000 sick men. They include from 400 to 500 enteric cases, the remainder being cases of dysentery and various forms of low fever. Dysentery is well known to be one of the most common and obstinate complaints in every campaign. Rations mostly of meat, little bread, and no vegetables, heavy marches by day, sleeping out night after night without cover on cold ground and often in soaking rain, are conditions under which the symptoms must be allowed to grow long after they have set in. As far as can be ascertained enteric is not on the increase, although opinions differ on this point. Nearly all the cases at present in hospital here have contracted the disease on the march, some even as far back as Paardeberg, which was a veritable pest-hole. The cause in almost every case has been bad water, the one curse which nature has laid on this fair land, and the greatest difficulty the medical staff have had to deal with certainly in the western campaign.

In contemplating the future of the country it need hardly be pointed out that a proper system of well-sinking could do much to obviate this natural defect, just as irrigation in various forms could change its whole face and transform what are now arid wastes dotted with scanty mimosa bush into rich pasture and fertile agricultural land. The apparently barren soil contains natural properties of great value which only require moisture for their rapid development. In a few places, however, even a properly-sunk well does not produce palatable water. At De Aar, where from its strategic position a stationary hospital has been located from the beginning of the war, the water is so saline that boiling only makes it worse, and a glassful is equal to a dose of Epsom salts. Add to this frequent and furious sand-storms, which in a few minutes cake patients, beds, clothing, and food with dirt, and an equipment always insufficient for the great pressure of patients at the rail-head, and it is small wonder that few of the thousands of sick and wounded who have passed through the hospital at De Aar can have pleasant memories of that name.

Enteric is known as the "scourge of South Africa," another proof, if any were wanted, of the connexion between that disease and bad or insufficient water. Those natural difficulties are greatly increased by the conditions inseparable from marching, particularly if the progress of the Army assumes the nature of a forced march, as was the case from Paardeberg to Bloemfontein. In many cases water must be obtained from "dams," ditches, or small nullahs, where the water is mostly stagnant and horses, mules, and oxen have already drunk and wallowed. As already stated, most of the enteric at present in and around Bloemfontein has been brought, not generated, here; but new cases are arising every day, though not in such numbers as to cause immediate alarm. What will happen in the near future may well give rise to anxiety for more than one reason. The water difficulty still remains. Ever since that famous disaster when the convoy of wagons and six guns walked blindly into the ambuscaded drift, and drivers and gunners one after another silently dismounted under a deadly semi-circle of Boer rifles at point-blank range, the waterworks, the main source of supply to the town, have been in the hands of the enemy.

At present there is an adequate supply of fairly good water from the wells in the town; but in most cases this has to be carried to the outlying camps, and to the field hospitals contained in each, in water-carts every day. All washing has to be done in the dams and stagnant pools adjacent to the camps or the water for that purpose drawn from them. The water supply therefore still remains a potential cause of increased sickness at Bloemfontein. To this must be added a growing scarcity of fresh milk—so essential for the treatment of enteric and many other prevalent forms of sickness. If the waterworks are retaken—an effort which, considering its importance, has been unaccountably delayed, and are found not to have been materially tampered with, and if the surrounding country is cleared of the enemy, enabling the rural population to resume their normal life, the two difficulties already mentioned will be greatly relieved.

There remains a third, of hardly less moment. The town is surrounded on all sides by huge military camps at distances varying from one to ten miles. A proper system of sanitation, always difficult where water is scarce, is much obstructed by the Kaffir encampments which accompany every brigade, and are almost beyond control from a sanitary point of view. The eye is not the only sense that leads a visitor approaching a camp to make a wide detour round these kraals—black clusters of flat wigwags formed of wagons outspanned and buckskins stretched over them. Soldiers who die are buried in the cemeteries. But there are other soldiers of the Queen by thousands in every camp—four-footed ones these, as loyal, strong, and patient as their masters—many of whom die every day, and must be buried with little trouble and less transport. Horses, mules, oxen—their graveyards are never far from where they fall, and the graves are not dug deep.

Beyond the railway, at the lower end of the town, a great level plain stretches wide and far into the distance; a green prairie on which hundreds of herds and flocks could pasture, and as fine a gallop as Newmarket Heath can offer. Five miles away a white farmhouse is almost the only feature that arrests the eye, and close to this is the camp of the 12th Lancers. Returning from there late in the afternoon—riding into the sunset, against which the low roofs of Bloemfontein looked like a toy city—a sickening odour two miles at least in breadth had to be traversed. For beasts must be buried, and sunset-time in a war-worn land does something more—or less—than please the eye.

It must necessarily happen that when the army moves forward it will leave a wide belt of poisoned ground encircling the town. The large general hospitals which are now coming up, none too soon, and even the smaller private or voluntary ones, will have difficulty in finding locations for their camps free from contamination and at the same time within reasonable distance of their necessary centre. Nor is the town itself in any sense a pure oasis in the midst of this questionable area. On the contrary, it lies at the bottom of a vast shallow basin of open veldt, and many of these camping-grounds naturally drain into or under it, while just now it is dotted all over with extemporized hospitals, hastily equipped under the pressure of the moment, insufficiently manned, and at present crowded with sick.

Such are the possibilities which a careful survey of existing conditions compel us to consider in connexion with this advanced base of the largest British army that has been mobilized in any country. Three reasons, however, justify the hope that this sombre picture may take on lighter and more cheerful colours. First, the ground-plan of the town and the construction of its buildings, the broad open avenues and streets, to which there is hardly an exception, and the low houses, many of them single-storied and with garden spaces, are calculated to prevent the atmospheric congestion which is an ordinary city

is favourable to the spread of disease. Secondly, the climate is magnificent, and the air pure, fresh, and exhilarating. Thirdly, the cold season is coming on, and will bring with it not the rains of the south, but light frosts and clear, cold weather. Add to this the daily improvement in hospital arrangements, sanitation, and food which a freer railway service and a release from strategic pressure will soon facilitate, and we may await, not without anxiety, but with some hope, a better rather than a worse state of things.

HOUSE OF COMMONS.

FRIDAY, JUNE 29.

SUPPLY—ARMY ESTIMATES. THE CARE OF THE SICK AND WOUNDED.

The House resolved itself into Committee of Supply.

The supplementary vote of £5 for the Army Medical Service being put from the Chair, no one rose immediately to open the discussion. After a moment's pause,

Mr. WYNDHAM said,—"I make no complaint, but I own that I am somewhat taken by surprise at finding that the hon. member for Westminster has not opened this debate. (Ministerial cheer and Opposition cheer of "No.") I infer that he, having put forward certain statements, desires to hear a reply from the Government (Opposition cheer) without adding anything to them. I have read those statements with the attention which is due to the interest—the absorbing and painful interest—of the subject which the hon. member has brought to the notice of the public, and also, I say freely, with the attention due to the earnestness with which the hon. member has been actuated. But I do not propose to follow—and I think it would be almost out of order to do so—his statements point by point in the order in which they have been raised, not in this House, but in an organ of the public press.

QUESTIONS TO BE ANSWERED.

I think my duty to-day, if I construe aright the wishes of the Committee, is to answer, if I can, the question which I believe to be uppermost in the minds of the Committee and of all our countrymen throughout the length and breadth of the land. Unless I misinterpret the wishes of every one here and in the country, the questions which they wish answered are these. In the first place, are these statements true? In the second place, if they are wholly or even partially true, could the evil which they point to have been avoided either by a keener foresight or by a more lavish provision and expenditure on the part of the Home Government, or by greater zeal and intelligence on the part of our officers, and more especially on the part of the Royal Army Medical Corps, in South Africa? The third question which does press for a reply is this—Are those evils now remedied, or are they in the course of being remedied? I put these three questions forward, and, as the hon. member did not rise, I rose myself, because I thought it right to discuss these questions before any other matters which are more or less germane to the debate are dragged into it. It would be quite easy and even proper to discuss this evening whether the establishment of the Royal Army Medical Corps is adequate or not. But I feel that if these questions were raised before the others were answered, I should be led away against my will from the topics which are of vital and immediate moment. They belong to the larger and wider considerations. Whether this Government and its predecessors have properly gauged the military needs of this Empire is a well-worn topic. We have covered that ground before and shall do again. But to-day we have to consider whether certain circumstances did or did not happen at a certain spot on a certain day; whether they could be prevented; and whether such events are less likely to happen again by reason of the steps which have since been taken.

THE ADMITTED FACTS.

I answer the first question by saying frankly that to a certain extent—to a lamentable extent—it is true. It is true that our wounded and sick at Bloemfontein have in this campaign, as I believe in every other campaign, been exposed to terrible hardships the full extent of which are not perhaps always gauged by those who have not seen war. (Cheer.) I have no quarrel with the hon. member, but he must allow me to point out to this Committee the nature of the methods which he has adopted. He has painted a picture of one place at one time, and he has painted the circumstances which occurred there without hinting at many other facts and at many other things which, I think, to have been presented at the same time (cheers), in order that a just estimate and judgment might be formed on the matters. That is a legitimate method of bringing a serious evil forward—to paint a picture of it, to make it vivid, and to do it vigorously, so that it strikes the hearts and the feelings of the people. I do not complain of it, but I believe that it is a method more usual in the domain of art than in the domain of sober politics. It would have been open to the hon. member at the same time to have gone into other details which it will be my duty to put before the House this evening. But taking his picture as being to a certain extent—to a great extent—true, I maintain that you cannot get at the full truth unless it is supplemented by other facts and considerations. Now I am called upon to defend, as I have said, the foresight of the Government and the zeal and energy of our officers in South Africa; and in doing that I may seem to make out too good a case and to prove that nobody has been in error. Let me begin by disclaiming any such intention. Humanity is liable to

error. I have no doubt that it has not been possible for men in this war to do what men have never been able to do in any war; and I am sure that this Government have not been all-wise and specially assisted to avoid all error. But, having said that, I shall have to argue that no stone was left unturned and that no man has spared himself in trying to mitigate, as they have mitigated, to an extent never attained before in any campaign, what are, after all, the inevitable hardships of war. (Ministerial cheer and Opposition cheer of "Oh.") We are convinced that we have much to learn by experience. (Trousical Opposition cheer.)

THE QUESTION OF FORESIGHT.

It has been the hope and the wish of the Government, openly stated in this House at the beginning of the Session—and I beg leave to say that it is the hope and the wish of the Royal Army Medical Corps—to learn by the experience of this war, and also, so doubt, by the history which will be instituted. But as to foresight, is it true that this Government went to war in South Africa without taking account of the possibility of an outbreak of epidemic fever on a large scale? I venture to give the facts, and to tell the Committee that long before the war broke out, during last summer, sickness was anticipated in South Africa, and, of course, particularly in the form of dysentery and enteric. The importance of exercising every precaution to prevent it was specially emphasized by the Director-General of the Army Medical Corps in London to all the medical officers who might possibly have to proceed to South Africa. A pamphlet on the sanitary lessons of the recent war between America and Spain, by Surgeon-General Bierberg, was, with the author's permission, reprinted and issued to every medical officer sent to South Africa. In anticipation of the outbreak of hostilities, recommendations were made that each unit of 100 men should be supplied with a sterilizing filter; and it was laid down that quicklime should be used in quantities of one ton to every 1,000 men wherever standing camps were formed, and that it should be constantly issued.

MEDICAL NOTES.

Medical officers were urged to ask for anything they might require in addition to the materials at their disposal. There is no case of stinking, or of earnest stinking to case. The medical officers in South Africa have been begged to ask for all they need and the surgeon-generals at home for anything they may require. The Director-General of Ordnance has given all that has been asked for through the quartermasters and the principal ordnance officer in South Africa. Every demand that has been put in has been complied with, and the Treasury has never said that we should be otherwise than lavish within the most extreme bounds of generosity in all stores needed for the welfare of our sick and wounded in South Africa. (Heard, hear.) It might interest the Committee to hear what are the appliances and the personnel in South Africa now and what they were in January. I take these two dates for this reason. I think an idea has got abroad that, after that week in December brought as the news of the three disasters and we suddenly began to increase very largely the forces in South Africa, no corresponding increase was at once made in the provision of doctors, nurses, and hospital appliances. This is not so; and I can illustrate the great difference between the resources available then and now if I take the date of January 15 and the most recent date for which I have the figures, namely, June 15. On January 15 there were in South Africa 351 Army medical officers; on June 15 446. In January there were 79 civil medical doctors; in June, 548 (cheers); and, 32 are now proceeding there. Of consultants, highly-paid specialists, there were three in January; in June, seven. The doctors employed in civilian hospitals in January were four; in June, 52. Or adding them together, on January 15 there were 437 doctors employed by the War Office, and in June, 852. (Cheers.) That was the number on June 15, and I have not had the later figures until yesterday, when, I think, it was 906. I leave out of account the local civil practitioners in South Africa, because I have not had the figures; but there are many eminent doctors there well qualified, and I know that they have placed their services at the disposal of the Army. The figures which I will now give as to the Army nurses will I know excite displeasure. It is true that our staff of Army nurses on January 12 and in June 323; so that the increase in January was 55; on June 15, 493. But the last date which I have gives 566, and with those who are now on pass 629.

HOSPITALS AND HOSPITAL REIMS.

I will now give the number of beds in South Africa. There are 5,000 in Natal and 18,000 in Cape Colony, or 19,000 in all. On January 15 there were five general hospitals, four stationary hospitals, 29 field hospitals, and one special hospital organized by civilians. On June 15 there were 12 general hospitals; two are embarking—one of them goes to-morrow—five stationary, 31 field, and two special hospitals organized by civilians, but with Army doctors at the head of them and under the control of the War Office; so that on January 15 there were 26 and in June 60 hospitals. On January 15 there were in these hospitals 5,203 beds; on June 15 18,814 beds. (Heard, hear.) The number of sick and wounded on January 15 was 3,731, and on May 18, the last date for which I have the figures, there were 11,003. I know that down to the most recent period there is an excess of beds in South Africa.

because we received a telegram on June 12 to say that the Ordnance Department in South Africa had been in excess of the demand. (Cheers.) The difficulty had not arisen from any stinting of supplies, but from the inseparable difficulties in taking these supplies to the base of operations. I do not wish to put the case too highly or to use any expression which may give a more favourable picture of affairs than is absolutely true, and in the figures for beds I have included the field hospitals because I am not able to distinguish. In the field hospitals there are 100 beds. It is a 10 per cent. bed accommodation, and we ought perhaps to deduct a slight fraction and say that our provision has been not a ten per cent., but an eight per cent. of beds. What is the scale on which provision was made for this campaign? The scale was a ten per cent. bed accommodation for the whole force—the highest scale ever contemplated. It is a scale fixed for campaigns in the most insubstantial climates, for campaigns prosecuted in Asiatic or fever-ridden regions, but never applied in such a country as South Africa, which is, barring the terrible epidemics which have suddenly taken place, a healthy country. I ought, perhaps, to tell the Committee that that scale, 10 per cent. of beds has been applied *seriatim* to every increase made in our forces in South Africa. Each division ordered forth has been accompanied by its proportionate quota of medical appliances and medical staff; so, again, I remind the Committee that I do not say no mistake has been made, or that five or six days' delay here or there has not occurred owing to information that some Australian or Canadian corps was coming in. I have no doubt that there have been such lapses, and that five or six days have been lost in giving orders to keep pace with the increase of forces from all quarters of the world. The number of men who have gone from this country, from India, Australia, and Canada, within a few days have made that proportionate increase in the personnel and in the stores necessary. (Hear, hear.)

INDUSTRIAL SERVICE ORGANIZATION.

I do not know whether the Committee wishes to know what the organization of the medical service is. I hear complaints that there is too much red tape. I am prepared to defend that organization. With every general there is a principal medical officer. He is in the secrets of the general; he is in his confidence. He is told what number of troops are to be marched, what distances, in what time; and he requisitions through the chief staff officer for the amount of stores necessary for such an operation. That system runs from the top to the bottom of the organization of a campaign. It may seem too rigid to those who step into a particular hospital and wonder why the doctor cannot rush off in any direction and seek by his own energy to get supplies. You would have a breakdown of the most irritable character unless you organized the demands of your medical services with the other demands which are necessary for the existence of the Army. For the doctor, the engineer, the commander of the military unit, it is essential that they, having been told what is required of the force for which they are responsible, should through one channel make these demands, and that that channel should be in the closest contact with the general officer responsible for the whole operations. Otherwise you would have the various component parts of the Army naturally out of their real rubbing against each other; and you might have medical stores and no food, or food and no medical stores, according to the opportunities which might fall to one or other officer.

FIELD HOSPITALS.

Perhaps I ought to refer to field hospitals and beds. There is in the front line of the Army lesser companies with six ambulance wagons. Then comes the field hospital. Though the lesser company takes the main cost of action, he may have to lie on the field until 7 o'clock in the evening, since it may be impossible to approach him. The field hospital on a larger scale cannot give to the wounded man all that is given to him in hospital at home, or beds as in a general hospital. The wounded are collected from the field, and it is a necessary part of army organization on service that field hospitals should be temporary in their character since they have to move rapidly with the Army and clear the wounded back to the stationary hospitals which are established near the base. That may be done by wagons or trains. In this war it has been done largely by hospital trains. There has never been such a provision of hospital beds as in this war; but, incidental to that, and inevitably incidental to it, there is terrible hardship—hardship in the first place that the wounded cannot be at once removed out of the firing line, that they have to be carried over rough country in an ambulance and put into a train, and then conveyed by a train on a single line blocked sometimes with stores, taking 26 hours to cover a short distance; all this means terrible hardship.

4.30 I know there has been a good deal of criticism against the ambulance wagon, but it is a wagon which is devised after four years of experiment by men who know the conditions of service in the field. It must be a steel wagon, or else it will break down, and a breakdown means some deplorable catastrophe. Your wagon must carry some stores necessary for fire and to the wounded. If those stores were not there what legitimate ground would there not be for censure? Then it is said—If one wagon why not four wagons. If you had four wagons, with rapid marching there would be left behind. When horses begin to die you can only take one wagon, and the others would be left. These things must be matters of compromise, and the compromise of war carry with them many terrible hardships.

THE HOSPITAL SUPPLIES.

To make my point clear that there has been no stint of supplies from home I have two telegrams here despatched very near the dates so prominently brought forward by the hon. member for Westminster. One is a telegram from Lord Roberts, dated Bloemfontein, March 24, in which he says:—"Unless the forces now in South Africa are considerably increased, the 11 general hospitals should be evacuated if the 500 men asked for are being sent." These 500 men were sent long ago, and, although the forces in South Africa have not been considerably increased, two more general hospitals have been sent. Then there is a telegram relating to stores received on May 31 from the General Officer Commanding Lines of Communication:—"Please stop sending for the present surgical material, enormous quantities in base medical stores." There has not, therefore, been any lack of foresight or provision. The enormous freight and tonnage of expenditure are the two points I am endeavouring to deal with, and the two telegrams I have read show that we have neither refused a demand nor reduced a demand, but have, on the contrary, made substantial offers of

supplies till at Cape Town stores have been piled up to an almost embarrassing degree. (Cheers.)

THE CHARGES IN "THE TIMES."

I come now to Bloemfontein and Kroonstad, which the hon. member for Westminster has so prominently brought under notice. On June 27 Lord Lansdowne telegraphed to Lord Roberts:—

"The Times contains a letter from Mr. Burdett-Coutts reflecting in strong terms on hospital administration. He takes as an illustration a field hospital within a mile of Bloemfontein, which, he says, neither has nurses nor beds, nor mattresses, although it was practically doing the work of a stationary hospital. He describes the overcrowding and suffering as deplorable. Your telegram explains the difficulties experienced at Bloemfontein, but I should like to know whether this hospital, which can probably be identified, is really typical of the rest."

Lord Roberts, in his reply, says:—

"I cannot say without careful inquiry what hospital at Bloemfontein is referred to. It was, however," Lord Roberts continued, "impossible to provide beds and mattresses for 5,000 patients all at once. I can safely say that any deficiencies of the kind were accidental and temporary, and certainly not typical of our field hospitals as a whole."

Then I go to the contemporary records of the time. On April 27 there were at Bloemfontein six fully-equipped general hospitals, with 2,600 beds, and with considerable capacity for extension. There were 2,291 patients in the military hospitals on that date, 873 being cases of enteric. There were six field hospitals, of which all but one had been prepared for being moved at any time. One was regarded as likely to be more or less stationary. On April 27 there were six medical officers and three nursing sisters on duty there in addition to the Royal Army Medical Corps orderlies. There were 21 patients, of whom 28 were enteric cases, the remaining five field hospitals there were 236 cases of enteric. The return from No. 1 field hospital indicates that it was overcrowded, but this may have occurred during a period of temporary pressure. In some cases men may have had to lie on the ground as it was impossible in every case to get forward a sufficient number of stretchers. I myself believe, and indeed am informed by the Director-General, that the number of medical officers in attendance was one to every ten or 15 enteric patients. With reference to the allegation that patients wandered about half naked in the camp during the period of delirium there, I find in the diaries which were sent home a note that a patient suffering from an old gunshot wound escaped in the early hours, that an exhaustive search was made for the patient, but that no trace of him could be found, and that inquiries at the various hospitals failed to discover him. It may be that the impression created on the minds of the searchers was what the hon. member for Westminster heard of, and led to the remark that patients went about the camp in their delirium.

OTHER TESTIMONY.

On May 14 the principal medical officer reported that the arrangements at Bloemfontein were most satisfactory, and that is a later date than that to which the hon. member for Westminster referred. Then he had the telegrams from Lord Roberts circulated yesterday, and I also invite the attention of the Committee to the lecture given by the member for Sheffield at the Royal United Service Institution, in which my hon. and gallant friend made some most useful and pertinent observations. (Laughter.) This is the subject of laughter, but surely such laughter will be misinterpreted by the men out there who have to deal with these difficulties, and who have striven to labour and smooth over these difficulties. Surely that is not a legitimate matter for laughter or contempt.

Mr. BRYN ROBERTS.—We laughed at the authority you quoted. (Cries of "Vincent.")

Mr. WYNNDHAM.—I have admitted that the sick and wounded were exposed to great hardships, and I say that those charged with their care showed the greatest devotion, labouring for their charges day and night. It will be a matter for minor consideration and reflection that their labours were, to a wonderful extent, successful; because it is not the case that the rate of mortality at Bloemfontein was abnormally high. That is wonderful testimony to the efforts which these people made under great difficulties. The percentage of mortality in enteric cases during the war, and more especially at Bloemfontein, has been 21 per cent. of the admissions to hospital. It is fair to compare that with the percentage in other campaigns. In the Nile Campaign of 1898 the percentage of mortality was 28 per cent.; in the Dongala campaign of 1896, 50 per cent.; in the Matabele war of 1896-97, 32 per cent.; in the Chitral campaign of 1895, 20 per cent.; and in the Sudan campaign of 1894-95, 20 per cent. Therefore, although I own and admit and regret that the conditions at Bloemfontein were what they were, still our Army doctors brought down the percentage of mortality far below what it has been in recent campaigns. I will even dare to compare it with the percentages in time of peace when every appliance is at hand. I will take the case of soldiers in our own hospitals at home. During ten years the percentage of cases of mortality from enteric in these hospitals was 50.4, and in the year 1897 it was 23.7, or 2 per cent. higher than the percentage of mortality at Bloemfontein under the present conditions. In India, taking soldiers admitted to hospital for enteric in a time of profound peace, the percentage of deaths for ten years was 26.4, and for the year 1897 27.1. I will not pursue similar comparisons for wounds, because I may tell the Committee that the percentage of deaths from wounds and from disease generally in the present war have been lower than has been the case in other campaigns. (Hear, hear.) I think the Committee has listened to these statistics with the interest and satisfaction which I admit they could not use when I read them, for I had feared that many lives which could have been saved had been lost, and I am now almost led to believe that this is not the case. I do not quarrel with the method which has been pursued of painting a picture of this one spot in the worst, and there ought to have been a companion picture to make it fair and give the whole truth—of where the bridges had been broken down at Norval's Post and Beaufort; of the trains on which the other; of the stores piled up; of the requisitions laid down and the food and ammunition for the Army being painfully taken over pontoons and reloaded into such rolling stock as had been left on the other side of the river by the Boers when they retired. That was the problem that had to be faced.

THE DIFFICULTIES.

Lord Roberts landed at Cape Town on the 10th of January. By the 11th of February he had collected 44,000 men near the Modder River and started to relieve Kimberley. He relieved it on the 16th; and then he concentrated his force again at Paardeberg, and on the 15th of March he entered Bloemfontein after marching 120 miles away from the railway. Lord Roberts, owing to the limited amount of transport, had to restrict his baggage to the lowest scale, and he arrived with his horses wholly starved and his men half starved. What was the problem before him? He had to supply his army with its daily bread and with the munitions of war. He had to collect more troops and to accumulate stores for a further advance. Now will it be said that therefore his march was a mistake? No one will say that. It was not a showy march to capture the capital of the enemy's country. That huge curve which Lord Roberts described was really a curve of relief of the beleaguered garrisons of Ladysmith, Kimberley, and Mafeking (cheers), and that is the excuse and the justification for that daring move for which it is hard to find a parallel in military history. (Hear, hear.) For the very existence of his army Lord Roberts had to depend upon such food and so many cartridges as could be brought up by the line behind him. He had to draw up stores from De Aar, 230 miles distant, and from places on the coast 750, 450, and 350 miles away. For the last 85 miles from Springfontein there was only a single line. Lord Roberts had not restored his railway communications until March 19. He did not know when the bridges were restored, but on March 16 Colonel Grouard estimated that it would take at least 16 days to restore them. What was the problem of feeding the army? Lord Roberts had 45,000 men when he arrived at Bloemfontein, and he increased that number to 75,000 by April 28. It takes ten tons for every 1,000 men every day during a campaign. That gives about 22½ tons a day to each man, including food, ammunition, clothes, forage, medical stores, and engineer stores, but not including the carriage of the men who come up or their horses. Take an average of the 45,000 men at Bloemfontein on March 15 and the 75,000 men there when Lord Roberts moved, and you will find that he had to bring up to keep his army alive 550 tons a day. But then he had to collect his supplies for a further advance, because if he had not advanced Mafeking would have fallen, and the whole of that glorious waste of men's lives. To prepare for a further advance he had to collect 25 days' provision for the whole 75,000 men to take on with them. This represented a further 15,750 tons that had to be brought up, or 470 tons a day for the 40 days he was at Bloemfontein, so that this single line, the bridges of which were down, up to the last day of March was carrying 1,020 tons a day in order that Lord Roberts's army should not starve or be defeated owing to want of ammunition. (Hear, hear.) I have left out of account the 6,000 horses as remounts and the mules and the tents that had to be brought up.

DR. FRITH'S TESTIMONY.

5.0 I have a letter supplied to me by my friend the hon. member for Wimbledon (Mr. Gessio Benson), who is a governor of Guy's Hospital. It was sent to him by Dr. Frith, who is in the employ, and it gives such a graphic description of the difficulties of getting up stores that I will trouble the Committee with passages from it. (Hear, hear.) It is dated from Bloemfontein, June 4. Dr. Frith says that in Bloemfontein there were at that time over 5,000 sick, most of whom were suffering from enteric fever; while in Kroonstad the three hotels, the Town-hall, and the church had been converted into hospitals, even the billiard tables being requisitioned to accommodate cases of enteric fever. He adds that as the railway had been opened the Surgeon-General was engaged in rapidly pushing up adequate hospital accommodation, and that as Lord Roberts was now at Johannesburg, where there were public buildings suitable for the purpose, hospitals would be established there. "We have now heard," the letter states, "of the bridge over the Vaal being blown up, and the possibility of establishing adequate hospital accommodation across the Vaal depends entirely on the question how early the railway can be established. At each river the bridge have been blown up, deviations have to be made, the engines are worn out—they cannot pull their loads across these steep gradients without a subdivision of the train. Each train delayed in this way affects the whole service of the line. The track is a single one, and therefore trains going both ways are delayed. The train we have travelled up from Bloemfontein to Kroonstad, although first on the line,

JUNE 30, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—Having last recently returned from a stay of three months in a stationary hospital in Natal, where I was nursing a relative by the kind permission of the P.M.O., and where I had exceptional opportunities of seeing the working of the said stationary hospital, and of hearing from many sources of the workings of other field and stationary hospitals, and knowing South Africa well from long residence, I am tempted to trouble you with a few comments on your Correspondent's letter in yesterday's issue dealing with faulty hospital arrangements at the front.

I think that he finds an unreal cause of complaint for the soldiers in the absence of beds or mattresses in a field hospital. The primary object of a field hospital is mobility, to enable it to accompany an army even on a forced march; and Tommy, after months of campaigning, does not look on it as a hardship—especially in the dry season, which by April 28 has well set in—to sleep on the ground, even if he be ill. As to comparing a field hospital to a London hospital, the comparison is absurd. Then as to the absence of trained nurses, and the substitution of orderlies—if the orderlies are properly trained it is an unequalled blessing. The fault, which lies at the door of the home authorities, and for which I hope the nation will call them sharply

be temporary in their character since they have to move rapidly with the Army and clear the wounded back to the stationary hospitals, which are established near the base. That may be done by wagons or trains. In this war it has been done largely by hospital trains. There has never been such a provision of hospital beds as in this war; but, incidental to that, and inevitably incidental to it, there is terrible hardship—hardship in the first place that the wounded cannot be at once removed out of the firing line, that they have to be carried over rough country in an ambulance and put into a train, and then covered by a train, on a single line blocked sometimes with stores, taking 26 hours to cover a short distance; all this means terrible hardship.

4.30 I know there has been a good deal of criticism against the ambulance wagon, but it is a wagon which is devised after four years of experience by men who know the conditions of service in the field. It must be a stout wagon or else it will break down, and a breakdown means some deplorable catastrophe. Your wagon must carry some stores necessary for first aid to the wounded. If these stores were not there what legitimate grounds would there not be for censure? Then it is said—If one wagon why not four wagons. If you had four wagons, with rapid marching three would be left behind. When horses begin to die you can only take one wagon, and the others would be left. These things must be matter of compromise, and the compromises of war carry with them many terrible hardships.

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To make my point clear that there has been no stint of supplies from home I have two telegrams here dispatched very near the dates so prominently brought forward by the hon. member for Westminster. One is a telegram from Lord Roberts, dated Bloemfontein, March 24, in which he says:—“Unless the forces now in South Africa are considerably increased, the 11 general hospitals should be sufficient if the 500 men asked for are being sent.” These 500 men were sent long ago, and, although the forces in South Africa have not been considerably increased, two more general hospitals have been sent. Then there is a telegram relating to stores received on May 31 from the General Officer Commanding Lines of Communication:—“Please stop sending for the present surgical material, enormous quantities in base medical stores.” There has not, therefore, been any lack of foresight or provision. The keenest foresight and lavishness of expenditure are the two points I am endeavouring to deal with, and the two telegrams I have read show that we have neither refused a demand nor reduced a demand, but have, on the contrary, made spontaneous offers of supplies till at Cape Town stores have been piled up to an almost embarrassing degree. (Cheers.)

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Then I go to the contemporary records of the time. On April 27 there were at Bloemfontein six fully-equipped general hospitals, with 2,000 beds, and with considerable capacity for extension. There were 2,221 patients in the military hospitals on that date, 875 being cases of enteric. There were six field hospitals, of which all but one had been prepared for being moved at any time. One was regarded as likely to be more or less stationary. On April 27 there were six medical officers and three nursing sisters on duty there in addition to the Royal Army Medical Corps orderlies. There were 231 patients, of whom 95 were enteric cases. In the remaining five field hospitals there were 236 cases of enteric. The return from No. 1 field hospital indicates that it was overcrowded, but this may have occurred during a period of temporary pressure. In some cases men may have had to lie on the ground as it was impossible in every case to get forward a sufficient number of stretchers. I myself believe, and indeed am informed by the Director-General, that the number of medical officers in attendance was one to every ten or 15 enteric patients. With reference to the allegation that patients wandered about half naked in the camp during the period of delirium there, I find in the diaries which were sent home a note that a patient suffering from an old gunshot wound escaped in the early hours, that an exhaustive search was made for the patient, but that no trace of him could be found, and that inquiries at the various hospitals failed to discover him. It may be that the impression created on the minds of the searchers was what the hon. member for Westminster heard of, and led to the remark that patients went about the camp in their delirium.

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Mr. BEYN ROBERTS. We laughed at the authority you quoted. (Cries of “Vince!”)

Mr. WYNDHAM.—I have admitted that the sick and wounded were exposed to great hardships, and I say that those charged with their care showed the greatest

devotion, labouring for their charges day and night. It will be a matter for universal consolation and satisfaction that their labours were, to a wonderful extent, successful; because it is not the case that the rate of mortality at Bloemfontein was abnormally high. That is wonderful testimony to the efforts which these people made under great difficulties. The percentage of mortality in enteric cases during this war, and more especially at Bloemfontein, has been 21 per cent. of the admissions to hospital. It is fair to compare that with the percentage in other campaigns. In the Nile campaign of 1898 the percentage of mortality was 24 per cent.; in the Dongola campaign of 1899, 50 per cent.; in the Matabele war of 1896-97, 32 per cent.; in the Chitral campaign of 1895, 28 per cent.; and in the Sudan campaign of 1894-95, 39 per cent. Therefore, although I own and admit and regret that the conditions at Bloemfontein were what they were, still our Army doctors brought down the percentage of mortality far below what it has been in recent campaigns. I will even dare to compare it with the percentages in time of peace when every appliance is at hand. I will take the case of soldiers in our own hospitals at home. During ten years the percentage of cases of mortality from enteric in these hospitals was 20.4, and in the year 1897 it was 23.9, or 2 per cent. higher than the percentage of mortality at Bloemfontein under those conditions. In India, taking soldiers admitted to hospital for enteric in a time of profound peace, the percentage of deaths for ten years was 26.4, and for the year 1897 27.1. I will not pursue similar comparisons for wounds, because I may tell the Committee that the percentage of deaths from wounds and from disease generally in the present war have been lower than has been the case in other campaigns. (Hear, hear.) I think the Committee has listened to these statistics with the interest and satisfaction which I admit they aroused in me when I read them, for I had feared that many lives which could have been saved had been lost, and I am now almost led to believe that this is not the case. I do not quarrel with the method which has been pursued of painting a picture of this one spot as it was, but there ought to have been a companion picture to make it fair and give the whole truth—of where the bridges had been broken down at Norval's Post and Bethune; of the trains one behind the other; of the stores piled up; of the diseases laid down and the food and ammunition for the Army being painfully taken over potholes and released into such rolling stock as had been left on the other side of the river by the Boers when they retired. That was the problem that had to be faced.

THE DIFFICULTIES.

Lord Roberts handed at Cape Town on the 10th of January. By the 11th of February he had collected 44,000 men near the Modder River and started to relieve Kimberley. He relieved it on the 16th; and then he concentrated his force again at Paardeburg, and on the 13th of March he entered Bloemfontein after marching 129 miles away from the railway. Lord Roberts, owing to the limited amount of transport, had to restrict his baggage to the lowest scale, and he arrived with his horses wholly starved and his men half-starved. What was the problem before him? He had to supply his army with its daily bread and with the munitions of war. He had to collect more troops and to accumulate stores for a further advance. He was told by his staff that there was a mistake? No one will say that. It was not a showy march to capture the capital of the enemy's country. That huge force which Lord Roberts described was really a mass of relief of the beleaguered city of Kimberley, Kimberley, and Mafeking (cheers), and that is the excuse and the justification for that daring move for which it is hard to find a parallel in military history. (Hear, hear.) For the very existence of his army Lord Roberts had depended upon such food and so many cartridges as could be brought up by the line behind him. He had to draw up stores from De Aar, 250 miles distant, and from places on the coast 450, 400, and 350 miles away. For the last 35 miles from Eysenpoort the line was only a single line. Lord Roberts had not restored his railway communications until March 19. I do not know when the bridges were restored, but on March 16 Colonel Giroud estimated that it would take at least 16 days to restore them. What was the condition of the army? Lord Roberts had 45,000 men when he arrived at Bloemfontein, and he increased that number to 75,000 by April 30. It takes ten tons for every 1,000 men every day during a campaign. That gives about 22½ tons a day to each man, including food, ammunition, clothes, forage, medical stores, and engineer stores, but not including the carriage of the men who come up or their horses. Take an average of the 45,000 men at Bloemfontein on March 13 and the 75,000 men there when Lord Roberts moved, and you will find that he had to bring up to keep his army alive 550 tons a day. But then he had to collect his supplies for a further advance, because if he had not advanced Mafeking would have fallen, and the belief of that glorious move would have ended in a mere useless waste of men's lives. To prepare for a further advance he had to collect 25 days' provisions for the whole 75,000 men to take on with them. This represented a further 17,750 tons that had to be brought up, or 470 tons a day for the 60 days he was at Bloemfontein, so that this single line, the bridges of which were down, up to the last day of March was carrying 1,020 tons a day in order that Lord Roberts's army should not starve or be defeated owing to want of ammunition. (Hear, hear.) I have told out of account the 6,000 horses as remounts and the mules and the tons that had to be brought up.

DR. FRIPP'S TESTIMONY.

5.0 I have a letter supplied to me by my friend the hon. member for Wigan (Mr. Corbett), who is a governor of Guy's Hospital. It was sent to him by Dr. Frupp, who is not in our employ, and it gives such a graphic description of the difficulties of getting up stores that I will trouble the Committee with passages from it. (Hear, hear.) It is dated from Bloemfontein, June 4. Dr. Frupp says that in Bloemfontein there were at that time over 5,000 sick, most of whom were suffering from enteric fever; while in Kroonstad the three hotels, the Town Hall, and the church had been converted into hospitals, even the billiard tables being requisitioned to accommodate cases of enteric fever. He adds that as the railway had been opened the Surgeon-General was engaged in rapidly putting up adequate hospital accommodation, and that as Lord Roberts was now at Johannesburg, where there were public buildings suitable

for the purpose, hospitals would be established there. “We have now heard,” the letter states, “of the bridge over the Vaal being blown up, and the possibility of establishing adequate hospital accommodation across the Vaal depends entirely on the question how early the railway can be established. At each river the bridges have been blown up, deviations have to be made, the engines are worn out—they cannot pull their loads across these steep gradients without a subdivision of the train. Each train delayed in this way affects the whole section of the line. The track is a single one, and therefore trains going both ways are delayed. The train we have travelled up from Bloemfontein to Kroonstad, although first on the line, took 26 hours to do the 120 miles. There is also a scarcity of fuel and water, which renders it necessary for the engine-driver sometimes to abandon his train and run the engine on to fill its tanks and then back to pick up the train.” If hon. members will realize these facts, I think they will understand that it is possible, that it was inevitable, that the necessary stores should not be in Bloemfontein for days and even weeks after they were required. (Cheers.) The picture drawn by the hon. member for Westminster rests upon this fallacy—it assumes that Bloemfontein was a base hospital in perfect security. (Cheers.) It was as I have described; and the means of access to it were as I have described; and during the whole of that time when Lord Roberts was accomplishing this superhuman task, far from being free from attack, his right flank and his line of communication were being threatened and actions were being fought every day. (Hear, hear.)

DIARY OF THE CHIEF MEDICAL OFFICER AT CAPE TOWN.

What I have said is an inference from the facts before us—a legitimate inference—which I think should be accepted by all. I should like to read some extracts from the diary of the principal medical officer at the base at Cape Town.—“February 5.—Our railways are being blocked, and I cannot get up beds and bedding as quickly as I desire. February 22.—I have received a telegram from Lord Roberts that more medical officers have arrived. March 15.—Received wire from the Commander-in-Chief at Bloemfontein to be ready to send on 35 nurses as soon as the line is open. March 21.—No. 8 general hospital has arrived. As the main line is blocked it must be days before it can be pushed through. April 5.—Nos. 8, 9, and 10 general hospitals have arrived. All are under orders for Bloemfontein. I cannot say when 9 and 10 will get through. Hospitals are urgently required in the Free State. I was fortunate to get the advance depot stores away. April 10.—Two hospital trains arrived yesterday from Bloemfontein. I required. I am sending 100 beds. There are three general hospitals trying to get to Bloemfontein. The traffic is so great that I am unable to get them through.” (Cheers.) Does not that account for the terrible state of affairs that the hon. member for Westminster found at Bloemfontein? (Cheers.)

THE WAR CORRESPONDENTS.

I have tried to give the Committee the facts—the full facts. I am sure the Committee, in taking them into account, will weigh the considerations that have been urged by Lord Roberts—a general officer who has been through these difficult marches, and while doing that is winning an enduring place in the affections of the men who serve under him for his incessant solicitude for their welfare. (Cheers.) But there are also the testimonies of the wounded who have come home, and there are the almost unbroken silence of the Press? (Nationalist cries of “No, no.”) I am not talking of the leading article; I am talking of the Press gentlemen who are out in South Africa, and who have eyes to see; and are we to believe that if they saw these things they would not have written home about them? (Nationalist cries of “What about the censor?”) Letters are not censored. (Nationalist cries of “They are.”) I beg that I may not be interrupted. (Cheers.) What I say is that what was open to the hon. member for Westminster was well within the competence of others to see at Bloemfontein. No one will say that these gentlemen were parties to a conspiracy—a conspiracy of mistaken good nature loyalty to those with whom they were associated in danger. If they saw those scenes they believed they were inevitable in war, and therefore they did not feel justified in harrowing the feelings of people at home by descriptions of them. (Cheers.) They had seen war, and having had the experience of war they judged that the conditions of war and all that it means. (Nationalist cheers.) We are a rich people, and being rich we think that money can do everything. (Nationalist cheers.) Money has been spent freely, money voted by the House, and the full sanction of the people; but not even the money voted so unconditionally by the House, not even the intelligence and aid of the medical officers, not even the devotion they have displayed, though they have mitigated, could not abolish the horrors of war. (Cheers.) What is it that we honour and respect in the soldier? It is not wholly or mainly because he risks his life on the battlefield. It is because he bears with uncomplaining heroism the hardships that are inherent in his lot. (Loud cheers.)

Mr. BURDETT-COUTTS (Westminster), who was received with Opposition cheers, and he must ask the indulgence of the House. He was perfectly aware that he returned single-handed to face a tremendous combination of opinions and impressions. He was aware that he had taken upon himself a great and grave responsibility. But it was not on that account he asked the indulgence of the House. He was not afraid of the responsibility. What he asked was that, in stating a case so important from the national and every other point of view, any personal shortcomings of his should not be allowed to interfere with the Committee in judging the question upon its merits. (Hear, hear.) He was bound to make one or two preliminary remarks. In the first place, with regard to Lord Roberts, he desired to take this the only opportunity he had had after having seen Lord Roberts's work to pay his tribute to the great services rendered to his country by that distinguished soldier, and to say that he believed there was no more kind or humane heart breathing than his. But he must refer to Lord Roberts in regard to another matter. He observed that in his published correspondence Lord Roberts made a personal reference. He must therefore ask to be allowed to make a personal explanation in regard to that. Lord Roberts stated that if he had called upon him at Kroonstad, he

would have explained certain matters to him. Immediately on his arrival at Cape Town he wrote to Lord Roberts a long letter fully explaining the objects of his visit to South Africa and asking for permission to go to the front. He received no reply to that letter; but he was bound to say that at the time Lord Roberts received it he was fully occupied with more important matters. The day after his arrival at Bloemfontein he called upon Lord Roberts, but was unable to see him. He did see a member of Lord Roberts's staff, and that gentleman expressed very strongly against his being with the troops at all, stating, amongst other things, that if Lord Roberts desired to make a report to the public upon this matter he would make it, founded upon reports sent to him from the principal medical officers. He could not avoid saying that that would do away with all correspondence at the front, adding that this was a matter in which the public were greatly interested and with regard to which they might possibly be glad to have some independent and full information. However, he quite accepted the position, and was not altogether sorry, because he was left free to make his inquiries in a perfectly independent manner. However, generally Lord Roberts might take upon himself the responsibility for all these things he did not believe that any one would lay the slightest blame on his shoulders. (Cheers.) When they considered that the Commander-in-Chief had to hold in his head and his hands the threads of all these operations, it was absolutely impossible for him to really inform himself as to details of administration. (Hear, hear.) One of his public critics—one of those two gentlemen he had felt compelled to criticize very strongly—began in answer to his statement by saying that the public ought to know that the doctors and nurses had not acted with brutality. Had there ever been a suggestion of that kind in any letter or published utterance of his? (Cheers.) On the contrary, he had given every possible credit to the loyalty and devotion with which those who had had the care of the patients had acted, and he had to express his deep regret that far too many of them had lost their lives in the performance of their noble task. (Hear, hear.) The article upon which this debate was founded broke off at a field hospital at Bloemfontein. There were eight hospitals in that town and they accommodated 700 patients. Some of these hospitals were then in a fairly good condition, but he heard a great many complaints of their imperfections and a great many accounts of the sufferings of the patients in the early days. He never had the slightest intention of giving any publicity to those accounts simply because he knew that the equipment of these hospitals was the outcome of the forced march and because, until the railway was opened, he did not think it fair to criticize them. He might state here that after the railway was opened there was one of the hospitals full of typhoid patients which had no disinfectants of any kind, and another in which it was found that the corpse of one of the patients had been stuffed into the only lavatory there was in the hospital. That was a question of management, he thought it was permissible to mention. The private hospitals, as the Under-Secretary had said, all did admirable work, but they were considerably hampered by either the shortage or the deficiency of nurses. That deficiency was solely due to the objections of the Department at home to the taking out of nurses in the first instance. They had all desired to have a proper quota of nurses, but their request was refused by the Army Medical Department, because it was sent to South Africa because he knew that this was a question which greatly interested hundreds and thousands of people, and he was determined that, if the treatment of the sick and wounded was satisfactory, the public should know it, and that it was not satisfactory, they should also know it. (Opposition cheers.) He wanted to ask two questions in his own defence. In the first place, was he a sentimental witness? His experience of war was gained in the Russo-Turkish war. That was a barbarous war in which there was no shortage of medical supplies on the Turkish side. He only referred to this to show that he was the last person to be exigent with regard to the treatment of the sick and wounded. There was to be a prejudice or an unfair witness? He spoke to the series of articles which had been published and which described the base hospitals at Cape Town. Those hospitals were in an admirable condition when he arrived at Cape Town, and he appealed to those who had not been given every possible credit to, and the most favourable picture he could possibly portray of, these hospitals. There was an account published that morning which gave a long account of one of them. The detail into which he had entered proved, he thought, that he had been careful in his examination of the hospitals and the favourable view he had expressed proved the fairness with which he had acted. Now he came to Bloemfontein. There was one word in his published letter which he regretted and only one. That was where he spoke of "this hospital" and he took the earliest opportunity to withdraw that—"as an illustration of the field hospitals" without having guarded that phrase by saying that it was the worst hospital there. It was undoubtedly much the worst hospital there, but the other hospitals had no attempt at beds, not efficient stretchers, an insufficient staff, and were, altogether, if they were to be occupied for any length of time, unfit, to his mind, for that purpose. He wanted to explain to the Committee a point which he thought had been missed in articles of these field hospitals. The Under-Secretary gave a description of the use to which a field hospital was put when it accommodated troops and how impossible it was to run it with the equipment of a stationary hospital. He quite admitted that, when a field hospital was occupied by troops, but the Committee must remember that this hospital was not accompanying the troops. It was stationary outside Bloemfontein, and the chief authority on this subject, Colonel Stephenson, stated most emphatically that, when a field hospital was going to be occupied for any considerable time, every effort should be made to raise the patients from the ground. With regard to this particular hospital, there was no need to labour the point, because on the occasion of his first visit to the hospital the officer in command of it told him it was going to be a stationary hospital.

5.30

With regard to that hospital, and as regards the question of overcrowding, which they could agree with his description, which had been read by most members of the Committee, and the state of things which he witnessed there. Well, he declared that every word of that description was absolutely true, and a picture of what he saw with his own eyes. (Cheers.) But, of course, he could not examine the reasonableness of the impression produced upon his eyes except by an appeal to figures, and, as he stated, there

were ten men crowded into a bell tent. They knew the measurement of a bell tent; he could not give it to them. But he saw there was a remarkable thing in a letter in *The Times* of that day—a statement that bell tents held 16 people. All he could say was that they would not hold 16 people lying down. Possibly 16 people might be crowded into them, but how he could not imagine. Ten people, at any rate, were so crowded that when one knelt and wanted to speak to a sick person—a man whose voice was so weak that he could not reach the visitor standing, and the latter knelt down and put his face close to the patient's—the visitor had to kneel on one knee and put the other foot behind, because there was not room to put both knees side by side. ("O, O, O, O.") Now, with regard to equipment, he was told by one of his critics that it was not true that patients lay upon the hard ground. All he had to say was this—that there were 315 patients in the field hospital, and he saw the greater number of them lying on the ground on a single blanket each and a thin waterproof. He doubted if all the patients had waterproofs. He adhered in support of this statement the fact that that field hospital had half the equipment of an ordinary field hospital. It had been divided into two in the march. An ordinary field hospital had 100 stretchers, and, therefore, it should have had 50, but eight of these had disappeared, and there remained 42 stretchers in the hospital. There were 315 patients, and, as he stated, there were 274 patients who had to lie on the ground, and he had further to state that these figures and that all the figures which appeared in his article on this subject were given to him by the medical officer commanding and in charge of the hospital, (Cheers.) He knew that in the new messages, of which they had heard quotation just now, Lord Roberts stated that his reason for not vacating these hospitals was that the patients were not fit to be moved. He had known instances where, unfortunately, at the close of the career of the hospital, 20 patients who ought never to have been moved were moved, and four of them in a most critical stage of a dangerous disease. Any one who knew about typhoid knew the local nature of it; and one man actually died. They were put into ox wagons. There were no ambulances. This was two months after our entrance into Bloemfontein. (Hear, hear.) The men were put into these wagons and jolted over the road, over the roughest possible ground, and one man in that stage where his case was hopeless. They were taken to another and more permanent hospital. He had stated in the Press that four of these men died in a few days. There was just one remark he might make under this head as to the allegation in the case of the field hospitals, and that was the remark with regard to the insufficiency of the personnel and the insufficiency of medicines, so that patients could not be prevented when in a delirious state from getting up and wandering into the cold air at night. The hon. gentleman the Under-Secretary of State for War had made on single case, and, for reasons which he saw, he did not quite catch the argument, stated that it was a solitary case. Why, it happened not only in this hospital but in many other hospitals night after night, solely on account of the insufficiency of the personnel and the insufficiency of men to take care of the patients. He could give the hon. gentleman other instances, but he would not detain the House. He was bound to take the hon. gentleman's statements and arguments and to reply to them by facts which he felt bound to state in the interest of the patients who were in the hospital. He greatly regretted if he had erred in the decorum or in the judgment of the House in not rising first to speak. He had considered the subject, and it appeared to him he had laid a charge (hear, hear), and he thought that he might reasonably expect to receive what explanation the Government had to give. He desired to give them an opportunity of making a statement of their case. Of course it was perfectly competent for the hon. gentleman to reply to him, as they were in Committee. The first thing that struck him when he saw the crowded state of these surrounding hospitals—until he knew the difficulties of transport, because the railway had only been open within about a fortnight—was why more houses and more buildings were not taken to supply hospital accommodation. As he had shown, there were seven or eight buildings taken, and each contained several hundred patients at a time when there were 2,500 patients in and around Bloemfontein. There were considerable hotels in the place. There were the town-hall, there were large stores, all of which might have been turned into hospitals. In addition to these there was a considerable number of most comfortable private houses (hear, hear) which were not occupied by their owners. Their owners had left the town. The houses had grounds around them in which tents for the attendants might have been placed. Why were they not taken for hospitals? Houses were taken, and legitimately taken—was not making any complaint—for staff officers and military authorities. (Opposition cheers and Ministerial cries of "Oh, oh.") He did not make that remark—(Opposition cheers and renewed cries of "Oh, oh," and an hon. member, "Shame.") Well, he repeated and he said it without any *arrière pensée*—that these houses were taken as residences for military officers, and he could not see any reason why many more of them should not have been taken for the men who were allowed to remain ill in the tents. He was not asking that the staff and the military officers and authorities should give up houses that they were in; he was only arguing that there were houses there that could be taken. (Hear, hear.) The real reason was that there was no one and nothing to put into them in the way of medical personnel or medical equipment. With regard to the personnel he wanted to say this. He did not claim that the personnel suitable to these hospitals should have come with Lord Roberts on the forced march to Bloemfontein, but a comparatively few days after the road to Bloemfontein was opened, at Nerval's Post was open—was clear, and constantly troops were coming up in numbers, even supplies were coming up, and it would have been perfectly possible to have sent up doctors and orderlies. He also said it would have been possible to have sent up nurses, because the road was safe and Bloemfontein was safe at that time. With regard to nursing, he considered himself, like a great many others, the evils which occurred at Bloemfontein were owing to the absence of a proper female nursing staff. They might have gone there if they were in the country in sufficient numbers. They might have been there by April 1, and they might have been there in greater numbers by April 15, and hundreds of them might have been there at the end of April, the date at which he saw what he had described. There was no possible reason patent to the eye there why they should not. The nurses of the three expropriated hospitals were all there. The women

of the town population were there, going about their normal occupations, but the women nurses of England were not there to attend to those soldiers, and if they had been he believed a great many lives might have been saved. He now came to the question of equipment of these hospitals, and that brought him to the main question of transport. The hon. gentleman had given a very graphic and, in some respects, a powerful account of the difficulties of transport to Bloemfontein. He had himself made some very careful calculations on this subject, and those calculations would not trouble the Committee with their accuracy. The hon. gentleman had said that, because he thought the hon. gentleman had said his way. The Under-Secretary said that 1,000 tons of material had come up to Bloemfontein every day for 40 days. He asked, supposing one train a day—he believed for a time were 12 luggage trains per day—had come to the hospital, what an enormous tonnage it would have been to those poor people who were there? As far as he could make out there was no place given for the hospital equipment to come to Bloemfontein at that time. Where military contingents were entirely incompatible with the proper treatment of the sick and wounded military contingents must come first; but where humanity could be considered with only a reasonable inroad upon the military exigencies—without encroaching military success—then humanity ought to be considered. (Hear, hear.) In Bloemfontein the greatest pressure of sickness came about the second week in May. For six weeks previous to that time the railway had been running freely and troops and luggage trains had been moving up. Many people there, and many others in the world, were very much astonished at that long delay at Bloemfontein. He would not say that it was unnecessary delay. It was not for him to express an opinion. (Ministerial cheers.) But he could not conceive of anybody showing any positive reason why the general advance from Bloemfontein, six weeks after the occupation, should have taken place on May 1 rather than on May 2 or May 3. His point was that one day's delay on that railway would have saved the whole position for the sick and wounded. (Cheers.) Unless it could be shown that there was an imperative necessity for that general advance taking place on May 1 the facts proved that the interests of the sick and wounded were postponed for considerations which were of no way vital or important to strategy. (Hear, hear.) He would give an instance of the unnecessary delay in sending up equipment. No. 9 General Hospital arrived at Bloemfontein on April 8. Its tents, which were by far the heaviest part of its equipment, were not sent up until it was erected on that date. They stood there perfectly empty until April 22, because there was no staff and no equipment of any kind. After bringing up the heaviest part of the hospital, the lightest part was kept back for a while, the fortnight, although every day the working of the railway was becoming easier. He could understand no reason for this except some discrepancy which separated the hospital, capable of taking 520 patients, from its essential equipment. He was the last man to minimize the difficulties of transport to Bloemfontein; but it had been stated that there were broken bridges and such obstacles. The time with which he had dealt, however, covered the period from April 1 to the end of May, during the whole of which time the railway was open, and the difficulties of transport were not afterwards over the bridge. From the great number of trains which came up to Bloemfontein every day, and from the character of the material which was carried, he was not surprised to find that this hospital equipment was not brought up. He had spoken of the two general hospitals which came up. They were capable of holding, in the first instance, 520 patients; and there could be no doubt that that limit, fixed by the Army Medical Department, was a wise one. But these two general hospitals were stretched to the extent of 1,200 patients in one case and of 1,700 patients in the other. The former was in a good position about a mile from the town; and he could not speak of it from personal observation. But No. 9 General Hospital, which contained 1,700 patients, was to his mind a most interesting case of pestilence. (Hear, hear.) There was no attempt at classification. Men staggered or were carried into that hospital, one marked "N. Y. D." and another "S. C. F." and were put on either side of a typhoid patient. "N. Y. D." meant "men not yet diagnosed" and "S. C. F." meant "simple contagious fever." What chance or hope had those men of escaping the deadly disease of the man between them? All through there was this absence of classification. It was not always possible, but where there were separate tents it was possible. This hospital had no kitchen, and its food had to be cooked outside in pits; and, although dealing with these dangerous cases, it was a non-dietary hospital, having no special arrangements for making these delicate diets necessary to fever patients. Two months after the occupation of Bloemfontein it had a staff of 20 nurses for 1,700 patients. Of course it was open to any one to object to female nurses in these military hospitals altogether; but, if female nurses were admitted at all, he was justified in complaining of the insufficient number. The number was founded on the old Army medical theory that the nurse was not a nurse, but simply the superintendent of the men engaged in nursing. He did not know the number of orderlies in this hospital, but the great proportion of them were entirely untrained private soldiers taken from infantry regiments. Let the Committee consider what that meant. If any hon. member had a typhoid patient in his house would he not think it an absurd thing to go into the street, call in a nurse, and say, "Nurse me that typhoid patient?" He would not say that the private soldier used as a hospital orderly did not do his duty. (Cheers.) Of course he did. (Cheers.) But he had absolutely no knowledge or training; and no one would say that he had a natural tenderness of touch such as would make him a better nurse than any man from the working classes. Then a great many of these orderlies, these untrained private soldiers, were convalescents. He protested against the use of convalescent soldiers as orderlies in a fever hospital.

6.9

This system meant that these convalescents were sent back into fever-stricken tents to breathe foul air when they were scarcely able to discharge the proper duties of nurses, when their powers of attention were enfeebled, and when they could not help going about their work drowsily. All over the hospitals at the front convalescent soldiers were employed as nursing staff. It seemed to him that it was a most inhuman practice, and, if there had been a sufficient number of properly-trained attendants, an absolutely unnecessary practice. The Under-Secretary, in complaining that he had not risen to open the debate, said something about his not bringing forward any new matter. He had been compelled to bring forward some new matter, and he had a great deal of new matter which

he thought that the Committee ought to hear. (Cheers.) He had not succeeded in seeing any real action. He wanted to see the treatment of the wounded on the field in order to complete his inspection. He did his best, but with a front extending so many miles and the enemy still holding any position very strongly it was difficult to find any action. As far as he could see the ambulances and the doctors with the troops while they were moving were fairly sufficient. He did not say that they were absolutely sufficient; he did not feel qualified to express an opinion about that. But one day he heard some firing a few miles off, and he went to the right instead of to the left where there was a very serious mishap to our troops. It was a disaster to a mixed squadron of Lancashire and Scots Greys who were cut up by the use of the white flag at a Kaffir kraal. He came across the wounded, who were only four miles from their brigade. The action took place at 9 o'clock in the morning, and no one came near the wounded until half-past 4 in the afternoon. The firing could be heard, and he could not understand, if the brigade were properly supplied with ambulances and doctors, why the wounded should not be attended to. About half-past 4 o'clock the Bear Company of the New South Wales Mounted Rifles, consisting of the finest specimens of medical service in the war, composed entirely of civilians, the most eminent doctors in Australia were serving freely upon it—found these men and took them to a tin house on the railway and formed a temporary hospital there. Major Eaver, who commanded, supplied it with all the necessities he could find and rejoined his own brigade. Many of these wounded men were in a very dangerous condition. Four of them died that night and two days afterwards the civil doctor left in charge received an order that he was to evacuate the hospital and send the wounded away. Sixty-four wagons were sent to take the wounded men away, and though the doctor protested, his orders were expressed. But he insisted upon keeping three officers there. It seemed to him a strange thing that the men who were dangerously wounded should be taken away from that hospital, but that the officers should be left. It was a somewhat unfair distinction. The Thursday after the troops arrived at Kroonstad an order came to equip two buildings, a church and a hotel, as hospitals. There was absolutely nothing to put into the church or hotel. There were 300 patients and only two doctors; there were no nurses and no trained orderlies. There were four untrained orderlies in the church and four in the hotel, which held about 160 patients. He went up with the troops, many other correspondents were also there; there were innumerable attendants and nondescript people in different positions, and he wanted to know why doctors and orderlies could not have gone up also. (Cheers.) There was no reason, as there had been a sufficient personnel in South Africa who that personnel, putting aside nurses, should not have been at Kroonstad the day the troops arrived there ready to take charge of the hospitals. As to the equipment of beds, tents, and other things, there was a great want of provision on the part of the Army Medical Department. They used a marquee tent, but it was well known from the first that there was another hospital tent, called the tortoise tent, which would have been more suitable for the more patients. It was known that the transport was to be the difficulty, but no trouble was taken to provide themselves with a class of tent which would have lessened the weight by one-half. The bullock wagons carried between 6,000 lb. and 7,000 lb. He could not say how many bullock wagons followed the army, but if the army started with rations and forage for five days as a minimum he calculated that there would be 360 bullock wagons in the army train. Would any one tell him that that train could not have contained four or six more wagons for hospital equipment? The proposition was absurd. If there had been provision to prepare these hospitals for Kroonstad it would have been easy to take equipment and personnel. The great fault and error in the whole of this system at the front had been the absence of a proper system of stationary hospitals—that was to say, hospitals which might want tents, but which could be put into the buildings on the line of march. On the question of preparation, and speaking still about stationary hospitals, he asked why in all the time since after the black middle of December—if the equipment was there—why was it not pushed up the 500 or 600 miles to De Aar, the rail head? If there, then when communication was established with Bloemfontein the greater part of the distance would have been traversed and it would have been easy to have got the equipment brought up. During that period nothing was done. He saw at Kroonstad the natural results of this state of things. He saw patients carried into the field hospitals by untrained hands, who were put down on the floor with no one to attend to them, many of them dangerously ill, and the doctors themselves complaining bitterly of the want of assistance. He saw also, owing to the absence of any proper hospital accommodation, convoys of sick and wounded put into open trucks at night, without any extra clothing or medical comforts, and without any medical man or even trained orderly accompanying them. He saw one of these convoys coming in to a station on the railway, and the man in charge coming to the doctor and saying, "I have got a man here who is dying; I have no medicines, and I don't know what to do with him." The doctor, knowing that it was not only illegal, but a crime to send away a convoy of sick and wounded without a doctor, asked the man—"Are you the orderly or sergeant in charge of the patients?" "No," said the man, "I am not in charge of the patients, but I am in charge of the lot." There was a man who after being ill and on milk diet for three weeks, was immediately ordered to rejoin his regiment. As soon as the man got on his horse he tumbled off. He tumbled off five times, and the next day he continued to tumble off until finally he tumbled off a dead man. At Bloemfontein Station he saw eight wounded and sick men lying on the platform. They arrived after 15 hours' journey in open trucks at 6 o'clock in the morning, and they lay on the platform until 3.30 in the afternoon with absolutely nobody to attend to them. Four of them were dying. He knelt down, listened to their whispering story, and took their names and regimental numbers. For three men to be as they did on a railway platform with traffic in full swing was a disgrace. (Cheers.) At last the ambulance of the Irish Hospital, happening to come down, took the men into their hospital; and he knew that two of the men died there. The Under-Secretary had contrasted the personnel on January 15 and June 15, but it was no use quoting the numbers of people who were there at

the latter date, because the information threw no light on the matter. His whole point was that there was no preparation, no provision. (Cheers.) That point ought to have been answered by showing whether on March 1—to take an easy date—there was a personnel in South Africa which was sufficient for the requirements of the situation.

Mr. BALFOUR.—He has told you.

Mr. WYNDHAM said one of the figures he gave was the provision for hospitals on April 16.

Mr. BURDETT-COUTTS said that in that way they might localise the responsibility for the deficiency. (Hear, hear.) His own opinion was that the fault lay not here, but in South Africa.

With regard to Cape Town, as he found it on his second visit in the first week in June, he had a very favourable report to make. The two general hospitals at Wynberg were admirable, and would, he thought, remain so. The former number of patients in each was 570, but they had been extended so that one now accommodated 1,400 and the other 1,200 patients. The staff and nurses of No. 2 hospital at Wynberg had been ordered to Bloemfontein, with the result that the 25 nurses in No. 1 hospital had now to attend to the 2,000 patients at present in both hospitals. With hundreds and almost thousands of nurses in this country ready and willing and anxious to go out to South Africa he thought a position of that sort might have been relieved by a better care and attention on the part of the authorities. A convalescent home had been established at Maitland Camp, about two miles from Cape Town. There were huts erected for 150 men, but they were bare and miserable. There were no beds or conveniences, and the men lay in blankets on the floor. How far these men were convalescent he could not say, but he found several of them in bed at 3 o'clock in the afternoon. The ordinary idea of an Army convalescent was that he was a man fit for duty. But he found one of these men with very high temperature and quick pulse. He had enteric and rheumatism, and he was with difficulty and slow to get up. Another man was suffering from dysentery. He was on a milk diet, and had had no milk for four days. ("Oh.") All this was happening within two miles of Cape Town. (Hear, hear.) These men were in charge of a sergeant, himself recovering from dysentery, and no doctor attended these unless the sergeant called for him. In the same camp there was a hospital called the Yeomanry hospital, which he wished clearly to distinguish from the excellent Yeomanry hospital at Deonfontein. This hospital, which held 50 patients, was always filled with Yeomanry. It consisted of one hut, which had six inches of draught under its roof, and a few tents. There was one doctor attached to it, but no trained orderlies of any kind and, of course, no nurses. Referring to the Woodstock hospital at Cape Town, he said it was a disgrace to send any man to it as a patient. The building had been condemned over and over again, and yet it was taken up for the use of troops who arrived on the transport sick. It was a horrible place, full of vermin. (He read the description of the hospital cut in a letter, which appeared in our columns yesterday from a surgeon-general of the Army Medical Corps.) In spite of its unsuitable situation, this hospital had been taken as a centre, around which a large tented hospital had been erected. He could not conceive a greater insult to the army, and especially when they had around Cape Town miles on miles of most beautiful suburbs. The Under-Secretary for War had referred to the fact that no other account had come home of any of these deficiencies. When the Under-Secretary referred to the fact that there were no accounts from the war correspondents some one interpolated the words "Press Censor." The Under-Secretary replied that letters were not censored. But if a correspondent published a letter showing the sort of things he had shown, and its purport was telegraphed back to South Africa, he should not curvy the position of that man as a war correspondent (cheers), the performance of whose duties largely depended upon the authorities whose conduct he had impugned. The British soldier was very sensitive to the state of things which existed at Bloemfontein, and he did not like to make any complaint with regard to his treatment in hospital. The soldier did not want to be thought rummy-pummy, or to get talked about for making complaints. In the old days there existed in the ranks an absolute terror of the hospital authorities. He did not know whether any such feeling existed now in the Army, but he did know that the tradition of it still prevailed. They would get plenty of evidence when men knew it was not unmanly, and it was not cowardly, that it was not unmanly to come forward and tell the truth about their treatment; when they were assured it was their business duty to their comrades and their country, in order that these things might not occur again. In that connection he should like to read a short letter he had received that morning. It was only one of a great many letters of a similar kind.

"Dear Sir,—I arrived in England the 10th of this month, being invalided home from Africa, having had enteric. I feel very pleased, and must thank you very much for the plucky manner by which you have exposed the state of the hospitals which existed at Bloemfontein. I am one of those that must consider myself lucky in having lived to get back to dear old England, and can give you evidence as a proof of what you have written, for I laid on the ground for three weeks without a change. If you consider any evidence of any use, I should be pleased to give it you at any time; at the present I trust you will keep my name anonymous, as my term of service has not expired and am on sick furlough."

He believed that the House of Commons, which was above all departments and all persons in this country, would guarantee such men full protection, and that their future should in no way be prejudiced by their coming forward and telling the truth. (Opposition cheers.) He apologized to the Committee most humbly for having detained them so long, and did not get on very well what he wanted to say. But he presumed he had said enough to show that there had been disorganization and mismanagement somewhere. He felt certain the blame did not rest upon the Army medical service. He was said it rested upon the decision of a system which was entirely inelastic. He felt that the policy which had governed the system of transport had not shown sufficient consideration for the needs of the sick. (Opposition cheers.) He pointed out to go back once more to the question of evidence. It pained him to say that his best

witnesses lay buried in South Africa— brave men, who, if a different system had prevailed, would have returned to their homes and their people. (Hear, hear.) It had been a notable war. It would be hoped, in a short time to be a successful war. He did not know whether it had been a glorious war. (Opposition cheers.) Yes, it had been a glorious war—glorious for the bravery of those very men for whom he pleaded. (Cheers.) But, having seen the dark side of the war, it was natural that that side should also be present to his mind. He should always have silent, but, he hoped, not forgotten witnesses—men to whom he could raise but one real monument, and that was the determination that the errors he had described should never occur again. (Opposition cheers.)

SIR W. FOSTER (Derby, Ilkeston) said the speech of the Under-Secretary for War was practically an apology for the condition of things described by the hon. member for Westminster in *The Times* by representing them as the inevitable incidents of a terrible and prolonged war. He could not agree that these evils were inevitable. He believed they might all have been foreseen, and that they might all have been provided for. (Cheers.) A large number of officers and men were lost in the Egyptian campaign through typhoid fever. Yet during that campaign these cases of typhoid fever were carefully kept from all public record, for the system of the War Office authorities was to snub any medical officer who returned a case as typhoid fever instead of continued fever or fever. At the outbreak of the present war he was anxious that the Government should take steps to prevent an epidemic of typhoid fever which had been for all time the scourge of armies. For what had actually happened he did not think that the Army Medical Service was the least to blame. He believed the War Office would have done the very best thing for the Army, and have saved abundance of lives, had they sent to South Africa some independent authority, in the shape of a small commission, to intervene between the military commanders and the medical officers. The greatest stress of the epidemic was at Bloemfontein. The men engaged at Paardeberg were obliged to drink the water of the Modder River poisoned by all the refuse from Crumpe's laager.

The result was that the death-rate, which in February and March was about 10 per cent, rose to 150 and 200, went up to 150 a fortnight after the Paardeberg incident. That figure had nothing to do with wounds. It had simply to do with disease, and it represented a condition of things which any medical man could have foretold.

Mr. WYNDHAM said it was foretold. SIR W. FOSTER said if it was foretold then more preparation ought to have been made. (Cheers.) The same thing went on after the unfortunate incident at the Bloemfontein Waterworks until, within four or five weeks, they had the terrible death-rate of 370 as compared with 30 in the early stages of the campaign. And still the troops were sent on to the front. He had seen and went northwards to Kroonstad, to find the medical arrangements no better there, did they find the general mortality becoming less. If they had some means of relieving pressure to lean on the authorities such as he had done, the foretold disaster would not have happened. The medical officers might have received more attention and they might have had more done in the way of giving relief to the sick and suffering who were placed under the conditions so graphically described by the hon. member for Westminster. (Hear, hear.) All that the hon. member had said had been proved by the Under-Secretary for War, and it had been confirmed from other sources. Not long since, Mr. Baldwin, of St. Bartholomew's Hospital, who was in charge of one of the hospitals in South Africa, wrote him that the field hospitals rapidly became overcrowded, so that they had to accommodate three or four times the number for which they were equipped, and it became impossible to treat or nurse the patients satisfactorily. Of all maladies, the one that required, not only special but careful and constant nursing was enteric or typhoid fever, and he thought it was the highest component, not to the arrangements, but to the salubrity of the South African climate that the mortality had not been greater. Then they had further confirmation of the statements of the hon. member for Westminster from Surgeon-General Hamilton in *The Times* of that day. Surgeon-General Hamilton was at one time principal medical officer in Cape Colony, and he stated that the criticism of the hon. member carried on the fact of the enormous number of deaths. So they were bound to accept these statements as giving a fairly accurate account of the horrible conditions which had existed among their soldiers in South Africa. (Hear, hear.) Seeing that these things were foreseeable and that they were foreseen to some extent, he did not think they had had any adequate explanation of why they were not provided against. (Hear, hear.) The hon. gentleman had said he was satisfied that in no previous campaign had the sufferings been more mitigated. He did not think they could admit that with reference to the sufferings of those whose condition had been described by the hon. member for Westminster, but the mitigation of suffering was a totally different thing from the death-rate. According to Lord Roberts, the death-rate in this campaign from enteric or typhoid was 21 per cent. In the Nile campaign, where there was a painful lack of foresight, the same lack of nurses and of hospitals, it was 28 per cent., but there they had the disease occurring under climatic conditions very much less favourable than those which prevailed in South Africa. In Natal, when they had an epidemic of this disease a few years ago, the death-rate was only 16 per cent., while, taking the general death-rate from this disease throughout this country, it was only about 16 per cent., or possibly 17 per cent. In the worst epidemics. But if these unfortunate people in South Africa had been nursed and cared for properly he would stake his professional reputation on the statement that the death-rate of 21 per cent. might have been lessened by one-half. (Cheers.) They had no evidence, which had not been contradicted, as to the adequacy of the provision of hospital accommodation. He was sure himself that the proportion of 10 per cent. of beds was not an adequate provision for the amount of sickness likely to be engendered in the conditions which existed in South Africa. There was another point he would like to mention. The mortality from this disease in South Africa had been less than in many previous campaigns, but it had been greater than it was in previous epidemics in Natal, and he thought it was greater than there, which occurred during the Boer-American war, in which every man

among the American troops practically went into hospital twice during the campaign. The losses from sickness were greater in the South African War than in any campaign to which he referred. The highest authorities had laid it down that great losses might be expected from fever among the troops if proper hygienic measures were not taken; and he held that it was the first duty of the military authority to foresee and provide against an outbreak of disease. He believed that if the Government had shown more foresight the lives of hundreds of brave men might have been saved. (Hear, hear.) In his opinion it had all arisen from the cheese-paring policy of the War Office in regard to the Army Medical Department in years gone by. They had been cutting it down and interfering with it in many ways, making the service unpopular and reducing it below its proper strength. The total number of Army medical officers was 890 and this was declared to be perilously below the peace establishment, and that was the number now when they had the largest army in the memory of man in the field. It was bound to bring about disaster. He hoped the policy of the Government would be changed, and that they would provide against these things in the future. The hon. member had said nothing about the suggestion made by Lord Roberts. He hoped to hear that there would be an inquiry.

Mr. WYNNDHAM.—I said so yesterday.

SIR W. FOSTER.—We have not heard it to-day.

Mr. BALFOUR.—Once is enough.

SIR W. FOSTER hoped they would hear more details on this point before the close of the debate.

SIR H. VINCENT related his experiences in hospitals all over the country when he visited South Africa, and he spoke in the highest terms of the provisions made for the wounded and the sick in the Cape Colony, Natal, Kimberley, and elsewhere. This was in February. It would be strange if there could be such a falling off since. His hon. friend seemed to have seen everything through the darkest possible spectacles.

Mr. BURDETT-COUTTS reminded the hon. member that he had written a series of articles in which he spoke in the most favourable terms of what he had seen and the work done by the Army Medical Corps.

SIR H. VINCENT.—But my hon. friend did not sign his name to those articles. His name only appeared in *The Times* of the day before yesterday. He was sure that his hon. friend was actuated by the best of motives, but he had drawn a very dark picture.

Mr. BURDETT-COUTTS.—At Bloemfontein.

SIR H. VINCENT said his hon. friend dealt in the same way with other hospitals. No one could deny that as to the Army medical service there had been cheese-paring, but the present Government were not more responsible than their predecessors. Some improvements had been made, but there were many things which still remained to be done.

The great specialists whose services the Government had utilized had the best opportunities of knowing what went on in South Africa; and they had told him how satisfied they were with the way in which things were managed. No one who knew anything of Lord Roberts would doubt that the kindly treatment of the sick and wounded was very near to his heart. He never arrived at a base without inspecting the hospital, showing interest in the patients, and doing his best to remedy any defects. He greatly regretted that his hon. friend had not taken the obvious and proper course, when he found this state of things at Bloemfontein, of seeking an interview with Lord Roberts.

Mr. BURDETT-COUTTS.—I did. I called on Lord Roberts the day after I arrived at Bloemfontein, and I made two other attempts to see him. At Kroonstad I wrote to his military secretary, Major Cowan, a letter, bringing forward the defects which I had seen, and suggesting remedies. When I got back to Bloemfontein I wrote to the same gentleman another very strong and long letter. (Opposition cheers.)

SIR HOWARD VINCENT said that his hon. friend ought to be much obliged for the opportunity of making that statement, which he had not made before. He could not understand how his hon. friend failed to see Lord Roberts, who was accessible to every one, and ready to listen to any suggestions. But did his hon. friend see Surgeon-General Wilson and tell him the result of his observations?

Mr. BURDETT-COUTTS.—Over and over again.

SIR HOWARD VINCENT said that there was great difficulty in getting at the exact truth in these matters. He was personally connected with hundreds of men at the front, and he had received no letter of complaint as to the treatment in hospital, though letters reached him by every mail. The Lord Mayor, too, had received no letters of complaint. But a man who had just returned had stated to him that during the seven weeks he was in hospital he only saw the doctor once. Another man who was in the same hospital, at the same time, however, declared that the doctor called regularly night and morning. It would not do to accept mere hearsay evidence about this matter. He had seen one complaint of a typhoid patient that the only food allowed to him was a little milk and soda. But every one knew that solid food in a case of typhoid was fatal. Was it likely that the relatives of hon. members and of Cabinet Ministers would not have written about the state of the hospitals if it were as black as had been painted? Quite 1,500 or 1,600 officers had passed through the hospitals, and if there was reason to suppose that the conditions of affairs disclosed really existed, would they not have written letters home by every mail asking for an immediate inquiry and for reforms? He thought that the hon. member had been actuated by the best motives, but he had trusted too much to hearsay evidence. ("No.") or he had been misled by appearances, or he had not made that inquiry into the real condition of affairs which one would wish. He was certain that no effort would be spared by the Army Medical Department to bring about the best possible condition of things. Everything in this war had turned out differently from what was expected. (Ironical Nationalist cheers.) If there was one person whose help of foresight stood conspicuously before the country it was the leader of the Opposition, and some of the hon. members behind him. He hoped that his hon. friend, instead of writing sensational accounts and making sensational speeches, would devote his ability and his brain to improving the condition of affairs and in doing all he could to provide for the better care of the sick and wounded.

SIR C. DILKE (Gloucester, Forest of Dean) believed that the result of the inquiry would be to show that the circumstances which the hon. member for Westminster had pointed out as existing on one portion of the line of advance existed on at least two other lines of advance. The last speaker had made an unfair attack on the hon. member for not having signed the letters in *The Times* except the last letter but one. He knew nothing of the circumstances in which those letters were produced, but he pointed out that the earlier letters were mainly in defence of what the hon. member had seen. It was therefore rather honourable on the part of the hon. member that when he had to make definite charges and attacks he should have promptly added his name to the letter. (Hear, hear.) The hon. member for Sheffield attacked the hon. member for Westminster for having found fault with the management of the hospitals at the Cape. Of all the heavy charges brought by the hon. member against the Army medical system, he thought that the charges with regard to the Cape were the heaviest of all, because none of the excuses necessarily made as to the limitations imposed by Lord Kitchener on transport prevailed here. When Lord Rosebery took the chair at the dinner in April he said that "our medical and hospital service has been perfect," and he proceeded to give the whole credit for that perfection to the Government which had organized the system. But those hon. members who for years past had called attention to the deficiency of the system had shown that that breakdown would occur. At the time Lord Rosebery thought our system perfect the epidemic of enteric had not reached the high level now known. But we did know of what occurred at Intombi Camp and Stormberg, and when the inquiry was held it would be found that the same facts which had been alleged with regard to Cape Town and Bloemfontein had also to be alleged with regard to General Gatacre's line of advance, and he thought the inquiry would also reveal that the breakdown had been general.

S.O. Now, of course, war was always horrible, but the unnecessary horrors of war which were easily preventable naturally and properly shocked the public even more. In his opinion the hon. member for Westminster had proved beyond doubt that in the rapid advance Lord Kitchener cut down unduly the transport for the sick, and as regards Cape Town and Bloemfontein he had shown that the same facts which had been alleged with regard to Cape Town and Bloemfontein had also to be alleged with regard to General Gatacre's line of advance, and he thought the inquiry would also reveal that the breakdown had been general. S.O. Now, of course, war was always horrible, but the unnecessary horrors of war which were easily preventable naturally and properly shocked the public even more. In his opinion the hon. member for Westminster had proved beyond doubt that in the rapid advance Lord Kitchener cut down unduly the transport for the sick, and as regards Cape Town and Bloemfontein he had shown that the same facts which had been alleged with regard to Cape Town and Bloemfontein had also to be alleged with regard to General Gatacre's line of advance, and he thought the inquiry would also reveal that the breakdown had been general. S.O. Now, of course, war was always horrible, but the unnecessary horrors of war which were easily preventable naturally and properly shocked the public even more. In his opinion the hon. member for Westminster had proved beyond doubt that in the rapid advance Lord Kitchener cut down unduly the transport for the sick, and as regards Cape Town and Bloemfontein he had shown that the same facts which had been alleged with regard to Cape Town and Bloemfontein had also to be alleged with regard to General Gatacre's line of advance, and he thought the inquiry would also reveal that the breakdown had been general.

COLONEL KENYON-SLANEY (Stokebridge, Newport), as a soldier, did not find any fault with the hon. member for Westminster, who had apparently been actuated by good intentions. He thought the hon. member for Westminster had in some measure damaged his own case. Instead of confining himself simply to pointing out the state of things that existed during the short period that he was at Bloemfontein, the hon. member seemed to find it necessary to attack the whole conduct of affairs by those in supreme command in South Africa, and some of them were driven to choose between his opinion and that of Lord Roberts. It would add very much to the difficulties which surrounded the Commander-in-Chief if he was opposed to be at the back and call of every itinerant sightseer who went to the front.

Mr. BURDETT-COUTTS.—My position was that of a Special Correspondent of *The Times* not entitled to use the military wire.

COLONEL KENYON-SLANEY still failed to see how the commanding officer was not to have his action considerably hampered if he was supposed to be always at the beck and call of even a Correspondent of *The Times*, or of any other amateur, whether male or female. The Government had not disputed the fact that at Bloemfontein for a certain time there was a sad and grievous breakdown of the hospital arrangements, but they had explained that it was unavoidable in consequence of there being but one line of communications. Unless they were in a position to say that Lord Roberts should have postponed the bringing up of men, guns, and supplies until the hospitals were brought up, the Government had made. The outbreak of fever at Bloemfontein could not have been prevented by the hon. member for Ilkeston or any other member of his profession, unless indeed they had been able to prevent the Boers from throwing their dead into the Medder and to undertake the sanitary inspection of the camp at Paardeberg. (Hear, hear.) While they should take to heart the lessons of the war, they must not be misled into thinking that in any campaign waged under similar conditions would it be possible to pre-

vent entirely such a condition of things occurring.

9.0 On the return of the CHAIRMAN after the usual interval.

Dr. FARQUHARSON (Aberdeenshire, W.) said it was a great and grievous disappointment to him to find that there had been this breakdown in the Army Medical Department in South Africa, assuming, of course, that the statements of the hon. member for Westminster bore the test of that examination to which they would be submitted. They must have a very searching inquiry so that they might be able to put the saddle on the right horse. (Cheers.) He was bound to say, in justice to the Army Medical Department, that a death-rate of only 21 per cent. from enteric fever would be considered a fairly good ratio of success even in the London hospitals, provided with all the attributes of modern civilization, but out in South Africa, with bad sanitary conditions, no beds, and very little comfort, they had a result which worked out at very much better than had ever been attained in any previous large campaign. (Hear, hear.) They were bound to admit, he supposed, that certain difficulties had occurred in the management of affairs out in South Africa, and what they had really to consider was the reasons why and how much of what had happened was avoidable. He believed the Committee would recognize that, whatever was to blame, at all events the doctors on the spot, short-handed and working under difficult conditions, were not in any way to blame for the deaths they all so much deplored. (Cheers.) He could not entirely acquit the Government of blame for not having foreseen the overwhelming possibility of a thing of this kind happening, in not having remembered that a position of this kind had always been the enemy's step of an army in the field. (Hear, hear.) Although inevitable under the conditions of the time, the situation might have been accepted a little more actively, and there might have been a little more completeness and elasticity in the arrangements. There had been a want of organization and distribution on the spot. He feared that the chief of the military staff in this war and others had not always taken the principal medical officer as much into his confidence as he might have done. The mobility of the enemy in South Africa and the extent of the country had not perhaps been as much appreciated as they ought to have been by those who had to consider such things. But, whatever might be said about the arrangements, the doctors had done good work under difficult conditions and had attained a measure of success, both on the medical and surgical side, which was absolutely unprecedented in the history of war, ancient or modern. (Hear, hear.) He deliberately put that on record. The hon. member for Westminster had done a good service in bringing the matter forward. As the result of the inquiry to be held no doubt the blame would be put on the right shoulders.

Mr. BARTLEY (Islington, N.) said he was in South Africa when the war commenced and saw all its early stages. Many mistakes were made, and no doubt many things were left undone which might have been done, but he thought it would be a pity to exaggerate them. After the rapid march from Paardeberg he did not enteric fever developed largely. But any one who, like himself, had travelled from Cape Town to Bloemfontein along the narrow line of railway and experienced the enormous difficulties of transport could hardly wonder that some branches were not as well served with provisions as others. It was necessary as they would have wished. There should be a careful inquiry into the matter, much with the idea of preventing any one wrong as to prevent the recurrence of similar casualties. He himself saw little incidents he could have pointed out and exaggerated as the hon. member for Westminster had done. But in discussing such a question for the first time he must bear in mind the whole circumstances, and, knowing the distance and difficulties of transport, it seemed to him they should dwell more on the brilliant successes of some phases of hospital life at the front than on the mistakes that were made. He was glad that the Government were going to send out a commission, for it would be a sad thing if the public, who had been shocked and upset (ironical Opposition cheers), were left as they were with the various statements before them. They all knew that Lord Roberts was a most humane general, and there should be no party feeling with regard to the inquiry. (Hear, hear.)

SIR C. CAMERON (Glasgow, Bridgeton) said many members had found fault with the member for Westminster and charged him with exaggeration, but he, on the contrary, thought that the greatest credit was due to the hon. member for forcibly bringing before the public that which he had no doubt the hon. member saw. There were put out of action by disease a number of men almost equal to the total with which they fought Waterloo. If this was not a matter which required attention he did not know what was. It was quite clear, for one thing, that the Army Medical Department was quite unable to cope with its duties in a state of war. That had been proved on the Government again and again, but without adequate results. Nothing that had been said about the transport and about military exigencies could explain away the condition of things described as existing in the base hospitals at the Cape. So far from the hon. member for Westminster having been actuated by ill-feeling or lack of patriotism, he had described what he saw and what he believed to be the case without fear or favour. (Hear, hear.) He trusted that without waiting for a formal inquiry the War Office would ascertain whether this overcrowding existed at the Cape, and would at once take steps to remedy it.

Mr. WYNNDHAM.—We have been in continual telegraphic correspondence with South Africa for the last three months, and all we have been asked for has been sent.

SIR C. CAMERON said that was exactly one of those official defenses with which he was familiar.

Mr. WYNNDHAM.—Is it an official defence to say we asked Lord Roberts what he wanted, and we gave him what he wanted?

SIR C. CAMERON said Lord Roberts was not at the Cape, and had enough to do without looking after hospital orderlies and sick nurses. Lord Roberts should not be bothered with the matter, but he was sure the War Office should have telegraphed direct to the officer in charge.

Mr. WYNNDHAM.—All that has been done. We have been in correspondence with the principal medical officer at Cape Town, and also with General Forester-Walker.

SIR C. CAMERON said in the interests of humanity a statement of the kind that had been made ought to

be inquired into, and if it was not inquired into the country would not consider that "red tape" was a sufficient excuse.

GENERAL RUSSELL (Cheltenham) said the disclosures which had come before the House and the country had caused a shock almost unexampled in this generation. There was universal commendation of our medical arrangements during the early portion of the war, but he was afraid that those arrangements had altered recently, because there had been an unexampled outbreak of typhoid fever in circumstances of exceptional gravity. They ought not to approach this subject in a party spirit. (Cheers.) He did not think a strong case had been made out against the War Office. The Under-Secretary for War had said that they sent out more medical stores than were wanted, and had supplied every demand that had been made. They ought, however, to have some explanation as to how this lamentable state of things occurred in South Africa. He could not understand why buildings in Bloemfontein, unoccupied or occupied by inhabitants of the town, were not cleared out for the benefit of the fever patients.

10.0 It ought to be made clear that the representations of the hon. member for Westminster were brought before Lord Roberts, and were not merely sent to the Chief of the Staff and disregarded by him. (Cheers.) The Army Medical Department was incapable of grappling with an emergency such as this; and he hoped that the result of the debate would be a reform of that department.

Mr. CHARLES WILSON (Hull, W.) said that the hon. member for Westminster had the sympathy of the country and the support of all on the Opposition side of the House in bringing this question forward. He had seen a letter from a man serving with the C.I.V., dated April 24, and written to his own relatives. That letter mentioned quite casually that the hospitals were scandalously managed, and that the men of the writer's regiment would not go into hospital because they got less food and attention there than when with the regiment. He should certainly give the hon. member for Westminster what little support he could in his courageous exposure of these crying evils. There had been a strange want of sanitation which had resulted in an enormous loss of life. Who was responsible for it? In his opinion, the War Office. (Hear, hear.)

Mr. GIBSON BOWLES said that in his opinion the Government had on this occasion made a most complete answer. The whole question was a question of transport. If it had not been for the length of transport these difficulties would never have arisen. His belief was that in no former wars had there been so small a loss of life. The hon. member for Westminster went out, he was sure, with the very best motives and intentions, and his efforts would, no doubt, result in good. (Hear, hear.) But the chief result would be the strengthening of the conviction that in this war, at all events, the War Office had done about as well as they could. A general in the field had first of all to look to the safety of his army, including the sick and wounded, otherwise all would be exposed to the most serious and first necessity for an army was to have ammunition and food. However sad it might be, the claims of the sick must come after that vital necessity; and it was extremely difficult for any one except the general in command to judge of the manner in which military and medical exigencies required to be adjusted. Lord Roberts would probably not hear of that debate without pain. (Opposition cries of "Oh, oh.") He would feel that it was he who had been attacked (No, no), that if the military and medical necessities had been wrongly adjusted it was he who was responsible. He believed there never was a campaign in which the sick and wounded had been so well looked after. Considering the enormous interests at stake and the difficulties which had been encountered it was remarkable, not that our losses had been so large, but that they had been so small—a small number, in fact, that we had sometimes lost in a single battle. In that debate the Government had scarcely been impugned; certainly no case had been made out against them.

10.30 Mr. LLOYD-GEORGE (Cardarnon District) said the defence of the Under-Secretary to the indictment of the hon. member for Westminster was simply by way of confusion and avoidance. It came to this, that everything asked for by Lord Roberts the War Office had given him. The inference which the House was called upon to draw was that the Government cast the responsibility for what had happened upon Lord Roberts and Lord Kitchener. (Cheers.) A mean attack was therefore made upon Lord Roberts by those who ought to defend him. The facts brought forward by the hon. member for Westminster were corroborated by perfectly independent testimony, and he quoted a number of corroborative instances called from various newspapers. The Welsh Hospital when it reached Cape Town was hung up for days for want of transport, and when it arrived at the front it was found that the men sent from Cape Town with it did not know how to put it up. The result had been deplorable. Professor Jones, who volunteered to go to the front, one of the finest men Wales had produced, was dead, as well as one or two other members of the staff. This was very largely due to the defective arrangements. The one great lesson of the whole of this business was that it had brought home to the people of this country the inevitable horrors of war. (Cheers.) The Under-Secretary had told them that all this human suffering was inevitable. He wondered whether the Colonial Secretary knew that. (Cheers.) He could not believe that any man with all this state of suffering in front of him would have proceeded with the recklessness which the right hon. gentleman had shown. (Cheers and cries of "Oh, oh.") All this suffering for the one tenth which was not worth fighting for. Miscalculation had dugged the footpits of the war from the outset. When it was found that the force originally sent out was utterly inadequate the whole of the arrangements about the transport were altered. Yes; for it was all a question of transport. When it was a question of saving so many human lives what difference would a day have made in the date of the advance? That question when asked by the hon. member for Westminster was received with hilarious laughter by the leader of the House and those beside him. There was evidently great hurry to get to Pretoria. It was to be captured by a certain day, on which the war was to be declared at an end. He would not say that it had anything to do with the general election ("Oh, oh.") He would not have made that suggestion but for the fact that no one in the House doubted that the lives of the troops had been sacrificed in Natal and in other places to political exigencies.

(Cheers and cries of "Oh, oh.") They had an example in the great hurry that was shown to relieve Kimberley. It was that recklessness with regard to human suffering and the loss of human life that led to the war; and it was at the bottom of all this series of disasters which had so impressed the country and for expiring which the country owed a deep debt of gratitude to the hon. member for Westminster. (Cheers.)

Mr. BALFOUR, who was received with Ministerial cheers, said,—"I am not, I think, in the habit of using strong language in this House, but I deliberately say that in all my experience of our debates I have never heard a more creditable speech. (Cheers and loud cries of "Oh, oh" and "Well done.")

SIR W. LAWSON (Cumberland, Cockermouth).—I rise to order. I wish to know whether it is Parliamentary to say that an hon. member has made a discreditable speech. (Opposition cheers.)

The CHAIRMAN.—I do not see anything un-Parliamentary in the expression which is frequently used on both sides of the House. (Ministerial cheers.)

Mr. LLOYD-GEORGE.—I do not object at all, Mr. Lawson.

Mr. BALFOUR.—I think the interruption of the hon. baronet was wholly unnecessary. I repeat that in all my political experience I have never seen a more discreditable exhibition than that of the hon. member for Cardarnon. (Cheers.) He was not content with deliberately suggesting that the Secretary for the Colonies had for his own purposes (Nationalist cheers) and with an utter disregard for the sufferings of other people (Nationalist cheers) rushed the country into this war (Nationalist cheers); but he went on to say that the lives of our soldiers in Natal, in the Orange Free State, and in the Transvaal had been deliberately sacrificed for political objects—

Mr. LLOYD-GEORGE.—Hear, hear. (Nationalist cheers.)

Mr. BALFOUR.—Meaning by that obviously that the generals in the field—spurred on, we must assume, by directions from home—had engaged in military operations not otherwise justifiable, not in themselves humane, but prompted solely for political ends—

Mr. LLOYD-GEORGE.—Hear, hear.

Mr. BALFOUR.—I do not sully my lips by saying that that is wholly untrue. (Loud cheers.) I do not stoop to defend either my colleagues or myself from imputations of that kind. (Cheers.) But I say for a member of this House to accuse our generals of being the tools of party, of being men prepared to see their soldiers unnecessarily butchered before their eyes, or subjected to untold tortures to please a body of politicians at home—for that is what the hon. member said—(Opposition cries of "No, no.") I say that to adequately characterize such a speech as that is a "discreditable" is utterly inadequate (cheers); and if I could use a stronger expression which would be consistent with our Parliamentary manners I should undoubtedly use it. (Cheers.)

Mr. LLOYD-GEORGE.—I never made any charge. (Loud Ministerial cries of "Oh, oh.") Will you kindly wait until I finish what I am about to say? (Nationalist cheers.) I never made any charge against our generals. (Renewed cries of "Oh, oh" from the Ministerial benches.) The charge was against politicians, and I adhere to it. (Nationalist cheers.) But the allegation of having made a charge against the generals in the field is absolutely untrue. (Nationalist cheers.) What ever orders the generals in the field got they were perfectly justified in carrying out.

Mr. BALFOUR.—I have dealt sufficiently with the hon. member, and I turn to other members who carried on this controversy with little actual reference to the Government, but certainly with no desire, I believe, to misrepresent the Government or the actions of our officers in the field. I regret the nature of some of the attacks which fell from my hon. friend the member for Westminster—attacks which I stand upon at any length, but which I think were insinuations or suggestions that might with advantage have been left alone. There were two which specially remain in my mind. One was against the newspaper correspondents in the field, because he distinctly implied that those gentlemen, even when we so largely rely for our information, doctored that information for the purposes of their own newspaper or in order to maintain favour with the authorities at the front.

Mr. BURDETT-COUTTS.—I most distinctly deny that I ever charged the correspondents with doctored information for any purpose. (Opposition cheers.)

Mr. BALFOUR.—My hon. friend did say that we could not absolutely trust the statements of the correspondents in the field because they had a strong motive for making their reports agreeable.

Mr. BURDETT-COUTTS.—I made a very long speech (Ministerial cries of "Hear, hear"), but I believe that I am in the recollection of the Committee when I repeat that what I said was that a correspondent could not call, owing to the censor, and that if he wrote home he was open to the danger of whatever he wrote being called back within two and a half weeks, and that then I did not vary his position. (Opposition cheers.)

Mr. BALFOUR.—It may be my own delusions, but I certainly interpret the statement which my hon. friend has just made as carrying with it the suggestion that a correspondent would not write letters of that kind because he should have a very unenviable lot if he did write them. That is all I suggest. (Opposition cries of "You said doctored.")

Mr. BRYN-ROBERTS (Cardarnonshire, Eddon).—There is a difference between silence and misrepresentation. (Opposition cheers.)

Mr. BALFOUR.—I think I have much more important matters to deal with. (Cheers.) There is only one other observation of my hon. friend of an incidental character to which I will call attention, and that is his suggestion that the tradition among soldiers to be afraid of the hospital authorities was one which still had some force. I am sorry my hon. friend made that suggestion. I believe it to be wholly unfounded. (Cheers.) All the information which has reached me, from whatever source, shows that the soldiers, whether there has been a sufficient amount of medical attention or not, appreciated, from the beginning to the end of these unhappy military opera-

tions, the unvarying kindness of their medical attendants.

11.0 and I am sorry that my hon. friend should have made a suggestion which must cause the greatest pain to those who have devoted themselves to this service. I now pass to the main substance of the attacks which have been made to-night. These attacks may be divided into the attacks on her Majesty's Government and the attacks on Lord Roberts. The attack on her Majesty's Government is evidently what really animates hon. gentlemen opposite. (Cheers.) They want to extract from this episode, and from my hon. friend's letter, material for a party fight. (Cheers and Opposition cries of "Oh, oh.") I make no such suggestion against the only hon. gentleman who has spoken from the front bench opposite, but those who have heard the speech we have just listened to, and other speeches which have preceded it, will not for a moment suggest that my statement is overdone. (Cheers.) Unfortunately, it is impossible in this debate, with the best will in the world, to strike an effective blow at her Majesty's Government without striking a blow through Lord Roberts (Opposition cries of "Oh, oh" and Ministerial cheers), and that is really the perplexity in which debaters of the class of the hon. gentleman the member for Cardarnon have found themselves throughout this discussion. (Cheers.) My hon. friend, whose letter to *The Times* started this debate, has himself reiterated over and over again that, so far as his observations and his knowledge of the facts are concerned, he does not believe that any deficiency is to be traced to an insufficient supply of medical stores at headquarters. With the supply of an adequate number of men and an adequate amount of medical stores in South Africa it is evident that the direct responsibility for her Majesty's Government ends, and must end, and afterwards that it rests with the military authorities to use those stores and those men to the best advantage. And if the amount of medical stores and the men be sufficient, the only question we have got to ask is why, these men and those stores have, after they arrived in South Africa, been used to the best purpose by the authorities on the spot. I do not believe that it has been seriously asserted by anybody that an insufficient amount of medical stores has been sent. Directly we close with that fact it all turns on the question of transport, and that was admitted by—in fact, it was part of the argument of—my hon. friend. It is, and must be, admitted by any one who has heard the facts that we are really ultimately driven to consider whether or not the military authorities—Lord Roberts and his subordinates—were well advised in using the limited means of transport in the way that, as a matter of fact, they did. That really is the question, and therefore you are, and must be, attacking the military authorities on the spot and not the Government at home when you deal with the deficiencies, or the alleged deficiencies, which have occurred at Bloemfontein and elsewhere. (Cheers.) And that is why I say that, with the avowedly most earnest desire to wound her Majesty's Government, it is the General in the field who really has struck at (Cheers.) Let me now, parenthetically, allude to the one constructive suggestion I have heard in the course of this debate. The hon. gentleman the member for Ekeston suggests that there ought to have been a kind of roving committee of independent medical men who should, in his own phrase, stand between the military and medical authorities and the generals in the field. I do not think I misrepresent his views. Was ever such a proposal made for rendering impotent an army in the field? (Cheers.) As I understand the hon. gentleman, Lord Roberts is to say to this roving consultative medical committee "I mean to make a rapid march through the country, covering such and such a distance, and I shall be able to take with me only such and such an amount of medical stores." And thereupon the medical committee will say "If you do that a great many of the soldiers will remain without adequate medical comforts and with an insufficient number of medical attendants, and in the name of humanity, we must ask you to march a little slower." (Opposition cries of "Oh, oh" and Ministerial cheers.) I cannot imagine anything which would at once more effectively dislocate both our military arrangements and our medical arrangements, and whatever shortcomings there may be in the present system, the hon. gentleman will allow me to say, with all respect, that that system is much better than the one he recommended. (Cheers.) Before leaving the hon. gentleman, may I make one other observation on a matter on which he speaks with far greater authority to the committee than I can pretend to. He has discussed, with all the knowledge of a great dealer, the amount of mortality which ought to attend this outbreak of typhoid—a mortality, let me remind the Committee, of 21 per cent. of the cases, and admittedly lower than the mortality in such cases in any war in which we have personally been engaged, and lower, I believe, than in any war in which any other nation has engaged. (No.) Yes, I believe so, and comparing favourably not only with the mortality among soldiers in time of war, but with that among soldiers at home in time of peace with the use of every medical appliance. (Hear, hear.) Then comes the hon. gentleman and states his medical reputation on the statement that if there had been proper medical attention and appliances the mortality might have been reduced from 21 per cent. to 12 per cent. (Hear, hear.) I am glad to think that hon. gentleman's medical reputation is far too solidly based to be upset even by such a wild hypothesis, otherwise I should say he had indulged in the most extravagant imaginary statistics. Remember, the soldier in the field is at the close of life when a man is most susceptible to typhoid. The ordinary statistics in respect to typhoid in civil life give 17 per cent., including infants, who do not usually succumb to the disease, and, of course, the percentage shows a more favourable result than when it is applied to men in the prime of life at the most susceptible age. If we at home with our hospitals and appliances cannot reduce the mortality below 17 per cent., how can we expect to reduce it below 21 per cent. among soldiers on service? (Hear, hear.) It is not a strain upon his faith in the hon. gentleman's medical ability when he tells us it could be reduced to 12 per cent. (Hear, hear.) I cannot really believe that the hon. gentleman will, on reflection, adhere to his conjecture. I have said this is really an attack upon Lord Roberts and his Staff, and that statement may be expressed as did the other hon. member. (Hear, hear.) But the right hon. baronet the member for the Forest of Dean said deliberately, if I do not misrepresent him, that the military authorities should have managed their transport so as to bring up more medical supplies.

SIR C. DILKE.—I do not deny that. I stated that

of typhoid which followed the drinking of polluted water at Paardeberg and the privations of LORD ROBERTS's great but terribly arduous march. All this is perfectly fair, though it is artistic in precisely the same sense as the other picture drawn by Mr. BURDETT-COUTTS. He painted the ghastly failures and said nothing about the difficulties in the way of avoiding them. Mr. WYNDHAM, with greater rhetorical skill, paints the difficulties and says nothing about the failures, beyond the general confession we have just mentioned, which is itself in the highest style of art. But neither picture, nor both together, will satisfy the public. The real question is a quantitative one. When the difficulties are fairly estimated and the failures fairly described, does it or does it not appear that nothing better could have been done in the circumstances? Was there adequate foresight on the part of the War Office, and was everything done in South Africa on behalf of the sick that could have been done without endangering the main objects of the campaign? These are the questions to which an independent committee of inquiry will have to direct its attention. When it begins its labours we shall at least be able to satisfy it by documentary evidence that Mr. WYNDHAM is entirely in error when he asserts that letters were not censored.

Perhaps the most effective part of Mr. WYNDHAM's speech was that in which he gave statistics showing the difference between medical equipment in January and in June. At first sight these figures may be taken for a triumphant vindication of the War Office. But a little closer inspection will show that, if they do not amount to a condemnation they certainly prove more forcibly than even Mr. BURDETT-COUTTS's charges the necessity for investigation. In January there were 79 civil medical officers, in June there were 348, and there are 32 more on the way—that is to say, they have been nearly quintupled. In January there were 43 Army nurses and 12 taken temporarily into War Office employment. In June there were 53 of the one and 335 of the other; in other words they have been multiplied sevenfold. Of special hospitals organized by civilians there was one in January, while in June there were ten. Taking all beds together, and counting stretchers in field hospitals as beds, there were in January 5,990 and in June 18,814, a threefold increase. Now how do these enormous increases correspond to the increase in the number of troops? On January 7, according to Mr. WYNDHAM's own statement in the House, there were in South Africa 103,400 British troops, and by January 14, which is within two days of the date of the figures he now gives, at least 7,000 more must have been landed. That makes 110,000, or almost exactly one-half of the army now in South Africa. So for double the number of troops we have three times the number of beds, ten times the number of special hospitals, seven times the number of nurses, and nearly five times the number of civil medical men. It follows mathematically that either the medical equipment is now absurdly redundant, which we hardly imagine any one will maintain, or that equipment was deplorably insufficient in January and for an indefinite subsequent period. We are told the two extremes, but we are not told the nature of the progression. It would probably be found on inquiry that it has been geometrical and that the greater part of the increase took place long after January. We can hardly conceive any stronger presumptive evidence than that supplied by Mr. WYNDHAM himself of the truth of the contention that the War Office did not make adequate provision for dealing with fever until after fever had broken out upon a great scale. Yet it is part of the War Office case that there is always disease in every campaign, and, as our correspondent "M.N." tells us to-day, speaking with ample local and general knowledge, our authorities were warned again and again that after February typhoid would claim ten times as many victims as war.

Now as to the difficulties of getting medical stores to Bloemfontein, on which Mr. WYNDHAM lays so much stress, a comparison of dates is again useful. The British Army entered Bloemfontein on March 13, and by March 19 a good train service had been established between that place

and Cape Town. But it was on April 29, five or six weeks later, that Mr. BURDETT-COUTTS saw what he has described. Now let us grant all that Mr. WYNDHAM says about the thousands of material that had to come up every day. Would it have made any material difference to the campaign had one per cent. of that material consisted of stores and appliances for the sick? The half of one per cent.—five tons a day—would have met all the needs of our sick and wounded in far less than six weeks. Could not even that percentage have been permitted? Common sense scorns the notion that such an arrangement could have interfered in any serious degree with the objects which were rightly deemed paramount. Yet, as Mr. BURDETT-COUTTS shows, even when a hospital was brought up its equipment did not arrive till a fortnight later; and we may infer from Mr. WYNDHAM's figures that it is very doubtful whether trained nurses, whether male or female, were at that date—April 29—available in sufficient numbers. At all events they were not at the front, although, as Mr. BURDETT-COUTTS says, and as many of us know, transport was somehow found for numbers of perfectly useless persons engaged merely in gratifying their taste for sensation.

THE SUNDAY

JUNE 30, 1900.

MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

MR. BURDETT-COUTTS'S ALLEGATIONS.

THE *Times* on the June 27th published a letter, dated Cape-town, May 29th, from Mr. W. Burdett-Coutts, in which he alleges that the medical arrangements in South Africa have failed to keep pace with the epidemic of typhoid fever, which has caused a very large number of cases of illness, especially among the troops in and about Bloemfontein. He gives a graphic and very distressing account of the overcrowded condition of a field hospital used as a stationary hospital in Bloemfontein.

The letter as it stands would certainly convey the impression and, as a matter of fact, has conveyed the impression, that the deplorable condition under which Mr. Burdett-Coutts described cases of typhoid fever to have been treated in this field hospital were typical of those to which the majority of the patients who have been treated at Bloemfontein have been subjected. Mr. Burdett-Coutts's allegations, the gravity of which he states he fully appreciates, undoubtedly demand the most searching examination. With no desire to condone or excuse such deficiencies, as he alleges to have existed, we may point out that Mr. Burdett-Coutts's statements are in some respects contrary to information in our possession. He makes no mention, though his letter is dated May 29th, of the three large military general hospitals which, as we stated last week, were in full working order early in May, and had apparently been taken into use some time during the previous month if not earlier.

There is no doubt that there has been a great deal of typhoid fever in the army, especially among the forces engaged north of the Orange River. Mr. Frapp, the Chief Surgeon of the Imperial Yeomanry Hospital, in a letter dated June 4th, informs us that he had shortly before visited Bloemfontein and Kroonstad. In Bloemfontein there were at that time over 5,000 sick, most of whom were suffering from enteric fever; while in Kroonstad the three hotels, the Town Hall, and the church had been converted into hospitals, even the billiard tables being requisitioned to accommodate cases of enteric fever. He adds that as the railway had been opened the Surgeon-General was engaged in rapidly pushing up adequate hospital accommodation. The train in which Mr. Frapp returned brought down 24 sick to Bloemfontein, where they were admitted into one of the general hospitals, bringing the number of sick it contained "to the huge total of 1,800." Mr. Frapp describes the water supply all over the country as extremely bad. "Water," he says, "in the small streams at the bottom of the river beds is often very muddy. Dead horses are generally to be seen in the streams, and they are never above the strong suspicion of being typhoid infected. It is impossible for all water that is required for drinking purposes to be boiled; there is not fuel enough."

Sir William Thomson, writing from Bloemfontein early in May, stated in a letter published in the *BRITISH MEDICAL JOURNAL* of June 2nd that there were between 3,000 and 4,000 sick in the town, and that of these 1,200 were cases of enteric fever. He stated that the three general hospitals were crowded, that several of the public buildings were utilised for the accommodation of the sick, and that there were in the town in addition the Irish, the Portland, and the Langman Hospitals.

Died of Disease in South Africa.

Week Ending.	Officers.	Men.	Total.
February 17th	1	40	50
March 14th	5	111	117
March 21st	3	89	92
March 28th	4	111	115
April 4th	8	35	43
April 11th	5	179	184
April 18th	3	199	202
April 25th	1	367	370
May 2nd	9	368	377
May 9th	9	107	116
May 16th	4	107	111
May 23rd	7	103	110
May 30th	9	309	318
June 6th	2	351	353
June 13th	10	258	268
June 20th	11	171	182
June 27th	8	203	211

* These figures are for the fortnight, April 11th to 27th and May 20th to June 6th. They were published as figures for the fortnight, no tables having been published for the weeks ending April 14th and June 2nd.

The amount of sickness in the forces in South Africa has been large, about 7 per cent., but this is less than in previous campaigns. The exact figures are not available, but the above table, compiled from the official returns issued by the War Office, shows the number of officers and men who have died of disease in South Africa from the middle of February to June 27th. The number of deaths attributed to enteric fever is not distinguished, but there can be no doubt that a very large proportion have been due to enteric fever, and a large number also to dysentery. It will be remembered that Cronje surrendered on February 27th, and it will be seen that a sudden rise in the number of deaths from disease occurred between three and four weeks later. Mr. Watson Cheyne attributed the great amount of typhoid fever prevalent in Bloemfontein at the end of March and the beginning of April to infection by the polluted water of the Modder river, which the troops were compelled to drink during the time for which Cronje remained in his laager, and Mr. Bowley, whose letter is printed above, appears to entertain a similar opinion, though he speaks also of other infected places. It will be seen also that there was another sudden rise in the number of deaths from disease in the weeks ending May 10th and 20th; this was some seven or eight weeks after the waterworks of Bloemfontein were occupied by the enemy and the water supply cut off. Whether these two circumstances are to be connected or not it will be as yet premature to conjecture.

LETTER FROM MR. TREVES.

We are indebted to Mr. Treves for the following letter which he has written in response to our request for his opinion:

SIR,—I have read Mr. Burdett-Coutts's letter in the *Times* of to-day, and am shocked and surprised at the report he furnishes.

I left Natal in March, some time after the relief of Ladysmith, and the account I gave on my return to England of the work of the Army Medical Service in Natal was based upon my experience up to the period of my departure.

Mr. Burdett-Coutts comments upon this account as if it dealt with events which were to be in the future, rather than with events which have happened in the past.

To every word I have said as to the excellence of the army medical arrangements in Natal I adhere most absolutely.

It is difficult to believe that a department which stood with such credit the exceptional strain of the Natal campaign can have suddenly exhibited the alarming collapse depicted by the writer of the letter in question. My experience had induced me to think that the organisation of the Army Medical Service was sound and good, that the general scheme of work and of administration was efficient, and that the lavish arrangements planned by the Director-General were carried out by his subordinates in a liberal, thorough, and business-like manner.

There was no evidence of the intervention of red tape nor of hindrance by petty formalities, and the hospital work was not only not hampered by other departmental duties, but was helped in every way with the heartiest readiness.

I cannot think that our sick have been treated with "neglect" and "inhumanity," as Mr. Burdett-Coutts asserts.

Instead of neglecting their patients the surgeons I met worked with heart and soul, sparing themselves in no particular, and of the untiring and unselfish devotion of the nurses I have already spoken.

This war has been a war of surprises. The casualties have been higher than the gloomiest ever dreamt of, and there was no reason to anticipate that the outbreak of enteric fever would assume the enormous proportions it has assumed.

The circumstances of war unfortunately render an immense amount of suffering and distress absolutely unavoidable, and the difficulties of furnishing adequate supplies from a far-distant base are extreme.

I left South Africa with the impression that nothing more could have been done to mitigate the sufferings of the sick and wounded than had been done when a temperate regard for the circumstances of war was kept in mind.

The Army Medical Service can lay no claim to the gift of prophecy, nor to the power of anticipating the future, but so far as any reasonable foresight can go the department seems to have done all that in fairness could have been expected of it. Mr. Burdett-Coutts will, no doubt, substantiate the points detailed in his report, but his preliminary account is conveyed in language which so savours of the theatrical that it fails to carry with it an overwhelming conviction.

Mobile field hospitals, if they have to do the work they are intended to do, cannot take beds with them. It is better for a typhoid patient to lie upon a blanket and waterproof sheet on the ground—as Mr. Burdett-Coutts describes—than to be hurried hither and thither to the base.

No human being can tell how the progress of an epidemic may proceed, nor how the numbers of the sick will be distributed. Preparations may be made for 1,000, and the admissions may not reach 10. It is impossible to avoid overcrowding at times, and equally impossible to provide in every

I am informed that the Archbishop of Cape Town has expressed his regret for his recent speech and his intention to make amends for it on the earliest public occasion. *Daily Telegraph*

The medical staff resents bitterly the attacks on them, which they regard as part of a campaign of calumny. *2nd July 1900.*

I may state that the proportion of cures in the hospitals at Cape Town is large.

THE STANDARD, JULY 2, 1900.

THE ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE STANDARD.

SIR,—The so-called scandal in the War Hospitals of South Africa will not be without good result, if it brings about the much-needed reforms in the Army Medical Department. Comment is made in your leading Article of to-day on the under-manning of the Medical Staff Corps. The extent of this under-manning is, I take it, quite unrealised by the public. The reasons of it have again and again been brought forward in the Medical Press.

The War Office has persistently ignored the claims of the officers of the Army Medical Corps. They have been looked upon as mere "civilian," and constantly referred to as such in the speeches of those in authority in the War Office, though why men who look after the wounded are not soldiers, as much as those, say, who look after the Army supplies, or the members of engineering corps, it is difficult to understand. They have been clearly given to understand that their position is an inferior one. What has been the result? The best qualified men, to a large extent, have ceased to offer themselves as candidates. The examinations have on many occasions been competitive only. In name, for there have been scarcely more candidates than commissions offered. More than once an insufficient number of men have obtained the minimum number of marks required, and commissions have remained unfilled. And this has taken place in spite of the fact that nothing like the number of commissions have been offered which should have been, if the Army Medical Department was to be kept at its proper strength.

That all this might be altered, is shown by the very different state of the Naval and Indian Medical Services, in both of which competition is most keen. It is only fair to state that an improvement in the Army Medical Department has quite recently taken place; but it must be years before this branch of the Army recovers completely from the neglect to which it has been subjected.

I am, Sir, your obedient servant,
M.D.

June 30.

TO THE EDITOR OF THE STANDARD.

SIR,—As there is so much being published about the hospitals with our troops in South Africa, perhaps the following extract from a letter from one of my sons now serving in South Africa may prove interesting. In connection with this I may mention that he was wounded at Kame Sidang on March 20; his wound was dressed on the field, and he was sent that evening to the Field Hospital, where he remained until April 2 or 3. He was then sent by transport wagon to the Dame Institute Hospital, Bloemfontein, ultimately being sent to the Imperial Yeomanry Hospital, Bloemfontein, where he is at present. He has never once complained; in fact, has constantly praised the nursing staff, the Royal Army Medical Corps, and all their arrangements.

Should any of your readers doubt the truth of this extract, you can have the original letter to prove its genuineness.

I am, Sir, your obedient servant,
AN "OLD SOLDIER."

Dublin, June 30.

Extract.
"Dame Institute Hospital, Bloemfontein,
April 4, 1900.

"By Jove, the Red Cross Nursing Sisters are the soldiers' friends, especially on active service. Nothing could possibly match the kindness and consideration they all show towards us. They seem to know every want and case, and take good care to see that every one of us is satisfied and comfortable. It is a real treat to see them in their neat dresses and watch their kind and pitiful faces, after being two months out in the wilds without so much as seeing a house. And you can truly believe me when I say that I have done full justice to this spring bed since I have been here."

TO THE EDITOR OF THE STANDARD.

SIR,—In the present heated state of public feeling as to the care and comfort of our troops suffering from disease in South Africa, will you allow me a little space to say that in some places every care and provision was made for soldiers of all ranks suffering from illness? My son, a Second Lieutenant in one of the regiments which lost most heavily in the War, was wounded at Pieter's Hill, after great exposure. He was directed to an ambulance wagon, which he reached by crawling along, as he was shot in the leg. He was taken in the wagon, and received every care, and was conveyed to the hospital ship *Maline*, from which he wrote to me. When the *Maline* returned home with invalids, he was sent back to duty, after being a short time on the *Nubia*. He was seized with enteric fever, and left behind at Alwal North, where he died in a short time. His last intelligible words were—"It is a shame that I should be so comfortable here, and not pushing on with those poor fellows." I have been carefully attended by a volunteer doctor, who before the War had gone out for his own health. I do not mention his name, as that would be a liberty, but he is a well-known man. The townspeople were most kind in supplying him and other patients with whatever the doctor allowed in the way of nourishment.

I think it may be a comfort to some others to know that in some parts of South Africa everything was done that could be done for invalids.

I am, Sir, your obedient servant,
C. J. D.

June 29.

Morning Leader.

MONDAY, 2 JULY, 1900.

AN ARMY NURSING RESERVE.

TO THE EDITOR OF THE MORNING LEADER.

SIR,—The terrible position in which Mr. W. Burdett-Coutts found hundreds of our sick soldiers at Bloemfontein, and which he has described in the "Times," appears to have caused the public a rude shock. Why? Is it possible that the public knows so little of the organisation of the medical and nursing arrangements in connection with the War Office that it was unprepared for a complete breakdown in South Africa should any excessive strain be laid upon those arrangements? The revelations made by Mr. Burdett-Coutts have caused no surprise in the nursing world.

It is now 11 years ago since I first drew the attention of the War Office to the urgent need of an Army Nursing Reserve. Later (in 1894) I brought the matter before the Royal British Nurses' Association. In due course the suggestion was adopted, but it is deeply to be regretted that in the organisation of the scheme of an Army Nursing Reserve those trained nurses, whose experience would have been invaluable, were excluded from any part in the management, with the result that

NO EFFICIENT SYSTEM.

has been suggested and perfected in time of peace for use in time of war. The Army Nursing Service Reserve Committee, having failed to suggest any system of efficient education for nurse volunteers, or to demand even a certificate of training from its members, proved its total incapacity to deal with this most important national work. The fact that the accredited number of female nurses deputed for active service in a general hospital of 500 beds in South Africa was only nine is conclusive proof that neither the War Office nor the Reserve Committee grasped the first principles of modern nursing requirements.

Realising this fact, in February last the Hospital Matrons' Council of Great Britain and Ireland unanimously passed the following resolution, and forwarded it to the Secretary of State for War:

That in the opinion of this council the system of nursing the sick in military hospitals is unsatisfactory and in need of reorganisation. The Matrons' Council therefore petition the Secretary of State for War to receive members of that body as a deputation, so that they may be enabled to lay before him their views on the necessary reforms in the nursing department of this service.

So far Lord Lansdowne has begged to be excused from receiving a deputation, and thus the practical and expert knowledge of hospital matrons has not been available for the benefit of our sick soldiers.

Briefly I submit:

1. That the present Army Nursing Service in connection with the War Office is obsolete, and needs complete reorganisation to raise it to the modern standard of nursing efficiency.
2. That it is essential that a nursing department should be formed at the War Office, superintended by an experienced nurse as an executive officer; and
3. That both the regular Army Nursing Service and the Army Nursing Reserve should be under the control of this department, both in times of peace and of war.

The care of our sick soldiers

IS A SACRED DUTY,

which should not be deputed to unprofessional persons. Had such a department as that above suggested been in working order I have no doubt that 5,000 nursing sisters instead of 500 would have been dispatched to the seat of war to meet the inevitable requirements of an army of 300,000 men. No doubt we should have found these skilled sisters working, as they should do, in the field and station hospitals, as well as at the base. Wherever the sick soldier is to be found there should be the trained nurse.

I am also of opinion that nursing sisters should not only be deputed to perform the duties of superintendents, but that they should be engaged in military hospitals. In the practical service of the sick, on exactly the same lines as those which have proved so successful in our civil hospitals.

From the criticisms of Mr. Burdett-Coutts the absolute disorganisation of army nursing in South Africa becomes amply apparent. Is this surprising? Some 500 nurses have been turned loose at the

seat of war, but there is no Central Nursing Department supervised by an executive nursing officer in the whole of South Africa directly responsible to the home authorities for the discipline of the nurses, and the efficiency of the nursing. I contend that it would be just as reasonable to expect the best results from our army—though individual members might perform prodigies of valor—in the absence of a Commander-in-Chief, as it is to expect efficiency in the nursing arrangements under the present system.

ARMY NURSING REFORM

is urgently necessary, and it is to be hoped that, now the nation realises the horrible suffering and loss of life entailed upon our brave soldiers by the present disastrous condition of affairs, it will demand a searching inquiry into the organisation of the army medical and nursing arrangements at present in vogue at the War Office, and see to it that the necessary reforms are made.—Yours, &c.,

ETHEL GORDON FENWICK.

Few people who read the admirable letter from Mrs. BENFORD FENWICK, which we print in another column, will fail to agree with her that army nursing reform is now imperative. It is intensely exasperating to learn from Mrs. Fenwick that the collapse of the old system was considered not merely possible but certain by those whose professional experience entitled them to form a judgment. This experience was placed at the disposal and even pressed upon the attention of the War Office. It was disregarded with all the contempt which that institution shows for those who really understand their own business. Lord Lansdowne begged to be excused from taking advice. The attempt to meet the requirements of modern war with the antiquated resources of the department was again made, with what deplorable results we all know. The whole of the hospitals in the field were understaffed. The work of trained nurses was left to raw orderlies. Patients who would otherwise have recovered are dead. Now we may hope that something will be done. The new system, whatever it be, must at least follow Mrs. Fenwick's proposals to this extent that it shall be under the control of a departmental head, about whose direct responsibility to the country there shall be no doubt. If we can once secure this it will be half the battle. The knowledge that there will be no escape from the nation's anger will avail, if the instincts of humanity will not, to prevent the wanton sacrifice of precious lives.

THE HOSPITAL SCANDALS. Statement by LORD ROBERTS.

[FROM TO-DAY'S "DAILY TELEGRAPH."]

Mr. Benet Burleigh wires from Pretoria, under Thursday's date, as follows:—

I have just seen Lord Roberts with regard to Mr. Burdett-Coutts's charges against the hospital arrangements. The Field-Marshal states that everything possible has been done to alleviate the suffering of the sick and wounded. He himself personally visited the hospitals repeatedly, in order to ensure himself that the patients were made comfortable and had the utmost attention, and he says he believes that the treatment of the sick and wounded throughout compares favourably with that witnessed in any campaign of recent years.

Lord Roberts went on to say that he thought the opinions of eminent and unbiased physicians like Sir William MacCormac, Sir William Thompson, Mr. Treves, Mr. Cheyne, Mr. Cheate, and others who came out here should be taken before that of Mr. Burdett-Coutts, which was probably based upon the instance of one field hospital and hasty generalisations thereon. The percentages of deaths to cures during the campaign, as compared with those experienced even under peace conditions in tropical countries, were most satisfactory, and added Lord Roberts, moreover thousands of cases classed as those of simple continuous fever were really typhoid, which, if added to the total under the latter heading, would bring the percentage of recovery down to the lowest home standard of mortality. Between March 15 and June 21, there were classed 6366 cases as strictly enteric, of whom 1370 died. This was approximately 21 per cent., but it would be much less if the continuous fever cases were added, for most of the latter recovered, and in those cases where a post-mortem was held, it was proved that the type was typhoid.

of typhoid which followed the drinking of polluted water at Paardeberg and the privations of LORD ROBERTS's great but terribly arduous march. All this is perfectly fair, though it is artistic in precisely the same sense as the other picture drawn by MR. BURDETT-COUTTS. He painted the ghastly failures and said nothing about the difficulties in the way of avoiding them. MR. WYNDHAM, with greater rhetorical skill, paints the difficulties and says nothing about the failures, beyond the general confession we have just mentioned, which is itself in the highest style of art. But neither picture, nor both together, will satisfy the public. The real question is a quantitative one. When the difficulties are fairly estimated and the failures fairly described, does it or does it not appear that nothing better could have been done in the circumstances? Was there adequate foresight on the part of the War Office, and was everything done in South Africa on behalf of the sick that could have been done without endangering the main objects of the campaign? These are the questions to which an independent committee of inquiry will have to direct its attention. When it begins its labours we shall at least be able to satisfy it by documentary evidence that MR. WYNDHAM is entirely in error when he asserts that letters were not consigned.

Perhaps the most effective part of MR. WYNDHAM's speech was that in which he gave statistics showing the difference between medical equipment in January and in June. At first sight these figures may be taken for a triumphant indication of the War Office. But a little closer inspection will show that, if they do not amount to a condemnation they certainly prove more forcibly than even MR. BURDETT-COUTTS's charges the necessity for investigation. In January there were 70 civil medical officers, in June there were 348, and there are 32 more on the way—that is to say, they have been nearly quintupled. In January there were 43 Army nurses and 12 taken temporarily into War Office employment. In June there were 53 of the one and 335 of the other; in other words they have been multiplied sevenfold. Of special hospitals organized by civilians there was one in January, while in June there were ten. Taking all beds together, and counting stretchers in field hospitals as beds, there were in January 5,999 and in June 18,814, a threefold increase. Now how do these enormous increases correspond to the increase in the number of troops? On January 7, according to MR. WYNDHAM's own statement in the House, there were in South Africa 103,400 British troops, and by January 14, which is within two days of the date of the figures he now gives, at least 7,000 more must have been landed. That makes 110,000, or almost exactly one-half of the army now in South Africa. So for double the number of troops we have three times the number of beds, ten times the number of special hospitals, seven times the number of nurses, and nearly five times the number of civil medical men. It follows mathematically that either the medical equipment is now absurdly redundant, which we hardly imagine anyone will maintain, or that equipment was deplorably insufficient in January and for an indefinite subsequent period. We are told the two extremes, but we are not told the nature of the progression. It would probably be found on inquiry that it has been geometrical and that the greater part of the increase took place long after January. We can hardly conceive any stronger presumptive evidence than that supplied by MR. WYNDHAM himself of the truth of the contention that the War Office did not make adequate provision for dealing with fever until after fever had broken out upon a great scale. Yet it is part of the War Office case that there is always disease in every campaign, and as our correspondent "M.N." tells us to-day, speaking with ample local and general knowledge, our authorities were warned again and again that after February typhoid would claim ten times as many victims as war.

Now as to the difficulties of getting medical stores to Bloemfontein, on which MR. WYNDHAM lays so much stress, a comparison of dates is again useful. The British Army entered Bloemfontein on March 13, and by March 19 a good train service had been established between that place

and Cape Town. But it was on April 29, five or six weeks later, that MR. BURDETT-COUTTS saw what he has described. Now let us grant all that MR. WYNDHAM says about the thousand tons of material that had to come up every day. Would it have made any material difference to the campaign had one per cent. of that material consisted of stores and appliances for the sick? The half of one per cent.—five tons a day—would have met all the needs of our sick and wounded in far less than six weeks. Could not even that percentage have been permitted? Common sense scorns the notion that such an arrangement could have interfered in any serious degree with the objects which were rightly deemed paramount. Yet, as MR. BURDETT-COUTTS shows, even when a hospital was brought up its equipment did not arrive till a fortnight later; and we may infer from MR. WYNDHAM's figures that it is very doubtful whether trained nurses, whether male or female, were at that date—April 29—available in sufficient numbers. At all events they were not at the front, although, as MR. BURDETT-COUTTS says, and as many of us know, transport was somehow found for numbers of perfectly useless persons engaged merely in gratifying their taste for sensation.

THE BRITISH MEDICAL JOURNAL. JUNE 30, 1900.

MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

MR. BURDETT-COUTTS'S ALLEGATIONS.

THE *Times* on the June 27th published a letter, dated Cape Town, May 29th, from Mr. W. Burdett-Coutts, in which he alleges that the medical arrangements in South Africa have failed to keep pace with the epidemic of typhoid fever, which has caused a very large number of cases of illness, especially among the troops in and about Bloemfontein. He gives a graphic and very distressing account of the overcrowded condition of a field hospital used as a stationary hospital in Bloemfontein.

The letter as it stands would certainly convey the impression and, as a matter of fact, has conveyed the impression, that the deplorable condition under which Mr. Burdett-Coutts described cases of typhoid fever to have been treated in this field hospital were typical of those to which the majority of the patients who have been treated at Bloemfontein have been subjected. Mr. Burdett-Coutts's allegations, the gravity of which he states he has personally ascertained, undoubtedly demand the most searching examination. With no desire to condone or excuse such deficiencies, as he alleges to have existed, we may point out that Mr. Burdett-Coutts's statements are in some respects contrary to information in our possession. He makes no mention, though his letter is dated May 29th, of the three large military general hospitals which, as we stated last week, were in full working order early in May, and had apparently been taken into use some time during the previous month if not earlier.

There is no doubt that there has been a great deal of typhoid fever in the army, especially among the forces engaged north of the Orange River. Mr. Frapp, the Chief Surgeon of the Imperial Yeomanry Hospital, in a letter dated June 4th, informs us that he had shortly before visited Bloemfontein and Kroonstad. In Bloemfontein there were at that time over 5,000 sick, most of whom were suffering from enteric fever; while in Kroonstad the three hotels, the Town Hall, and the church had been converted into hospitals, even the billiard tables being requisitioned to accommodate cases of enteric fever. He adds that as the railway had been opened the Surgeon-General was engaged in rapidly pushing up adequate hospital accommodation. The train in which Mr. Frapp returned brought down 241 sick to Bloemfontein, where they were admitted into one of the general hospitals, bringing the number of sick it contained "to the huge total of 1,800." Mr. Frapp describes the water supply all over the country as extremely bad. "Water," he says, "in the small streams and Dead the bottom of the river beds is often very muddy, and they are horses are generally to be seen in the streams, and they are never above the strong suspicion of being typhoid infected. It is impossible for all water that is required for drinking purposes to be boiled; there is not fuel enough."

Sir William Thomson, writing from Bloemfontein early in May, stated in a letter published in the *BRITISH MEDICAL JOURNAL* of June 2nd that there were between 3,000 and 4,000 sick in the town, and that of these 1,200 were cases of enteric fever. He stated that the three general hospitals were crowded, that several of the public buildings were utilised for the accommodation of the sick, and that there were in the town in addition the Irish, the Portland, and the Langman Hospitals.

Died of Disease in South Africa.

Week Ending.	Officers.	Men.	Total.
February 15th	1	49	50
March 15th	3	111	114
" 15th	3	89	92
" 15th	4	111	115
" 15th	5	85	90
" 15th	5	179	184
" 15th	5	139	144
April 15th	3	147	150
" 15th	5	268	273
" 15th	5	191	196
May 15th	5	191	196
" 15th	7	141	148
" 15th	5	201	206
" 15th	8	261	269
June 15th	10	258	268
" 15th	11	171	182
" 15th	2	203	205

* These figures are for the fortnight, April 25th to 21st and May 25th to June 4th. They were published as figures for the fortnight, no tables having been published for the weeks ending April 14th and June 4th.

The amount of sickness in the forces in South Africa has been large, about 7 per cent., but this is less than in previous campaigns. The exact figures are not available, but the above table, compiled from the official returns issued by the War Office, shows the number of officers and men who have died of disease in South Africa from the middle of February to June 23rd. The number of deaths attributed to enteric fever is not distinguished, but there can be no doubt that a very large proportion have been due to enteric fever, and a large number also to dysentery. It will be remembered that Cronje surrendered on February 27th, and it will be seen that a sudden rise in the number of deaths from disease occurred between three and four weeks later. Mr. Watson Cheyne attributed the great amount of typhoid fever prevalent in Bloemfontein at the end of March and the beginning

of April to the fact that the army had been in the country for some time, and that the weather was hot and dry, and that the water supply was bad. He also stated that the army had been in the country for some time, and that the weather was hot and dry, and that the water supply was bad.

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smith, and the account I gave on my return to England of the work of the Army Medical Service in Natal was based upon my experience up to the period of my departure. Mr. Burdett-Coutts comments upon this account as if it dealt with events which were to be in the future, rather than with events which have happened in the past.

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I left South Africa with the impression that nothing more could have been done to mitigate the sufferings of the sick and wounded than had been done when a temperate regard for the circumstances of war was kept in mind. The Army Medical Service can lay no claim to the gift of prophecy, nor to the power of anticipating the future, but so far as any reasonable foresight can go the department seems to have done all that in fairness could have been expected of it. Mr. Burdett-Coutts will, no doubt, substantiate the points detailed in his report, but his preliminary account is conveyed in language which so savours of the theatrical that it fails to carry with it an overwhelming conviction.

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The medical staff resents bitterly the attacks on them, which they regard as part of a campaign of calumny. *22 July 1900.*

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detail for emergencies which no reasonable foresight could anticipate.

That our gallant soldiers should suffer is deplorable indeed, but the blame must fall rather upon the miserable fortunes of war than upon a department which has spared neither men nor money nor care nor devotion in a work which has assumed dimensions out of all proportion to that anticipated at the outset.

The seat of war is at least three weeks distant from the seat of supplies, and in those three weeks a region free from disease may become the seat of a desperate epidemic. The movements of the troops cannot be exactly foretold. It would be better for the country to be flooded with doctors and nurses rather than that the soldiers should suffer, but it is quite impossible that the medical arrangements can at a time of war overthrow all those circumstances of transport and supply upon which the conduct of the campaign depends.

Unfortunately in war the war comes first, but I should imagine that in no campaign has there ever been such solicitous and successful care for the sick.—Yours faithfully,

FREDERICK TREVES.

THE TIMES, MONDAY, JULY 2, 1900.

WORK OF THE HOSPITALS.

(FROM OUR SPECIAL CORRESPONDENT.)

PRETORIA, June 28.

Notwithstanding the enormous strain imposed upon the resources, both personal and material, of the Army Medical Corps, the mortality among the sick has been below the normal. During April and May 10,000 sufferers from enteric fever were admitted into the hospitals at Bloemfontein, and of these only 1300 died. To realise what this means, it must be borne in mind that the average mortality from enteric fever in the London hospitals is from 20 to 30 per cent. In other words, the Medical Corps in the field lost only half as many of its enteric patients as the great hospitals at home, with their ample staff and magnificent equipment.

There could be no better testimony to the excellent work done by the doctors and nurses. Their resources were limited, not by lack of foresight on the part of the authorities, but by the accidents of war. The difficulties of communication and transport made it impossible to ensure, in the enemy's country, a full and regular supply of tents, drugs, and the hundred and one appliances for the proper treatment of the sick and wounded. Yet the demand was both unusual and continuous in every town and every hospital. The General Hospital at Bloemfontein alone was compelled to take in thrice as many patients as it could properly accommodate, and many of the stationary hospitals between Pretoria and that city were perforce destitute, not merely of comforts, but of essentials.

In these circumstances, the condition of the sick and wounded was often deplorable, but the blame—if blame there be to apportion for mishaps and sufferings that are concomitants of all wars—does not rest on the Medical Corps. Its members have laboured, not only conscientiously, but with devotion, and the high rate of sickness among them is eloquent of the strain.

(FROM OUR SPECIAL CORRESPONDENT.)

DURBAN, June 30.

Sir William Stokes, Consulting Surgeon to the hospitals in Natal, writes to the Press emphatically denying the charges of mismanagement and illegitimate use of stores and delicacies. He bears testimony to the excellent working of the military hospitals, and protests against the assumption that there has been any slackness in the care and nursing of patients since the departure of Mr. Treves and Sir William MacCormac. Sir Thomas Fitzgerald, of Melbourne, endorses Sir William Stokes's statement.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—As you mention my name in your leading article of June 27 and your Correspondent Mr. Burdett-Coutts refers somewhat sarcastically to my opinions in his letter published in the same issue, I would ask your permission to address to you a few remarks, which absence from home has prevented my sending sooner. I may recall that my views on the medical conduct of the war and my reasons for forming them are contained in a series of letters which I addressed to the *Lancet*. It is, of course, only a matter of opinion, but I consider that I am capable of observing accurately what I see, and am capable also of arriving at intelligent and correct conclusions.

As a surgeon, I went to the seat of war to assist the medical officers in regard to their surgical cases by consultation with them, and otherwise, so far as my knowledge and experience would permit. In doing this I witnessed the medical arrangements, and their working, throughout a wide extent of the country in both colonies and was able to appreciate the enormous difficulties under which these had to be carried on, and from a previous experience of war and the knowledge of what I consider essential and necessary I regard those arrangements as admirable, and up till the time I left the country, on March 10, I think the medical officers, by their zeal, energy, and devotion, tended the sick and wounded in a manner which never previously had been exceeded, and I would add that, in my opinion, if none others give it to them, they deserve a generous and unstinting recognition for devoted work done under conditions often of excessive difficulty. What may have happened at

Bloemfontein I do not know. Your Correspondent's statements will be discussed by those who do. I went no further on the way than Jacobsdal, when I was obliged to return; but at Jacobsdal our wounded were well cared for in the German Hospital there, and I did not see the "horrors" which were there supposed to obtain. There were, indeed, not many wounded there at that time. I know that there are able and experienced medical officers at Bloemfontein, and I cannot believe, until impartial investigation prove the contrary, that they did not do everything humanly possible for men to accomplish to mitigate the sufferings of our poor sick and wounded soldiers.

Our enemy has shown extreme mobility, and to cope with this it was doubtless necessary to divest the troops of all possible hindrance to their freedom of action. Our generals and our medical officers knew well that this must entail additional suffering, and the medical officers, as in duty bound, represented their view to the authorities. But the more rapidly a campaign is carried out the more humane it is in the long run, and only in this way was the capture of Cronje and the rapid advance on Bloemfontein possible.

Explanations given elsewhere go far to explain the great number of enteric cases which followed. How much of the subsequent suffering was avoidable I cannot tell, but the Government intends to find out, and meanwhile the fair-minded English people will, I feel confident, suspend its judgment. It may be well to insist again that war is waged for the purpose of winning battles and vanquishing your enemy, and that every consideration, including that of the well-being of the sick and wounded, must be sacrificed to this all-important one. Misery and suffering are the inevitable results of war. I hope, and for my own part feel much confidence in hoping, that this suffering will prove to be, when added up, a minimum, or something nearly approaching one. Never before has a great army at 7,000 or 8,000 miles away from home been supplied in so ample a fashion for its medical necessities, and I cannot understand why our Government does not receive that credit which, to my thinking, it very completely deserves. Meanwhile it is some consolation to know that our wounded men have recovered from their injuries—injuries often of the severest and most extraordinary nature—under this contemned medical service, in a manner never seen before. The mortality has been about 5 per cent. in the case of the men and 7 per cent. in the case of the officers. A frightful epidemic of enteric has taken place. I speak with diffidence, yet I fail to see how it could have been prevented, and, as Mr. Wyndham has pointed out, the mortality has been comparatively small compared with other campaigns, and in Ladysmith during the siege the incidence of enteric was actually smaller in proportion than during a similar period in the preceding year.

From both disease and injury we have, alas, lost many, and amongst them the flower of our English youth. It is a pity if by any exaggeration of language the distress of those at home, whose nearest and dearest are fighting for their country, should be unnecessarily increased.

June 30.

WILLIAM MAC CORMAC.

TO THE EDITOR OF THE TIMES.

Sir,—I imagine that many among us have been painfully struck by the long lists of deaths from disease occurring in such a generally healthy climate as that of South Africa. A few weeks ago your military writer drew attention to the increasing mortality at Bloemfontein, a place which will some day be regarded as a sanatorium. No one, however, was prepared for the horrible revelations of your Special Correspondent. That our gallant soldiers, in whose welfare the whole country is deeply interested and in whose behalf no sacrifice would be grudged, should be lying stricken with typhoid in a bell tent "closely packed together, the dying against the convalescent, the man in his 'crisis' pressed against the man hastening to it," is something more than one of those continually occurring War Office scandals to which the public is unhappily accustomed. It is a national disgrace, which will be most bitterly resented by the British people of every degree.

Bloemfontein was marked out from the beginning of the war as a place which was certain to become a great depot of supplies and a hospital centre on a large scale. The original plan of campaign, restored by Lord Roberts, rendered this sooner or later inevitable. The town is only 750 miles—30 hours by the slowest train—from Table Bay, into which all the resources of England could be poured. To obtain medical officers, nurses, everything that sick men require was therefore simply a matter of money, and money has been lavished upon the needs of this war. The country may well demand to know why the brave troops who, frequently in circumstances of the greatest difficulty, have nobly upheld its honour are permitted to suffer and to die in want of bare necessities easily procurable.

In 1854, *The Times* was the means of enraging public opinion as to the terrible sufferings of the troops in the Crimea. Then, as now, optimistic assurances were not wanting. Dr. Hall, after visiting the hospitals in the Levant, reported that their state was "as good as could be expected." Sir George Brown after inspecting the pest house at Scutari "found it in a very satisfactory state." Not till later did the British people and Lord Raglan himself learn the horrible conditions in which our soldiers were rapidly dying. Between the beginning of November, 1854, and the end of February, 1855, no less than 8,898 soldiers died in hospital. How many of these gallant lives might have been spared by the exercise of ordinary foresight we shall never know; but the results of the magnificent work of Florence Nightingale remain on record as a proof of what one strenuous and fearless woman could accomplish where the "system" had as usual hopelessly broken down. Now again *The Times* has brought to light a state of affairs which closely resembles that revealed in 1854-55, and now, as then, we shall never know how many valuable lives have been sacrificed for want of ordinary care and of ordinary resources. The parallel, however, is not complete. The people of this country have followed the vicissitudes of the South African war as they could not follow those of the Crimean campaign, and they have throughout evinced the strongest desire that nothing should be spared which could add to the comfort or mitigate the sufferings of our sick and wounded. Moreover, there were difficulties in adequately equipping a hospital in the Crimea while none existed in the case of Bloemfontein.

You state to-day that "the indictment of the War Office contained in Mr. Burdett-Coutts's letter . . . has created a painful feeling in Parliamentary circles, and there is a widespread feeling that the whole subject should be discussed at the earliest possible moment."

This we may well believe; but it may safely be predicted that the discussion will not throw any real light upon the causes of this fatal administrative failure. It is the very essence of the War Office system, as *The Times* has frequently pointed out, that there is no individual responsibility. That system discourages and destroys initiative, blunts the moral courage of subordinates, and shelters incompetence. Men trained under that system learn to be satisfied if they keep within the four corners of the copious regulations by which the War Office strives to rule every detail of military procedure in peace and in war, and only in exceptional cases can officials be found who will speak out fearlessly and in language which demands attention.

Sir, the grave defects which the South African war has made public have all been foreseen. The War Office has been raked with reasoned criticism in your columns to which no answer was or could be forthcoming. The Prime Minister has hinted that, under our Constitution, an effective army, prepared for war, cannot be obtained. Others have intimated that the fault lies with the Treasury or with Parliament. The whole explanation of the want of knowledge with which this campaign was begun, of the military disasters it has entailed, of minor "mishaps" such as that at Aldershot, and of the shocking state of affairs described by Mr. Burdett-Coutts may be traced directly to an administrative system which is opposed to just principles. Parliament, in failing to insist upon necessary reforms in the War Office, is unquestionably to blame. Administration is a dry subject which does not interest the constituencies, and when, as now, a disastrous failure is revealed, the man in the street does not search for determining causes. While radical administrative reform is the most pressing need of the moment and the necessary first step towards the reorganization of the national forces, no measures can at once remove the evils which years of misadministration have engendered. New habits of thought, new ways of procedure, and new views as to individual responsibility require time for their growth. As was pointed out in *The Times* more than nine years ago, "A species of moral regeneration must first be accomplished. Present habits of thought and present prejudices must be submerged in a widespread patriotism which places the national good above every personal consideration." This is the crux of the whole matter.

I am, Sir, yours obediently,

June 28. ADMINISTRATOR.

TO THE EDITOR OF THE TIMES.

Sir,—Mr. Wyndham and Mr. Balfour appealed to the silence of the Press correspondents on the defects of the Army Medical Department as a proof that they did not exist. Permit me to say that criticisms on that department were made by *The Times* Correspondent in South Africa. They were published in *The Times*, and I have before me the comments, dated January 30, of Surgeon-General Wilson to Surgeon-General Jameson upon those criticisms. They are at the disposal of Mr. Wyndham and Mr. Balfour, provided the writer and receiver of those comments will permit it.

Yours,

M. B.

TO THE EDITOR OF THE TIMES.

Sir,—In justice to the War Office and the Army Medical Department in South Africa, and to partially allay the terror that Mr. Burdett-Coutts's letter has created in the minds of all who have friends or relations near Bloemfontein, I must ask you to publish this extract from a letter written by my son—a trooper in the Dorset Yeomanry—from No. 9 General Hospital, Bloemfontein, on the very day (April 23) that these hospitals are described as abounding in such horrors:—

"After seeing all the fighting described to you previously, I went down with fever on April 23; was taken to the Australian field hospital and admitted as an enteric fever case. I spent the afternoon and night on a stretcher in a tent, and the comfort after the sleeping on the cold ground in the open was indescribable. Rhinias were bursting all about the hospital tents, a man and one horse were hit, but I slept like a top. Next day they moved us a mile or so to a deserted farmhouse, and we spent that day and night on straw laid on the floor whilst the wagons went somewhere. On their return we were moved to De-wetsoep, and that day and the next we spent on the bare floor of a fine Dutch house. Then they put all the sick and wounded who could sit up into wagons and started for Bloemfontein, taking two days to reach it and sleeping under the wagons, wrapped up in my overcoat only, as I had lost my waterproof sheet and blanket. We had 33 sick and we used with us, nearly all sick. It is the best water, I think. The Australians are a very decent set of fellows, and most kind and considerate to us. At Bloemfontein we were put into roomy matrone tents (eight in a tent) with a deal table and bench in each, and real spring bedsteads, with mattresses, clean sheets, and plenty of blankets. We pulled off our soiled garments and got ourselves into clean hospital kit, and sat down and looked at the beautiful beds, and thought of the coming night. I am on full rations and as comfortable as if in an hotel. We are with the St. John Ambulance people, whom the Regulars in this tent say are more kind and considerate than the R.A.M.C. We have a very decent clever little doctor."

On May 6 my son reported that as there were a large influx of worse enteric cases he was shifted into a bell tent with six others, where they had no beds but a waterproof sheet and two blankets. There were no complaints about cold at night. They had plenty of good milk and bread. Medical attendance was regular, but hospital orderlies were few.

About May 8 he was sent to Naauwpoort, where there were plenty of large marquee tents, holding eight each, spring-wire beds, and every possible comfort—port wine, stout, chickens, custards (pitiful), and vests, shirts, socks, and drawers were issued. On May 14 his batch of over 100 non-commissioned officers and privates left for Wynberg, the bad cases in first-class saloon carriages, and all had turned down bunks, and were very comfortable and well fed. At Wynberg they were a little more crowded in huts with mattresses on the floor until the 21st ult., when, with fresh khaki suits and underclothing, they were embarked in the Orlovaya, where they had plenty of room and were thoroughly well fed, arriving at Netley after a good passage of 18 days. My son says that during the 69 days he was in various hospitals he never, not once, heard of a case of abuse of trust on the part of an orderly, and that he was much surprised at the thoughtful consideration shown by all the hospital attendants.

I am, &c.,
J. H. DUNN, General.

TO THE EDITOR OF THE TIMES.

Sir,—The grave indictment by Mr. Burdett-Coutts of the hospital service in South Africa no doubt contains much truth, as he wrote from careful personal observation. But he did not see all the hospitals, and the public should not infer that all are deplorably mismanaged. May I give a bit of evidence for the other side? I have a son, a young gunner, who has just recovered from enteric fever in South Africa. He was, first, at Mafeking Hospital (Bassettland), and is now (or, rather, was when he last wrote) almost convalescent at Aliwal North. According to him, nothing could exceed the care, comfort, and kindness he received or the skill and attention shown him at Mafeking; whilst at Aliwal North his only complaint is that he is given too many mustard chops.

Yours obediently,
June 28. J. S.

TO THE EDITOR OF THE TIMES.

Sir,—The painful revelations which appear in your columns to-day respecting the arrangements for the sick in the South African campaign may be expected to further the necessary reforms needed in the medical department of the Army.

It has yet to be shown how much, if any, blame for these grievous failures really lies at the door of the present executive staff of that department. The difficulties before it were enormous, and they have been largely overcome, as time will show, with great labour and skill, but these difficulties have been pointed out and contended with for many years past, and they lie beyond and above the control of the medical department. That they will be entirely removed in any new army organization scheme, it is not too much to hope.

The want of adequate provision for the victims of disease in this campaign stands in marked contrast to that made for the wounded, and this has been obvious to some of us from an early period of the war. In large part this may be attributed to the strange opinion, which is also held by the intelligent public, that modern surgery covers almost the entire field of medicine, and that consequently, the work of the physician is quite of minor importance in these days.

These revelations, I hope, may help to dispel this

opinion.
I am, yours, &c.,
June 27. A PHYSICIAN.

TO THE EDITOR OF THE TIMES.

Sir,—It is with the greatest pain that I have read Mr. Burdett-Coutts's letter on "Our Wars and Our Wounded" in your issue of to-day, but although I read it with extreme pain and with a feeling of deep indignation, yet, as a physician, the terrible conditions reported therein do not surprise me. With reference to the scourge of typhoid fever in South Africa Mr. Burdett-Coutts puts the pertinent question—"Was it not one's duty to think, to warn, to prepare?"

Sir, for more than six months the medical Press of this country has been urging upon the War Office the necessity of sending out consulting physicians to the front with the view of organizing arrangements for the prevention of the spread of typhoid fever, and of providing for its suitable treatment. It was to forward such objects that in December last I volunteered to go to the front, and offered my services as a consulting physician to the War Office, thinking that my lengthened experience as a physician to one of the large London hospitals, and the peculiar knowledge of the adoption of sanitary measures that I have acquired, might be of use, as I confidently think they would have been, in organizing means for the prevention of the spread of typhoid. What was the result of my offer? After waiting more than three weeks for an acknowledgment of my letter, I received a curt reply to the effect that the War Office did not propose to send any consulting physicians to the seat of war.

I can, therefore, most thoroughly endorse the concluding lines of your leading article, that "this callous short-sightedness on the part of the War Office is the very worst possible policy."

I enclose my card, and remain, &c.,
June 27. M.D.

TO THE EDITOR OF THE TIMES.

Sir,—I was very glad indeed to see the article by your Special Correspondent, Mr. Burdett-Coutts, on the question of the hospital requirements of our Army in South Africa.

It has often occurred to me that we have been looking generally too much at the bright side occasioned by the successes of our troops, and forgetting the hardships and dangers accompanying this war.

As one who has taken a great deal of interest in the despatch of our local forces, particularly the Imperial Yeomanry, and also been in continual communication with those out at the front, I think the following facts may be useful as showing the want of proper attention by the War Office and other authorities with reference to several matters.

We have from this district repeatedly sent out comforts and luxuries for the troops. Some were sent in February last—not one of them has been delivered. We have the mere reason to complain of this because the War Office issued a list of what comforts might be despatched, such as socks, helmets, letter-paper, &c., and in addition we were also informed that they might be sent to South Africa through the embarking officers at the different ports of this country. According to an article which appeared in *The Times* a few weeks back, these articles arrive at Cape Town and then there does not seem to be any one to look after them except a private gentleman assisted by some 15 clerks paid out of his own pocket.

Further, I know that in most instances warm clothing for the winter has not been received by the troops. One company of Imperial Yeomanry—in the north-west province since the end of February—have been sleeping without cover ever since that month. I do not complain much of their rations, although in some instances they have been absolutely short of food, occasioned by the biscuits turning out to be rotten. From a letter I have just received, dated June 1, I take the following extract:—

"On Monday there was quite a sharp frost, and ice was found on the water at the cook-house. We ought to have more blankets this weather but I suppose there is no chance whatever. The regulation blanket is very thin, not near so thick as a horse blanket, and the wind blows through them when it gets up, but the mackintosh is the worst part of our sleeping kit, as it is only just broad enough to lie on, and when the rain comes, as it did twice this week, it is a most difficult job, even when you are awake, to keep it anything like over you, whereas if it were about 2ft. wider you would stand a chance of going to sleep without getting wet through. They are intended to lie on, I suppose, but when the great-coats are made of the miserable stuff ours are made of they act like a piece of blotting-paper to the rain. The only alternative is to try and make the waterproof serve the overcoat purpose. The ones Open's Home have are very good. I shall try and get one if they are disturbed before we leave here."

In another letter the same writer states they are sleeping with their legs in bags of sand to keep them warm. The only doctor—a trooper in the Yeomanry—has been called to go to a small hospital 16 miles away.

I mention the above circumstances, not with a view of complaining, but to ask why the richest and most powerful nation in the world cannot afford to see that troops which have been stationed in one particular district for something like four months are not properly supplied with tents, warm clothing, and protection against the cold.

In addition I may refer to a fact which is not generally known except to those who have friends at the front, that none of the company I refer to have received any Government pay except about, perhaps, 10s. since they went out. This may seem a small matter, but if the pay was received it enables the soldier who

has no rich friends in England to make remittances of money to buy, either from the stores or natives, extra food and luxuries. A provision of this sort would be an extra means of staying off disease. Instead, however, of paying the men weekly, I am told they will be paid when the war is over, and, as an officer pointed out to me, the result is that, in some instances, the large amount then received is spent in a riotous manner, whereas if it could be paid every week it would be spent profitably, not only for the men's benefit but also with advantage to the nation, as a means of feeding them during times of great hardship, and thus staying off the fearful diseases which are rampant in South Africa.

Yours, &c.,
PREVENTION IS BETTER THAN CURE.

The Government is probably aware that its case with regard to medical arrangements in South Africa was not improved by the handling it received from Mr. BALFOUR on Friday. Grave charges had been made upon a point as to which the country is particularly sensitive. These charges are corroborated by much private testimony, which loses none of its weight because there is other testimony favourable to hospital management but referring to other hospitals and other stages of the war. In these circumstances it is quite unjustifiable to impute partisan motives to every one who declines to accept without demur the optimistic official assurances which are so common and so profuse upon all official transactions as to have lost whatever efficacy they once possessed. Sir HENRY CAMPBELL-BANNERMAN was more than justified in protesting as he did against a mode of burking criticism which has been resorted to rather too freely upon other questions arising out of this war. Nor was Mr. BALFOUR better advised when he tried to shelter the Government behind the popularity of Lord Roberts. That method of obscuring the issues is hardly creditable to a Government in any circumstances, but it is resorted to with peculiarly bad grace by the one that published the Spion Kop despatches. As a matter of fact no one dreamt of attacking either the Government, or Lord Roberts, or the Army Medical Corps. If there was any thought of attack in the minds of reasonably informed persons the object of their hostility was the organization of the War Office for which all parties are equally responsible. As for the personnel of the Army Medical Corps all observers and critics agree with Mr. BURDETT-COUTTS in giving unstinted and enthusiastic praise to the devotion—in not a few cases costing their lives—with which the members of that body have performed their duty in circumstances of overwhelming difficulty. It is also entirely beside the question to labour the point that abundance of medical stores has been sent to South Africa. No one has so far alleged anything to the contrary. But in dealing with this point on Friday Mr. BALFOUR very dexterously begged the whole question really at issue. After expatiating upon the lavish supply of medical requirements he said, "With the supply of an adequate number of men and an adequate amount of medical stores in South Africa, it is evident that the direct responsibility of Her Majesty's Government ends and must end." But the essence of the charge is that there was no adequate number of men to deal with the fever that was certain to have to be met, and on that point, apart from the very inconclusive and dubious statistics given by Mr. WYNDHAM, the Government has not so much as attempted a defence. As we showed on Saturday his figures prove nothing except that, after the epidemic had actually claimed many thousands of victims, the Government began to hurry out the doctors and nurses who ought to have been provided at the latest by the end of February.

Sir WILLIAM MACCORMACK, in a letter which we print to-day, bestows his approval upon many things which no one has attacked. His experience ended on March 10, and therefore did not include the great outbreak of typhoid. He was primarily concerned with surgical treatment at a period when the full stress of the war had not fallen even upon the surgical arrangements. He knows no more than the rest of us at home what took place at Bloemfontein, and his remark that he cannot believe that the medical officers there did not do everything that was humanly possible is wholly superfluous. We all know, and Mr. BURDETT-COUTTS has been foremost in asserting, that they did do everything that was

humanly possible. The complaint is that their paucity of numbers made it humanly impossible for them to cope with the work. In speaking of "this contemned medical service" SIR WILLIAM MACCORMAC is merely indulging in a little clap-net. No one has contemned the medical service. The charge is—repetition must be pardoned when the point is so consistently shirked—that there was not enough medical service; that while there was good provision for the probable number of wounded, there was no adequate provision for the far larger number of sick who, as the War Office was warned in vain, would have to be dealt with. SIR WILLIAM MACCORMAC, speaking with diffidence, fails to see how a frightful epidemic of typhoid could have been prevented. He need not be diffident. We all fail to see it. SIR WALTER FOSTER felt so certain that it could not be prevented that he urged the War Office to send out physicians as well as surgeons, so that adequate arrangements might be made for the treatment of the inevitable victims. One of the weakest things in MR. BALFOUR's speech was his attempted defence of the War Office for refusing this request. How much of the suffering undergone by fever patients was avoidable SIR WILLIAM MACCORMAC says he does not know. But that is what we want to find out, and general benedictions upon the surgical service at the beginning of the war are of little use.

The correspondence between the War Office and LORD ROBERTS shows that inquiries were on foot some time before we published MR. BURDETT-COUTTS's letter, but does not throw much light upon the points he raises. LORD ROBERTS deals in part with the state of affairs at Kroonstad, and in part with the circumstances of his arrival at Bloemfontein after a very arduous march. But what was unavoidable at the end of that march may have been quite avoidable six weeks after the Army was settled in Bloemfontein with a railway in working order to the base. In three months, LORD ROBERTS tells us, there were over 6,000 admissions to hospital from enteric fever alone. It is an enormous number, and we have not any doubt that LORD ROBERTS did the best he could. But the thing ought to have been foreseen and provided for, so we come back to the old question. Were there nurses and trained attendants in sufficient numbers to deal with these 6,000 fever patients? If not, why were they not provided in time, and of what use is it to send abundance of medical stores if there are no means of bringing them into the service of the patients? Some member of the staff is doubtless directly responsible for the unreasonable stinting of transport for medical and even surgical stores, but he might perhaps argue that there was no hurry about these things so long as there was no adequate number of doctors and nurses to use them. That committee of inquiry, of which we heard on Thursday, though it was very shyly alluded to on Friday, may well inquire, among other things, into the sanitation of the camp at Bloemfontein. Much enteric fever may have been brought from Paardeburg, but there is great reason to fear that much more was produced or disseminated on the spot for want of ordinary precautions. Regiments arriving from uninfected places had to camp upon sites already polluted, though there must have been any amount of available space, and it seems to have been forgotten that under an African sun typhoid may be airborne as it is usually waterborne in this country. That the percentage of mortality is lower than in many other campaigns must be ascribed, like the facility of recovery from wounds, to the healthiness of the climate when directly morbid agencies are excluded. It cannot be put solely to the credit of the nursing arrangements.

THE TIMES, TUESDAY,

JULY 3, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—The Times, in sympathy with the nation, can only desire the truth. Mr. Burdett-Coutts's charges in your issue of June 27, and in the House of Commons yesterday, have given pain and grief to thousands of hearts throughout the Empire. Let me endeavour to soothe the anxieties of the many who must inevitably

suffer. Not by my own inquiry and observation, detailed in your columns of February 20; not by the evidence of the leaders of the medical profession in Great Britain and Ireland; but by the testimony of two South African sick men with me.

Mr. Burdett-Coutts said:—

No. 9 General Hospital arrived at Bloemfontein on April 8. . . . The time which he dealt with covered the period from April 1 to the end of May. . . . No. 9 General Hospital was to his mind nothing but a tented city of pestilence. There was no attempt at classification. Men staggered or were carried into that hospital, one marked N.Y.D. (not yet diagnosed), and S.C.F. (simple continuous fever). What chance or hope had these men of escaping the deadly disease of the man between them? . . . This hospital had no kitchen.

Two months after the occupation of Bloemfontein it had a staff of 30 nurses for 1,700 patients. . . . He did not know the number of orderlies in this hospital, but the great proportion of them were entirely untrained private soldiers, taken from infantry regiments. . . . If any hon. member had a typhoid patient in his house, would he not think it as absurd as thing to go into the street, call in a navy, and say "Nurse me that typhoid patient?"

A harrowing picture. Private Charles Morgan, of the regiment under my command and of the C.I.V. Mounted Infantry, has, however, just handed to me this report:—

"I went sick about the 8th of May about 40 miles north of Bloemfontein with a slight touch of sunstroke. The ambulance wagons being all in use, as I understood, attending the wounded, we were sent down to Bloemfontein in six wagons. Arriving there after a three days' journey, I was put into No. 9 General Hospital, being carried into a marquee and placed on a bed. The bedstead was an iron one fitted with a spring mattress and with clean sheets, quilt, &c. There were eight beds in a tent, which was complete with everything that a sick man could be expected to require. As regards the medical staff we were visited twice a day by the doctor. A nursing sister was in and out of the tent all day, and the orderly, a member of the St. John Ambulance Association, was always with us, every one being as kind and nice as if they had been one's own relations. I was only in bed four days and the remainder of my stay I spent in wandering round amongst the other tents, and although, as there were not enough marquees, some of the men were in bell tents, every one appeared pretty comfortable. I was about ten days in hospital at Bloemfontein and can only say that I was treated with the greatest kindness by the whole of the staff and was as comfortable as I could have been at home."

Trooper D. Macnamara, of Roberts's Horse, accidentally met me at Kimberley soon after his relief. He brings the following letter, the original of which, with Private Morgan's report, I will send to my friend Mr. Burdett-Coutts:—

"June 20, 1900.

"Dear Sir Howard,—In view of the present discussion in Parliament and the Press concerning the treatment of the sick and wounded in South Africa, I feel compelled to give you my own experience there as a patient, which tends to show that the state of affairs described by Mr. Burdett-Coutts was at the worst but a solitary instance, and due to the difficulties of transport and the necessity for giving precedence to more urgent matters than the conveyance of patients to the rest. I was in No. 3 General Hospital at Rooibosch for two weeks, and during the whole of that time the treatment was of a kind that left nothing to be desired. The attention and skill of the orderlies and staff generally were beyond praise, and altogether I never wish for better treatment. During my stay at Rooibosch, Lord Roberts came in to see for himself how things were going before he left for the front. He came into my tent and asked my name and corps. On my replying he said, 'One volunteer is worth 20 pressed men.' He then asked for my name again. 'Yes, yes,' he said, tapping his forehead, 'Macnamara, Macnamara, I shall remember that name.' 'I rejoined my regiment at Orange River, going on with them to Kimberley. Here I again spent seven days in the drill hall, which had been converted into a hospital. The treatment and attention were of the very best and the food wonderful considering that communication had not been re-established and supplies naturally very limited."

"When dismissed from hospital I left with the conveyance to catch the main column at Poplar Grove—a few miles from Paardeburg—and proceeded with the column to Bloemfontein. There my knee went wrong again, and I put in another four days in the field hospital under precisely the same conditions as at Kimberley. The same skill and unerring attention and the same wonderful abundance and quality of food."

"I may mention that all I have heard from comrades and others who have been in hospital since the beginning of the war tends to confirm my impression that the medical staff are performing miracles in their care of the sick and wounded, in spite of the enormous difficulties of their work."

"I am, Sir, yours obediently."

"D. MACNAMARA."

Trooper Macnamara, who, I may say, gave up a lucrative post in India to come with seven others to fight in the ranks for England, adds verbally that Lord Roberts said, "When you come up to the front and see me, speak to me at any time." I also asked Private Morgan if he had ever seen the Commander-in-Chief. "Seen him," was the reply, "I should think I had, dozens of times, and any time I could have spoken to him. Lord Roberts moved about the camp freely and rather liked soldiers speaking to him." I hear also of an orderly who did not know Lord Roberts, for whom he was carrying a despatch, by sight riding up to another orderly and asking aloud, "Where's Bob?" "Here I am, my lad, what can I do for you?" said a cheery voice close by. It was that of the Commander-in-Chief, before whom the member for Westminster tells us he was unable to lay personally his discovery of "the growing scenes of neglect and inhumanity, of suffering and death," with which he has this week, at this distance, after this delay, shocked the public."

Yours faithfully,

C. E. HOWARD VINCENT.

Queen's Westminster-hall, June 29.

TO THE EDITOR OF THE TIMES.

Sir,—The letter of Mr. W. Burdett-Coutts published in your issue of the 27th and the public excitement it has aroused illustrate graphically how history repeats itself, and yet how easily forgotten, in spite of repetition, are the lessons it teaches. It is little more than 20 years since we passed through experiences almost exactly similar to those he describes, though on a somewhat smaller scale, in almost the same place. But the lesson which ought to have been learnt then was forgotten as soon as the occasion had passed, and our brave soldiers are now paying the penalty entailed by official blindness and immovability. As I read Mr. Burdett-Coutts's letter I could almost have believed that he was describing scenes that had passed before my own eyes during my term of service as a civil surgeon in the Zulu war of 1879.

At the beginning of that year I had volunteered for service in the Army Medical Department, in response to the call made upon the medical profession at the outbreak of the war, and for the first two months after my arrival in South Africa I was stationed at the base hospital in Durban. This hospital was in admirable working order, and would have fully merited all the eulogies which Sir William MacCormac and Mr. Frederick Treves recently passed upon the hospitals they visited in Natal. These hospitals, he it remembered, were in unbroken railway communication with the base, and there was comparatively no difficulty in the transport of stores and the removal of sick and wounded. At Durban everything moved like clockwork; I could at times almost have fancied myself back in the London Hospital, and, had my experience been confined to such model institutions as that, I should quite have shared Mr. Treves's incredulity as to the possibility of a collapse having taken place under such admirable management as that of the Army Medical Department.

I was soon to learn, however, that in the exigencies of war the Army Medical Department is pretty sure to be pushed aside and compelled to stand as it were with tied hands, helplessly witnessing misdeeds which it is denied the means to succour or to avert. At the end of April I received orders to proceed at once to Fort Pearson, on the Lower Tugela, to join the column which, under Lord Chelmsford, had just won the battle of Gingibere and relieved Eshowe. There were no railways then, and I was obliged to start alone on horseback, leaving behind me everything that could not be carried on the saddle, and find my way as best I could through a country the greater part of which was at that time without ordinary roads and covered with bush. After a somewhat exciting journey of two days, in the course of which I had to make a considerable detour to avoid being caught in a bush fire, I arrived at Fort Pearson, where about 8,000 men were then encamped, and reported myself at the field hospital.

It was then that I was initiated into the mysteries of real camp life, for, although I was very hospitably received by the senior medical officer, Surgeon-Major Dudley, and the three surgeons forming the staff, and accommodated with an empty box to sit on at supper, their resources came to an end there. An empty tent was placed at my disposal; I had my own blanket and saddle. With some trouble I managed to procure a couple of boards to lay on the ground, which was rather damp; and on these I lay down rather uncomfortably, with my saddle for a pillow. For half the night I lay awake in spite of my fatigue, although after riding 80 miles in two days that was not inconsiderable; for the sounds I heard all around were of a kind to drive sleep far from unaccustomed ears. It was not the unceasing screams of the wild beasts, which provided howling round the camp all night, and kept many a sick man's nerves on the rack; it was the groans, and even cries, which came from many of the men themselves lying in the tents close at hand. I was soon to learn the reason, and when I did I felt little disposition to grumble at my own hardships, although until the arrival of my kit and canteen, which did not occur for another fortnight, I had neither bed to sleep on nor cup to drink from. The rest of the staff were little better off.

On the following morning I entered upon duty in the hospital. One of the three surgeons I had met on the previous evening was about to leave, and his patients were handed over to me. Of these there were 50, the total number then in hospital being 150. Of these the great majority were suffering from enteric fever and dysentery. There was a good deal of ague and rheumatism, and a comparatively small number of gunshot and assegai wounds. Sickiness had already begun to tell upon the column to an extent that had never been anticipated or provided for, and by far the greater number of cases were of the kind known as medical rather than surgical.

The hospital stood on the slope of a high and steep hill abutting on the river Tugela, and consisted of four small marquees, holding about a dozen men apiece, and 30 or 40 bell tents, supposed to accommodate seven each. Happy was the patient who was told off to a marquee, for he had boards and mattress to lie on. But when I came to inspect the bell tents I found that even these conveniences were wanting. There were, it is true, a few mattresses, as they were called—a piece of serge folded double, with cork shavings quilted between, about six feet long, two broad, and half an inch thick. Of these there were about half as many as there were men to lie on them. The rest lay on the bare ground. Some had rugs, some greatcoats, but there were several who had nothing but their tunics to cover them, and

some had only shirt and trousers. In one tent I found seven men ill with enteric fever. There were four ground mattresses and three greatcoats among them. All these men were either raving with delirium or deaf and stupid with quinine; not one of them more capable of attending to himself than a child an hour old. The state of the clothes they wore, of the ground upon which they lay, of the mattresses and great coats, let any one picture to himself who knows what enteric fever means. To attend on them were a few Army Hospital Corps men and a number of regimental orderlies, one man having two and sometimes more tents under his charge at once. I must say of these orderlies that as a rule they did their work faithfully as far as was possible under the circumstances. I have often been touched by the rough kindness shown by them to old comrades in their hour of trial. They even tried to keep the tents clean to the best of their power, though it was really far beyond it. But they were entirely unskilled as nurses, and required the most minute instructions and the most constant supervision by the surgeons—which the latter were as a rule far too busy to give.

Such was the state of matters on my arrival at Fort Pearson. But fresh cases came pouring in upon us from the front, principally enteric and dysentery, sometimes as many as 40 or 50 every week; and, although we kept sending them on to the base as fast as they could be pronounced fit to travel, they came in faster and faster as more troops moved up, until the number in hospital rose at one time to 450. To attend upon these there were the senior medical officers, whose time was almost entirely absorbed by official duties, and four surgeons, one of whom was almost continually employed on convey duty, leaving three to divide among them the care of the patients. The convey duty fell largely to my share, as I had the good fortune to have an excellent horse, and the greater part of the time I spent at Fort Pearson was occupied in going up the country with the detachments that were being gradually pushed up to the front, collecting all the sick and wounded in the different camps, and bringing them down to the field hospital on the Tugela. For this duty I had a train of ox-wagons—usually about 14—and one spring ambulance. The wagons were springless of course, and the country rough. Few of the patients were able to do more than lie helplessly in the bottom of the wagons, and though we did our best, by spreading plenty of straw beneath them, to lessen their sufferings, the rough jolting must have been extremely trying to aching heads and limbs.

On the whole it seems to me unfair to blame the Army Medical Department with the failure or breakdown of the hospital arrangements. The conclusion to which my experience led me was that, when time and facilities for transport can be given, the hospitals, both base and field, can be brought to a state of efficiency limited only by the skill and capacity of the medical staff. I have never found myself in a position of greater professional power and advantage than in the base hospital at Durban, and later on at Ladysmith, where I spent two months after the battle of Ulundi. But, on the other hand, during active movements in the field, when the transport and commissariat departments, upon which the medical so closely depends for its efficiency, are apt to be overburdened with work, such dependence works nothing but mischief. The medical officers are entirely at the mercy of the commissariat for the means of carrying on their work. This was illustrated at Fort Pearson. While the column was encamped on the Tugela, and the transport department was straining every nerve to push the stores up the country, the surgeons found themselves ignored, their requirements postponed to what were considered more pressing necessities. And in consequence we found our hands tied and our resources entirely unequal to the demands made upon them. But when the strain was relieved, when depots had been established on the road, and we had a fair chance to arrange and organize our work, then matters became more and more satisfactory every day and we had a far lower death-rate than at first, with three times the number of patients.

Such differences are clearly inevitable as long as war lasts. It seems to be forgotten that the primary object of war is to destroy life, not to save it. And, when the stress and strain of conflict comes, the secondary object is sure to be ignored and pushed aside by the primary one. It always has been so, it always will be so, and it would be well if the public could be made to realize that such scenes of misery as your correspondent has depicted are the natural and inevitable concomitants of all the drum-beating and flag-waving of which we have had more than enough.

Yours truly,
T. GREER.

11, Warkworth-street, Cambridge, June 23.

TO THE EDITOR OF THE TIMES.

Sir,—Resident temporarily in London, I have read with great interest the accounts of the typhoid which has attacked the British troops in South Africa; and this interest has been very personal to me from the fact that I served as surgeon for four years with cavalry regiments during the late Civil War in America, and for the troops during the war was surgeon-in-chief of a cavalry late months of the war was surgeon-in-chief of a cavalry corps, with an average of 20,000 men under my care. The sanitary aspects of the great question were further impressed upon my mind by the fact that subsequent to my war I was the Commissioner of Health for the city of Chicago, and had the sanitation of a million of people to supervise and direct for 15 years. In our last war with Spain one in five of our entire army had typhoid fever. In our Civil War we had a

great deal of typhoid, but we did not suffer to the extent of one-fifth of our forces.

I think it must be accepted as true that the purely surgical treatment and care of the wounded during the present war has been of the very highest order.

It has probably never been equalled in the history of war. But what has to be impressed upon Governments is this fact—that five soldiers die of disease for every one who is killed or wounded in action, and just in this proportion we must regard the usefulness of the sanitarian as related to the surgeon in the casualty of war. It is clear that this fact has never yet been adequately realized by Governments, and that no proper preparation to meet this great fact has ever been made.

Sir Walter Foster, in a letter to Mr. Wynham last November, pointed it out and offered his distinguished services and his experience to the War Office in an unpaid capacity. This offer was declined on the ground that the need of assistance was not the same in sanitary matters as in surgical operations.

As a matter of fact the "need" is five times greater. The medical officers of all armies must know more practically of preventive medicine than they do to-day, and they should have fuller recognition and more power. In time of war they are second in importance to none other of the staff, yet for generations they have been treated as if not on a social level with combatant officers. They have been stunted in recognition and in honour—in short, they have been driven almost into meeting by the intolerable way in which they have been treated.

The sanitation of camp sites, of all hospital sites, of water supply protected from pollution requires sanitary knowledge of a high order, which should always be at hand and with power to make knowledge effective.

Is it too much to claim that the average army medical officer does not possess this knowledge to-day? It is to be hoped that the lessons of this war will be learned, and that preventive medicine will have its due place in all war forces in the future.

I will add that the fact of typhoid patients lying upon the ground I regard as a fortunate event under all the conditions surrounding the hospital referred to by Mr. Burdett-Coutts. It was the proper place for them, even at the risk of a wetting.

The earth is a deodorizer, and to a limited extent, a germicide, and is infinitely preferable as a bed to ordinary clothing and bedding saturated with typhoid dejecta—as all would have been under the circumstances.

I am, Sir, your obedient servant,
OSCAR DE WOLF, M.D., New York Medical College, late Surgeon U.S. Volunteers.
6, Grenville-place, S.W.

TO THE EDITOR OF THE TIMES.

Sir,—I send a few extracts from the diary of an officer at Kroonstad, to show the difficulties of the medical staff, and the efforts made to help and care for the sick as efficiently as possible under the circumstances.

"May 13, Sunday.—Every one is enjoying a rest to-day (having entered Kroonstad the evening before, except the doctors, and they have had a busy and most unsatisfactory day. Now we are in Kroonstad we are loaded up with fever patients, whom we are not able to send back, and for whom we are trying to get accommodation here. Fortunately there was a Russian and Danish Red Cross hospital left behind, but we overfilled that at once. We next took over the town-hall and theatre, and to-morrow we commandeer the best hotel. I found some fellows in the theatre without blankets, fortunately there was an enormous green baize drop curtain. I pulled that down and saw it up for them. We are commencing 200 beds in this little town of 4,000 inhabitants and hope to have the sick all comfortably settled in to-morrow."

"May 16.—Visited the hospitals again to-day with Lord Roberts, went first to the Kroonstad Hotel. There is a large dining hall there and this had been turned into a ward; there were about 50 men lying on mattresses commandeered from the inhabitants. After that we went to the Dutch church also turned into a hospital, and here too all the sick were provided with mattresses which had been commandeered for them. Manning is doing good work as sanitary officer, and to-day discovered ten dead oxen in our drinking water. We now have sentries along the tanks, so in future things ought to be pretty right."

"May 25, Monday.—We start at 6 a.m. to-morrow and I visit the hospitals again with the chief to-day." The officer who writes was himself sleeping out in the open, digging a hole for his hip so as to lie comfortably. He says Lord Roberts gave most constant and indefatigable care to the sick, and was himself at work all day and every day from a quarter past 5 in the morning, only taking an hour or two off for a ride towards evening. What could be done was done, and Mr. Burdett-Coutts's indictment is cruel and calculated to cause intense distress.

Yours truly,
E. P. EDWARDS.

Cadogan-house, Shrewsbury.

TO THE EDITOR OF THE TIMES.

Sir,—It is scarcely fair that people who have passed their lives in well-feathered nests should indulge in severe criticisms on provisions made to meet stress in times of warfare or severe epidemics, but apart from this there must surely be exaggeration in the accounts first given to the English public about the state of the sick and wounded in sundry field and base hospitals. In proof of this I venture to give extracts from letters received from my son who (though previously inoculated) took enteric fever on the march to Kroonstad and was sent back to Bloemfontein.

"I have been on my back 20 days to-day and am sick of it and weak from living on liquids. There are 1,400 men in this hospital and there ought only to be 500. You can imagine the result, but personally I am

very comfortable. I am in a marquee with five others, all enteric about the same stage as myself. The only attempt at solid food is a sago pudding and cold tea-foot jelly once a day, the rest of the diet being milk and barley water, and a little beef-tea or broth."

On June 2 he says:—

"I am getting on pretty fairly, and have been up for periods of three-quarters of an hour. It freezes nearly every night, but we are very warm in the tent, and I generally have to throw some of the clothes off. My diet at present is as follows:—Chicken (small portion), 4oz. bread, 3 pint milk, 1 pint barley water, 1 sago pudding, 1 pint beef-tea, 1 little champagne (to-day for first time), 6oz. port wine, one pint tea or coffee, and a little butter and jam, so I don't do so badly."

This surely is liberal diet, and though my son is a subaltern officer I cannot believe it possible that the rank and file have been proportionately treated with less consideration.

I think it right to give these extracts, as they may relieve the anxieties of those who have relatives sick and disabled at the seat of war, and the course further enables me to express my sincere gratitude to the authorities for the generous care extended to my son—of, alas! too many.

I am your obedient servant,

June 29. W. B. HALHEID.

TO THE EDITOR OF THE TIMES.

Sir,—It is not only Mr. Burdett-Coutts who has felt a "natural aversion to hasty criticism or exaggeration" and who has been kept silent by considerations of "the hard necessities of war time." Private letters have been coming home these many weeks past confirming only too sadly the state of things Mr. Burdett-Coutts discloses. Now that the "bubble" is once pricked, I venture to think the invitation has only to be given and a flood of evidence will pour in from homes in England which cannot be gainsaid.

For my own part I could furnish details of the sufferings of one whose life up to the present is spared, though reduced to such absolute helplessness through sickness and starvation that he is useless in the field; and of another, found dying half naked in the road, because there was no one to nurse him in his delirium, no one to stop him climbing through the window, the other sick men lying round being too weak even to cry out. And all this in a place which has never been cut off from communication, a place which is notoriously fever-stricken, where change of garrison could have been easily effected and supplies regularly procured.

But for six months men have been left there slowly to die, to be "rolled up in their blankets and shot into a hole in the ground," as my correspondent writes, and during the whole time they have received no relief and no comforts from home of any kind. Will not the Government invite evidence upon this matter, that we may amend our organization, and that the country may give some compensation to those whose health is enfeebled—not in her service—but through the inadequacy of her administration?

Yours faithfully,

July 29. A. G. SEWELL.

TO THE EDITOR OF THE TIMES.

Sir,—In the debate in the House of Commons last night, Mr. Wynham quoted a letter from Mr. Frigg dated from Deventer (not Bloemfontein), June 4, 1900. The quotation was sufficient to show some of the difficulties which are being encountered by the medical staff in South Africa, but it is unfortunate that Mr. Wynham did not quote further; he would have found a paragraph which conveys to every impartial reader an endorsement of the charges brought by Mr. Burdett-Coutts. Part of this letter has already been quoted by the *British Medical Journal* and has appeared in your columns, but the full text of the letter is only to be found in the *Physician and Surgeon* of June 28, a copy of which I forward to you herewith. I quote here the most important paragraph.

Your obedient servant,

H. LAING GORDON, M.D., Editor.

Effingham-house, Arundel-street, Strand, W.C.,
June 30.

"On my way down from Kroonstad, when again I was travelling in a train which had precedence of all others because we were carrying down 241 sick from the front, we passed three trains trying to go in the opposite direction but all hung up in a siding. They contained the siege artillery and heavy guns destined to take part in the destruction of any town which shows less wisdom than the ones our Army have recently occupied. The occupants of these trains were all very annoyed because the fourth one which had been running behind them all day had had the sense to send its engine back 15 miles to the Sand River to refill its tanks, and these replenished had slipped by the other three engines, which were waterless."

"It was an awful experience travelling down with these 241. All but 60 had to travel in open trucks, for the simple reason that there were no closed carriages, except what our party had come up in the night before. The nights are very cold indeed here now, but their hardships were nothing to those of their less fortunate comrades who in the days previous to the reopening of the railway had had days and nights of slow jolting in ox-wagons before they reached the railroad. My 241 sick had the further good fortune to have two blankets apiece and a sufficiency of food and stimulants, which we were able to serve out by means of telegraphing ahead to warn railway staff officers at the various stations to have boiling water ready for use. Most of those poor fellows had enteric; a few were wounded. I had a shipman from the Doris and a major in the Royal Artillery, who sent me invaluable aid in shipping along the trucks and ministering as best we could to their requirements. We took leave of the poor fellows when the train ran

into the special siding of one of the general hospitals at Bloemfontein, and brought its number of sick up to the huge total of 1,800.

TO THE EDITOR OF THE TIMES.

Sir,—Having seen Mr. Burdett-Coutts's letter to you, I think I ought to say his condemnation is too sweeping. My son, Captain Hichens, B.A., since dead of enteric fever, lying in hospital before at Bloemfontein with relapsing fever, wrote:—"In a way I am glad to have come into hospital. I suppose the two most things in this war are the hospital arrangements and the feeling of the men. No foreign army could have equalled ours in that respect." I think it may comfort many who are grieving for sons or husbands to think there is another side to the gloomy picture Mr. Burdett-Coutts draws.

Your obedient servant,
T. S. HICHENS.

Gillborough Vicarage, June 28.

TO THE EDITOR OF THE TIMES.

Sir,—Letters from my son, a sergeant in one of the Cape mounted corps, and from a friend who has visited him at the Wynberg Hospital, bear out in detail Mr. Burdett-Coutts's description of the hospital arrangements at Bloemfontein and at Wynberg.

My son was stricken with enteric, and for the first seven days lay on the ground in a stable with an extra blanket only, and with his overcoat for a pillow. When he was put into one of the tents the conditions were worse—convalescent and dying crowded together as closely as they could be packed.

When he was considered fit for removal, he was put into a third-class compartment with six other men, and had to sit upright three days and three nights on the journey to Wynberg. The only food they could get on the journey was corned beef and biscuits, this after six weeks of light food.

On arrival at Wynberg they were kept in the carriages from 6 a.m. till 10 a.m. without food. The inevitable result was a serious relapse, to which he nearly succumbed on the 2nd inst.

His friend called to see him, and at his own expense bought some requisites which were required by a sick man, but which he could not get from the canteen.

I have given you the exact particulars and make no comment. I am, Sir, yours &c.,

ANGLO-INDIAN.

TO THE EDITOR OF THE TIMES.

Sir,—I have seen no mention made of what I consider to be the true causes of the lamentable deaths of things so ably disclosed by Mr. Burdett-Coutts. No amount of expenditure or organisation can render field hospitals suitable places for the sick and diseased, and yet only field hospitals can accompany an army when making forced marches similar to those performed by Lord Roberts in his advances to Bloemfontein, Kroonstad, and Pretoria respectively. And where there is only one line of railway, considerable time must elapse before suitable hospital arrangements can be made, if everything has to be sent up from the base. But why were not houses, beds, &c., requisitioned from the civilian population in the above towns, these houses turned into hospitals, and female nurses obtained (on payment) from among the inhabitants? Surely the lives and comfort of our sick and wounded soldiers should be the first consideration; the conduct and property of the inhabitants of an invaded country the second. In no previous war have the lives and property of the people in an enemy's country been better safeguarded than in this war, all honour to our officers and men. There is, however, a limit to all things. War is war; but we have endeavoured to carry on this war with conscience, to the injury and suffering of our own troops. Had the most suitable houses in captured towns been turned into hospitals and all necessities requisitioned, many lives of our soldiers would have been saved and much suffering avoided.

I am, Sir, your obedient servant,
Wimborne, June 30.

D. J.

TO THE EDITOR OF THE TIMES.

Sir,—The following extracts from letters received during the last few weeks from my two sons who are serving in a volunteer company with one of the regiments in the Orange River Colony, the elder of whom had an attack of dysentery lasting from May 23 to 31, at which latter date he was in the convalescent camp near Bloemfontein, will doubtless be read with interest at the present time. With the exception of the last extract, which is from the convalescent himself, these extracts are from letters written by my younger son, and I am quite ready, should it be thought desirable, to place them or the original letters at the disposal of any independent commission of inquiry that may be appointed.

I am, Sir, your obedient servant,
June 30. P.R.C.S.

"Edenburg, May 20, 1900.—The medical treatment here is very poor, and as the poor beggars get worse they are sent off by train to the hospital at Naampour, 150 miles away. We have been getting (trying) rice and milk for our chums, but most of the fellows have no money, as we can get no pay. I have about 1s. left, and with care I shall make this last, as the captain expects to get some money in a week or two. We also get Quaker Oats (at 1s. 6d.) the 2lb. box, which seem to do the sick chaps more good than the medicine. The a we told in our mess time. . . . I expect some of the letters here will rather show up the newspaper accounts of the medical arrangements.

"May 13.—We have had no pay for a month, but the fellows, who are nearly all 'breaks,' say they wouldn't mind that if they could get their letters. Will has had a touch of dysentery, and I have been getting him eggs and milk. Will had a better night last night, but is very weak to-day. I have just returned from the station, where I went to get milk for Will.

"May 16.—Will feels rather weak after his attack of dysentery, so I got permission for us two to sleep in the old school-room, which we have been allowed to use as a writing room. It is much more comfortable than the tent. Two of the fellows have lent him air pillows, and so he is able to sit up and read. The doctor says that he must not walk though he is very much better. The medical treatment here leaves much to be desired, as the doctor is occasionally called away for a day at a time, and unless he leaves any special instructions the patients have to wait for his return. This hardly bears out the beautiful things you read about the medical arrangements, does it?

"May 22.—Will is now much better, but very weak. Our captain spoke to the doctor and told him who we were, and so got some medical comforts for Will, as bread and chicken extract.

"Convalescent Camp, near Bloemfontein, May 31.—I have had the 'bad luck' to be left here with another man, as we are not yet fit to march, and the company will have a long march to join our regiment. I am all right except for weakness resulting from lack of solid food while I was ill, but they have left me hope and I must make the best of it."

DAILY EXPRESS, LONDON. TUESDAY, JULY 3, 1900.

HEARING BOTH SIDES.

MRS. R. CHAMBERLAIN AND THE WAR HOSPITALS.

A CHARGE AND AN ANSWER.

We have received from Mrs. Richard Chamberlain a long letter, dated from No. 1 Hospital, Wynberg, Capetown, June 13, in which she makes serious complaints against the management of the military hospitals in South Africa.

Mrs. Chamberlain writes:—"Will you kindly allow me, through the columns of your paper, to ask the public, who have so generously entrusted me with comforts for distribution in the military hospitals in South Africa, to cease from sending them to me?"

"I am shortly obliged to return to England, but I had reason to hope that some of the ladies who have assisted me so well would have carried on my work. I regret to say that this is now impossible. The difficulties created by the military authorities in Capetown, and particularly by the Army doctors, are such as no ladies would care to face."

"This opposition is now based by the Army doctors on an Army order issued by Lord Roberts with reference to hospital visiting, but it is well known that the order was inspired by Surgeon-General Wilson—a fanatical opponent of all that does not bear the official stamp of his Army Medical Regulations, and of all voluntary aid—while the effect that has been given to the order goes much further than the terms of it would justify, and is, I am sure, one who has the welfare of soldiers at heart could not have contemplated."

BOOKS AND PAPERS BOYCOTTED.

"The result of the boycott established by the Army doctors is to prevent anyone from distributing books, newspapers, work materials, or any other comforts to the patients. No one is to amuse them or help them to while away the weary hours. No one is to teach them little handicrafts with which to distract their minds and relieve the sadness of long enforced idleness. No one must write letters for them or be in a position to answer for them the anxious inquiries of unhappy friends and relations at home."

"In short, as the men say themselves, Army doctors would have them treated as prisoners rather than as intelligent human beings who have suffered in the service of their country."

"I receive many inquiries, but I may not go among the men in hospital and read them the letters and messages written to me by their wives and mothers. Many hundreds of letters were, previous to the issue of the Army order I have mentioned, written by me and the ladies who regularly attended the hospital, for every mail."

"I have myself stamped and sent off from 300 to 400 weekly-written for men who were too weak or unfitted or indisposed for the exertion entailed by writing. It is with the deepest regret that I must tell those who have written to me, or might wish to do so, that owing to the opposition of the Army doctors I am no longer able to render them this help and comfort."

"The reason of this attitude of the Army doctors is not far to seek. The condition of the hospitals in the Cape Peninsula is such that they will not bear inspection by an impartial person, and I and others have from time to time reported the dirty and insanitary conditions that have come to our notice both in No. 1 and Woodstock Hospitals."

CHARGED AGAINST DOCTORS.

"It is regrettable that the energies of the Army doctors should have constantly been directed to stifling complaints and to pleading a state of war which does not exist at Capetown as an excuse for defects for which they will not accept remedies easily available. Now, while I write, though they have had eight months in which to perfect their so-called system, the hospitals here swarm with filthy insects and are destitute even of necessities, except those contributed by the public."

"So determined are the doctors not to let outside help supply their own deficiencies, so callous are they to the sufferings of their unfortunate patients, that at this moment, for lack of beds, our sick and wounded men are lying on the dirty floors of No. 1 Hospital."

"This, remember, is not at the front or in a town just taken from the enemy, but in the capital of an English Colony—one of the largest ports in the world. It is hardly to be wondered at if, under these circumstances, the Army doctors should dread the eyes of impartial visitors."

"It is hopeless to ask for redress here, where the criminals are constituted the judges. When officers or men complain, the cry is at once raised: 'We must keep visitors out of military hospitals. It will never do for these complaints to reach home.'"

"RAHMEH THEODORA CHAMBERLAIN."

Mrs. Richard Chamberlain is the widow of the late Mr. Richard Chamberlain, brother of the Colonial Secretary, and is a daughter of Sir John Swinburne.

OUR CORRESPONDENT'S ADDITION.

We have also received a letter from Mr. B. Fletcher Robinson, our special correspondent at the Cape, relating an interview he has had with Mrs. Chamberlain, in which the lady repeats with even more energy her complaints against the military doctors. As the interview traverses the same ground as Mrs. Chamberlain's letter, there is no need to print both. But Mr. Robinson reports Mrs. Chamberlain as making one statement which is particularly interesting, though there is no mention of it in her own communication:—

"Colonel Anthony," she said, "made the first move by placing barbed wire round the hospital, and ordering the sentries at the gates to exclude me personally. Then Surgeon-General Wilson obtained an Army order to the effect that no 'general visiting' of the hospitals was to be allowed, though on two days a week the friends of the patients might be admitted for two hours. Some of the men have friends in South Africa, so they are as completely shut off as if they were in a prison."

"But the Army doctors had not yet finished with me. They placed me under 'lock and key' and posted military police to see that the order was obeyed. My recreation-room was also placed out of bounds."

AN OFFICIAL CONTRADICTION.

So many conflicting statements having been made about the treatment of the sick and wounded, and the public mind being so deeply stirred on the question, an "Express" representative took Mrs. Chamberlain's letter to the headquarters of the Army Medical Department, in Victoria-street, and has the highest authority for the following official version of the matter.

Mrs. Chamberlain went to the Director-General with the authority of the Adjutant-General, and pleaded that she wished to be of some use in taking comforts to the sick and wounded, that she had collected £3,000 for the purpose, and desired a recognised standing.

She was congratulated on her enterprise and kind heart. The Director-General sent her to the Cape with his warmest wishes for success, and a letter to the authorities out there. At the same time, it was understood that she would not belong to the Red Cross organisation, which was already provided with everything necessary for medical purposes.

In the passenger list of the outward-bound steamer, however, Mrs. Chamberlain figured as a Red Cross nurse.

Arrival at the Cape, Mrs. Chamberlain began by distributing comforts to the officers. Unfortunately, matters did not go very smoothly. The medical authorities allege that Mrs. Chamberlain took it upon herself to change the medical treatment prescribed by the doctors for some of the patients, and that the "comforts" she distributed were not of the kind sanctioned by science.

Matters became so strained that Mrs. Chamberlain's hut, as she truly says, was placed out of bounds, but only for a little while. The order was soon rescinded. The statement that the authorities placed a barbed wire fence round the lady's hut is also true.

Thus faced on every side, Mrs. Chamberlain at last decided to come home.

Our representative was desired to add that Sir William MacCormac, Mr. Trevor, Sir Redvers Buller, Lord Roberts, and Sir F. Forester-Walker have all visited the base hospitals, and have found them the best that have ever been known.

PALL MALL GAZETTE.

JULY 4, 1900.

MR. BURDETT-COUTTS'S CHARGES.

[BY A MEDICAL MAN.]

THE advice of the *Pall Mall Gazette* to suspend judgment will commend itself to every fair-minded man, and most of all to those who know most about sickness on a large scale. The main facts of this South African "scandal" are perfectly clear. A vast epidemic of typhoid fever set in among the troops in the Orange River Colony during the month of April, and for a time overwhelmed the medical department of the army, which had not the means of dealing adequately with it. Putting aside minor points, such as the type of military ambulance, that is the whole story. It is no news to those who have watched events and know how to interpret the daily signs. The returns of sickness and mortality indicated a great outbreak of typhoid fever, and such facts as the demand on the Portland Hospital to take fifty per cent. more patients than its proper number, and those cases of fever, showed that the resources were inadequate to cope with the emergency, and that there was much overcrowding. All the rest follows as a matter of course. The questions to be decided are, in the first instance, whether the emergency could have been prevented, and in the second, whether everything possible was done to meet it when it had arisen.

It is not possible for any one here to decide either of these questions with the information at our command, though we may form some tentative opinions. Sir W. Foster, indeed, has decided them. He thinks that the epidemic might have been avoided, presumably by utilizing his proffered services, and his "experience as Parliamentary Secretary to the Local Government Board in the cholera time," though what that has got to do with it I cannot imagine. The provisions against cholera were the business of the medical officer and his staff, and they have nothing to do with typhoid fever among the army in South Africa. He further decides that, given the outbreak, it was not met as it should have been, and "pledges his professional reputation" that the mortality might have been reduced by one half. Really, it is as difficult to find the right epithet for his utterance as it was for Mr. Balfour to describe the insinuations of Mr. Lloyd-George. I should like to hear Sir W. Foster repeat it before the College of Physicians or the Epidemiological Society. A wise man would not say such a thing with the fullest personal knowledge of all the conditions. To say it with the scanty and second-hand information available is a piece of sheer political rhetoric. However, Sir W. Foster's opinions are only worth mentioning as an example not to be followed, for he is in no better position to form a judgment than any one else.

FILED-ON AGONY.

Mr. Burdett-Coutts stands in very different case. He has visited the scene and investigated, or had the opportunity of investigating, the facts. He has formed his own judgment, and may be justified or not. What I wish to point out is that he has not given any one else the material to form a judgment. Apparently he went for the express purpose of examining and describing the condition of the "sick and wounded" in South Africa. He came across this great outbreak of typhoid fever, which is by far the most salient feature of the campaign from the point of view which he had taken up. He was in the middle of it, and witnessed its development. He might have given us a valuable account of it, by which I mean a sober and careful examination of its origin, its spread, its extent, its character, the conditions under which it developed, the difficulties of the situation, and the measures—all of them—taken to meet it. Not an exhaustive examination—that could not be expected—but certainly a comprehensive one. He has done nothing of the kind. He has dealt with one point only, the inadequate accommodation and attendance, and has dealt with that in a purely sensational manner; he has given us no comprehensive or accurate information even about that. There are hardly any dates or figures in his account: he tells no story, describes no locality. He simply "piles on the agony"—to use his own expression—about the sufferings of the patients. He may not be aware that all the details by which he has sought to harrow up the feelings of the public follow inevitably from the one fact of a great emergency having arisen and outstripped the means of dealing with it—patients lying on the ground, the sick and dying cheek by jowl, the delirious wandering about, &c. All this adds nothing to the main fact. Similar things happen when similar emergencies occur under the most favourable conditions. So it was in the cholera outbreak at Hamburg in 1892. Newspaper correspondents then described the shocking scenes, the suffering and neglect, the frightful overcrowding of the hospitals, sick and dead jostling each other in the doorways, hundreds of corpses lying unburied, &c. And yet, as a matter of fact, the way in which that emergency was met was a splendid example of energy, resource, and devotion. The gentlemen who described the horrors saw very little, and did not understand the little they saw. To describe such things and miss out everything else is to play the part of an incompetent investigator or a mere sensation-monger. Anyhow, such accounts are quite worthless to instructed readers and most misleading to uninstructed.

SUPERFICIAL DATA.

Perhaps Mr. Burdett-Coutts has something better to give us, and I am doing him an injustice in criticising his investigations too soon. If so, and he has any really valuable information to offer, I trust it will be couched in less rhetorical language. He does attempt some sort of calculations to prove that the necessary appliances might have come up from Cape Town before they did; but here again the data are of the most meagre, loose, and superficial description. We do not know what else had to come up, and why, or how long it took or how much could be carried, or, in short, anything that we want to know in order to judge. What is the use of saying, "Surely they could have devoted one truck on each train or one train a day to medical purposes?" They either could or could not.

VIEWS OF DR. CONAN DOYLE.

Mr. Bennett Burleigh, in a telegram to the "Daily Telegraph," dated Pretoria, Thursday, 1871—

I had a long conversation on the subject with Lord Roberts (previously published), but the affair can well be summed up in the following interview which I had previously had with Dr. Conan Doyle, who came out with Mr. Laing's hospital, which went through the entire epidemic at Bloemfontein. The result of my interview with Dr. Conan Doyle, which has been read by Lord Roberts, who accepted and approved thereof, is as follows:—

"The medical arrangements in the hospitals at Bloemfontein were certainly very severely tried. The reason was that the outbreak of enteric was exceedingly violent, and all the sick of Lord Roberts's force were concentrated in one town at the same time. The supplies of the army depended upon a thin and precarious line of communication, and the pressure of food and military supplies prevented the doctors from getting up their tents and equipment as quickly as they could have wished.

"Under those circumstances of unprecedented pressure, sickness, and limited means, the medical department did very well.

"Every large building in the town, the Parliament House, schools, and clubs were turned into hospitals. The military hospitals were erected the instant they arrived. The epidemic was so bad that these hospitals were crammed, containing often three times, and occasionally four times, the number of cases they were intended for. The worst cases were put into beds, the milder ones on stretchers, and the convalescents lay on water proofs.

"All the orderlies, doctors, and nurses worked to the limits of human endurance. The situation was serious, and entailed much suffering, but no more could be done. The percentage of deaths was not higher than in London hospitals, and I fail to see what preparations could have been made for so violent and sudden an epidemic, nor what more could have been done, save, perhaps, the earlier formation of camps of rest for the convalescents, so as to have made room for new serious cases.

"The work of the orderlies, doctors, and nurses may be gauged from the fact that in several hospitals 50 per cent. of them contracted disease, and a number died."

Lord de la Warr's Opinion.

Interviewed yesterday at Normansham Castle on the subject of the medical treatment of the troops in South Africa, Lord de la Warr said those who were answerable for the organisation of the Army Medical Corps could not possibly foresee the large amount of sickness. From his own experience in Natal, he considered that everything that was possible was done for the thousands down with fever. Certainly the doctors and nurses were short-handed, but he never saw any signs of neglect when the field hospitals were sometimes short of beds, but this did not constitute any great hardship, as the men were provided with something comfortable to recline upon. Officers and men were treated alike, and he had never heard a word of complaint from either. At Modder River, Magsfontein, and Spion Kop the ambulance men, doctors, and nurses alike worked with unceasing devotion.

MR. BURDETT-COUTTS'S CHARGES.

4th July 1900. I G. V.

TO THE EDITOR OF THE TIMES.

Sir,—I do not want to enter into the controversy as to whether the arrangements in South Africa were as good as could be expected or not. But I do wish to say that 21 per cent. of deaths amongst typhoid patients is not the death rate at the London hospitals, as has been stated, so far without contradiction. I have looked up the returns of the London Hospital for three years, and I find that the death-rate is only 15 per cent., and it must be remembered that many patients come here at the very last stages of the fever, when they are past all help.

I believe that, if the statistics of the Metropolitan Asylums Board were taken, the percentage of deaths would be considerably lower.

Yours faithfully,

SYDNEY HOLLAND, Chairman, London Hospital.
Constitutional Club, Northumberland-avenue, July 2.

TO THE EDITOR OF THE TIMES.

Sir,—May I be allowed to make a suggestion with regard to the commission about to be appointed to inquire into the shortcomings of the field hospitals in South Africa?

Would it not be well, before sending the commission there, to examine the invalids now crowding our military hospitals at home as to their treatment in South Africa? Many of them are the survivors of those who suffered at the time enteric was most rife at Bloemfontein and elsewhere, and amongst them there are a large number of well-educated, thoughtful men (a different class altogether from the ordinary soldier), thoroughly competent to give the most useful information. In Africa the commission will doubtless find the hospitals in good order, the witnesses nearly all gone, and the whole circumstances so changed that I fear they will have great difficulty in collecting the facts. The reports of the bad conduct of hospital orderlies are singly appalling.

ONE WHO HAS LATELY BEEN AT NETLEY.

July 2.

The indictment here lies against the Headquarters Staff, and the governing considerations are strategical, of which the staff are, on the face of it, more likely to be good judges than Mr. Burdett-Coutts.

Another point which he labours is the superior advantage of having female nurses. This is, of course, a matter of opinion, and one on which three people have a right to be heard—the doctor, the patient, and the commanding officer. Does any one of them desire the female nurse in the field? Mr. Burdett-Coutts gives no evidence to show that they do, and his own opinion, though doubtless very interesting, can hardly be expected to carry much weight. For my own part, as a doctor and once a patient for some weeks in a first-rate hospital, I should greatly prefer to have male nurses for men in all hospitals, after the German fashion. They are much stronger for lifting patients, and they can attend to their wants without causing any of that embarrassment which is exceedingly trying to sensitive invalids.

THE DAILY NEWS, THURSDAY, JULY 5, 1900.

THE WAR AND THE SICK.

SOME PERSONAL OBSERVATIONS.

THE EXPERIENCES OF AN ENTERIC PATIENT.

[BY ONE OF OUR WAR CORRESPONDENTS
RECENTLY AT THE FRONT.]

It is with considerable hesitation that I enter into the discussion concerning our hospitals in South Africa. Having seen most of our hospitals, from De Aar to Modder River, and thence to Bloemfontein; having been with Lord Methuen on his advance to Kimberley, and also with Lord Roberts during his march to Bloemfontein; having seen how our sick and wounded were treated; and, finally, having been myself laid up with "enteric" at Bloemfontein, it is obvious that I have not the same qualifications that are possessed by most of those who entered upon this controversy.

Having said these few words, perhaps there will be some excuse found for me when I say that I saw and experienced none of those horrors so ably depicted by Mr. Burdett-Coutts—nothing beyond what was the unavoidable result of an exhausting march under excessively unhealthy conditions. It is possible that, after having witnessed for some time scenes which, if occurring under the ordinary conditions of life, would appear revolting in the extreme, one may become callous to suffering to some extent. But it is not fair that a man should criticise results without having previously examined and experienced the cause.

It appears to me that this is what Mr. Burdett-Coutts has done. He offers no explanation how the irregularities he complains of could have been avoided or remedied.

In one portion of his letter he says, in describing the state in which he found some typhoid patients, "they were lying with no milk, and hardly any medicines, without beds, stretchers, or mattresses, without pillows, without linen of any kind." To obtain milk in the neighbourhood of Bloemfontein was nearly impossible, and I fail to see how that very necessary luxury for sick men could be brought from the Cape Colony by train, a distance of approximately 200 miles, in the heat that prevailed during April. Quinine, which, so far as my experience goes, is the only medicine necessary for typhoid cases, was always to be had in Bloemfontein. On the 23rd April, two days before I left the town, I obtained some at Dr. Kellner's pharmacy in the Market-square, and could have bought as much as I wanted.

Beds, mattresses, pillows, and linen are not commodities which can easily be carried on a forced march of 130 miles. Mr. Burdett-Coutts seems to forget that he arrived in Bloemfontein only three weeks after its occupation, and only a few days after the temporary bridge over the Orange River had been built. He does not take into consideration the difficulties

which had to be overcome to provide the necessities of life for 30,000 sound men, and to accumulate sufficient stores to allow an additional 40,000 to continue the advance with as little delay as possible. Instead of finding fault with our transport organisation it would be more to the point to discover how the authorities managed to get up two additional fully-equipped private hospitals to Bloemfontein without temporarily throwing the whole of our A.S.C. system out of gear.

Lord Roberts arrived in Bloemfontein after having accomplished a march which evoked universal admiration even from the foreign military attachés. He entered Bloemfontein with men and horses in an equally exhausted condition. In six weeks, through the rapidity of his movements, he altered the whole feature of the campaign. And can anybody imagine for one moment that this could have been done had not the transport been reduced to a minimum? Hampered by our old cumbersome form of transport waggon, by a long train of ambulance waggons, beds, stretchers, mattresses, and pillows, our troops would never have done an average of 18 miles a day when on the march. It required a master mind to organize the details of this transport, and Lord Roberts found that master mind in Lord Kitchener.

Never during the six weeks of that march on Bloemfontein did I hear one single complaint either from the sick or wounded or from the doctors. After Paardeberg, had there been any cause of complaint from the wounded on account of want of attendance or from the doctors on account of overwork, surely it would have been heard. Surely one of the Correspondents would have found something to criticise—and as a rule they are very fond of finding fault with something or somebody—and we were allowed to write what we liked under Lord Roberts. After the battle of Paardeberg, the wounded were removed to Jacobdals and Modder River. At the latter place, Glover's Hotel, on the promontory between the two rivers, had been turned into an extra hospital, where there were nurses and attendants. A hospital train ran twice a week to Capetown. It is true the ambulance waggons are not the most comfortable vehicles to travel in with a shattered limb. But for travelling on the "veldt" C springs are not practical, I am afraid, so the jolting and jarring must be put up with. A certain number of tents were even carried with the army for bad cases.

It may sound extremely barbarous to make a man suffering from typhoid or badly wounded lie out in the open in pouring rain, with scanty shelter. But war is always barbarous and cruel, even when carried on under the most humane conditions. Corrugated iron buildings are not conducive to rapid marching, and so cannot be carried with an advancing army.

It was unfortunate that an epidemic of typhoid should break out at Bloemfontein before the railway was thoroughly repaired, so that luxuries could be sent up to the sick. But because this epidemic did occur, the troops could not be allowed to starve. Necessities had to be provided for the sound before luxuries could be allowed up for the sick.

About the 20th April I saw Dr. Probyn, of No. 9 General Hospital, who visited me where I was laid up. He told me his hospital was full, but by no means crowded. There were then about 2,000 cases of enteric in the town.

Mr. Burdett-Coutts speaks of typhoid patients lying in inches of "slush." This is probably true, but buildings cannot be found for all. No tent in the world will resist the rain of South Africa. I cannot speak from experience, for I was fortunate enough to be in a house, but to be under a tent in the rain when suffering from typhoid must be excruciating agony, and would fill the soul of a healthy onlooker with horror. But it is one of the inevitable results of war. To prevent the occurrence of such things war must be abolished.

These accusations read too much like a crusade against Lord Kitchener. It savours of an attempt to enlist public sympathy in the overthrow of an individual. But the originator forgets that in doing this he not only casts a slur on a man whose achievements should render

him immune from all mud-throwing—I mean Lord Roberts—but he accuses all responsible officers of neglect of duty in not reporting what must have come under their notice if true.

As regards my own experience I have nothing but thanks and praise to bestow on all the doctors, nurses, and orderlies with whom I came in contact. And I feel convinced that most men who have experienced their kindness will bear me out.

THE TIMES, THURSDAY,

JULY 5, 1900.

MR. BURDETT-COUTTS'S CHARGES.

The following are extracts from a private letter written from Kroonstad by a civilian doctor who has been ordered up there from Wynberg:—

May 26.

We got to Bloemfontein about 11 p.m. Nobody knew when there would be a train to Kroonstad, so we went off to look round and inspect the hospitals. There are some 5,000 sick there, and nearly all enteric. There are several hospitals in the buildings in the town, such as town-hall improvised, but scarcely any equipment, the remainder in tents in the camps and the town. The Portland Hospital is there, and in, as far as I could see, there is hell beside it in a tent, in their clothes, which have not been off for weeks, and they cannot get washed; they are covered with bed sores and other things, eaten by flies, frozen at night, and get so medicine, and, of course, are dying in hundreds. Of course, as soon as ever beds are vacant in general hospitals they are moved on; but then to move an enteric patient in the height of the disease is tantamount to signing his death warrant, especially with these men who start by being exhausted and starved. I will spare you more of this. More hospital orderlies and nurses should be got together and sent out without delay, because this epidemic will rage on for months now, though, as the army advances, now that the weather is more favourable, fresh cases should decrease away from the infected spots.

We were to have started from Bloemfontein at 9 that evening, a train having been organized to take up some nurses and a few old people and stores to Kroonstad. We started finally at 1 a.m. Two hotels were halted at dark at Ventersburg-road, where we found a house with several wounded men and two officers. I went to see them, and was able to leave a few drugs and tobacco. One officer in the 6th Dragoons was very bad, shot through the chest, and also with enteric. They had a doctor looking after them. We detained at Kroonstad about 6 in the morning. . . . There are no supplies up here; the stores are short, the farmers are not allowed, in unless they have signed the declaration, so no milk, butter, or eggs, except in limited quantities, for the sick.

If the condition of the sick at Bloemfontein was laid, words fail to describe the state of affairs here, a shambles of sick soldiers lying unattended, about 1,000 in all, including 50 officers. Two hotels are occupied, the Kroonstad and Grand, the former a fine large building with about 160, the latter packed with patients lying on the billiard tables, under them, and round them in every available space, of course all in their clothes and just one blanket, and with bitter cold nights.

The Dutch Church has 150 lying on the floor and another 150 in the churchyard. Then there is a temporary Dutch hospital full and the town-hall—a dirty old barn. They are practically all enteric, and their sufferings are terrible. The only medical men are two R.A.M.C., one civil surgeon, one local doctor, English, and one Russian; no nurses. We brought up about 15, including three from Bart's, G.—and I go to the church and try to do a little, but you cannot make much headway without milk and stimulants, and drugs. Ten died in the church during the day. The Scottish hospital came up with six doctors and six dressers—and they are lending a hand. No. 3 Gen. Hospital from Rondebosch is expected next train.

Monday, 28.

I have left the church and am now looking after the officers in the Kroonstad Hotel, where they are not badly off, each in separate rooms, though few necessities are obtainable.

More stores are now coming in, and No. 3 Gen. has arrived. They will soon get up their tents and be able to take patients; also the Scottish will be putting up all in tents. The nurses are working like slaves.

The air here is splendid and quite rejuvenating after Wynberg; generally freezes at night here, though scorching in the day.

The market is going to reopen now, and respectable people will be allowed to do business, so we look forward to plenty of milk and butter at a price. We are getting a good deal of milk now for the patients and things are settling down very well. The majority of men are now in beds and getting a very fair amount of attention, but the mortality is very high.

Saturday, June 3.

Another Bart's nurse has turned up here to look after my officers at night.

Sister Johnstone, lady superintendent of the Seafield Nursing Association, Cardiff, sends the following copy of a letter received last week from a nursing sister at Kroonstad:—

"I have only time for a few lines. We have been most frightfully busy since we arrived, from 8 a.m. to 8 p.m. The men were in a shocking state when we arrived. The hotels and churches have all been commandeered for them, and we are living in a

commanded Boer home. Poor 'Tommy' was for the most part lying on the bare floor, with only a blanket over him, in the clothes that he had on, in some cases for three months, all had enteric cases, and the dirt is awful. However, we are getting things a little more shipshape, though we have no blankets, no cups or bowls, no drugs, or anything."

A former assistant of Dr. Vaughan Roberts, Bloemfontein, North Wales, who is now one of the assistants in No. 9 General Hospital at Bloemfontein, writes under date May 17:-

"This is the largest hospital in South Africa, and is entirely under canvas. It is situated about a mile from the town, and consists of 96 large and about 200 smaller tents. This number is being daily added to. There are about 2,500 patients in the hospital at present, including the wounded and men suffering from dysentery and enteric fever. The death rate is very high—10 or 12 daily. The hospital is situated near a hill, the top of which is flat as a table. There are about 20 doctors here, including physicians and the surgeons and dressers of wounds. We have plenty of work and about 20 tons of materials and appliances for our work. The work is very hard; no one can imagine the hardships we have gone through. We were obliged to live for a fortnight on only one biscuit and a little tinned meat daily without any tea. The water has been very scarce, as the Boers had destroyed the waterworks. We have to sleep upon the ground with only a macintosh under us, and a blanket over us. It is very cold here at night. I am obliged to sleep in my clothes and overcoat. I am in good health at present, but have lost much flesh. I was very ill the first week from a severe attack of dysentery, but I recovered. The food is very poor; but you might fancy by reading the newspapers that Tommy Atkins gets a good time, but those writers would be greatly disappointed if they came here. We commence our work at 5.30 a.m. and finish about 8.45 p.m. each day. When on night duty I have to make the rounds of the tents and nothing can be heard but the moans of the poor wounded. It is dreadful to hear them. There is not sufficient room in the tents for them to be comfortable, as 10 or 12 patients are crowded in one tent. War is a terrible and horrid thing to picture. The accounts given by those who have been through the campaigns from the commencement are almost incredible. All have had enough of the war. A Red Cross wagon came in a few days ago, bringing a wounded lieutenant; he had been shot in the eye and wounded in the thigh. Both eyes had to be taken out and a piece of iron was also extracted from his thigh; but he is now recovering. There are 14 nurses on our staff, but one of them died yesterday of enteric fever, which is very prevalent in the camp, and at times the stench is unbearable. When the hospital was first opened we were very short of attendants. Each man had to attend to about 80 patients, and of course it was impossible to do so properly, and consequently they were dying like dogs."

TO THE EDITOR OF THE TIMES.

Sir,—The subject which I have been compelled to bring before the public is in danger of being confused by side issues fatal to the cause at stake.

The two real issues are the truth of my statements, about which I have no anxiety save the pain they must have caused in many quarters, and an improvement in the soldier's condition in war time, which was my sole motive in making them public.

(1) Is it too late to appeal to the patriotism of all men to keep a question concerning the lives and well-being of our soldiers above the plane of party?

(2) I deplore the tendency to convert the statements I have made into an individual attack on Lord Roberts or any other officer. The public must judge of the fairness of attributing to me a meaning for which there is no foundation in anything I have said or written, and which I have most explicitly disclaimed. But what I am far more concerned about is the result of such a course. Lord Roberts is the most popular commander of modern times with all ranks. To allow people, whether soldiers or civilians, to think that they are attacking him by telling the truth about the condition of the hospitals is to place a serious barrier in the way of the truth coming out. It is obvious that in the heat of debate this result was not foreseen and certainly not intended; but I think it will be apparent to all.

(3) What can only be characterized as a misrepresentation, and one as groundless as the last and as widely circulated, is that I have attacked the personnel of the Royal Army Medical Corps, the doctors and nurses, for the manner in which they have performed their duties. No suggestion could be more untrue. Not only throughout my series of articles in *The Times*, but in every word I have written or spoken I have taken up an attitude most favourable to them. In the former I pointed out unfair disabilities which the system imposed on them; in the latter I have paid warm personal tribute to the work they have done under the very conditions I described.

May I beg the aid of the Press, whose assistance to the public cause has been so generous, to dispel these three assumptions and all other side issues which will imperil the real interests involved?

What we want is the truth, the whole truth, and nothing but the truth—and then, if the truth demands it, reform. Let it be made clear to all concerned that it is a duty they owe to the soldiers of the future and to the country to tell their story, whatever it may be, and that they can do it without attacking any man and without prejudice to themselves.

Your obedient servant,
W. BURDETT-COUTTS,
1, Stratton-street, W., July 4.

TO THE EDITOR OF THE TIMES.

Sir,—As public attention is being at present directed to the hospitals in South Africa, and in order to ally, if possible, the anxiety of some of us who have friends out there, I send you extracts from a private correspondence of so long ago as January last. I regret, however, that I am unable to forward the names of my correspondents, as he asks me to treat his letters as private "so far as his name is concerned." But I think I may say that he holds a high position and that it is likely that at the time he wrote he had excellent opportunities for obtaining the best information.

I remain yours faithfully,

LEES KNOWLES.

House of Commons, S.W., July 3.

"Maritzburg, Natal, January 19, 1900.
"My dear Knowles,—Easy as you are, I hope you will find time to read this and the cutting from the *Times* of Natal that I send you, and that you will see your way to making some use of both, as the subject really deserves attention."
"1. I am given to understanding that the principal medical officer here . . . puts every obstacle in the way of ladies visiting the hospitals and taking small articles to the men."

"2. The principal medical officer above referred to has been offered gratis a liberal supply of good fresh milk daily, if he would only send for it. He has refused the offer."

"3. The principal medical officer has offered the services of some trained nurses (refugees from Johannesburg), which he refused, and I am informed that they have therefore had to go home, and their services have been lost."

"4. I fancy the difference in the hospital ships is due to the fact that the officers R.A.M.C. are there responsible for the doctoring only, the comforts, &c., being looked after by the ships' people, and I believe I am also right in supposing that the doctors on board these ships are principally civilians."

"5. . . . I have also been informed that the people here have proposed to provide convalescent homes to relieve the strain on the hospitals, and that the principal medical officer has declined to entertain the idea, or to confer with the civilian doctors interested in these convalescent homes. . . . The junior officers R.A.M.C. and the civilian medical officers employed in the hospitals here are all working like mad, and I am given to understand that the senior officers, with a few exceptions, are so taken up with their own importance as consultant officers and their rank as colonels and majors that they leave much to be desired."

"Maritzburg, Natal, February 2, 1900.
The two leading articles in the *Times* of Natal (of January 19th and 20th) which I sent you on the hospital here in Maritzburg have caused a stir and a good deal of inquiry, and I hear on good authority that things have much improved. Inspections have taken place at the Cape and the front here, and the losses have expressed themselves as satisfied with everything they saw; but the hospitals in Maritzburg itself have, so far as I know, not been so inspected or favourably reported on."

"Maritzburg, Natal, February 22, 1900.
Since I last wrote to you there have been two or three tremendous articles in the *Times* of Natal on the hospitals in Maritzburg. They caused a good deal of stir, and the whole question was inquired into and everything was found to be satisfactory. Of course, there can be no smoke without fire, and the papers must have had something to go upon. I hear from a good many people that things are very much better in the hospitals here than they were when I first wrote to you, and that everything is now to be done. The Army medical officers have been doing great things at the front, and the civilian doctors here are working like mad. I am sorry I ever bothered you with the papers, &c., now, but I hope you won't mind."

TO THE EDITOR OF THE TIMES.

Sir,—In reference to the revelations as to the medical service in South Africa, has inoculation for enteric been practised there at all? This was suggested by Professor Wright in 1896-98 to elaborate tests at Netley and elsewhere, and in August, 1899, sanctioned by the Government of India, where it has been largely used. But has it been utilised during this war, or is this another example of the bungling of the War Office? Both at Ladysmith and Bloemfontein there was ample time and opportunity for its employment, and Sir George White was very favourably disposed towards it.

Believe me, very truly yours,

PHILIP J. DEAR.

Stone-cottage, Headington-hill, Oxford, July 2.
*Vide address at Netley, July 29 (*Lancet*, August 12, 1899), by the Quartermaster-General of the Forces.

TO THE EDITOR OF THE TIMES.

Sir,—Having just returned from the front, where I had special opportunities of observing the work done there in the hospitals, I feel that I ought, from my own experience, to testify against the—to say the least of it—very hasty and ill-founded charges made by Mr. Burdett-Coutts.

No one of course pretends that all the luxuries of St. Thomas's Hospital or St. George's are to be found in Bloemfontein or anywhere else at the front, but the arrangements, so far as they went, were perfect. Mr. Burdett-Coutts speaks of unutterable horrors he has seen. I can only say that, in company with Dr. Conan Doyle and other medical men, I went through the hospitals day after day and never saw anything but what was admirable, so admirable indeed that the very soldiers were loud in praise of the skill and devotion and unceasing energy of the Army Medical and the

Army Service Corps. Dr. Conan Doyle himself assured me that he could not be working under happier or more favourable circumstances.

I am, Sir, faithfully yours,

MORTIMER MENFES.

25, Cadogan-gardens, S.W.

TO THE EDITOR OF THE TIMES.

Sir,—In the recent debates in Parliament and correspondence in the Press upon the measures taken by the military authorities to prevent a serious outbreak of typhoid among the British troops in South Africa I do not remember to have seen even a remote reference to the anti-typhoid inoculation to which a very large number of the soldiers, with the advice and encouragement of Army medical officers, voluntarily subjected themselves before arrival at the seat of war.

The Government made ample provision for this inoculation during the voyage between Southampton and Cape Town, but Mr. Wyndham took no credit for this. No one in Parliament seems to have referred to it. Private letters have given graphic accounts of the sharp illness caused by the inoculation. Why do we hear nothing of its success or failure as a prophylactic?

Doctors who have seen the typhoid epidemic at Bloemfontein speak and write of its extreme severity, and say that the outbreak was so sudden as to upset all previous calculations as to the hospital accommodation and nursing likely to be required.

Is it possible that the Government and the Army medical authorities relied more upon the efficacy of the inoculation than experience has proved to be justifiable?

I am, Sir, yours obediently,

ENQUIRER.

THE TIMES, FRIDAY,

JULY 6, 1900.

HOUSE OF LORDS.

THURSDAY, JULY 5.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

The EARL OF KIMBERLEY asked the Secretary for War whether he could inform the House what had been decided as to the committee which was to inquire into the question of medical appliances during the war in South Africa, and the complaints of alleged negligence as to the treatment of the sick and wounded, especially those suffering from enteric fever, and what was likely to be the nature of the committee which the Government had undertaken to appoint.

The MARQUIS OF LANSDOWNE.—The committee or Commission—I am not quite sure which it will be—will be provided over by Lord Justice Romer, and I am sure I only have to mention his name to satisfy you that the inquiry will be conducted in a thoroughly judicial and dispassionate tone and spirit. With Lord Justice Romer we propose to associate two others. We think that to do its work with efficiency this body should be a small one. One of the two other gentlemen will represent the medical and the other the surgical profession. For the selection of a representative of the medical profession we determined to refer to the Royal College of Physicians, and we addressed ourselves to the distinguished gentleman who presides over that body, Dr. Church, and invoked his assistance. We asked him either to move the college to recommend a representative, or, if he was prepared to do so, to place his own services at our disposal. I am happy to say that he has chosen the latter alternative, and I do not think a more fortunate selection could be made. With regard to the surgeon we should, in ordinary circumstances, have addressed ourselves in the same way to the Royal College of Surgeons. But your lordships, or those of you who have paid attention to the question, are no doubt aware that the name of the distinguished President of the Royal College of Surgeons, Sir William MacCormac, has figured conspicuously in the controversy, and we felt it was hardly fair to ask him to recommend a representative of his college. We have selected a gentleman whose name is probably known to many of your lordships, Professor Cunningham, Professor of Anatomy and Physiology in Dublin University. He is a man of most distinguished reputation. His degrees are of the University of Edinburgh, where he holds high offices, and he occupies a high office in the University of Dublin. These are the three members of the committee. The reference (I am quoting from memory) runs in these words:—"To report as to the arrangements for the cure and treatment of the sick and wounded during the campaign in South Africa." My lords, I will only add to what I have already said that I have sometimes seen it stated that it was our intention to appoint a departmental committee. No such intention was ever entertained, as far as I am aware, by any member of her Majesty's Government. (Hear, hear.)

Their lordships rose at 20 minutes to 7 o'clock.

HOUSE OF COMMONS.

HOSPITAL ORDERLIES IN SOUTH AFRICA.

In answer to Sir W. FORSTER (Derby, Hkston).
Mr. WYNDHAM said.—The number of hospital orderlies employed in South Africa were as follows:—March 17—2,936, including 540 St. John Ambulance Brigade; April 21—3,739, including 766 St. John Ambulance Brigade, 84 Militia Medical Staff Corps, and 361 Volunteers; May 19—3,743, including 946 St. John Ambulance Brigade, 21 Militia Medical Staff Corps, and 492 Volunteers. This does not include the staff of such hospitals as the Yeomanry Hospital, Portland, &c., the subordinate male staff of which numbers 519, but of which it is not known how many are employed as orderlies. The returns of medical staff raised locally in addition to the above are not furnished to the War Office; but 1,300 stretcher-bearers are known to have been raised in Natal, thereby releasing orderlies of the Royal Army Medical Corps for duty in the hospitals.

THE HOSPITAL COMMISSION.

SIR H. CAMPBELL-BANNERMAN (Stirling Burghs) asked the First Lord of the Treasury when he would be able to inform the House as to the constitution and terms of reference of the proposed committee which is to proceed to South Africa and inquire into the arrangements for treating the sick and wounded.

Mr. BALFOUR (Manchester, E.).—We have anxiously considered how Lord Roberts's request for an impartial commission can be best fulfilled, and we have laid down one or two principles. The first is that it shall be a very small commission. We propose to appoint a commission of not more than three persons. We think that the medical profession should be represented on that commission, and we have consulted the President of the College of Physicians and asked him to either serve himself or recommend some person who should serve. I am glad to say that Dr. Church has himself consented to serve, and I think that that appointment will meet with universal approval in all quarters. We should have been glad in a similar way to consult the Royal College of Surgeons with a view of having a gentleman appointed from the surgical branch of the profession, but we felt that it would be rather hard to ask a man like Sir William Macdonald in a difficult position, because he has been made the subject of criticism by, I think, the hon. gentleman the member for Westminster and other persons in connection with South Africa, and under those circumstances we did not think it would be fair to him to make the same point of consulting him as of consulting the President of the Royal College of Physicians. We have, however, found a gentleman who we think will command universal respect and confidence. It is Professor Daniel John Cunningham, professor of anatomy and physiology in Trinity College, Dublin. He is an authority well known to many gentlemen in this House, and I believe all who do know him—I have not that personal honour—will agree that he is fitted to carry out the difficult and delicate duties which are entrusted to him. The third member of the commission we think should be a layman and should not belong to the medical profession. We have been fortunate enough to secure the services of a man who I think will command universal confidence in the person of Lord Justice Romer, who has consented to serve. These three gentlemen will form, I believe, as strong, able, and impartial a commission as could be formed with this difficult matter.

SIR H. CAMPBELL-BANNERMAN.—What are the terms of the reference?

Mr. BALFOUR.—To report on the arrangements for the care and treatment of the sick and wounded during the South African campaign.

Mr. LAWSON WATSON (Leeds, S.).—May I ask the right hon. gentleman whether he has made any preparation for the discharge of Lord Justice Romer's judicial duties?

Mr. BALFOUR.—The Lord Chancellor had to be consulted. The responsibility rests with him. I have no doubt that arrangements for that purpose will be made.

Mr. BURDETT-COUTTS (Westminster).—I desire to ask whether the right hon. gentleman will give this House an opportunity of discussing the terms of reference and the scope and composition of the commission. (Hear, hear.) I may state that I have the strongest possible objection to one name on that commission.

Mr. BALFOUR.—Perhaps the hon. gentleman will tell me what his objection is. I see no reason whatever for giving the opportunity asked for. (Cheers.)

Mr. ARNOLD-FOSTER (Belfast, W.).—Does the reference include the power of inquiry into the organization of the Army Medical Department?

Mr. BALFOUR.—That, Sir, is not a question referred to the commission, but I have no doubt that their finding will have a bearing on it.

Mr. DILLON asked the First Lord of the Treasury whether the Government would appoint an independent commission to inquire as to the responsibility of the War Office in connection with the treatment of the sick and wounded in South Africa and into the organization and present condition of the Army Medical Department, such commission to sit immediately and conduct its inquiry independently of the commission which it is proposed to send to South Africa.

Mr. BALFOUR.—Two independent and simultaneous commissions whose duties would overlap seem to me to be very objectionable. (Hear, hear.)

A PERSONAL EXPLANATION.

SIR C. DILKE (Gloucester, Forest of Dean) asked leave of the House to make a very brief personal explanation with regard to a matter—hospital accommodation in South Africa—which had been debated in the House last week. In a London daily paper yesterday there appeared a long telegram from Sir William Stokes, consulting surgeon to her Majesty's forces in South Africa, which was copied into several London evening papers and into a large number of provincial papers with sensational headings. As that telegram Sir William Stokes said, "Sir Charles Dilke's charge of robbing stores is absolutely devoid and destitute of foundation." That was a charge made by him in the House, and it was a charge which he believed was admitted. It rested not only on private, but on official data, and he had on two occasions asked in the House for the production of the minutes of the Court-martial with regard to the robbing of stores which was held at Ismail Camp. These minutes had not been given to the House. It was evident that Sir William Stokes referred to that camp, because he said, "Ismail Camp was no doubt healthy." He wished to assure the House that he had not asked the questions in reference to this matter until he had taken every possible means to assure himself of the truth of the statements made to him, and he was prepared entirely to stand by the statements he had made in the debate. At the end of his letter Sir William Stokes referred to him by name, and said that the charges he had made were "as unjustifiable as they were cruel and unparliamentary." He could ask the House to treat those words as a breach of privilege (hear, hear), but it was not his intention to do so, as an inquiry was to take place. With regard to the want of patriotism, it appeared to him to be a patriotic duty to bring such matters before the House. (Hear, hear.)

HOSPITAL ACCOMMODATION IN SOUTH AFRICA.

MOTION FOR THE ADJOURNMENT OF THE HOUSE.

Mr. LABOUCHÈRE (Northampton) asked leave to move the adjournment of the House on a matter of urgent public importance—namely, the composition of and the scope of the reference to the committee appointed to inquire into the treatment of sick and wounded British soldiers in South Africa.

The SPEAKER asked whether the hon. member had the leave of the House, and there were cries of "No" from the Ministerial benches. The Speaker then inquired whether the hon. member had the requisite number of 40 members to support him. All the members on the Opposition side except those on the front bench rose; and on the Government side Mr. Burdett-Coutts only stood up.

Mr. LABOUCHÈRE said that in the debate of last Friday the Under Secretary for War had practically admitted that in the main the statements made by the hon. member for Westminster with regard to the hospital accommodation in South Africa were correct, but that in some cases there had been a certain amount of misconception and exaggeration. Before the debate took place the First Lord of the Treasury had agreed to appoint a committee of inquiry, and Lord Roberts, as he appeared it at the request of Lord Roberts. But it was not because the committee was requested by Lord Roberts that a demand for it had been made in the House. It was because there was a very strong feeling in the House and outside it that there should be a thorough investigation into the charges made by the hon. member for Westminster. (Hear, hear.) That evening the First Lord of the Treasury had told the House what the composition of the committee was to be. It hardly met with the requirements of Lord Roberts. (Hear, hear.) Lord Roberts asked for one or two doctors; but particularly for some men of common sense. Where were the men of common sense? He believed Lord Justice Romer was a man of eminent common sense; but he was only one. They all respected him as an eminent leading Chancery lawyer; but he was not a man of business. (Laughter and cries of "Oh.") He made a distinction between a lawyer and a man of business. (Laughter.) A lawyer might be a man of business; but that was not his speciality, which was to make money by quarrels about other people's business. (Laughter.) But at any rate Lord Justice Romer was only one; and what was wanted on the committee were practical men—men engaged in business, men of sound common sense—by whom this matter should have a thorough businesslike investigation. When a question seriously affecting the whole of the medical profession, and embracing so large a field as this inquiry ought to embrace, was raised, surely they ought not to have medical men forming a majority of the committee? (Hear, hear.) It seemed to him remarkable that the Government should take upon themselves the appointment of the members of, and to decide the reference to, this committee without any consultation with the House of Commons. (Cheers.) Whoever heard of gentlemen who were, to all intents and purposes, the defendants in a case appointing their own jury? If this committee was to secure the confidence of the country, there must not be a majority of medical men upon it. (Cheers.) He did not say that the Government, or that any particular person, were responsible. He was perfectly aware that great misery and suffering were always involved in war; but there was a prima facie case that this suffering might have been mitigated had there been more care shown either by the Government or by their officials, and he had moved the adjournment of the House in order that the First Lord of the Treasury might be induced to give them some opportunity of presenting their views on the composition of, and the reference to, the committee. If the right hon. gentleman did not do that, he would move the adjournment on his side of the House, at all events, and even some hon. members on the Ministerial benches would register, by their vote, their protest against the course adopted.

Mr. BURDETT-COUTTS, in seconding the motion for the adjournment, said he took this course without any previous arrangement with the hon. member for Northampton. He strongly objected to one name as that of a gentleman who ought not to be on such a committee when the responsibility of the Army Medical Department was directly attacked. He had not himself attempted to localize the responsibility for what he saw in South Africa, but the Army Medical Department must necessarily be largely implicated in the question. The hon. member for Northampton had called attention to the curious divergence of the composition of this committee from the expressed wish of Lord Roberts. Lord Roberts's words were "a small committee, consisting of one or two medical men of recognized ability, in whom the public have full confidence, with some men of sound common sense." (Opposition cheers.) He asked whether a committee which had a majority of medical men upon it was a committee framed in accordance with that desire? (Opposition cheers.) He objected to this committee because it had that majority of medical men. The difficulty of arriving at an accurate opinion with regard to what had taken place in South Africa had, he believed, already been illustrated in the case which was the only precedent they had for such a committee. That was at the time of the Crimea, when the letters of the present Sir William Howard Russell awoke the chief medical authority on the spot, Sir George Brown, was going about in this country saying that everything was absolutely perfect. There were many other analogies between this case and that. Mr. Roebuck brought the matter before the House. A Parliamentary committee was appointed and Mr. Roebuck, the chief accuser of the medical arrangements in the Crimea, was appointed chairman of that committee. It was true that the Aberdeen Mercury went on in the year 1860, but Lord Palmerston came in, and he accepted the committee. He would be told that at the same time a Sanitary Commission of three was appointed, two being doctors and one what was called an engineering

member, to go out to the Crimea. But the object of that commission was not to inquire into what had happened, but to at once take in hand the bettering of the arrangements on the spot. Therefore, of course, it was composed of experts. There was a serious difference between that commission and the present one. That commission was appointed not by the Government which defended the medical arrangements in the Crimea, but by the Government which came in on the strength of accepting the fact that those arrangements were insufficient. He desired to ask the House to consider the curious position in which he himself was placed. He would not call attention to this, but he did think that some slight consideration of it on the part of the Government would really facilitate the cause they all had at heart, and that was getting, at the truth of this matter. (Opposition cheers.) He made certain statements in the Press. Those statements he repeated in the House and added to those statements which constituted a grave indictment of the medical arrangements in South Africa. That placed him in the position of a plaintiff; but the thing had turned round, and now he was in the position of a defendant, defending the accuracy of his statements, and what he believed to be the great interests involved. The Government would say that they would call him as a witness and enable him to state his case. They might possibly say that they would accept his suggestion of other witnesses who should be called, but was that enough in this case? Was not the usual practice that a man placed in his position should have the right to watch the case on his own behalf? Had he not the right to put what questions he liked to witnesses, and to cross-examine all the witnesses? (Opposition cheers.) His facts had been questioned. Of that he made no complaint. But the motives had been bitterly attacked, not in the country, not in the Press, but in a more substantial, though more limited, circle. (Opposition cheers.)

530 He had no motive, no shadow or shred of any motive, or reason for making these statements except his determination that they should be made public because he knew that by that means and that means alone could they obtain a reform of that terrible condition of things. (Hear, hear.) That was his position, and with his facts questioned and his motives attacked he put it to the House whether some of the questions did not arise out of that position. (Hear, hear.) He did not ask that those claims should be considered—he was quite willing to lose sight of all personal considerations if the Government would allow him to co-operate with them to a certain extent in enquiring this committee to get at the truth of the matter at issue. His suggestion briefly was that he should be permitted to suggest to the Government a name to add to the committee. He proposed to suggest a name of one whose impartiality, ability, and qualifications could not possibly be questioned. He had waited day by day in the hope that he might receive some communication from her Majesty's Government on the subject. (Opposition cheers and ironical Ministerial cheers.) If the absence of any wish that he should co-operate in this matter was due to an assumption on the part of the Government that they were on one side and he was on the other—an idea which could only be based on another assumption that the medical arrangements in South Africa were perfect or as perfect as possible—he deplored that he as a loyal member of the party for 15 years was placed in that position, but he put aside personal considerations and personal feelings, and he said that the logical outcome of that position was that one side was appointing the judges to try the issue. (Opposition cheers.) He would deplore it if that position arose. He did not believe for a moment that the Government would wish such a position to be set up. He did not believe that they would perpetrate a personal injustice, but he must say for himself that considering the experience he had had in this particular subject, and the knowledge he had of all the parties, he should be in a position to facilitate the inquiries of the Government by the course he had suggested. (Hear, hear.)

SIR H. CAMPBELL-BANNERMAN, who was relieved with Opposition cheers, said.—I confess at once that I share to the full the disappointment that has been expressed by the two hon. members who have spoken at the constitution of this committee. (Cheers.) But at the same time I am most anxious that we should, if possible, avoid the bringing in of anything like party recrimination or feeling, and that we should not present to the world at large the spectacle, apparently, of the Government unwilling to give a full inquiry as alleged by their opponents and their opponents clamouring for a fuller inquiry in the face of the Government. I do not think that that would be a seemly position for the House of Commons to take up in a matter which we all admit to be so grave and a matter which affects so deeply the feelings and sentiments of a large part of the population of this country. The point that strikes me as most unfortunate is that which has been referred to—namely, that there is not a sufficient representation of ordinary laymen (hear, hear)—that there is, in fact, none at all if you exclude a Judge from the category of laymen. There are two eminent doctors, of whom most of us have nothing to say for the simple reason that I am afraid the great majority of us do not know much about them; but I take it for granted from their position that they are capable men and also that they are high-minded, straightforward men who would do their duty while in such a capacity. I make no doubt of that. Besides them there is only an eminent Judge; but what is wanted surely of all things is what my hon. friend spoke of as the man of business, or, rather, the business man—a man accustomed to bring a full inquiry to bear, and whose position and character before the country would secure the complete confidence of public opinion. (Hear, hear.) Let me point out also that this is not a mere question of the technicalities of the medical profession. (Cheers.) There is the whole question of transport and of the power of organizing relief in such a case as this, upon which surely it is most desirable to get the opinion of men qualified to give that opinion. A number of names occur at once in my mind, men who, if they would undertake this patriotic duty, would, I am sure, satisfy the mind of the country and give solidity to the Commission, and secure that success for which I am sure, if it were not secured if it is constituted as proposed, it will not venture to appeal to the right hon. gentleman. I have said that I have the strongest possible wish not to speak as if I

were fighting with each other on a matter such as this (cheers)—where the character of the country stands at stake before the world. It is also a matter which touches the hearts and feelings of many people who have relatives there or may in the future have relatives undergoing the chances of war in South Africa or in other parts of the world. Will the right hon. gentleman not listen to what I would put forward—namely, that two members should be added to the committee (cheers), and that those two should be chosen, not from a party purpose or on account of any prejudice they may be supposed to have? On the contrary, they should be men who are least likely to have prejudices, common sense, and to which Lord Roberts alluded. (Hear, hear.) I do not know any test, I am bound to say (laughter), except their character in the eyes of the country. If two men of that character were added to this commission I am certain there would be a great feeling of relief throughout the country. But if that is not done, and if we are to have two doctors, however eminent, and a judge, however eminent, and nobody else, then the feeling of disappointment will be great, and I am afraid the chances of a successful result will be small. (Cheers.)

SIR J. FERGUSON (Manchester, N.E.) said he felt deeply on this question because he had witnessed, unfortunately, scenes in the Crimea of great suffering, the like of which, thank God, they had not to deplore at the present time but there was great reason to believe that proper use had not been made of the means placed at the disposal of people in South Africa. He believed ample provision had been made, that nothing had been stated. Letters by the last mail from South Africa showed a most unfortunate state of things. (Hear, hear.) The state even of the hospital at Cape Town and of hospitals in other parts of the country showed that insufficient use had been made of the supplies, forming, in fact, a very heavy indictment against the Army Medical Department which required to be investigated. The miserable state of the sick lying in a wretched condition without proper shelter—they had all heard of it—the newspapers were full of such cases—called for investigation. He was convinced there was foundation for some of these complaints. They required an inquiry which would command public confidence. (Cheers.) They made no attack on the Government; he should be the last man to join in that (hear, hear); but he did think the inquiry to be made should be one which would command the full confidence of the country.

Mr. BALFOUR.—The Government have been attacked by three gentlemen, for three quite distinct offences in connection with the appointment of this commission. The hon. gentleman who moved the adjournment of the House invested an entirely new constitutional principle which, with all the zeal of a discoverer, he expatiated upon in his observations. The hon. member thinks that the commission ought not to be appointed by the Government, but by the House of Commons. It is a new doctrine and one to which I noticed, with pleasure, the right hon. gentleman did not subscribe. It is one which was never practised by the party opposite or by the party to which I belong, and for which, I believe, there is no precedent whatever. Of course, this House has a voice in regard to all that pertains to its committees. The reference is submitted to the House, and can be amended, and the names are submitted and can be changed. But that practice is without precedent or example in the case of commissions of this kind.

Mr. LABOUCHÈRE.—There are many commissions appointed by Act of Parliament.

Mr. BALFOUR.—The hon. gentleman never suggested an Act of Parliament, or a statutory commission, which this is not, and which stands on an entirely different footing from ordinary commissions. Such commissions have never been submitted to the House of Commons, and I trust that, for the convenience of Parliamentary procedure and the preservation of the responsibility of the Government, this well-recognized principle will never be departed from. That point practically exhausted the hon. gentleman's criticism. He did indeed say that the Government are the accused parties in this matter; and that therefore they ought not to appoint the judges home scrutinized to the perfect equipment of a London, Edinburgh, or Dublin hospital, and likely to be shewn beyond reason at the inevitable shortcomings which it is admitted on all hands must occur when you are dealing with the exigencies of a rapid campaign. (Hear, hear.) Therefore, I do not think that there is anything in the fact that these gentlemen are doctors which, considering their position, will make them in any sense lenient to the failures, if there have been failures, of the Army medical staff. I have not the honour of knowing Dr. Church's or of Professor Cunningham's acquaintance. But I am informed that Dr. Church is not merely the official head at the present moment of the medical profession in this country, but that he is the President of the Royal College of Physicians, who, more than any one in living memory thoroughly enjoys the confidence of his colleagues, and is believed by them to be a man of peculiar fairness of mind, with a great power of organization and business capacity. I am informed that the high qualities of common sense as well as high scientific qualities might be predicated of Professor Cunningham. There are some gentlemen in this House, no doubt, who know him; and I have taken some trouble to make myself acquainted with his career and attainments.

Mr. BURDETT-COUTTS.—I considered it an attack upon my motives to convert the statement of facts which I made into an attack upon Lord Roberts. (Loud Opposition cheers.)

Mr. BALFOUR.—The hon. gentleman indeed criticized somebody, and who that could be unless it is the responsible officers in the field, we were unable to discover, and the hon. gentleman was unable to explain.

Mr. BURDETT-COUTTS.—I did not criticize anybody. I criticized the state of things. (Cheers.)

Mr. BALFOUR.—There is no such thing as criticizing a state of things. (Opposition cries of "Oh," and "Ironical laughter.") Yes, you may describe a state of things, but you cannot criticize it. (Renewed cries of "Oh," and laughter.)

Mr. BURDETT-COUTTS.—I am extremely sorry to interrupt the right hon. gentleman again, but I must ask him, in his own words, where or when I criticized any person, and who that person was.

Mr. BALFOUR.—My complaint against the hon. gentleman is exactly that his criticisms were all of this vague and obscure character. (Opposition cries of "Oh.") If he was merely narrating a very tragic and deplorable state of things without suggesting that blame existed anywhere, he was really wasting the time of the House of Commons. (Loud cries of "No.") It is only because the blame must rest somewhere, and in order that that blame may be brought home to the proper quarters—it is only on that hypothesis that it was legitimate to bring forward this horrid description at all. (Cheers.) I am not aware that the hon. gentleman made any secret of the fact that he thought that in the organization of the advance to Krondstad there had been mistakes made as to the transport arrangements for which some one was to blame. (Hear, hear.) But I return to the hon. gentleman's speech. Nobody here has attacked his facts or his motives. But if everybody whose motives are criticized or whose facts are attacked is to form part of the committee, it is to be constituted as to its constitution, it is evident that the task of the Government would be never ending; and we should have to consult, not only the hon. gentleman, but the many eminent persons with whom he has come into contact in this controversy. It is evident that they cannot all be members of the commission; and that if they were they would be much more occupied in fighting among themselves than in investigating the charges committed to them. (Cries of "Oh.") But the hon. gentleman appears to think that we have shown an almost callous disregard of his feelings. I hope that we are not open to that charge; but the fact is that I did not in this matter consider the hon. gentleman one way or the other. In constituting this committee I did not think of the hon. member at all from the beginning to the end of the business. (Ironical laughter and cheers.) I hope it does not show a hard and callous heart on my part, but that is the fact. The hon. gentleman, in accordance with his sense of duty, brought forward facts—or what he believes to be facts—and laid them before the House. When he had done that, I thought he had done all that his sense of duty required him to do, and that we might put him and his proceedings out of sight. (Ironical cheers and laughter.) And yet to work to find out what foundation there was for the charges which he had made. The difficulties, the somewhat imaginary difficulties of the hon. gentleman under needless treatment which he has received are blivary evils, and I think a little common sense will convince him that they have no real existence in fact. I leave the hon. gentleman's personal complaints to come to the more objective criticism of the right hon. gentleman. In his speech the right hon. gentleman seemed to think that he was an atom that, on the face of it, this was not the kind of commission which would command the confidence of the country. (Cheers.) On the face of things, it seems to me exactly the kind of commission that would command the confidence of the country. (Cries of "Oh.") No doubt it might be possible to find two additional persons who are thoroughly competent to join in this inquiry. But my own view of a committee of investigation is that the smaller it is the quicker it will work and the more effective. That is the only reason why the Government preferred a commission of three to a commission of five. There may be something to be said for a commission of five; but on the face of it, and on the obvious merits, there is an immense deal more to be said for a commission of three. If you have a commission of three it is impossible to conceive a commission which is more calculated than this one (cries of "Oh," and cheers) to carry out the work entrusted to it or which, on the face of it, is more impartial. What is one of the charges made against this committee? The charge is that there are two medical men upon it. These medical men have no connection with the Army Medical Department. There has been, as the House knows, a considerable conflict between the profession and the Army Medical Department, and I should have thought that if there was a danger it was the danger of injustice to the Department, who are carrying on their duties under conditions not very familiar to doctors and surgeons at home accustomed to the perfect equipment of a London, Edinburgh, or Dublin hospital, and likely to be shewn beyond reason at the inevitable shortcomings which it is admitted on all hands must occur when you are dealing with the exigencies of a rapid campaign. (Hear, hear.) Therefore, I do not think that there is anything in the fact that these gentlemen are doctors which, considering their position, will make them in any sense lenient to the failures, if there have been failures, of the Army medical staff.

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Mr. HEMPHILL (Tyne, N.)—He is a professor at Trinity College. He is not in practice.

Mr. BALFOUR.—Exactly. That goes to show that Professor Cunningham is a man who is independent of those waves and currents of medical opinion which are regarded as objections to doctors. (Cheers.) Though not a practising doctor, and not actively connected with the medical profession, he is, however, taken to degrees in medicine and surgery and is thoroughly well equipped from a professional point of view. There remains Lord Justice Romer; and can prejudice go further—I was going to say, can party feeling go further—than this commission on the part of the hon. gentleman opposite that because a man is an eminent professor, or an eminent physician, or a distinguished judge, he therefore cannot have those qualities of practical common sense which are supposed to be found in other more fortunate sections and branches of the human race? When Lord Roberts spoke of common sense he

6.0 did not mean to imply that doctors had not common sense, still less did he mean to say of so brilliant and distinguished a Judge of the High Court, and the business qualities and the impartiality and the power of collecting and sifting evidence like Lord Justice Romer, which are the qualities you want in a man who is to preside over a commission of this kind. This commission, as I have indicated it to be, has the great qualities of knowledge and impartiality stamped upon it. It has among its members some of the most highly qualified and independent members of the medical profession. It has as its head a Judge of the High Court in this country; and if a commission of that kind, then I despair of any Government or any House of Commons or any responsible Minister being able ever, now or in the future, to constitute a commission which shall command the confidence of the country. I am sorry that this deliberate attempt has been made before its labours have begun to assess the impartiality of the commission ("Oh, oh" and cheers); I deeply, I profoundly, regret it. I do not firmly believe that when the names I have mentioned go forth to the country the people will not agree with the critics of the Government on this occasion, but that they will universally feel that the Government have striven, by names unexceptionable in themselves and by the smallness of the number, of which complaint has been made, to give the best security that their labours shall not only be rapid and effective, but rapid and conclusive. (Cheers.)

Mr. ASQUITH (Fife, E.)—I think that the House, or at least the large majority of it, without any distinction of party, must have listened with astonishment and disappointment to the right hon. gentleman (cheers)—to some of the cheap sarcasms which the right hon. gentleman thought it to be in good taste to launch against his own supporter, the hon. member for Westminster, and the thin debating points he sought to make against the hon. member for Northampton. (Cheers.) I have never heard of the House as being singularly out of consonance with the feeling which animates the majority of the House. When the right hon. gentleman, in answer to the appeal made by my right hon. friend—and a more temperate and more reasonable appeal was never made by a leader of an Opposition—seems us of making this a party question, on this side of the House and of deliberately assailing this commission, I say that he is attributing to us motives which are entirely unworthy of any body of English gentlemen, and totally out of keeping with the feeling which pervades all classes of the community in relation to this most painful subject. (Cheers.) The right hon. gentleman fails to apprehend altogether the source and the character of that disappointment. We do not dispute in the least the eminent qualifications of these gentlemen. One of them, we know, President of the College of Physicians, and if you are to have a medical man on the commission, as you must have, I do not suppose it would be possible to have a better representative. Another gentleman is Professor of Anatomy in the University of Dublin. I have no doubt that he is a gentleman of the highest academic attainments, but whether a gentleman whose experience is confined to a chair of anatomy is most calculated to add strength to the commission is a matter on which I must be allowed to express a doubt. And as to Lord Justice Romer, no one who has had the great advantage, as I have had, of practising before him can dispute that he possesses all the highest judicial qualities; but when all is said, when all these admissions are made and I make them fully and freely, the right hon. gentleman has not met in the least degree, I will not say the protest, but the appeal, of my right hon. friend. What is the ground of it? It is this. Here is a matter which avowedly affects the feelings and the sentiments of a vast number of people in this country and the health and lives of our soldiers in South Africa, as well as our operations in subsequent campaigns. Grave charges, charges of the most serious character, vouched for not only by the hon. member for Westminster but almost by a cloud of witnesses, have been made in respect of the provision against sickness made in the course of this campaign. The Government confess that they want to have these charges investigated to the bottom, and by a body which will command universal confidence throughout the Empire. These being the conditions under which you are acting and the objects which you are professing—I believe honestly professing—seeking to attain in order to arrive at the best means of improving these conditions and of attaining these objects, you appoint a commission the majority of whose members will be medical men. I say I treat this primarily or fundamentally as merely a medical question is entirely to ignore some of the most important considerations. (Cheers.) It will very likely turn out—I make the hypothesis merely—that as far as doctors, nurses, and orderlies are concerned everything was done that human skill and devotion could do, given the conditions under which they had to act. It will then become a question whether the conditions under which they were acting were available conditions, or too great about by want of foresight or neglect on the part of those responsible. If so, who is responsible for that state of things and how can its recurrence be obviated? It is trifling with the intelligence of the country to say that an investigation of that kind, a commission composed mainly of professional medical men, is the best commission that could be constituted. If the right hon. gentleman will allow us to treat this question in a dispassionate and impartial spirit, I want, if I can, like my right hon. friend, to come to a *verdict* instead of a *verdict* to us all. (Cheers.) May I once more, notwithstanding all that the right hon. gentleman has said, put it to him whether, in the interests of securing unanimity in this House and general confidence in the country, he should not accept the suggestion, the most temperate and moderate suggestion, of my right hon. friend—not necessarily, of course, now—to add to this commission two men of experience in business, men of reputed common sense, men whose names would command general confidence? If he will give a response to that appeal, I believe he may confidently count on ascertaining the truth, on fixing the responsibility on the right shoulders, and, more important than all, on preventing a possible recurrence of this horrible state of things. (Cheers.)

COLONEL SAUNDERSON (Ayr, N.) said he should not like Her Majesty's Government and his right hon. friend to believe that all those who sat on the constitutional side of the House were satisfied with the constitution of this commission. (Hear, hear.) His right hon. friend said that the smaller the commission

the better; but his right hon. friend might just as well have appointed one doctor to examine the question. The object they all had in view was to find out all the truth about this question. He expressed no opinion with regard to the statements of the hon. member for Westminster, but, believing in his veracity, he had no doubt that what his hon. friend said he saw he did see. (Hear, hear.) The treatment of the sick was not the only question to be inquired into. The question also was whether these events in South Africa and the horrible sufferings so vividly described by his hon. friend could have been obviated or not. They wanted to find out whether the allegations of the hon. member were true, whether the medical appliances and equipment were satisfactory at Bloemfontein and elsewhere, whether the transport was to blame in not bringing up to Bloemfontein those appliances which his hon. friend stated might have been brought up. If the allegations of the hon. member for Westminster were true, blame was undoubtedly due to the want of proper effort to bring up in time medical aids and appliances. If the Government wanted the commission to have any weight in the country it must not be a commission of which the majority were doctors.

CAPTAIN NORBON (Newington, W.) spoke in a similar sense, and urged that the commission should be strengthened by the addition to it of two gentlemen who should have some special knowledge of transport.

SIR M. STEWART (Kirkcubright) was certain there would be the greatest possible disappointment in the country if the right hon. gentleman did not yield to the demand made from the front Opposition bench.

Mr. ARNOLD-FOSTER (Belfast, W.) pointed out that there was a chance of a general inquiry into the conduct of the war, and, if the House withdrew from such general inquiry the work of the Army Medical Department, they were all the more bound to make the inquiry into that department thorough and complete. He could not convince himself that the commission as proposed would be able thoroughly and satisfactorily to investigate the question of the efficiency of the Army Medical Department. He should like to see some one on the commission who would feel it his duty to ask whether the organization of the department was such as to enable the medical staff in South Africa to work with the maximum of efficiency, and whether any proved absence of efficiency was referable to want of previous organization. (Hear, hear.)

630 Mr. BALFOUR.—After what has fallen from my hon. friend who has just sat down, I would venture to deprecate any extension of the already large subject of inquiry which is to be committed to this body of gentlemen. When they have completed their labours, either they or another commission may be entrusted with the inquiry my hon. friend desires. But let us in the first instance try to get to the bottom of this specific and limited, though all-important, subject. I would ask my hon. friend to take that as a sufficient reply, as indicating, at all events, my personal opinion on the point he has brought before the House. May I also say that I certainly never intended to reflect on gentlemen who sit on the front Opposition bench? I am not aware of anything that has fallen either from the leader of the Opposition or from his immediate confidence which indicates that he or they had any desire from the beginning of time to transmute this into a party question; and if I used any phrase that justly bore that meaning it must have been by inadvertence. I certainly neither felt it nor thought it. It is perfectly evident that the general sense of the House is in favour of an increase in the size of the commission. (Hear, hear.) I frankly say that, in my opinion, the House is wrong. (Laughter.) I think the proposal of the Government was unquestionably a businesslike proposal and one likely to lead to the most rapid and satisfactory results. But I notice that not only those who may be said to be professionally opposed to the Government take a different view, but also the right hon. gentleman opposite and friends on this side of the House who are anxious that this commission should enjoy general confidence. It is because I fear that the kind of criticism passed on both sides of the House on the commission in its narrower aspect may shake the belief in it of some outside this House that I think the view held by the House is one which ought to be considered by the Government and considered very favourably. (Cheers.) I do not think, after what has occurred, it would be possible to restrict the number to three. I ought frankly to say to the House that I cannot ensure that the three eminent gentlemen I have named can be regarded as having given a final assent to serving on the commission. I know that the chairman was greatly infected to go through all the toil and responsibility which presiding over such a commission would entail upon him by the fact that he thought the smallness of the number would greatly facilitate the operations of the body. I certainly shall have to appeal to him again to leave his services at the disposal of the country. (Hear, hear.) Though I think the two eminent doctors—or, rather, the eminent doctor and the eminent man of science—who have already accepted places on the commission know too much of the House of Commons to take quite so readily the criticisms which have been passed (Opposition cries of "Oh, oh"), still I confess that after they have read the statements in debate that the fact of their being doctors prejudices them in favour of the Army medical service, and that their opinion is not to be trusted on that ground, they may, perhaps, think that they are not called upon to go through all the labours that the work of this commission will entail. I earnestly hope that will not be the case. I think myself they would be very ill-advised if they took too seriously this particular class of criticism, and I should regard it as a great public calamity if in consequence of these somewhat reckless attacks (cries of "Oh, oh") from the Opposition benches) they should think it necessary to decline to serve. (Hear, hear.) In the meanwhile, I shall do my best, though against my own judgment, to consult with my colleagues as to how we can best increase the number from three to five. (Hear, hear.) I imagine that the House will, at all events, agree with me in this, that the one thing to be avoided is the appointment of a politician by preference.

Dr. FARQUHARSON (Aberdeenshire, W.) thought it would be wise to strengthen the commission by the addition of business men.

The motion was then by leave withdrawn.

Mr. BALFOUR last night announced the constitution and terms of reference proposed by the Government for the promised commission of inquiry into the treatment of the sick and wounded in South Africa, and was promptly compelled by the manifest dissatisfaction of the House of Commons to promise that its constitution shall be modified. We have no doubt at all that the country will be in accord with the sentiment of the House, and that the commission as proposed by the Government is not so constituted as to conduct the inquiry in the manner called for by public opinion and feeling. Mr. BALFOUR proposed a commission of three, consisting of LORD JUSTICE ROBERTS, DR. CHURCH, the President of the Royal College of Physicians, and PROFESSOR CUNNINGHAM, the occupant of the Chair of Anatomy and Physiology in Trinity College, Dublin. No exception was taken in the course of the debate—except by Mr. BURDETT-COUTTS, who said he strongly objected to one of the three—to the competence of these gentlemen for the work in hand. The complaint was that the commission so constituted would be lacking in the breadth required for dealing with a subject involving very much more than purely medical considerations. Or, as SIR HENRY CAMPBELL-BANNEMAN put it in his studiously temperate and public-spirited appeal, that there is not a sufficient representation of ordinary laymen. In other words, the commission proposed by the Government is excellent so far as it goes, but it does not go far enough. It does not represent the ordinary non-professional business common sense which is pre-eminently required in such a case, and which LORD ROBERTS, with his usual common sense, stipulated for in addition to the elements supplied by one or two medical men. We cannot quite follow Mr. LASCHER in his distinction between a Judge like LORD JUSTICE ROBERTS and a man of business. It would be impossible to name a chairman for the commission better fitted than LORD JUSTICE ROBERTS to supply the robust common sense required. But when he is only one in three and when the other two are in different ways medical specialists, it is hardly too much to say, with COLONEL SACKENSON, that Mr. BALFOUR might almost as well have named a single doctor to carry out the investigation. We want the majority of the commission to represent the business common sense of the community plus the judicial acumen of a trained lawyer. Then the two medical members will fall into their proper place, giving in due quantity that professional element which, taken alone, would not work out the result desired by the country.

It is extraordinary that a man of Mr. BALFOUR's ability should have completely failed to understand what is surely a very simple and straightforward view of the matter. Instead of applying his mind candidly and judicially to the plea put forward in the most conciliatory manner by the leader of the Opposition he made a speech of extreme petulance full, as Mr. ASQUITH expressed it, of "cheap sarcasms and thin debating points." He treated Mr. BURDETT-COUTTS as if he were a kind of public enemy, instead of a man who related what he saw, was content to remain anonymous while he had no serious charges to make, and manfully appended his name to his letter when he felt it his duty to make statements of a very painful kind. Having accused him of attacking LORD ROBERTS, Mr. BALFOUR turned round and said that what he objects to is that Mr. BURDETT-COUTTS does not attack anybody. It seems that no one has the right to criticize anything that happens under the present Administration unless he is prepared to fasten the responsibility on some individual. Mr. BALFOUR has answered himself by his contradictory charges, but with extraordinary infelicity he has contrived to be wrong in both. We all know that in a sense LORD ROBERTS is responsible for everything done in South Africa. But in the same sense LORD LANSDOWNE is responsible in a higher degree than LORD ROBERTS, and LORD SALISBURY than LORD LANSDOWNE. Common sense tells us that there are degrees of directness in the general responsibility, and no attack upon either COMMANDER-IN-CHIEF or SECRETARY OF STATE or PRIME MINISTER is involved in the statement of facts showing that something is wrong. That a great deal was wrong in the treatment of the sick we

know upon the testimony of a great many witnesses besides Mr. BURDETT-COUTTS. That some of the failures were unavoidable we are all ready to believe, but that none of them could have been averted by foresight and better organization is what the Government have to prove. Mr. BALFOUR's whole treatment of the question was deplorable, and showed that he is completely ignorant of the temper of the public and of the House. His speech did more to condemn his proposed commission than all the strictures passed upon it. When he had finished, the commission, as proposed, did not find a single defender, while on the Unionist side there were numerous significant objectors to the Government's nomination.

In his second speech, bowing, though with a strongly-expressed adhesion to his own proposal, to the obvious desire of the House, Mr. BALFOUR showed better taste and temper. But even then he could not resist the temptation to cover his retreat by saying that he was moved to yield by the feeling that, after the "reckless attacks" made upon the men he proposed, the authority of his commission was destroyed beforehand and that he even feared they might decline to serve. There was no attack whatever, whether reckless or otherwise, upon any one of the three. There was only complaint that they are set to do work which requires other agencies. However, the main point is that, however ungracefully, the Government have yielded, and two men of recognized common sense and business faculty are to be added to the three already nominated. Though Mr. BALFOUR was extremely sarcastic upon Mr. BURDETT-COUTTS for thinking that in all the circumstances the Government might consult him in the selection of one of them, we scarcely think that the public, which is indebted to Mr. BURDETT-COUTTS for the inquiry, will regard his view as unreasonable. It would be a graceful and wise thing at the same time to consult the leader of the Opposition, so that the additional names should be those of men commanding the confidence of all parties. The Government may as well recognize that this matter has gone too far and touches the country too deeply for any policy of minimizing or hushing up to have any chance of success. The stronger the commission can be made and the more thoroughgoing its investigations the better in the long run for all concerned. Mr. BALFOUR is anxious not to extend its reference, which excludes inquiry into the working of the Army Medical Corps. But that will have to be inquired into. It may be noted as significant that in his letter to the *British Medical Journal* Dr. CONAN DOYLE asks how an organization constructed for two army corps could overtake the work of an army of 200,000. How, indeed? But why was an army of 200,000 not provided with more than the medical equipment of two army corps?

MR. BURDETT-COUTTS'S CHARGES.

In the *British Medical Journal* appears a letter from Dr. Conan Doyle on the epidemic of enteric fever at Bloemfontein. Dating from "The Langman Hospital, South African Field Force, Bloemfontein, June 5," Dr. Conan Doyle says:—

When the nation sums up its debt of gratitude to the men who have spent themselves in this war I fear that they will almost certainly ignore those who have done the hardest and the most essential work. There are three classes, as it seems to me, who have put in more solid and unrelenting toil than any others. They are the commissariat, the railway men, and the medical orderlies. Of the three, the first two are the most essential, since the war cannot proceed without food and without railways. But the third is the most laborious and infinitely the most dangerous. The outbreak of enteric among the troops in South Africa was a calamity the magnitude of which had not been foreseen, and which even now is imperfectly appreciated. We naturally did not dwell too much upon it while the war was in progress. But it was appalling in its severity, both in quantity and quality. I know of no instance of such an epidemic in modern warfare. I have not had access to any official figures, but I believe that in one month there were from 10,000 to 12,000 men down with this, the most debilitating and lingering of continued fevers. I know that in one month 600 men were laid in the Bloemfontein Cemetery. A single day in this one town saw 40 deaths. These facts would have stiffened the resistance at Pretoria if they had been generally known. It is only now, when the worst is past, that they can be talked of.

THE HOSPITAL ORDERLY.

How was this unforeseen and unprecedented crisis grappled with? Entirely by the efforts of the medical men and by the devotion of the orderlies. When a department is confronted by a task which demands four times more men than it has, the only way of meeting it is for each man to work four times as hard. This is

exactly what occurred, and the crisis was not. In some of the general hospitals orderlies were on duty for 36 hours in 48, and what their duties were—how sordid and obscene—let those who have been through such an epidemic tell.

He is not a picturesque figure, the orderly, as we know him. We have not the trim, well-mannered Army man, but we have recruited from the 88. John Ambulance men, who are drawn, in this particular instance, from the mill hands of a northern town. They were not very strong to start with, and the poor fellows are ghastly now. There is more of the dash and glory of war about the sallow, tired men in the dingy khaki suits, which, for the sake of the public health, we will hope may never see England again. And yet they are patriots, these men; for many of them have accepted a smaller wage in order to take on these arduous duties, and they are facing danger for 12 hours of the 24, just as real and much more repulsive than the scout who rides up to the strange kopie or the gunner who stands to his gun with a post-humous quarrel at him from the hill.

When the scouts and the Lanciers and the other picturesque people ride in procession through London have a thought for the sallow orderly, who has also given of his best for his country. He is not a fancy man—you do not find them in orderlies' ranks—but for solid work and quiet courage you will not beat him in all that gallant Army.

ANTI-TYPHOID INOCULATION.

There is one mistake which we have made, and it is one which will not, I think, be repeated in any subsequent campaign. Inoculation for enteric was not made compulsory. If it had been so I believe that we should (and, what is more important, the Army would) have escaped from most of its troubles. No doubt the matter will be fully threshed out in statistics, but our strong impression, from our own experience, is that, although it is by no means an absolute preventive, it certainly modifies the course of the disease very materially. We have had no death yet (and even) from among the inoculated, and more than once we have diagnosed the inoculation from the temperature chart before being informed of it. Of our own personnel only one inoculated man has had it, and his case was certainly modified very favourably by the inoculation.

THE SOLDIER IN HOSPITAL.

Of the courage and patience of the soldier in hospital it is impossible to speak too highly. We have had 500 cases pass through our hands, and can speak now from a fairly large experience. I had always imagined that in every large army there must be a minority of shirkers and shivers, but they are singularly absent in the South African Field Force. I have not had more than two or three cases in my wards which bore a suspicion of malingering, and my colleagues say the same. They are uniformly patient, docile, and cheerful, with an inextinguishable hope of getting to Pretoria. There is a gallantry even about their delirium, for their delusion continually is that they have won the Victoria Cross. One patient, whom I found the other day rummaging under his pillow, informed me that he was looking for "his two Victoria Crosses." Very touching, also, is their care of each other. The bond which unites two soldier pals is one of the most sacred kind. One man shot in three places was being carried into Mr. Gibbs's ward. I lent an arm to his friend, shot through the leg, who limped behind him, "I want to be next Jim, 'cos Jim looks after him." That he needed looking after himself seemed never to have occurred to him.

THE SPECIAL HOSPITALS.

I do not think that any men have ever expended money better than those who fitted out the private hospitals. The officers of the Army Medical Department freely admit that they do not know what they would have done without their aid. They arrived out here at the very moment when the sickness was becoming alarming, and they took their share of the strain. The epidemic was at its height. The large general hospitals found it difficult to get to work on account of the pressure on the line which prevented them from getting up their bulky equipment, but the private hospitals, more compact and mobile, got to work almost at once after their arrival. The pressure was severe. Our own hospital, with equipment and personnel for 100 cases had 150 cases, most of them virulent Paratyphoid enteric, shot upon them, and had to cope with them as best they might. But the men had come out to work, and the orderlies, though untrained, never once grumbled at the great exertions which were called for. Without the Yeomanry, the Portland, the Irish, the Scotch, the Welsh, and the other hospitals fitted up by private effort, and manned by volunteers, it is difficult to see how the epidemic could have been met.

THE WORK OF THE R.A.M.C.

There is sure to be some adverse criticism of the Army Medical Department after the war, because they have had to meet so difficult a situation with such inadequate resources that it is impossible that there should not be particular instances where the machinery has broken down. A captious critic could quote cases of an over-filled, under-manned hospital without medical necessities in one place, or of hardships endured by the sick and wounded in another. How can it be otherwise, when a department which is sufficient for the needs of two Army corps has to provide for the wants of 200,000 men with typhoid raging among them? Taking it on the whole, the department has been well organised and well worked, and has met an unforeseen and exceptional state of things with remarkable success.

"SIMPLE CONTINUED FEVER."

The statistics of the campaign are likely to be vitiated by the employment of the vague and unscientific term, "simple continued fever," so largely used in the army returns. A great number of cases were classified under this head, and such terms as "veld fever," "camp fever," etc., were freely used. I think that nearly all medical men have come to the conclusion that all, or at least most, of these cases were really enteric of varying types and degrees of severity. Our senior surgeon, Mr. Gibbs, performed post-mortems on several cases which presented abnormal features, but never without finding the characteristic ulcers.

A. CONAN DOYLE.

Twenty-eight invalided Canadian soldiers from South Africa were among the passengers who left Liverpool yesterday afternoon for Canada on the Allan liner *Parisian*. Of the 1,150 who responded to the call in November, only 350 remain on active service at the front. Questioned as to the treatment of the sick and wounded, one of

the men admitted that it was very bad at times, though it might have been worse, and Mr. Burdett-Coutts's charges seemed exaggerated. He had suffered from enteric and had experience of both field and general hospitals, as had his 27 invalided comrades, who were fever convalescents. The treatment of sick and wounded in general hospitals was kindness itself. As to field hospitals, he did not like to say anything nasty because of the kind way they had been treated at Wynberg and in England, but he added:

I must say that, even allowing for the exigencies of war, the field hospitals were awful places. We were not nursed by women. It would not be fair to expect those good, kind souls to follow us to such dangerous places, although I know some who faced all the horrors of the campaign on the field to attend to us, and they have paid the penalty with their lives. We were attended in field hospitals by orderlies, many of whom were dirty and unprincipled. I lay for some time in the field hospital at Bloemfontein, and while I was helpless with the enteric some of the rascally orderlies had been busy with my belongings, for when I came to myself I found that every penny I possessed had been stolen. When I was taken to the hospital I had in my pockets a large number of Boer coins ranging from a threepenny piece to a sovereign, £2 in English money, several curios and cartridges I picked up on the battlefield at Paardeberg as a memento of the awful time we had in storming the chameleon house, but it all went, and moreover they even sneaked my khaki suit, and when I was strong enough to be removed to the general hospital at Wynberg I had to go in hospital clothes and had not a farthing to bless myself with.

Mr. Burdett-Coutts's reference to the medical arrangements made after the Stormberg retreat induces a lady, who gives her name and that of her correspondent, to send us the subjoined extracts from letters received by her from an officer who was present at and after the retreat:—

Dec. 12, 1899.—It was a hard night and day. I, but the R.A.M.C. got through the work with credit to themselves. Three officers and eight men remained on the field attending to the wounded and were taken prisoners. Two, Major Lilly and Mr. Humphrey, have since been released, and are now with us. Mr. Nicholson is still with the Boers and is being made use of to attend to our wounded at Queenstown. In the orders were, "Retire on Queenstown at once," we had to try and get off the wounded first, in case we should be pursued. By real hard work we managed to get them all made comfortable, fed, dressed, and extricated in good time, starting them off to Queenstown. In the afternoon they arrived there all safe. I went down to see after them next day, and found them all doing well and well taken care of. Got them off next morning to East London and on board the *Trojan*.

Dec. 12.—The local papers gave us great kudos for the arrangements made.

Speaking at Sheffield last night, Sir Walter Foster, M.P., dealt with the charges of improper hospital accommodation in South Africa:—

He said he believed that half the sick soldiers might have been saved if they had been nursed under healthier and proper conditions. He did not blame the generals; the horrors were due to some fault of administration, and he hoped the promised inquiry would be a thorough and an honest one. With such an army in the field and the conditions under which it fought, the outbreak of disease ought to have been foreseen and provided for.

TO THE EDITOR OF THE TIMES.

Sir,—I regret that, being en route between Edinburgh and London, I was not in the House this afternoon when Mr. A. J. Balfour announced the names of the medical men who are to act as Commissioners to inquire into the treatment of the sick and wounded in South Africa. Had I been there I should have expressed the opinion, founded on my long professional and general knowledge of the gentlemen selected, that a more happy choice could not have been made, and that, had I been asked to nominate two men specially distinguished by their judicial quality of mind and by their absolute impartiality of judgment, I should have named Dr. Church and Professor Cunningham.

I am, Sir, &c.

JOHN BATTY TURK, M.P. Edinburgh and St. Andrews Universities.
House of Commons, July 5.

THE TIMES, SATURDAY,

JULY 7, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—In Monday's issue you were kind enough to publish a letter of my father's quoting from a letter written by myself when in the much-discussed No. 9 General Hospital at Bloemfontein.

There are, however, two points absolutely essential to a clear understanding of the matter which were not touched upon in that letter, and, indeed, have been completely ignored during the whole discussion.

It is of primary importance to pick up sick and wounded men at once. What worse fate could befall a man than to drop out on the line of march and die, alone on the veldt, of cold and fever and starvation? Hence, as regards the field hospitals, to obtain the maximum of mobility is the first object. It is no question of finding the happy medium between comfort and mobility. Up to a certain point everything must be sacrificed to mobility. Mr. Burdett-Coutts's complaint that there were no beds (!) in the field hospitals considerably damages what might otherwise read as a very powerful indictment.

Every South African general hospital has what is called a "rest camp" attached to it. In these camps

are placed the men who, being convalescents, are merely recruiting their strength prior to their journeying further south or rejoining their regiments. It is these rest camps which have been so persistently described as hospitals and abused as such. The hospitals throughout consist of marquee tents furnished with spring bedsteads and every conceivable comfort. Doctors, nurses, and orderlies are in attendance, and the patients are served out with the regulation blue flannel lined hospital clothing. In the rest camp the men wear their own khaki, sleep in bell tents on waterproof sheets and blankets, and are not nursed in any way, save that orderlies draw their rations for them and a doctor sees each man once a day. In every case, except at Bloemfontein, fresh clothing was issued to men leaving the hospitals for their respective rest camps. At No. 9 Bloemfontein, men were only in the bell tents for three or four days preceding the arrival of railway carriages (or trucks) in which to send them down country, when they would again put on blue hospital clothes and might throw away their old garments for all further use they were likely to have for them.

En passant I may say that I absolutely refuse to believe the statement that men in the bell tents at No. 9 Bloemfontein were sleeping in two inches of water. The camp is pitched on a gentle slope, there are no hollows or depressions in the ground, and from a five-years' previous experience of South Africa I can safely say that it is impossible for water to stand there at all; and the slightest scraping of a trench round each tent, which these convalescents were quite capable of doing, keeps the interior perfectly dry.

As regards the overcrowding in the bell tents, I was there in the thick of the rush of enteric cases at the end of April and I never saw more than seven men in a tent. The hospital system may be briefly defined thus:—A long line of hospitals, hospital trains, and hospital ships extends from the Free State to Netley. At one end of the line is Bloemfontein, used as a collecting station. It receives, sorts, and forwards on the sick and wounded brought in by the light, rapid-moving field hospitals. Overcrowding takes place at this collecting depot whenever a block on the railway and an unexpected influx of sick occur simultaneously. On account of the small quantity of rolling stock available, it is extremely difficult to obtain even trucks for the transmission of the sick. Once started down the line, everything goes like a beautifully regulated machine—without trouble, care, or anxiety you are transported steadily homewards and deposited at Netley.

J. W. DUNNE, Trooper 26th Co. 7th Batt.
Imperial Yeomanry.
July 3.

British Medical Journal.

SATURDAY, JULY 7TH, 1900.

MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

THE debate which took place in the House of Commons on June 20th on the failures alleged against the military medical arrangements in South Africa was deeply interesting, but largely inconclusive. Mr. Burdett-Coutts, in a speech which lasted nearly two hours, repeated many of the statements made in his letter published in the *Times* on June 27th, added some details as to what he had seen, drew certain inferences from what he had not seen, and hinted that he could say a great deal more if he would. It was rather unfortunate that Mr. Wyndham had to begin the debate, for we should have been glad to have heard the Under-Secretary deal with some of the fresh matter brought forward by Mr. Burdett-Coutts with the frankness and lucidity which characterised the speech in which he reviewed the situation. He pointed out that there were three questions to be answered. First, were the allegations true? secondly, if true or partially true, could the evils have been prevented by more lavish provision on the part of the War Office or greater zeal and intelligence on the part of officers in South Africa, and especially officers of the R.A.M.C.? and, thirdly, are the evils remedied or in course of being remedied? To the first question Mr. Wyndham made answer that it was no doubt true that the sick and wounded in Bloemfontein had suffered terrible hardships, but he urged that Mr. Burdett-Coutts had painted a picture of one place at one time, and that a true picture of the medical arrangements throughout could be painted only by representing other facts in place and time to which Mr. Burdett-Coutts had not alluded. To the third question we understand Mr. Wyndham to have returned an affirmative answer. The main interest and most of the speeches in the debate therefore turned on the answer to be given to the second question.

Unfortunately, but no doubt inevitably, the debate had a very strong party complexion. The Opposition accused the Government of seeking to shelter itself from the consequences of its own want of foresight by casting blame on Lord Roberts, and the Government retorted that the Opposition was for party purposes striking at the commanders in the field in the hope of wounding the Government through them. We may fairly leave all this aside. Such accusations and retorts make up the current

and rather base coin of the political exchange.

A careful study of the statements made by Mr. Wyndham and of the information received from our medical correspondents in South Africa leads to the conviction that there has been no slackness or want of provision shown by the heads of the Medical Department of the War Office in this country. The hospital accommodation for the sick and wounded and the medical stores sent out to South Africa from this country were most ample, and even in excess of the total needs at any given time.

But the distribution of these stores in time and place over the wide area of the seat of war has not always been such as could have been desired, or such as could have been confidently foreseen; being dependent on military exigencies, which could not always be controlled even by the general officers commanding on the spot, and of course entirely beyond the provision of the War Office at home. This was especially true of Bloemfontein from soon after the date it was occupied (March 13th), after the forced march across country, down to the end of April or beginning of May. The hospitals, fully equipped, were ready in Capetown; the P.M.O. there noted in his diary on April 10th, "There are three general hospitals trying to get to Bloemfontein. The traffic is so great that I am unable to get them through." The question therefore is narrowed to this: Why were they not sent up? The War Office military answer is first, that railway communications were not restored even partially until March 19th, and that the bridges were not repaired until a fortnight later; and secondly that after the railway was open it was essential to the very existence of the army to get up 500 tons of food and stores a day, and in order that it might be in a position to advance it was equally essential to send up another 500 tons of military stores a day. Mr. Burdett-Coutts retorted, and we think with a good deal of force, that "one day's trains on the railway would have saved the whole position of the sick and wounded." Underlying the defence made by the War Office there appears to be the fallacy that the medical is not an essential and integral part of the equipment of an army, deserving to rank not after but with food. In an emergency a healthy man will suffer less from being put for a short time on short rations than a sick man from being deprived of the shelter and food which, if provided at the right moment, may shortly restore him to his place in the fighting force. The greatest service that the Commission which Mr. Balfour has promised to send out to South Africa could render would be to go into this question thoroughly. Mr. Burdett-Coutts complained, and it was really the only serious criticism of the army medical officers throughout the whole debate, that they did not display sufficient prevision and obstinacy in fighting for hospital supplies. But Mr. Burdett-Coutts did not indicate in what way or towards whom the medical officers were to have asserted themselves, or whether, indeed, they had the power to do so. This we do know, that the local rank of surgeon-general has been withheld from the principal medical officers, and in this way the military status and authority of those officers—ranking only as colonel or lieutenant-colonel—have been seriously curtailed. That is a point which demands elucidation.

As to prevision, when Sir Walter Foster said that the outbreak of enteric fever which had occurred in Bloemfontein in March among the troops who had been drinking the polluted water of the Modder River during the week for which Cronje had held out in his laager at Paardeberg could have been foretold, Mr. Wyndham interrupted with the statement that it was foretold. It is satisfactory to have this assurance publicly made, though it was, in fact, not needed, for it is certain that this must have been one of the chief preoccupations of Colonel Stevenson, the Principal Medical Officer with Lord Roberts, and we know that the first thing he did on arriving at Bloemfontein was to take over as many suitable buildings as he could obtain, and to organise a hospital of some 700 or more beds in them. This was in the middle of March. We know from Mr. Wyndham that the chief of the staff knew then that the medical officers expected that a large number of cases of enteric fever would very shortly occur. On March 21st one general hospital was idle at Capetown, and a fortnight later two more arrived from home, but the Principal Medical Officer at the base entered in his diary, "I cannot say when 9 and 10 will get through. Hospitals are urgently required in the Free State." Again, we cannot doubt that the responsible medical officers pointed out the greatly-increased risk of the spread of the enteric fever already present in Bloemfontein due to the fact that the main water supply of the town was cut off on April 3rd, and that the troops would have to depend entirely on wells in and about the town, but it was only some weeks later that the general hospitals idling at Capetown were allowed to

¹ We have been deprived for some time of the comprehensive and impartial letters of our correspondent in Capetown owing to the unfortunate circumstance that he contracted typhoid fever some eleven weeks ago.

go up. It is impossible not to share the fear to which Dr. Farquharson gave expression during the debate that "the chief of the military staff in this war and others had not always taken the Principal Medical Officer as much into his confidence as he might have done." Mr. Burdett-Coutts said that he felt certain that the blame for the deficiencies which he alleges, and which the War Office admitted did to some extent occur, "did not rest upon the Army Medical Service. He was afraid it rested upon the deficiencies of a system which was entirely unelastic. He felt that the policy which had governed the system of transport had not shown sufficient consideration for the needs of the sick." This, then, is the question at issue, and we do not wish to prejudge it. One point—the seriously undermanned condition as regards both officers and men of the Royal Army Medical Corps—was merely touched upon in the debate, but we are much mistaken if that does not form a very prominent and vital question in the promised inquiry arising out of Mr. Burdett-Coutts's allegations.

As was perhaps inevitable, the criticisms of the arrangements for the treatment of the sick and wounded in Bloemfontein and Kroonstad have been in some quarters interpreted as an attack on the Royal Army Medical Corps. It is only fair to say that Mr. Burdett-Coutts has formally

THE NURSING OF THE SICK AND WOUNDED.

MR. CLINTON T. DENT delivered an address at St. George's Hospital on July 4th on the general principles on which the nursing of the sick and wounded in war is conducted, and on the special conditions which have had to be met in the campaign in South Africa. He considered that the general principles on which the nursing was conducted were not appreciated. The army nursing system was essentially different from that which obtained in civilian hospitals. The description published of the nursing at Bloemfontein had come as a rude shock to many. The events to which attention had recently been called by Mr. Burdett-Coutts took place after he (Mr. Dent) had left South Africa, and in towns which he had not visited, but from what he had seen he had formed the opinion that while the hospitals in South Africa were most distinctly good, they ought to have been fifty per cent. better. A base hospital, properly speaking, contained 520 beds, of which 20 were for officers, but this number might be increased indefinitely. Nine nursing sisters were allotted to the 520 beds, somewhere about 1 nurse for every 65 patients. At St. George's Hospital the proportion was 1 to 3. The number of orderlies allowed was 78 for a base hospital, and if these were added to the nurses the proportion of nursing attendants was about 1 to 5. The orderlies, however, had to work as porters, as wardmaids, and on transport work. The orderlies did their work well with a certain amount of supervision, but night work left much to be desired. Extra nurses had to be procured, and many fully-trained nurses were engaged in Natal. There were now about 600 nurses engaged in this service; but there were 18,000 beds to be nursed in South Africa, and nurses should be sent out by thousands. The quality of the nursing had not struck him particularly favourably. Whether it was due to the nurses and the orderlies nursing together he could not say, but he hoped it would be inquired into later on. The nurses constituted themselves the superintendents of the orderlies, and, on the whole, the plan worked remarkably smoothly, but the nursing, as a whole, suffered. In December, at Wynberg, there were not more than 2 or 3 cases of enteric fever, but there were a good many cases in Natal, and after Paardeberg the great outbreak of enteric fever occurred. He had never seen enteric fever of such severe type, and it had been anticipated that the mortality at the end of the war would be somewhere about 30 per cent., but the mortality had been much below what was expected according to the figures quoted by Mr. Wyndham on July 3rd in answer to Sir W. Foster. Discussing the question of accepting untrained women as nurses, Mr. Dent said he was wholly with the medical authorities in their decision to have none but thoroughly-qualified and fully-trained nurses in the hospitals. He considered that the entire nursing at a base hospital should be done only by women. In regard to the plague of women so much discussed, it was true to only a limited extent. The ladies who were such an extreme nuisance were practically confined to those living in one hotel in one town, and the matter had been exaggerated. In the field hospitals the usual number of beds was 100 with a staff of 14 orderlies. He had come to the conclusion that women should not be employed in these hospitals. Referring to the question of the proper supply of milk to the enteric cases, Mr. Dent explained that the difficulties of the conditions under which the milk had to be procured made it impossible to secure a regular supply, and to a great extent tinned milk had to be used. He concluded by pointing out that the results judged by figures were not unsatisfactory, for the number of those who had died in action and from wounds was 3,337, whilst the number of those who had died from disease amounted to 4,337.

THE ADMINISTRATION OF A GENERAL HOSPITAL.

THE following letter from Lieutenant-Colonel R. T. Beamish, R.A.M.C., the Principal Medical Officer of No. 8 General Hospital, will be read with interest at the present time. It gives some insight into the nature of the emergency created in Bloemfontein by the epidemic of enteric fever and of the way

in which it was met in the general hospitals. It would appear to have been written at a date subsequent to Mr. Burdett-Coutts's departure from Bloemfontein, but of course long antecedent to the publication of his letter in the *Times* which gave rise to the debate in the House of Commons last week. The opening passages of the letter, however, have reference to one of the earlier letters of the series "Our Wars and Our Wounded," all of which we are now given to understand have been written by Mr. Burdett-Coutts. It will be seen that Lieutenant-Colonel Beamish quite bears out the justice of the criticism published in the *Illustrated Medical Journal* on April 5th.

Our contentions, in commenting on these letters, were simply as follows: It is not the case—as was inferred—that strictly professional competence is officially considered secondary to administrative functions; the two are inseparably bound up, administrative ability being an outcome of true professional competence; no amount of civil professional skill can ensure administrative success without previous military training and experience; the discipline and administration of a military hospital can only be fully and properly carried out by an experienced military medical officer.

The establishment of these propositions, we conceive, entirely negates the oft-revived fallacy that medical labour could or should be conserved by setting up a dual military authority in army hospitals—such, in fact, as history painfully proves was so disastrous in former wars. Who, indeed, but a thoroughly-trained medical officer accustomed to military details could have grappled with the work suddenly thrown on the Bloemfontein Hospital, as described in the letter?

We trust this discussion will prove to the official as well as to the public mind that the successful military medical administration of base hospitals is not only of prime importance as a link in the military machine, but of vital interest to the sick and wounded soldiers themselves. We hope, also, it will remove misconceptions as to what has been termed "wasted energies" of medical officers and men, for successful hospital administration is synonymous with efficient professional organisation. There can be no waste in perfecting the autonomy of the Army Medical Service, and no going back by insidiously inserting dual authority in military hospitals on the pretext of conserving professional energy.

Sir,—In your issue of April 26th there is an editorial discussing certain letters of the *Cape Times* and the *Illustrated Medical Journal* on the organisation and administration of general hospitals, etc., and there is no doubt that some conclusions of the writer are, as you say, "apt to be misconstrued."

In contrasting the relative merits of marquees and "tortoise" tents as sick wards, the latter, in my opinion, do not in the least "reign triumphant," and whilst I agree that they are pretty and convenient inside, and suited for a perfect, temperate climate, they cannot for a moment compare with the lofty, substantial, and serviceable marquees, and have proved to be a failure.

Then as to the "lavish expenditure" on civil hospitals securing a "higher class of professional assistance," I am quite certain that the expenditure referred to is wholly unnecessary; for although we are all pleased and delighted with the presence of a famous consulting surgeon or physician, our experience proves to us that the average R.A.M.C. officer is quite capable of meeting confidently and successfully any emergency which may arise, while for all the thousand and one details of duty in a hospital, it is in camp, in the field, and in the theatre of war, incomparably more safe and efficient than any civil officer, however eminent in civil society. The foregoing is a truism of which anyone acquainted with the working of military hospitals and with the maintenance of the health and welfare of the soldier must be perfectly aware, and the universal experience of this campaign proves how indispensable are the education and the discipline imparted at Netley and Aldershot and in the service generally.

With regard to the observations re the duties of the principal medical officer of a general hospital, the writer is entirely mistaken if he imagines that these duties are confined solely to the duty of administration. My experience of the position is that whilst the P.M.O. must be the administrator and commander of the institution, he is also in the position of, as it were, senior divisional officer, and that at every hour of the day his professional knowledge and experience are in requisition.

For instance, he must see and approve of every operation requiring an anaesthetic, and must sanction the operative measure; he must make himself acquainted with all serious cases of disease or injury, and must carefully select and inspect every man about to be transferred to the base or other site; the greater portion of his time being occupied in these duties and in the supervision of the camp.

Administration in a great general hospital is really nothing more than higher and more responsible professional duty, and without a sound knowledge of the profession could not be properly or successfully exercised; and, after all, many years of his service must have been passed in the position of divisional officer, that is, in charge of large station hospitals at home or abroad. There is scarcely an hour of the day, and often of the night, that he is not consulted personally or on paper, and there is not an hour on field service when his professional and administrative interference are not required.

Take for example my own command. We came out equipped for 200 sick and wounded and pitched the marquees, etc., about two miles outside Bloemfontein upon an illimitable, sloping, and breezy upland, probably the finest position in South Africa. Immediately owing to urgent emergency the hospital was rapidly increased, till now it is equivalent to nearly four general or upwards of eighteen field hospitals in accommodation.

An idea of the work to be done may be gathered from a single occurrence. One evening at 7 o'clock in the dark a convoy of 100 sick and wounded arrived, an hour afterwards to more, and again 50 before 9 p.m., and you can imagine what this meant in inquiry, examination, arrangement, dietary, dressings, etc., and how everybody had to be on duty far into the night. Rarely does a convoy numbering less than 50 arrive, and for weeks they were chiefly from the Modder and round about Paardeberg and Thabane, almost all enteric fever patients; so that there are never fewer than from 500 to 600 diagnosed cases of this disease under treatment, many of a very severe type. With a diminishing staff through illness the duty on officers, nurses, and men has been heavy and continuous, but all work well and pluckily under immense pressure and determined to perform their several parts with credit and success.

The immense ocean of snowy canvas composed of stately marquees and bell tents arranged in mathematical order covers a wide area indeed and presents a most imposing spectacle from a distance; while the general disposition, order, cleanliness, and efficiency are the theme of universal comment and admiration.

R. T. BEAMISH,
Lieutenant-Colonel R.A.M.C.,
P.M.O. No. 3 General Hospital.

Bloemfontein, May 31st.

THE TIMES, MONDAY, JULY 9, 1900.

THE MILITARY HOSPITALS.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, JULY 6.

The defects in the management of the military hospitals have been chiefly confined to the base hospitals, where the strict adherence to official regulations and methods has, it is stated, been something of an obstacle in the way of amelioration.

A regrettable incident occurred here in the case of the Manchester Port, which sailed yesterday with a number of invalided officers sent from

the Wynberg hospital. The departure of the ship was delayed, but the officers were refused permission to sleep on board, while they could not return to the hospital owing to the arrival of an unexpected number of fever cases.

The staffs of the hospitals are insufficient and overworked, but up country the Army Medical Corps has done splendid service.

Soldiers with a tendency to malingering frequently complain of the diet in hospital, but it is at times purposely made spare in order to get them out. The appointment of the investigation committee will probably lead to reforms in the military management of the hospitals, but there are certain defects incidental to a campaign which it will be difficult to remedy.

There has been much stealing of hospital injuries, but the sick and wounded soldiers have been as well attended to as circumstances permitted, and they generally express satisfaction with their treatment.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—As a member of a colonial contingent present at Bloemfontein from March 12 to May 10, and one who was nursed through enteric in hospital there, I should like to express my own experience of the hospitals as against the alarming view taken by Mr. Burdett-Coutts. I saw 21 of my own men sent back from Paardeberg and cured. There was not a grumble of any kind. For myself, nothing could exceed the careful attention that was shown to me and to all near me from April 16 to May 10 in hospital at Bloemfontein, and I heard the same story from all those that I saw. For the first fortnight at Bloemfontein the soldiers were in rags, their boots without soles, most sleeping without covering in such rain, and both horses and men only half fed. Those in hospital were far better off, and they knew that everything humanly possible was being done for them, and there was no grumbling whatever. Ample food and stores had been provided, but it was impossible to bring them up, and all knew that. How could the hospitals and medical stores be otherwise? There was great pressure, and Mr. Burdett-Coutts may have seen instances where the work overwhelmed the workers; but his account becomes misleading and cruel if we apply it to the general hospitals with Lord Roberts's Army.

I am, yours obediently,
D'ARCY CHAYTOR, Lieut., New Zealand
Mounted Rifles, 4813
42, Ladbrooke-square, W.

MR. BURDETT-COUTTS'S CHARGES.

A correspondent sends us the following extract from a letter of a R.A.M.C. Volunteer:—"Tromsø, May 23.—"We reached Thabane Nchu on April 23, and pitched our hospital while the troops surrounded the Web. On May 1 we got shelled at a Long Tom for two hours; luckily no one was hit, but we had to transfer all the wounded to the town of Thabane Nchu, a mile back; we were under fire most of the way, and shells dropped very near us; luckily the ground was soft and they landed themselves deep in the ground before bursting. If we had been deep in rocks it would have been very different."

"Mammonia, June 2.—Now about the battle of Paardeberg on May 29. I don't know what you heard is alleged. We marched out from Senekal on the 20th, and reached camp five miles out; marched off again next morning at 7 o'clock, after being up till nearly 3 with some wounded Yeomanry. We marched three miles and then heard guns just in front of us. There we remained under shelter till 3 p.m., when we marched on four miles and came to the scene. The grass had been burnt, and the ambulances were dotted about. Perhaps three square miles of long grass had been burnt; it looked awful. We were hurried back to our morning camp and got in after dark; put up operating tents and got everything ready, all cooks making berrils, &c.; all medical stores out. Then the wounded began to come in. We got 80 in during the night and were dressing until 2.30 a.m.; after that again from 4.30 a.m. to 1 o'clock without a rest except five minutes at a time for meals. It was so cold that the water froze in the tents, and altogether awful. A lot of the wounded were badly burnt. . . . We were marched off at 2 p.m., as the whole brigade had to retire to Senekal. We got in about 6 p.m. and got all the wounded into the church and comfortable by 11 p.m., and then I was on night duty again, so I did not get much rest. Next morning we dressed from 6.50—1 o'clock, when we hauled over the wounded to the 12th Brigade Field Hospital. I gave my pyrexias to the hospital and had the satisfaction of seeing a wounded Grenadier officer lying comfortably in them. . . . We must have marched over 250 miles since we came out (about six weeks ago), and also we in hospital have treated as in-patients well over 300 men; during all that time we have only had three deaths, all from gunshot wounds."

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TUESDAY, JULY 10, 1900.

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Sir,—The ferocity—I can use no other term—which has characterized the attitude of the medical profession to the charges brought against the administration of some of the hospital arrangements in South Africa should have indicated to Mr. Balfour that the country would not tolerate a medical hole and corner inquiry, and that what was desired and would be insisted on was a representative committee with all interests fairly represented.

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The strange dislike that the Army doctor has for women nurses, so opposed to all our experience, has militated against the success of our hospitals, and the absence of gentlemen able to deal with climatic diseases outside wounds has been most painfully felt.

The inquiry must embrace the transport of medical stores of all kinds and also what representations, if any, had been made to the Executive, and how far consistent with other services they could have been complied with; to hold this inquiry fairly proper representatives should be on the committee.

I have the honour to be, yours,

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Sir,—At the present juncture, the following extract from a letter from my son who is a combatant officer in the Transvaal may not be without interest.

Your obedient servant, L.L.D.

"Enteric here like the 'flu' at home covers a multitude of evils. I do not think the disease has been as common as has been supposed, but it has been more fatal than the doctors will allow. Men are naturally afraid of it and construe any little passing ailment into its early symptoms. I have seen cases of indigestion and biliousness and such like, carried off to the hospital labelled enteric, and of course the men were very soon back again all right. These cases swell the admissions from enteric and make the death-rate look smaller than it really is. Of course we mustn't grumble for we can't expect out here all the comforts of a sick-room at home, and we have had to push on at any cost, but some of the poor fellows down with enteric have had a rough time of it. I wish we had had with us some nurses and doctors who know all about the best treatment of enteric."

"We all rejoice at Mr. Treves's remarks about the plague of women. When I was in Cape Town I was taken one evening to dine at the Mount Nelson Hotel; knowing the bloody work then going on at the front, it was shocking to see the smartly-dressed and fashionable women there immersed in luxury and frivolity, apparently thinking of nothing but amusement and admiration. It was just like a supper at the Savoy! But how about Spain Kop!"

TO THE EDITOR OF THE TIMES.

Sir,—This question can be put in a nutshell. In the last *Lancet* the following numbers are given (in round numbers):—Killed, 5,000; died of disease, 4,000; invalided home, 16,000. Add to this 7,000, 12,000, or, if you like, 17,000 for wounds cured on the spot—or to prevent cavil, say, 20,000 in nine months.

and rather base coin of the political exchange.

A careful study of the statements made by Mr. Wyndham and of the information received from our medical correspondents in South Africa leads to the conviction that there has been no slackness or want of provision shown by the heads of the Medical Department of the War Office in this country. The hospital accommodation for the sick and wounded and the medical stores sent out to South Africa from this country were most ample, and even in excess of the total needs at any given time.

But the distribution of these stores in time and place over the wide area of the seat of war has not always been such as could have been desired, or such as could have been confidently foreseen; being dependent on military exigencies, which could not always be controlled even by the general officers commanding on the spot, and of course entirely beyond the provision of the War Office at home. This was especially true of Bloemfontein from soon after the date it was occupied (March 13th), after the forced march across country, down to the end of April or beginning of May. The hospitals, fully equipped, were ready in Capetown; the P.M.O. there noted in his diary on April 10th, "There are three general hospitals trying to get to Bloemfontein. The traffic is so great that I am unable to get them through." The question therefore is narrowed to this. Why were they not sent up? The War Office military answer is first, that railway communications were not restored even partially until March 19th, and that the bridges were not repaired until a fortnight later; and secondly that after the railway was open it was essential to the very existence of the army to get up 500 tons of food and stores a day, and in order that it might be in a position to advance it was equally essential to send up another 500 tons of military stores a day. Mr. Burdett-Coutts retorted, and we think with a good deal of force, that "one day's trains on the railway would have saved the whole position of the sick and wounded." Underlying the defence made by the War Office there appears to be the fallacy that the medical is not an essential and integral part of the equipment of an army, deserving to rank not after but with food. In an emergency a healthy man will suffer less from being put for a short time on short rations than a sick man from being deprived of the shelter and food which, if provided at the right moment, may shortly restore him to his place in the fighting force. The greatest service that the Commission which Mr. Balfour has promised to send out to South Africa could render would be to go into this question thoroughly. Mr. Burdett-Coutts complained, and it was really the only serious criticism of the army medical officers throughout the whole debate, that they did not display sufficient prevision and obstinacy in fighting for hospital supplies. But Mr. Burdett-Coutts did not indicate in what way or

repudiated any such intention. In a letter dated July 4th, after disclaiming any desire to make "an individual attack on Lord Roberts or any other officer," he writes: "What can only be characterised as a misrepresentation, and one as groundless as the last and as widely circulated, is that I have attacked the personnel of the Royal Army Medical Corps, the doctors and nurses, for the manner in which they have performed their duties. No suggestion could be more untrue. Not only through out my series of articles in the *Times*, but in every word I have written or spoken, I have taken up an attitude most favourable to them. In the former I pointed out unfair disabilities which the system imposes on them; in the latter I have paid warm personal tribute to the work they have done under the very conditions I described."

It may be added that the *Times*, which published Mr. Burdett-Coutts's allegation observed in a leading article (July 2nd, 1900) that "If there was any thought of attack in the minds of reasonably informed persons the object of their hostility was the organisation of the War Office for which all parties were equally responsible. As for the personnel of the Army Medical Corps all observers and critics agree with Mr. Burdett-Coutts in giving unstinted and enthusiastic praise to the devotion—in not a few cases costing their lives—with which the members of that body have performed their duty in circumstances of overwhelming difficulty."

On Thursday afternoon Mr. Balfour announced that the Government had decided that the Commission should consist of only three members, and that Dr. Church, President of the Royal College of Physicians of London; Professor D. J. Cunningham, of Trinity College, Dublin; and Lord Justice Romer would form the Commission. These names will be accepted as guarantees of impartiality. We should, however, have been glad to have seen the Commission strengthened by the addition of representatives of the Army Medical Department and of the Public Health service.

go up. It is impossible not to share the fear to which Dr. Farquharson gave expression during the debate that "the chief of the military staff in this war and others had not always taken the Principal Medical Officer as much into his confidence as he might have done." Mr. Burdett-Coutts said that he felt certain that the blame for the deficiencies which he alleges, and which the War Office admitted did to some extent occur, "did not rest upon the Army Medical Service. He was afraid it rested upon the deficiencies of a system which was entirely unelastic. He felt that the policy which had governed the system of transport had not shown sufficient consideration for the needs of the sick." This, then, is the question at issue, and we do not wish to prejudge it. One point—the seriously undermanned condition as regards both officers and men of the Royal Army Medical Corps—was merely touched upon in the debate, but we are much mistaken if that does not form a very prominent and vital question in the promised inquiry arising out of Mr. Burdett-Coutts's allegations.

As was perhaps inevitable, the criticisms of the arrangements for the treatment of the sick and wounded in Bloemfontein and Kroonstad have been in some quarters interpreted as an attack on the Royal Army Medical Corps. It is only fair to say that Mr. Burdett-Coutts has formally

THE NURSING OF THE SICK AND WOUNDED.

MR. CLINTON T. DENT delivered an address at St. George's Hospital on July 4th on the general principles on which the nursing of the sick and wounded in war is conducted, and on the special conditions which have had to be met in the campaign in South Africa. He considered that the general principles on which the nursing was conducted were not appreciated. The army nursing system was essentially different from that which obtained in civilian hospitals. The description published of the nursing at Bloemfontein had come as a rude shock to many. The events to which attention had recently been called by Mr. Burdett-Coutts took place after he (Mr. Dent) had left South Africa, and in towns which he had not visited, but from what he had seen he had formed the opinion that while the hospitals in South Africa were most distinctly

good, they ought to have been fifty per cent. better. A base hospital, properly speaking, contained 500 beds, of which 20 were for officers, but this number might be increased indefinitely. Nine nursing sisters were allotted to the 500 beds, somewhere about 1 nurse for every 65 patients. At St. George's Hospital the proportion was 1 to 3. The number of orderlies allowed was 75 for a base hospital, and if these were added to the nurses the proportion of nursing attendants was about 1 to 5. The orderlies, however, had to work as porters, as wardmaids, and on transport work. The orderlies did their work well with a certain amount of supervision, but night work left much to be desired. Extra nurses had to be procured, and many fully-trained nurses were engaged in Natal. There were now about 600 nurses engaged in this service; but there were 18,000 beds to be nursed in South Africa, and nurses should be sent out by thousands. The quality of the nursing had not been particularly favourable. The nurses and the orderlies were not, but he hoped it would be. The nurses constituted themselves of the orderlies, and, on the whole, remarkably smoothly, but the orderlies suffered. In December, at Wynberg, more than 2 or 3 cases of enteric fever, a good many cases in Natal, a great outbreak of enteric fever, or seen enteric fever of such severe type, anticipated that the mortality at the base somewhere about 30 per cent. It had been much below what was the figures quoted by Mr. Wyndham to Sir W. Foster. Discussing the untrained women as nurses, Mr. Dent said that the medical authorities in Natal, but thoroughly-qualified and the hospitals. He considered that base hospital should be done only to the plague of women who were such an extreme case, confined to those living in town, and the matter had been discussed in the usual number of 10 of 14 orderlies. He had come to the conclusion that men should not be employed in the question of the proper nursing of the sick and wounded in war. Mr. Dent explained the conditions under which the base hospital made it impossible to secure a great extent of milk had to be pointed out that the results of the nursing were not satisfactory, for the number of those who had died from

FORMATION OF A GENERAL

HOSPITAL.

Lieutenant-Colonel R. T. Bramish,

Medical Officer of No. 3 General Hos-

pital, delivered an address at the present time. It gives

some insight into the nature of the emergency created in

Bloemfontein by the epidemic of enteric fever and of the way

1 We have been deprived for some time of the comprehensive and impartial letters of our correspondent in Capetown owing to the unfortunate circumstance that he contracted typhoid fever some eleven weeks ago.

in which it was met in the general hospitals. It would appear to have been written at a date subsequent to Mr. Burdett-Coutts's departure from Bloemfontein, but of course long antecedent to the publication of his letter in the *Times* which gave rise to the debate in the House of Commons last week. The opening passages of the letter, however, have reference to one of the earlier letters of the series "Our Wars and Our Wounded," all of which we are now given to understand have been written by Mr. Burdett-Coutts. It will be seen that Lieutenant-Colonel Beamish quite bears out the justice of the criticism published in the *BURTON MEDICAL JOURNAL* on April 8th.

Our contentions, in commenting on these letters, were simply as follows: It is not the case—as was inferred—that strictly professional competence is officially considered secondary to administrative functions; the two are inseparably bound up, administrative ability being an outcome of true professional competence; no amount of civil professional skill can ensure administrative success without previous military training and experience; the discipline and administration of a military hospital can only be fully and properly carried out by an experienced military medical officer.

The establishment of these propositions, we conceive, entirely negates the oft-revived fallacy that medical labour could or should be conserved by setting up a dual military authority in army hospitals—such, in fact, as history painfully proves was so disastrous in former wars. Who, indeed, but a thoroughly-trained medical officer accustomed to military details could have grappled with the work suddenly thrown on the Bloemfontein Hospital, as described in the letter?

We trust this discussion will prove to the official as well as to the public mind that the successful military medical administration of base hospitals is not only of prime importance as a link in the military machine, but of vital interest to the sick and wounded soldiers themselves. We hope, also, it will remove misconceptions as to what has been termed "wasted energies" of medical officers and men, for successful hospital administration is synonymous with efficient professional organisation. There can be no waste in perfecting the autonomy of the Army Medical Service, and no going back by insidiously inserting dual authority in military hospitals on the pretext of conserving professional energy.

But, in your issue of April 24th there is an editorial discussing certain letters of the Cape Town Correspondent of the *Times*, concerning the organisation and administration of general hospitals, and there is no doubt that some conclusions of the writer are, as you say, "apt to be misconstrued."

In contrasting the relative merits of marquee and "fortified" tents as sick wards, the latter, in my opinion, do not in the least "reign triumphant," and whilst I agree that they are pretty and convenient inside, and suited for a perfect, temperate climate, they cannot for a moment compare with the lofty, substantial, and serviceable marquee, and *vice versa*.

Then as to the "lavish expenditure" on civil hospitals securing a "higher class of professional assistance," I am quite certain that the expenditure referred to is wholly unnecessary, for although we are all pleased and delighted with the presence of a famous consulting surgeon or physician, our experience proves to us that the average R.A.M.C. officer is quite capable of meeting the emergency which may arise, while for all the thousands and one details of duty in contingents and in camps he is absolutely indispensable and incomparably more safe and efficient than any civil officer, however eminent in civil society. The foregoing is a truism of which anyone acquainted with the working of military hospitals and with the maintenance of the health and welfare of the soldier must be perfectly aware, and the personal experience of the campaign proves how indispensable are the education and the discipline imparted at Netley and Aldershot and in the service generally.

With regard to the observations re the duties of the principal medical officer of a general hospital, the writer is entirely mistaken if he imagines that these duties are confined solely, or even chiefly, to administration. My experience of the position is that the P.M.O. must be the administrator and commander of the institution, he is also in the position of, as it were, senior divisional officer, and that at every hour of the day his professional knowledge and experience are in requisition. For instance, he must see and approve of every operation requiring an anaesthetic, and must sanction the operative measure; he must make himself acquainted with all serious cases of disease or injury, and must carefully select and inspect every man about to be transferred to the base or other site; the greater portion of his time being occupied in these duties and in the supervision and sanitation of the camp.

Administration in a great general hospital is really nothing more than higher and more responsible professional duty, and without a sound knowledge of the profession it could not be properly or successfully exercised; and, after all, many years of his services have been passed in the position of divisional officer, that is, in charge of large station hospitals at home or abroad. There is scarcely an hour of the day, and often of the night, that he is not consulted personally or on paper, and there is not an hour on field service when his professional and administrative interference are not required.

Take for example my own command. We came out equipped for sick and wounded and pitched the marquee, etc., about two miles outside Bloemfontein upon an illimitable, sloping, and treacherous upland, probably the finest position in South Africa. Immediately, owing to urgent exigency the hospital was rapidly increased in size, it is equivalent to nearly four general or upwards of eighteen field hospitals in accommodation.

An idea of the work to be done may be gathered from a single occurrence. One evening at 9 o'clock in the dark a convoy of 100 sick and wounded arrived, an hour afterwards to more, and again 50 before 10 p.m., and you can imagine what this meant in inquiry, examination, arrangement, dressing, etc., and how everybody had to be on duty far into the night. Barely does a convoy numbering less than 50 arrive, and for weeks they were chiefly from the Modder and round about Paardeberg and Thabane, almost all enteric fever patients; so that there are several fewer than from 100 to 200 diagnosed cases of this disease under treatment, many of a very severe type. With a diminishing staff through illness the duty on officers, nurses, and men has been heavy and continuous, but all work well and punctually under immense pressure and determined to perform their several parts with credit and success.

The immense ocean of snow canvas composed of stately marquees and bell tents arranged in mathematical order covers a wide area indeed and presents a most imposing spectacle from a distance; while the general disposition, order, cleanliness, and efficiency are the theme of universal comment and admiration.

R. T. BEAMISH,
Lieutenant-Colonel R.A.M.C.,
P.M.O. No. 1 General Hospital.

Bloemfontein, May 19th.

THE TIMES, MONDAY, JULY 9, 1900.

THE MILITARY HOSPITALS.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, JULY 6.

The defects in the management of the military hospitals have been chiefly confined to the base hospitals, where the strict adherence to official regulations and methods has, it is stated, been something of an obstacle in the way of amelioration.

A regrettable incident occurred here in the case of the Manchester Post, which sailed yesterday with a number of invalid officers sent from

the Wynberg hospital. The departure of the ship was delayed, but the officers were refused permission to sleep on board, while they could not return to the hospital owing to the arrival of an unexpected number of fever cases.

The staffs of the hospitals are insufficient and overworked, but up country the Army Medical Corps has done splendid service.

Soldiers with a tendency to malingering frequently complain of the diet in hospital, but it is at times purposely made spare in order to get them out. The appointment of the investigation committee will probably lead to reforms in the military management of the hospitals, but there are certain defects incidental to a campaign which it will be difficult to remedy.

There has been much stealing of hospital luxuries, but the sick and wounded soldiers have been as well attended to as circumstances permitted, and they generally express satisfaction with their treatment.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—As a member of a colonial contingent present at Bloemfontein from March 12 to May 10, and one who was nursed through enteric in hospital there, I should like to express my own experience of the hospitals as against the alarming view taken by Mr. Burdett-Coutts. I saw 21 of my own men sent back from Paardeberg and cured. There was not a grumble of any kind. For myself, nothing could exceed the careful attention that was shown to me and to all near me from April 16 to May 10 in hospital at Bloemfontein, and I heard the same story from all those that I saw. For the first fortnight at Bloemfontein the soldiers were in rags, their boots without soles, most sleeping without covering in much rain, and both horses and men only half fed. Those in hospital were far better off, and they knew that everything humanly possible was being done for them, and there was no grumbling whatever. Ample food and stores had been provided, but it was impossible to bring them up, and all knew that. How could the hospitals and medical stores be otherwise? There was great pressure, and Mr. Burdett-Coutts may have seen instances where the work overwhelmed the workers; but his account becomes misleading and cruel if we apply it to the general hospitals with Lord Roberts's Army.

I am, yours obediently,
D'ARCY CHAYTOR, Lieut., New Zealand Mounted Rifles. 4813

42, Leinster-square, W.

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L.L.D.

"Enteric here like the 'flu' at home covers a multitude of evils. I do not think the disease has been as common as has been supposed, but it has been more fatal than the doctors will allow. Men are naturally afraid of it and construe any little passing ailment into its early symptoms. I have seen cases of indigestion and biliousness and such like, carried off to the hospital labelled enteric, and of course the men were very soon back again all right. These cases swell the admissions from enteric and make the death-rate look smaller than it really is. Of course we mustn't grumble for we can't expect out here all the comforts of a sick-room at home, and we have had to push on at any cost, but some of the poor fellows down with enteric have had a rough time of it. I wish we had had with us some nurses and doctors who know all about the best treatment of enteric."

"We all rejoice at Mr. Treves's remarks about the plague of women. When I was in Cape Town I was taken one evening to dine at the Mount Nelson Hotel; knowing the bloody work then going on at the front, it was shocking to see the smartly dressed and fashionable women there immersed in luxury and frivolity, apparently thinking of nothing but amusement and admiration. It was just like a supper at the Savoy! But how about Spion Kop?"

TO THE EDITOR OF THE TIMES.

Sir,—This question can be put in a nutshell. In the last *London* the following numbers are given (in round numbers):—Killed, 3,000; died of disease, 4,000; invalided home, 16,000. Add to this 7,000, 12,000, or, if you like, 17,000 for wounds cured on the spot—or to prevent cavil, say, 50,000 in nine months.

One single serious battle might have produced this number or double this number in one day. But blankets, beds, nurses, doctors, even bandages, would have been lacking had it not been for a supply in the hands of a private trader at Cape Town. Like the naval guns that saved Ladysmith, they were only there by a fluke. As Dr. Conan Doyle says in the *British Medical Journal*, the medical staff was for two army corps, and is wholly insufficient for 250,000 men. The ridge is not hard to solve. Everything was sent to Natal under Buller, and there was nothing at the Cape. In a word, "Horses have swopped in crossing the stream" twice.

Believe me very truly yours,

PHILIP J. DEAR.

Stone-cottage, Headington-hill, Oxford, July 7.

WEDNESDAY, JULY 11, 1900.

SHORNCLIFFE CAMP.

CAPTAIN NORTON (Newington, W.) asked the Under-Secretary of State for War if he was aware that at an inquest held on Saturday last, at Shorncliffe Camp, on Sergeant Wilmshurst, of the Sussex Regiment, it was shown in evidence that there was not a single orderly of the Army Medical Corps in the hospital, and that Wilmshurst, when taken to the hospital in a fit, died before a doctor could be found; and, in view of the comments made by the jury at the inquest, whether he could say what steps, if any, were now being taken to secure without delay an adequate staff for our military hospitals both at home and abroad.

Mr. WYNDHAM (Dover).—The hon. member has been misinformed. Sergeant Wilmshurst was brought to hospital at 5.40 a.m., and was received by the orderly wardmaster, who was a Militia sergeant trained in Army Medical Corps duties at Aldershot, and by a first-class orderly of the Royal Army Medical Corps, who had served both at home and abroad and rejoined for hospital duty as a Royal Reservist in March last. The medical officer was sent for and arrived in a few minutes. The man was unconscious when brought to hospital and evidently dying, but not in a fit. Examination after death showed extensive heart disease, quite sufficient to account for the suddenness of his death. No comment or rider was attached to the jury's verdict. The staff serving at the hospital consists of 17 non-commissioned officers and men of the Royal Army Medical Corps besides regimental soldiers.

In further reply to CAPTAIN NORTON,

Mr. WYNDHAM said the hon. member had been completely deceived by the article in the newspaper, for which there was no vestige of foundation. (Heat, heat.)

THE SOUTH AFRICAN MEDICAL COMMISSION. Mr. MAC NEILL (Dunfermline, S.) asked the First Lord of the Treasury whether Sir William Ross, C.M.G., who last week the general in Dublin of Professor Cunningham, and Dr. Jameson, the Director-General of the Army Medical Department, or either of them, were consulted with reference to the appointment of Professor Cunningham as a member of the South African Commission to inquire into the charges brought against the administration of the Army Medical Department, and whether there was any communication with these gentlemen directly or indirectly with reference to Professor Cunningham's appointment.

Mr. BALFOUR.—I think that the hon. member will see that this is a question which ought not to be put, and, if put, one which ought not to be answered. (Cheers.)

Mr. MAC NEILL.—Am I to conclude that the answer to the question is the affirmative, and that I am an agent of the Army Medical Department?

Mr. BALFOUR.—No, sir; the hon. member must only conclude that the question is one which ought not to be put.

Mr. BURDETT-COUTTS (Westminster).—Can the right hon. gentleman give the House any information as to when he will announce the new constitution of the committee of inquiry?

Mr. BALFOUR.—I hope to be able to give the House the information as to the addition of the new names at a very early date; but it is not a matter of negotiation, nor is it to be rapidly carried through.

MR. BURDETT-COUTTS'S CHARGES.

Our Correspondent with the Colonial Division writes from Harare on June 9:—

The hospital arrangements of the division call for some remark. At Tlatla N'chu where first we came into contact with the Imperial troops, there were under half a dozen sick in our division. These General hospital with his usual kindness at once offered to have treated in his hospital there. The invitation was gratefully accepted and the few fever patients sent to the hospital. Visited by the colonial P.M.O. two days later at 1 p.m. the patients were found not to have had breakfast, never to have had their temperatures taken, and the very Colonel Hartley was naturally indignant. Hiring a house at once his patients were immediately conveyed thither and attended by his own staff. Subsequently when our division was at a distance a senior medical officer arrived at our hospital and desired to annex it lock, stock, and barrel. Indeed, he did so against the protests of Colonel Hartley's representatives. It is unpleasant to write in this strain but the same sort of thing occurred at Aliwal and lately at Ficksburg. The colonial doctors claim that the two establishments are quite distinct, that their ambulance wagons were subscribed for by the colonials and the drugs supplied by the colonial Government, and that their patients are better looked after under their own staff. In the Ficksburg case Colonel Hartley made the necessary arrangements before the arrival of the Imperial troops, but the P.M.O. attached to the 8th Division wished to take over everything, drugs included, doctors to work under him, a proposition which the colonial P.M.O. would not entertain. This may seem like a trivial matter but it is by no means so. The irritation in the neighbourhood of Queenstown, owing to complaints as to the treatment of patients in the hospital at Sterkstroom, was intense and did much to open colonial purses for the creation of the ambulance and hospital staff of the Colonial Division. Their success in the treatment of very bad cases has

been phenomenal and the percentage of losses infinitesimal. The doctors and staff have mostly extended colonial experience, know their way about and obtain hospital comforts and necessities for their patients when their less experienced brothers can find little or nothing. The two P.M.O.'s are great personal friends and the position once cleared up, not the slightest friction exists between the two or their staffs.

JULY 12, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—It is obvious from Mr. Balfour's answer to a question of mine yesterday that the Government propose to adhere to the three names first announced, as the nucleus of their committee of inquiry.

On the announcement of those names last Thursday, I was compelled to state that I objected to one of them; but this point was not carried further at the time, the debate turning on a wider issue.

As I may not have an opportunity of doing so in the House, I beg leave now to state the particular object and nature of my objection. Professor Cunningham, of Trinity College, Dublin, is as unknown to me personally as he is to Mr. Balfour, and I do not for a moment question his scientific eminence or high character. But this gentleman holds a paid appointment under the War Office—viz., that of an examiner for the Army Medical Staff. The appointment is for four years, three of which are unexpired. Nominally it is made by the Secretary of State for War; but the initiative and direction of all such matters are practically in the hands of the department concerned—in this case the Army Medical Department.

I leave it to all fair-minded men to answer the following questions:—

1. Do the above facts bear out Mr. Balfour's statement in the House, evidently based on imperfect information, that "these medical men have no connexion with the Army Medical Department"?

2. Is it right that there should be any one on this committee who is connected in any way with either the War Office or the Army Medical Department?

I would urge that the committee should be absolutely impartial in its constitution, and that in a case like this, where organized interests and influences are necessarily arrayed on one side, these latter should not be reflected in the faintest degree on the body appointed.

If the issue before the committee were simply the exoneration or blame of certain officials or departments for past errors or deficiencies, the matter need hardly be pressed; but its real object is one of far greater importance, for it concerns the health and life of our future armies in time of war. Absolute impartiality, therefore, in the constitution of the committee and the conduct of the inquiry is a vital necessity.

I am, Sir, your obedient servant,

1, Stratton-street, W., July 11.

TO THE EDITOR OF THE TIMES.

Sir,—Will you accept a few lines of comment on, and criticism of, the commission appointed to investigate "P. S. de la Courte," and in the first place, will you allow me to congratulate Mr. Balfour for having, although somewhat ungraciously, translated into practical action the evident sense of the House in favour of a wider constitution in accordance with Lord Roberts's shrewd suggestion? No one can have a word to say personally against the two eminent doctors selected by the Government, but, although we who know their high standing have complete faith in their honour and integrity, you will never persuade the man in the street that, following the example of professional consultation, their prepossession will not be in favour of those whose public work they are called on to criticize. Dr. Cairns is a strong, able man, independent in mind and means, and with a large reserve fund of energy which only requires to be developed by the stimulus of necessity; but if Mr. Burdett-Coutts's objection apply to Professor Cunningham, then I am reluctantly compelled to side with the hon. member for Westminster. Against that eminent anatomist's energy and distinction there is not a word to be said, but, to use the words contained in a private letter from one of the shrewdest heads among our leaders, "Cunningham is a pure anatomist, and surely the dissecting room is the last place where a man is likely to acquire the professional knowledge needed in this committee. The appointment of a gynaecologist or ophthalmologist would have been more defensible." In addition to this, Professor Cunningham possesses the serious disqualification of being, or having recently been, a paid official of the Government as examiner to the Army Medical Department.

And, again, surely this inquiry must hinge largely on conditions of public health, as to how far this desolating epidemic of enteric might have been prevented, and surely the only class of man who can investigate this class of problem is some one skilled in sanitary science, like Mr. Roper, of the Local Government Board.

Sir Charles Royster's name has been already suggested as combining common sense with a competent knowledge of civilian transport, but as this is largely a

military question it is difficult to see how the committee can get on without the help of some distinguished artillery officer or Royal Engineer on the Retired List, such as Sir Charles Wilson or Sir John Aylie.

I am, Sir, yours faithfully,

ROBERT PARQUHARSON.

House of Commons, July 10.

TO THE EDITOR OF THE TIMES.

Sir,—I find that I was wrong in writing to you a few days ago that it had been stated that 21 per cent. was the typhoid death-rate at civil hospitals.

My attention has been drawn to the more accurate and verbatim report in *The Times* of what was said in the House of Commons, and I am sorry that I did an injustice to any one or to any argument by founding a reply on an inaccurate report.

But I do not write merely to express my regret at not having verified my quotation, though I am glad to take this opportunity of doing so.

I write to give more detailed statistics, and spread over a longer period, of the death-rate from typhoid at the London Hospital, which is probably typical of all civil hospitals.

It will be seen from them that, though the death-rate amongst patients of all ages and both sexes works out at 16.25 per cent., the death-rate amongst male patients of the same age as soldiers works out at 22.33 per cent., which is higher than the 21 per cent. which, according to *The Times* report, Mr. Wyndham said had been the death-rate during this war, and more especially at Bloemfontein. Yours faithfully,

SYDNEY HOLLAND.

STATISTICS OF TYPHOID FEVER CASES, ADMITTED 1895-1899 (INCLUSIVE).

	Admitted.	Deaths.	Recoveries.	Mortality per cent.
Total cases admitted, all ages, male and female	886	144	742	16.25
Cases under 10 years of age, male and female	463	82	481	17.71
Cases between 10-30 years of age, male and female	226	41	225	22.33
Cases over 30 years of age, male and female	197	21	176	10.66
Males between 25 and 30	179	38	141	21.23

July 11.

TO THE EDITOR OF THE TIMES.

Sir,—The ferocity—I can use no other term—which characterises the attitude of "Scrox" towards the medical profession seems to me as much beside the mark as were certain letters and speeches which, perhaps, had better have never been given to the world. Let me, at any rate for one, protest in the strongest way against the attempt which has been made, even in the highest quarters, to read into the letters of Mr. Burdett-Coutts's charges which careful and impartial study of them entirely fails to find. No one has called in question either the devotion and valour of the officers of the R.A.M.C. and their civilian comrades, the conspicuous success of the surgery of the campaign, or the splendid services of Lord Roberts, but Mr. Burdett-Coutts would have failed in his duty as a public man had he, knowing what he knew, not put before the country the terrible sufferings of our men from fever in South Africa. Were these preventable? Inquiry upon that point and that alone in all its bearings is the thing for which a committee was desired, and so "medical hole and corner" investigation will satisfy those of the medical profession who are Englishmen first and doctors afterwards. The singular intimacy with which the nomination of the committee was handled by Mr. Balfour in the House of Commons is hardly a just pretext for an onslaught on the whole medical profession. Members of it are, in my belief, not less anxious than the rest of the community for the truth to be learned by disinterested searching inquiry, that blame, if blame there be, shall be brought home to those who deserve it, be they Ministers or departments, soldiers or doctors, here or abroad.

I am, Sir, your obedient servant,
HERBERT W. PAGE, M.C. Chutah, Member of Council, Royal College of Surgeons of England.
July 10.

LADIES IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—In your issue of to-day I notice, under the heading of "Mr. Burdett-Coutts's Charges," a letter communicated to you by "LL.D.," in which the following passage occurs:—

"We all rejoice at Mr. Treves's remarks about the plague of women. When I was in Cape Town I was taken one evening to dine at the Mount Nelson Hotel. Knowing the bloody work then going on at the front, it was shocking to see the smartly-dressed and fashionable women there immersed in luxury and frivolity, apparently thinking of nothing but amusement and dissipation. It was just like a supper at the Savoy! But how about Spion Kop?"

Surely, Sir, it is, to say the least of it, rather unfair that prominence should be given to anonymous insinuations of this kind made against ladies who, from the nature of things, are not in a position to be heard in their own defence. The paragraph I have just quoted would not be in itself worthy of attention if it were not typical of the many accusations which have been hurled against the ladies in South Africa, and of which, perhaps the most unfair was that contained in Mr. Treves's after-dinner speech. At first sight the paragraph would seem to corroborate the various charges which have been made against the ladies; it is worth while, therefore, to examine the statement and to see to what it really amounts. The statement being made in a private letter, of which we are not told the writer's name, it is of course impossible to form any opinion as to the value of the judgment therein expressed; nor when he says "We all rejoice" do we know who "We all" may mean. If the writer claims to speak in the name of the British army in South Africa, it would be interest-

ing to know how far that claim could be justified. It appears, however, that the writer went to dinner at the Mount Nelson Hotel, and on the strength of seeing ladies dining there (most of whom were probably residing in the hotel) he immediately denounces them as "smartly-dressed and fashionable women immersed in luxury and frivolity, apparently thinking of nothing but amusement and admiration."

Surely, Sir, it is rather unfair that this indictment should be made against ladies who were doing nothing more than dining at the hotel in which they were residing. How the writer, from only seeing them for one evening, could know that they were "immersed in luxury and frivolity, apparently thinking of nothing but amusement and admiration," is not quite easy to understand. Even the fact that they were "smartly dressed" does not, in itself, constitute a crime. Nor is it easy to understand the reference made in the last sentence of the letter to *Spica Kop*; which disaster would probably have happened even if there had been no ladies at the Mount Nelson Hotel.

Of the remarks made by Mr. Treves I wish to say little, as I think that even he must be convinced by this time that he was unduly hasty in condemning the ladies of South Africa *en bloc* because he himself happened to come across one or two who were not always judicious in their methods. One can only regret that a man holding so distinguished a position as Mr. Treves should have made so reckless a statement, and one so calculated to wound the feelings of those who were doing their best to minimise the suffering in South Africa. I may mention incidentally that, although I believe Mr. Treves's remarks have been directed against the ladies who came out on England, several colonial ladies, whose work on refugee committees &c., was absolutely invaluable, linking the attack was directed against them as well as against their fellow-workers, very nearly threw up their ill-imposed task. Any one who knows anything of the acts of the case will realise what a serious calamity it would have been. I am sure that if Mr. Treves had had the opportunity which I enjoyed of seeing the amount of work done by the ladies in South Africa on the various refugee committees, and had been able to appreciate the help they gave in supplementing—in the way of only of luxuries, but also of necessities—the very scarce resources of the hospitals, he would be the first to acknowledge that he has done the ladies in South Africa an injustice, and that the efforts of the many are more than compensated for the faults of the few.

There is also, so far as I can see, a totally erroneous impression in England of the object of Sir Alfred Milner's despatch on the subject of ladies going to South Africa. At the minute when that despatch was written it looked as if going to Cape Town was going to become "the fashion." It was, I imagine, to obviate this that the despatch was sent; it I can answer for it that Sir A. Milner never intended to disparage the work done by those ladies who are already out there; he knew the value of it much so well to do that.

It would be beyond the scope of this letter to enter into details as regards the work of the ladies in the hospitals and on the refugee committees. It will never be known until the war is over how great is the debt of gratitude owed by the women of England to the women out in South Africa, who never wearied in doing anything, either individually or collectively, which they thought might be for the welfare of the officers and men engaged in the campaign, who never looked on or thought about any recognition of their services, and might therefore reasonably have hoped to have been spared the abuse which has been so liberally heaped upon them.

I am, Sir, your obedient servant,

ARTHUR STANLEY.

House of Commons, July 10.

The delay in the disclosure of the names which are to be added to the commission of inquiry into the treatment of the sick and wounded in South Africa furnishes no ground for complaint if the persons finally appointed are such as to command the confidence of the nation. It ought not to be difficult to find two capable and experienced men—men, such as LORD ROBERTS asked for, of common sense—to strengthen the commission. It will be satisfactory, also, if they are able to reinforce it with the knowledge it cannot at present be supposed to possess, especially in regard to the conditions and possibilities of transport. We publish this morning letters from Mr. BURNETT-COOTTS and Dr. FARQUHARSON condemning the selection, as one of the commissioners, of PROFESSOR CUNNINGHAM, of Trinity College, Dublin. We do not regard these objections as conclusive, though, undoubtedly, they show that the investigation, in its original form, was constituted in a hasty and perfunctory manner, and without any adequate perception either of the work to be done or of the responsibility involved. If the commission is a well-balanced one, not giving an obvious preponderance to the representatives of the medical profession, there is no reason why PROFESSOR CUNNINGHAM should not be a member of it, even though he has been one of the examiners for the Army Medical Staff. Nor is it a valid reason against

his appointment that, as Dr. FARQUHARSON declares, he is "a pure anatomist." Possibly the dissecting room is not precisely the place in which a knowledge of the working of field hospitals is likely to be acquired, but a great surgical authority, even though he is only a theoretical person, must carry weight in an inquiry such as that the Government have been compelled to institute. The objections to PROFESSOR CUNNINGHAM's appointment do, however, clearly show how completely the FIRST LORD of the TREASURY mis-conceived the necessities of the case when, knowing little or nothing of the qualifications of the medical members of the commission, he attempted to force upon the House of Commons the reference to a tribunal which did not inspire general confidence. The co-operation of so high a scientific authority as PROFESSOR CUNNINGHAM can hardly fail to add to the value of the report of the commission. At the same time, the Government would have done well to avoid giving an opening for any suspicions of the kind aroused by his appointment. In fact, there would have been no controversy whatever about names or persons if Mr. BALFOUR had seen from the outset that what the public wanted was a full and free inquiry, with the single object of getting at a complete disclosure of the truth. That will, we trust, now be arrived at, and we are only sorry that the credit of the concession cannot be given to the Government. Though it is right to bear in mind that the inevitable hardships of war must be reckoned with and that they seem far more serious to untried and amateur soldiers than to those who have known what fighting in the field involves, it is clear that the stories of distress and privation which have come home in private letters from the front, as well as in the statements of newspaper correspondents, demand thorough and impartial examination. In many cases, no doubt, there is a certain exaggeration, and sometimes a want of the spirit which inspires the genuine fighting man. But the state of things described in many parts of the theatre of war, and by many witnesses of different types, could not be left without an investigation such as will satisfy the public conscience and provide a guarantee against the repetition of, at least, the worst and the most preventible of these evils in future campaigns.

FRIDAY, JULY 13, 1900.

THE SOUTH AFRICAN HOSPITAL INQUIRY.

Mr. MAC NEILL asked the First Lord of the Treasury whether he was aware that Professor Cunningham, who was to have a seat on the South African Commission to inquire into the charges brought against the administration of the Army Medical Department, had for many years acted as examiner in anatomy at the examinations of candidates for the Army Medical Department, for which service he received remuneration from the Army Medical Service; and whether under these circumstances he would reconsider his decision to appoint this gentleman as a member of the inquiry into the department with which he was formerly connected.

Mr. BALFOUR.—I think the hon. gentleman has asked this question under a misapprehension. He seems to think that because a gentleman is an examiner of candidates for the Army Medical Department he is associated in some way with the department and is connected therewith with the administration of the War Office. That, Sir, is an entire misapprehension. (Cheers and Opposition cries of "Oh," and "Is he still an examiner?") I do not think that that question is at all material. I understand that these examiners are appointed for four years at a fixed salary, and have nothing to hope or fear from the War Office. They are not in the remotest way connected with the War Office administration, and the suggestion that a man who examines figures—because he only knows the candidates by number—is a person whose judgment is likely to be influenced is altogether preposterous. (Loud cheers.) It might as well be suggested that men like the late Professor Huxley or Matthew Arnold, or the present Bishop of London, or any other of the distinguished men who have been sometimes called in to examine candidates, would be incapable of acting on a commission dealing with administrative points which never came under their notice. (Cheers.)

4.0 Mr. LABOUCHERE (Northampton).—Will these examiners be reappointed?

Mr. WARNER.—Who pays these examiners? Is it the War Office?

Mr. BALFOUR.—I think that these questions are very inopportune. (Cheers and ironical laughter.) I do not believe it is the practice, as a matter of fact, to re-appoint them. I shall next expect a question as to whether Dr. Church, as he is not an examiner (cheers and cries of "Order"), may not be corruptly influenced by the hope of becoming one.

Mr. DILLON.—Is it not a fact that Professor Cunningham was appointed to this post by the head of the Army Medical Department, on which he is called upon to sit in judgment?

Mr. BALFOUR.—It is not so.

Mr. MAC NEILL.—I want to know, not whether Professor Cunningham has been appointed in his official and administrative capacity by the Secretary of State for War, but whether the Secretary of State for War did

not appoint him Ministerially on the advice of the head of the Army Medical Department, who is Dr. Jamieson?

Mr. BALFOUR.—I believe that the Secretary of State for War did appoint him.

Mr. MAC NEILL.—Do I understand that he will sit in judgment on Dr. Jamieson, who has appointed him?

Mr. WILK.—What is the salary paid to this gentleman? (Cheers and "Order.")

CAPTAIN DONELAN (Cork, E.).—Is it in the power of the War Office to remove or retain Professor Cunningham?

Mr. BALFOUR.—I believe not.

THE MILITARY HOSPITALS.

(THROUGH REUTER'S AGENCY.)

SALISBURY, JULY 11.

The newspapers here, referring to the commission of inquiry into the management of the military hospitals during the war, say that attention might advantageously be given to the hospital arrangements of the Rhodesian Field Force while in transit from the ships to the base camps.

MONTEREAL, JULY 12.

Private Durant, a recently-retired member of the first Canadian contingent, has been interviewed by a Press representative regarding the treatment accorded him while confined in the various hospitals in South Africa. He stated that no fault could be found—cleanliness, kind treatment, and careful attention being the rule. A 30-mile journey in an ox-cart was not comfortable for a wounded man who could not turn over, but that could not be helped.

LADIES IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—I wish to confirm every word in Mr. Arthur Stanley's most genuine and able letter of to-day on the above subject. Having just spent four months in Cape Town, during which time I watched the working of the various committees, some of which I was, by the courtesy of the members, permitted temporarily to join, I should like as a woman of England to acknowledge the debt owed to the women in South Africa, whose never tiring, self-denying, persevering, and often unnoticed work was indescribable.

Yours faithfully,

Charterhouse, July 12.

F. M. WALROND.

SATURDAY, JULY 14, 1900.

LADIES IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—In a letter published in your columns of yesterday the Hon. Arthur Stanley attacks me with such exalted valour that I can only regret that his championship is so misplaced.

Mr. Stanley, with great precision, accuses me of "condemning the ladies of South Africa *en bloc*," and incidentally charges me with making "reckless statements."

Having delivered himself in this fashion he may, I hope, condescend to make himself at least superficially familiar with what I did state.

The following is from my letter published in *The Times* on May 2, 1900:—

My remarks upon this subject (ladies at the Cape) were no more than a personal confession of the comments made by Sir Alfred Milner in a recent despatch published in your columns. To these remarks I adhere. On the other hand, no one can speak more highly than I can of the splendid work done by the nurses in South Africa or of the devotion of a number of ladies who have by their most generous efforts done so much to relieve the sufferings of our sick and wounded soldiers.

I am, Sir, your obedient servant.

FREDERICK TREVES.

6, Wimpole-street, Cavendish-square, W., July 13.

THE EPIDEMIOLOGICAL SOCIETY.

A dinner in celebration of the 50th anniversary of the foundation of the Epidemiological Society of London was held last night at the Grand Hotel. The society was founded in the middle of the century, at a time when the efforts of Sir Edwin Chadwick and Dr. Southwood Smith had practically resulted in the report of the Health of Towns Commission, and the conditions which that report, together with the figures of the Registrar-General, had revealed, had awakened a desire for improvement. The society came into being at a public meeting held in Hanover-square on July 30, 1850, under the presidency of the late Lord Shaftesbury, then Lord Ashley, and it is upon the records of the society that among its founders were Sir Benjamin Guy Hakington, Dr. Thomas Addison, Dr. Richard Bright, Sir B. C. Brodie, Sir W. Burnett, Sir C. M. Clarke, Mr. H. D. Granger, Professor J. Haydon, Sir James McNeill, Mr. John Nossay, Mr. John Probert, Dr. G. L. Russell, Dr. Southwood Smith, Dr. Thomas Watson, Dr. Jenner, Messrs. R. Gordon Latham, M.D., F.R.S., H. B. Leeson, M.D., F.R.S., J. O. McWilliam, M.D., F.R.S., J. Nasson, Esq., E. Parke, M.D., W. Ferrall, Esq., E. C. Seaton, M.D., Dr. E. Sieveking, and Mr. J. Simon. Of those whose names appeared on the first list of officers of the society there are but two survivors, Sir John Simon and Sir Edward Sieveking, each of whom wrote congratulating the society upon the commemoration, and conveying his best wishes for its future progress. The president of the society, Dr. Franklin Parsons, presided at the dinner, and among others present were Sir Joseph Fyfe, Sir William

Broadbent, Sir Douglas Powell, Sir Henry Norbury, B.N., Sir Robert Hunter, Sir Archibald Geikie, Mr. T. W. Russell, M.P., Dr. Farquharson, M.P., Mr. S. B. Provis, C.B., Surgeon-General Jameson, C.B., Mr. F. C. Farwell, C.B., the President of the Royal College of Physicians (Dr. Church), the President of the Medical Society (Dr. Roberts), Professor MacFadyen, Dr. Patrick Manson, C.M.G., Dr. Sims Woodhead, President, Goshall, Sir James Crichton-Browne, Dr. Newsholme, Mr. Shirley Murphy, Dr. Whitelegg, Mr. Shaw, Colonel Nutter, and Dr. Balstrode (joint hon. secretary).

The toast of "The Queen" having been honoured, Sir A. GEIKIE proposed "The Navy, Army, and Auxiliary Forces." Sir H. NORBURY responding.

SURGEON-GENERAL JAMESON, Director-General of the Army Medical Department, who also replied, said that the service he represented that evening was exciting a great deal of interest. A great change seemed to have come over the spirit of their dreams. On former occasions they were in the habit of receiving a good deal of praise, but the tide seemed to have turned.

("No, no!") He thought it would be well to consider who were their critics. (Hear, hear.) He needed only naturally mention their friends first. He needed only to refer to Sir William MacCormac. He was surely a very good judge, and he praised the work of the Army Medical Department. Mr. Treves followed him on the same lines. He was not the man to say a thing was good if it were not so. Another criticism was that of Sir Redvers Buller, perhaps the last man who would call a thing good if it were not good. He expressed himself delighted with the medical administration. Then Lord Roberts, whom they all knew to be a kind-hearted man, deeply interested in the welfare of the soldiers under him, had also after close examination at the front, expressed his satisfaction. There was another expression of opinion which he valued almost more than any other—namely, that of the German military medical authorities. They helped the British Army Medical staff on many occasions, taking off their coats and doing right good service in the field hospitals. On their return to England he had asked them if they had any improvements to suggest. Their answer was "We have nothing to suggest." (Cheers.) Then there was the other side of the story. Who was the man who criticised them adversely? What were his qualifications? He knew of none. He had no particular hospital experience and very little war experience. He had read the critic's account, when going over to Ireland the other day, and thought it was like a nightmare. He thought there was exaggeration in every sentence of it. He thought the best thing he could do was to imitate the example of Mr. Rhodes and come back to London and "face the music." (Cheers.) At one drove from Euston and saw in the streets placards about "hospital scandals" and "atrocities," one began to wonder if one was not working up for a prominent position in Madame Tussaud's collection. (Laughter.) His duty was to provide beds for 10 per cent. of the troops. There were 200,000 men in South Africa, and he provided 20,000 beds. He provided a permanent staff for those beds, over 8,000 men and women. He furnished the equipment so liberally that on several occasions he was asked to send no more. On Thursday last he received a telegram from South Africa: "Please do not send any more base hospitals." (Laughter.) War was full of strange chances which belied anticipation. Could they have anticipated some of these events? Could any man have prophesied that the Modder River would become full of dead bodies of Boers, some of whom had suffered from enteric fever, and of dead animals? Could any one have prophesied that the water supply of Bloemfontein would be cut off? Could anybody have prophesied that an enemy containing a great deal of stores would be captured by the Boers? Could any one prophesied that the whole railway, a thousand miles long, would be unsecured and broken in many places? Not only did the men in hospital suffer, but the men out of hospital: men were getting three biscuits and a pint and a half of dirty water a day. At Lord Roberts said, to preserve his Army it was necessary to supply them with food, and he deliberately excluded hospital supplies. That was a very important point. He (Mr. Jameson) was delighted beyond measure that a commission was being appointed to investigate the matter. Since the famous letter was published the diary had been received of the P.M.O., describing the conditions that existed. It was well known to the medical officers that a time would come, as it would come in all wars, when either a large number of wounded or a large number of sick would be found which no service in the world could grapple with for the time being. Had the outbreak of enteric fever occurred in London itself it would probably have taxed the medical capacities of the whole metropolis. (Hear, hear.) The commission would bring out the truth, and that was what was wanted. He believed there would be a fair trial, and he would let his last dollar that the Army Medical Department would come out with flying colours. (Cheers.)

Sir J. FAYER proposed "The Founders of the Epidemiological Society," sketching the early history of the society. Since its foundation its work had been progressive and it had had many valuable contributions to the knowledge of epidemiology. The reports of its various committees formed for the study of special branches of epidemiology and cognate subjects had been very valuable contributions to medical literature. He spoke highly of the efforts of Dr. Parsons, as president, and of the abilities of Dr. Manson, the present elect. Although it was not possible for Sir John Simon and Sir E. H. Snodgrass to be present, he coupled the names of their names, and proposed that a telegram be sent to them informing them of the fact and sending them a hearty greeting.

The suggestion was received with cheers and was acted upon.

The toast of "The Public Health Service" was proposed by Dr. FARQUHARSON, M.P., and replied to by Mr. T. W. RUSSELL, M.P., Parliamentary Secretary of the Local Government Board, who said he did not know that he would have another opportunity of responding for that department.

Dr. PATRICK MANSON, in proposing "The Visitors," said he considered that the public felt there was something a little wrong about the Army Medical Service, that it was a little too insular, and that for the sake of a system which on the whole might be good, a good measure or a good man might be rejected. He thought there was room for a little elasticity in the Army Medical Service, although apart from that he believed it to be as near perfection as it could be.

In responding Dr. CHURCH said he could not altogether pass by in silence the fact that he had undertaken to serve upon the commission which it was proposed to send out to South Africa to take evidence there as well as in this country as to the state of the military hospitals. When Lord Lansdowne sent for him his lordship placed the matter in such a way that he felt he could not refuse to serve unless he did what so true Englishmen ever did—namely, think what he considered was his duty. (Cheers.) He thought he might venture to say that all those who knew him at all knew that he would enter upon that duty with perfect impartiality. Having known the medical profession of this country for many years, he could not but have a very high regard for the Army Medical Service, but that, he trusted, in no way biased his mind, and he should form a perfectly independent and impartial member of the commission. (Cheers.) After referring to the admirable work performed by the Epidemiological Society in elucidating the causes of epidemic disease and its prevention, and his regret that he had not been actively connected with the work of the society, he hoped that, notwithstanding his want of special knowledge in the subject of epidemiology, he had a certain amount of that faculty which the House of Commons seemed to think was not possessed by members of the medical profession—common sense (laughter), and that by making use of any small portion of that faculty he might be able to be of real service on the commission. (Cheers.)

Sir JAMES CHURCHILL-BROWNE also responded, joining with Surgeon-General Jameson in rejoicing that an impartial commission had been appointed to investigate the medical arrangements in South Africa.

The last toast of the evening, "The President and Officers of the Society," was proposed by Sir WILLIAM BUCHANAN, and responded to by the President and Dr. BUCHANAN.

British Medical Journal.

SATURDAY, JULY 14TH, 1900.

THE MILITARY MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

Sir, Mr. Burdett-Conte has very fairly and justly admitted the admirable and devoted work done in South Africa by the army doctors, and laid the saddle of blame on the back of the organising authorities at home and abroad, and I am sure that no one will regret more than he must the tone imported into this controversy by some of his professed supporters. We shall, I hope, continue to pursue our investigations calmly and temperately, and in a judicial spirit without heat or spite, or imputation of motives, and with the one and only desire to reach the truth, and therefore we shall do well to disregard as entirely unworthy of serious consideration the shrill protests of certain ladies who are making their voices heard. Even the man in the street knows the motives by which they are actuated, and that their observations are simply due to the fact that they failed to persuade the authorities to take them seriously as nurses, and that they are endeavouring to reassert their position at the expense of those who not only know but do their work. Let them take refuge in the sacred circle of smart society, where they can pose as martyrs, and receive the sympathy of their friends.

We must admit that there was a good deal of confusion and disorganisation in the hospital arrangements at Bloemfontein, but what we want to know is how far this was unavoidable under the stress and strain of military necessity, and whether the discomfort and overcrowding observed by Mr. Burdett-Conte were due to the rapid march of the troops, the annexation by the chief of the staff of all means of transport, and by the mysterious loss of the convoy to which so little attention has been directed in or out of the House. Finally, who is to blame for all those, and who are to hang—metaphorically or otherwise? Sir Charles Dilke, though an opponent of capital punishment, is keen to put someone's head in a noose; but I cannot believe with him that the arrangements in South Africa are all wrong because someone stole some condensed milk, or that the condition of the single hospital described by Mr. Burdett-Conte should be taken as a type of all the others. All this must receive most careful investigation; but where the right hon. baronet has done such admirable service, in conjunction with Sir Walter Foster, Mr. Arnold Forster, Captain Norton, and others, has been by his persistent efforts in season and out of season the great danger of the cheese-paring depletion of the ranks of the Army Medical Department, and the hopeless impossibility of its present constitution to meet the requirements of an extended and prolonged campaign.

What must strike the ordinary mortal most as he lays down his morning paper is the amazing divergence of testimony of onlookers and hearers at the seat of war. Mr. Burdett-Conte says one thing, and his facts are vigorously disputed by eminent specialists who have travelled over the same ground. We all remember the story of eyes and no eyes, and, although it is a trite remark, it is none the less true that the faculty of correctly observing the most ordinary and patent things not only requires careful training, but is rarely as rare as the power of recording accurately without ostentatious adornment what we have seen. What Mr. Burdett-Conte's qualifications for the part of critic may be I do not know, but I cannot quit him from the too common mistake of merging the particular in the general, and drawing wide deductions from a too slender basis of facts. Some of his individual accusations no doubt are startling enough, but I may venture to place my own interpretation on them.

To begin with, the ratio of success in the treatment of the wounded was abnormally high. This was due, in my humble opinion, partly to the nature of the Boer bullet which slips through the most important tissues and leaves scarcely a trace of its visit, partly to the skillful application of antiseptic first dressings in the field, and the scientific conduct of the cases afterwards, and finally to the fact that the wounded were frequently enabled to go through their early and most perilous stages in the open air, in a fine dry climate, and with that perfect immobility which is so absolutely essential to abdominal wounds. Coming next to enteric, let it be pointed out that the type of disease in South Africa is both severe and prolonged, and that the antiquated and misleading term of "common continued fever" is made to include many of the

slight cases, and therefore to vitiate the statistics. Here again a gratifying amount of success has to be acknowledged, and this with Mr. Treves I hold to be due to the fact that they were treated in the open-air or in tents, not in stuffy houses or insanitary huts, and above all that they were kept perfectly quiet—an essential condition of success in this most insidious and treacherous disease. Mr. Burdett-Conte does I think scant justice to the work of the hospital orderlies. All I can say is that during nine years of medical service in the army I never saw a female nurse, and that I can speak in the highest terms of the work done by these men. As a rule the orderly is patient and reliable and temperate; above all things he is accustomed to discipline and will do as he is told, which is about the last thing that occurs to the mind of the society amateur.

In conclusion, may I utter a word of earnest protest against the cheap comments of Mr. Burdett-Conte on the Reform Club banquet and its distinguished guests? Why Sir William MacCormac and Mr. Treves, after patriotically leaving their homes and lucrative work and returning in impaired health, bearing with them the most brilliant record of surgical achievement known in ancient or modern times, should be grudging the social recognition so freely granted to the so-called combatant branches of the army passes my comprehension. Why a dinner given to these patriotic gentlemen on their return should be "ill timed" is not very obvious. The new humour, like the new diplomacy, is sometimes a little difficult to understand, but if we are expected to smile gaily at all this, I must claim the privilege of my country and protest that the member for Westminster "jokes w' deef-culty." But if we are to take it all in solemn earnest, then the case is very serious indeed, for we are told of the "incredible ignorance" of my two friends of "current facts"; of their "bankruptcy of insurance against patent dangers"; and, finally, they are roundly accused of misleading and misinforming public opinion—in other words they are stupid, ignorant, and dishonest, and are only fit to be classed with the modern correspondent who is afraid to write the truth, and the British soldier who is too craven-spirited to make his complaints known.

But on these and all other questions we must suspend our judgment until we read the evidence and receive the report.—I am, etc.,

House of Commons, July 14th.

ROBERT PARQUHARSON.

THE MEDICAL SERVICE AND THE WAR.

THE discussion in the House of Commons on the nomination of Commissioners to investigate, according to the desire of Lord Roberts, the allegations against the medical management of the campaign in South Africa, did not, we fear, promise a very speedy or satisfactory solution of the matter in dispute.

There was too obviously a tendency to make party capital, and too much carping at the preponderance of the medical element in the Commission. At the same time we welcome the enlargement of the Commission, if perchance this may exclude future party recrimination, but would regret to see the medical element unduly weakened on the augmented Commission. It is difficult to understand why it should be held that the much-desired element of "common sense" with common fairness should not exist among lawyers or doctors, as among so-called business men. The matters in dispute have, in truth, little to do with the trader or contractor, while they involve military considerations which may override all ordinary business calculations.

We observe that Mr. Burdett-Conte, while he does not apportion blame, seems unable to show how the lamentable suffering he described could have been avoided. He has, indeed, disclaimed any attack on the Army Medical Corps; therefore we conclude, with many of our contemporaries, that his strictures are really directed against the transport branch. But in suggesting this we by no means seek to shelter the medical service from just and searching criticism, for the wide general testimony to its efficiency and devotion, often in circumstances of supreme difficulty, throughout the campaign has been so overwhelming as to absolutely dwarf isolated cases of alleged breakdown.

As hospital equipment and stores were unquestionably sent from home in almost superfluous abundance, the real question is, Why were they not always distributed in proper time and place; and who is responsible for this failure or delay? The medical service is grievously undermanned both in officers and men, but parsimony in the matter of equipment and stores cannot, we think, be justly laid to its charge. Whether it is sufficiently autonomous is another matter. We welcome impartial investigation,

Such points must be investigated. The numerical and organic efficiency of the medical service must be reviewed; in both it is undoubtedly lacking. Month by month since November we have given an analysis of the distribution of army medical officers, from which it appears, as Dr. Conan Doyle points out, that the authorities have been vainly trying in South Africa to meet the necessities of over 200,000 men from a regular medical establishment sufficient only for two army corps, or less than 80,000 men. That establishment has been largely and well reinforced by civilian surgeons and nurses working under the War Office, as well as by Red Cross aid societies and privately equipped civil hospitals established on a lavish scale. Yet at best such invaluable help must, from a military point of view, be an imperfect part of the military machine, and cannot wholly compensate for, much less excuse, grievous numerical deficiency in the regular service. It is as much the duty of the War Office to provide sufficient medical establishments for peace and war, as to organise sufficient transport or artillery.

Had it not been for this voluntary aid our South African medical arrangements must have collapsed long ago, so that it would be neither just nor fair to blame the Army Medical Corps in its shrunken condition for local and temporary breakdowns under the stress of supreme military exigencies, or of sudden and paralyzing epidemics.

There is one point of great importance that has not been touched on in these discussions—one which we cannot help thinking has had much to do with the alleged deficiencies in the medical arrangements at the front: it is the enforced absence of the Principal Medical Officer of the army in the field from the headquarter staff of the Commander-in-Chief.

This new and, we venture to say, preposterous rule was forced into the regulations in the teeth of protests both from the medical service and the civil profession. By it the medical chief, instead of being at the right hand of the commander-in-chief, is relegated to the lines of communications, under the officer in command of them. Lord Roberts may be separated from his chief medical adviser by 1,000 miles! Could any arrangement be more contrary to the "common sense" which he tells us is needed in considering these matters? Such an absurd regulation was understood to be the outcome of paltry jealousies connected with the headquarter staff, and is surely incapable of defence.

These considerations lead us to think that, apart from the allegation of mismanagement, three cardinal points connected with the general efficiency of the army medical service must come under review by the Commission:

TUESDAY, JULY 17, 1900.

THE HOSPITALS IN SOUTH AFRICA.

In reply to Mr. MacNeill (Dongal, S.).

Mr. WYNDHAM (Dover) said the services of 285 civil surgeons have been accepted, principally for base hospitals and general duty; of these 263 are new in South Africa. This does not include those locally employed, or attached to private hospitals or to the Yeomanry or the Rhodesian Field Force. One hundred and seventy-two Royal Army Medical Corps officers under two years' service have been sent out. Of the 95 officers liable to recall, as has been already stated, 18 hold permanent military appointments at home and very few volunteered for service in South Africa. Nothing is known of any general discontent to which the hon. gentleman refers.

TYPHOID AT LADYSMITH.

SIR W. FORSTER (Derby, Ilkerton) asked the Under-Secretary of State for War if his attention had been called to the statement that there had been 6,000 cases of typhoid fever among the troops at Ladysmith since the relief of that place; and if he could give the number of admissions to hospital for typhoid fever, and the number of deaths from that disease in the forces under General Buller for the 12 weeks ended May 25.

Mr. WYNDHAM.—I have no knowledge of the statement put forward and I have complete returns for the Ladysmith garrison only up to May 18. The cases of enteric at Ladysmith from the date of the relief to the week ended May 12 amount to 799, including the above the total admissions for all the forces in Natal during the 12 weeks ended May 25 were 2,589, and the deaths 550.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. MAC NEILL asked the First Lord of the Treasury First, whether the medical establishments are numerically deficient.

Secondly, whether they possess sufficient autonomous organisation in the field in the matter of directly obtaining supplies, and in the movement of sick and wounded and the transport of hospital stores and equipment.

Thirdly, whether the enforced absence of the principal medical officer of the army from the headquarter staff is not contrary to sound organisation; and whether the denial of local and temporary increase of rank to acting principal medical officers, as to officers of other branches, does not handicap them in regard to army status and influence.

MEMBERS OF THE COMMISSION.

Mr. BALFOUR.—I am very sorry that so much delay has occurred. No one deplores it more than I do; but I hope to be able to make a statement to-morrow.

WEDNESDAY, JULY 18, 1900.

HOUSE OF COMMONS.

TUESDAY, JULY 17.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. BALFOUR.—I promised to announce at the earliest opportunity the additional names for the commission to inquire into the arrangements for the sick and wounded in South Africa. I am glad to say we have obtained the services of Sir David Richmond, ex-Lord Provost of Glasgow ("Oh" from the Irish Nationalist benches), a respected gentleman and deeply versed in administrative affairs, and Mr. Harrison, general manager of the London and North-Western Railway. (Cheers.) I am particularly glad we have got Mr. Harrison to serve, seeing that questions of transport are clearly of great importance, and his name will, I think, carry universal weight with all acquainted with railway management. (Hear, hear.)

Mr. BURDETT-COUTTS (Westminster).—Will the right hon. gentleman give us any opportunity of discussing these names or the constitution of the Commission of inquiry?

Mr. BALFOUR.—No Sir.

Mr. BURDETT-COUTTS.—Then I beg to ask leave to move the adjournment of the House in order to discuss a definite matter of urgent public importance—namely, the constitution and scope of the Committee of Inquiry.

The SPEAKER.—It is somewhat difficult to remember the exact course of events, but I am in the recollection of the House that a motion for the adjournment of the House was made on July 5 by the member for Northampton (Mr. Labouchere) in order to discuss the position and scope of reference of the committee appointed to inquire into the treatment of the sick and wounded in South Africa. On that motion a discussion took place upon the three names then placed before the House. I do not think that a renewed discussion upon those three names would be in order. It is a well-known rule that the same matter cannot be discussed twice on a motion of adjournment under Standing Order 17. But as regards the two new names now added, it will lie with the House and not with me to say whether they shall discuss them or not. If the hon. member cares to alter his motion in this way—namely, to discuss the nomination of Sir D. Richmond and Mr. Harrison as members of the Committee of Inquiry, such a motion would be in order.

Mr. BURDETT-COUTTS said that on the occasion referred to he stated that he had an objection to one of the names, but no discussion of that objection or name took place. The discussion took a wider scope, and had reference to the large element of the medical profession on the Commission.

The SPEAKER.—I look at the subject-matter proposed for discussion; I have really nothing to do with the particular arguments that have been used. The matter proposed for discussion was the composition and scope of reference of the committee appointed to inquire into the treatment of sick and wounded soldiers, it being proposed that the committee should consist of a certain learned Judge and two members of the medical profession. The question of the composition of the committee so far as those three gentlemen were concerned was open and was discussed. I think it would be quite contrary to the rules of the House, especially in a matter of such a personal bearing, if three names which were discussed by the House on one occasion were rediscussed on a motion for the adjournment without any alteration of the circumstances with regard to those three names.

Mr. MAC NEILL (Dongal, S.) submitted that new circumstances had arisen. The charge had been openly made that Professor Cunningham had been recommended by those who were interested in the issue of the inquiry.

The SPEAKER.—The names were before the House. It is almost inevitable that something further should have occurred, but that does not alter the fact that this matter has been discussed by the House under Standing Order 17 as regards those three gentlemen. The other two names can be discussed if the hon. member wishes.

Mr. BURDETT-COUTTS said that the First Lord of the Treasury had stated in definite terms that neither of the two medical gentlemen had any connection with the Army Medical Department. (Nationalist cheers.) Subsequently it became known that one of those gentlemen held a paid appointment in connection with the Army Medical Department. (Disorder and confusion.)

The SPEAKER.—I am quite sure that the whole matter was open to discussion, that everything was present in the minds of hon. members which is present in the minds of everybody now. I must adhere to what I have said, that if the hon. member asks leave to move the adjournment in order to discuss two names now for the first time before the House, that is a matter of urgent public importance.

Mr. BURDETT-COUTTS said that as the Speaker's ruling made it impossible for him to bring before the House new matter of great interest he must beg leave to withdraw.

THURSDAY, JULY 19.

HOUSE OF LORDS.

THURSDAY, JULY 19.

THE SICK AND WOUNDED IN SOUTH AFRICA.

The EARL OF ABERDEEN rose "to ask if her Majesty's Government can inform the House when the Commission to inquire into the question of the treatment of the sick and wounded in South Africa is likely to be appointed." The noble earl said the answer had been anticipated by an announcement in the House of Commons, but he might express the hope that the inquiry might be commenced without delay, not only because of the great interest and importance of the matters in question, but because many of the individuals who would give evidence as to the state of affairs at a particular period might be dispersed. The sympathetic words of the Secretary for War who was a former Governor-General of Canada, with regard to the deaths in South Africa of the two young Canadians, one of them the son of the Minister of Militia in Canada, would

be welcomed throughout the Dominion with peculiar appreciation. (Hear, hear.)

The MARQUIS OF LANSDOWNE.—I have every reason to believe that the Commission will commence its labours without any delay. The noble earl is aware that the appointment to the two last seats in the Commission was only made yesterday or the day before. But I know the Commission intends to meet immediately, and it is their desire to lose no time in taking up the important question committed to them.

THE HOSPITALS INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—I must beg for space in your columns to call attention to the very grave position in which we are left by the refusal of the Government to allow further debate on the Committee of Inquiry.

That the House of Commons is the real place where such a matter should be discussed was made obvious in the previous debate. On the first announcement of the committee of three, I asked the First Lord if he would give us an opportunity of discussing the subject. Mr. Balfour replied, with what I may venture to call some asperity, that he "saw no reason at all for giving the opportunity asked for." What happened? The forms of the House supplied the opportunity; the discussion was pertinent and effective; the proposal of the Government was fundamentally altered and recast in a form to suit the general sense of the House.

I asked for a similar opportunity on Tuesday, and Mr. Balfour, as before, refused it. I desired to raise two points neither of which had been discussed before:—(1) The absence of all information as to the nature, powers, and proposed methods of the Committee of Inquiry; (2) The definite new matter which had arisen since the last debate—viz., that Professor Cunningham, who was officially announced on that occasion to have no connection with the Army Medical Department, actually holds a paid appointment under that body. The two points hang together, and the door that is closed against Parliamentary discussion will not be opened to admit the necessary evidence on the inquiry.

1. What is this committee? It is not a legal Court, it is not a Royal Commission, it is not a Statutory Committee, it is not a Parliamentary committee. It will therefore have no power to compel witnesses to come forward and give evidence. It can only take such evidence as is voluntarily tendered, or organized by interested departments. The latter will therefore practically control the inquiry.

If the powers of the committee are amended in this respect, will force majeure be such a guarantee as will enable witnesses to speak freely? In any case, what assurance is to be given to those connected with the military service, from the highest to the lowest ranks, that they will not suffer loss or prejudice to their future by telling the whole truth? I give three illustrations of the difficulties. (a) A colonial soldier, whose bona fides is vouched for in the Cape Times of June 23, in the course of a description of his treatment at Bloemfontein, says:—

The authorities ask why don't you make a complaint? Well, the best answer is that no man makes a complaint a second time. I have seen men start to make a complaint to the visiting surgeon, who of course has a sergeant with him in his rounds, but before he could say sufficient to attract the doctor's attention the sergeant would lean down and in an undertone threaten the man . . . that he would make it worse for him if he said a word.

That deals with the question of complaints on the spot. (b) With regard to subsequent evidence, I adduce the fact that nearly every letter of complaint I have received is accompanied by an appeal not to disclose the name of the writer, with some such phrase as the following added, "The term of my service has not yet expired," or, "I shall be ruined for life if I tell the truth." (c) My third illustration, the gravest of all, is contained in the contract which civilian surgeons employed by the Army Medical Department have been required to sign. I will describe it later on.

There are certain other questions which I desire to put as briefly as possible.

1. How does the committee propose to inquire into the truth of statements for which I have made myself responsible? On this point I may say that, while those statements have been practically admitted by the Government, and while in high military and political quarters they are known to be true, I for my part desire the most stringent and searching investigation into their accuracy. But how is the committee going to inquire into a state of things which existed three or four months previously, every vestige of which will have been swept away by the time it reaches the spot, and of which the only witnesses remaining there will be the officials interested on one side of the inquiry?

2. Is the committee going to push its inquiry back into the real seed-ground of the disaster—the insufficiency and unpreparedness of the Army Medical Department? Is it going to conduct that part of the inquiry to its logical sequence, a scheme of elastic enlargement and reform? But that is the duty of a Parliamentary committee. The precedent of Mr. Roebuck's Committee in 1855 still holds good.

Breadth, Sir Douglas Powell, Sir Henry Norbury, K.N., Sir Robert Hunter, Sir Archibald Geikie, Mr. T. W. Russell, M.P., Dr. Farquharson, M.P., Mr. S. B. Provis, C.B., Surgeon-General Jameson, C.B., Mr. P. C. Farnall, C.M.G., the President of the Royal College of Physicians (Dr. Church), the President of the Medical Society (Dr. Roberts), Professor MacFadyen, Dr. Patrick Manson, C.M.G., Dr. H. W. H. Wood, Professor Coakley, Sir James Crockett-Brown, Dr. Newsholme, Mr. Shirley Murphy, Dr. Whittelegge, Mr. Shaw, Colonel Notter, and Dr. Balstrode (joint hon. secretary).

The toast of "The Queen" having been honoured, Sir A. GEIKIE proposed "The Navy, Army, and Auxiliary Forces." Sir H. NORBERT responded.

Surgeon-General JAMESON, Director-General of the Army Medical Department, who also replied, said that the service he represented that evening was entitled to a great deal of interest. A great change seemed to have come over the spirit of their dreams. On former occasions they were in the habit of receiving a good deal of praise, but this seemed to have turned. ("No, no.") He thought it would be well to consider who were their critics. (Hear, hear.) He would naturally mention their friends first. He needed only to refer to Sir William MacCormac. He was surely a very good judge, and he praised the work of the Army Medical Department. Mr. Treves followed much on the same lines. He was not the man to say a thing was good if it were not so. Another criticism was that of Sir Redvers Buller, perhaps the last man who would call a thing good if it were not good. He expressed himself delighted with the medical administration. Then Lord Roberts, when they all knew to be a kind-hearted man, deeply interested in the welfare of the soldiers under him, had also after close examination at the base and the lines of communications at all the fronts, expressed his satisfaction. There was another expression of opinion which he valued almost more than any other—namely, that of the German military medical attaché. They helped the British Army Medical staff on many occasions taking off their coats and doing right good service in the field hospitals. On their return to England he had asked them if they had any improvements to suggest. Their answer was "We have nothing to suggest." (Cheers.) Then there was the other side of the story. Who was the man who criticised them adversely? What were his qualifications? He knew of none. He had to particular hospital experience and very little war experience. He had said the critic's account, when going over to Ireland the other day, and thought it was exaggerated. He thought there was exaggeration in every sentence of it. He thought the best thing he could do was to imitate the example of Mr. Rhodes and come back to London and "face the music." (Cheers.)

As one drew from Treves in the street, the streets resounded with "hospital scandals" and "atrocity," one began to wonder if one was not working up for a prominent position in Madame Tussaud's collection. (Laughter.) His duty was to provide beds for 15 per cent. of the troops there were 200,000 men in South Africa, and he provided 20,000 beds. He provided a personal sufficient, for those beds, over 8,000 men and women. He furnished the equipment so liberally that on several occasions he was asked to send no more. On Thursday last he received a telegram from South Africa: "Please do not send any more base hospitals." (Laughter.) War was full of strange chances which belied anticipation. Could they have anticipated some of these events? Could any man have prophesied that the Modder River would become full of dead bodies of horses, some of whom had suffered from enteric fever, and of dead animals? Could any one have prophesied that the water supply of Bloemfontein would be cut off? Could anybody have prophesied that a convey containing a great deal of stores would be captured by the Boers? Could any one prophesied that the whole railway, a thousand miles long, would be unsecured and broken in many places? Not only did the men in hospital suffer, but the men out of hospital—men were getting less biscuits and a pint and a half of dirty water a day. At Lord Roberts said, to preserve his Army it was necessary to supply them with food, and he deliberately excluded hospital supplies. That was a very important point. He (Dr. Jameson) was delighted beyond measure that a commission was being appointed to investigate the matter. Since the famous letter was published the diary had been received of the F.M.O., describing the conditions that existed. It was well known to the medical officers that a time would come, as it would come in all wars, when either a large number of wounded or a large number of sick would be found which no service in the world could grapple with for the time being. Had the outbreak of enteric fever occurred in London itself it would probably have taxed the medical capacities of the whole metropolis. (Hear, hear.) The commission would bring out the truth, and that was what was wanted. He believed there would be a fair trial, and he would bet his last dollar that the Army Medical Department would come out with flying colours. (Cheers.)

Sir JOSEPH FAYER proposed "The Founders of the Epidemiological Society," sketching the early history of the society. Since its foundation its work had been progressive and it had made many valuable contributions to the knowledge of epidemiology. The reports of its various committees formed for the study of special branches of epidemiology and cognate subjects had been very valuable contributions to medical literature. He spoke highly of the efforts of Dr. Parsons, as president, and of the abilities of Dr. Manson, the president elect. Although it was not possible for Sir John Simon and Sir E. Rieu to be present, he coupled the toast with their names, and proposed that a telegram be sent to them informing them of the fact and sending them a hearty greeting.

The suggestion was received with cheers and was set upon.

The toast of "The Public Health Service" was proposed by Dr. FARQUHARSON, M.P., and replied to by Mr. T. W. RUSSELL, M.P., Parliamentary Secretary of the Local Government Board, who said he did not know that he would have another opportunity of responding for that department.

Dr. PATRICK MANSON, in proposing "The Visitors," said he considered that the public felt there was something a little wrong about the Army Medical Service, that it was a little too insular, and that for the sake of a system which on the whole might be good, a good measure or a good man might be rejected. He thought there was room for a little elasticity in the Army Medical Service, although apart from that he believed it to be as near perfection as it could be.

In responding Dr. CHURCH said he could not altogether pass by in silence the fact that he had undertaken to serve upon the commission which it was proposed to send out to South Africa to take evidence there as well as in this country as to the state of the military hospitals. When Lord Lansdowne sent for him his lordship placed the matter in such a way that he felt he could not refuse to serve unless he did what so true Englishmen ever did—namely, shirk what he considered was his duty. (Cheers.) He thought he might venture to say that all those who knew him at all knew that he would enter upon that duty with perfect impartiality. Having known the medical profession of this country for many years, he could not but have a very high regard for the Army Medical Service, but that, he trusted, in no way biased his mind, and he should form a perfectly independent and impartial member of the commission. (Cheers.) After referring to the admirable work performed by the Epidemiological Society in elucidating the causes of epidemic disease and its prevention, and his regret that he had not been actively connected with the work of the society, he hoped that, notwithstanding his want of special knowledge in the subject of epidemiology, he had a certain amount of that faculty which the House of Commons seemed to think was not possessed by members of the medical profession—common sense (laughter), and that by making use of any small portion of that faculty he might be able to be of real service on the commission. (Cheers.)

Sir JAMES CHURCHILL-ROBERTS also responded, joining with Surgeon-General Jameson in rejoicing that an impartial commission had been appointed to investigate the medical arrangements in South Africa.

The last toast of the evening, the "President and Officers of the Society," was proposed by Sir WILLIAM BRADSHAW, and responded to by the PRESIDENT and Dr. BULSTRODE.

British Medical Journal.

SATURDAY, JULY 14TH, 1900.

THE MILITARY MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

Sir, Mr. Burdett-Contts has very fairly and justly admitted the admirable and devoted work done in South Africa by the army doctors, and laid the saddle of blame on the back of the organising authorities at home and abroad, and I am sure that no one will regret more than he must the tone imported into this controversy by some of his professed supporters. We shall, I hope, continue to pursue our investigations calmly and temperately, and in a judicial spirit without heat or spite, or imputation of motives, and with the one and only desire to reach the truth, and therefore we shall do well to disregard as entirely unworthy of serious consideration the shrill protests of certain ladies who are making their voices heard. Even the man in the street knows the motives by which they are actuated, and that their observations are simply due to the fact that they failed to persuade the authorities to take them seriously as nurses, and that they are now endeavouring to reassert their position at the expense of those who not only know but do their work. Let them take refuge in the sacred circle of smart society where they can pose as martyrs, and receive the sympathy of their friends. We must admit that there was a good deal of confusion and disorganisation in the hospital arrangements at Bloemfontein, but what we want to know is how far this was unavoidable under the stress and strain of military necessity, and whether the discomfort and overcrowding observed by Mr. Burdett-Contts were due to the rapid march of the troops, the annexation by the chief of the staff of all means of transport, and by the mysterious loss of the convey to which so little attention has been directed in or out of the House of Commons, or whether, as Mr. Burdett-Contts would have us believe, it was due to the incompetence of the staff, or to the head in a noose; but I cannot believe with him that the arrangements in South Africa are all wrong because someone stole some condensed milk, or that the condition of the single hospital described by Mr. Burdett-Contts should be taken as a type of all the others. All this must receive most careful investigation; but where the right hon. baronet has done such admirable service, in conjunction with Sir Walter Foster, Mr. Arnold Forster, Captain Norton, and others, has been by his persistent efforts in season and out of season to rouse an apathetic House of Commons and country to the great danger of the cheese-paring depletion of the ranks of the Army Medical Department, and the hopeless impossibility of its present constitution to meet the requirements of an extended and prolonged campaign.

What most strikes the ordinary mortal most as he lays down his morning paper is the amazing divergence of testimony of onlookers and hearers at the seat of war. Mr. Burdett-Contts says one thing, and his facts are vigorously disputed by eminent specialists who have travelled over the same ground. We all remember the story of eyes and no eyes, and although it is a trite remark, it is none the less true that the faculty of correctly observing the most ordinary and patent things not only requires careful training, but is rarely as rare as the power of recording accurately without censorious adornment what we have seen. What Mr. Burdett-Contts's qualifications for the part of critic may be I do not know, but I cannot quit him from the too common mistake of merging the particular in the general, and drawing wide deductions from a too slender basis of facts. Some of his individual accusations no doubt are startling enough, but I may venture to place my own interpretation on them.

To begin with, the ratio of success in the treatment of the wounded was abnormally high. This was due, in my humble opinion, partly to the nature of the Mafeking bullet which slips through the most important tissues and leaves scarcely a trace of its visit, partly to the skilful application of antiseptic first dressings in the field, and the scientific conduct of the cases afterwards, and finally to the fact that the wounded were frequently enabled to go through their early and most perilous stages in the open air, in a fine dry climate, and with that perfect immobility which is so absolutely essential to abdominal wounds. Coming next to enteric, let us see that the type of disease in South Africa is both severe and prolonged, and that the antiquated and misleading term of "common continued fever" is made to include many of the

slight cases, and therefore to vitiate the statistics. Here again a gratifying amount of success has to be acknowledged, and this with Mr. Treves I hold to be due to the fact that they were treated in the open-air or in tents, not in stuffy houses or insanitary huts, and above all that they were kept perfectly quiet—an essential condition of success in this most insidious and treacherous disease. Mr. Burdett-Contts does I think scant justice to the work of the hospital orderlies. All I can say is that during nine years of medical service in the army I never saw a female nurse, and that I can speak in the highest terms of the work done by these men. As a rule the orderly is patient and reliable and temperate; above all things he is accustomed to discipline and will do as he is told, which is about the last thing that occurs to the mind of the society amateur.

In conclusion, may I utter a word of earnest protest against the cheap comments of Mr. Burdett-Contts on the Reform Club banquet and its distinguished guests? Why Sir William MacCormac and Mr. Treves, after patriotically leaving their homes and lucrative work and returning in impaired health, bearing with them the most brilliant record of surgical achievement known in ancient or modern times, should be grudging the social recognition so freely granted to the so-called combatant branches of the army passes my comprehension. Why a dinner given to these patriotic gentlemen on their return should be "ill timed" is not very obvious. The new humour, like the new diplomacy, is sometimes a little difficult to understand, but if we are expected to smile genially at all this, I must claim the privilege of my country and protest that the member for Westminster "jokes wif' decculty." But if we are to take it all in solemn earnest, then the case is very serious indeed, for we are told of the "incredible ignorance" of my two friends of "current facts"; of their "bankruptcy of insurance against patent dangers"; and, finally, they are roundly accused of misleading and misinforming public opinion—in other words they are stupid, ignorant, and dishonest, and are only fit to be classed with the modern correspondent who is afraid to write the truth, and the British soldier who is too craven-spirited to make his complaints known.

But on these and all other questions we must suspend our judgment until we read the evidence and receive the report.—I am, etc.,

House of Commons, July 14th.

ROBERT FARQUHARSON.

THE MEDICAL SERVICE AND THE WAR.

THE discussion in the House of Commons on the nomination of Commissioners to investigate, according to the desire of Lord Roberts, the allegations against the medical management of the campaign in South Africa, did not, we fear, promise a very speedy or satisfactory solution of the matter in dispute.

There was too obviously a tendency to make party capital, and too much carping at the preponderance of the medical element in the Commission. At the same time we welcome the enlargement of the Commission, if perchance this may exclude future party recrimination, but would regret to see the medical element unduly weakened on the augmented Commission. It is difficult to understand why it should be held that the much-desired element of "common sense" with "common fairness" should not exist among lawyers or doctors, as among so-called business men. The matters in dispute have, in truth, little to do with the trader or contractor, while they involve military considerations which may override all ordinary business calculations.

We observe that Mr. Burdett-Contts, while he does not apportion blame, seems unable to show how the lamentable suffering he described could have been avoided. He has, indeed, disclaimed any attack on the Army Medical Corps; therefore we conclude, with many of our contemporaries, that his strictures are really directed against the transport branch. But in suggesting this we by no means seek to shelter the medical service from just and searching criticism, for the wide general testimony to its efficiency and devotion, often in circumstances of supreme difficulty, throughout the campaign has been so overwhelming as to absolutely dwarf isolated cases of alleged breakdown.

As hospital equipment and stores were unquestionably sent from home in almost superfluous abundance, the real question is, Why were they not always distributed in proper time and place; and who is responsible for this failure or delay? The medical service is grievously undermanned both in officers and men, but parsimony in the matter of equipment and stores cannot, we think, be justly laid to its charge. Whether it is sufficiently autonomous is another matter. We welcome impartial investigation,

First, whether the medical establishments are numerically deficient.

Secondly, whether they possess sufficient autonomous organisation in the field in the matter of directly obtaining supplies, and in the movement of sick and wounded and the transport of hospital stores and equipment.

Thirdly, whether the enforced absence of the principal medical officer of the army from the headquarter staff is not contrary to sound organisation; and whether the denial of local and temporary increase of rank to acting principal medical officers, as to officers of other branches, does not handicap them in regard to army status and influence.

feeling certain that while that cannot show general inefficiency in the medical officers and men, it may lead to a much-needed strengthening of the corps, and of the weak points in its field organisation; good may thus really result from apparent evil.

The facts to be investigated by the Commission will necessarily be limited by the terms of reference; but we cannot conceive any terms that could exclude from the purview what Mr. Arnold Forster tersely called "the general efficiency of the Army Medical Department; and whether its organisation was such as to enable it to work with the maximum of efficiency."

Such points must be investigated. The numerical and organic efficiency of the medical service must be reviewed; in both it is undoubtedly lacking. Month by month since November we have given an analysis of the distribution of army medical officers, from which it appears, as Dr. Conan Doyle points out, that the authorities have been vainly trying in South Africa to meet the necessities of over 200,000 men from a regular medical establishment sufficient only for two army corps, or less than 80,000 men. That establishment has been largely and well reinforced by civilian surgeons and nurses working under the War Office, as well as by Red Cross aid societies and privately equipped civil hospitals established on a lavish scale. Yet at best such invaluable help must, from a military point of view, be an imperfect part of the military machine, and cannot wholly compensate for, much less excuse, grievous numerical deficiency in the regular service. It is as much the duty of the War Office to provide sufficient medical establishments for peace and war, as to organise sufficient transport or artillery.

Had it not been for this voluntary aid our South African medical arrangements must have collapsed long ago, so that it would be neither just nor fair to blame the Army Medical Corps in its shrunken condition for local and temporary breakdowns under the stress of supreme military exigencies, or of sudden and paralyzing epidemics.

There is one point of great importance that has not been touched on in these discussions—one which we cannot help thinking has had much to do with the alleged deficiencies in the medical arrangements at the front: it is the enforced absence of the Principal Medical Officer of the army in the field from the headquarter staff of the Commander-in-Chief.

This new and, we venture to say, preposterous rule was forced into the regulations in the teeth of protests both from the medical service and the civil profession. By it the medical chief, instead of being at the right hand of the commander-in-chief, is relegated to the lines of communications, under the officer in command of them. Lord Roberts may be separated from his chief medical adviser by 1,000 miles! Could any arrangement be more contrary to the "common sense" which he tells us is needed in considering these matters? Such an absurd regulation was understood to be the outcome of paltry jealousies connected with the headquarter staff, and is surely incapable of defence.

These considerations lead us to think that, apart from the allegation of mismanagement, three cardinal points connected with the general efficiency of the army medical service must come under review by the Commission:

TIMES, TUESDAY, JULY 17, 1900.

THE HOSPITALS IN SOUTH AFRICA.

In reply to Mr. MACNEILL (Donegal, S.).

Mr. WYNDHAM (Dover) said the services of 335 civil surgeons have been accepted, principally for base hospitals and general duty; of these 263 are now in South Africa. This does not include those locally employed, or attached to private hospitals or to the Yeomanry or the Rhodesian Field Force. One hundred and seventeen Royal Army Medical Corps officers under two years' service have been sent out. Of the 98 officers liable to recall, as has been already stated, 18 hold permanent military appointments at home and very few volunteered for service in South Africa. Nothing is known of any general discontent to which the hon. gentleman refers.

TYPHOID AT LADYSMITH.

SIR W. FOSTER (Derby, Ilkerton) asked the Under-Secretary of State for War if his attention had been called to the statement that there had been 6,000 cases of typhoid fever among the troops at Ladysmith since the relief of that place; and if he could give the number of admissions to hospital for typhoid fever, and the number of deaths from that disease in the forces under General Buller for the 12 weeks ended May 25.

Mr. WYNDHAM.—I have no knowledge of the statement put forward, and I have complete returns for the Ladysmith garrison only up to May 13. The cases of enteric at Ladysmith from the date of the relief to the week ended May 18 amount to 799. Including the above the total admissions for all the forces in Natal during the 12 weeks ended May 25 were 2,380, and the deaths 550.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. MACNEILL asked the First Lord of the Treasury whether, having regard to the criticism to which the appointment of Professor Cunningham to be a member of the South African Hospitals Commission had been subject, he would now state to the House the grounds on which Professor Cunningham was recommended for the appointment by Sir William Mac Cormac and by Dr. Janssens, the head of the Army Medical Department, whose administration in South Africa would be the subject of investigation.

Mr. BALFOUR.—I have nothing to add to what I have already told the hon. gentleman on this subject; but I do not admit the basis of fact which he has assumed in putting the question.

Mr. MACNEILL.—Pardon me, it is no assumption. (Laughter.)

SIR W. FOSTER asked whether the right hon. gentleman could announce the names of the two additional members of the Commission.

Mr. BALFOUR.—I am very sorry that so much delay has occurred. No one deplores it more than I do; but I hope to be able to make a statement to-morrow.

WEDNESDAY, JULY 18, 1900

HOUSE OF COMMONS.

TUESDAY, JULY 17.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. BALFOUR.—I promised to announce at the earliest opportunity the additional names for the commission to inquire into the arrangements for the sick and wounded in South Africa. I am glad to say we have obtained the services of Sir David Richmond, ex-Lord Provost of Glasgow ("Oh" from the Irish Nationalist benches), a respected gentleman and deeply versed in administrative affairs, and Mr. Harrison, general manager of the London and North-Western Railway. (Cheers.) I am particularly glad we have got Mr. Harrison to serve, seeing that questions of transport are clearly of great importance, and his name will, I think, carry universal weight with all acquainted with railway management. (Hear, hear.)

Mr. BURDETT-COUTTS (Westminster).—Will the right hon. gentleman give us any opportunity of discussing these names or the constitution of the Committee of Inquiry?

Mr. BALFOUR.—No Sir.

Mr. BURDETT-COUTTS.—Then I beg to ask leave to move the adjournment of the House in order to discuss a definite matter of urgent public importance—namely, the constitution and scope of the Committee of Inquiry.

The SPEAKER.—It is somewhat difficult to remember the exact course of events, but I am in the recollection of the House that a motion for the adjournment of the House was made on July 5 by the member for Northampton (Mr. Labouchere) in order to discuss the position and scope of reference of the committee appointed to inquire into the treatment of the sick and wounded in South Africa. On that motion a discussion took place upon the three names then placed before the House. I do not think that a renewed discussion upon those three names would be in order. It is a well-known rule that the same matter cannot be discussed twice on a motion of adjournment under Standing Order 17. But as regards the two new names now added, it will lie with the House and not with me to say whether they shall discuss them or not. If the hon. member cares to alter his notice in this way—namely, to discuss the nomination of Sir D. Richmond and Mr. Harrison as members of the Committee of Inquiry, such a motion would be in order.

Mr. BURDETT-COUTTS said that on the occasion referred to he stated that he had an objection to one of the names, but no discussion of that objection or name took place. The discussion took a wider scope, and had reference to the large element of the medical profession on the Commission.

The SPEAKER.—I look at the subject-matter proposed for discussion; I have really nothing to do with the particular arguments that have been used. The matter proposed for discussion was the composition and scope of reference of the committee appointed to inquire into the treatment of sick and wounded soldiers, it being proposed that the committee should consist of a certain learned Judge and two members of the medical profession. The question of the composition of the committee so far as those three gentlemen were concerned was open and was discussed. I think it would be quite contrary to the rules of the House, especially in a matter of such a personal bearing, if three names which were discussed by the House on one occasion were rediscussed on a motion for the adjournment without any alteration of the circumstances with regard to those three names.

Mr. MACNEILL (Donegal, S.) submitted that new circumstances had arisen. The charge had been openly made that Professor Cunningham had been recommended by those who were interested in the issue of the inquiry.

The SPEAKER.—The names were before the House. It is almost inevitable that something further should have occurred, but that does not alter the fact that this matter has been discussed by the House under Standing Order 17 as regards those three gentlemen. The other two names can be discussed if the hon. member wishes.

Mr. BURDETT-COUTTS said that the First Lord of the Treasury had stated in definite terms that neither of the two medical gentlemen had any connection with the Army Medical Department. (Nationalist cheers.) Subsequently it became known that one of those gentlemen held a paid appointment in connection with the Army Medical Department. (Renewed cheers.)

The SPEAKER.—I am quite sure that the whole matter was open to discussion, that everything was present in the minds of hon. members which is present in the minds of everybody now. I must adhere to what I have said, that if the hon. member asks leave to move the adjournment in order to discuss two names now for the first time before the House, that is a matter of urgent public importance.

Mr. BURDETT-COUTTS said that as the Speaker's ruling made it impossible for him to bring before the House now matter of great interest he must beg leave to withdraw.

TIMES, FRIDAY, JULY 20, 1900

HOUSE OF LORDS.

THURSDAY, JULY 19.

THE SICK AND WOUNDED IN SOUTH AFRICA.

The EARL of ABERDEEN rose "to ask if her Majesty's Government can inform the House when the Commission to inquire into the question of the treatment of the sick and wounded soldiers in South Africa is likely to be appointed." The noble earl said the answer had been anticipated by an announcement in the House of Commons, but he might express the hope that the inquiry might be commenced without delay, not only because of the great interest and importance of the matters in question, but because many of the individuals who would give evidence as to the state of affairs at a particular period might be dispersed. The sympathetic words of the Secretary of War, who was formerly Governor-General of Canada, with regard to the deaths in South Africa of the two young Canadians, one of them the son of the Minister of Militia in Canada, would

be welcomed throughout the Dominion with peculiar appreciation. (Hear, hear.)

The MARQUIS of LANSDOWN.—I have every reason to believe that the Commission will commence its labours without any delay. The noble earl is aware that the appointment to the two last seats in the Commission was only made yesterday or the day before. But I know the Commission intends to meet immediately, and it is their desire to lose no time in taking up the important question committed to them.

THE HOSPITALS INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—I must beg for space in your columns to call attention to the very grave position in which we are left by the refusal of the Government to allow further debate on the Committee of Inquiry.

That the House of Commons is the real place where such a matter should be discussed was made obvious in the previous debate. On the first announcement of the committee of three, I asked the First Lord if he would give us an opportunity of discussing the subject. Mr. Balfour replied, with what I may venture to call some asperity, that he "saw no reason at all for giving that opportunity asked for." What happened? The forms of the House supplied the opportunity; the discussion was pertinent and effective; the proposal of the Government was fundamentally altered and recast in a form to suit the general sense of the House.

I asked for a similar opportunity on Tuesday, and Mr. Balfour, as before, refused it. I desired to raise two points neither of which had been discussed before:—(1) The absence of all information as to the nature, powers, and proposed methods of the Committee of Inquiry; (2) the definite new matter which had arisen since the last debate—viz., that Professor Cunningham, who was officially announced on that occasion to have no connection with the Army Medical Department, actually holds a paid appointment under that body. The two points hang together, and the door that is closed against Parliamentary discussion will not be opened to admit the necessary evidence on the inquiry.

1. What is this committee? It is not a legal Court, it is not a Royal Commission, it is not a Statutory Committee, it is not a Parliamentary committee. It will therefore have no power to compel witnesses to come forward and give evidence. It can only take such evidence as is voluntarily tendered, or organized by interested departments. The latter will therefore practically control the inquiry.

If the powers of the committee are amended in this respect, will force majeure be such a guarantee as will enable witnesses to speak freely? In any case, what assurance is to be given to those connected with the military service, from the highest to the lowest ranks, that they will not suffer loss or prejudice to their future by telling the whole truth? I give three illustrations of the difficulties. (a) A colonial soldier, whose boss files is vouchered for in the Cape Times of June 23, in the course of a description of his treatment at Bloemfontein, says:—

The authorities ask why don't you make a complaint? Well, the best answer is that no man makes a complaint a second time. I have seen men start to make a complaint to the visiting surgeon, who of course has a sergeant with him in his rounds, but before he could say sufficient to attract the doctor's attention the sergeant would lean down and in an undertone threaten the man . . . that he would make it worse for him if he said a word.

That deals with the question of complaints on the spot. (b) With regard to subsequent evidence, I adduce the fact that nearly every letter of complaint I have received is accompanied by an appeal not to disclose the name of the writer, with some such phrase as the following added, "The term of my service has not yet expired," or, "I shall be ruined for life if I tell the truth." (c) My third illustration, the gravest of all, is contained in the contract which civilian surgeons employed by the Army Medical Department have been required to sign. I will describe it later on.

There are certain other questions which I desire to put as briefly as possible.

1. How does the committee propose to inquire into the truth of statements for which I have made myself responsible? On this point I may say that, while those statements have been practically admitted by the Government, and while in high military and political quarters they are known to be true, for my part I desire the most stringent and searching investigation into their accuracy. But how is the committee going to inquire into a state of things which existed three or four months previously, every vestige of which will have been swept away by the time it reaches the spot, and of which the only witnesses remaining there will be the officials interested on one side of the inquiry?

2. Is the committee going to push its inquiry back into the real seed-ground of the disaster—the insufficiency and unpreparedness of the Army Medical Department? Is it going to conduct that part of the inquiry to its logical sequence, a scheme of elastic enlargement and reform? But that is the duty of a Parliamentary committee. The precedent of Mr. Roebuck's Committee in 1855 still holds good.

Broadbent, Sir Douglas Powell, Sir Henry Norbury, B.N., Sir Robert Hunter, Sir Archibald Geikie, Mr. T. W. Russell, M.P., Dr. Farquharson, M.P., Mr. S. P. Provis, C.B., Surgeon-General Jameson, C.B., Mr. P. C. Farnell, C.B., G., the President of the Royal College of Physicians (Dr. Church), the President of the Medical Society (Dr. Roberts), Professor MacFadyen, Dr. Patrick Manson, C.M.G., Dr. Sims Watson, F.R.S., F.R.C.S., Dr. James Crofton-Brown, Dr. Newsholme, Mr. Shirley Murphy, Dr. Whitelegge, Dr. Shaw, Colonel Netter, and Dr. Balgordon (joint hon. secretary).

The last of "The Queen" having been honoured, Sir A. GEIKIE proposed "The Navy, Army, and Auxiliary Forces." Sir H. NORBURY responding.

SURGEON-GENERAL JAMESON, Director-General of the Army Medical Department, who also replied, said that the service he represented that evening was existing a great deal of interest. A great change seemed to have come over the spirit of their dreams. On former occasions they were in the habit of receiving a good deal of praise, but the tide seemed to have turned.

"No, no," he thought it would be well to consider who were their critics. (Hear, hear.) He would naturally mention their friends first. He needed only to refer to Sir William MacCormac. He was surely a very good judge, and he praised the work of the Army Medical Department. Mr. Treves followed next on the same lines. He was not the man to say a thing was good if it were not so. Another criticism was that of Sir Redvers Buller, perhaps the last man who would call a thing good if it were not good. He expressed himself delighted with the medical administration. Then Lord Roberts, whom they all knew to be a kind-hearted man, deeply interested in the welfare of the soldiers under him, had also after close examination at the base and the lines of communications as at the front, expressed his satisfaction. There was another expression of opinion which he valued almost more than any other—namely, that of the German military medical attaché. They helped the British Army Medical staff on many occasions, taking of their coats and doing right good service in the field hospitals. On their return to England, he had asked them if they had any improvements to suggest. Their answer was "We have nothing to suggest." (Hear, hear.) Then there was the other side of the story. Who was the man who criticised them severely? What were his qualifications? He knew of none. He had no particular hospital experience and very little war experience. He had read this critic's account, who was going over to Ireland the other day, and thought it was like a nightmare. He thought there was exaggeration in every sentence of it. He thought the best thing he could do was to initiate the example of Dr. Rhodes and come back to London and "face the music." (Cheers.)

As one drove from London and saw in the streets placards about "hospital scandals" and "atrocities," one began to wonder if one was not working up for a new position in Madame Tussaud's collection. (Laughter.) His duty was to provide beds for 10 per cent. of the troops. There were 200,000 men in South Africa, and he provided 20,000 beds. He provided a personnel sufficient for those beds, over 8,000 men and women. He furnished the equipment so liberally that on several occasions he was asked to send no more. On Thursday last he received a telegram from South Africa: "Please do not send more beds, hospitals, etc." (Laughter.) War was full of strange chances which belied anticipation. Could they have anticipated some of those events? Could any man have prophesied that the Modder River would become full of dead bodies of Boers, some of whom had suffered from enteric fever, and of dead animals? Could any one have prophesied that the water supply of Bloemfontein would be cut off? Could anybody have prophesied that a conveyer containing a great deal of stores would be captured by the Boers? Could any one prophesied that the whole railway, a thousand miles long, would be unsecured and broken in many places? Not only did the men in hospital suffer, but the men out of hospital, none were getting there. A disease and a pit and a half of dirty water a day. At Lord Roberts's aid, to preserve his Army it was necessary to supply them with food, and he deliberately excluded hospital supplies. That was a very important point. He (Dr. Jameson) was delighted beyond measure that a commission was being appointed to investigate the matter. Since the famous letter was published the diary had been received of the P.M.O., describing the conditions that existed. It was well known, and the medical officers that a time would come, as it would come in all wars, when either a large number of wounded or a large number of sick would be found which no service in the world could grapple with for the time being. Had the outbreak of enteric fever occurred in London itself it would probably have taxed the medical capacities of the whole metropolis. (Hear, hear.) The commission would bring out the truth, and that was what was wanted. He believed there would be a fair trial, and he would bet his last dollar that the Army Medical Department would come out with flying colours. (Cheers.)

Sir JOSEPH PATTER proposed "The Founders of the Epidemiological Society." Attesting the early history of the society, since its foundation its work had been progressive and it had made many valuable contributions to the knowledge of epidemiology. The reports of its various committees formed for the study of special branches of epidemiology and cognate subjects had been very valuable contributions to medical literature. He spoke highly of the efforts of Dr. Farnell, as president, and of the abilities of Dr. Manson, the president elect. Although it was not possible for Sir John Simon and Sir R. Spink to be present, he coupled the names of the two and proposed that a telegram be sent to them informing them of the fact and sending them a hearty greeting.

The suggestion was received with cheers and was acted upon. The toast of "The Public Health Service" was proposed by Dr. FARQUHARSON, M.P., and replied to by Mr. T. W. RUSSELL, M.P., Parliamentary Secretary of the Local Government Board, who said he did not know that he would have another opportunity of responding for that department.

Dr. PATRICK MANSON, in proposing "The Visitors," said he considered that the public felt there was something a little wrong about the Army Medical Service, that it was a little too isolated, and that for the sake of a system which on the whole might be good, a good measure or a good man might be rejected. He thought there was room for a little elasticity in the Army Medical Service, although apart from that he believed it to be as near perfection as it could be.

In responding Dr. CHURCH said he could not altogether pass by in silence the fact that he had undertaken to serve on the commission which it was proposed to send out to South Africa to take evidence there as well as in this country as to the state of the military hospitals. When Lord Lansdowne sent for him his lordship placed the matter in such a way that he felt he could not refuse to serve unless he did what no true Englishman ever did—namely, shirk what he considered was his duty. (Cheers.) He thought he might venture to say that all those who knew him at all knew that he would enter upon that duty with perfect impartiality. Having known the medical profession of this country for many years, he could not but have a very high regard for the Army Medical Service, but that, he trusted, in no way biased his mind, and he should form a perfectly independent and impartial member of the commission. (Cheers.) After referring to the admirable work performed by the Epidemiological Society in elucidating the causes of epidemic disease and its prevention, and his regret that he had not been actively connected with the work of the society, he hoped that, notwithstanding his want of special knowledge in the subject of epidemiology, he had a certain amount of that faculty which the House of Commons seemed to think was not possessed by members of the medical profession—common sense (laughter), and that by making use of any small portion of that faculty he might be able to be of real service on the commission. (Cheers.)

Sir JAMES CRICHTON-BROWNE also responded, joining with Surgeon-General Jameson in rejoicing that an impartial commission had been appointed to investigate the medical arrangements in South Africa. The last toast of the evening, "The President and Officers of the Society," was proposed by Sir WILLIAM BROADBENT, and responded to by the PRESIDENT and Dr. BELSHAM.

What must strike the ordinary mortal most as he lays down his morning paper is the amazing divergence of testimony of onlookers and hearers at the seat of war. Mr. Burdett-Contts says one thing, and his facts are vigorously disputed by eminent specialists who have travelled over the same ground. We all remember the story of eyes and nose, and although it is a trite remark, it is none the less true that the faculty of correctly observing the most ordinary and patent things not only requires careful training, but is scarcely as rare as the power of recording accurately without oratorical adornment what we have seen. What Mr. Burdett-Contts's qualifications for the part of critic may be I do not know, but I cannot quit him from the too common mistake of merging the particular in the general, and drawing wide deductions from a too slender basis of facts. Some of his individual accusations no doubt are startling enough, but I may venture to place my own interpretation on them.

To begin with, the ratio of success in the treatment of the wounded was abnormally high. This was due, in my humble opinion, partly to the nature of the manner, but more to the fact that through the most important times and leave scarcely a trace of its visit, partly to the skillful application of antiseptic first dressings in the field, and the scientific conduct of the cases afterwards, and finally to the fact that the wounded were frequently enabled to go through their early and most perilous stages in the open air, in a fine dry climate, and with that perfect immobility which is absolutely essential to abdominal wounds. Coming next to enteric, let it be noted that the type of disease in South Africa is both severe and prolonged, and that the antiquated and misleading term of "common continued fever" is made to include many of the

slight cases, and therefore to vitiate the statistics. Here again a gratifying amount of success has to be acknowledged, and this with Mr. Treves I hold to be due to the fact that they were treated in the open-air or in tents, not in stuffy houses or insanitary huts, and above all that they were kept perfectly quiet—an essential condition of success in this most insidious and treacherous disease. Mr. Burdett-Contts does I think scant justice to the work of the hospital orderlies. All I can say is that during nine years of medical service in the army I never saw a female nurse, and that I can speak in the highest terms of the work done by these men. As a rule the orderly is patient and reliable and temperate; above all things he is accustomed to discipline and will do as he is told, which is about the last thing that occurs to the mind of the society amateur.

In conclusion, may I utter a word of earnest protest against the cheap comments of Mr. Burdett-Contts on the Reform Club banquet and its distinguished guests? Why Sir William MacCormac and Mr. Treves, after patriotically leaving their homes and lucrative work and returning in impaired health, bearing with them the most brilliant record of surgical achievement known in ancient or modern times, should be grudged the social recognition so freely granted to the so-called combatant branches of the army passes my comprehension. Why a dinner given to these patriotic gentlemen on their return should be "ill timed" is not very obvious. The new humour, like the new diplomacy, is sometimes a little difficult to understand, but if we are expected to smile generally at all this, I must claim the privilege of my country and protest that the member for Westminster "jokes w' delectability." But if we are to take it all in solemn earnest, then the case is very serious indeed, for we are told of the "incredible ignorance" of my two friends of "current facts" of their "bankruptcy of insurance against patent dangers"; and, finally, they are roundly accused of misleading and misinforming public opinion—in other words they are stupid, ignorant, and dishonest, and are only fit to be classed with the modern correspondent who is afraid to write the truth, and the British soldier who is too craven-spirited to make his complaints known.

But on these and all other questions we must suspend our judgment until we read the evidence and receive the report.—I am, etc.,

British Medical Journal.

SATURDAY, JULY 14TH, 1900.

THE MILITARY MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

Sir, Mr. Burdett-Contts has very fairly and justly admitted the admirable and devoted work done in South Africa by the army doctors, and laid the saddle of blame on the back of the organising authorities at home and abroad, and I am sure that no one will regret more than he must the tone imported into this controversy by some of his professed supporters. We shall, I hope, continue to pursue our investigations calmly and temperately, and in a judicial spirit without heat or spite, or imputation of motives, and with the one and only desire to reach the truth, and therefore we shall do well to disregard as entirely unworthy of serious consideration the shrill protests of certain ladies who are making their voices heard. Even the man in the street knows the motives by which they are actuated, and that their observations are simply due to the fact that they failed to persuade the authorities to take them seriously as nurses, and that they are now endeavouring to reassert their position at the expense of those who not only know but do their work. Let them take refuge in the sacred circle of smart society, where they can pose as martyrs, and receive the sympathy of their friends.

We must admit that there was a good deal of confusion and disorganisation in the hospital arrangements at Bloemfontein, but what we want to know is how far this was unavoidable under the stress and strain of military necessity, and whether the discomfort and overcrowding observed by Mr. Burdett-Contts were due to the rapid march of the troops, the annexation by the chief of the staff of all means of transport, and by the mysterious loss of the convey to which so little attention has been directed in or out of the House. Finally, who is to blame for all those, and who are to hang—metaphorically or otherwise? Sir Charles Dilke, though an opponent of capital punishment, is keen to put someone's head in a noose; but I cannot believe with him that the arrangements in South Africa are all wrong because some one stole some condensed milk, or that the condition of the single hospital described by Mr. Burdett-Contts should be taken as a type of all the others. All this must receive most careful investigation; but where the right hon. baronet has done such admirable service, in conjunction with Sir Walter Foster, Mr. Arnold Forster, Captain Norton, and others, has been by his persistent efforts in season and out of season to rouse an apathetic House of Commons and country to the great danger of the cheese-paring depletion of the ranks of the Army Medical Department, and the hopeless impossibility of its present constitution to meet the requirements of an extended and prolonged campaign.

What must strike the ordinary mortal most as he lays down his morning paper is the amazing divergence of testimony of onlookers and hearers at the seat of war. Mr. Burdett-Contts says one thing, and his facts are vigorously disputed by eminent specialists who have travelled over the same ground. We all remember the story of eyes and nose, and although it is a trite remark, it is none the less true that the faculty of correctly observing the most ordinary and patent things not only requires careful training, but is scarcely as rare as the power of recording accurately without oratorical adornment what we have seen. What Mr. Burdett-Contts's qualifications for the part of critic may be I do not know, but I cannot quit him from the too common mistake of merging the particular in the general, and drawing wide deductions from a too slender basis of facts. Some of his individual accusations no doubt are startling enough, but I may venture to place my own interpretation on them.

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slight cases, and therefore to vitiate the statistics. Here again a gratifying amount of success has to be acknowledged, and this with Mr. Treves I hold to be due to the fact that they were treated in the open-air or in tents, not in stuffy houses or insanitary huts, and above all that they were kept perfectly quiet—an essential condition of success in this most insidious and treacherous disease. Mr. Burdett-Contts does I think scant justice to the work of the hospital orderlies. All I can say is that during nine years of medical service in the army I never saw a female nurse, and that I can speak in the highest terms of the work done by these men. As a rule the orderly is patient and reliable and temperate; above all things he is accustomed to discipline and will do as he is told, which is about the last thing that occurs to the mind of the society amateur.

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But on these and all other questions we must suspend our judgment until we read the evidence and receive the report.—I am, etc.,

House of Commons, July 6th.

ROBERT FARQUHARSON.

THE MEDICAL SERVICE AND THE WAR.

THE discussion in the House of Commons on the nomination of Commissioners to investigate, according to the desire of Lord Roberts, the allegations against the medical management of the campaign in South Africa, did not, we fear, promise a very speedy or satisfactory solution of the matter in dispute.

There was too obviously a tendency to make party capital, and too much carping at the preponderance of the medical element in the Commission. At the same time we welcome the enlargement of the Commission, if perchance this may exclude future party recrimination, but would regret to see the medical element unduly weakened on the augmented Commission. It is difficult to understand why it should be held that the much-desired element of "common sense" with "common fairness" should not exist among lawyers or doctors, as among so-called business men. The matters in dispute have, in truth, little to do with the trader or contractor, while they involve military considerations which may override all ordinary business calculations.

We observe that Mr. Burdett-Contts, while he does not apportion blame, seems unable to show how the lamentable suffering he described could have been avoided. He has, indeed, disclaimed any attack on the Army Medical Corps; therefore we conclude, with many of our contemporaries, that his strictures are really directed against the transport branch. But in suggesting this we by no means seek to shelter the medical service from just and searching criticism, for the wide general testimony to its efficiency and devotion, often in circumstances of supreme difficulty, throughout the campaign has been so overwhelming as to absolutely dwarf isolated cases of alleged breakdown.

As hospital equipment and stores were unquestionably sent from home in almost superabundant abundance, the real question is, Why were they not always distributed in proper time and place; and who is responsible for this failure or delay? The medical service is grievously undermanned both in officers and men, but parsimony in the matter of equipment and stores cannot, we think, be justly laid to its charge. Whether it is sufficiently autonomous is another matter. We welcome impartial investigation, feeling certain that while that cannot show general inefficiency in the medical officers and men, it may lead to a much-needed strengthening of the corps, and of the weak points in its field organisation; good may thus really result from apparent evil.

The facts to be investigated by the Commission will necessarily be limited by the terms of reference; but we cannot conceive any terms that could exclude from the purview what Mr. Arnold Forster tersely called "the general efficiency of the Army Medical Department; and whether its organisation was such as to enable it to work with the maximum of efficiency."

Such points must be investigated. The numerical and organic efficiency of the medical service must be reviewed; in both it is undoubtedly lacking. Month by month since November we have given an analysis of the distribution of army medical officers, from which it appears, as Dr. Conan Doyle points out, that the authorities have been vainly trying in South Africa to meet the necessities of over 200,000 men from a regular medical establishment sufficient only for two army corps, or less than 80,000 men. That establishment has been largely and well reinforced by civilian surgeons and nurses working under the War Office, as well as by Red Cross aid societies and privately equipped civil hospitals established on a lavish scale. Yet at best such invaluable help must, from a military point of view, be an imperfect part of the military machine, and cannot wholly compensate for, much less excuse, grievous numerical deficiency in the regular service. It is as much the duty of the War Office to provide sufficient medical establishments for peace and war, as to organise sufficient transport or artillery.

Had it not been for this voluntary aid our South African medical arrangements must have collapsed long ago, so that it would be neither just nor fair to blame the Army Medical Corps in its shrunken condition for local and temporary breakdowns under the stress of supreme military exigencies, or of sudden and paralyzing epidemics.

There is one point of great importance that has not been touched on in these discussions—one which we cannot help thinking has had much to do with the alleged deficiencies in the medical arrangements at the front: it is the enforced absence of the Principal Medical Officer of the army in the field from the headquarter staff of the Commander-in-Chief.

This new and, we venture to say, preposterous rule was forced into the regulations in the teeth of protests both from the medical service and the civil profession. By it the medical chief, instead of being at the right hand of the commander-in-chief, is relegated to the lines of communications, under the officer in command of them. Lord Roberts may be separated from his chief medical adviser by 1,000 miles! Could any arrangement be more contrary to the "common sense" which he tells us is needed in considering these matters? Such an absurd regulation was understood to be the outcome of paltry jealousies connected with the headquarter staff, and is surely incapable of defence.

These considerations lead us to think that, apart from the allegation of mismanagement, three cardinal points connected with the general efficiency of the army medical service must come under review by the Commission:

TUESDAY, JULY 17, 1900.

THE HOSPITALS IN SOUTH AFRICA.

In reply to Mr. MACNEILL (Downgl., S.).

Mr. WYNDHAM (Dover) said the services of 385 civil surgeons have been accepted, principally for base hospitals and general duty; of these 363 are new in South Africa. This does not include those locally employed, or attached to private hospitals or to the Yeomanry or the Rhodesian Field Force. One hundred and seventeen Royal Army Medical Corps officers under two years' service have been sent out. Of the 38 officers liable to recall, as has been already stated, 18 hold permanent military appointments at home and very few volunteered for service in South Africa. Nothing is known of any general discontent to which the hon. gentleman refers.

TYPHOID AT LADYSMITH.

SIR W. FORSTER (Derby, Ilkerton) asked the Under-Secretary of State for War if his attention had been called to the statement that there had been 6,000 cases of typhoid fever among the troops at Ladysmith since the relief of that place; and if he could give the number of admissions to hospital for typhoid fever, and the number of deaths from that disease in the forces under General Buller for the 12 weeks ended May 25.

Mr. WYNDHAM.—I have no knowledge of the statement put forward and I have complete returns for the Ladysmith garrison only up to May 18. The cases of enteric at Ladysmith from the date of the relief to the week ended May 18 amount to 799. Including the above the total admissions for all the forces in Natal during the 12 weeks ended May 25 were 2,380, and the deaths 550.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. MACNEILL asked the First Lord of the Treasury whether, having regard to the criticism to which the appointment of Professor Cunningham to be a member of the South African Hospitals Commission had been subject, he would now state to the House the grounds on which Professor Cunningham was recommended for the appointment by Sir William Mac Cormac and by Dr. Jameson, the head of the Army Medical Department, whose administration in South Africa would be the subject of investigation.

Mr. RALFOUR.—I have nothing to add to what I have already told the hon. gentleman on this subject; but I do not admit the basis of fact which he has assumed in putting the question.

Mr. MACNEILL.—Pardon me, it is no assumption. [Laughter.]

SIR W. FORSTER asked whether the right hon. gentleman could announce the names of the two additional members of the Commission.

Mr. RALFOUR.—I am very sorry that so much delay has occurred. No one deplores it more than I do; but I hope to be able to make a statement to-morrow.

WEDNESDAY, JULY 18, 1900.

HOUSE OF COMMONS.

THURSDAY, JULY 17.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Mr. RALFOUR.—I proposed to announce at the earliest opportunity the additional names for the commission to inquire into the arrangements for the sick and wounded in South Africa. I am glad to say we have obtained the services of Sir David Richmond, ex-Lord Provost of Glasgow ("Oh" from the Irish Nationalist benches), a respected gentleman and deeply versed in administrative affairs, and Mr. Harrison, general manager of the London and North-Western Railway. (Cheers.) I am particularly glad we have got Mr. Harrison to serve, seeing that questions of transport are clearly of great importance, and his name will, I think, carry universal weight with all acquainted with railway management. (Hear, hear.)

Mr. BURDETT-COUTTS (Westminster).—Will the right hon. gentleman give us any opportunity of discussing those names or the constitution of the Committee of Inquiry?

Mr. RALFOUR.—No Sir.

Mr. BURDETT-COUTTS.—Then I beg to ask leave to move the adjournment of the House in order to discuss a definite matter of urgent public importance—namely, the constitution and scope of the Committee of Inquiry.

The SPEAKER.—It is somewhat difficult to remember the exact course of events, but I am in the recollection of the House that a motion for the adjournment of the House was made on July 5 by the member for Northampton (Mr. Labouchere) in order to discuss the position and scope of reference of the committee appointed to inquire into the treatment of the sick and wounded in South Africa. On that motion a discussion took place upon the three names then placed before the House. I do not think that a renewed discussion upon those three names would be in order. It is a well-known rule that the same matter cannot be discussed twice on a motion of adjournment under Standing Order 17. But as regards the two new names now added, it will lie with the House and not with me to say whether they shall discuss them or not. If the hon. member cares to alter his motion in this way—namely, to discuss the nomination of Sir D. Richmond and Mr. Harrison as members of the Committee of Inquiry, such a motion would be in order.

Mr. BURDETT-COUTTS said that on the occasion referred to he stated that he had an objection to one of the names, but no discussion of that objection or name took place. The discussion took a wider scope, and had reference to the large element of the medical profession on the Commission.

The SPEAKER.—I look at the subject-matter proposed for discussion; I have really nothing to do with the particular names that have been used. The matter proposed for discussion was the composition and scope of reference of the committee appointed to inquire into the treatment of sick and wounded soldiers, it being proposed that the committee should consist of a certain named Judge and two members of the medical profession. The question of the composition of the committee so far as those three gentlemen were concerned was open and was discussed. I think it would be quite contrary to the rules of the House, especially in a matter of such a personal bearing, if three names which were discussed by the House on one occasion were re-discussed on a motion for the adjournment without any alteration of the circumstances with regard to those three names.

Mr. MACNEILL (Downgl., S.) submitted that new circumstances had arisen. The charge had been openly made that Professor Cunningham had been recommended by those who were interested in the issue of the inquiry.

The SPEAKER.—The names were before the House. It is almost inevitable that something further should have occurred, but that does not alter the fact that the matter has been discussed by the House under Standing Order 17 as regards those three gentlemen. The other two names can be discussed if the hon. member wishes.

Mr. BURDETT-COUTTS said that the First Lord of the Treasury had stated in definite terms that neither of the two medical gentlemen had any connexion with the Army Medical Department. (Nationalist cheers.) Subsequently it became known that one of those gentlemen held a paid appointment in connexion with the Army Medical Department. (Renewed cheers.)

The SPEAKER.—I am quite sure that the whole matter was open to discussion, that everything was present in the minds of hon. members which is present in the minds of everybody now. I must adhere to what I have said, that if the hon. member asks leave to move the adjournment in order to discuss two names now for the first time before the House, that is a matter of urgent public importance.

Mr. BURDETT-COUTTS said that as the Speaker's ruling made it impossible for him to bring before the House new matter of great interest he must beg leave to withdraw.

THURSDAY, JULY 20, 1900.

HOUSE OF LORDS.

THURSDAY, JULY 19.

THE SICK AND WOUNDED IN SOUTH AFRICA.

The EARL OF ABERDEEN rose "to ask if her Majesty's Government can inform the House when the Commission to inquire into the question of the treatment of the sick and wounded soldiers in South Africa is likely to be appointed." The noble earl said the answer had been anticipated by an announcement in the House of Commons, but he might express the hope that the inquiry might be commenced without delay, not only because of the great interest and importance of the matters in question, but because many of the individuals who would give evidence as to the state of affairs at a particular period might be dispersed. The sympathetic words of the Secretary for War, who was a former Governor-General of Canada, with regard to the deaths in South Africa of the two young Canadians, one of them the son of the Minister of Militia in Canada, would

be welcomed throughout the Dominion with peculiar appreciation. (Hear, hear.)

The MARQUIS OF LANSDOWNE.—I have every reason to believe that the Commission will commence its labours without any delay. The noble earl is aware that the appointment to the two last seats in the Commission was only made yesterday or the day before. But I know the Commission intends to meet immediately, and it is their desire to lose no time in taking up the important question committed to them.

THE HOSPITALS INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—I must beg for space in your columns to call attention to the very grave position in which we are left by the refusal of the Government to allow further debate on the Committee of Inquiry.

That the House of Commons is the real place where such a matter should be discussed was made obvious in the previous debate. On the first announcement of the committee of three, I asked the First Lord if he would give us an opportunity of discussing the subject. Mr. Ralfour replied, with what I may venture to call some asperity, that he "saw no reason at all for giving the opportunity asked for." What happened? The forms of the House supplied the opportunity; the discussion was pertinent and effective; the proposal of the Government was fundamentally altered and recast, in a form to suit the general sense of the House.

I asked for a similar opportunity on Tuesday, and Mr. Ralfour, as before, refused it. I desired to raise two points neither of which had been discussed before:—(1) The absence of all information as to the nature, powers, and proposed methods of the Committee of Inquiry; (2) the definite new matter which had arisen since the last debate—viz., that Professor Cunningham, who was officially announced on that occasion to have no connexion with the Army Medical Department, actually holds a paid appointment under that body. The two points hang together, and the door that is closed against Parliamentary discussion will not be opened to admit the necessary evidence on the inquiry.

What is this committee? It is not a legal Court, it is not a Royal Commission, it is not a Statutory Committee, it is not a Parliamentary committee. It will therefore have no power to compel witnesses to come forward and give evidence. It can only take such evidence as is voluntarily tendered, or organized by interested departments. The latter will therefore practically control the inquiry.

If the powers of the committee are amended in this respect, will force majeure be such a guarantee as will enable witnesses to speak freely? In any case, what assurance is to be given to those connected with the military service, from the highest to the lowest ranks, that they will not suffer loss or prejudice to their future by telling the whole truth? I give three illustrations of the difficulties. (a) A colonial soldier, whose bona fides is vouched for in the Cape Times of June 23, in the course of a description of his treatment at Bloemfontein, says:—

"The authorities ask why don't you make a complaint? Well, the best answer is that no man makes a complaint a second time. I have seen men start to make a complaint to the visiting surgeon, who of course has a sergeant with him in his hands, but before he could say sufficient to attract the doctor's attention, the sergeant would lay down and in an undertone threaten the man . . . that he would make it worse for him if he said a word."

That deals with the question of complaints on the spot. (b) With regard to subsequent evidence, I adduce the fact that nearly every letter of complaint I have received is accompanied by an appeal not to disclose the name of the writer, with some such phrase as the following added:—"The term of my service has not yet expired, or," "I shall be ruined for life if I tell the truth." (c) My third illustration, the gravest of all, is contained in the contract which civilian surgeons employed by the Army Medical Department have been required to sign. I will describe it later on.

There are certain other questions which I desire to put as briefly as possible.

1. How does the committee propose to inquire into the truth of statements for which I have made myself responsible? On this point I may say that, while those statements have been practically admitted by the Government, and while in high military and political quarters they are known to be true, for my part desire the most stringent and searching investigation into their accuracy. But how is the committee going to inquire into a state of things which existed three or four months previously, every vestige of which will have been swept away by the time it reaches the spot, and of which the only witnesses, remaining there will be the officials interested on one side of the inquiry?

2. Is the committee going to push its inquiry back into the real seed-ground of the disaster—the insufficiency and unpreparedness of the Army Medical Department? Is it going to conduct that part of the inquiry to its logical sequence, a scheme of elastic enlargement and reform? But that is the duty of a Parliamentary committee. The precedent of Mr. Roebuck's Committee in 1855 still holds good.

3. Is the committee going to lay the foundations of such reform by examining on the spot what practical improvements are necessary and possible in the machinery of the medical service in war time? Although the war is nearly over, some opportunity remains in South Africa for such an examination if undertaken at once. But to that duty experience of war and of medical affairs in war time is essential. It is not suggested that any member of the committee has ever seen a war.

If, such questions, however, are relatively insignificant beside the great purpose of arriving at the truth through an inquiry which will commend itself to the public mind by its freedom from the slightest taint of partiality. The second main point I have to submit is that the appointment of Professor Cunningham will not conduce to the attainment of this supreme object.

The present and future cannot be separated from the past, and it is impossible to regard that appointment apart from the policy which has been consistently pursued by the Army Medical Department from the beginning of the war. It is the history of a studied campaign of departmental foresight, or to put it in plain English of carefully prepared whitewash, which any one interested in these matters can unfold by chapter and verse from published sources.

Rather than detain your readers by such an examination, I will state one striking fact which shows that the campaign has been pushed to an illegitimate point, so far as the public interest is concerned. Civil surgeons employed in these military hospitals have been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be on hospital matters. That is a class of sinister significance.

A single incident, already alluded to, throws a flood of light on the appointment under notice and makes it unnecessary to discuss its origin. Professor Cunningham's name, with that of Dr. Church, was put into the hands of the Government under circumstances which led them to state that "these medical men have no connection with the Army Medical Department."

And there is something more. In spite of the facts, which do not agree with this statement, the appointment is defended and maintained. The day after that decision is made clear, by question and answer across the House, the Director-General exclaims in public:—"I will bet my last dollar that the Army Medical Department will come out with flying colours."

I submit that this is not the issue. If the truth is found to exist in what I have seen with my eyes, and explained in all its circumstances to the best of my ability and with a great public object in view, we want reform. Hitherto we have been enclosed in a network of departmental interests, which do not coincide with the public interest, and which, if allowed to spread over this inquiry, either by the constitution of the committee or by its imperfect powers of taking evidence and protecting witnesses, will defeat a national and humane cause.

Is it too late to ask the Government to treat the subject with greater seriousness and sympathy than they have yet shown? It is one that touches many hearts, and closely concerns the future of our army in time of war.

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, July 19.

TO THE EDITOR OF THE TIMES.

Sir,—It is, I think, somewhat unfortunate that we should have had no opportunity for discussing in the House of Commons the qualifications of the gentlemen chosen to serve as members of the commission which has been appointed to inquire into the treatment of the sick and wounded in South Africa, as a chance would thus have been afforded to those who agree to a certain extent with Mr. Burdett-Coutts in his aims, but entirely disagree in his methods, of expressing their satisfaction—which will, I believe, be felt by the country at large—with the appointment and with the composition of this commission, and their appreciation of the manner in which the difficulties of the selection have been overcome.

It is true that the composition of the commission, as originally proposed by the Government, was not altogether happy. It was to consist of a distinguished Lord Justice of Appeal, the President of the Royal College of Physicians, and Professor Cunningham, Professor of Anatomy and Physiology at Trinity College, Dublin, since 1853. When framing the commission on these lines I have to doubt that the Government were guided by the best precedents available—viz., that of the commission appointed in October, 1854, by the Government of that day, to inquire into the charges made against the hospital administration in the Crimean War. That commission consisted of three gentlemen, of whom two belonged to the medical profession, and it is not without interest to note that the terms of reference to that commission (which appear in the letter of instructions to the Commissioners under date October 27, 1854) might, *mutatis mutandis*, have been drawn to meet the circumstances of the present case. I think, therefore, that it will be allowed that the Government were amply justified in their first proposal. In view, however, of the fact that the charges brought against

the hospital administration in South Africa are directed not so much against the actual doctoring and nursing as against the general administration, the Government were undoubtedly well advised in yielding to the pressure of their supporters, and in enlarging the commission by the inclusion of the names of the two gentlemen whose admirable qualifications were generally recognized by the House of Commons on Tuesday. With regard to one of these names I think it may fairly be said that the country is under a considerable obligation to the London and North-Western Railway Company for consenting to lend in the public interest the services of their principal official.

As regards the complaint against Professor Cunningham, it is one which no fair or reasonable man would be persuaded to support. It is alleged that his connection with the Army Medical Corps is such that he is incapable of exercising an impartial mind upon the matter of the inquiry which relates to the organization and conduct of the R.A.M.C. Let us see what is the professor's connection with the War Office. He is one of three examiners appointed by the Secretary of State for a short period to set papers for the examination of candidates for the R.A.M.C. I believe there are two examinations a year, and that a small complimentary fee is paid. This is the degree of official connection with the department which it is grotesquely suggested will poison the professor's mind in the deliberations of the commission. I will take a parallel case. I rather think that both Sir R. Jebb, M.P., and Sir William Anson, M.P., have at times been examiners for the Civil Service Commissioners. Would it be suggested that, because these distinguished scholars have set examination papers for candidates for the home Civil Service, they would be disqualified from serving on a commission of inquiry which had to deal with the administration of a Government department? The case is too absurd for serious argument.

I am convinced that the appointment of the commission, and the names of those composing it, will be welcomed by all engaged in work in the hospitals in South Africa as a guarantee that Her Majesty's Ministers are determined that the inquiry shall be fair and complete, and that it shall have no taint of party or Parliamentary feeling. I believe that the more closely the whole question is investigated the more clearly will it be shown that the system on which the R.A.M.C. is worked is unsound, and that it has only been saved from complete breakdown by the magnificent exertions of the individual members of the corps—the doctors, nurses, and orderlies—of whose unrelenting efforts it is difficult to speak in adequate terms.

The Government are to be congratulated on having successfully resisted the efforts of those who, for various reasons, sought to introduce into the matter a personal and acrimonious tone. The question of apportioning the blame, if blame there be, is surely a minor consideration in comparison with the necessity for seeing that adequate provision is made for the future. It would be fatal to make a party or personal question out of a matter which so closely affects the whole nation; and it is not too much to hope that we, who have paid the price, should ourselves take to heart some of the lessons, which other nations are eagerly learning, from the war in South Africa.

I am, Sir, your obedient servant,

ARTHUR STANLEY.

House of Commons, July 19.

Replying last night to a question by LORD ABERDEEN, the SECRETARY OF STATE for WAR stated his belief that the Commission to inquire into the treatment of our sick and wounded soldiers in South Africa will begin its labours without any delay. The public are in entire sympathy with the feeling which prompted LORD ABERDEEN's question, and will learn with corresponding satisfaction that the Commission intends to lose no time in getting to work. We publish to-day a letter from Mr. BURDETT-COUTTS in which, among other criticisms, he complains that no opportunity was given to discuss in the House of Commons the composition of the Commission as now constituted. It may, perhaps, be regretted that the rules of the House forbid discussion of a Commission of five when a Commission bearing the same name, but consisting of only three members, has already been discussed. It is obvious that, although it is technically the same Commission, the addition of 66 per cent. to its members may make it practically a new Commission. That is what has actually happened in the present case, but the theoretical grievance vanishes from the practical point of view, because the new Commission is so satisfactory that Mr. BURDETT-COUTTS did not avail himself of the permission given by the SPEAKER to discuss the new members, whose presence brings about the desired improvement. Too much has been made of the casual relations of PROFESSOR CUNNINGHAM with the Royal Army Medical Corps. The real objection was always of a different kind, although as a matter of taste and policy the Government ought not to have nominated a man against whom even a far-fetched accusation of bias could be brought. The real objection

was that a man engaged in teaching pure anatomy, and not known to the public in any wider sphere, is not the best sort of person to appoint for the carrying on of an inquiry calling, above all things, for knowledge of the world and of business; and that such an appointment became peculiarly inappropriate when conjoined with that of a physician in a Commission of three. In a Commission of five, containing LORD JUSTICE ROMER, Mr. HARRISON, the general manager of the London and North-Western Railway, and Sir DAVID RICHMOND, who for three years was head of a great municipality abounding in business faculty, the precise qualifications of Dr. CHURCH and PROFESSOR CUNNINGHAM do not call for elaborate inquiry. As to the composition of the Commission, therefore, both Mr. BURDETT-COUTTS and Mr. ARTHUR STANLEY, who answers him to-day in our columns, are a little off the point. It may be assumed with some confidence that the public are now satisfied with the constitution of the Commission, though it is to be regretted that Mr. BALFOUR showed so little capacity for understanding what they desired.

Mr. BURDETT-COUTTS is, however, upon stronger ground when he asks what are the nature and powers of this Commission, and what are the methods of inquiry which its nature and powers must so largely determine. He would seem to be correct in affirming that it is neither a legal Court, nor a Royal Commission, nor a statutory committee, nor a Parliamentary committee. If it is none of these things, has it power to send for persons and papers; to probe the matter to the bottom, by compelling the attendance of witnesses and extracting the truth from them; and to discover not only what is the condition of affairs when it gets to work, but what was the condition of affairs throughout the campaign? Without power to do all this the Commission cannot come to any conclusions that will either satisfy the nation as to the conduct of affairs in the past or form a solid foundation for the reform of our system in the future. We must confess that we agree with Mr. BURDETT-COUTTS in failing to discover any evidence that the Commission of inquiry possesses these indispensable powers. In their absence it is too plain for demonstration that the Commission, no matter what may be the ability and zeal of its members, will be almost entirely in the hands of the department. Departmental evidence will be abundant and carefully organized, while for all other evidence the Commission will be dependent upon men who voluntarily come forward at risks to themselves which can easily be appreciated. We publish to-day a letter addressed to the *Cape Times* by a colonial Volunteer which is very unpleasant reading. The writer asserts categorically that any one who makes a complaint is a marked man, and adds other details which we would gladly believe to be untrue, but which no one acquainted with rough human nature in a tight place can dismiss as incredible. Unless the Commission can call for witnesses and guarantee their impunity, it is pretty clear that it can hear only one side, and that its conclusions can be only departmental whitewash. Mr. BURDETT-COUTTS asks whether the Commission is to inquire into the inefficiency and unpreparedness of the Royal Army Medical Corps. Our own reading of Mr. BALFOUR's words in the House is that this subject is expressly excluded from the scope of the inquiry, on the ground that the War Office will subsequently have to investigate the matter. This limitation again must cripple the Commission and increase the chances of the War Office. It is rather curious that Mr. ARTHUR STANLEY, writing in defence of the Government, assumes that the Commission will examine the working of the Royal Army Medical Corps, and says that "the more closely the question is investigated the more clearly will it be shown that the system on which the Royal Army Medical Corps is worked is unsound, and that it has only been saved from complete breakdown by the magnificent exertions of the individual members of the corps—the doctors, nurses, and orderlies."

We have already been told by Mr. WYNDHAM that breakdown was inevitable, seeing that an Army Medical Corps organized for two Army Corps had to attend to two hundred thousand men. This involves an admission of the gravest kind, nothing less than that the Army Medical Corps is organized like many other things upon a

footing which is unsuited to actual war, and does not possess the power of expansion which alone can enable it to cope with an emergency. Such an admission by itself would justify the demand that the Commission shall have power to investigate the whole question, and to lay the facts before the public. We know, again, from Mr. WYNDHAM that between January and June there was an enormous increase in the provision of civil surgeons and doctors, who must have been got together in a desperate hurry to repair the defects due to want of foresight. It may be reasonably surmised that among men thus hastily recruited for a poorly-paid service there were many who scarcely reached the average of general practitioners. In this connexion Mr. BERNETT-COXTON makes an assertion so startling that he can hardly be supposed to have hazarded it without good grounds, and yet of so disquieting a character as absolutely to demand official explanation. He says that the civil surgeons brought in to make good the defects of the regular medical service were "required to sign a contract not to divulge in any way what 'their impressions might be on hospital matters.' If there is any truth in this charge, the contract must be set aside as contrary to the public interest, and the existing doubt as to the powers of the Commission must be set at rest by entrusting to it the very fullest powers of inquiry into the whole question, including the organization and working of the Royal Army Medical Corps.

THE MEDICAL SERVICE IN SOUTH AFRICA.

THE ARCHBISHOP OF CAPE TOWN'S SPEECH.

The Cape papers contain long reports of the meeting of the Good Hope Society, held at Cape Town on June 25, at which the Archbishop of Cape Town made some very strong comments on the state of patients in base hospitals.

The Archbishop began by saying there was a great and growing feeling of dissatisfaction at the way in which sick and wounded were treated at several of the hospitals. He had complaints from a personal friend of his own. There was no doubt whatever that a very strong feeling was abroad that there were some cases in the Cape Town hospitals in which warm clothing was very greatly needed for the sick and wounded, but somehow or other it had not got to them. Either the doctors said it was not required or it was debarré from them in some way.

Mrs. Hanbury Williams said his Grace would perhaps inform the meeting more definitely of the cases he had had in view.

The Archbishop said the particular case he had referred to had now been rectified, but he had been informed by the very person who had made the complaint that nothing but the very strongest pressure would induce the medical men to supply the necessary comforts. At Rosebank for a considerable time the sick brought down from the front had been left to sleep in their tents on the bare ground. At last, on the urgent representations of his friend, a number of hammocks had been sent. Before that the unfortunate men had no protection from the damp. He was also told that in other hospitals and wards the clothing was quite insufficient, and that they frequently complained of the extreme cold. And yet the doctors said that the men required no further clothing.

One of the ladies of the Visiting Committee stated that she had inspected one of the hospitals on a Sunday. The men had very insufficient clothing and there was too much ventilation. This was at Rosebank.

The Archbishop—How is it that the doctors at Rosebank have never sent in to requisition warm clothing when it is ready to be supplied? Something ought to be done.

The Rev. J. J. McClure said that the complaints about the Rosebank Hospital were equally true in regard to the Maitland and Green Point Hospitals. He did think that the attention of the military authorities should be drawn to the fact that the citizens of Cape Town were sending out wagon loads of necessities and comforts essential for the recovery of the men suffering from enteric fever and that yet the men were not getting these supplies.

Mrs. Hanbury Williams said she had written personally to the General about the Maitland Camp, and had had two letters from him thanking her for bringing the matter to his notice. He regretted that the things which had occurred should have taken place at Maitland. The idea at first was not to have any people who were very sick down there, but, owing to the great amount of enteric fever that had suddenly broken out, they had found themselves with a great number of enteric patients and had not been prepared for it. But General Walker had told her that he had seen Colonel Cooper, base commandant, and had also spoken to Colonel Soppie, F.M.O., and that he felt sure that things would be rectified.

The Archbishop said he would move on behalf of the society that the attention of the military authorities should be drawn to the condition of the sick and wounded in some of our hospitals, and to the great neglect which had been shown in failing to supply really necessary articles in the form of warm clothing and other essentials for the sick and wounded.

The Rev. J. J. McClure seconded the motion. The chairman (Mr. Justice Buchanan) said he did not like a general sweeping resolution like that to which they were asked to commit themselves when they had been asked to point out specific shortcomings with a view to their remedy. He thought the resolution in question was better than the *foetus* in *ex*. There seemed to be a real desire on the part of the military authorities to

remedy defects, but there certainly was a feeling growing up that the authorities at the hospitals were rather lax in carrying out their duties. He hoped the motion would be withdrawn.

The Archbishop said that what one could not help feeling was this, that matters had come to a very bad condition when it was essential for this society to appoint a committee to visit the hospitals at all. It was perfectly disgraceful and it made his blood boil. (Hear, hear.) They had tried the *sanctus* in *modo* a long time, and he thought the *fortiter* in *re* alone would bring about the change they desired. It seemed to him perfectly disgraceful that the state of the camp at Rosebank should not have been remedied until the Visiting Committee had made representations. He thought that the doctor in charge there was absolutely unfit for his office.

The chairman remarked that the object of the resolution would be gained by the publication given to what his Grace had said, and the meeting broke up without adopting any motion.

A COLONIAL VOLUNTEER'S EXPERIENCES.

A recent number of the *Cape Times* contained a statement by a colonial Volunteer as to his treatment in hospital, which attracted a great deal of attention. This young man had gone 8,000 miles to serve the Empire on the field of battle, and he complained bitterly of the "utter indifference shown to the soldier when he is wounded or sick." The bearer corps who carried the wounded man off the battlefield are warmly praised. But when he got into the wagon his troubles began. The mules were fresh, the springs were bad, and, of the 11 men in the wagon, half "were continually on the verge of unconsciousness from the pain caused by the jolting." At Bloemfontein "the marquees to which we were assigned were not erected when we arrived, and the men suffering from rheumatism, dysentery, enteric fever, pneumonia, inflammation of bladder, wounds, ague, and loathsome diseases, had either to keep quiet or sit outside in the cold. Many of them had no blankets and a few of them no overcoats. Just as darkness was coming on the erecting of the marquees was finished, and 20 men were sent to the one I was in. A pint of very hot, peppery, and tasty beef tea was served to each man, irrespective of disease, and this, though a blessing to many, was death to others. I found the R.A.M.C. sergeant in charge of our ward an unscrupulous brute, but, after greasing his palm with a sovereign, he did give me a little attention. Finding that I had some money, he told me that I could buy cocoa, arrowroot, and extra milk from him, and, though at the time I knew I was buying my own and the other patients' food, we would have starved had I not bought from him. Men with money can live fairly well in hospital, for the orderlies are always willing to go out and purchase things for the patients, as they make a profit out of the goods purchased. Wines and spirits ordered for a patient that had no money rarely reached him, as, if the orderly could not sell them, he drank them himself, and often when medicine was ordered a patient the orderly would save himself the trouble of administering it by remarking that it was no (adjective) good giving the man medicine as he (the patient) would be dead in an hour or so. The medicine glass was a broken measure glass, and I am sure had not been washed for weeks, for all round the outside edge there was a thick rim of dried saliva, and the discharge from some lips, &c., making it a disgusting thing to take in one's hands, let alone one's lips. All sorts of medicines were administered out of the same glass, and even the thought of it made me sick. Patients were allowed to lie all day, from the doctor's morning visit until his evening inspection, without seeing the orderly, and had to look after each other. This neglect has, no doubt, proved fatal more than once. The men at night would nearly always spend most of the night awake, for the cold was often intense, and the savage attacks made by the lice would keep men in good health awake, let alone men on the verge of death. To give relief from this curse would have been a very easy matter for the authorities—a little kerosene or camphor would have done it—but they took no notice of the scratching, &c., of men. And with regard to the want of clothing, let it be understood that it was generally through carelessness or carelessness of the men that they are short of kit. We all know to our cost that clothes do wear out, and no quicker than while on active service. The loss of blankets is due to men being instructed to put them on the transport, so as to be able to travel light, and then the transport is captured, and with it the men's blankets. I have seen at the docks piles of warm clothing strewn about the sheds that at Bloemfontein, when I was in hospital there last April, would have saved more lives by far than the things they administered to us. The train journey to Naauwpoort was a painful experience for it arrived during the night—a cold night—and the patients were left in it until the morning, six or seven together in third-class carriages, without cushions. Naauwpoort Hospital, however, was heaven itself. "Fortunately for me," the colonial Volunteer said, "I was long enough in that hospital to detect several cases of hospital looting among the patients, and I can now quite understand the harsh and hard manner of the R.A.M.C. surgeons, otherwise I am afraid that I would have had a very much poorer opinion of them than I have at present. As every man who goes into a military hospital will tell you the redeeming features of the service are the sisters and civil surgeons. The honours due to these two branches of the medical staff will never be paid I am afraid, and many a poor fellow in their care has entered the next world quite happy in mind because he was not treated as a dog during the last moment of his career in this world. The authorities ask, 'Why don't you make a complaint?' Well, the best answer is that no man makes a complaint a second time. I have seen men start to make a complaint to the visiting surgeon, who, of course, has a sergeant with him in his rounds, but before he could say sufficient to attract the doctor's attention the sergeant would lean down and in an undertone threaten the man by insulting and obscene language that he would make it worse for him if he said a word. I have seen men driven with dysentery make a complaint, and in return the orderly has kicked the man—a man, mind you, who had no strength to stand up. . . . My advice on the subject of improvement in the R.A.M.C. is to pay better wages, draw the men not from the slums, but from the better classes to be able to travel light, and then some encouragement to improve themselves. Have reserve surgeons, as the Navy has reserve officers, and double the pay and number of sisters."

IN A FEVER DISTRICT.

The following is an extract from the letter of an officer with the Rhodesian Field Force. The letter was dated Umtali, June 4:—"In the Rhodesian Force field orders, published by the Yeomanry office, it was stated that the *troops would be run through Portuguese East Africa in special trains direct to Rhodesia* (the Beira Railway Company having undertaken to put the men and horses through). The railway for 80 miles is 2ft. gauge, from Beira to Bambooc Creek; then it is wide gauge. Of course Portuguese East Africa is the most deadly fever country in the world, three weeks being the limit of immunity from fever for white men. Well, the first thing they did was to send our battalion and the sharpshooters (18th Battalion) into camp 23 miles from Beira, right in the middle of the jungle. A lot of men went sick there, chiefly dysentery. We arrived and pitched camp at night, and this fate has curiously followed us everywhere. They left us there for a fortnight and then, as the men were beginning to go down, we were told to entrain for Umtali (which is very healthy). We entrained by night. I had fever and a temperature of 104, but kept going. The sick men were thrown into open trucks and we started. Arriving at Bambooc Creek we were turned out (at night) and told to encamp. Our first train load had to sit on the railway till the water ran off the camping ground, as there had been a storm. During the next two days the remainder of the two battalions arrived, 1,600 in all. Then the game commenced. The camp was in a hollow in a swamp. All round were dead horses and we were encamped on old horse lines. The men and officers got fever by the hundred; but now comes the worst stroke of the blow. We have absolutely no hospital equipment. We have one doctor per battalion, but he has a box of tablets they have nothing but field dressing. We have no ambulance, bearer, or hospital staff. Luckily we had bought up all the quinine in Beira. The sick men have to be attended by ordinary troopers from the ranks. Well, 70 per cent. went down, and in our battalion 17 officers out of 25. The fever did not take a very bad form, and we so far have not lost any men. The 18th Battalion lost two. We were there nearly a week and the men were getting properly frightened when we were ordered on here. In another day they would have died like flies. One of the doctors went down and precious near died, and the other was working with fever on his head and a 103 temperature. Well, we came more bolstered our sick into open trucks and came on here. My train had 150 horses on board, which at intervals we had to dismount and feed and water—a nice job in the middle of the night! The dysentery and fever men had for food bully beef and biscuit. We got some soup tablets and did what we could for them, but we had in most cases no medicines and of course no attendants. To make a long story shorter, we got here. The 25th of the 18th Battalion had three railway accidents, but only some niggers were killed. It is very healthy here, but of course the fever is still coming out. My company stood 21 on parade to-day out of 116, and 70 per cent. have gone down of the whole. The people here are very good, and we have crammed the local hospital with men and I hope they will get well now without much loss. Nearly all the officers are sick at the hotels, but are doing well. The doctors work real well—goodness knows what they have spent out of their own pockets buying necessities (soup, &c.). The officers' supplies brought from home of course do not go far. I wish we had some of the enormous sums subscribed for the Yeomanry hospital."

Mrs. Lascelles writes from the Rectory, Newton St. Loe, Bristol, July 16:—"Between May 20 and June 4, the very time to which Mr. Burdett-Coutts's letter points as one of hopeless confusion and mismanagement, my brother, a lieutenant in Robert's Horse, was in hospital at the hotel at Kroonstad, with a day and night nurse in attendance, and I have it from private sources that everything which devoted medical care and skill could do was actually done for him. The knowledge of such facts as the above may tend in some degree to allay the painful impression produced by the letter in question."

TIMES, SATURDAY, JULY 21, 1900.

HOUSE OF COMMONS.

FRIDAY, JULY 20.

THE ARMY HOSPITALS IN SOUTH AFRICA.

4.0 Dr. FARQUHARSON (Aberdeenshire, W.) asked the Under-Secretary for War a question of which he had given him private notice—namely, whether it was a fact, as stated by the hon. member for Westminster in the daily Press, that civil surgeons employed in military hospitals in South Africa had been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be on hospital matters.

Mr. WYNDHAM.—Civil surgeons have to sign a contract—not being entitled to enrolment under pay warrant or amenable to discipline under the Army—accepting the terms offered and the obligation of discipline therein set out. I have in my hand a copy of the contract. The only paragraphs that bear upon discipline are as follows:—"During the said period I will devote my whole time and professional skill to my service hereunder, and will obey all orders given to me by commissioned military or naval officers or by the permanent medical officers of either of those services." And the next paragraph runs:—"In case I shall complete my service hereunder to your satisfaction in all respects, I shall receive at the end of the said period a gratuity of two months' full pay at the rate herebefore specified, but in case I shall in any manner misconduct myself, or shall be (otherwise than through illness or unavoidable accident) unfit in any respect for service hereunder, of which misconduct or unfitness you shall be sole judge, you shall be at liberty from and immediately after such misconduct or unfitness to discharge me from further service hereunder, and thereupon all pay and allowances hereunder shall cease, and I shall not be entitled to any free passage home or gratuity." That is the only contract civil surgeons have to sign, and for my part I cannot discover any foundation for the statement in question. (Cheers.)

Mr. BURDETT-COUTTS (Westminster).—Arising out of the answer of the hon. member, I desire to ask him a question with the view of correcting a detail on which depends very largely the force and significance of the statement to which the hon. member for West Aberdeenshire refers. It is this—whether it is not the case that after some letters had been published from doctors in South African hospitals they had to sign a declaration to the effect that they were not to communicate their impressions of hospital matters to the public, or that they were to take the consequences?

Mr. WYNDHAM.—I have no knowledge to any such effect. The contract I have read is the only contract we have, and I am unaware of any other contract whatever.

SIR H. CAMPBELL-BANNERMAN.—On that point it may be desirable to communicate by telegraph with South Africa as to whether this declaration exists or was enforced. (Cheers.)

Mr. WYNDHAM.—There is no objection whatever. (Cheers.)

THE SCOTSMAN, JULY 21, 1900.

An interesting indication of the accuracy of Mr. Burdett-Coutts's statements was afforded in the House of Commons last night. In a letter addressed to the "Times," in which, with characteristic egotism, he stated his objections to the constitution of the South African Hospitals Commission, he brought a grave charge against the Army Medical Department of seditiously endeavouring to hush up anything that might tell against them. In support of this accusation he stated that the civil surgeons employed in the military hospitals had been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions might be on hospital matters. This statement was put to the test by Dr. Farquharson in the House of Commons last night. He asked Mr. Wyndham if civil surgeons had to sign any such contract. Mr. Wyndham read the terms of the only contract such surgeons had to sign, and informed the House that he could discover no support for the statement made by Mr. Burdett-Coutts. Mr. Burdett-Coutts at once changed the form of his accusation, and asked whether, after some letters had been published from doctors in South African Hospitals, they had to sign a statement to the effect that they were not to communicate their impressions of hospital matters to the public, or that if they did so they were to take the consequences. What was originally a contract at the first touch of investigation became a mere statement. Even in this modified form, however, the charge would appear to be without foundation. Mr. Wyndham had no knowledge of any such fact, and stated plainly that the contract he had read was the only contract made with civil surgeons. It is, no doubt, possible that some civil surgeons have been warned by their superior officers against writing letters for publication, but, even if this were the case, it is no justification for the statement that they were required to sign a contract pledging themselves to silence. When this particular charge is inquired into it will probably be found that, like the rest of Mr. Burdett-Coutts's accusations, it rests on the most slender foundation of fact, if, indeed, it be founded on fact at all. Would it not be wiser for Mr. Burdett-Coutts to keep silence as to the Commission appointed by the Government to inquire into the treatment of the sick and wounded in the war in South Africa? He cannot rid himself of the belief that the whole matter turns upon him—that he is the head and front of it all, and that he ought to have the management of the Commission, and of the inquiry generally. It is true that his letter in the "Times" was the immediate cause of the appointment of the Commission, and he seems to think that that fact constitutes him the one authority on the whole question. He is mistaken. It does not. He practically takes up the position that when a man accuses another of an offence, the accuser ought to nominate the judges to try the case.

It will not be admitted that this is a sound position. As a matter of fact, Mr. Burdett-Coutts seeks to discredit the report of the Commission beforehand. He has the belief common to men who have made sweeping accusations such as he has made, that those who have suffered will not dare to tell the truth; they will be intimidated by the medical men and by those who are in authority. This is not only a most ungenerous accusation; it is silly. To every man in the army there is open

the power of letter-writing to his friends. The letters of soldiers are not read by the commanding officers; and, if there had been much to complain of, it is certain that stories of it would have come home. This is all the plainer because of the stories that have come home. We know that after the battle of Magersfontein words were put into the mouth of General Wauchope which he never uttered. Before that time there had been letters from two or three soldiers complaining of the food that had been given to them. There had been two or three letters which would almost seem to support the accusation made by Mr. Burdett-Coutts. The writers of these letters are forthcoming, and can be called by the Commission if that body should think fit to call them. But the great body of the army, those who have fought and suffered, have not written letters of complaints; while those who have written have given a pretty flat contradiction to Mr. Burdett-Coutts's assumptions. It is doubtless true that he saw a great deal of suffering. It is no doubt true that when the troops were at Bloemfontein, after the outbreak of enteric fever, which could not have been foreseen, there were not all the comforts of home in the hospital treatment. There must have been hardships and a good deal of misery. What else could have been expected? What system that could possibly be devised could have prevented such a state of things? There have been letters from others than soldiers, some of them from ladies, in South Africa. These ladies went out for purposes of their own, either to see friends or to see something of adventure. There is no doubt that they practically stormed some of the hospitals in the neighbourhood of Cape Town, and interfered greatly with the regulation of those hospitals. They were silenced by the medical authorities, and, of course, they are indignant. It was their pleasure to go about patronising the wounded and sick soldiers, and taking upon themselves duties which they could not perform. Is the testimony of these fine ladies worth a straw? They can plead their good intentions, but good intentions without discretion often lead to serious evils.

A letter which has been written by Mr. Arthur Stanley affords a remarkable contrast to that which has been published by Mr. Burdett-Coutts. Mr. Stanley praises the Commission, and says that "the names of those composing it will be welcomed by all engaged in work in the hospitals in South Africa as a guarantee that Her Majesty's Ministers are determined that the inquiry shall be fair and complete, and that it shall have no taint of party or Parliamentary feeling." Mr. Stanley goes on to say that he believes that the more closely the question is investigated the more clearly will it be shown that the system upon which the Royal Army Medical Corps is worked is un sound, and that it has only been saved from breakdown by the individual members of the corps—the doctors, nurses, and orderlies, of whose unremitting efforts it is difficult to speak in adequate terms. This is a very fair question to raise. It is not the question Mr. Burdett-Coutts raised. He has been trying to trade upon sensationalism; he has written in the strain of a man who knew better than anyone else, and who wished, like the boy in "Pickwick," to make your flesh creep. Now that his stories are likely to be thoroughly investigated, apparently he is afraid of the result. No one will believe for a moment that Lord Justice Romer could not be trusted; nor will anyone in Scotland or in England believe that Sir David Richmond will not make a good Commissioner. Mr. Harrison, of the North-Western Railway, comes into the same category. There then remain two medical men, Dr. Church and Professor Cunningham. Mr. Burdett-Coutts raises a fanciful objection to Mr. Cunningham, and does not hesitate to say that the object of the doctors will be to whitewash the whole of the hospital arrangements. It is an infamous suggestion. These gentlemen are unquestionably as honest as Mr. Burdett-Coutts himself, and it is a gross breach of decency to make an attack upon them. But if the doctors on the Commission were inclined to take an improper view of the work of the hospitals in the field, they will be kept in order by Lord Justice Romer and the other two Commis-

sioners. That would have been the case if the Commission had only consisted of three; but it was placed beyond all reasonable cavil when the Committee was enlarged to five members, and there were put upon it men of sound common sense, who know what administrative work is, and who will not expect to pluck grapes from thorns or figs from thistles. If Mr. Burdett-Coutts desires to keep a shred of reputation for fairness and good intentions, he will be silent as to the Commission until it has made its report. If it should support him, he will have nothing to complain of; if it should show that the army hospital work has been well done, he will have an opportunity of apologising for throwing dirt upon those who are responsible for the direction of our army and for the management of our hospital system in the field.

JULY 21, 1900.

THE SOUTH AFRICAN COMMISSION.

THE Commission appointed "to report on the arrangements for the care and treatment of the sick and wounded during the South African campaign" has been completed by the addition of Sir David Richmond, an ex-Provost of Glasgow, and Mr. Frederick Harrison, the general manager of the London and North Western Railway. The other members of the Commission are, it will be remembered, Lord Justice Romer, Dr. W. S. Church (President of the Royal College of Physicians of London), and Dr. D. J. Cunningham, Professor of Anatomy in the University of Dublin. Exception has been taken by Mr. Burdett-Coutts and others to the inclusion of Professor Cunningham on the ground that he is one of the examiners for the Army Medical Department. We cannot believe, however, that the occupancy of this temporary appointment will in any way warp the judgment of Professor Cunningham, who, we may observe, is a graduate of the University of Edinburgh, and has always been conspicuous for sound judgment and impartiality. It is understood that the Commission will take evidence in this country as to the medical provision sent out to South Africa at various times; in fact, almost continuously since the commencement of the war. It is probable also that the evidence of the consulting surgeons and of officers who have returned to this country will also be taken before the Commission proceeds to South Africa. The reference to the Commission is sufficiently wide to allow it to enquire into the question whether the medical personnel has been sufficiently numerous, and in this connection we would draw attention to an article at page 202 showing the medical arrangements for the German Expeditionary Corps for China. As will be seen, they are on a scale considerably more liberal than those for a corresponding section of the British force sent to South Africa.

THE WOUNDED IN NATAL.

SIR.—In his interesting lecture on Small-bore Rifle Bullet Wounds and the Humanity of the Present War, published in the BRITISH MEDICAL JOURNAL of May 19th, Mr. Clinton Dent says, speaking of army medical organisation, "Efficient it is—that much I will say—more efficient beyond all question than any army medical organisation that has ever been in any campaign of any magnitude yet." And further on he states that "this is really the very first war of any magnitude in which the antiseptic system has been used on a large scale." From these statements it is clear that Mr. Dent has overlooked the India Frontier campaign of 1897-98, and the Khartoum expedition of 1898. As some 70,000 troops and followers were engaged in the former, and quite half that number in the latter, both must be looked upon as campaigns of some magnitude.

In both antiseptic surgery was practised as fully as it ever can be in the field, where medical officers must always remain heavily handicapped by the exigencies of field service, by difficulties of transports, by the absence of pure water, etc.

I speak from memory, but I think I am absolutely correct in saying that during the Indian Frontier and Khartoum campaigns not a single case of any septic disease or of tetanus occurred, and that the general results will compare not unfavourably with those obtained in the present campaign, exceptionally good as these have been.

When we call to mind the fact that in both the Indian Frontier and Khartoum expeditions the troops were operating long distances from the nearest railway, and under conditions of climate and locality as opposed to those of South Africa as it is possible to imagine, and that, oftentimes, at least on the Indian Frontier, the hospital tents had to be pitched as close as they could fit on ground which was wholly unsuitable, but which was the only site available, it will be seen that the results cannot in any way be attributed to climate or other accidental conditions, and must have been due alone to the care and skill exercised in the treatment of the wounded.

On the Indian Frontier the wounded had oftentimes to be carried along with the troops as they moved from place to place, as it was unsafe to send them through the enemy's country to the base; a fact which renders the results still more remarkable.

Mr. Dent lays stress on the fact that wounds are now somewhat slower in healing than they were during the earlier phases of the present campaign. This is accounted for by the fact that our troops are daily advancing further and further into the enemy's territory, so that the wounded have now longer and rougher journeys to undergo before reaching the base than they had after the earlier battles.

In speaking of the Natal Volunteer Ambulance Corps, Mr. Dent says: "It would be very seldom that the ordinary stretcher-bearer companies could be got to show the courage under fire that these men did on many occasions." It is to be regretted that Mr. Dent should have been led to publish a

statement of this kind, especially as he could not have spoken from personal observation, never having been at the front. I happen to have been present at each of Sir Redvers Buller's battles prior to the relief of Ladysmith, and I can assure Mr. Dent that the men of the R.A.M.C. bearer companies showed a devotion and courage as conspicuous as those of any other soldiers of the Queen.

Had Mr. Dent spent some time at the front, and had he witnessed the work done by the bearer companies and field hospitals there, as well as at the base, he would perhaps have understood, and might even have joined in, what he terms the "faisome eulogy" of the Royal Army Medical Corps.—I am, etc.,

G. H. YOUNG, F.R.C.S.I.,
Major R.A.M.C.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service and Royal Army Medical Corps, according to the monthly Army List for July, 1900:

Distribution in the July Army List, 1900.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals	5	1	4	—	10	—
Colonels	—	7	19	—	26	3
Lieutenant-Colonels	16	38	60	1	115	3
Majors	—	93	105	1	199	3
Captains	—	13	27	90	130	3
Lieutenants	—	25	115	34	174	6
Total	—	90	418	35	543	18

It thus appears the total strength increased during the month from 882 to 889, through the gazettement of 7 lieutenants on May 30th.

The home strength has decreased by 10, or including the 7 gazetted, by 17, which represents the increase of the South African establishment from 411 to 428.

The numbers at other foreign stations show a decrease of 4, namely, from 359 to 355, the difference being transferred to the non-posted list, which has increased from 2 to 6. The seconded contains one name less.

There are 120 retired officers employed, of whom 5 are in South Africa. Sixteen retired quartermasters of the Royal Army Medical Corps are temporarily employed, and large additions have lately been made to the active list of this rank.

OUTFIT ALLOWANCE.

THE outfit allowance question has at last been settled in favour of medical officers re-employed after retirement. Those officers who have provided themselves with uniforms for their duties are entitled, on producing the necessary certificate, to draw the sum allowed through the agents.

The officers owe their success in this matter to the persistent support given to them in their claim by the Director-General.

DAILY TELEGRAPH, MONDAY, JULY 23, 1900. THE CIVIL SURGEONS IN SOUTH AFRICA.

From Our Special Correspondent.

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CAPE TOWN, Sunday, June 22 (11.55 a.m.).

In consequence of the news cabled out here about a statement in the House of Commons to the effect that the civilian doctors have been compelled to sign an agreement that they will not divulge any information about the hospitals, I made a searching inquiry in highest civil and military circles. These authorities have neither seen nor heard of any such order.

The chiefs of the medical service are equally in the dark. They have seen recently a signed agreement with the civil surgeons containing no proviso beyond that always inserted in such documents, namely, that they will comply with the regulations imposed on all who serve in the Army. Nor had any hint, suggestion, or instruction been received at headquarters to give verbal directions to the doctors, such as it is insinuated have been given.

There are here between thirty and forty civilian doctors, and these gentlemen are always ready to give information. Yesterday I was invited to inspect the hospital arrangements without any restrictions.

I understand that one of the points of attack which the Opposition are preparing is the character of the provisional appointments made at Johannesburg.

DURBAN, Saturday Afternoon.

Sir John Furley, Chief of the Red Cross Society, has returned to Natal, but he hopes to get back to the Rand shortly.

Interviewed by the representative of the Central News respecting the alleged hospital mismanagement in South Africa, Sir John said there had certainly been individual cases of neglect of patients and pilfering of stores, but to condemn on that account the entire system was both unjust and ungenerous. The robbery of stores was, he said, at one time extensive on board ships, at wharves, and on railways, both in Cape Colony and in Natal. But when discovery was made of what was going on, the authorities made a firm stand, and took measures to check the evil. Fewer goods were now misused, but he was sorry to say that pilfering had not altogether ceased.

Mr. Mosely formally handed over to the military authorities last evening the Princess Christian Hospital, which he founded and maintained from the early days of the war at his sole cost. He was presented with a handsome testimonial, subscribed to by all sections of the community.—*Central News.*

THE TIMES, MONDAY.

JULY 23, 1900.

THE HOSPITALS INQUIRY.

The following correspondence between Sir Walter Foster and Mr. Wyndham has been published as a Parliamentary paper:—

(I.)

50, Grosvenor-road, Westminster, S.W.,
October 31st, 1899.

Dear Wyndham,—I am sure you will excuse me for troubling you at a busy time, as I have a suggestion to make which seems to me of importance as regards the medical aspects of the South African campaign. I think you have done admirably in sending out Sir Wm. MacCormac, Mr. Treves, and Mr. Makins. They will be splendid help from a surgical point of view. There remains, however, the medical and sanitary side. In all human probability there will be great loss of life from fever and other maladies more or less preventable by careful sanitary work. To meet this prospect it would be wise to send out a small Sanitary Commission, or a Commissioner with assistants. Such aid would be invaluable to the Army Medical Officers in assisting them to prevent the loss of life to which I have referred. I thought of going out myself for the purpose of lending my aid as I could, as I have had, as you may know, life-long experience as a Physician, and during the last Cholera invasion as Secretary to the Local Government Board I had the main responsibility of the health defence of the kingdom. I fear, however, that, as a private individual, I could do little or nothing. I therefore write to you to say that, if you decide to do anything in the direction I have indicated, I will gladly place my services at the disposal of the War Office. I am not willing to resign my seat in the House of Commons, and so I should wish to go out in an unpaid capacity.

Yours very truly,

WALTER FOSTER.

P.S.—I send this letter to you as I have spoken to you of Army Medical matters in the House of Commons. If you would like to see me I could call on Saturday or next week.

(II.)

War Office, 1st November, 1899.

Dear Foster,—I have to thank you for your letter of yesterday. I will show it to Lord Lansdowne, and let you know as soon as I can whether he agrees with your suggestion of a Sanitary Commission, and if so, whether he will be able to accept your very kind offer of service.

Yours sincerely,

GEORGE WYNDHAM.

Sir B. Walter Foster, M.P., &c.

(III.)

War Office, 9th November, 1899.

My dear Foster,—I put your scheme of a Sanitary Commission for South Africa before the Secretary of State, and it was carefully considered by the medical authorities here. They think that the need of special assistance is not the same in sanitary matters as in surgical operations. The general practice of an army doctor must necessarily make him inferior as an operator to skilled specialists; but sanitary investigations are among the most important of his daily duties, and he is constantly accumulating experience with regard to them. The Director-General therefore does not regard as necessary the establishment of such a commission as you recommend. Lord Lansdowne concurs in this view, and desires me to express to you, when communicating the decision, his sense of the patriotic feeling which inspired your suggestion and your offer of personal service.

Yours very truly,

GEORGE WYNDHAM.

Sir Walter Foster, M.P.

(IV.)

50, Grosvenor-road, Westminster, 14th November, 1899.

Dear Wyndham,—Thank you for your letter conveying to me Lord Lansdowne's decision. I am very sorry the Secretary of State has not been able to accept my offer or my suggestion.

Yours very truly,

WALTER FOSTER.

TO THE EDITOR OF THE TIMES.

Sir,—Last May I published in the *British Medical Journal* a medical account of the march from Modder River to Bloemfontein, and I propose, as soon as I can find time, to complete the history in that journal by an account of the march from Bloemfontein to Pretoria. As, how-

ever, the subject of the epidemic of typhoid fever at Bloemfontein and Kroonstad has been brought prominently before the public of late I have been strongly urged to send a letter on the matter to your journal.

I joined Lord Roberts's force as consulting surgeon at Modder River on February 12, and accompanied the Army from that point to Pretoria, and I did not leave till I was assured that the campaign was practically over, and that there was no longer any necessity for me to stay. During these marches I travelled partly with the headquarters staff, partly with the headquarters of the Seventh Division, and partly with various field hospitals and bearer companies. During the stay of the Army at Bloemfontein, the general surgical supervision of the various hospitals, except the special hospitals, was divided between Mr. Kendal Franks and myself, and for a considerable time, while Mr. Kendal Franks was ill, it was under my sole care. I thus had full opportunity of making myself acquainted with the various points which arose as regards the treatment and transport of the sick and wounded, both in the field and at the base, and with the various difficulties in the way of carrying out what was deemed to be best. In Bloemfontein I also constantly discussed the epidemic and the best way of meeting it with Colonel Stevenson, R.A.M.C., and others, and am thus familiar with all the difficulties of the situation.

On our arrival at Bloemfontein arrangements were at once commenced with the view of providing for the cases of sickness which we brought with us, and for those which were certain to arise as soon as the Army came to a standstill. Within five days Colonel Stevenson, R.A.M.C., and his very able secretary, Major Sylvester, had organized several public buildings in Bloemfontein to act as hospitals, and I may say that in a short time all the suitable and available buildings were occupied for this purpose, the staff being supplied in the first instance from the various field hospitals, and subsequently by the staff of No. 10 General Hospital, added to by various civilian assistants. One or two other buildings which were thought of were rejected as unsuitable, some on account of want of proper sanitary arrangements or insanitary condition, some on account of want of water-supply, and so forth. The question of utilizing private houses was also considered, and ultimately one was taken as a convalescent home for officers, but it was clearly impracticable to utilize the small villas for the treatment of the sick, as that would have involved the subdivision of the comparatively small staff available for the larger institutions. The ultimate result, however, was that hospital accommodation was available for about 750 sick, and every effort was made to reserve these beds as far as possible for the most serious cases of illness.

From the very commencement there was a difficulty in providing beds and bedding for the patients in these various buildings, every available bed in the town was soon exhausted, and substitutes were provided by means of stretcher beds, which were made in Bloemfontein, and a few additional beds were also obtained by the medium of advertisements inserted in the local paper asking inhabitants to let us have any beds that they could spare. Within a short time, however, this difficulty was entirely overcome, partly by the discovery of a considerable number of Boer ambulance beds, which had been hidden away, and partly by the arrival of a quantity of bedsteads, &c., with the hospital train. For some time this provision was practically sufficient, at any rate to accommodate the cases of typhoid fever, and as soon as railway communication was at all open additional medical men and a number of nurses were sent up, so that as regards the buildings employed as hospitals I do not think that any fault of importance can be found with their arrangements.

Very soon, however, the cases of sickness increased so markedly that it was found impossible to accommodate any more in buildings, and, though in the first instance attempts had been made to keep the field hospitals in a state of readiness for any onward move, it was absolutely essential to fill them up with the sick. Owing to military exigencies these field hospitals had arrived in Bloemfontein with a very much reduced equipment, and they very soon became overcrowded with sick to a most distressing extent, and not only was there extremely imperfect accommodation for the patients, but both the medical staff and the orderlies were undermanned and very much overworked. As the epidemic continued to spread this sad state of matters became daily more and more distressing, while there was but little increase in the facilities for dealing with it.

There were only two ways of overcoming the difficulty. The one was to get up more general hospitals with their equipment and the other was to evacuate as many of the patients towards the base as possible. Both of these solutions depended entirely on the question of transport, and it was for some time a matter of the greatest

difficulty to get transport for either purpose. There was only a single line of railway for about 750 miles from Cape Town, with a very important bridge broken at Norval's Pont, and it was not until the beginning of April that the bridge was sufficiently repaired to admit of trains running through. Naturally, in the first instance, the food for men and horses and ammunition for the defence of the place were brought in. It must also be remembered that Bloemfontein was not the only place supplied by this line, but that stores had to be carried to numerous intermediate points, so that the various sidings became crowded and the difficulty of getting trains through to the terminus was enormous; and further, as fresh troops were constantly coming up, an increasing amount of supplies was daily necessary. It was not, however, through any laxity in making the attempt to get up the materials on the part of those at Bloemfontein or at the base that the difficulty arose; not a day elapsed that Colonel Stevenson was not doing his best to get up the tents and equipments which he most urgently needed, and I know that Lord Roberts did all in his power to help Colonel Stevenson, and was most anxious about the accommodation for the sick. Nevertheless, it was not till well on in April that any considerable amount of tents and equipments was able to arrive.

As regards the other possibility of evacuating to the base, similar difficulties were present. The trains which came up were almost entirely composed of open trucks containing goods, and they were not suitable for the transmission downwards of serious cases. It was absolutely impossible to place patients who were suffering from severe illnesses, camp fever, possibly typhoid fever, &c., in open trucks and send them down knowing that these trains progressed very slowly, and that it was almost certain that a day or more would elapse before the patients reached any suitable hospital in which they could be received. Indeed, the only transit possible towards the base was about twice a week, when trains were sent down loaded with sick who could travel. Even when the hospital trains were able to run up, they could, of course, only take away about 90 each two or three times a week, perhaps not so many as the daily admissions of sick.

In spite of every earnest endeavour to remedy matters it was thus impossible to avoid the great overcrowding of the field hospitals during April, and it is no doubt correct that a large number of patients had to be crowded into each tent, and that many of them had to lie on the ground. Here, however, it was purely a choice of difficulties. All the tents present and obtainable at Bloemfontein were utilized, and they were hardly sufficient to cover all the patients when packed as closely as possible. Had beds been available, and had they been used in the tents, the number of patients placed under shelter would have been greatly diminished. Only three, or at most four, could have been accommodated in each tent, and the still more distressing spectacle would then have been witnessed of a large number of patients not only lying on the ground, but without cover either from the sun by day or from the dew by night. It seemed on the whole better that all the patients should have protection under cover of a tent than that a few of them should be put under conditions as regards beds, &c., which would undoubtedly have been of advantage to the individual. This condition of overcrowding was one which engaged our attention from the very first, and which every one was very much distressed about. It is one which I discussed daily with Colonel Stevenson, and with regard to which the officers of the various hospitals were constantly visiting and consulting him as to any possible remedy, but it is one which I believe under the circumstances was absolutely unavoidable, and it was certainly not due to any oversight or want of energy in trying to overcome it.

Something has also been said about the transport of patients from the field hospitals to other places when the former were evacuated. On the 21st of April I left Bloemfontein with the troops which were sent towards Dewetsdorp, and when I returned a week later I found that orders had been received to evacuate the field hospitals as far as possible with a view to a forward movement, and that the evacuation had to be carried out within about two days. This very question of how to transport the patients sent out of the field hospitals was very carefully discussed, with the result that it was decided that those patients who were very ill should, as far as possible, be carried on stretchers, that those who were not so ill should be taken in ambulance wagons, and that the remainder should be carried in ox-wagons. On the following day I left for Karee in connexion with the onward march, but I feel quite certain that as far as practicable our decisions were carried out. At the same time I do not think that many of the patients could possibly have been transported by hand, which undoubtedly is the best method of carrying those who are seriously ill, for in order to do this a large number of men would be required, and in the time at the disposal of the authorities only a small number of patients could be carried. As

regards the number of men required for such transport I may mention that on the return march from Dewetsdorp I had four very severely wounded cases, whose lives, it seemed to me, would certainly be sacrificed if they were transported in any other way than by hand, and with the assistance of Colonel McGill, P.M.O., of the 11th Division, it was arranged that they should be carried back on stretchers. In order to do this 48 men had to be told off, 12 for each stretcher, so that it is quite evident that unless a large number of men were available very few patients could have been transported in this way.

Reference has also been made to the employment of ox-wagons in contrast to ambulance wagons, and one would naturally at first think that the ambulance wagon was the most suitable means. I was, however, surprised to find that, quite unanimously, wounded persons who had had experience of transport in the two vehicles much preferred to be carried in an ox-wagon, so that although the term seems to imply something very uncomfortable, in actual practice this is not the case. The explanation is comparatively a simple one. In the veldt there are no roads, the tracks which here and there exist are very much broken up, and the result is that a light wagon with springs, such as an ambulance wagon, is constantly oscillating and jolting the patients, whereas a heavy springless ox-wagon sinks through the soft elevations and does not oscillate to the same extent, and thus, on the whole, goes much more steadily.

On the march up to Kroonstad the sick and wounded were sent back as soon as possible to rail-head, and this was done by means of ox or buck wagons. The distance which these patients had to travel in the wagons naturally depended on the distance from rail-head, which, as the railway was broken in many places, constantly increased till we reached Kroonstad. Immediately on our arrival at Kroonstad Colonel Stevenson and Major Sylvester at once proceeded to select suitable buildings for hospitals, but in this they were very much more handicapped than at Bloemfontein, because there were hardly any buildings available. Ultimately, in addition to the Russo-Dutch ambulance, which already occupied the civil hospital, they took over the Dutch church and the Kroonstad hotel. A further difficulty was experienced at Kroonstad, in that the Boers had taken away all possible supplies, and that nothing whatever in the way of beds or equipment was obtainable. As soon as the Army came to a standstill at Kroonstad, we had the same experience of rapid increase in the number of sick, and the field hospitals and bearer companies were again filled with patients. Extreme overcrowding was, however, avoided, because every afternoon an empty conveyance left Kroonstad for the rail-head in order to fetch up supplies, and this conveyance was always sent down filled with sick, who, when they reached the rail-head, were temporarily accommodated in a tent hospital till the train started for Bloemfontein. Up to the day before we left Kroonstad these arrangements were working on the whole very satisfactorily. Unfortunately, however, on the day before the onward march the conveyance for some reason or other failed to reach us, and on that day instead of being able to send away 200 odd sick taken out of the field hospitals these were left on our hands with no possible accommodation for them. Under these circumstances Colonel Stevenson did the best thing he could—that is to say, he took possession of the other large hotel in the place, and succeeded in getting the sick under cover, and I understand that within a couple of days after our departure the trains were able to run through with hospitals, &c., so that this state of matters was very soon rectified, but any one who saw Kroonstad on the day after we left would no doubt have been appalled to see the patients lying on the floors, on the billiard tables, and even in the lobbies of the hotel. From Kroonstad up to the Vaal River the sick were daily evacuated to rail-head and thence to Kroonstad. After crossing the Vaal River they were carried on and deposited in the Johannesburg hospital and in the large Victoria Hotel, which was at once opened as a hospital, and in Pretoria large and suitable buildings have been appropriated for hospital purposes; indeed, I hardly think that any trouble will arise at the front as regards suitable hospital accommodation.

Other points have been referred to in the newspapers on which I may make some remarks. A complaint was made that the sick were sent, especially from Kroonstad, for a long distance in ox-wagons unattended by medical men or even by hospital orderlies. Mr. Burdett-Coutts's letters on these matters to the Military Secretary were shown to me, and I made a number of inquiries. The result of my inquiries in various directions was that anything of the kind described by Mr. Burdett-Coutts must have been something quite accidental and exceptional, because, as a matter of fact, in all cases where sick people were sent down to railhead who required medical attendance, a medical officer was sent along with them. In a few instances where the cases were less severe and did not require medical attendance, the convey

was sent in charge of a hospital non-commissioned officer or orderly, and the only conveyors of men sent down without either medical men or hospital orderlies were those who were unable to march either on account of bad feet, the result of bad boots supplied at Bloemfontein, or for some other reasons, such as varicose veins, &c., which made them useless for service with the army. The men under such circumstances were placed in charge of a non-commissioned officer or the senior soldier who was present with them, and it is quite possible that during the time that they were in the conveyance may have fallen sick and arrived at the other end in a serious state, but I feel satisfied as the result of my inquiries that there was no laxity in the way of sending conveyors of sick people without either a medical man or, at any rate, a hospital non-commissioned officer.

Reference has also been made to patients having been left on the platform at Bloemfontein without any one looking after them. I have only heard of two instances in which this occurred, and they were both capable of very simple explanation if it had been sought for. The one to which reference has chiefly been made was, I understand, due to an error in shunting a truck, with the result that a truck containing a few patients out of a large conveyance was detached from the rest, taken away, and overlooked. That there was anything like inattention to the arrival of patients and their prompt admission to hospital is absolutely incorrect. I know perfectly well that Colonel Stevenson and Major Sylvester were out at all hours of the day and night to meet all conveyors of sick which they had any information. In one particular no doubt, the admission of the sick at Bloemfontein was considerably hampered, for in spite of stringent orders to the contrary it was not at all uncommon for some medical officer at a distance to send a telegram stating that so many sick were being sent in. Provision was made for this number, and when the conveyance arrived it was sometimes found that the medical officer had perhaps included 20 or 30 additional men, and under such circumstances an hour or two might elapse before arrangements could be made to accommodate these additional patients. One thing I am perfectly satisfied about, however, is that any delay which may have occasionally arisen in the admission of patients was not due to neglect or oversight.

A good deal has been said also as regards the question of nursing. This is a very large subject and one which I need not enter into. Personally I strongly agree that female nurses are better, especially for cases of typhoid fever, than males. At the same time this is entirely a matter of opinion. It is one which I have frequently discussed and I must confess that those who have had much experience of Army requirements have invariably taken the opposite view. In any case women could not go forward with an advancing army, nor can they be employed in field hospitals, and female nurses must be limited to base hospitals. As a matter of fact in this campaign a much larger number of female nurses than is arranged for in the Army Regulations was employed. My belief is that a still larger number might have been used with advantage, but even if the authorities had taken the same view any attempt to substitute female nurses for the orderlies to such an extent as is the case in a civil hospital would have displaced arrangements most seriously, and would have meant practically the reorganization of the base hospital system in the middle of the campaign when the officials were already very much overworked. This is, however, a point which I think should be kept in view when the numerous lessons taught by the war are taken into consideration.

Many of the difficulties and many of the defects which may be picked out in the Army medical service in the field depend, in my opinion, on one great point—namely, that the Army Medical Department is not provided with its own independent transport. Application must be made for wagons and animals in all cases when any movement is to take place, and the result is that frequently such transport is not available or, if available, can only be supplied to a limited extent. In order that the Army Medical Department should be thoroughly efficient in the field they should have their own transport complete for all purposes and irremovable. This is a matter which the Army Medical Department has been urging on the military authorities for a long time, and if in this campaign they had had their own transport many of the troubles which can be picked out by an on-looker would have been absent; indeed, a great deal of the difficulty at Bloemfontein itself would have been avoided if the Army Medical Department had marched with its own transport from the Modder River, and carried its full equipment with it. As a matter of fact the equipment of the Army Medical Department on that march was cut down to a very great extent. The ambulances and, corresponding with them, the equipment of the bearer companies were reduced from 10 to two for each. Had these units arrived at Bloemfontein with five times the amount of material than that which they had, they would have been

much more amply supplied with tents, blankets, stretchers, and other equipment, and there would not have been the same difficulty as regards the overcrowding of patients, the transport of the sick from the field hospitals to the general hospitals, &c. The field hospital which has done the greatest amount of good work during the campaign is the New South Wales Ambulance. It came provided with its own transport and formed a unit absolutely independent of the rest of the Army. The result was that if ambulances were required in a hurry to accompany any column the New South Wales Ambulance was asked to go; if patients arrived at the railway station at an hour when they were not expected the N.S.W. Ambulance was asked to send for them, and so on. Indeed, without this field hospital the Army Medical Department would very often have been in serious difficulties during the course of the campaign. It is not the least of the debts which we owe to the colonies that Australia has sent us such an excellent medical equipment, which has performed invaluable services in the field, and which is an excellent object-lesson for our own field hospitals.

Yours faithfully,

W. WATSON CHEYNE.

75, Harley-street, W., July 12.

TO THE EDITOR OF THE TIMES.

Sir,—As an independent observer, who has devoted many years of his life to improving the condition of hospitals, it seems to me essential, in view of Mr. Burdett-Coutts's letter published in your issue of the 20th inst., to try and recall public attention to the bare facts which have led to this inquiry in the interests of fair play and the national reputation for common sense. Mr. Burdett-Coutts bears an honoured name, a circumstance which has done something, at any rate, to unduly excite public opinion and to obscure the true issues upon which this matter must be investigated by the commission of five just appointed by the Government. I desire to be quite impartial, and to make no imputation of motive on one side or the other. The charges which have given rise to the public uneasiness and excitement may be clearly gathered from Mr. Burdett-Coutts's letter published in *The Times* of June 27 last, the proceedings in the House of Commons of Thursday, June 28, published in *The Times*, page 8, of June 29, and the debate in the House of Commons which appeared in *The Times* of June 30. It thus appears that Mr. Burdett-Coutts first wrote anonymously a series of articles, in which he spoke in the most favourable terms of what he had seen and of the work done by the Army Medical Corps. He described the base hospitals at Cape Town as in an admirable condition, and gave a most favourable picture of these hospitals. For practical purposes the indictment was limited to the condition of affairs at Bloemfontein in relation, not to one complete hospital even, but to the remnant of a field hospital which was divided up and transferred in part elsewhere, the remainder being left, apparently, as a receiving station merely. In any case the important point to remember is that the military receiving station at Bloemfontein, criticised by Mr. Burdett-Coutts, never was and was never meant to be a fully-equipped hospital at all.

Two points made by Mr. Burdett-Coutts in support of his contentions were—(1) That the patients were wrapped in blankets and placed upon mackintoshes and oil skins on the ground, no beds being provided. At a receiving station such as that at Bloemfontein beds were quite impossible, and every experienced authority would admit that, had they been possible, they would have been wholly undesirable in the circumstances. Besides, it is not only not a hardship, but often a comfort, for a soldier who has been accustomed to sleep on the veldt to be placed there when sick rather than in a bed, because experience shows that sleep cannot be obtained in bed on the first few nights after such an experience because the beds feel too soft.

(2) Mr. Burdett-Coutts made a strong point in his speech in the House of Commons that more houses and more buildings were not taken to Bloemfontein to supply hospital accommodation. Lord Roberts, in his report dated June 25, distinctly states that:

"Owing to the rapidity of our march from the Modder no tents could be carried with the force and none were available until our railway communication with Cape Colony had been restored. As soon as I could arrange for such supplies being placed at Bloemfontein as were necessary for the very existence of the force, I ordered up tents and all necessary appliances for the sick—nurses, more doctors, and more hospitals. Bloemfontein is not a large town, but all suitable public buildings, schools, &c., were made into hospitals. I constantly visited them, and after a very short time they were, I considered, in good order and not overcrowded."

Bloemfontein was an advance post in the first instance, and afterwards a receiving station, important points to remember, for the special correspondent of the *Lancet* at Bloemfontein, under date of June 23, says:—"One point has struck me during the war, and that is how well the enteric fever cases have done whilst under canvas; in fact, I think those treated in tents have certainly made more rapid recoveries than those treated in buildings," which disposes of Mr. Burdett-Coutts's point on medical grounds, though it is practically disposed of by the knowledge that without adequate equipment, which, Lord Roberts points out, it was impossible to carry with the army owing to the rapidity of the march, buildings could not be furnished and fitted for the reception of the sick in large numbers.

I further desire to remind the public that the charges made are confined to one place—Bloemfontein—and in practice, so far as I can make out, to one receiving station where some hundreds of enteric cases had to be crowded together pending their removal to a properly constituted hospital. Receiving stations are essential in all epidemics, whether they occur in times of war or in times of peace. The evidence of Mr. Burdett-Coutts seems to me to fail in a material point, because he has nowhere attempted, so far as his public utterances are concerned, to show that he ever endeavoured to ascertain whether the patients he saw at his first visit to the receiving station at Bloemfontein were the same, in whole or in part, as those he saw on the second and subsequent occasions. If Mr. Burdett-Coutts has not definite evidence on these points, for practical purposes his charges must be held to be non-proven, for in epidemics hundreds of cases may come into a receiving station one day and be moved off to a proper hospital directly beds are available; and it is fair to presume this would be the case at Bloemfontein, due regard being paid to the condition of the patients, the pressure of war, and the advisability of removing them on medical grounds.

The point I wish to make is this. The charges brought against those responsible for the medical care of the sick and wounded in the war are not, as in the case of the Crimea, directed against the whole system of hospitals, or against any particular group of hospitals, but are mainly confined to this one receiving station at Bloemfontein, where the actual condition of affairs complained of cannot have continued for any lengthened period, seeing that the correspondent of the *Lancet*, under date Bloemfontein, June 23, states:—"We are gradually getting the best of the epidemic, but still have a number of cases sent from outlying stations. At present there are roughly 1,000 cases under treatment here at the various civil and military hospitals, but I trust that as the cold weather advances these numbers will materially decrease." This statement, combined with Lord Roberts's report, shows the temporary character of the unfavourable conditions due to the exigencies of war which occurred at Bloemfontein, upon which the main charges were based which led to the appointment of the Hospital Commission. Well may Lord Roberts write:—

"I can quite understand that people who have no practical experience in such matters are much concerned to hear the hardships which sick and wounded soldiers have to undergo in time of war, especially when they are not aware of the many difficulties which have to be contended with in order to alleviate suffering on active service. Such difficulties are sufficiently great in countries in which there are large towns and villages, and easy communication by road and rail from the base of operations. But they have been immeasurably increased in South Africa by the local conditions to which I have already referred."

In such circumstances it is fair to those responsible for the arrangements in South Africa, or fair to ourselves at home as men of judgment and common sense, that, having appointed this commission of carefully-selected and experienced men, to investigate the condition of affairs in regard to the provision for the sick and wounded in South Africa, we should, for one moment, permit any doubt to be cast upon the findings of that commission before it has commenced its work, especially when it must be apparent to impartial observers that those who made the charges may have become conscious that the field to which they have limited their criticisms is so narrow as to render it apparent already that, in fact, the cases for just complaint in all the circumstances were relatively few, and that, on the whole, impartial people must realise that the arrangements made in South Africa during the present war for the care of the disabled have been much better and more efficient than those of any previous war?

I am willing to believe that Mr. Burdett-Coutts was actuated by the highest and best motives in making his charges, but I deeply regret, as I feel sure he will regret on reflection, that, after the appointment of the Hospital Commission, he should have published his letter of July 19, which appeared in *The Times* and other newspapers. His case was none too strong from a practical point of view, having regard to the facts, as I have attempted to summarise them in this letter, and all impartial people must be most anxious that the Hospital Commission must be left free to conduct its inquiry exhaustively and without prejudice. What the commission has to do, as Mr. Page has pointed out, is to supply the answer to the question, "Were the sufferings of our men in South Africa preventable?" I do hope the public mind will be satisfied with the appointment of the commission, and that they will discountenance any attempt to prejudice the result or to prejudice in advance the findings, whatever they may be.

I am, Sir, yours obediently,

HENRY C. BURDETT.

The Lodge, Porchester-square, W., July 21.

TO THE EDITOR OF THE TIMES.

Sir,—With reference to the inquiry that is about to be held on the condition of the hospitals in South Africa, which must carry with it a further inquiry as to the present strength of the Royal Army Medical Corps, permit me to state a few facts without comment.

Forty years ago (1860) there were nearly 1,200 medical officers on full pay.

At present there are about 850 effective for charge of the Army quartered all over the world.

Since 1860 the strength of the Army has been in-

creased by about 100,000 men, in addition to which the European troops of the old East India Company's Service have also come under the medical charge of the R.A.M.C.

In addition to these increases in strength, on April 1, 1873, the then Secretary of State for War, Mr. Cardwell, issued an order by which no medical officers were to be appointed to the Militia; these officers have now died out, and some 120,000 Militia have come under the care of the R.A.M.C.

In other words, while the possible patients have increased by about 240,000, the strength of the Medical Department has been reduced by considerably over 300 officers.

In 1860 the headquarters of the Medical Staff at the War Office consisted of one director-general, three administrative and four executive officers; there are now one director-general, one deputy-director-general, and two officers of executive rank, with (a new creation) one staff officer R.A.M.C.

Thus, while the Army has been doubled during the past 40 years the Medical Staff has been reduced by one-third.

July 20.

FAC.

We print to-day a long and important letter on the subject of the hospitals in South Africa from PROFESSOR WATSON CHEYNE, who accompanied LORD ROBERTS's Army as consulting surgeon from February 12, when it was at Modder River, till Pretoria was occupied. The labours of the Commission of Inquiry will shortly begin, and it is not our purpose to prejudge their verdict on the issues raised by Mr. BURDETT-COUTTS. But, since MR. WATSON CHEYNE has thought it best to send us at once a sketch of the evidence he would be able to give them, we are entitled to point out that, so far as the mere facts are concerned, this distinguished and authoritative witness appears to confirm the account originally given by MR. BURDETT-COUTTS. SIR HENRY BURDETT, who intervenes—somewhat superfluously—as an "independent observer" of hospitals generally, will doubtless be interested to notice how markedly this is the case. The question whether the distressing overcrowding at Bloemfontein was avoidable is answered by MR. WATSON CHEYNE with a decided negative, so far as the personnel of the Medical Service in South Africa is involved. But MR. BURDETT-COUTTS has throughout insisted that he had no intention to put the responsibility there; and the last paragraph of MR. WATSON CHEYNE's letter surely detracts somewhat from his assumption in the earlier part that the organization was not to blame. Two points, at any rate, strike us as deserving further attention. One is MR. WATSON CHEYNE's remark that the idea of utilizing private houses at Bloemfontein was abandoned as it would have involved the subdivision of the "comparatively small staff available." The inadequate numbers of the staff have still to be properly explained. The other is the criticism he makes against the absence of an independent transport service for the Army Medical Department. Why is it that the War Office is always being found wanting in this matter of transport? MR. WATSON CHEYNE writes deliberately that "in order that the Army Medical Department should be thoroughly efficient in the field, they should have their own transport complete for all purposes and irre-movable." "This is a matter," he continues, "which the Army Medical Department has been urging on the military authorities for a long time, and if in this campaign they had had their own transport many of the troubles which can be picked out by an onlooker would have been absent." He gives additional force to this criticism by a reference to the invaluable services rendered by the New South Wales Ambulance, which was an independent unit, provided with its own transport. The "man in the street" will want to have it explained to him how it is that New South Wales can set us an example of that sort, and why it is that the War Office has been so behindhand in the matter. The tree will be judged by its fruits; but the reputation of the War Office for foresight is certainly not enhanced by the publication of the correspondence which passed at the outset of the campaign between SIR WALTER FORSTER and MR. WYNDHAM with regard to the utility of appointing sanitary specialists at the outset of a campaign like that in South Africa. LORD LANSDOWNE declined SIR WALTER FORSTER's offer of assistance on the ground that the Army doctors could do perfectly well without any outside specialists. It is quite clear now that his refusal was a mistake. But when

nothing that a "big battle" was in progress at Middelburg must apparently have anticipated events by some days. An attack on Middelburg cannot be reconciled with the official despatch of the same date which informed us that "Hamilton and Mahon . . . should join hands today with Polo-Carew's Division near the Eerste Fabriek Station." This station, near which fighting occurred on the 11th and 12th of June and the enemy's "rearguard was surprised and thoroughly routed by Ian Hamilton's mounted infantry," is about 70 miles from Middelburg. The difficulty of following the military operations in South Africa in any detail and with any approach to certitude has always been considerable. During recent weeks the task has become almost impossible. The censorship, which has never been distinguished for intelligence, is now so rigid that only scraps of information are forthcoming. The official despatches have become much less precise than formerly and are frequently puzzling. Commanders appear suddenly in unexpected places and with new commands. New divisions and brigades are formed, and bodies of troops which cannot be identified are referred to under the names of their leaders. Other bodies disappear into space just when they seem about to effect something of importance. Casualty lists appear in connexion with unreported engagements. British prisoners seem to be freely taken in cases where Boer defeats are said to have occurred. In such conditions, a scientific analysis of the situation is precluded, and even intelligent conjecture is rendered impracticable. It is most desirable on all grounds that the public interest in the military operations should not be allowed to die out, and it may well be questioned whether the form of censorship which now prevails corresponds to the natural demands of a free people engaged in an arduous war entailing great sacrifices of life and treasure.

THE DAILY TELEGRAPH.
TUESDAY, JULY 24, 1900.

HOSPITAL PANIC.

TAINTED BLOEMFONTEIN.

THE PROFESSION VERSUS THE PUBLIC.

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From Our Special Correspondent.

CAPE TOWN, July 4.

By a coincidence, curious if undesigned, we have witnessed a simultaneous outcry against hospital management in England and in this city. As a result, our medical men are profoundly discouraged. They believed that they had faced an attack of fever compared with which the assaults of the Boers would count for little, and had come out of the trial with professional laurels. But instead of thanks they found themselves all at once charged with inefficiency and mismanagement, if not, indeed, with positive inhumanity. The accusations of Mr. Hardisty-Countess related mainly to Bloemfontein, the voice of the Archbishop of Cape Town was raised against our local institutions, while in Natal and in the House of Commons denunciation raged around the scandals of the Intombi camp at Ladysmith. It may be conceded at once that there existed some foundation for all these indictments. The fullest statement received here of the charges made in England, beyond the official account telegraphed to Lord Roberts and the principal medical authorities, was contained in your telegram to me, which I have read to several of the leading medical officers. The Cape Town journals published long précis of the debate and questions in Parliament; but the reader was left to gather for himself what were the precise matters complained of. After fairly extended inquiry, I adhere to the first telegram despatched from this city on the subject, that there was "a modicum of truth" in all the charges, accompanied by gross exaggeration; and that the sweeping censures were unattended by fair and reasonable allowances for difficulties that could not be foreseen and were almost unprecedented. Without such allowances the accusations were unjust. I found out subsequently that this was substantially the defence which the Field-Marshal himself made. Lord Roberts has always been the favourite of the soldier; henceforth he

will be the idol of the Army doctor. He has stood by the profession grandly.

No human prudence could have foreseen such a sudden, virulent, and widespread epidemic of typhoid as that which broke out at Bloemfontein. To say that it ought to have been foreseen and provided for is to say that one ought to predict outbreaks of disease as we do phases of the moon. Will the wise men who demand this prescience tell us what will be the special diseases at Pretoria next month, and what the death-rate? Up to the end of February, with the exception of beleaguered Ladysmith, Kimberley, and Mafeking, the campaign had been wonderfully healthy. Casualties from sickness were fewer than had ever been known in war. But a besieged city, with its water supply cut off, and its sanitation disorganised, is sure to become a nest of fever. Nature's second the destructive work of man. Ladysmith, Kimberley, Mafeking, Magerfontein, all tell the same tale. Six thousand people at Mafeking and nearly 30,000 at Kimberley were shut up in a confined space, and disease was inevitable. Typhoid or enteric is the bane of South Africa. The germs are water-borne, and our range of temperature in the wet season favours their diffusion. Apparently, it was Magerfontein and Paardeberg that became the foci of contagion, and not our invested cities. Means were taken in our camps to prevent the spread of infection. The Boers took no such precautions. The Boer prisoners brought the disease to Simon's Town, where a violent outbreak raged for several weeks; and at Paardeberg they infected the river waters, from which our troops carried the germs to Bloemfontein. Typhoid takes some three weeks or a month to incubate, and after that interval in a very short time 10 per cent. of Lord Roberts's army were down with the fever. If among the commanders who arrange the War Office with want of prevision, there be those who did actually anticipate this paralyzing and almost unprecedented crush of disease, they should be at once attached to the staff of the Army. Lord Roberts and his medical advisers were not half so clever. One hon. member says the War Office ought to have foreseen the terrible outbreak. He foresaw it, obviously; he, therefore, is the missing man. Let the Government, at any cost, secure his services, and we shall have such field hospitals as the world has never dreamt of before.

Those poor medicines not having this pre-knowledge were overwhelmed. They do not deny the defects. I read your telegram to a civilian doctor fresh from Bloemfontein. "Medical inefficiency; huddling of typhoid patients; no nursing; few doctors; patients lying on bare ground," and so forth. "Oh, yes," responded the medicine-man; "it's all true, and how were we to help it? Every man did his best." I need not go over the argument. You have had by telegram the statements of Lord Roberts, Sir William Stokes, Mr. Lenthall Christie, Dr. Scholtz, and the medical officers here, and at home those of Sir William MacCormac and Mr. Treves; and the evidence and defence are the same in every instance. In this city is a venerable Catholic Bishop (Dr. Rooney), who, despite his seventy-five years, occasionally visits the hospitals. He summed up the case admirably: "I consider that everything humanly possible was done." The Archbishop of Cape Town and the Rev. J. J. MacLure made some strong comments on the maladministration in this peninsula. So far as I have been able to discover, the reverend gentlemen in question have not personally made any inquiries at the hospitals, and one of them at least is sorry he spoke. I have been visiting these resting-places of the sick and wounded for six months, but I do not pretend that my opinion about their management is of any value. I heard no complaints; I saw no dirt, vermin, or insanitary environments; and the ever-ready hero was temporary. I saw much devotion on the part of doctors, nurses, and visitors. Placing the least possible value on my judgment, I should say that the main defect both at Bloemfontein and here was in the orderlies, who were suddenly impressed to do work for which they had no training, and for which nurses were needed. There was no Count Zeppelin's aerial machine in which the nurses could fly for 800 miles from here to the Free State capital, and Lord Roberts had to save his army. Perhaps the good folk who are giving lessons to doctors will impart instruction in strategy to the Field-Marshal. Some of us think that nothing in modern times has been finer than the way in which he saved the railways through the invaded Free State. But only think what Roberts-plus-Countess might be! Napoleon would not be in it.

May I have you with a plain tale of a call at Green Point Hospital, one of the places complained about? It is, in the main, a set of sheds, put together to meet the emergency. These galvanised iron structures are sent from England, and run up with wondrous celerity. First I tried a little banter on the nursing sister—a pretty name and a pretty woman, top, by

the way. "Well, how did you like the Archbishop when he called?" "What Archbishop?" "His Grace of Cape Town, of course, who says you won't let the poor patients have all the nice comforts and luxuries which the Good Hope Society provide." "He has not been since I came here." She didn't even know the Rev. J. J. MacLure. The doctor joined us. "How about these luxuries and comforts? Why are you doctors so hard-hearted as to keep them from your patients?" "For various reasons," answered Dr. Douglas, "one being that we don't want to kill the patients." And then I heard the same story for the twentieth time, of kind ladies who brought grapes, oranges, jams, seed-cake, and the like, and were indignant because these half-famished enteric patients were not allowed to eat them. "Surely a little home-made seed-cake can't do any harm?" This from a visitor at Woodstock to Dr. Colonel Williamson. "No, madam, not much, only it brings about a procession to the cemetery." Everybody knows that the grave danger in typhoid is perforation. If that comes, the whole College of Physicians may be called in vain. Hence, oranges with pits, grapes with large seeds (like the Colonial variety), and solid food in general are forbidden, and the patient restricted to liquid diet. This means semi-starvation, and if the sufferer is an ignorant man he will probably tell you—when the doctor is not there—that he is being starved to death. Into the ear of a benevolent lady in this very Green Point shed a soldier, who was progressing favourably, poured a tale like this; and the amiable woman set the rule at defiance and smuggled some cake under the bed-clothes. Result—doctor and nurse had a critical night with that invalid, who had a narrow escape.

Any amount of this injudicious kindness has been going on. It is part of the old eternal struggle between science and sentiment; in which struggle sentiment is always wrong. I was at Woodstock, it was ten a.m., the windows were open on both sides, it was mid-winter, and "enteric fever patients were lying in bed with the lower shades open a full yard just behind them." Horrible! Yes. Mid-winter at the Cape (June 29), glorious sunshine, temperature in the shade, 65deg. A lady visitor spoke with some warmth about the "excessive ventilation." One poor fellow was straight under the open casement. "Isn't that a dangerous draught?" I asked. "Not at all; let us look at his temperature." Surgeon-Colonel Supple, P.M.O. at the Base, took down the chart of the patient's clinical readings. It was excellent; rather below normal; he was progressing splendidly. In this ward I examined a score of these records; they were all favourable—with one exception, that of a Hussar who had enteric in Ladysmith followed by dysentery here. Had there been peril in the currents of air it would have shown itself in rise of temperature and catarrh. And here there comes a story, worth half an encyclopædia of "Domestic Medicine." A North American settler was amazed that the natives should go about so partially clad in cold weather. "I wonder you are not killed, having nothing to cover you but a blanket, and a great part of your body bare, in this cold." "Englishman cold in the face?" asked the chief. "Oh, no! my face is used to the cold." "Indian all face," was the reply. The medical theory is that so long as the trunk is kept fairly warm, the more air the better, and experience confirms it. Plenty of fresh air plus rigorous diet help to explain the large percentage of recoveries at these base hospitals.

Here arises another consideration, which amiable enthusiasts forget. Personally, I am biased towards the profession. The intervention of a friend and the late Sir William Gill saved my life twenty-one years ago, so I make a clean breast of the bias. In that coming time, when we have added to the beliefs of mankind the creedless religion of humanity, the physician will be high priest. Let us for the moment imagine our medicine-man an ogre. So far as human feeling goes he is not concerned whether the patient lives or dies. But even then he is professionally concerned. Heedless of life, but keen of reputation. Death is failure. The man is a mere unit, but he may spell a percentage if he dies. The M.D., our fancied ogre, points triumphantly to his temperature charts. "No, sir, I don't think we shall lose one. Even this poor Hussar, if we can only get him to assimilate a little food, will pull through." You observe I do not need to assume any heart—say that to the practitioner there are only "cases" more or less interesting; still he prefers to win, to score a triumph. In the surgical ward was a brave engine-driver, who in a collision saved his train but lost both legs, and in the opposite corner a Kafir, run over by a heavy cart, and literally cut open in the hospital and sewn up again like a torn coat. The doctor rubbed his hands gleefully over these cases; they were veritable successes, especially the Kafir. "That man, sir, will be as well as ever he was in a few days," and Quashee crinned a laugh from ear to ear.

To a hospital nurse I remarked: "Yours is a sad occupation; always in the presence of suffering." "It has its compensation," she replied. "You can hardly realise the pleasure one feels when some poor fellow seems to be at the very end, and suddenly gives you hope. It pays you to see him mend day by day, and possibly leave the hospital on the road to perfect health." I have a theory that the world is full of saints and martyrs, and that I have seen many of them—in hospitals.

In some cases it is rather to be feared that the charges against the doctors have arisen from temper. In Cape Town we heard no complaints until the trouble arose with certain lady visitors, and Mr. Treves spoke of a "plague of women." In that controversy your Correspondent took the side of the ladies. Since then many heedless words have been spoken that were better unsaid. There be busybodies in this world; nay, even faddists. Suppose a deputation of vegetarians, women's rights advocates, teetotalers, bi-metallists, and advanced Socialists to walk into the sanctum of any London editor, and each in turn advise him how to conduct his journal. "Sir, all flesh is grass—that shows you what is the correct food of man. Devote your leaders to the proper food of the people." "Food is not enough, look to the home. Sir, you must preach women's rights. May I send you an article at least once a week?" "Why talk of food and home, while the will is going mad with alcohol?" "Nothing will save society but silver, silver!"—At this point the mild editor calls the janitor. "Show these people out, and never again admit one of them." Very useful citizens in their way, but not in your way and mine. Doctors, too, are human. Visitors have their place in the hospital, which is rather a cheerless place when all is done. The lady who provides a soft pillow, sits by the side of the wounded man, tells him stories or jokes, or news, reads to him, writes his letters, and generally cheers and irradiates the spot, is an angel. But regimens and diet are beyond her sphere, and times there are, too, when she cannot be allowed to remain, and no reason can be given. No elaboration is needed—personal motive must be left out of this discussion, that's all!

"Too many bachelors" in South Africa was the theme of a recent letter. One too many has just been discovered. Mrs. A. B. de Villiers, speaking at a ladies' Bond meeting at Paarl, said that "an unmarried person was not qualified to deal with questions of peace or war, because he or she had no children." She hinted that Sir Alfred Milner was for this cause disqualified. The very next speaker at the Congress was an unmarried lady, and so was the hon. secretary. Clearly there is in the eyes of Bond ladies no chance for the Governor, but matrimony. In connection with *The Daily Telegraph* Fund for Widows and Orphans we have had evidence to show that a very large proportion of the Colonists at the front are single men. After every effort to obtain the names of bereaved wives and children—including a letter by Sir Gordon Sprigg, now Premier, published in all the leading newspapers, only twenty-eight widows have been reported, exclusive of Matcking, for which we await the return. This is so far a gratifying return. We have dealt with every verified case, and shall be able to increase and supplement the grants. I am pleased to add that a few days ago the British Lodge, No. 334, of the Masonic Order sent £12 11s 6d for the Fund, the proceeds of a collection made at the installation of the Worshipful Master, and this morning I have received from the Cape Town Caledonian Football Club a cheque for £20, being part of the amount realised at the Whit-Monday athletic sports. The good done by the Fund only those concerned in the distribution can fully appreciate. The widows' thanks to all the donors.

THE TIMES. TUESDAY, JULY 24, 1900.

HOUSE OF COMMONS.

MONDAY, JULY 23.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

COLONEL WYNDHAM MURRAY (Bath) asked the First Lord of the Treasury whether the instructions to the Commission of Inquiry into the Medical Arrangements in South Africa would include the making of a thorough inquiry on the spot by the medical members of the Commission into the results of inoculation for enteric fever in preventing the disease or lessening its effects.

Mr. BALFOUR (Manchester, E.).—The inquiry to which my hon. and gallant friend refers, though doubtless one of very great importance, appears to be outside the scope of reference of the Commission, and it would require somewhat different circumstances to investigate a purely scientific medical subject of the kind suggested.

Mr. MAC NEILL asked the First Lord of the Treasury whether Mr. Harrison, who had been appointed a member of the South African Hospitals Commission, held an appointment as a member of the Army Railway Council, a body which advised the Army authorities in

matters of railway transport and engineering, and had the rank of Lieutenant-colonel in the Army, and whether he would state in whom was the appointment to seats in the Army Railway Council vested, and was that council, of which Mr. Harrison was a member, consulted in the matter of railway transport in South Africa, which would form one branch of the subject matter of the inquiries of the South African Hospitals Commission, of which Mr. Harrison was also a member.

Mr. BALFOUR.—I believe he is not a Lieutenant-colonel in the Army. He is, however, a member of the Army Railway Council, an unpaid body called into existence at the request of a departmental committee of experts in order to advise the War Office, not on anything connected with South Africa or South African transport, but simply on the question of transports and mobilisation within the four quarters of the United Kingdom. (Laughter.)

Mr. MAC NEILL asked by whom the appointments were made.

Mr. BALFOUR.—They are made by the War Office. Whom else could they be made by?

JULY 25, 1900. HOUSE OF COMMONS.

TUESDAY, JULY 24.

THE HOSPITALS INQUIRY.

Mr. PICKERSGILL (Bethnal-green, S.W.) asked the First Lord of the Treasury whether the persons appointed to report on the arrangements for the care and treatment of the sick and wounded in South Africa would have any, and what, powers to enforce the attendance of witnesses, to examine witnesses on oath, and to compel the production of documents; and how it was proposed to protect witnesses who gave evidence, and whether, with a view to extend to witnesses protection afforded by the Witnesses' (Public Inquiries) Protection Act, 1892, he would consider the propriety of holding the proposed inquiry under the authority of a Royal Commission.

Mr. BALFOUR.—As the hon. member is probably aware, there is no power under any form of Commission other than a Statutory Commission to take evidence on oath. This Commission, like all Commissions not directly appointed by Parliament, will therefore be without that power. I understand that the chairman of the Commission has already made public the very elaborate precautions which the Commission propose to take for the protection of witnesses, and I doubt whether any statute would give a protection so absolute. At the same time, as Parliament has passed a statute protecting witnesses of Royal Commissions—a protection which does not extend to Commissions otherwise appointed—this Commission will be made a Royal Commission.

Mr. MAC NEILL (Donnegal, S.).—Will the Commission have compulsory powers to insist on bringing witnesses before them?

Mr. BALFOUR.—I have already stated that no Commission not appointed by Parliament except one appointed by statute has those compulsory powers.

Mr. BURDETT-COUTTS (Wokingham, Hants).—Has a Royal Commission which derives its authority from the executive power of the Crown not those compulsory powers?

Mr. BALFOUR.—No, Sir; I have twice said so.

Mr. BURDETT-COUTTS.—Then I will ask the right hon. gentleman another question. I admit that it is rather a novel question, but it can be briefly answered. In cases of Regular soldiers who believe that they will be marked men and would be raised for life, and therefore will not speak; in the case of more humble people in some kind of active employment in connexion with the Army Medical Department who have the same feeling and therefore will not speak; in the case of civilians surgeons in the employment of the Army Medical Department and dependent for their daily livelihood on the continuance of that employment and therefore will not speak; and in the case of civilian doctors—

The SPEAKER.—Order, order. The hon. member is really delivering a speech and an argument. (Nationalist cries of "No.") An answer has been given to the question, but the hon. member is now proceeding to make a speech pointing out a number of cases ("No, no.") in which he considers that witnesses require protection. If more information is required he should give notice of the question.

Mr. BURDETT-COUTTS.—I had no intention of making a speech; I was only enumerating certain cases; and I wish to ask the right hon. gentleman how, with regard to all these cases, he proposes to obtain such important evidence without compulsory powers, and whether he proposes to give the witnesses protection.

Mr. BALFOUR.—In my opinion the question concerns a perfectly unimportant matter (Ministerial cheers and cries of "No.") upon persons who do not deserve it at his hands or anybody else's. (Ministerial cheers and cries of "No.") If the hon. gentleman will wait until he sees in print the statement made by Lord Justice Romer this morning he will see what precautions have been taken by the Commission.

SURGEONS AND NURSES FOR THE FRONT.

Dr. TANNER (Cork, Mid) asked the Under-Secretary of State for War if he had any official information showing that, in consequence of the arrangements, out of 24 nurses employed in the Orange River Colony 14 had succumbed; and whether 150 more doctors and 200 nurses were now required, and stores stacked at the base were to be sent up to the front.

Mr. WYNDHAM.—Eight nurses have died in South Africa. Lord Roberts has quite recently asked for 20 more surgeons and 50 nurses. These are being sent. It is usual for stores to be stacked at the base and sent up as required.

THE HOSPITALS INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—I read the letter of Mr. Burdett-Coutts in your issue of last Friday with great regret. In common with many others I have felt strongly that Mr. Burdett-Coutts would have shown a more patriotic spirit, and would also have shown more consideration for the feelings of others, if he had been content to hide his own

light under a bushel, and had made strong private representations to the Government, at the same time insisting on a searching inquiry being made. Still, I have also felt that in obtaining this Commission of Inquiry he has rendered a public service. But his attitude since the appointment of the Commission would make one inclined to doubt his confidence in the charges he has made. His objections to Professor Cunningham's name being included in the Commission are as ungenerous as they are childish, as I hope he will feel himself when he reads Mr. Arthur Stanley's excellent letter. Then his statement that the civil surgeons were required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be in hospital matters, looks, to say the least of it, a somewhat loose statement in view of Mr. Wyndham's statement in the House on Friday; and it certainly is not true in the case of more than one civil surgeon known to me. It really looks as if Mr. Burdett-Coutts thinks that the appointment of the Commission should have been left to him, so that he could have been judge and jury at the same time. Certainly the petty spirit he has shown since has considerably detracted from our estimation of the service he originally rendered.

I think most people will agree that the gentlemen chosen to serve on the Commission, combining as they do leading lights in law, medicine, science, commercial knowledge, and, above all, common sense, will admirably carry out the work entrusted to them. It seems to me that until we receive the report of the Commission the less the matter is talked about the better. I am convinced that the Government have no wish to burke the inquiry, and they are well aware that in a question of this gravity the public will not be satisfied with anything except the whole truth and nothing but the truth. If it is proved that the terrible sufferings of our brave men were added to by carelessness or neglect a stern reckoning will be required from those responsible for it. Meanwhile I think we may safely leave the matter in the hands of these able and honourable men who have so patriotically consented to undertake the task.

I remain your obedient servant,
FREDERICK MILNER.

JULY 22. THE WAR. SOUTH AFRICAN (HOSPITALS) COMMISSION.

The first meeting of this Commission, which has been appointed to inquire into the treatment of the sick and wounded in South Africa, was held at Burlington House yesterday. Lord Justice Romer presided, and all the members were present—namely, Dr. Church (President of the College of Physicians), Professor Cunningham (Trinity College, Dublin), Mr. Frederick Harrison (General Manager L. and N.W.R.), Sir David Richmond (ex-Lord Provost of Glasgow), and Major Tennant (secretary).

At the beginning of the sitting the following statement was made by the President:—

We are by the authority appointing us directed to inquire into and report upon the arrangements (or the care and treatment) of the sick and wounded during the South African campaign, the warrant being issued by the Prime Minister. Under this warrant no compulsory or special powers are conferred upon us; but on consideration we hope and believe that practically we shall not be hampered in our work by not having such powers. In the first place, we feel assured that we can rely on the general willingness of those who have special information to render every assistance in their power; and we do not think, as at present advised, that this inquiry is one where the administration of an oath will be essential in order to elicit the truth. But no doubt it is possible that certain witnesses may be hampered in giving their evidence, and we have considered that possibility. In the first place, some of the witnesses in Government offices might be prevented from disclosing facts by reason of the obligation cast upon them of keeping secret information only obtained by them in an official capacity, just as to this we have ascertained by inquiry that all such witnesses already have been or shortly will be freed from any such obligation. Then it has occurred to us that there might be witnesses, official or otherwise, who might be deterred by various personal reasons from giving evidence for fear of consequences. As to this, we have determined that by taking their evidence before ourselves only, and not in public, and by not allowing their names to appear, we shall ensure their communicating their knowledge to us with all fear. We have every hope that by taking such steps as are above indicated, and such others as may from time to time appear advisable, we shall be able to obtain all the information necessary to enable us to report in answer to our commission. We propose first of all to take the necessary departmental evidence and then to obtain from unofficial witnesses in England as much information as possible bearing on the subject of the inquiry. We propose to leave for South Africa on Saturday, August 4, and we shall therefore in all probability not be able to complete the evidence in England before we leave. We propose to take such further evidence in England as may be necessary on our return. I further desire to state that should we find that our anticipations are not realized and that we are substantially hindered from ascertaining the facts by the absence of compulsory powers we shall not hesitate to so report to the Prime Minister and to ask his assistance in procuring for us the necessary powers.

The following witnesses were called:—Surgeon-General J. Jamieson (Director-General Army Medical Service), Lieutenant-Colonel Johnston (Assistant-Director A.M.S.), Major W. G. Macpherson (Deputy-Assistant General

A.M.S.), Lieutenant-Colonel J. S. Cowans (Deputy Assistant Quartermaster-General), General Sir Henry Brackenbury (Director-General Ordnance Department), Colonel Steevens (Principal Ordnance officer), Sir Ralph Knox (Under-Secretary of State for War), and Colonel Stirling Rymson (Canadian A.M.S.). The Commissioners sit again this morning at 10.30.

THURSDAY, JULY 26, 1900. THE SOUTH AFRICAN HOSPITALS COMMISSION.

At Tuesday's sitting, after an opening statement by the President, which was published in our columns yesterday, the following evidence was taken.

Surgeon-General J. Jameson, Director-General of the Army Medical Department, gave some particulars of the working of his department, and the arrangements made in time of peace for future wars. With regard to the constitution of the department in reference to preparing for the care of sick and wounded, there was a personnel of officers and men for two Army Corps and a cavalry brigade. In case of war being threatened the Adjutant-General communicated with witness stating where the war was to be and the strength likely to be engaged. He was then desired to submit a proposal, which would afterwards be discussed by the Army Board, as to the medical requirements, including the percentage of beds required. In unhealthy climates the estimate ranged from 10 per cent. to 20 per cent. of the total strength. Then he prepared a memorandum showing the probable diseases likely to be encountered, the kind of supplies and provisions to be obtained, and everything connected with the sanitary part of the campaign. He also furnished all the medical officers engaged with a memorandum showing them what diseases they would have to contend with and how to obviate them, and the necessary sanitary precautions. The memorandum which had been prepared for the present war dealt with temperature, rainfall, winds, precautions required on account of climate, and the following prevailing diseases—Enteric fever, dysentery, diarrhoea, malarial fever, parasitic diseases, ophthalmia, and pneumonia. Immediately the war broke out it was found that the medical personnel for two Army Corps and a cavalry brigade were exhausted. The number of medical officers in South Africa on September 1, 1899, was 32. During September, 19 were sent out; in October, 138; in November, 102; in December, 38; in January, 1900, 44; in February, 48; in March, 50; in April, 20; in May, 18; in June, 19, making a total of 308. This month 20 more were being sent out. The figures did not include the medical officers of colonial contingents. Every demand for South Africa up to date had been met. There had been ample supplies for the sick and wounded, of doctors, nurses, beds, and medical appliances. He could not say whether the doctors and appliances sent out were rightly distributed in South Africa. He then read the following note on the state of the sick and wounded at Bloemfontein on April 27:—"Mr. Burdett-Coutts described the condition of a field hospital at Bloemfontein, which he considers should have been equipped as a stationary hospital. His description relates to April 28. On April 27 there were at Bloemfontein the following fully equipped hospitals—Nos. 8, 9, and 12 General Hospitals, the Longman, the Portland, the Irish, and No. 5 Stationary—about 2,000 beds in all, with considerable capacity for extension. There were altogether 2,201 patients in military hospitals at that date, 873 being cases of enteric. There were about six field hospitals, of which all but one had to be prepared for war at any time. . . . None of the returns describe any want of satisfaction with the arrangements. . . . He had not received, in his official capacity, any complaints of any special hospital, and only an unofficial complaint with regard to the Woodstock Hospital."

Lieutenant-Colonel Johnston, Assistant Director of the A.M.S., gave details as to the sending out of beds and nurses, and pointed out the great distinction between military hospitals and civil hospitals. He added that the medical service had not its own transport, which was, perhaps, a weak point in its organization. They were at the mercy of the Army Service Corps, or, rather, of the General.

Major W. G. Macpherson, Deputy Assistant Director A.M.S., gave statistics and returns with regard to sanitary matters, and also dealt with the actual extent of the outbreak of enteric and other diseases in the Army, and the preventive measures adopted in the present war. He said it was intended to supply Berkefeld filters in the proportion of one to every 100 men, but that had not been completely carried out, because the manufacturers were unable to fulfil their contract. The hospital system depended on its ability to constantly remove patients from the field hospitals to the base hospitals, and thence to the transports. There had been no delay in emptying the base hospitals. As many as 1,000 men a week had been landed in this country. Up to July 17, 26,000 men had been invalided home. The deaths reported from enteric were now going back to the normal point. The deaths for the week ended July 14 would represent 3.8 per cent. per annum. The deaths reached their maximum on May 26. The medical officer in charge of No. 9 General Hospital at Bloemfontein, which had been described as "the fatted city of pestilence," drew attention to 1,000 cases of enteric fever up to the date on which he wrote, with a case mortality of 12 per cent.

Lieutenant-Colonel J. S. Cowans, Deputy Assistant Quartermaster-General, gave some details as to transport and said every requisition for extra medical men had been complied with.

General Sir Henry Brackenbury, Director-General of Ordnance, stated that he was charged with supplying the Army with all arms, ammunition, and material of war generally. That included tents, beds, stretchers, wagons, and all the equipment of a hospital, with the exception of the medical and surgical stores. There was no case in which the goods requisitioned had not been supplied. He could not, however, say that everything had been sent out immediately upon the receipt of a telegraphic requisition, because they were dependent entirely on the trade for supplies, and there was great difficulty in obtaining them in sufficient quantities. He had no reason to believe that the Army suffered from delay in sending out material. There had been no complaints of delay.

Colonel Steevens, principal ordnance officer in

the Ordnance Department, said he had under his care the hospital equipment stores. At the commencement of the war they had a base hospital of 500 beds and two stationary hospitals of 100 each.

Sir Ralph Knox, Permanent Under-Secretary, said all the requisitions from the Cape in respect of Army medical equipment had been complied with. There had been no difficulty found in getting the necessary additional medical aid, nurses, material, &c. Colonel Stirling Rymson, British Red Cross Commissioner, said it was his duty to distribute medical comforts. He had gone round the hospitals every morning to see what was needed. No complaints had been made and he had seen no defects regarding the extent of the stores and wounded. If there had been grounds for dissatisfaction complaints would have been made. He thought that the regulation which came into effect some years ago—namely, the abolition of the office of sanitary officer—had had much to do with the epidemic. It would be in the interests of the Army to have such an officer reappointed.

This Commission sat yesterday in Burlington-gardens and proceeded with the hearing of evidence. Sir Robert Romer presided, and all the other members of the Commission were present—namely, Dr. Church, Sir D. Richmond, Professor Cunningham, and Mr. Frederick Harrison.

The first witness was the Rev. W. H. Orford, who said he was born in South Africa and was in Bloemfontein from the entrance of the British troops until Lord Roberts went north. He was mainly attached to the hospital which was established in his old college of St. Andrews. It was undoubtedly one of the worst in the district, because it was an old building and was one of those chiefly criticized. It was not at first selected as a hospital and it was the last building taken over, every other building being in use. The hospital was made as comfortable as possible in fact, everything was done that could be done. It was quite true that patients were lying on stretchers and mattresses, and in some cases it was impossible to undress them for a fortnight. There was no overcrowding. There were about 60 patients in the hospital, but there were no nurses. The nursing work was all done by orderlies, who did their work splendidly. The greatest difficulty they had was in getting fresh milk. The food was of good quality. The patients, as he had said, were lying in their clothing, but that was absolutely inevitable. They had sufficient blankets. He had never heard a word of complaint from the men, though he had constantly asked them if there was anything they wanted.

Dr. Church.—Did the medical officers make a classification of the cases?—Yes, we had the serious cases in particular wards.

The CHAIRMAN.—Was there any lack of attention?—There was only one particular in which we missed the nurses, and that is that the men do not obey the orderlies quite so absolutely as they obey nurses. The witness went on to say that he was nearly two months in this hospital, but the condition of things he had described lasted only about a fortnight. Within that time they got everything they wanted. He was in two other hospitals, one in the industrial school and the other in the Boer artillery barracks. The latter was mainly occupied by Australians. There was very little difference between these two hospitals and the one he first mentioned, except that in the barracks the men had the old bedsteads of the Boer artillery. He had never heard any complaint about these two hospitals. He was not connected officially with any hospital, but he was acting chaplain, and in that capacity was a person the men were likely to confide in. He had visited other hospitals, and among them the famous field hospital. Considering that the men were in tents, he should not say that it was overcrowded.

The CHAIRMAN.—Did you ever see any men lying in the mud?—Oh, no.

Have you any reason to believe that soldiers refrained from complaining lest they should get into trouble with their superiors?—No, none.

In reply to Mr. FREDERICK HARRISON, the witness said they were short of appliances for about a fortnight. The wounded came crowding in from Paardeberg. He did not see men lying about when they first came in, though he heard that men were lying about for 36 hours up the Gibe, but fighting was nearly going on.

The CHAIRMAN.—Did you ascertain the cause why they could not be removed?—I believe it could not be managed for military reasons. Proceeding, the witness said he had often slept on the ground himself without a mattress. Except just at the time of Paardeberg the weather was what was called fine in South Africa. About that time there were three days' rain.

Do you know if there is any particular hospital we ought to inquire into?—No, but I have nothing about the hospitals at Cape Town. I have visited field hospitals and I have heard something of a hospital at Naauwpoort, but I have heard no complaints of them. The hospital at Naauwpoort was a stationary hospital.

In answer to further questions the witness referred to the question of vermin and insects in South Africa, and said that if a new brick building was put up even upon ground it might immediately be infested. If a building was not so infested in this country it pointed to neglect, but that was not so in South Africa.

The CHAIRMAN.—Have you any other point to put before us?—I wish to point out that the Bloemfontein Waterworks have never yet been completed. The filter beds have never been finished, and we did not depend upon them for our water supply. In a very short time after the occupation the engineers had bored all round the town and good water was found at a depth of 50 ft. and taken to the hospital. We never troubled about the waterworks.

Sir Howard Vincent, M.P., was the next witness. He stated that he arrived in South Africa on January 23 and visited in the first place the Portland Hospital, which was situated in the suburbs of Cape Town, on the 25th. He went thoroughly through the hospital. He thought it was admirably arranged in every way. He passed on to No. 3 General Hospital, one of the large general hospitals, which had accommodation for about 500 or 600 patients. They had a staff of medical men and nurses. He went thoroughly through that hospital also, and the operating room, and saw the theatre, and operations and conversed with many of the patients. In no hospital, however, were there more than 16 patients. As to the general hospital, he had no complaint of the hospital it was beyond all praise, and he heard possibly of no complaints. He subsequently made a full examination

of No. 1 General Hospital at Wynberg. He saw the reception of the patients. Their names were entered and a sort of dossier or history of them, together with the name of their regiment and the address of their next of kin, so that their relatives could easily be communicated with. He was struck with the extraordinary method of Colonel Grier had established in order to trace out not only the medical but the private history of each man. Although he might seem to speak in terms of exaggeration he could only say that the arrangements were beyond all praise. There had been some complaint from Mr. Ansery, the principal correspondent of *The Times*. Without any knowledge that these complaints had been made, he himself wrote a letter to *The Times*, which was published on January 20, though not to its credit. The complaint was that there was overcrowding, but the statement was very vague. He himself found a space of about 12 ft. between the beds in the Wynberg Hospital. He asked whether this was not rather a waste of space, and the answer was "Yes, it is of course, but it might be required to put some more beds in." Over nearly every bed there was an electric light, and every patient had a fan and the necessary apparatus by his bedside. He did not hesitate to say that from the layman's point of view overcrowding was much less than he had seen in any London hospital. He went into the Boer hospital ward, and there he received the only complaint made, and that was from Commandant Pretorius. He also visited No. 2 Hospital close by on the same day, and again on March 5 when he was quite alone. He said there were two men of his own regiment in the hospital and he conversed with them, and they would not doubt have spoken to him if they had had complaints to make. He thought, perhaps, that it was too large a number for a hospital, but in the great heat, but he heard no complaint made by the men. There he visited a hospital train in Cape Colony and went thoroughly through that. It was most convenient for the purpose. Then he went up to the Orange River first of all but hurried on to Natal. He visited the hospital at Pietermaritzburg on February 10. He visited the College Hospital, a large place of education which had been given up to the patients, and he thought there was just a little too much pressure there, but the wounded were arriving in large numbers. He thought it was a little overcrowded. There were too many serious cases in a room, considering the size. They had no electric rays apparatus, but these things were not obtained because it was very doubtful whether the hospital could remain in the building. There was no serious complaint made of any sort to him by the men. He was at the large hospital at Fort Napier on repeated occasions. There was no case of complaint with regard to that hospital—it was a very superior hospital in every way. He next visited the train that conveyed the wounded from the front to Pietermaritzburg. That he did not find so good. It was not a corridor train. The patients had to be put in at the side door and the ordinary stretcher was too wide to go in. His attention was specially called to this, and he represented it in a prominent quarter, and afterwards a superior hospital train was sent down from Cape Colony to Natal. The method with the old train no doubt necessitated a good deal of suffering by the patients. He was very much struck with the efforts made to relieve suffering by the ambulance on the way. They met the train with food and other luxuries. He went on to Chieveley where fighting was going on, and on February 14 he had an opportunity of going round the whole of Sir Buller's army and seeing the services made for taking away the wounded from the fighting line. Everything was done which could possibly be done, and it was remarkable to see with what skill the Medical Department took up their dressing stations. There was, however, always a tendency on the part of bearers to linger a little when they got tired. As to the red cross on the wagons he did not think it was a sufficient indication, as it was difficult to see it at a long range. The Boers painted their ambulance trains white. He was at Chieveley the best part of a week, and he went among the officers and men, and it would be impossible on anything he heard to found any substantial complaint. Then he visited Sir William Astor's column at Pietermaritzburg. There typical was very prevalent, and there were three or four wards of bed enteric cases. It was a stationary hospital—a converted house. It was a low building and, of course, very hot indeed. It was not at all overcrowded. In many cases, though he would not say in all, there was a man on the patient's face, and he saw faces in the patients' hands. He did not see any female nurses there.

The CHAIRMAN.—May I take it you did not ascertain that there was any real cause of complaint that could be avoided in that hospital?—Certainly. Then he went to the Orange River and from there to the Modder River. Continuing, the witness said he went in an open truck with a good many men just discharged from hospital at Orange River, and he thought perhaps it was a pity that they should be sent in an open truck. Nothing could be better than Dr. Cheadle's hospital at Modder River. He arrived at Paardeberg on February 17. He was able to see the hospitals there, and also the arrangements for carrying the wounded from Paardeberg to Modder River, and he was bound to say that it was to be regretted that the number of ambulances in the bearer company were reduced in order to obtain extra mobility. The complement of the bearer company was ten ambulances, and these were reduced by the exigencies of the moment to two. Though the ambulance wagon was an uncomfortable mode of conveyance the ox-wagon was worse. That was a very bad time, because a convoy had just been captured by the Boers, and there was great pressure. He visited the general hospital at Kimberley, and was as good as any hospital in London. In fact, there were no hospitals in Kimberley with which he could find any fault. There was no overcrowding, and the serious cases were in separate rooms. Whenever he saw Lord Roberts his next question was about the treatment of the wounded, and there was no one more anxious about their welfare in the whole army. He had a pass from Lord Roberts to go anywhere, and the Surgeon-General at Cape Town gave him a permit to be admitted to any of the hospitals at any time. After leaving Kimberley he again visited the hospitals in Cape Town, and he only found this difference, that the medical officers were more busy and they did not go round the wards of the hospital, and he had more opportunity of hearing from individuals any complaint they had to make. He could only say he heard no complaints from any of the men in his own regiment or the members of the C.I.V., and he all perfectly well knew that he went out to see if he could do anything to improve their condition.

By Sir D. RICHMOND.—Taking all the exigencies of the case into consideration you have come home satisfied that everything was done that possibly could be done for the unfortunate sick and wounded?—Yes, of course

there were deficiencies, but I cannot speak too highly as to the general arrangements.

Dr. Watson Chyso said that he had visited the several military hospitals in South Africa. He saw Lord Roberts on February 11 at the Modder River. There was no real trouble about the sick and wounded. Of course there was overcrowding in the field hospitals, and they were short of equipment. There were comparatively few tents at Paardeberg, but, fortunately,

Professor Cunningham.—Everything that possibly could be done for them was done?—I do not think anything was left undone.

By Sir D. RICHMOND.—The hospital accommodation at Kroonstad was bad. There was a civil hospital there which was already occupied by the Dutch ambulance. They also took possession of the Dutch church and of the big hotel, and if he remembered rightly these were all the available buildings. Pressure arose when they had orders to go on from Kroonstad. They were

DINNER AT LINCOLN'S INN-HALL.

In the evening a dinner was given in Lincoln's Inn-hall, over which the President of the college, Sir William MacCormac, presided. There were present the honorary Fellows, including the Prince of Wales, Lord Salisbury, and Lord Rosebery, and those whose names are given above, the Duke of Cambridge, the Lord Chancellor, the Portuguese Minister, the Bishop of London, Lord

Duke of Northumberland, Lord Kelvin, Lord

Justice Lawrence, the Lord

the Hon. Walter Rother-

stall, Sir H. Russell, Sir

the Royal College of

and many others.

most of "The Queen."

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(Cheers.)

Y 28, 1900.

COMMONS.

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FAIR COMMISSION.

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complained of the

rigid rules regulating

the number of female

nurses in connexion

with the Army Medical

Department. A linger-

ing malady like enteric

required constant

nursing, and in order

to lessen the terrible

drain on our forces

which it caused it

was desirable that

the number of female

nurses should be

largely increased.

He proceeded to

advocate the estab-

lishment of a

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JULY 28, 1900.]

THE WAR IN SOUTH AFRICA.

THE BRITISH MEDICAL JOURNAL 249



HEAD OFFICE, 103 WEST REGENT STREET,
GLASGOW, 26th July, 1900.

The following Letter has been received from
Miss SHANNON, Superintendent of Nurses to the Scottish
National Red Cross Hospital:—

KROONSTAD, 27th June, 1900.

DEAR MISS STORY,

I feel somewhat ashamed of myself for not having written to you at a much earlier period, but really the first six sisters and myself did not arrive here until the 11th of June, and since then I have been very busy. However, I can give you some idea of how we are working. The Hospital is most beautifully situated on a hill overlooking Kroonstad; there is a most lovely view, the air is most exhilarating, the atmosphere is so clear you can see for miles and miles. How I wish you and the ladies of the Red Cross Committee could come and see the tents, they are so beautifully fitted up. The poor soldiers look so clean and comfortable lying in their nice beds. Many of them haven't seen a bed for months. They said it was like coming to Heaven to be admitted here. Poor fellows, they have had a hard time. They make splendid patients—so grateful for everything.

The Hospital has been opened for nearly four weeks. During that time 230 patients have been admitted as in-patients, and 60 have been treated as out-patients. Many of our cases have been most successfully operated upon. One case we are especially proud of;

them at Waterval. Many of them looked ill and worn, but disposal of excreta. The method here is to have night-soil

bearing our guns and seeing their old com-
rades. Of their hardships in illness and in
openly. Stories flit about which may take
it would be unjust to mention names until
all proof of charges. On Friday we moved
a for about nine miles, and on Saturday re-
mained nearer town. The ambulances carried
te, and later in the afternoon we received
the field equipment which we had brought
ly only. All we could do was to give up six
s provided for the company, and thus we
over to the second fifty; but these men had
and wrapped in blankets. Nearly half were
it is easy to realise what this meant. There
for them in the town. The Volks Hospital
del school was already crammed; other hos-
pitals were as we were, except that all their
without stretcher, and on mattresses, while
we these small comforts to fifty. As always
troops sat down, sickness made itself mani-
fest, 1,000 cases or more demanding treatment
is.

VISION OF THE IRISH FIELD HOSPITAL.

Some days at the stately exterior of the
hospital, and wondered what was inside. I learned
it was finished at a cost of £180,000, but that it
was occupied. A casual conversation with Major
led to an introduction to General Maxwell,
rner, who had visited the place. Next day
local Commission was formed, consisting of
rie, M.P., Mr. Leigh Wood, distinguished
services in helping our sick prisoners at
ys, and Mr. Loveday, member of the Kaad,
ed me to act as adviser and to be a member
on, of which Mr. Wood was made chairman.
al Red Cross Society, and by the energy of
r. Guthrie an enormous quantity of material
twenty-four hours, and we at once began to
g, etc., to the various hospitals, and we took
on Friday, June 15th, as a perfectly bare
hospital committee was formed, and I was
of the medical direction, with the usual pro-
vision of military supervision and control,
was at once sanctioned by Lord Roberts.
Inness was also appointed a member.
ne 19th, I moved in with 80 patients,
led with wire-woven beds, white sheets,
luxuries that were so keenly appre-
ciated, whose only bed for six months has been
of whose only tenting was the sky. Electric
be introduced, kitchens and latrines con-
es laid in. It was downright hard work, for
only Dr. Coleman, Mr. Douglas Thomson
ring (apothecary), and five orderlies, sur-
rels, and these, with Mr. Murray Guthrie
asked with untiring energy. To them I owe
words can convey.

260 patients in the hospital, the only addi-
tional cases untrained orderlies. The greater
part are enteric fever, and several of these
a few hours of admission. They have been
under conditions that were inimical to their

notice is a building of fine proportions, and
worthy of a place in any metropolis. It has a
200 feet, and a depth of nearly 250. The
feet by 45, floored with encaustic tiles and
salcies supported by 60 massive stone pillars,
slices of polished metal. The central dome
e. The sides and front of the building are
a, and the rooms number about 100. Beneath
there is excellent storage.

Principal wards have been named after Lord
litary Governor (General Maxwell), Lord
ord Iveagh—whose staff for the Irish Hospital
ime domiciled in the Palace of Justice.

which was the first to be dealt with was the

no soldier has ever complained to me of such a thing.
I think they would certainly have complained if they
had such a grievance.

By Dr. CHURCH.—He thought all the men knew who
he was. He started without a uniform, but he found it
was very inconvenient as he was constantly being arrested
for going to places where it was thought he ought not to
have gone. (Laughter.) Continuing, the witness said he
thought he was right in saying that they could not have
accommodated another 100 men in buildings.

Sir D. RICHMOND.—We may take it from you that
the soldiers out there were all fairly well pleased with
the treatment they received?—Certainly, they all under-
stood the difficulties of the situation.

mon on the evening of Monday. I received it on
Tuesday morning.

ROYAL COLLEGE OF SURGEONS.

The centenary celebration of the Royal College of
Surgeons was signalled yesterday by the presentation
of diplomas of honorary Fellowship of the college,
which took place in the Theatre of the University of
London, Burlington-gardens.

take precautions against an outbreak of plague, or,
at all events, would endeavour to minimize its effects
as much as possible. (Hear, hear.) He complained
of the rigid rules regulating the number of female
nurses in connexion with the Army Medical Depart-
ment. A lingering malady like enteric required con-
stant nursing, and in order to lessen the terrible drain
on our forces which it caused it was desirable that the
number of female nurses should be largely increased.
He proceeded to advocate the establishment of a
reserve medical corps in this country. It would not,
he said, be difficult to get a large number of
young medical men to hold themselves in readiness

A.M.S.), Lieutenant-Colonel J. S. Cowans (Deputy Assistant Quartermaster-General), General Sir Henry Brackenbury (Director-General Ordnance Department), Colonel Stevens (Principal Ordnance officer), Sir Ralph Knox (Under-Secretary of State for War), and Colonel Stirling Ryserson (Canadian A.M.S.). The Commissioners sit again this morning at 10.30.

THURSDAY, JULY 26, 1900. THE SOUTH AFRICAN HOSPITALS COMMISSION.

At Tuesday's sitting, after an opening statement by the President, which was published in our columns yesterday, the following evidence was taken.

Surgeon-General J. Jameson, Director-General of the Army Medical Department, gave some particulars of the working of his department, and the arrangements made in time of peace for future wars. With regard to the constitution of the department in reference to preparing for the care of sick and wounded, there was a personnel of officers and men for two Army Corps and a cavalry brigade. In case of war being threatened the Adjutant-General communicated with witnesses stating where the war was to be and the strength likely to be engaged. He was then desired to submit a proposal, which would afterwards be discussed by the Army Board, as to the medical requirements, including the percentage of beds required. In unhealthy climates the estimate ranged from 16 per cent. to 22 per cent. of the total strength. Then he prepared a memorandum showing the probable diseases likely to be encountered, the kind of supplies and provisions to be obtained, and everything connected with the sanitary part of the campaign. He also furnished all the medical officers engaged with a memorandum showing them what diseases they would have to contend with and how to obviate them, and the necessary sanitary precautions. The memorandum which had been prepared for the present war dealt with temperature, rainfall, winds, precautions required on account of climate, and the following prevailing diseases:—Enteric fever, dysentery, diarrhoea, malarial fever, parasitic diseases, ophthalmia, and pneumonia. Immediately the war broke out it was found that the medical personnel for two Army Corps and a cavalry brigade were exhausted. The number of medical officers in South Africa on September 1, 1899, was 32. During September, 19 were sent out; in October, 138; in November, 162; in December, 38; in January, 1900, 44; in February, 48; in March, 60; in April, 101; in May, 148; and in June, 19, making a total of 503. This month, 20 more were being sent out. The figures did not include the medical officers of colonial contingents. Every demand for South Africa up to date had been met. There had been ample supplies for the sick and wounded, of doctors, nurses, beds, and medical appliances. He could not say whether the doctors and appliances sent out were rightly distributed in South Africa. He then read the following note on the state of the sick and wounded at Bloemfontein on April 27:—"Mr. R. H. Brackenbury, General Hospitals, the Longman, the Portland, the Irish, and No. 5 Stationary—about 2,500 beds in all, with considerable capacity for extension. There were altogether 2,291 patients in military hospitals at that date, 873 being cases of enteric fever. There were about six field hospitals, of which all but one had been prepared for war at any time. None of the returns describe any want of satisfaction with the arrangements." He had not received, in his official capacity, any complaints of any special hospital, or only a medical complaint with regard to the Woodstock Hospital.

Lieutenant-Colonel Johnston, Assistant Director of the A.M.S., gave details as to sending out of hospitals and nurses, and pointed out the great distinction between military hospitals and civil hospitals. He added that the medical service had not its own transport, which was, perhaps, a weak point in its organization. They were at the mercy of the Army Service Corps, or, rather, of the General.

Major W. G. Macpherson, Deputy Assistant Director A.M.S., gave statistics and returns with regard to sanitary matters, and also dealt with the actual extent of the outbreak of enteric and other diseases in the Army, and the preventive measures adopted in the present war. He said it was intended to supply British soldiers in the proportion of one to every 100 men, but that had not been completely carried out, because the manufacturers were unable to fulfil their contract. The hospital system depended on its ability to constantly remove patients from the field hospitals to the base hospitals, and thence to the transports. There had been no delay in emptying the base hospitals. As many as 2,000 men a week had been landed in this country. Up to July 17, 26,758 men had been invalided home. The deaths reported from enteric were now going back to the normal point. The deaths for the week ended July 14 would represent 3.8 per cent. per annum. The deaths reached their maximum on May 26. The medical officer in charge of No. 9 General Hospital at Bloemfontein, which had been described as "the best city of pestilence," drew attention to 1,000 cases of enteric fever up to the date on which he wrote, with a case mortality of 12 per cent.

Lieutenant-Colonel J. S. Cowans, Deputy Assistant Quartermaster-General, gave some details as to transport and said every requisition for extra medical men had been complied with.

General Sir Henry Brackenbury, Director-General of Ordnance, stated that he was charged with supplying the Army with all arms, ammunition, and material of war generally. That included tents, beds, stretchers, wagons, and all the equipment of a hospital, with the exception of the medical and surgical stores. There was no case in which the goods requisitioned had not been supplied. He could not, however, say that everything had been sent out immediately upon the receipt of a telegraphic requisition, because they were dependent entirely on the trade for supplies, and there was great difficulty in obtaining them in sufficient quantities. He had no reason to believe that the Army suffered from delay in sending out material. There had been no complaints of delay.

Colonel Stevens, principal ordnance officer in

the Ordnance Department, said he had under his care the hospital equipment stores. At the commencement of the war they had a base hospital of 520 beds and two stationary hospitals of 100 each.

Sir Ralph Knox, Permanent Under-Secretary, said all the requests from the Cape in respect of Army medical equipment had been complied with. There had been no difficulty found in getting the necessary additional medical aid, nurses, material, &c.

Colonel Stirling Ryserson, British Red Cross Commissioner, said it was his duty to distribute medical comforts. He had gone round the hospitals every morning to see what was needed, so that complaints had been made and he had seen no defects regarding the care of the sick and wounded. If there had been grounds for dissatisfaction complaints would have been made. He thought that the regulation which came into effect some years ago—namely, the abolition of the office of sanitary officer—had had much to do with the epidemic. It would be in the interests of the Army to have such an officer reappointed.

This Commission sat yesterday in Burlington-park and proceeded with the hearing of evidence. Sir Robert Bomer presided, and all the other members of the Commission were present—namely, Dr. Church, Sir D. Richmond, Professor Cunningham, and Mr. Frederick Harrison.

The first witness was the Rev. W. H. Orford, who said he was born in South Africa and was in Bloemfontein from the entrance of the British troops until Lord Roberts went north. He was mainly attached to the hospital which was established in his old college of St. Andrews. It was undoubtedly one of the worst in the district, because it was an old building and was one of those chiefly criticised. It was not at first selected as a hospital and it was the last building taken over, every other building being in use. The hospital was made as comfortable as possible; in fact, everything was done that could be done. It was quite true that patients were lying on stretchers and mattresses, and in some cases it was impossible to undress them for a fortnight. There was no overcrowding. There were about 60 patients in the hospital, but there were no nurses. The nursing work was all done by orderlies, who did their work splendidly. The greatest difficulty they had was in getting fresh milk. The food was of good quality. The patients, as he had said, were lying in their clothing, but that was absolutely inevitable. They had sufficient blankets. He had never heard a word of complaint from the men, though he had constantly asked them if there was anything they wanted.

Dr. Church.—Did the medical officers make a classification of the cases?—Yes, we had the serious cases in particular wards.

The CHAIRMAN.—Was there any lack of attention?—There was only one particular in which we missed the nurses, and that is that the men do not obey the orderlies quite so absolutely as they obey nurses. The witness went on to say that he was nearly two months in this hospital, but the condition of things he had described lasted only about a fortnight. Within that time they got everything they wanted. He was in two other hospitals, one in the industrial school and the other in the Boer artillery barracks. The latter was mainly occupied by Australians. There was very little difference between these two hospitals and the one he first mentioned, except that in the barracks the men had the best beds of the Boer artillery. He had never heard any complaint about these two hospitals. He was not connected officially with any hospital, but he was acting chaplain, and in that capacity was a person the men were likely to confide in. He had visited other hospitals, and among them the Guards field hospital. Considering that the men were in tents, he should not say that it was overcrowded.

The CHAIRMAN.—Did you ever see any men lying in the mud?—Oh, no.

Have you any reason to believe that soldiers refrained from complaining lest they should get into trouble with their superiors?—No, none at all.

In reply to Mr. FREDERICK HARRISON, the witness said they were short of appliances for about a fortnight. The wounded came crowding in from Paarlberg. He did not see men lying about when they first came in, though he heard that men were lying about for 24 hours up the Glen, but fighting was actually going on.

The CHAIRMAN.—Did you ascertain the cause why they could not be removed?—I believe it could not be managed for military reasons. Proceeding, the witness said he had often slept on the ground himself without a mattress. Except just at the time of Paarlberg the weather was what was called fine in South Africa. About that time there were three days' rain.

Do you know if there is any particular hospital we ought to inquire into?—No, but I know nothing about the hospitals at Cape Town. I have visited field hospitals and I have heard something of a hospital at Naarwpoort, but I have heard no complaints of them. The hospital at Naarwpoort was a stationary hospital.

In answer to further questions the witness referred to the question of vermin and insects in South Africa, and said that if a new brick building was put up even upon new ground it might immediately be infested. If a building was not infested in this country it pointed to neglect, but that was not so in South Africa.

The CHAIRMAN.—Have you any other point to put before us?—I wish to point out that the Bloemfontein Waterworks have never yet been completed. The filter upon them has never been finished, and we did not depend upon them for our water supply. In a very short time after the occupation the engineers had bored all round the town and good water was found at a depth of 50ft. and taken to the hospitals. We never troubled about the waterworks.

Sir Howard Vincent, M.P., was the next witness. He stated that he arrived in South Africa on January 23 and visited in the first place the Portland Hospital, which was situated in the suburbs of Cape Town, on the 25th. He went thoroughly through the hospital. He thought it was admirably arranged in every way. He passed on to No. 3 General Hospital, one of the large general hospitals, which had accommodation for about 500 or 600 patients. They had a staff of medical men and nurses. He went thoroughly through that hospital also, and the operating room, and saw the cooking operations and conversed with many of the patients. In no hospital marquee were there more than 16 patients. As to the general cleanliness, order, and comfort of the hospital it was beyond all praise, and he had not heard a word of complaint. He subsequently made a full examination

of No. 1 General Hospital at Wynberg. He saw the reception of the patients. Their names were entered and a sort of dossier or history of them, together with the name of their regiment and the address of their next of kin, so that their relatives could easily be communicated with. He was struck with the extraordinary method Colonel Grier had established in order to trace out not only the medical but the private history of each man. Although he might seem to speak in terms of exaggeration he could only say that the arrangements were beyond all praise. There had been some complaint from Mr. Amery, the principal correspondent of *The Times*. Without any knowledge that these complaints had been made, he himself wrote a letter to *The Times*, which was published on January 20, though not in *extenso*. The complaint was that there was overcrowding, but the statement was very vague. He himself found a space of about 12ft. between the beds in the Wynberg Hospital. He asked whether this was not rather a waste of space, and the answer was "Yes, it is of course, but it might be required to put some more beds in." Over nearly every bed there was an electric light, and every patient had a fan and the necessary apparatus by his bedside. He did not hesitate to say that from the layman's point of view overcrowding was much less than he had seen in any London hospital. He went into the Boer hospital ward, and there he received the only complaint made, and that was from Commandant Potgieter. He also visited No. 2 Hospital close by on the same day, and again on March 5 when he was quite alone. He said there were two men of his own regiment in the hospital and he conversed with them, and they would no doubt have spoken to him if they had had complaints to make. He thought, perhaps, that 16 was too large a number for a hospital marquee in the great heat, but he heard no complaint made by the men. Then he visited a hospital train in Cape Colony and went thoroughly through that. It was most convenient for the purpose. Then he went up to Orange River where all but hurried on to Natal. He visited the hospital at Pietermaritzburg on February 10. He visited the College Hospital, a large place of education which had been given up to the patients, and he thought there was just a little too much pressure there, but the wounded were arriving in large numbers. He thought it was a little overcrowded. There were too many serious cases in a room, considering the size. They had no Roentgen rays apparatus, but these things were not obtained because it was very doubtful whether the hospital could remain in the building. There was no serious complaint made of any sort to him by the men. He was at the large hospital at Port Napier on repeated occasions. There was no case of complaint with regard to that hospital—it was a very superior hospital in every way. He next visited the train that conveyed the wounded from the front to Pietermaritzburg. That he did not find so good. It was not a corridor train. The patients had to be put in at the side door and the ordinary stretcher was too wide to go in. His attention was specially called to this, and he represented it in a prominent quarter, and afterwards a superior hospital train was sent down from Cape Colony to Natal. The method with the old train no doubt necessitated a good deal of suffering by the patients. He was very much struck with the efforts made to relieve suffering by the people on the way. They met the train with food and food and other luxuries. He went on to Chieveley where fighting was going on, and on February 14 he had an opportunity of going round the whole of Sir Redvers Buller's army and seeing the provisions made for taking away the wounded from the fighting line. Everything was done which could possibly be done, and it was remarkable to see with what skill the Medical Department took up their dressing stations. There was, however, always a tendency on the part of leaders to linger a little when they got tired. As to the red cross on the wagons he did not think it was a sufficient indication, as it was difficult to see it at a long range. The Boers painted their ambulance trains white. He was at Chieveley the best part of a week, and he went amongst the officers and men, and it was impossible for anything he heard to form any substantial complaint. Then he visited Sir William Gatacre's column at barkerston. There typhoid was very prevalent, and there were three or four wards of bad enteric cases. It was a stationary hospital, a converted house. It was a bad building and, of course, very hot and it was not at all overcrowded. In many cases, though he would not say in all, there was uncleanliness on the patient's face, and he saw faint in the patients' hands. He did not see any female nurses there.

The CHAIRMAN.—May I take it you did not ascertain that there was any real cause of complaint that could be avoided in that hospital?—Certainly. Then he went to the Orange River and from there to the Modder River. Confining the witness said he went in an open truck with a good many men just disembarked from hospital at Orange River, and he thought perhaps it was a pity that they should be sent in an open truck. Nothing could be better than Dr. Chesdale's hospital at Modder River. He arrived at Paarlberg on February 27. He was able to see the hospitals there and also the arrangements for carrying the wounded from Paarlberg to Modder River, and he was bound to say that it was to be regretted that the number of ambulances in the bearer company were reduced in order to obtain extra mobility. The complement of the bearer company was ten ambulances, and these were reduced by the exigencies of the moment to two. Though the ambulance wagon was an uncomfortable mode of conveyance the ox-wagon was worse. That was a very bad time, because a conveyance had just been captured by the Boers, and there was great pressure. He visited the general hospital at Kimberley, and it was as good as any hospital in London. In fact, there were no hospitals in Kimberley with which he could find any fault. There was no overcrowding, and the serious cases were in separate rooms. Whenever he saw Lord Roberts his first question was about the treatment of the wounded, and there was no one more anxious about their welfare in the whole army. He had a pass from Lord Roberts to go anywhere, and the Surgeon-General at Cape Town gave him a permit to be admitted to any of the hospitals at any time. After leaving Kimberley he again visited the hospitals in Cape Town, and he only found this difference, that the medical officers were more busy and they did not go round the wards with him, and he had more opportunity of hearing from individuals any complaint they had to make. He could only say he heard no complaints from any of the men in his own regiment or the members of the Cape V.P. who he perfectly well knew that he went out to see if he could do anything to improve their condition.

By SIR D. RICHMOND.—Taking all the exigencies of the case into consideration you have come home satisfied that everything was done that possible could be done for the unfortunate sick and wounded?—Yes, of course.



HEAD OFFICE, 103 WEST REGENT STREET,
GLASGOW, 26th July, 1900.

The following Letter has been received from
Miss SHANNON, Superintendent of Nurses to the Scottish
National Red Cross Hospital:—

KROONSTAD, 27th June, 1900.

DEAR MISS STORY,

I feel somewhat ashamed of myself for not having written to you at a much earlier period, but really the first six sisters and myself did not arrive here until the 11th of June, and since then I have been very busy. However, I can give you some idea of how we are working. The Hospital is most beautifully situated on a hill overlooking Kroonstad; there is a most lovely view, the air is most exhilarating, the atmosphere is so clear you can see for miles and miles. How I wish you and the ladies of the Red Cross Committee could come and see the tents, they are so beautifully fitted up. The poor soldiers look so clean and comfortable lying in their nice beds. Many of them haven't seen a bed for months. They said it was like coming to Heaven to be admitted here. Poor fellows, they have had a hard time. They make splendid patients—so grateful for everything.

The Hospital has been opened for nearly four weeks. During that time 230 patients have been admitted as in-patients, and 60 have been treated as out-patients. Many of our cases have been most successfully operated upon. One case we are especially proud of;

he was most dangerously wounded in the abdomen ; he was operated upon, and is getting better rapidly. I must add that his case is the only successful one of that nature on record here in a Military Hospital. The X Rays have done most admirable work. The doctors have been enabled to "spot" the bullets without giving needless pain.

The first six sisters and myself went into a Military Hospital at Bloemfontein, and there we got a very good insight into the military method of doing work. We were working there for nearly three weeks, then after a few days' rest we came on here, and weren't we just glad to find ourselves at "home?" Of course we were badly wanted, as the hospital was full, and, as I said before, we have been kept very busy ever since. A week ago the sisters and doctors of the second contingent arrived: they, too, were glad to be at their journey's end. Travelling here is no joke when the trains are under military control. One cannot just step into a train as one does at home—no one can pass along the line except they have special permission. When the doctors came up, five weeks ago, they had to travel in trucks. We did the journey from Bloemfontein in fourteen hours' time: they took two days. Kroonstadt was in a fearful state. The shops were shut, the hotels and churches were full of patients, most of them suffering with enteric. Colonel Cayley and the equipment followed the doctors in a few days, and they got the tents up as quickly as possible. I hope I will be able to send snapshots of the wards the next time I write. I have charge of the operating tent. Of course I think it is the most beautiful tent of the lot. It really is nicely fitted up—we can almost imagine ourselves in Glasgow. Then, when our cases do so well, we can't help feeling pleased.

I am so thankful to be able to tell you that so far the doctors, sisters, and orderlies are all well. This is such a country for dysentery and enteric: one can't feel thankful enough that so far we are all well. The Edinburgh Hospital lost one sister of dysentery, and Mr. Wallace, their chief, has been so ill with enteric. I believe, however, that he is keeping better. The rapid changes of temperature are very trying here. During the day it is 58 in the shade, during the night there will be several degrees of frost, and ice on all the buckets of water. Immediately the sun goes down one begins to

feel the change, and we have to put on our thick cloaks. It gets early dark—about 6 p.m. There is little or no twilight. In the morning at breakfast I have on my thick cloak, snow boots, sailor hat, and gloves; by 10 o'clock I would be roasting if I had those extra things on. The poor night sisters, they have to wrap up well. You would laugh if you saw them—helmets, shawls, woollen gowns, etc. I must get a snapshot of them.

The second contingent arrived a week ago. Very glad they were to be at "home" and done with their journeyings for the time being. Their equipment arrived a day or so after them, so they have been busy putting up tents and houses—very nice the places look. We expect we will soon fill all the beds.

We sisters felt dreadfully cold the first night or so we slept under canvas. I couldn't sleep for the cold. Now I don't put on half so much, and I leave my tent door open. It's wonderful how soon one can accustom oneself to changes, isn't it? We being light and easily transported are here in the midst of everything and delighted at having such chances. So after your hard work that is satisfactory, isn't it? Your heart would rejoice if you saw our nice clean beds, good bed-clothes, and the patients looking bright and clean. They say they haven't had such comfort for months. And how could they when they were on the tramp? The new sisters are all settling down to their work, enchanted with the novelty and freshness of everything. All work very happily together, so that is a great comfort. I am getting like an icicle, so I must stop.

Trusting that this will give you some little idea of our doings, the sisters join me in sending their kindest regards.

Believe me,

Yours very truly,

(Signed) G. C. SHANNON.

THE WAR IN SOUTH AFRICA.

IN PRETORIA.

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

Pretoria, June 24th.

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

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

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

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

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

THE EVOLUTION OF THE IRISH FIELD HOSPITAL.

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

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

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

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

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

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

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

THE ALLEGATIONS AGAINST THE MEDICAL ARRANGEMENTS.

[FROM OUR SPECIAL CORRESPONDENT AT CAPE TOWN.]

July 3rd, 1900.

THE OPENING OF THE CAMPAIGN.

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

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

THE ALLEGATIONS EXAMINED.

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

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

ALLEGED DEFICIENCIES IN DIETS.

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

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

AT ROSEBANK CAMP.

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

CHARGES OF "CALLOUSNESS."

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

MAITLAND YEOMANRY CAMP.

Now as to the charges of neglect at the Maitland Yeomanry

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

FOOD SUPPLIES.

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

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

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

HOSPITALS AT WYNBERG.

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

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

DEFECTS REMEDIABLE AND IRREMIEDIABLE.

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

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

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

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

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

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

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

THE WELSH HOSPITAL.

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

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

VISIT TO BLOEMFONTEIN.

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

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

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

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

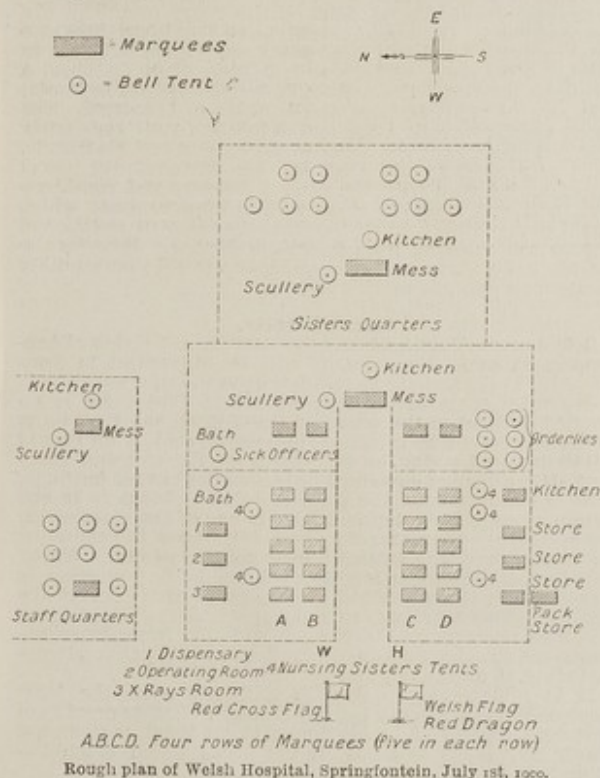
And 2 dressers to No. 10 General Hospital.

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

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

THE SITE OF THE HOSPITAL AT SPRINGFONTEIN.

The Welsh Hospital is admirably situated on sloping ground 5,000 feet above the sea, about half a mile east of Springfontein Station. The frontage is due west, with an extensive view of undulating veld and distant kopjes. On our right flank is No. 3 General Hospital, under the able supervision of our kind and courteous friend, Colonel Keogh, R.A.M.C. Our left flank is protected by a series of low kopjes, on which are mounted some 4.7 inch guns, and to our rear are several other kopjes surrounded by carefully laid mines. We had been looking forward to a happy time at Springfontein; but misfortune after misfortune dogged our footsteps. One of our sisters, Miss Sage, who nursed Mr. Eames at Bloemfontein, became ill with dysentery; a few days later Dr. Davies developed the same disease, he was at No. 8 Hospital with Mr. Eames. Miss Sage died on June 12th and Dr. Davies died on June 15th.



DEATH OF PROFESSOR THOMAS JONES.

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

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

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

THE HOSPITAL.

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

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

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

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

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

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

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

THE HALF-CROWN SUBSCRIPTION LIST.

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

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

	Half-Crowns.		Half-Crowns.
Per Mr. H. J. Blakesley (Leicester):		Mr. G. Woodhead	1
Dr. A. T. Bremner (Leicester)	1	Mr. R. Holdsworth	4
Dr. J. H. Davies (Leicester)	1	Mr. J. Kewan	1
Dr. T. Dodd	1	Mr. A. Holdsworth	4
Dr. A. W. Emms	1	Per Dr. H. Peck (Chesterfield):	
Dr. Harrison	1	Dr. Rooth (Dronfield)	1
Dr. Hutchinson	1	Dr. Buckley (Hasland)	1
Dr. J. M. Lithgow	1	Dr. McClure (Whittington)	1
Dr. C. A. Moore	1	Dr. Marcourt (Stonebroom)	1
Dr. Melbourne-West	1	Dr. Walford	1
Dr. Potter	1	Dr. A. M. Pilcher (Eckington)	1
Dr. R. Stewart	1	Dr. Goodfellow (Brampton)	1
Dr. T. N. Thomas	1	Dr. Chawner (Clay Cross)	1
Dr. E. W. Wallace Henry (Leicester)	1	Per Dr. H. Gervis (London):	
Dr. Whitehouse (Leicester)	1	Dr. H. Gervis	2
Dr. R. B. Young	1	R. H. Fletcher, Esq.	1
Dr. E. H. Hicks (Wymerswold)	1	H. Stear, Esq.	1
Dr. E. Williams (Bellesdon)	1	Per Dr. Flitcroft (Bolton):	
Per Dr. Drew Harris (St. Helens):		Mr. Rule	1
Dr. Hayward	4	Mr. John Simpson	1
Dr. Handside	4	Mr. John Thompson	1
Dr. H. W. Knowles	4	Mr. J. C. Jackson	1
Dr. F. Knowles	4	Mr. F. Thompson	1
Dr. R. Jackson	4	Mr. H. Chalmers	1
Dr. J. H. Dow	4	Mr. Fearnhead	2
Dr. Masson	4	Mr. Entwistle	1
Dr. Reid	4	Mrs. Entwistle	1
Dr. Barlow	4	Dr. Mawson	1
Dr. Cotton	4	Mr. Morgan	1
Dr. Henderson	1	Dr. Johnston	1
Dr. Twyford	4	Dr. Fayers	1
Dr. Gaskell	1	Dr. Mothersole	2
Dr. Unsworth	4	Dr. Pantom	2
Dr. Gray	4	Dr. Robertson	1
Dr. Gilligan	4	Dr. Wright	2
Per Miss B. Macfie (Bolton):		Mr. Barnes	1
Anonymous	1	Mr. Lancaster	1
Miss Haddock	2	Mr. Rees	1
Mr. C. Woods	1	Leila Jefferies	1
Mr. and Mrs. Roberts	2	Dr. Patrick	1
		Dr. Patchett	1
		Dr. Kilpatrick	1
		Dr. Flitcroft	2
		Dr. Hopkinson	1

We have also received per Dr. R. M. Miller (London) £5 ss. from the Sydenham District Medical Society; per Mrs. G. H. Davies, 10s. 6d. from Mrs. Eastwood; and 5s. 7d. from Dr. J. M. H. Martin (Blackburn), interest on amount already sent.

The amount received for the Half-Crown Fund, down to and including Wednesday, July 25th, by the Editor, is £69s 9s. 6d. The Fund is now closed.

INFECTIOUS DISEASES IN HOTELS AT HOME AND ABROAD.

THOUGH the annual migration of British subjects to Switzerland may this year be on a somewhat smaller scale than for some years past, yet it is certain that the number will be very considerable. Mountain hotels are already becoming full, and will undoubtedly be crowded during the next six weeks. Years ago when the numbers were much smaller, the well-known risks of the dissemination of infectious disease which must attend the bringing together under one roof of persons coming from various countries whose antecedents are of course utterly unknown to the innkeepers were minimised by two circumstances. In the first place, the mountain hotels were small, and in the second place the people who frequented them were mostly adults. In recent years, however, great changes have been made in both these respects. Some of the mountain hotels are large establishments making up as many as 300 beds, while there are very many more which make up from 100 to 200 beds. Again many people—English people perhaps more particularly—take their children with them to these hotels, where they spend a month or even two months continuously. The risk of the introduction of measles, scarlet fever, or diphtheria into such large hotels is, of course, greater than in the case of small inns; and owing to the fact that so many of the visitors are children, the risk of the dissemination of the infection once introduced is proportionally increased.

There can, we think, be no doubt that every proprietor of one of these large summer hotels would be consulting his own interests as well as those of his guests were he to provide a small detached house in which cases of suspicious illness could be isolated and treated. The cost of erecting such a building would be trifling and it would prevent the panic

which on many occasions, and notably in one instance last year, has emptied an hotel in a few hours. For while it is comparatively easy to prevent the spread of infection if the facts are boldly recognised, to allay the fears of other guests may be next to impossible. Once the news gets abroad that "Mr. A. B. in No. 40 is suffering from scarlet fever," the hotel is sure to be evacuated with marvellous rapidity. The sudden departure of all his guests may cause great loss to the proprietor, who will probably be unable to regain the public confidence during the rest of a short season. He is, therefore, tempted to conceal the outbreak of any infectious disorder, and to evade the laws as to the notification. If the attempt to conceal fails he may seek to saddle the unfortunate sufferer (or his friends) with as much liability as can lawfully or unlawfully be placed upon his shoulders.

The larger the establishment the greater the loss to its owner, and cases have been known where tourists have paid sums amounting to hundreds of pounds demanded from them in the exercise of alleged right by the angry proprietor of a deserted hotel. Only last summer some English visitors at a hotel in Switzerland had unpleasant experience of a case in point. After every endeavour had been made for about a fortnight to conceal the matter, it eventually became known that one or more cases of scarlet fever had occurred. The hotel, which was both large and well-filled, was immediately deserted by all save the unfortunate patient and his friends. It is only right to add that in this instance the hotel proprietor behaved with the utmost courtesy and consideration, and was ready to make certain improvements which would enable him in future to secure the complete isolation of any person suffering from infectious disease. How far the existence of such precautionary measures would prevent other guests from flying is another matter.

GREAT BRITAIN.

Before proceeding to discuss the liability and rights of innkeepers in other countries, it will be convenient to draw attention to the state of British law upon the subject.

Generally speaking, it may be stated that there is no implied contract on the part of a guest at an inn that he is not suffering from an infectious disease, or that, if he should fall ill during his stay, he will defray all the cost and make good all the damage sustained by the landlord in his business. This is founded upon the principle that sickness is in the nature of inevitable accident, and is one of the risks which the manager or proprietor of an hotel takes upon himself when he throws open his establishment to the public. While therefore, the common law afforded but little protection to an innkeeper, it was thought proper, by Section cxxvi of the Public Health Act, 1875, to make regulations which impose penalties upon persons who, when suffering from dangerous infectious disorders, expose themselves in any public place—including, of course, any inn or hotel.

It is difficult to speak with authority upon the legal responsibility of a guest for the damage, whether proximate or remote, occasioned by his illness in an hotel, as there are hardly any cases recorded in the books which touch the subject.

In an anonymous case reported in the *Law Times* (1899, vol. 107, p. 101), an innkeeper sued in the county court to recover the cost of disinfecting rooms which had been occupied by a guest who had died from consumption while in the inn. It was held by the county court judge: (1) That the cost could be recovered on the ground that the law would imply a contract on the part of the guest to pay for any extra expense properly incurred by the innkeeper as a consequence of the reception of the guest; (2) That the cost of disinfection, whether made compulsory by Section cxxviii of the Public Health Act, 1875, or not, could be recovered on the ground stated; (3) That on the evidence of the medical officer of health, the judge was of opinion that consumption was an infectious disease, and that it would be dangerous to let the rooms again without disinfection.

A claim for damages for the loss of use of rooms during the time of disinfection was not successful.

Upon the authority of this judgment it would seem that in this country no guest in a hotel can be held responsible for the loss occasioned by the suspicion of infection hanging round the hotel, although he may be compelled to defray the cost of disinfection.

In *Best v. Stapp or Staff* (2 C. P. D. 191 n.), a person knowingly took a child recovering from small-pox to a lodging at the seaside, without communicating this fact, and the children of the lodginghouse keeper caught the infection and two of them died. It was held that an action for damages at the suit of the lodginghouse keeper was maintainable. Whether, if there had been no knowledge on the part of the lodger the action could have been maintained does not seem to have been decided.

there were deficiencies, but I cannot speak too highly as to the general arrangements.

Dr. Watson Choyne said that he had visited the several military hospitals in South Africa. He saw Lord Roberts on February 11 at the Modder River. There was no real trouble about the sick and wounded. Of course there was overcrowding in the field hospitals, and they were short of equipment. There were comparatively few tents at Paardeberg, but, fortunately, there were trees, which gave enough shade in the daytime. He did not think the medical service was cut down to the same extent as the ordinary transport. That lasted for about a week or ten days. The sick were attended to, and were being sent back to the base hospital. Being out in the open did not affect the patients a bit, for it was a beautiful time of the year. Personally, he preferred being out in the open. They ran rather short of dressings, but the medical comforts were all right.

By PROFESSOR CUNNINGHAM.—The only hardship was the long distance the men had to be sent back in or wagons. They could not expect a large proportion of Army medical men to be good surgeons any more than among civilian surgeons. As to the orderlies, it was generally remarked that the St. John Ambulance men were not good owing to their want of training, but the surgeons and non-commissioned officers were very good.

In reply to the CHAIRMAN, witness said they ran short of dressings at Paardeberg, but he did not think there was any great deficiency. Of course they never expected such an amount of wounded, or the ambulance service would not have been cut down.

The witness went on to say that at Bloemfontein they had proof that the ambulances were insufficient in numbers. The battle was over at dark, and the next morning Lord Roberts on going over the ground about 6 o'clock found about 20 wounded on the ground. There were only four ambulances. The proper complement would be 20, each wagon accommodating two lying down and two sitting. This being so, it was quite impossible to collect the wounded for several hours.

By SIR D. RICHMOND.—The ground was very bad to get over. He did not think any of the men were passed over, but it was impossible to finish collecting them during the night.

By the CHAIRMAN.—Ambulances had been left behind partly in consequence of the exigencies of the advance and partly in the hope that they would not be required. Proceeding, the witness said that when the force left Bloemfontein all the wagons were full, and they could not take the wounded with them. A field hospital had been established and 400 wounded were left there, but he considered it a fortunate thing that they could not be taken on. They remained about four days at Bloemfontein before they were taken into Bloemfontein. The latter place was entered on March 13 and the establishment of hospitals to receive the sick was immediately commenced.

The CHAIRMAN.—Did you remain long at Bloemfontein?—I was there till April 20 or 21.

Sir D. RICHMOND.—During the whole of that time the epidemic was at its worst?—Well, during the greater part of the time, but I believe there were more cases in May.

By the CHAIRMAN.—Within five days of reaching Bloemfontein Dr. Stevenson had arranged accommodation for 500 sick.

What was the condition of these hospitals?—I do not think there was any particular fault to find with the houses used. There were orderlies and a certain number of female nurses. At St. Michael's House there were half a dozen nurses, and some of the nursing was done by the sisters to whom the house belonged. Of course, at first, there was a trouble about opening new places because there were no beds, but we got information of some that had been hidden away, and they were commandeered; but we had been there some weeks before they were obtained.

Sir D. RICHMOND.—Was it not the case that you could make a man tolerably comfortable lying on the floor as long as he was in a building?—Oh, yes; but I do not think many had to lie on the floor. Those who had no beds were on trunks.

The CHAIRMAN.—We have been told that at St. Andrews College they were a fortnight before they got beds.—That I do not know.

Sir D. RICHMOND.—Given that you had mattresses and blankets, could you not make a man comfortable on the floor?—I think so; but I do not remember seeing any on the floor.

By the CHAIRMAN.—He called in once or twice to see cases in the tents. They were as crowded as they could be. About April 20 they had had over 300 deaths in a 50 bed hospital. He went away then for a few weeks and when he returned there had been 400. There was a point which he thought the medical members of the Commission might consider, and that was how far this epidemic was one of typhoid fever. The great majority of cases recovered in ten days or a fortnight, and there were other characteristics which made him think it was not typhoid. As soon as Bloemfontein was left there were hardly any cases, but at Kroonstad it broke out again.

Dr. CHURCH.—The great bulk of the cases occurred about ten days after Paardeberg?—Yes, but I think a great deal of camp fever has been mixed up with typhoid. Continuing, the witness said there were two or three nights when it poured with rain, with the result that tents were flooded. The Portland Hospital was certainly flooded, but he did not think there were any men in it at the time. He had seen men lying on the ground but never in the mud.

The CHAIRMAN.—Were there any men, sick or wounded, left without any covering at Bloemfontein?—I have never heard of it.

Sir D. RICHMOND.—Did you ever hear of a man who did not get the rations prescribed for him?—No.

Have you ever heard complaints of orderlies selling the food to the patients?—I have heard the story, but no soldier has ever complained to me of such a thing. I think they would certainly have complained if they had such a grievance.

By Dr. CHURCH.—He thought all the men knew who he was. He started without a uniform, but he found it was very inconvenient as he was constantly being arrested for going to places where it was thought he ought not to have gone. (Laughter.) Continuing, the witness said he thought he was right in saying that they could not have accommodated another 100 men in buildings.

Sir D. RICHMOND.—We may take it from you that the soldiers out there were fairly well pleased with the treatment they received?—Certainly, they all understood the difficulties of the situation.

PROFESSOR CUNNINGHAM.—Everything that possibly could be done for them was done?—I do not think anything was left undone.

By Sir D. RICHMOND.—The hospital accommodation at Kroonstad was bad. There was a civil hospital there which was already occupied by the Dutch ambulance. They also took possession of the Dutch church and of the big hotel, and if he remembered rightly these were all the available buildings. Pressure arose when they had orders to go on from Kroonstad. They were ordered on on a Tuesday morning, but on the Monday it was found that the convoy had not turned up in which it was reckoned to send back the sick. So they had to be put into any house that could be got. When he was serving with the Seventh Division they were ordered on from Namie when they had actually only two bearer companies, but nothing resulted from that because they did not have any fighting. At Johannesburg and Pretoria it was all right because they were big towns in which plenty of accommodation was to be had. The hospital at Johannesburg was very nice.

By the CHAIRMAN.—He thought every one tried to do his best; in fact, they were very enthusiastic in their endeavours to maintain the reputation which they believed the Army Medical Service had acquired.

Sir D. RICHMOND.—You think the orderlies and men worked energetically and enthusiastically for the sick and wounded?—Oh, yes, they tried to do their best. Many were untrained men, and if their best was not good that is another matter. There was a great deal of sickness among the orderlies themselves.

The CHAIRMAN.—Whether it was due to the exigencies of the military situation or not, did any neglect of the sick and wounded come under your notice?—No.

Not in any way?—No.

In answer to Dr. CHURCH, the witness added that in his opinion an unnecessary amount of the time of the medical staff was taken up in administrative and clerical work which clerks ought to be employed to do. It took something like two hours every day to clear off the medical reports and returns. An immense amount of energy was wasted in this way.

Mr. Morgan, a trooper in the City Imperial Volunteer Mounted Infantry, lately returned from South Africa, said he fell sick at Sanna's Post. He was treated with every possible kindness at Bloemfontein. The only discomfort he experienced was a ride in an ox wagon, which no doubt was very bad for some of the men; but it was not to be avoided. The medical staff did the best they could for the men when they got into No. 9 General Hospital. So far as he knew there was no want of attention at all. The men were carried from the wagon into a marquee where there were iron bedsteads and spring mattresses and which was perfectly equipped. During the eight days he was there the doctor visited him twice a day and there were nurses and orderlies. He was also in hospital at Wynberg about four or five days.

The CHAIRMAN.—You have had nothing to complain of in the way of want of care and attention?—Not the slightest. I was very much astonished at the amount of attention given to us. I never heard any one complaining out there.

Sir D. RICHMOND.—Is it the general opinion of soldiers and troopers that everything was done that could be done?—I have never heard any complaint. Every one has spoken well of the medical men who attended them, and I have heard no complaint of the want of medical comforts.

At the conclusion of this witness's evidence the Commission adjourned, and the CHAIRMAN announced that they would not sit again in London till Monday next, though they intended to visit Netley on Friday.

THE TIMES, FRIDAY,

JULY 27, 1900.

HOUSE OF COMMONS.

THURSDAY, JULY 26.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

Mr. MAC NEILL (Dunfermline, S.) asked the First Lord of the Treasury whether his attention had been directed to the statement of Lord Justice Rosser, at the opening of the sitting of the South African Hospitals Commission, that he or his colleagues had been appointed by the warrant of the Prime Minister; and whether he could say what authority the Prime Minister had for the issue of such a warrant; and would he have any objection to lay a copy of this document upon the table.

Mr. BALFOUR.—The Commission to which the hon. gentleman refers is now a Royal Commission. Any Secretary of State, as the hon. member is aware, has power to appoint a commission.

Mr. MAC NEILL.—Was Lord Justice Rosser correct or incorrect when he said that he was acting under the warrant of the Prime Minister?

Mr. BALFOUR.—He certainly received the warrant of the Prime Minister.

Mr. MAC NEILL.—What was the authority of the Prime Minister to give that warrant?

Mr. BALFOUR.—He is Secretary of State.

Mr. MAC NEILL.—It should have been a warrant from the Crown.

Mr. MAC NEILL asked the First Lord of the Treasury if he would state why the South African Hospitals Commission was not created by statute and invested by statute with power of examining witnesses on oath, enforcing the attendance of witnesses, and procuring documents.

Mr. BALFOUR.—There will be no difficulty in getting sufficient evidence. I certainly should not suggest the unusual course of making this a statutory commission until the necessity for it is demonstrated. Her Majesty gave her consent to this being a Royal Commission on the evening of Monday. I received it on Tuesday morning.

ROYAL COLLEGE OF SURGEONS.

The centenary celebration of the Royal College of Surgeons was signalled yesterday by the presentation of diplomas of honorary Fellowship of the college, which took place in the Theatre of the University of London, Burlington-gardens.

DINNER AT LINCOLN'S INN-HALL.

In the evening a dinner was given in Lincoln's Inn-hall, over which the President of the college, Sir William MacCormac, presided. There were present the honorary Fellows, including the Prince of Wales, Lord Salisbury, and Lord Rosebery, and those whose names are given above, the Duke of Cambridge, the Lord Chancellor, the Portuguese Minister, the Bishop of London, Lord Spencer, Lord Rothschild, the Duke of Northumberland, Lord Davey, Lord Strathcona, Lord Kelvin, Lord Lister, Lord Alverstone, Mr. Justice Lawrence, the Lord Mayor, Admiral Sir J. D. Hay, the Hon. Walter Rothschild, M.P., the solicitor-general, Sir H. Roscoe, Sir Joseph Ery, the President of the Royal College of Physicians (Dr. W. S. Church), and many others.

The PRESIDENT proposed the toast of "The Queen," which was enthusiastically drunk.

The next toast, also proposed by the PRESIDENT, was "The Prince and Princess of Wales and the Rest of the Royal Family."

The PRINCE OF WALES received with cheers as he rose and said:—Mr. President, my lords, and gentlemen, I rise to respond to the toast which has been so kindly proposed from the chair, in the name of the Princess of Wales and also of that of my illustrious relation the Duke of Cambridge. I appear before you in a totally new capacity. (Cheers.) I have received the high honour and privilege of having been admitted into this great and distinguished society as an honorary Fellow. (Cheers.) I had already received that privilege from the Royal College of Physicians, and I am glad to think that I am to be considered as belonging to both professions.

But I fear that I shall never be allowed to practise as a surgeon, as the result would probably not be satisfactory. (Cheers and laughter.) I might be guilty of manslaughter, if not of murder, and my noble and I have tried the Lord Chancellor might be placed in a difficulty. (Laughter.) We all highly appreciate the self-sacrifice of the President in going through the recent campaign. Both the President and my friend Mr. Treves (cheers) have rendered great service, and no soldier work has ever been done than that of our surgeons in the war, both civil and military. (Cheers.) It would be unbecoming in me to criticize the work of the great profession which did its best in the campaign, and I am sure that the hospitals have been managed in a manner which does the greatest credit and honour to the profession. I am grateful for the great compliment paid to me on my election as honorary Fellow of the college. (Cheers.)

SATURDAY, JULY 28, 1900.

HOUSE OF COMMONS.

FRIDAY, JULY 27.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

Sir W. POSTER (Dorset, Ickerton) asked the First Lord of the Treasury whether the South African Hospitals Commission would be able to inquire into the insanitary conditions which led to the outbreak of enteric fever and the consequent overcrowding of the hospitals at Bloemfontein.

Mr. BALFOUR (Manchester, R.)—It will rest with the commission themselves to determine the scope of their reference, but my own impression is that if the insanitary condition was due to the neglect of the Medical Department it would undoubtedly come under the cognizance of the commission. If, on the other hand, it was due to military necessities—as, for instance, to the insanitary condition of the camp (allowing on Paardeberg—I imagine it would not come under the survey of the commission)—but that is my own personal impression. The commission have full liberty to determine their own reference.

SUPPLY—ARMY SUPPLEMENTARY ESTIMATES.

The House went into Committee of Supply on the Army Estimates, 1900-1, including supplementary estimates, Mr. J. W. LOWTHER (Ponarth) in the chair.

On the vote for a supplementary sum of £11,500,000 for additional expenditure on account of the war in South Africa and Affairs in China.

Sir W. POSTER hoped some detailed statement would be made as to the improvement of the Royal Army Medical Department. He thought the War Office had limited somewhat unwisely its choice of civil surgeons for service in South Africa. Men of medical rather than of surgical capacity were required, and the Department would have been well advised had it selected men of greater age and experience. With some men of greater age and experience. With reference to the Department itself he thought the establishment was dangerously low. The numbers were something under 200, whereas 20 years ago they reached 1,200. The corps was so diminished in number and so starved as regards medical equipment that if we were to send a division to China now, and a German division of the same strength went out, it would be found that the German force had probably 50 per cent. more medical officers than our force. That was incredible to the country. The country had shown the greatest generosity both in voting supplies and in raising funds for the purpose of seeing that the soldiers were well treated. But they had not been so well treated as they deserved. We had lost many hundreds of brave fellows from the want of proper medical appliances. In China they had the danger of a disease more serious and loathsome than enteric. Plague was prevalent in that empire at the present time, and our troops would be exposed to sanitary dangers of the gravest kind. He hoped, therefore, that the War Office would be wise enough to take precautions against an outbreak of plague, or, at all events, would endeavour to minimize its effects as much as possible. (Hear, hear.) He complained of the rigid rules regulating the number of female nurses in connexion with the Army Medical Department. A lingering malady like enteric required constant nursing, and in order to lessen the terrible drain on our forces which it caused it was desirable that the number of female nurses should be largely increased. He proceeded to advocate the establishment of a reserve medical corps in this country. It would not, he said, be difficult to get a large number of young medical men to hold themselves in readiness

A.M.S.), Lieutenant-Colonel J. S. Cowans (Deputy - Assistant Quartermaster - General), General Sir Henry Brackenbury (Director-General Ordnance Department), Colonel Steevens (Principal Ordnance Officer), Sir Ralph Knox (Under-Secretary of State for War), and Colonel Stirling Ryerson (Canadian A.M.S.).

The Commissioners sit again this morning at 10.30.

THURSDAY, JULY 25, 1900. THE SOUTH AFRICAN COMMISSIONERS

At Tuesday's sitting, after the President, which was yesterday, the following evidence was given: Surgeon-General J. Jameson, Army Medical Department, gave working of his department, and in time of peace for future war constitution of the department for the care of sick and wounded of officers and men for two Artillery Brigades. In case of war being General communicated with war was to be and the strenuous he was then desired to submit afterwards to be discussed by the medical requirements, including required. In unhealthy climate from 10 per cent. to 25 per cent. Then he prepared a memorandum diseases likely to be encountered and provisions to be obtained, with the sanitary part of the memorandum showing them to have to contend with and how necessary sanitary precautions had been prepared for the temperature, rainfall, winds, amount of climate, and diseases—Enteric fever, dysentery, parasitic diseases, etc. Immediately the war broke out medical personnel for two Artillery Brigades were exhausted. The in South Africa on September 19 were sent on November 19, in December 44, in February, 48, in May, eight, and in June, 1. This month, 20 more were sent, not include the medical officer. Every demand for South Africa. There had been ample supplies of doctors, nurses, beds, and could not say whether the out were rightly distributed in the South African War. He read the following note on wounded at Bloemfontein on. Cautions described the condition Bloemfontein, which he equipped as a stationary hospital to April 28. On April 27 the following fully equipped hospital General Hospital, the Long and No. 5 Stationary—about 2,000 patients in military hospitals, which he considered cases of enteric. The hospitals, of which all but one at any time. None of the staff of satisfaction with the not received, in his official, any special hospital, and on with regard to the Woodstock. Lieutenant-Colonel Johnston A.M.S., gave details as to the military hospitals and civil medical service had met. He perhaps a week point in the history of the Army Service General.

Major W. G. Macpherson A.M.S., gave statistics and sanitary matters, and also the outbreak of enteric and the preventive measures. He said it was intended to in the proportion of one to had not been completely manufacturers were unable to hospital system depended on remove patients from the hospitals, and then to 5 been to delay in emptying it as 2,000 men a week had 1 up to July 17, 26,750 men. The deaths reported from to the normal point. The 4 July 14 would represent 3.8 deaths reached their maximum medical officer in charge of Bloemfontein, which had been city of pestilence, drew enteric fever up to the date case mortality of 12 per cent. Lieutenant-Colonel J. S. Quartermaster-General, gave and said every requisition been complied with.

General Sir Henry Brackenbury, stated that he was the Army with all arms, ammunition, and material of war generally. That included tents, beds, stretchers, wagons, and all the equipment of a hospital, with the exception of the medical and surgical stores. There was no case in which the goods requisitioned had not been supplied. He could not, however, say that everything had been sent out immediately upon the receipt of a telegraphic requisition, because they were dependent entirely on the trade for supplies, and there was great difficulty in obtaining these in sufficient quantities. He had no reason to believe that the Army suffered from delay in sending out material. There had been no complaints of delay.

Colonel Steevens, principal ordnance officer in

the Ordnance Department, said he had under his care the hospital equipment stores. At the commencement of the war they had a base hospital of 520 beds and two stationary hospitals of 100 each.

Sir Ralph Knox, Permanent Under-Secretary, said all the requests from the Cape in respect of Army medical equipment had been complied with. There had been no difficulty found in getting the necessary additional medical aid, nurses, material, &c. Colonel Stirling Ryerson, British Red Cross Com-

missioner of No. 1 General Hospital at Wynberg. He saw the reception of the patients. Their names were entered and a sort of dossier or history of them, together with the name of their regiment and the address of their next of kin, so that their relatives could easily be communicated with. He was struck with the extraordinary method Colonel Grier had established in order to trace out not only the medical but the private history of each man. Although he might seem to speak in terms of exaggeration he could only say that the arrangements were beyond all praise. There had been some complaint from Mr. Anney,

254 THE BATHS

INFECTIOUS DISEASES AT HOTELS.

[JULY 25, 1900.]

Half-Crown.	Half-Crown.
Per Mr. H. J. Blakesley (Leicester):	Mr. G. Woodhead ...
Dr. A. T. Bremner (Leicester):	Mr. E. Holdsworth ...
Dr. J. H. Davies (Leicester):	Mr. J. Kewan ...
Dr. T. Isidori ...	Per Dr. H. Veck (Chatterfield):
Dr. A. W. Evans ...	Dr. Isidori (Dronfield) ...
Dr. Harrison ...	Dr. Winkley (Halsall) ...
Dr. Hutchison ...	Dr. McClure (Warrington) ...
Dr. J. M. Lithgow ...	Dr. Harcourt (Stonehouse) ...
Dr. C. A. Moore ...	Dr. Walford ...
Dr. Melbourn-West ...	Dr. A. M. Fletcher (Eckington) ...
Dr. Potter ...	Dr. Goodfellow (Brampton) ...
Dr. R. Stewart ...	Dr. Chawner (Clay Cross) ...
Dr. T. N. Thomas ...	Per Dr. H. Gervis (London):
Dr. R. W. Wallace Henry (Leicester) ...	Dr. H. Gervis ...
Dr. Whitehouse (Leicester) ...	Dr. H. Gervis, Esq. ...
Dr. R. H. Young ...	Per Dr. Fletcher (Bolton):
Dr. E. H. Hicks (Wymersley) ...	Mr. John Simpson ...
Per Dr. Drew Harris (St. Helens):	Mr. John Thompson ...
Dr. Hayward ...	Mr. J. C. Jackson ...
Dr. Handyside ...	Mr. H. Chalmers ...
Dr. H. W. Knowles ...	Mr. Fearnhead ...
Dr. F. Knowles ...	Mr. Morgan ...
Dr. E. Jackson ...	Mrs. Entwistle ...
Dr. J. H. Dow ...	Dr. Dawson ...
Dr. Mason ...	Dr. Johnston ...
Dr. Reid ...	Dr. Fayers ...
Dr. Cotton ...	Dr. Pantam ...
Dr. Henderson ...	Dr. Robertson ...
Dr. Teyford ...	Dr. Wright ...
Dr. Gaskell ...	Mr. Barnes ...
Dr. Unsworth ...	Mr. Lancaster ...
Dr. Gray ...	Mr. Ross ...
Dr. Gillies ...	Dr. Leitch-Jones ...
Dr. Drew Harris ...	Dr. Patrick ...
Anonymous ...	Dr. Patchett ...
Miss H. Macle (Bolton):	Dr. Kilpatrick ...
Miss Haddock ...	Dr. Filcroft ...
Mr. C. Woods ...	Dr. Hopkinson ...
Mr. and Mrs. Roberts ...	

We have also received per Dr. R. M. Miller (London) £5.5s. from the Wyndham District Medical Society; per Mrs. G. H. Davies, £6.6d. from Mrs. Eastwood; and £5.5s. from Dr. J. M. H. Martin (Blackburn), interest on amount of £100.

The amount received for the Half-Crown Fund, down to and including Wednesday, July 25th, by the Editor, is £698 9s. 6d. The Fund is now closed.

INFECTIOUS DISEASES IN HOTELS AT HOME AND ABROAD.

THOUGH the annual migration of British subjects to Switzerland may this year be on a somewhat smaller scale than for some years past, yet it is certain that the number will be very considerable. Mountain hotels are already becoming full, and will undoubtedly be crowded during the next six weeks. Years ago when the numbers were much smaller, the well-known risks of the dissemination of infectious diseases which must attend the bringing together under one roof of persons coming from various countries whose antecedents are of course utterly unknown to the innkeepers were minimised by two circumstances. In the first place, the mountain hotels were small, and in the second place the people who frequented them were mostly adults. In recent years, however, great changes have been made in both these respects. Some of the mountain hotels are large establishments making up as many as 300 beds, while there are very many more which make up from 100 to 200 beds. Again many people—English people perhaps more particularly—take their children with them to these hotels, where they spend a month or even two months continuously. The risk of the introduction of measles, scarlet fever, or diphtheria into such large hotels is, of course, greater than in the case of small inns; and owing to the fact that so many of the visitors are children, the risk of the dissemination of the infection once introduced is proportionally increased.

There can, we think, be no doubt that every proprietor of one of these large summer hotels would be consulting his own interests as well as those of his guests were he to provide a small detached house in which cases of suspicious illness could be isolated and treated. The cost of erecting such a building would be trifling and it would prevent the panic

which on many occasions, and notably in one instance last year, has emptied an hotel in a few hours. For while it is comparatively easy to prevent the spread of infection if the facts are boldly recognised, to allay the fears of other guests may be next to impossible. Once the news gets abroad that "Mr. A. B. in No. 40 is suffering from scarlet fever," the hotel is sure to be evacuated with marvellous rapidity. The sudden departure of all his guests may cause great loss to the proprietor, who will probably be unable to regain the public confidence during the rest of a short season. He is, therefore, tempted to conceal the outbreak of any infectious disorder, and to evade the laws as to the notification. If the attempt to conceal fails he may seek to saddle the unfortunate sufferer (or his friends) with as much liability as can lawfully or unlawfully be placed upon his shoulders.

The larger the establishment the greater the loss to its owner, and cases have been known where tourists have paid sums amounting to hundreds of pounds demanded from them in the exercise of alleged right by the angry proprietor of a deserted hotel. Only last summer some English visitors at a hotel in Switzerland had unpleasant experience of a case in point. After every endeavour had been made for about a fortnight to conceal the matter, it eventually became known that one or more cases of scarlet fever had occurred. The hotel, which was both large and well-filled, was immediately deserted by all save the unfortunate patient and his friends. It is only right to add that in this instance the hotel proprietor behaved with the utmost courtesy and consideration, and was ready to make certain improvements which would enable him in future to secure the complete isolation of any person suffering from infectious disease. How far the existence of such precautionary measures would prevent other guests from flying is another matter.

GREAT BRITAIN.

Before proceeding to discuss the liability and rights of innkeepers in other countries, it will be convenient to draw attention to the state of British law upon the subject.

Generally speaking, it may be stated that there is no implied contract on the part of a guest at an inn that he is not suffering from an infectious disease, or that, if he should fall ill during his stay, he will defray all the cost and make good all the damage sustained by the landlord in his business. This is founded upon the principle that sickness is in the nature of inevitable accident, and is one of the risks which the manager or proprietor of an hotel takes upon himself when he throws open his establishment to the public. While therefore, the common law afforded but little protection to an innkeeper, it was thought proper, by Section CXXVI of the Public Health Act, 1875, to make regulations which impose penalties upon persons who, when suffering from dangerous infectious disorders, expose themselves in any public place—including, of course, any inn or hotel.

It is difficult to speak with authority upon the legal responsibility of a guest for the damage, whether proximate or remote, occasioned by his illness in an hotel, as there are hardly any cases recorded in the books which touch the subject.

In an anonymous case reported in the *Law Times* (1899, vol. 102, p. 202), an innkeeper sued in the county court to recover the cost of disinfecting rooms which had been occupied by a guest who had died from consumption while in the inn. It was held by the county court judge: (a) That the cost could be recovered on the ground that the law would imply a contract on the part of the guest to pay for any extra expense properly incurred by the innkeeper as a consequence of the reception of the guest. In that disinfection, whether made compulsory by Section CXXVI of the Public Health Act, 1875, or not, could be recovered on the ground stated. (b) That on the evidence of the medical officer of health, the judge was of opinion that consumption was an infectious disease, and that it would be dangerous to let the rooms again without disinfection.

A claim for damages for the loss of use of rooms during the time of disinfection was not successful.

Upon the authority of this judgment it would seem that in this country no guest in a hotel can be held responsible for the loss occasioned by the suspicion of infection hanging round the hotel, although he may be compelled to defray the cost of disinfection.

In *Best v. Stapp and Staff* (1 C. P. D. 131, N. 1), a person knowingly took a child recovering from small pox to a lodging at the seaside, without communicating this fact, and the children of the lodgings keeper caught the infection and two of them died. It was held that an action for damages at the suit of the lodgings keeper was maintainable. Whether, if there had been no knowledge on the part of the lodger the action could have been maintained does not seem to have been decided.

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By Sir J. RICKMOND.—Taking all the exigencies of the case into consideration you have come home satisfied that everything was done that possible could be done for the unfortunate sick and wounded?—Yes: of course.

which was arranged in the suburbs of Cape Town, on the 25th. He went thoroughly through the hospital. He thought it was admirably arranged in every way. He passed on to No. 3 General Hospital, one of the large general hospitals, which had accommodation for about 500 or 600 patients. They had a staff of medical men and nurses. He went thoroughly through that hospital also, and the operating room, and saw the cooking and hospital marquee where there were many of the patients. As to the general cleanliness, order, and comfort of the hospital it was beyond all praise, and he heard absolutely of no complaints. He subsequently made a full examination

there were deficiencies, but I cannot speak too highly as to the general arrangements.

Dr. Watson Chyenne said that he had visited the several military hospitals in South Africa. He saw Lord Roberts on February 11 at the Modder River. There was no real trouble about the sick and wounded. Of course there was overcrowding in the field hospitals, and they were short of equipment. There were comparatively few tents at Paardeberg, but, fortunately, there were trees, which gave enough shade in the daytime. He did not think the medical service was cut down to the same extent as the ordinary transport. That lasted for about a week or ten days. The sick were attended to, and were being sent back to the base hospital. Being out in the open did not affect the patients a bit, for it was a beautiful time of the year. Personally, he preferred being out in the open. They ran rather short of dressings, but the medical comforts were all right.

By PROFESSOR CUNNINGHAM.—The only hardship was the long distance the men had to be sent back in ox wagons. They could not expect a large proportion of Army medical men to be good surgeons any more than among civilian surgeons. As to the orderlies, it was generally remarked that the 84th John Ambulance men were not good owing to their want of training, but the surgeons and non-commissioned officers were very good.

In reply to the CHAIRMAN, witness said they ran short of dressings at Paardeberg. Of course they never expected such an amount of wounded, or the ambulance service would not have been cut down.

The witness went on to say that at Drifontein they had proof that the ambulances were insufficient in numbers. The battle was over at dark, and the next morning Lord Roberts on going over the ground about 6 o'clock found about 20 wounded on the ground. There were only four ambulances. The proper complement would be 20, each wagon accommodating two lying down and two sitting. This being so it was quite impossible to collect the wounded for several hours.

By SIR D. RICHMOND.—The ground was very bad to get over. He did not think any of the men were passed over, but it was impossible to finish collecting them during the night.

By the CHAIRMAN.—Ambulances had been left behind partly in consequence of the exigencies of the advance and partly in the hope that they would not be required. Proceeding, the witness said that when the force left Drifontein all the wagons were full, and they could not take the wounded with them. A field hospital had been established and 400 wounded were left there, but he considered it a fortunate thing that they could not be taken on. They remained about four days at Drifontein before they were taken into Bloemfontein. The latter place was entered on March 13 and the establishment of hospitals to receive the sick was immediately commenced.

The CHAIRMAN.—Did you remain long at Bloemfontein?—I was there till April 30 or 31.

SIR D. RICHMOND.—During the whole of that time the enteric epidemic was at its worst?—Well, during the greater part of the time, but I believe there were more cases in May.

By the CHAIRMAN.—Within five days of reaching Bloemfontein Dr. Stevenson had arranged accommodation for 500 or 600 sick?

What was the condition of these hospitals?—I do not think there was any particular fault to find with the houses used. There were orderlies and a certain number of female nurses. At St. Michael's House there were half a dozen nurses, and some of the nursing was done by the sisters to whom the house belonged. Of course, at first, there was a trouble about opening new places because there were no beds, but we got information of some that had been hidden away, and they were commandeered; but we had been there some weeks before they were obtained.

SIR D. RICHMOND.—Was it not the case that you could make a man tolerably comfortable lying on the floor as long as he was in a building?—Oh, yes; but I do not think many had to lie on the floor. Those who had no beds were on tressels.

The CHAIRMAN.—We have been told that at St. Andrews College they were a fortnight before they got beds. That I do not know.

SIR D. RICHMOND.—Given that you had mattresses and blankets, could you not make a man comfortable on the floor?—I think so; but I do not remember seeing any on the floor.

By the CHAIRMAN.—He called in once or twice to see cases in the tents. They were as crowded as they could be. About April 20 they had had over 300 deaths in a 50 bed hospital. He went away then for a few weeks and when he returned there had been 400. There was a point which he thought the medical members of the Commission might consider, and that was how far this epidemic was one of typhoid fever. The great majority of cases recovered in ten days or a fortnight, and there were other characteristics which made him think it was not typhoid. As soon as Bloemfontein was left there were hardly any cases, but at Kroonstad it broke out again.

DR. CHURCH.—The great bulk of the cases occurred about ten days after Paardeberg?—Yes, but I think a great deal of camp fever has been mixed up with typhoid. Continuing, the witness said there were two or three nights when it poured with rain, with the result that tents were flooded. The Portland Hospital was certainly flooded, but he did not think there were any men in it at the time. He had seen men lying on the ground but never in the rain.

The CHAIRMAN.—Were there any men, sick or wounded, left without any covering at Bloemfontein?—I have never heard of it.

SIR D. RICHMOND.—Did you ever hear of a man who did not get the rashes prescribed for him?—No.

Have you ever heard complaints of orderlies selling the food to the patients?—I have heard the story, but no soldier has ever complained to me of such a thing. I think they would certainly have complained if they had such a grievance.

By DR. CHURCH.—He thought all the men knew who he was. He started without a uniform, but he found it was very inconvenient as he was constantly being arrested for going to places where it was thought he ought not to have gone. (Laughter.) Continuing, the witness said he thought he was right in saying that they could not have accommodated another 100 men in buildings.

SIR D. RICHMOND.—We may take it from you that the soldiers out there were all badly, well, and ill, and the treatment they received?—Certainly, they all understood the difficulties of the situation.

PROFESSOR CUNNINGHAM.—Everything that possibly could be done for them was done?—I do not think anything was left undone.

By SIR D. RICHMOND.—The hospital accommodation at Kroonstad was bad. There was a civil hospital there which was already occupied by the Dutch ambulance. They also took possession of the Dutch church and of the big hotel, and if he remembered rightly these were all the available buildings. Pressure arose when they had orders to go on from Kroonstad. They were ordered on on a Tuesday morning, but on the Monday it was found that the convey had not turned up in which it was reckoned to send back the sick. So they had to be put into any house that could be got. When he was serving with the Seventh Division they were ordered on from Kame when they had actually only two bearer companies, but nothing resulted from that because they did not have any lighting. At Johannesburg and Pretoria it was all right because they were big towns in which plenty of accommodation was to be had. The hospital at Johannesburg was very nice.

By the CHAIRMAN.—He thought every one tried to do his best; in fact, they were very enthusiastic in their endeavours to maintain the reputation which they believed the Army Medical Service had acquired.

SIR D. RICHMOND.—You think the orderlies and men worked energetically and enthusiastically for the sick and wounded?—Oh, yes, they tried to do their best. Many were untrained men, and if their best was not good that is another matter. There was a great deal of sickness among the orderlies themselves.

The CHAIRMAN.—Whether it was due to the exigencies of the military situation or not, did any neglect of the sick and wounded come under your notice?—No.

Not in any way?—No.

In answer to DR. CHURCH, the witness added that in his opinion an unnecessary amount of the time of the medical staff was taken up in administrative and clerical work which clerks ought to be employed to do. It took something like two hours every day to clear off the medical reports and returns. An immense amount of energy was wasted in this way.

Mr. Morgan, a trooper in the City Imperial Volunteer Mounted Infantry, lately returned from South Africa, said he fell sick at Sanna's Post. He was treated with every possible kindness at Bloemfontein. The only discomfort he experienced was a ride in an ox wagon, which no doubt was very bad for some of the men; but it could not be avoided. The medical staff did the best they could for the men when they got into No. 9 General Hospital. So far as he knew there was no want of attention at all. The men were carried from the wagon into a marquee where there were iron beds, and spring mattresses and which was perfectly equipped. During the eight days he was there the doctor visited him twice a day and there were nurses and orderlies. He was also in hospital at Wynberg about four or five days.

The CHAIRMAN.—You have had nothing to complain of in the way of want of care and attention?—Not the slightest. I was very much astonished at the amount of attention given to us. I never heard any one complaining out there.

SIR D. RICHMOND.—Is it the general opinion of soldiers and troopers that everything was done that could be done?—I have never heard any complaint. Every one has spoken well of the medical men who attended them, and I have heard no complaint of the want of medical comforts.

At the conclusion of this witness's evidence the Commission adjourned, and the CHAIRMAN announced that they would not sit again in London till Monday next, though they intended to visit Netley on Friday.

THE TIMES, FRIDAY,

JULY 27, 1900.

HOUSE OF COMMONS.

THURSDAY, JULY 26.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

Mr. MAC NEILL (Dunfermline, S.) asked the First Lord of the Treasury whether his attention had been directed to the statement of Lord Justice Horder, at the opening of the sitting of the South African Hospitals Commission, that he or his colleagues had been appointed by the warrant of the Prime Minister; and whether he could say what authority the Prime Minister had for the issue of such a warrant; and would he have any objection to lay a copy of this document upon the table.

Mr. BALFOUR.—The Commission to which the hon. gentleman refers is now a Royal Commission. Any Secretary of State, as the hon. member is aware, has power to appoint a commission.

Mr. MAC NEILL.—Was Lord Justice Horder correct or incorrect when he said that he was acting under the warrant of the Prime Minister?

Mr. BALFOUR.—He certainly received the warrant of the Prime Minister.

Mr. MAC NEILL.—What was the authority of the Prime Minister to give that warrant?

Mr. BALFOUR.—He is Secretary of State.

Mr. MAC NEILL.—It should have been a warrant from the Crown.

Mr. MAC NEILL asked the First Lord of the Treasury if he would state why the South African Hospitals Commission was not created by statute and invested by statute with powers of examining witnesses on oath, enforcing the attendance of witnesses, and procuring documents.

Mr. BALFOUR.—There will be no difficulty in getting sufficient evidence. I certainly should not suggest the unusual course of making this a statutory commission until the necessity for it is demonstrated. Her Majesty gave her consent to this being a Royal Commission on the evening of Monday. I received it on Tuesday morning.

ROYAL COLLEGE OF SURGEONS.

The centenary celebration of the Royal College of Surgeons was signalled yesterday by the presentation of diplomas of honorary Fellowship of the college, which took place in the Theatre of the University of London, Burlington-gardens.

DINNER AT LINCOLN'S INN-HALL.

In the evening a dinner was given in Lincoln's Inn-hall, over which the President of the college, Sir William MacCormac, presided. There were present the honorary Fellows, including the Prince of Wales, Lord Salisbury, and Lord Rosebery, and those whose names are given above, the Duke of Cambridge, the Lord Chancellor, the Portuguese Minister, the Bishop of London, Lord Spencer, Lord Bathurst, the Duke of Northumberland, Lord Dufferin, Lord Strathmore, Lord Kelvin, Lord Lister, Lord Alverstone, Sir Justice Lawrence, the Lord Mayor, Admiral Sir J. D. Hay, the Hon. Walter Rothschild, M.P., the Solicitor-General, Sir H. Roscoe, Sir Joseph Fawcett, the President of the Royal College of Physicians (Dr. W. S. Church), and many others.

The PRESIDENT proposed the toast of "The Queen," which was enthusiastically drunk.

The next toast, also proposed by the PRESIDENT, was "The Prince and Princess of Wales and the King of the Royal Family."

The PRINCE OF WALES received with cheers as he rose and said:—Mr. President, my lords, and gentlemen, I rise to respond to the toast which has been so kindly proposed from the chair, in the name of the Princess of Wales and also of that of my illustrious relation the Duke of Cambridge. I appear before you in a totally new capacity. (Cheers.) I have received the high honour and privilege of having been admitted into this great and distinguished society as an honorary Fellow. (Cheers.) I had already received that privilege from the Royal College of Physicians, and I am glad to think that I am to be considered as belonging to both professions. But I fear that I shall never be allowed to practise as a surgeon, as the result would probably not be satisfactory. (Cheers and laughter.) I might be guilty of manslaughter, if not of murder, and my noble and learned friend the Lord Chancellor might be placed in a difficulty. (Laughter.) We all highly appreciate the self-sacrifice of the President in going through the recent campaign. Both the President and my friend Mr. Fyfe (cheers) have rendered great service, and no soldier work has ever been done than that of our surgeons in the war, both civil and military. (Cheers.) It would be unbecoming in me to criticize the work of the great profession which did its best in the campaign, and I am sure that the hospitals have been managed in a manner which does the greatest credit and honour to the profession. I am grateful for the great compliment paid to me on my election as honorary Fellow of the college. (Cheers.)

SATURDAY, JULY 28, 1900.

HOUSE OF COMMONS.

FRIDAY, JULY 27.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

SIR W. FOSTER (Dorset, Hants) asked the First Lord of the Treasury whether the South African Hospitals Commission would be able to inquire into the insanitary conditions which led to the outbreak of enteric fever and the consequent overcrowding of the hospitals at Bloemfontein.

Mr. BALFOUR (Manchester, S.)—It will rest with the commission themselves to determine the scope of their reference, but my own impression is that if the insanitary condition was due to the neglect of the Medical Department it would undoubtedly come under the cognisance of the commission. If, on the other hand, it was due to military necessities—as, for instance, to the insanitary condition of the camp following on Paardeberg—I imagine it would not come under the survey of the commission; but that is my own personal impression. The commission have full liberty to determine their own reference.

SUPPLY—ARMY SUPPLEMENTARY ESTIMATES.

The House went into Committee of Supply on the Army Estimates, 1900-1, including supplementary estimates, Mr. J. W. LITTLE (Pembury) in the chair.

On the vote for a supplementary sum of £11,500,000 for additional expenditure on account of the war in South Africa and affairs in China.

SIR W. FOSTER hoped some detailed statement would be made as to the improvement of the Royal Army Medical Department. He thought the War Office had limited somewhat unwisely its choice of civil surgeons for service in South Africa. Men of medical rather than of surgical capacity were required, and the Department would have been well advised had it selected some men of greater age and experience. With reference to the Department itself he thought the establishment was dangerously low. The numbers were something under 900, whereas 20 years ago they reached 1,200. The corps was so diminished in number and so starved as regards medical equipment that if we were to send a division to China now, and a German division of the same strength went out, it would be found that the German force had probably 50 per cent. more medical officers than our force. That was discreditable to the country. The country had above the greatest generosity both in voting supplies and in raising funds for the purpose of seeing that the soldiers were well treated. But they had not been so well treated as they deserved. We had lost many hundreds of brave fellows from the want of proper medical appliances. In China they had the danger of a disease more serious and lethal than enteric. Plague was prevalent in that empire at the present time, and our troops would be exposed to sanitary dangers of the gravest kind. He hoped, therefore, that the War Office would be wise enough to take precautions against an outbreak of plague, or, at all events, would endeavour to minimize its effects as much as possible. (Hear, hear.) He complained of the rigid rules regulating the number of female nurses in connexion with the Army Medical Department. A lingering malady like enteric required constant nursing, and in order to lessen the terrible drain on our forces which it caused it was desirable that the number of female nurses should be largely increased. He proceeded to advocate the establishment of a reserve medical corps in this country. It would not, he said, be difficult to get a large number of young medical men to hold themselves in readiness

under very easy conditions to accept service in case of national necessity. (Hear, hear.) The War Office had acted wisely in reserving the Army Medical Department by a number of operating surgeons during the present campaign. They would have taken a still wiser step if they had sent out a number of physicians, for under the conditions of disease which existed they would have been greatly helped by the experience of men who had been attached to the fever hospitals of this country. Then more attention should be given to the sanitary aspects of the campaign. It was true that military medical officers were trained more or less in sanitary science, but judging from the results of the present campaign he could not consider that their efforts as sanitary experts had been satisfactory. He had been told by friends who had been through the campaign that over and over again troops arriving at a town had been allowed to camp on ground which had been left by previous detachments—ground very often fouled by serious disease. The consequence was that body of men after body of men had come under conditions that made disease life among them. This he declared could have been prevented by a wise sanitary supervision of the line of march. (Hear, hear.)

Mr. BURDETT-COUTTS (Westminster) desired to make a remark on the subject of the censorship. No one could realise better than he did the necessity of striking out of correspondents' telegrams anything that could in any way affect the strategic or military aspect of the campaign. Statements as to the condition of the sick and wounded ought not to be censored; but they had been. The same official who censored the despatches had the whole control of the movements of the correspondents, and he thought that those two offices should be separated. The censor, too, ought to be a military man, because the civilian, once he got into khaki, would out-Herod Herod in his militarism. The Under-Secretary had said nothing about the large vote for the Army Medical Department. At present the Department possessed no part of its own, and could not make preparations for pressure in any particular place. In the present campaign a remarkable service had been rendered by the Irish Hospital and the New South Wales Field Hospital, both of which had their own transport. What proportion of the extra stores to be provided were to be medical stores? The R.A.M.C. had nothing of its own but medicines and drugs. Would the necessary equipment for the campaign form part of the extra stores? But the disastrous results in South Africa in connection with the medical service had been caused more by an absence of men than by the absence of equipment. The Army Medical Corps had been undermanned in doctors, in orderlies, and in nurses, and that was why the sick and wounded could not receive proper attention. Was any portion of the vote devoted to permanent work to go towards securing a better state of things in future? It was impossible to maintain in peace an Army Medical Department equal to the strain of a great war; but there should be some system whereby skilled staff could be called on in case of necessity. There was no such system now, and no reserve and auxiliary staff attached to the Volunteers and Militia. The New South Wales Field Hospital, that magnificent unit, so splendidly equipped and disciplined—was entirely composed of civilians; and it afforded a model on which an effective improvement of the Army Medical Department might be based.

He had heard Army officers say that it took three years to train an Army Medical orderly, but he did not think that any system of theoretically training orderlies would supply what was needed in time of war. What was the alternative? If they could not have a large number of men nurses, they had always at their disposal female nurses all over the country. One of his great complaints had been the objection to female nurses on the part of the Department at home. He thought that this objection on the part of the Army Medical Department at home ought to be overcome, and we ought to accept at once in a campaign carried on in a civilised country like South Africa, where the character and the safe of women were respected, the principle of a very large number of female nurses certainly at the base and the stationary hospitals.

Dr. FARQUHARSON (Aberdeenshire, W.) agreed with the hon. member for Westminster as to the necessity of having sufficient transport for the medical department, and he hoped that the result of the inquiry now on foot would be to emphasise the necessity. He appealed to the Government for consideration for the Indian bearer corps, whose services, he said, could not be overrated. He thought it was only due to the medical department to say that admirable results had followed their administration, as were shown by the percentage of deaths and recoveries among the sick, which compared favourably with those in civil life.

Mr. WYNDHAM, continuing, said:

State for War had been in office five years, and that he had not achieved everything which it was now said ought to have been achieved. But during that debate number after number had risen and said that his noble friend had done more than any of his predecessors upon the very question of the Army Medical Corps, which had been in the forefront of their debate. Proposals had been made, but they had been done and even opposed. Then, again, he asked, what was the use of thundering against the Secretary of State for War because the establishment of the Army Medical Corps was not sufficient? He had proposed an establishment higher than ever had previously existed, and had not been able to obtain the number of officers he required. It was said that was because the rewards offered were not sufficient, but, acting on the advice of his military advisers, he had offered incentives to tempt young physicians to enter the Army Medical Corps, and was it fair, when it was matter of common knowledge that the great medical colleges had boycotted the corps for years in order to exact concessions in rank—as it was fair, when their wishes had been met, to attract competent physicians to attack the Secretary of State because he had not sufficient officers to meet the situation? He would not dwell upon this, for the point had already been threshed out, and what was to be said on either side was well known to the Committee. In view of the efforts made to increase the Army Medical Corps, in view of the fact that the establishment voted had not been reached, he was convinced that it was a question of organisation that demanded most careful attention and most strenuous effort at the end of the war. But they could not do this

now. It was his belief that no increase of pay, no exaltation of rank could be expected in times of peace to attract a sufficient number of young, keen, and ambitious men to fill up the places that must be filled up in time of war. A young medical man does not care to bury himself at Colchester or any other military centre to attend a few hundred men suffering from the customary ailments of this country, he was ready to work for little or no remuneration in the slums of a great city or in the wards of a great hospital, he wanted the peace and experience necessary for a successful career. Therefore he had himself come to the conclusion that instead of striving to expand the Army Medical Corps in time of peace to be adequate for 10 times of war, it would be necessary to have a very efficient and highly paid Army Medical Corps, and to make application to the great hospitals throughout the country to know in time of peace what men would be ready for service in time of war, or when there was large concentration of troops what men would be ready to come forward and work for the Army as they would work in a great city in time of pestilence. (Hear, hear.) He did not know that it was the opportunity for submitting such conclusions, but some such idea must prevail in the future that it was impossible in time of peace to secure very many more men for the establishment expanding than in time of war. You must secure doctors and chaplains by means of a retaining honorarium and claim their services in time of Imperial crisis. After what had been said here, members generally must feel that the attacks upon the Secretary of State were most unjust.

SOUTH AFRICAN HOSPITALS INQUIRY.

Yesterday the Commissioners inquiring into the condition of hospitals in South Africa visited the Royal Victoria Hospital at Netley and examined about 70 patients who had gone through the campaign. Sir Robert Romer and his colleagues reached Netley at midday and were received by Colonel Charlton, the principal medical officer, who gave them every facility for hearing evidence.

The sick wards were visited by the Commissioners in two sections so as to divide the work of examination, and between 40 and 50 of the convalescent patients were addressed by Sir Robert Romer, who told them that they had come to inquire into the care of the sick and wounded in South Africa, and they wanted to know how they had been treated. He assured them that they need be under no apprehension that anything they said would be entered up against them, and if they desired it their names could appear in print. The Commissioners then divided and took evidence from the men in the sick wards, repeating the assurance of privacy of the proceedings. Out of the 70 men examined only two desired that their names should not be published. A general idea of the views of the witnesses could be gained by taking them in their order and giving a few specimens of their replies.

No. 1.—Suffered from dysentery. Was in bell tent at Bloemfontein. Was on the ground, but had waterproof sheets. When the wet came they felt it, especially when the trenches were not dug deep enough. Had nothing to complain of, bearing in mind that they were at war.

No. 2.—In bell tent at Chieveley. Had enteric and dysentery. Was not overcrowded till 400 cases came in from Ladysmith. Short of orderlies, one orderly to 11 or 12 bell tents. That lasted till the Imperial Hospital Corps came up about the end of April. There was no want of attention. Never lay in mud.

No. 3, 4, 5, and 6 said in effect there was no overcrowding, and nothing to complain of.

No. 7.—Had been in the Indian Mutiny, China, and Abyssinian wars, and left New Zealand as a Volunteer, saying his own expenses, and joined the local forces. Wounded in the spine at Paardeberg. Never was more surprised in his life than when he went down to the field hospital and found the comfort and provision which was made for the sick and wounded. Only one in a 100 made any kind of complaint, and those ought to take their mothers with them wherever they went.

No. 8.—Shot at Driefontein. Carried on bullock wagons to Bloemfontein. Well cared for at the dance school there. The water was grand after what they had had all along.

No. 9.—Nothing to complain of. Full rations. No. 10.—In hospital at Colenso. In bell tent for a week, no blankets, only a big coat. Removed and got a stretcher and two blankets. Had to crawl about 500 yards to the trench because they had no bed utensils, and some of them had to lie out all night being too weak to get back. Did not suffer from want of clothes. It was hot weather. It was only in wet weather they felt the want. Did not expect things to be as well at the front as at the base.

No. 11.—Taken sick in going out to Africa. Was in Woodstock Hospital. Nothing to complain of.

No. 12.—In the steps of Ladysmith. Bedding supply ran short in hospital. The food, of course, was given to every one as far as possible.

No. 13.—Suffered from dysentery at Bloemfontein. Went into field hospital. Sometimes eight or nine in a tent. Had milk and ship biscuits. Went to Modder Spruit hospital. Had an insolent orderly, who, if asked for anything, told them to get it themselves. He was two or three months there. Shifted to another hospital where everything was convenient. There were no utensils, but that could not be helped. As they got down the country they had everything for their convenience.

No. 14.—Sick at East London. In Green Hospital. Had to go 200 yards to trenches on two sticks. Only one orderly with 20 or 30 men to look after. Cannot expect much comfort in little field hospitals.

No. 15.—Had both jaws broken at Krugersdorp. Taken to General Hospital, Bloemfontein. Had brushes on the back and side and was told to sleep on the floor. Objected, and they gave him a stretcher and afterwards took it away. The orderlies did not make them comfortable, and he had to pay 2d. for hot water.

No. 16.—In bell tent at Bloemfontein. Had read a good lot about the discomforts, but had nothing to complain of. The orderlies might have done better. Did not pay anything for hot water. Would sooner have thumped the orderly than pay him for doing his duty.

No. 17.—Got leg broken at Paardeberg. Had a bad time for 26 hours in train with leg in splint. Could not move, and no attendant and no conversation.

No. 18.—Wounded at Spion Kop. Made very comfortable. No one took their ration—they only had a biscuit.

No. 19.—Lost leg at Bloemfontein. Nothing to complain of. Did not expect to be looked after as he was at home.

No. 20.—Lost leg at Pieter's Hill. Rather short of food at Chieveley, but no fault to find with nurses or doctors.

No. 21.—Shot in knee at Driefontein. Left out in the sun at the field dressing station without water. Lord Roberts and staff came by and gave us tea and water out of their own bottles. Afterwards well looked after by New South Wales orderlies.

Some of the witnesses spoke of losing money whilst in hospital, and they generally spoke of being well treated on the return voyage, though in two or three instances they had suffered from neglect at the hands of the doctors and attendants.

The inquiry will be resumed in London on Monday.

SIR W. TURNER ON THE FIELD HOSPITALS INQUIRY.

Professor Sir William Turner, Edinburgh, was the guest of the Edinburgh Merchant Company last night at the annual dinner given in connection with the closing of their schools, and proposed the toast of "The Imperial Forces." He said the Army Medical Department had been subjected of late to a considerable amount of criticism. Was that criticism altogether justified? (Hear, hear.) Let them consider for one moment what the circumstances were. They had had carried out into the wilds of South Africa an army of 200,000 men, they had had that army subjected not only to all the perils of war, but to the attacks of disease. Let them conceive for one moment what would have happened in that great city—that great medical centre—if 5000 or 6000 people had been prostrated with enteric fever in the course of two or three weeks. Why, the energetic convener of the Public Health Committee would have found himself in some difficulty in providing proper accommodation and nursing for these people—(hear, hear). How much more would such difficulties arise when they went into the African veldt, hundreds of miles away from great centres of population—(applause). Some consideration ought to be given to these matters. Had not think enough had been given to them. He thought there had been too much fault-finding and too little recognition of the extremely difficult circumstances under which our Army Medical Department had been placed. He felt that this inquiry which had begun, and which would have to go on for some weeks, if not some months to come, although it might show defects here and there—for what system of human administration was perfect?—yet, on the whole, he believed that it would show that the medical administration of the British Army was one of which they might be proud—(applause).

THE MEDICAL SERVICE AND THE WAR

The completion of the South African Hospitals Commission by the addition of two well-known public men ought to satisfy those who so greatly desiderated a "business" element in its composition. Nevertheless, Mr. Burdett-Coutts is still far from satisfied, either with the constitution or terms of reference of the Commission. In a letter which has appeared in many newspapers he boldly assumes the part of judge as well as accuser. He would have shown more taste as well as discretion had he kept silence at present, for to insinuate that certain members of the Commission cannot be impartial, or that official efforts will be made to whitewash officers or hush up shortcomings, is suggestive of personal animus rather than public spirit. By such ill-timed interference he is, indeed, by implication already discounting his own reliability—as, for instance, in his statement that the civil surgeons employed in the army hospitals at the seat of war were bound down not to disclose hospital secrets or scandals, a charge which Mr. Wyndham, in answer to Dr. Farquharson, showed had no real foundation.

The facts are that civil surgeons, not being provided for in army warrants or acts, had to sign such a business contract as any employer, public or private, would as a matter of course exact; and, in the peculiar nature of the employment, they had also to subscribe towards certain military obligations in regard to obedience of orders and conformity to discipline, such as is primarily necessary in all soldiers, or even camp followers. That any person, civil or military, employed in the field could be allowed unlimited power to criticise current operations would, of course, be entirely subversive of discipline.

Even more regrettable, and, we believe, equally without solid foundation, is the suggestion of Mr. Burdett-Coutts, that, unless the Commission is armed with penal and protective powers, the real truth about army mismanagement will not be got at; because of the system of vindictive intimidation and subsequent persecution towards informers or complainers practised by military superiors towards inferiors. This is little short of a libel upon the independence of our officers and men, and on the honour of those in high military authority. Grumblers are of course disliked in any sphere of life; and such men in the Army are no doubt ready to pour complaints privately into sympathetic ears, but they are usually very unwilling to have their complaints sifted by cross-examination in public. Evidence as to genuine complaints concerning military mismanagement can always be got through voluntary and truthful witnesses without compulsion.

We have no desire to minimise failure or imperfection in the Army Medical Service; on the contrary we have for years endeavoured to show up its defects in military status,

numbers, and autonomous organisation; we ought, therefore, rather to welcome than deprecate the present agitation in the hope of good resulting.

We hope and believe that the Commissioners appointed to report on the arrangements for the care and treatment of the sick and wounded during the South African campaign, will "push," as Mr. Burdett-Coutts asks, "their inquiry back into the real seed ground" of what he terms "the disaster," namely, "the insufficiency and unpreparedness of the Army Medical Department."

The "insufficiency" or undermanned condition of the Army Medical Service for the vast duties imposed on it, is as notorious as it is lamentable and inexcusable; but we cannot assent to the statement that the Service was "unprepared" for the war, because we feel assured that it has not failed to make the best use of its resources so far as its strength in personnel and autonomous organisation allowed.

The consensus of opinion has been as remarkable as undeniable that, broadly speaking, the Medical Service has been worked with splendid devotion and very great success during the war; therefore, while we do not, of course, question the accuracy of what Mr. Burdett-Coutts actually saw at Bloemfontein on a certain date, we cannot on such limited evidence accept his inferences as to the general inefficiency of the Medical Service.

We can only repeat the hope that the Commission will give its serious attention to three defects in the Army Medical Service—its dangerously undermanned condition, its imperfect autonomy in the field, particularly in the matter of transport, and its want of proper representation on the headquarter staff. If the Commission can cause these defects to be remedied, the Medical Service will ultimately have no cause to complain of Mr. Burdett-Coutts's methods.

THE TIMES, MONDAY,

JULY 30, 1900.

THE MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—The attack which has been made on the medical arrangements in South Africa has been read with astonishment, if not with a much stronger sentiment, by Army Medical officers and by many of those who have been restored to health and strength by their skill and care.

After the excellent work which they had done during the earlier phases of the campaign, and which they are still doing, the officers of the Army Medical Corps might have been pardoned for believing that they would have been exempt from any such attack.

As yet only a telegraphic summary of Mr. Burdett-Coutts's letter has reached South Africa. When its full text has been received it may be found less sweeping, I might perhaps say less unjust, in its condemnation than the telegraphic summary would lead one to believe.

As far as can be gathered at present, Mr. Burdett-Coutts has stated that the sick and wounded have suffered cruelly and that the medical arrangements are quite inadequate.

That the sick and wounded have suffered I will freely admit, for suffering is, and must always remain, inseparable from war.

In the present instance, however, their sufferings have been entirely dependent on the exigencies of the campaign, and they could not in any way have been prevented by the Army Medical Corps.

Let us suppose a long and rapid march, such as the magnificent and entirely successful one which Lord Roberts has lately accomplished to Pretoria. At intervals during such a march many of the troops are and must be far removed from village, town, or railway. They are daily driving the enemy before them, and men are daily and hourly falling sick or being wounded. The sick and wounded cannot remain with the force, for this would entirely hamper its movements and would irretrievably block the field hospitals. To overcome this difficulty stationary and general hospitals are established at suitable intervals along the lines of communication.

When a man falls sick or is wounded on the march he is taken to the nearest field hospital. There his wounds are dressed, or he is otherwise prescribed for. As the field hospitals become full sick convoys are organized. The patients are placed in ambulances, on wagons, or in hospital trains, as the case may be, and are sent to the nearest stationary or general hospital. The journey may be a long, rough, and tedious one, and must of necessity entail suffering on the sick and wounded. This is the suffering which is unavoidable, which is inseparable from war.

That the sick and wounded have suffered through any shortcomings or from any breakdown in the medical arrangements few, I think, who have watched the working of our hospitals in South Africa will admit. First of all, the principal stations along the lines of communication, and large and fully-equipped hospitals will be found established there. Take, for instance, Bloemfontein. The town and surrounding plains are dotted with hospitals. The Randvaal, Grey's College, St. Andrew's School, &c., have been taken over for the accommodation of sick.

shelter on the surrounding plains are acres of hospital marquees. Enter one of these hospitals and the patients will be found provided with beds, with spring-matresses, blankets, pillows, sheets, and all the other requisites which are found in permanent hospitals at home. The equipment includes stoves, milk sterilizers, cooking utensils, baths, hot-water bottles, feeding cups, and the hundred and one utensils which go to complete a well-appointed hospital at home or abroad. When we consider the difficulties which the railway officials have had to contend with since our troops entered the Orange River Colony and the enormous demands which have been made on the transport generally the way in which the Army Medical Corps have equipped their hospitals is little short of wonderful. As for medical comforts they are obtainable in practically unlimited quantities and the welfare of the sick and wounded is attended to as perhaps it has never been attended to during any previous campaign. The amusement of the patients is equally cared for. The hospital wards and marquees are light and cheerful and are liberally supplied with books, games, the latest illustrated papers, &c.

If, on the other hand, we turn to the results obtained during the campaign, they will be found equally satisfactory. The exact figures are, of course, as yet unknown, but the deaths from gunshot wounds probably do not exceed 5 to 6 per cent., whilst men have recovered completely who have been shot through every organ in the body, including the brain, the lungs, every abdominal organ—I might almost add, the heart.

Turn, again, to the treatment of disease and we find the same excellent results. There is reason to believe that the amount of sickness and death is much below that of any previous campaign. Take for instance enteric fever. The complete statistics of the campaign are, of course, as yet unobtainable, but from those to which I have had access I find the mortality to be 11.5 per cent., which would be considered a small death-rate even in hospitals in England.

On the whole, then, I do not think that the Army Medical Corps need fear the most searching inquiry into the work which they have done in South Africa.

I am, &c.,
G. H. YOUNGE, Major, R.A.M.C., Commanding
No. 15 Field Hospital.
Bloemfontein, July 7.

TUESDAY, JULY 31, 1900.

SPECIALISTS IN MILITARY HOSPITALS.

4.0 Mr. RAINBRIDGE (Lincoln, Gainsborough) asked the Under-Secretary for War whether, if an officer invaded home from the seat of War required the attention of specialists while in a military hospital in England, it was the rule that such advice had to be obtained and paid for by the officer himself or his relatives.

Mr. WYNDHAM.—If the medical officer in charge of a patient is of opinion that the assistance of a specialist is required, the cost would be borne by War Department funds.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The Commission inquiring into the treatment of the sick and wounded in South Africa resumed their sittings at Burlington-gardens yesterday. Sir Robert Reaner presided. The other Commissioners present were Dr. Church, Mr. Frederick Harrison, Professor Cunningham, Sir D. Richmond, and Major Tennant, secretary.

Colonel Steevens, the Principal Ordnance Officer in the Ordnance Department, made a correction of his previous evidence. He had stated that he had no knowledge of any hospital equipment being asked for from South Africa. Since then he found that 400 Abercrombie beds had been wired for, and if not already sent to be shipped at once. When he said that hospital marquees and ambulances had been demanded and they did not get them off as quickly as they should have done, that was owing to not being able to get supplies from the manufacturers. The despatch of these things did not take place for a month or six weeks after the demand.

Captain Cousins, of the City Imperial Volunteers, said he went through the Woodstock Hospital at Cape Town and talked to the patients, and he never heard the slightest complaint of their treatment. Before reaching Edenburg he suffered from heart disease and debility, and he went by ambulance wagon to the Portland Hospital. He was there eight days and saw men of his own regiment there. Everything that possibly could be done was done for their comfort, and there was plenty of food and the beds were clean. He left the hospital on April 30 and stayed for six weeks in an hotel in Bloemfontein. He visited a ward in No. 9 Hospital, and spoke to several fellows there. There was never the slightest complaint made. There was plenty of room, and they had fans and everything for their comfort. In Bloemfontein he saw men of his own regiment and other regiments, and he was quite sure they would have made complaint if there had been anything to complain of.

Mr. Murray Guthrie, M.P., was the next witness. In the first place he went out as secretary to a field hospital, and when he reached Bloemfontein he was appointed by Lord Roberts to see to the forwarding of comforts to the soldiers sent from home. He was at the railway station for some weeks from 6 in the morning till 6 in the evening, but as the work got slack he was interested in hospitals, and he visited every hospital in Bloemfontein and also the field hospitals in the neighbourhood. His first experience was at Driefontein, where there were 400 cases in the field hospital, nearly all wounded, but some fever cases. The doctors did everything that they possibly could. They were rather short of supplies, but that was only natural. There were only 30 or 40 stretchers, and all the rest were lying on the ground, but

he did not think there was any grumbling, for they quite realized that it was impossible for things to be otherwise. The worst cases were on stretchers, and the Boers and the English were put against wheels of wagons and against the walls of farmhouses. The bottles of Driefontein took place on March 10, and it was about seven days before they were removed. They were very short of everything but meat. The doctors worked like slaves. There were very few doctors to a great many patients. The doctors had no better food than the patients; he knew because he shared with the former. The ordinary ration was biscuit and meat. They were removed to Bloemfontein, a distance of 40 miles, in 10 ambulances and 30 to 40 bullock wagons. The road was extremely rough and the weather was terribly hot. He did not think there was any further merit in an ambulance wagon as against an ox wagon beyond the former having an awning to protect from the sun, which was a great thing there, for there was only accommodation for two patients, with ten miles to draw the ambulance. The doctors were dying to get the wounded down to Bloemfontein. If there had been sufficient transport the wounded would never have been left at Driefontein. The horses were half dead when they reached Bloemfontein. The ambulance wagons were reduced to one-fifth on that occasion. When he reached Bloemfontein he was appointed to distribute the military comforts sent from home. Towards the end of April and beginning of May they got slack, and he took special pains to visit every hospital in Bloemfontein. He visited the Imperial Yeomanry Hospital at Driefontein, and it was far and away the finest hospital in South Africa. They had wine glasses with the "Prince of Wales's crest engraved, and the same with the lazzis. The thing was absolutely perfect; just like Guy's Hospital put down in the middle of theveldt.

The CHAIRMAN.—Was there any complaint?—No; but a great many people spoke of the want of organizing power on the part of the Royal Army Medical Corps. He went to the No. 8 General Hospital at Bloemfontein, where there were 1,300 or 1,400 cases under canvas a mile from the town. The sister superintendent told him they were overcrowded. The marquees were good. When they got to the tents the men were lying on the ground very much crowded. The sister said it was impossible to attempt to nurse the men in the state they found them. There were enteric and dysentery cases, and some of them were in a filthy state and too ill to get up. It was impossible for the orderlies to get through the work at these tents. Some of these men had lain in this pitiable condition for 48 hours. The men were lying on the ground. There were not sufficient marquees to put them in. When the men were convalescent they were sent to the base—they had to clear their own tent to make room for others. He could not speak more highly of the doctors, nurses, and orderlies, and though no doubt there were black sheep among them he never came across any. The six in the marquees were well looked after, at any rate he never heard of a complaint. Though the marquees were short-handed there was no absence of medical comforts or equipment. Some of the men in the tents were very much crowded. The sister said very ill indeed. He saw every hospital in Bloemfontein. There was certainly one cause of complaint—viz., the want of fresh milk. None of the hospitals had a sufficient supply of milk—some none at all—and it could be had at the club for porridge and tea and at the three hotels at any time. A provision should have been issued that no private consumer should be allowed to buy milk, and he knew that fresh milk could have been had. A train full of men was sent from Bloemfontein to Cape Town with one doctor and no orderlies at all. At midnight the train was so full that they had to get a sledge to wash out the carriage. They were overcrowded, and as all the empties went to Cape Town there was no necessity for any overcrowding. The poor men had no bed utensils, and in fact some of them were too ill to use them. It was on the suggestion of Dr. Conan Doyle, as he learnt afterwards, that buckets were put in the carriages for the invalids.

What do you say of the hospitals generally?—The private hospitals were very much better than the military hospitals, because the former had power to refuse more patients than they could deal with.

By THORNTON (OXFORDSHIRE).—When the weather was hot there was no disadvantage in lying on the ground—it was rather an advantage.

Could anything have been done by the medical authorities to make things better?—Not by the medical authorities in charge of the hospitals, but certainly there was something wanting on the part of the higher medical authorities. There were a fair amount of things like blankets that ought to have been bought. They could have got 25 mattresses per day stuffed with dried grass which was in great abundance in the neighbourhood of Bloemfontein. They could easily have brought up bed ticking from Cape Town. The principal medical officer at Bloemfontein (Colonel Stephenson) ought to have commandeered everything that would have been of any good to the hospitals, and there were hotels and clubs and houses that might have been converted into hospitals with the greatest of ease. The officers in the hotels could have slept in the camps.

What did you see of the transport?—I was at the railway station and saw the arrival and despatch of most of the trains conveying the sick and wounded. He described one thing which was of frequent occurrence. Fifteen men had been brought from the north both by train and wagon, and the orderly told him that eight men who were lying down cases had only had two tins of condensed milk in 48 hours. He saw these men in trucks at 6 o'clock in the morning, and it was not until 3 in the afternoon that these men were taken away. Witnesses had these men taken out of the truck and laid on the platform and supplied them with bovril and milk. He thought it was scandalous for these men to be left in such neglect, and he went and saw Colonel Stephenson, the principal medical officer, who said that he had not been advised that these men were coming; that the civilian officers constantly neglected to advise the despatch of sick. The colonel said the whole thing was due first of all to having the transport cut down, "and secondly to you and your friends when cutting down the votes of the R.A.M.C.; mine is not a bed of roses, and I would willingly give it up." Colonel Stephenson had only been in Bloemfontein a couple of days, but it was certainly the fault of the principal medical officer not to make better arrangements.

The CHAIRMAN.—Was it nobody's business to go to the general hospital to advise of the arrival of the wounded?—No.

Was it not any human being's business to do what humanity dictated and send a message to the hospitals? It was the business of the principal medical officer to keep a man at the station supplied with bovril and condensed milk to give to the invalids when they arrived. Witness suggested this to the principal medical officer.

but it was not done. Whiteman left Pretoria only three weeks ago last Friday, and General Kelly-Kenny told him that he always had a man with his wounded to look after them. There was no lack of bivouac supplied by the Army Service Corps, and they had enough spirits and wine, and no scarcity of food. Their arrangements were admirable.

What did you find at Pretoria?—I saw Sir William Thompson who had charge of Lord Ives' Irish hospital, which was thoroughly equipped for 100 beds, but they took charge of 50 more, who had to lie on the ground. I got permission from Colonel Stephenson to visit the seven hospitals in Pretoria, and found them short of everything. With Lord Roberts' permission I formed a committee, and we went to all the shops in Pretoria and Johannesburg and got what was wanted. Lord Roberts told them that money was no object, and they could have carts, blankets, and in some cases they had not got a blanket. These deficiencies could have been met both at Bloemfontein and Pretoria if the principal medical officer, instead of waiting for things coming up from Cape Town, had commandeered the things in the neighbourhood. If Lord Roberts would give permission to him surely he would have given it to the principal medical officer. The medical officers should have more freedom, or there should be at the head of the whole thing a man who was trained something like the Army Service men, who were never short of anything. These men went and commandeered everything they wanted. He might say that on part of the march to Pretoria he was assistant to the divisional supply officer of General Hamilton.

Dr. Lawson, in charge of the Southampton Ambulance Corps, who had experience at the Orange River and Bloemfontein, said the R.A.M.C. worked like slaves.

Dr. Russell, senior surgeon to the Kimberley Hospital, said they were fairly well off for everything except milk during the siege.

Dr. Frowes stated that he was with General Buller from December 11 to March 5. They practically had nearly all the wounded and the sick through the field hospital. Their work was admirable. They had enough orderlies for anything, but in the two great emergencies after the battles of Colenso and Spion Kop they could have done with five times the number of orderlies. Some of these orderlies were good and some indifferent, but it must be remembered that they had to fix tents and dig trenches as well as nurse the sick, and they did very well. There were no marked deficiencies. The difficulty was transport, and for a month they were 25 miles from a railway. The medical department had their own transport. Their field hospital was fitted for 300, but after the siege's drift they had to take in 800. They were short of bread at Spion Kop, but not unreasonably so. When they got to Chieveley they were very well off for food. Female nurses were very desirable, but it was impracticable to have them in field hospitals. Pillows were not wanted and they could not be washed. The soldiers did not like sheets. There was no better sleeping accommodation than a stretcher provided with a blanket sack. No doubt they were lamentably short of utensils. He could not imagine a *long side bar* for a real complaint, considering that they were at war and the enormous difficulties they had to meet with. The ox wagon was preferable to the ambulance because it rolled over the grass and it was a very pleasant mode of progressing. Some of the ox wagons had a *long side bar* to protect them from the weather. The horse ambulances were very good; they were on the model of the spider cart. At Pietermaritzburg they had 1,150 wounded men suddenly dumped down upon them and some inconvenience naturally arose.

Dr. Charles Chesswell, of the Central Red Cross, and Nursing Station Barwell were also examined, the latter stating that the men never complained.

Dr. Cosan Doyle was examined. He stated that he arrived in Bloemfontein on April 2 and stayed till July 5, and during that time he was in the private hospitals. They had beds for 100, but the pressure was so great that they took in 150. They had not beds and utensils and could not treat the patients properly, but they did the best they could. The Army medical establishments were worse off, as they could not refuse patients like the private hospitals. He did not go into the Army medical hospital, but he discussed the matter of the extreme stress with Mr. Burdett-Conte and others. He saw some things that he thought might be improved, but he saw nothing which shocked him or which was due to deliberate neglect. He thought at the beginning of the occupation of Bloemfontein—there might have been political reasons for it—we showed too much attention to the feelings of the Orange Free Staters and not enough for the crying wants of our own soldiers. He thought houses should have been commandeered instead of leaving the men to lie on the veldt. He heard the views of the military authorities were overruled to make a good impression on the Free Staters. He thought also a rest camp should have been formed earlier to make room for cases that really needed more careful treatment. The devotion of the medical men was very great and the mortality was very high amongst them. Their men were entirely civilian orderlies from the St. John Ambulance, and they worked splendidly, and 65 per cent. of them got enteric fever.

By the CHAIRMAN.—Except in the matters you have mentioned, you saw no cause of complaint?—Quite so. I once had occasion to write to General Wilson and he received my suggestion. He put the matter right and thanked me instead of taking umbrage. I believe if men instead of making criticisms at large had gone to the responsible head of the department and pointed out what was wrong it would have been put right.

To-day Mr. Burdett-Conte will be examined.

TO THE EDITOR OF THE TIMES.

Sir,—So many and severe attacks have been made on the hospital arrangements in South Africa that, in fairness to the authorities, I venture to ask you to publish the following extract from a letter received this morning from my son, who has, I regret to say, been an inmate of two of them for some time.—Extract, Springfontein, June 28.—“They look after one wonderfully well in these hospitals; everything very well done and clean, food excellent.”

I do not suppose that in a campaign where extreme mobility appears to be the chief condition of success anybody can be foolish enough to expect that the field hospitals should be supplied with all the appliances and comforts of St. George's. The most that can be expected is that the ambulance arrangements should be

good and the base hospitals well administered, and this from the letter I have quoted appears to be the case in some of them, at all events.

I remain your obedient servant,

ORNBATHWAITE.

Stoke-park, Stapleton, near Bristol, July 23.

TO THE EDITOR OF THE TIMES.

Sir,—May I be permitted to say that the view expressed in your article to-day regarding Lord Lansdowne's refusal to accept Sir W. Foster's offer will hardly be generally endorsed, nor is it at all certain that his refusal was a mistake? Such a view clearly indicates that had Sir W. Foster been in South Africa he would have succeeded where the R.A.M.C. are supposed to have failed; but surely this can hardly be correct? Even if we admit for the sake of argument that all Mr. Burdett-Conte's charges are well-founded, the condition of things he condemns in the hospitals is known to have been due, not to any want of sanitary knowledge on the part of the military surgeons, but to transport difficulties that even Sir W. Foster himself could not have overcome.

The South African war has provided many surprises, but none more remarkable than this—that the officers of the R.A.M.C. are but as “brewers of wood and drawers of water,” fit only for the drudgery of their profession; and that whenever a war breaks out they must have their work supervised by irresponsible distinguished consultants and eminent sanitarians, if the public is to be satisfied that the sick and wounded are being properly looked after.

It is not to be supposed that your leader-writer desired to cast any unwarranted blame on the R.A.M.C., but it is difficult to see what other impression can be drawn from his words. Without any undue conceit on the part of the officers of the corps, it may be asserted that they were at least as well informed as Sir W. Foster could be on the sanitary questions involved in their daily duty; and we hold that the advice given by the Director-General was sound. At present no evidence has come from South Africa to show that they have exhibited any ignorance on the subject of sanitation that could in the least degree have been avoided by the presence on the spot of even such an eminent sanitarian as Sir W. Foster; and it seems a little unfair that they should be subjected to harsh criticism whilst they have been labouring under most adverse conditions without a protest and simply in the way of duty.

EDWIN FAIRLAND, Lieutenant-Colonel
A.M.S., retired.

July 23.

TO THE EDITOR OF THE TIMES.

Sir,—In your leader of the 23rd inst. you state that “it is quite clear that his (Lord Lansdowne's) refusal (to accept Sir Walter Foster's offer) was a mistake.” As a civilian who has had some experience in sanitary matters, who has no official or personal relations with either of the parties, and no other object in writing than the promotion of the efficiency of the Army Medical Service, I trust that you will afford me a little space in your crowded columns to explain why it appears to me that you have not touched this matter with your usual accuracy.

In the first place, it seems evident that if there was any mistake at all it was not that of Lord Lansdowne, but of the Director-General of the Army Medical Department. Mr. Wyndham, in his reply to Sir Walter Foster, distinctly says that his offer “was carefully considered by the medical authorities here,” and that “the Director-General does not regard as necessary the establishment of such a commission as you recommend.” It is true that he adds that Lord Lansdowne “concerns in this view,” but it is difficult to see how his lordship could have done otherwise. He could scarcely have forced the commission on the Department in the face of such an opinion from its chief. It seems clear, therefore, that if there has been a mistake it is the Director-General of that Department who is primarily responsible for it.

But it is easy to see that there may have been considerations before Lord Lansdowne which may have left no doubt on his mind as to the propriety of concurring in the Director-General's view of the matter. Probably the leading one was a foreboding that such a commission might tend to seriously weaken responsibility for any deficiencies that might become evident in the Medical Department during the course of the war. There will be some difficulty, as it is, in putting the saddle on the right horse, but it would have been immensely greater had Sir Walter Foster's “commission,” as it is euphemistically termed in Mr. Wyndham's letter, complicated the matter by a report as indicative as any the doubtless equally well-intentioned strictures of Mr. Burdett-Conte. If we have eventually to hang any one, it seems evident that the head of the Director of the Army Medical Department will have to be slipped into the noose. But before this occurs that distinguished and experienced officer will probably have something to say by way of denurrer. That his reasons, so far as he has yet given them, are forcible appears from the epitome of them given in Mr. Wyndham's letter. No one who knows anything of the course of training which every Army medical officer has to undergo at Netley can doubt the validity of the inference from the Director's contention, that if there is anything that is well taught there it is military hygiene. If enteric fever has ravaged our forces in South Africa it certainly is not for want of any effort on the part of the eminent hygienist who teaches that subject at Netley to

impress on his pupils, both by precept and practice, the way in which these ravages can be best prevented. And nothing can be more certain than that, whatever else the Commission just appointed may discover, it will not find that the deplorable conditions, into the origin of which it has to inquire, are traceable to any ignorance of sanitary requirements on the part of Army medical officers which Sir Walter Foster's commission could have obviated.

But there is another reason which may possibly have had some weight in inducing Lord Lansdowne to concur in the opinion of the Director-General of the Army and which it would be affectation to ignore. If such a commission as was suggested by Sir Walter Foster was to be a sanitary one—and there was no justification for it if it was not—it would have been manifestly desirable that it should be conducted by some one who had a special claim to represent in an unquestionable way the claims of sanitary science. Now it is no disparagement to Sir Walter Foster to say that though he is known to the medical profession generally as an eminent provincial physician, and though his opinion, like that of the late Sir William Priestley, naturally carries great weight in the House of Commons on professional subjects, he is better known to the non-medical world as an active Liberal politician and as the Parliamentary Secretary of the Local Government Board in the last Ministry. I am not aware that this office needs any special acquaintance with practical hygiene to fill it efficiently or that Sir Walter Foster has made any contributions to this branch of medicine which would entitle him to be considered as an authoritative exponent of its principles more than scores of other equally distinguished physicians. It was, of course, quite open to him to go out to the Cape on his own account, and no doubt he should all have learned a good deal from what he would have told us of his experiences there. But this would have been a very different matter from the War Office sending him out on what Mr. Balfour not unfairly called a “roving commission.”

No, Sir, the Government have certainly made mistakes, and plenty of them. But it would help to minimize the discredit with which real blunders deserve to be visited if mistakes for which the War Office is not really accountable are to be erroneously attributed to it. As sure as eggs are eggs it will be found that, apart from questions of strategic necessity, for which no one can be made answerable, the whole of the defects of our Army medical administration are to be traced to the pernicious policy on which it has for many years past been conducted. We are now beginning to find out that if we want to run an Empire we must not expect to do so with an Army Medical Department equipped on a scale worthy only of a second-rate German principality. You cannot, as the well-known French proverb has it, make omelettes without the breaking of eggs, and if we send an army of 200,000 men into the field with a medical staff insufficient for half the number, and, as Mr. Watson Cheyne has correctly pointed out, without any efficient means of transport of its own, we need not be surprised if an occasional breakdown should occur. It is only due to the unparing labours of this exigent staff that those which have occurred have not been much worse than they might have been.

Your obedient servant, M. O. H.

TO THE EDITOR OF THE TIMES.

Sir,—No one can fail to recognize the admirable services rendered by the N.S.W. Ambulance so generously acknowledged by Dr. Watson Cheyne. The motherland is proud of these strong sons of hers. But it is not necessary to go so far as Australia for an objection to what private enterprise can do where a great public department fails. The Irish Hospital despatched to South Africa by the patriotic beneficence of Lord Ives was organized at home on the lines suggested in two letters in your columns last October from Dr. George Stoker, who has accompanied the hospital to Africa. It, too, is a self-contained unit, with its own equipment, wagons, stores, and transport, manned from top to bottom by Irishmen, and, perhaps an Irishman may use the expression, horsed by Irish mules, whose qualities have excited the admiration of African experts in male-donk. A section of the hospital accompanied Lord Kitchener on his expedition to Pieterka, and he honoured it by a testimonial to its efficiency which has appeared in your paper. The hospital marched with its own transport to Bloemfontein, took its full share of the work there, and accompanied Lord Roberts in his great march to the Transvaal. It was—I speak with confidence—the only civil organization with the advance across the Vaal River and carried the sick and wounded of the Guards Brigade and others into Johannesburg. It shared the final march against Pretoria, and was under fire in the action outside that town. It has since expanded into the principal hospital in Pretoria, with 500 or 600 beds, under the control of its chief surgeon, Sir W. Thomson, and Dr. Stoker, and its services have been cordially acknowledged by Lord Roberts. It has, I venture to say, furnished a model of what a field hospital should be, in no way inferior in efficiency or services to the splendid organization which came from New South Wales. If the War Office want a pattern of a field hospital, it can go for it where it went for a Commander-in-Chief—to

IRELAND.

July 24.

TO THE EDITOR OF THE TIMES.

Sir,—People who consider the problems connected with the prevention of disease infinitely more complex

and at the same time infinitely more important as regards the welfare of a campaigning army than those which present themselves in connexion with such comparatively simple and straightforward principles as are involved in the care of the wounded will have read with great interest the correspondence published in your issue of to-day which passed between Sir Walter Foster and the War Office in October last.

Some such forecast as the one he so admirably expressed therein must have presented itself to many minds, and it is difficult to understand why special considerations with regard to the probabilities and prevention of disease were so neglected.

The theatrical performances of the surgeon have always excited a (7 morbid) interest in the minds of the public, often, I fear, quite independently of the chances of ultimate benefit.

The sympathies of the public on the other hand, in England at any rate, up to the present appear always to have been against the advance of preventive medicine, against the study of pathology and bacteriology. And so at the beginning of the war one heard no call for the services of those who had endeavoured to make themselves specially conversant with the life history of human parasites and their methods of attack and destruction of life. The cry was entirely for the surgical specialist.

It will not be amiss to emphasize the present opportunity of contrasting the danger to life from bullet wounds with that from disease in modern warfare; and it is to be hoped that in future were the probabilities of the adverse interventions of nature will be considered beforehand as studiously as the much less complex artificial dangers connected with modern weapons.

I am yours, &c.,

M.D.

WEDNESDAY, AUGUST 1, 1900. CIVIL SURGEONS IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—From the answer given by Mr. Wyndham to Dr. Tanner in the House of Commons on Friday last it seems that no reply has as yet been received from South Africa to the question whether "civil surgeons employed in South Africa had been required to sign a contract in which they undertook not to divulge in any way their opinions on hospital efficiency or the reverse."

Having just returned home inviolated from South Africa, where I was employed as a civil surgeon for the previous six months, I think it my duty to state that neither I nor any other of the many civil surgeons whom I met with had been asked to sign any such paper; nor do I think we should have regarded it as consistent with our self-respect to have done so.

I am, Sir, your obedient servant,

W. M. PARKMAN, M.D.

Cleveland-house, Bath, July 29.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The Commission inquiring into the treatment of sick and wounded in South Africa resumed their sittings at Burlington-gardens, Sir Robert Bomer in the chair. The other members present were Dr. Church, Mr. Frederick Harrison, Sir D. Richmond, and Professor Cunningham, and Major Tennant, secretary.

The first witness was Mr. Burdett-Coutts, M.P. In reply to the CHAIRMAN, who said that the Commission had read his letters in *The Times* and his speeches in the House of Commons, the witness said that until he went up to Bloemfontein he saw no cause of complaint in the hospitals he visited, except Woodstock. The site of Woodstock was badly chosen and was full of vermin. Surgeon-General Wilson told him that he himself was altogether dissatisfied with the hospital, and that he did not think it was a proper place for a hospital. When he got back to Cape Town the hospital had been very much improved. Woodstock was an improper place to be taken as the nucleus of a large general hospital, especially when there was an unlimited extent of fine land in the suburbs of Cape Town. It was a very miserable hospital generally, and ought not to have been a hospital at all. He arrived at Bloemfontein on April 7, at Kroonstad on May 1, and came back to Bloemfontein on May 19. When he arrived at Bloemfontein there were eight town hospitals. There were no general hospitals on April 7. With regard to the general hospitals, the General Hospital No. 9 had its tents erected on April 8 at Bloemfontein to accommodate 500 beds. There was nothing in them and the staff had not arrived. It was not until a fortnight later that the equipment came up, and it was impossible to put beds into them. His criticism on that was that it would have been better to have sent up the tents and equipment for 400 beds than tents for 500 beds, which were useless. These first three or four weeks were of vital importance, when accommodation was most needed. Then was the time to stop the spread of disease.

You said that the men were dying like flies at Bloemfontein?—Yes, that was owing to the want of staff and equipment. Take the 12th Brigade. There were 496 patients, with three doctors, 25 absolutely untrained orderlies, and no nurses. These 496 patients had only 42 stretchers amongst them, and no beds for the rest of the patients (who were mostly suffering from enteric), and they had to lie on the ground. They were overcrowded, with in many cases ten men in a bell tent. Colonel Stephenson, who was in charge of the medical staff at Bloemfontein and Pretoria, had written a book, where he laid it down that wherever a field hospital was to be used for any length of time (and this was so used for

about ten weeks) every effort should be made to raise the patients from the ground.

You speak of growing neglect and inhumanity?—That expression has been taken hold of as I never intended it. What I meant was inhumanity arising from the necessities of medical comforts. I never had the slightest intention of making any reflection upon the Army Service Corps. They were working under superhuman difficulties which they should never have had to encounter.

When you say that there were a thousand stricken men unburied you do not mean unburied?—I did not say unburied, but unburied; there was only one female nurse there and an extremely small percentage of trained orderlies. They left the patients to convalescents who could not do the work and had no experience of nursing or treatment of the sick. There were several other field hospitals that were not so bad as this 12th Brigade hospital, but very nearly as bad.

By Dr. CHURCH.—The military returns on April 28 gave the total number of patients in military hospitals at Bloemfontein as 2,291, and 873 of these were enteric fever cases.

You say:—"On that night hundreds of men to my knowledge were lying in the worst stages of typhoid with only a blanket and a thin waterproof sheet (not even the latter for many of them) between their aching bodies and the hard ground."—The witness said:—"The 12th Brigade I was referring to was the 12th Brigade, and not those at all. On April 9 the principal medical officer gave me the sick and wounded as 2,200, and there was a large increase between April 9 and 28."

The CHAIRMAN.—I was my practice to make one visit to the medical officer and then to wander into the hospitals. These were stationary hospitals and ought to have been better equipped; and the 12th Brigade remained long after Lord Roberts had moved at the end of May.

Was there no selection of patients for the enteric disease?—No, none at all. That was one of my great complaints of the whole thing at the front.

Did they try to sever the bad typhoid cases by putting them in marquees or otherwise?—I saw a good many cases of typhoid mixed up with men who were not bad.

Had the men their overcoats besides the blankets and waterproof sheets?—I know cases of typhoid and enteric where they lay for a couple of weeks in their head clothes. There was no hospital clothing there.

When you say there was no milk at all?—There was certainly no fresh milk, and at that time they were very short of condensed.

Did you inquire why the doctors did not get milk?—Generally at Bloemfontein they did not seem to be any great effort to get milk for the hospitals. At any rate the hospitals did not get milk, whilst I know several places that did get milk.

Did you complain to Major Daly and Major Hamilton?—Yes, and both agreed that the conditions were extremely painful. At the Orange and the Modder River the field hospitals had nurses, and they were more stationary hospitals.

Would not it be difficult to have females with hospitals in the field?—I cannot understand the difficulty. Of two general hospitals at Bloemfontein one was further from the town than the other hospital I am speaking of, and it was largely composed of bell tents, but no one thought of excluding nurses. The female nurses always had tents, and there was not the slightest reason why they should not have been lodged there.

Then in your letter to *The Times* you say there were three doctors only to attend on 350 patients?—I shall quote from my letter:—"More than a fortnight later another visit disclosed the following state of things. With no further equipment than two marquees and a few bell tents, no addition of staff or anything else, there were 316 patients of whom half were typhoid. Their condition was almost indescribable. The tents were bell tents, affording sleeping accommodation for from six to eight orderlies when working and in sound health. In many of these tents there were ten typhoid cases lying closely packed together, the dying against the convalescent, the man in his 'crisis' pressed against the man hastening to it. With no beds or mattresses and only 42 stretchers in the whole hospital it followed that 274 patients had to be on the floor."

Do you suggest that they could have got beds and mattresses up at that time?—Yes. I do not think that they had studied the question of stationary hospitals with regard to beds. A bed could easily be extemporized, and a mattress stuffed with hay or straw or dried grass from the veldt. Beds might have been got for a large number of patients by getting the men to make them.

Was there much hardship in lying on the ground?—None at all when you are well, but it is very hard for enteric patients. The severe cases of typhoid were not sent from the field hospital to the town hospitals because both were overcrowded.

Dr. CHURCH.—You do not know that serious cases remained for a fortnight in the field hospitals?—No, but that can be cleared up from the death returns. I do not say that they were never removed, but the majority of them remained there.

PROFESSOR CUNNINGHAM.—Who was to blame?—I should prefer not to answer that question; I have endeavoured to avoid blaming individuals. I do not think the marquee was so crowded as the tents. When I speak of a dying man lying beside a convalescent, I went with the doctor, who said, "That man is dying," and he was lying beside a convalescent.

By Dr. CHURCH.—The fever patients wandered out at nights, and that occurred very often.

By the CHAIRMAN.—In your speech in the House of Commons you speak of a corpse being found in a lavatory?—I do not suggest that he died in a lavatory, but I think that those irregularities sometimes happened.

The CHAIRMAN.—Our object is to sift your evidence and see what further inquiries we have to make. You speak of patients who might never have been moved?—Yes, that was at the Portland Hospital.

And men were dying, and so forth?—Yes. I got that from a doctor in the Portland Hospital.

Going back to your letter in *The Times*—you speak of a heavy rain and men lying in the mud?—Yes. Were not these trenches?—Yes, but there were torrential rains for three or four days about the third week in April. This hospital was under a kopje, and the water poured down and overflowed the trenches. I there desired to show the advantage of making the beds from the ground.

You speak of trained orderlies being moved, why was that?—I think they wanted them up at the front. I think it is wrong to mix the convalescents with the patients, because the latter require better treatment.

Sir D. RICHMOND.—Had you ever seen a hospital in any other battle so far compared with this one?

—I saw very much the same things in the Turco-Russian war as in South Africa. It is very difficult to make a comparison with South Africa and practically a barbarous war, with no attendants on the Turkish side.

Was not there a very serious strain upon the medical officers?—Yes, upon the hospital accommodation that existed. May I say that the greater part of the statements have recorded were accompanied by a request not to give their names? In a few cases I have written to my correspondents and pointed out the protection and precautions in your opening speech to the Commission, and left it to them as to whether they were satisfied with these precautions. The evidence comes from various classes of people, all of whom appear to be convinced that it would injure their present and future if they come forward.

The CHAIRMAN.—We should protect them fully and amply, and you can tell them so.

The witness.—How would you protect an officer who considers that his future would be injured?

The CHAIRMAN.—By not giving his name or allowing it to appear in print, or seen at all.

The witness.—Not by anybody?

The CHAIRMAN.—Not by anybody. You spoke of the medical service at Jacobabad and Paardeberg, but you were not there?—No.

Then in your letter you say:—"There are 32,000 sick and wounded troops this day in South Africa, and more than half of these are down with typhoid." How do you know that?—Mr. Wyndham gave 11,903 on May 18 in South Africa, but I made out the figures to be considerably over 20,000.

Referring to your speech, you say they might have taken other buildings for the accommodation of sick and wounded. It has been suggested that there were political reasons?—Well, I myself had a house at Bloemfontein to put my things in which would have done admirably for a small hospital of 40 or 50 beds. And there were three large hotels, and a magnificent Dutch church, and an English, and a Roman Catholic church, and large stores which would have afforded a large amount of accommodation.

Did you mention this to Colonel Stephenson?—No, I cannot say that I was a position to make suggestions to the Principal Medical Officer or the Field-Marshal.

Then you speak of what took place at Bloemfontein?—I went up myself from Cape Town on April 6 by the mail train, which was far from full, and there was no reason why it should not have contained more. There were train-loads of troops coming up with trucks over-loaded, when there was a truck only half-full, or half-a-dozen soldiers in it, and these might have been filled up with doctors and trained orderlies.

Do you suggest that there were no efforts being made to send up medical equipments?—Well, they did not come up. No. 10 Hospital only arrived with its staff, and had no tents or equipment; and No. 2 General Hospital had its tents on April 8, but the equipment did not arrive till April 27.

Mr. Wyndham said in the House of Commons that on April 27 there were at Bloemfontein six fully-equipped general hospitals?—I know of only three at that time, and of those the personnel in one arrived without its equipment, and the tents of another arrived without the staff, and there seemed to be a great want of organization. The two general hospitals were fitted for 520 beds each, and one had 2,000 beds and the other 1,700. The conditions as to crowding were not so bad as in the field hospitals. Even in the town hospitals there was no attempt at classification of diseases. There might have been classification for severity of cases.

Will you tell us what you saw at Kroonstad?—We arrived on Saturday, and the field hospitals had a great many sick in them, and they were camped all round the town. They were supposed to be going on, but they did not move till a fortnight later. Four days after we arrived the authorities commenced an hotel, and a Dutch church, and the staff of the field hospital of the 18th Brigade ran these two hospitals. The non-commissioned officers and orderlies had been reduced from 36 to 15, and there were only three medical officers, and two had to be on duty during the day. There were no medical comforts and no beds and no equipment in the hospitals at all. Two days afterwards a few beds and mattresses were got, but the sick and wounded at first were laid on the stone floor of the church with possibly a blanket underneath them, and the patients were in the church and hotel there were practically only two doctors, because one had to go about to get things, and there were hardly any orderlies. We should have taken on the march sufficient orderlies and doctors and a light equipment, which would have enabled the first ten days of difficulty and pressure at Kroonstad. Nearly a fortnight elapsed, during which there was this great deficiency of doctors and attendants. I bought a wagon and four mules at Bloemfontein, and was offered the choice of four other wagons and equipment, the man saying he had 70 mules to sell. If I could buy wagons and mules the authorities could have done the same. The absence of any satisfactory system of equipping stationary hospitals and manning them in the various towns has resulted in very great suffering. The addition of half-a-dozen wagons would have saved the whole situation.

If there had been more provision, you think the transport difficulty would have been overcome?—Yes. The authorities should have used the tortoise tents, which were only half the weight of the regulation tent, and they were used almost wholly by private hospitals.

The witness.—I saw a convoy of 150 and a convoy of 20 sick men put into ox wagons, and some of them sent any medical man or medical orderly. They were being sent from Kroonstad to the railway up the Sand River. In going from Bloemfontein to Kroonstad I saw men lying on the veldt with nobody to attend them, left there in hopes that some one would pick them up. One of the great difficulties was owing to the medical officers not being resourceful enough in asking for what they required. I do not say that they would have got it, but they did not want to be troublesome. I came from Sand River with 100 or 150 sick and wounded with one orderly. Those men took 20 hours to get to Bloemfontein, and the whole of them, irrespective of their complaints, had a ration of badly feed and a little, very much watered, condensed milk. I know of two other instances of men extremely ill of dysentery being sent all the way to Cape

but it was not done. Witness left Pretoria only three weeks ago last Friday, and General Kelly-Kenny told him that he always had a man with his wounded to look after them. There was no lack of bovine supplied by the Army Service Corps, and they had enough spirits and wine, and no scarcity of food. Their arrangements were admirable.

What did you find at Pretoria?—I saw Sir William Thompson who had charge of Lord Iveragh's Irish hospital, which was thoroughly equipped for 100 beds, but they took charge of 50 more, who had to lie on the ground. I got permission from Colonel Stephenson to visit the seven hospitals in Pretoria, and found them short of everything. With Lord Roberts's permission I formed a committee, and we went to all the shops in Pretoria and Johannesburg and got what was wanted. Lord Roberts told them that money was no object, and they could have carte blanche. At night it was below freezing point, and it was the exception for a man to have more than one blanket, and in some cases they had not got a blanket. These deficiencies could have been met both at Bloemfontein and Pretoria if the principal medical officer, instead of waiting for things coming up from Cape Town, had commanded the things in the neighbourhood. If Lord Roberts would give permission to him surely he would have given it to the principal medical officer. The medical officers should have more freedom, or there should be at the head of the whole thing a man who was trained something like the Army Service men, who were never short of anything. These men went and considered everything they wanted. He might say that on part of the march to Pretoria he was assistant to the divisional supply officer of General Hamilton.

Dr. Lawden, in charge of the Southampton Ambulance Corps, who had experience at the Orange River and Bloemfontein, said the R.A.M.C. worked like slaves.

Dr. Russell, senior surgeon to the Kimberley Hospital, said they were fairly well off for everything except milk during the siege.

Dr. Treves stated that he was with General Buller from December 11 to March 5. They practically had nearly all the wounded and the sick through the field hospital. Their work was admirable. They had enough orderlies for anything, but in the two great emergencies after the battles of Colenso and Spion Kop they could have done with five times the number of orderlies. Some of these orderlies were good and some indifferent, but it must be remembered that they had to fit tents and dig trenches as well as nurse the sick, and they did very well. There were no marked deficiencies. The difficulty was transport, and for a month they were 26 miles from a railway. The medical department had their own transport. Their field hospital was fitted for 300, but after Paigetter's Drift they had to take in 800. They were short of bread at Spion Kop, but not unreasonably so. When they got to Chatsworth they were very well off for food. Female nurses were very desirable, but it was impracticable to have them in the field hospitals. Pill-boxes were not wanted and they could not be washed. The soldiers did not like sheets. There was no better sleeping accommodation than a stretcher provided with a blanket sack. No doubt they were immovably short of utensils. He could not imagine a *bona fide* lazar for a real complaint, considering that they were at war and the enormous difficulties they had to meet with. The ox wagon was preferable to the ambulance because it rolled over the grass and it was a very pleasant mode of progression. Some of the ox wagons had a hood to protect them from the weather. The Boer ambulances were very good; they were on the model of the spider cart. At Pietermaritzburg they had 1,100 wounded men suddenly dumped down upon them and some inconvenience naturally arose.

Dr. Charles Chesswell, of the Central Red Cross, and Nursing Sister Harwell were also examined, the latter stating that the men never complained.

Dr. Conan Doyle was examined. He stated that he arrived in Bloemfontein on April 2 and stayed till July 5, and during that time he was in the private hospitals. They had beds for 100, but the pressure was so great that they took in 150. They had not beds and utensils and could not treat the patients properly, but they did the best they could. The Army medical establishments were worse off, as they could not refuse patients like the private hospitals. He did not go into the Army medical hospital, but he discussed the matter of the extreme stress with Mr. Burdett-Coutts and others. He saw some things that he thought might be improved, but he saw nothing which shocked him or which was due to deliberate neglect. He thought at the beginning of the occupation of Bloemfontein there might have been political reasons for it—we showed too much attention to the feelings of the Orange Free Staters and not enough for the crying wants of our own soldiers. He thought houses should have been commandeered instead of leaving the men to lie on the veldt. He heard the views of the military authorities were overridden to make a good impression on the Free Staters. He thought also a rest camp should have been formed earlier to make room for cases that really needed more careful treatment. The devotion of the medical men was very great and the mortality was very high amongst them. Their men were entirely civilian orderlies from the St. John Ambulance, and they worked splendidly, and 65 per cent. of them got enteric fever.

By the CHAIRMAN.—Except in the matters you have mentioned, you saw no cause of complaint?—Quite so. I once had occasion to write to General Wilson and he received my suggestion. He put the matter right and thanked me instead of taking umbrage. I believe if men instead of making criticisms at large had gone to the responsible head of the department and pointed out what was wrong it would have been put right.

To-day Mr. Burdett-Coutts will be examined.

TO THE EDITOR OF THE TIMES.

Sir,—So many and severe attacks have been made on the hospital arrangements in South Africa that, in fairness to the authorities, I venture to ask you to publish the following extract from a letter received this morning from my son, who has, I regret to say, been an inmate of two of them for some time.—Extract, Springfontein, June 28.—“They look after one wonderfully well in these hospitals; everything very well done and clean; food excellent.”

I do not suppose that in a campaign where extreme mobility appears to be the chief condition of success anybody can be foolish enough to expect that the field hospitals should be supplied with all the appliances and comforts of St. George's. The most that can be expected is that the ambulance arrangements should be

good and the base hospitals well administered, and this from the letter I have quoted appears to be the case in some of them, at all events.

I remain your obedient servant,

ORMATHWAITE.

Stoke-park, Stapleton, near Bristol, July 23.

TO THE EDITOR OF THE TIMES.

Sir,—May I be permitted to say that the view expressed in your article to-day regarding Lord Lansdowne's refusal to accept Sir W. Foster's offer will hardly be generally endorsed, nor is it at all certain that his refusal was a mistake? Such a view clearly indicates that had Sir W. Foster been in South Africa he would have succeeded where the R.A.M.C. are supposed to have failed; but surely this can hardly be correct? Even if we admit for the sake of argument that all Mr. Burdett-Coutts's charges are well-founded, the condition of things he condemns in the hospitals is known to have been due, not to any want of sanitary knowledge on the part of the military surgeons, but to transport difficulties that even Sir W. Foster himself could not have overcome.

The South African war has provided many surprises, but none more remarkable than this—that the officers of the R.A.M.C. are but as “brewers of wood and drawers of water,” fit only for the drudgery of their profession; and that whenever a war breaks out they must have their work supervised by irresponsible distinguished consultants and eminent sanitarians, if the public is to be satisfied that the sick and wounded are being properly looked after.

It is not to be supposed that your leader-writer desired to cast any unmerited blame on the R.A.M.C., but it is difficult to see what other impression can be drawn from his words. Without any undue conceit on the part of the officers of the corps, it may be asserted that they were at least as well informed as Sir W. Foster could be on the sanitary questions involved in their daily duty; and we hold that the advice given by the Director-General was sound. At present no evidence has come from South Africa to show that they have exhibited any ignorance on the subject of sanitation that could in the least degree have been avoided by the presence on the spot of even such an eminent sanitarian as Sir W. Foster; and it seems a little unfair that they should be subjected to harsh criticism whilst they have been labouring under most adverse conditions without a protest and simply in the way of duty.

EDWIN FAIRLAND, Lieutenant-Colonel
A.M.S., retired.
July 23.

TO THE EDITOR OF THE TIMES.

Sir,—In your leader of the 23rd inst. you state that “it is quite clear that his (Lord Lansdowne's) refusal to accept Sir Walter Foster's offer was a mistake.” As a civilian who has had some experience in sanitary matters, who has no official or personal relations with either of the parties, and no other object in writing than the promotion of the efficiency of the Army Medical Service, I trust that you will afford me a little space in your crowded columns to explain why it appears to me that you have not touched this matter with your usual accuracy.

In the first place, it seems evident that if there was any mistake at all it was not that of Lord Lansdowne, but of the Director-General of the Army Medical Department. Mr. Wyndham, in his reply to Sir Walter Foster, distinctly says that his offer “was carefully considered by the medical authorities here,” and that “the Director-General does not regard as necessary the establishment of such a commission as you recommend.” It is true that he adds that Lord Lansdowne “concurs in this view,” but it is difficult to see how his lordship could have done otherwise. He could scarcely have forced the commission on the Department in the face of such an opinion from its chief. It seems clear, therefore, that if there has been a mistake it is the Director-General of that Department who is primarily responsible for it.

But it is easy to see that there may have been considerations before Lord Lansdowne which may have left no doubt on his mind as to the propriety of concurring in the Director-General's view of the matter. Probably the leading one was a foreboding that such a commission might tend to seriously weaken responsibility for any deficiencies that might become evident in the Medical Department during the course of the war. There will be some difficulty, as it is, in putting the saddle on the right horse, but it would have been immensely greater had Sir Walter Foster's “commission,” as it is euphemistically termed in Mr. Wyndham's letter, complicated the matter by a report as indecisive as are the doubtless equally well-intentioned strictures of Mr. Burdett-Coutts. If we have eventually to hang any one, it seems evident that the head of the Director of the Army Medical Department will have to be slung into the noose. But before this occurs that distinguished and experienced officer will probably have something to say by way of demurrer. That his reasons, so far as he has yet given them, are feeble appears from the epitome of them given in Mr. Wyndham's letter. No one who knows anything of the course of training which every Army medical officer has to undergo at Netley can doubt the validity of the inference from the Director's contention, that if there is anything that is well taught there it is military hygiene. If enteric fever has ravaged our forces in South Africa it certainly is not for want of any effort on the part of the eminent hygienist who teaches that subject at Netley to

impress on his pupils, both by precept and practice, the way in which these ravages can be best prevented. And nothing can be more certain than that, whatever else the Commission just appointed may discover, it will not find that the deplorable conditions, into the origin of which it has to inquire, are traceable to any ignorance of sanitary requirements on the part of Army medical officers which Sir Walter Foster's commission could have obviated.

But there is another reason which may possibly have had some weight in inducing Lord Lansdowne to concur in the opinion of the Director-General of the Army and which it would be affectation to ignore. If such a commission as was suggested by Sir Walter Foster was to be a sanitary one—and there was no justification for it if it was not—it would have been manifestly desirable that it should be conducted by some one who had a special claim to represent in an unquestionable way the claims of sanitary science. Now it is no disparagement to Sir Walter Foster to say that though he is known to the medical profession generally as an eminent provincial physician, and though his opinion, like that of the late Sir William Priestley, naturally carries great weight in the House of Commons on professional subjects, he is better known to the non-medical world as an active Liberal politician and as the Parliamentary Secretary of the Local Government Board in the last Ministry. I am not aware that this office needs any special acquaintance with practical hygiene to fill it efficiently or that Sir Walter Foster has made any contributions to this branch of medicine which would entitle him to be considered as an authoritative exponent of its principles more than scores of other equally distinguished physicians. It was, of course, quite open to him to go out to the Cape on his own account, and no doubt he would have learned a good deal from what he would have told us of his experiences there. But this would have been a very different matter from the War Office sending him out on what Mr. Balfour not unfairly called a “roving commission.”

No, Sir, the Government have certainly made mistakes, and plenty of them. But it would help to minimise the discredit with which real blunders deserve to be visited if mistakes for which the War Office is not really accountable are to be erroneously attributed to it. As sure as eggs are eggs it will be found that, apart from questions of strategic necessity, for which no one can be made answerable, the whole of the defects of our Army medical administration are to be traced to the penurious policy on which it has for many years past been conducted. We are now beginning to find out that if we want to run an Empire we must not expect to do so with an Army Medical Department equipped on a scale worthy only of a second-rate German principality. You cannot, as the well-known French proverb has it, make omelettes without the breaking of eggs, and if we send an army of 200,000 men into the field with a medical staff insufficient for half the number, and, as Mr. Watson Cheyne has correctly pointed out, without any efficient means of transport of its own, we need not be surprised if an occasional breakdown should occur. It is only due to the unsparring labours of this exigent staff that those which have occurred have not been much worse than they might have been.

Your obedient servant, M. O. H.

TO THE EDITOR OF THE TIMES.

Sir,—No one can fail to recognize the admirable services rendered by the N.S.W. Ambulance so generously acknowledged by Dr. Watson Cheyne. The motherland is proud of these strong sons of hers. But it is not necessary to go so far as Australia for an object-lesson in what private enterprise can do where a great public department fails. The Irish Hospital despatched to South Africa by the patriotic munificence of Lord Iveragh was organized at home on the lines suggested in two letters in your columns last October from Dr. George Stoker, who has accompanied the hospital to Africa. It, too, is a self-contained unit, with its own equipment, wagons, stores, and transport, manned from top to bottom by Irishmen, and, perhaps an Irishman may use the expression, horsed by Irish mules, whose qualities have excited the admiration of African experts in mule-flesh. A section of the hospital accompanied Lord Kitchener on his expedition to Friesland, and he honoured it by a testimonial to its efficiency which has appeared in your paper. The hospital marched with its own transport to Bloemfontein, took its full share of the work there, and accompanied Lord Roberts in his great march to the Transvaal. It was—I speak with confidence—the only civil organization with the advance across the Vaal River and carried the sick and wounded of the Guards Brigade and others into Johannesburg. It shared the final march against Pretoria, and was under fire in the action outside that town. It has since expanded into the principal hospital in Pretoria, with 500 or 600 beds, under the control of its chief surgeon, Sir W. Thomson, and Dr. Stoker, and its services have been cordially acknowledged by Lord Roberts. It has, I venture to say, furnished a model of what a field hospital should be, in no way inferior in efficiency or services to the splendid organization which came from New South Wales. If the War Office want a pattern of a field hospital, it can go for it where it went for a Commander-in-Chief—to IRELAND.

July 24.

TO THE EDITOR OF THE TIMES.

Sir,—People who consider the problems connected with the prevention of disease infinitely more complex

and at the same time infinitely more important as regards the welfare of a campaigning army than those which present themselves in connection with such comparatively simple and straightforward principles as are involved in the care of the wounded will have read with great interest the correspondence published in your issue of to-day which passed between Sir Walter Foster and the War Office in October last.

Some such forecast as the one he so admirably expressed therein must have presented itself to many minds, and it is difficult to understand why special considerations with regard to the probabilities and prevention of disease were so neglected.

The theatrical performances of the surgeon have always excited a (morbid) interest in the minds of the public, often, I fear, quite independently of the chances of ultimate benefit.

The sympathies of the public on the other hand, in England at any rate, up to the present appear always to have been against the advance of preventive medicine, against the study of pathology and bacteriology. And so at the beginning of the war we heard no call for the services of those who had endeavored to make themselves specially conversant with the life history of human parasites and their methods of attack and destruction of life. The cry was entirely for the surgical specialist.

It will not be amiss to emphasize the present opportunity of contrasting the danger to life from bullet wounds with that from disease in modern warfare; and it is to be hoped that in future the probabilities of the adverse interventions of nature will be considered beforehand as studiously as the much less complex artificial dangers connected with modern weapons.

I am yours, &c.,

July 23.

M.D.

WEDNESDAY, AUGUST 1, 1900.

CIVIL SURGEONS IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—From the answer given by Mr. Wyndham to Dr. Tanner in the House of Commons on Friday last it seems that no reply has as yet been received from South Africa to the question whether "civil surgeons employed in South Africa had been required to sign a contract in which they undertook not to divulge in any way their opinions on hospital efficiency or the reverse."

Having just returned home invalided from South Africa, where I was employed as a civil surgeon for the previous six months, I think it my duty to state that neither I nor any other of the many civil surgeons whom I met with had been asked to sign any such paper; nor do I think we should have regarded it as consistent with our self-respect to have done so.

I am, Sir, your obedient servant,

W. M. FARHAM, M.D.

Cleveland-house, Bath, July 23.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The Commission inquiring into the treatment of sick and wounded in South Africa resumed their sittings at Burlington-gardens, Sir Robert Bomer in the chair. The other members present were Dr. Church, Mr. Frederick Harrison, Sir D. Richmond, and Professor Cunningham, and Major Tennant, secretary.

The first witness was Mr. Burdett-Coutts, M.P. In reply to the CHAIRMAN, the witness said that until he went up to Bloemfontein he saw no cause of complaint in the hospitals he visited, except Woodstock. The site of Woodstock was badly chosen and was full of vermin. Surgeon-General Wilson told him that he himself was altogether dissatisfied with the hospital, and that he did not think it was a proper place for a hospital. When he got back to Cape Town the hospital had been very much improved. Woodstock was an improper place to be taken as the nucleus of a large general hospital, especially when there was an unlimited extent of fine land in the suburbs of Cape Town.

It was a very miserable hospital generally, and ought not to have been a hospital at all. He arrived at Bloemfontein there were eight town hospitals. There were no general hospitals on April 7. With regard to the general hospitals, the General Hospital No. 9 had its tents erected on April 8 at Bloemfontein to accommodate 800 beds. There was nothing in them and the staff had not arrived. It was not until a fortnight later that the equipment came up, and it was impossible to put beds into them. His criticism on that was that it would have been better to have sent up the tents and equipment for 400 beds than tents for 800 beds, which were useless. These first three or four weeks were of vital importance, when accommodation was most needed. Then was the time to stop the spread of disease.

You said that the men were dying like flies at Bloemfontein?—Yes, that was owing to the want of staff and equipment. Take the 12th Brigade. There were 496 patients, with three doctors, 25 absolutely untreated orders, and no nurses. These 496 patients had only 42 stretchers amongst them, and no beds for the rest of the patients (who were mostly suffering from enteric), and they had to lie on the ground. They were overcrowded, with in many cases ten men in a bell tent. Colonel Stephenson, who was in charge of the medical staff at Bloemfontein and Pretoria, had written a book, where he laid it down that wherever a field hospital was to be used for any length of time (and this was so used for

about ten weeks) every effort should be made to raise the patients from the ground.

You speak of growing neglect and inhumanity?—That expression has been taken hold of as I never intended it. What I meant was inhumanity arising from the deficiencies of medical comforts. I never had the slightest intention of making any reflection upon the Army Service Corps. They were working under superhuman difficulties which they should never have had to encounter.

When you say that there were a thousand stricken men unmourned you do not mean intended?—I did not say intended, but unmourned: there was only one female nurse there and an extremely small percentage of trained orderlies. They left the patients to convalescents who could not do the work and had no experience of nursing or treatment of the sick. There were several other field hospitals that were not so bad as this 12th Brigade Hospital, but very nearly as bad.

By Dr. Church.—The military returns on April 28 gave the total number of patients in military hospitals at Bloemfontein as 2,291, and 873 of those were enteric fever cases.

You say—"On that night hundreds of men to my knowledge were lying in the worst stages of typhoid with only a blanket and a thin waterproof sheet (not even the latter for many of them) between their aching bodies and the hard ground."—The witness.—The field hospital I was referring to was the 12th Brigade, and not those at all. On April 1 the principal medical officer gave me the sick and wounded as 2,291, and there was a large increase between April 9 and 28.

The CHAIRMAN.—You chiefly complain of the 12th Brigade?—Yes. It was my practice to make one visit to the medical officer and then to wander into the hospitals. These were stationary hospitals and ought to have been better equipped; and the 12th Brigade remained long after Lord Roberts had moved at the end of May.

Was there no selection of patients for the enteric disease?—No, none at all. That was one of my great complaints of the whole thing at the front.

Did they try to sever the bad typhoid cases by putting them in marquees or otherwise?—I saw a good many cases of typhoid mixed up with men who were not bad.

Had the men their overcoats besides the blankets and waterproof sheets?—I know cases of typhoid and enteric where they lay for a couple of weeks in their khaki clothes. There was no hospital clothing there.

When you say there was no milk, do you mean that it was condensed milk or no milk at all?—There was certainly no fresh milk, and at that time they were very short of condensed.

Did you inquire why the doctors did not get milk?—Generally at Bloemfontein there did not seem to be any great effort to get milk for the hospitals. At any rate the hospitals did not get milk, whilst I know several places that did get milk.

Did you complain to Major Daly and Major Hamilton?—Yes, and both agreed that the conditions were extremely painful. At the Orange and the Modder River the field hospitals had nurses, and they were made stationary hospitals.

Would not it be difficult to have females with hospitals in the field?—I cannot understand the difficulty. Of two general hospitals at Bloemfontein one was further from the town than the field hospital I am speaking of, and it was largely composed of bell tents, but so one thought of excluding nurses. The female nurses always had tents, and there was not the slightest reason why they should not have been lodged there.

Then in your letter to *The Times* you say there were three doctors only to attend 3,300 men?—I shall quote from my letter—"More than a fortnight later another visit disclosed the following state of things. With no further equipment than two marquees and a few bell tents, no addition of staff or anything else, there were 316 patients, of whom half were typhoid. Their condition was almost insupportable. The tents were bell tents, affording sleeping accommodation for from six to eight orderlies when working and in sound health. In many of these tents there were ten typhoid cases lying closely packed together, the dying against the convalescent, the man in his 'crisis' pressed against the man hastening to it. With no beds or mattresses and only 42 stretchers in the whole hospital it followed that 274 patients had to be on the earth."

Do you suggest that they could have got beds and mattresses up at that time?—Yes. I do not think that they had studied the question of stationary hospitals with regard to beds. A bed could easily be extemporized, and a mattress stuffed with hay or straw or dried grass from the veldt. Beds might have been got for a large number of patients by getting the men to make them.

Was there much hardship in lying on the ground?—None at all when you are well, but it is very hard for enteric patients. The severe cases of typhoid were not sent from the field hospital to the town hospitals because both were crowded.

By Dr. Church.—You do not know that serious cases remained for a fortnight in the field hospitals?—No, but that can be cleared up from the death returns. I do not say that they were never removed, but the majority of them remained there.

Professor Cunningham.—Who was to blame?—I should prefer not to answer that question; I have endeavored to avoid blaming individuals. I do not think the marquees were so crowded as the tents. When I speak of a dying man lying beside a convalescent, I went with the doctor, who said, "The man is dying," and he was lying beside a convalescent.

By Dr. Church.—The fever patients wandered out at night, and that occurred very often.

By the CHAIRMAN.—In your speech in the House of Commons you speak of a corpse being found in a lavatory?—I do not suggest that he died in a lavatory, but I think that those irregularities sometimes happened.

The CHAIRMAN.—Our object is to sift your evidence and see what further inquiries we have to make. You speak of patients who ought never to have been moved?—Yes, that was at the Portland Hospital.

And men were dying, and so forth?—Yes. I got that from a doctor in the Portland Hospital.

Going back to your letter in *The Times*—you speak of a heavy rain and men lying in it, of mud?—Yes. Were not these trenches?—Yes, but there were torrential rains for three or four days about the third week in April. This hospital was under a koppe, and the water poured down and overflowed the trenches. I there desired to show the advantage of raising the beds from the ground.

You speak of trained orderlies being moved, why was that?—I think they wanted them up at the front. I think it is wrong to mix the convalescents with the patients because the latter require better treatment.

Sir D. RICHMOND.—Had you ever seen a hospital in any other battle so as to compare it with this campaign?

—I saw very much the same things in the Turen-Kusman war as in South Africa. It is very difficult to make a comparison with South Africa and practically a barbarous war, with no attendants on the Turkish side.

Was not there a very serious strain upon the medical officers?—Yes, upon the hospital accommodation that existed. May I say that the greater part of the statements I have recorded were accompanied by a request not to give their names? In a few cases I have written to my correspondents and pointed out the protection and precautions in your opening speech to the Commission, and left it to them as to whether they were satisfied with these precautions. The evidence comes from various classes of people, all of whom appear to be convinced that it would injure their present and future if they come forward.

The CHAIRMAN.—We should protect them fully and amply, and you can tell them so.

The witness.—How would you protect an officer who considers that his future would be injured?

The CHAIRMAN.—By not giving his name or allowing it to appear in print, or seen at all.

The witness.—Not by anybody?

The CHAIRMAN.—Not by anybody. You spoke of the medical men at Jacobabad and Paardeberg, but you were not there?—No.

Then in your letter you say "There are 20,000 sick and wounded troops this day in South Africa, and more than half of these are down with typhoid." How do you know that?—Mr. Wyndham gave 11,993 on May 18 in South Africa, but I made out the figures to be considerably over 20,000.

Referring to your speech, you say they might have taken other buildings for the accommodation of sick and wounded. It has been suggested that there were soldiers at reasons?—Well, I myself had a house at Bloemfontein to put my things in which would have done admirably for a small hospital of 40 or 50 beds, and there were three large hotels, and a magnificent Dutch church, and an English, and a Roman Catholic church, and large stores which would have afforded a large amount of accommodation.

Did you mention this to Colonel Stephenson?—No, I cannot say that I was in a position to make suggestions to the Principal Medical Officer or the Field-Marshal.

Then you speak of what took place at Bloemfontein?—I went up myself from Cape Town on April 5 by the mail train, which was far from full, and there was no reason why it should not have contained doctors. There were train-loads of troops coming up with trucks of equipment, and there was a truck only half-full or half-a-dozen soldiers in it, and those might have been filled up with doctors and trained orderlies.

Do you suggest that there were no efforts being made to send up medical equipment?—Well, they did not come up. No. 19 Hospital only arrived with its staff, and had no tents or equipment; and No. 9 General Hospital had its tents on April 8, but the equipment did not arrive till April 27.

Mr. Wyndham said in the House of Commons that on April 18 there were 12,000 men in six fully-equipped general hospitals?—I know of only three at that time, and of those the personnel in one arrived without its equipment, and the tents of another arrived without the staff, and there seemed to be a great want of organization. The two general hospitals were the 1st and 2nd, each had 2,000 beds, and the other 1,700. The conditions as to crowding were not so bad as in the field hospitals. Even in the town hospitals there was no attempt at classification of diseases. There might have been classification for severity of cases.

Will you tell us what you saw at Kroonstad?—We arrived on Saturday, and the field hospitals had a great many sick in them, and they were camped all round the town. They were supposed to be going on, but they did not move till a fortnight later. Four days after we arrived the authorities commandeered an hotel and a Dutch church, and the staff of the field hospital of the 18th Brigade ran these two hospitals. The non-commissioned officers and orderlies had been reduced from 36 to 15, and there were only three medical officers, and two had to be out during the day. There were no medical comforts and no equipment in the hospitals at all. Two days afterwards a few beds and mattresses were got, but the sick and wounded at first were laid on the stone floor of the church with possibly a blanket underneath them. When the patients were in the church and hotel there were practically only two doctors, because one had to go about to get things, and there were hardly any orderlies. We should have taken on the march sufficient orderlies and doctors and a light equipment, which would have allowed the first ten days of difficulty and pressure at Kroonstad. Nearly a fortnight elapsed, during which there was this great deficiency of doctors and attendants. I bought a wagon and four mules at Bloemfontein, and was offered the choice of four other wagons and equipment, the man saying he had 70 mules to sell. If I could buy wagons and mules the authorities could have done the same. The absence of any satisfactory system of equipping stationary hospitals and manning them in the various towns has resulted in very great suffering. The addition of half-a-dozen wagons would have saved the whole situation.

If there had been more provision, you think the transport difficulty would have been overcome?—Yes. The authorities should have used the tortoise tent, which were only half the weight of the regulation tent, and they were used almost wholly by private hospitals.

Then you saw convoys of 150 sick men in various stages of illness and many wounded men put into ox wagons and sent a journey three days and nights over the veldt, with the burning heat at midday and the freezing cold at night, without any extra clothing, without any medical comforts, without any trained medical man, and without any trained orderlies to accompany them?—Yes. I saw a convoy of 150 and a convoy of 90 sick men put into ox wagons, and none of them had any medical men or medical orderlies. They were being sent from Kroonstad to the railways up the Sand River, in going from Bloemfontein to Kroonstad I saw men lying on the veldt with nobody to attend them, left there in hopes that some one would pick them up. One of the great difficulties was owing to the medical officers not being resolute enough in asking for what they required. I do not say that they would have got it, but they did not want to be troublesome. I came from Sand River with 100 or 150 sick and wounded with one orderly. These men took 20 hours to get to Bloemfontein, and the whole of them in respect of their complaints, had a ration of bully beef and a little, very much watered, condensed milk. I know of two other instances of men extremely ill of dysentery being sent all the way to Cape

Town with nothing but bully beef and biscuit. If they had had one single order at stations along the line who could have made tea it would have made all the difference. There was a remarkable difference in the percentage of mortality in the private hospitals as compared with the others. There were a large number of enteric cases dealt with in the private hospitals and in the others, and the Commission should inquire into the percentage of deaths. I say that if as good attendance and equipment had been provided in the military hospitals as in the private hospitals a great many lives would have been saved. Then I say that the general hospitals should have been planted outside the town rather than being massed together in a congested space, and if that could not have been done they ought to have taken the buildings. He had witnesses to state that at Woodstock the dining table was used for an operating table, and at Green Point Hospital they had nothing but bully beef. They had neither corn flour, arrowroot, nor brandy, nor anything. The Army Medical Department could be much improved if it were given more elasticity. The personnel of the Army Medical Department was undermanned, and there was no system by which the deficiency of the personnel could be supplied.

Sir William MacCormac was the next witness. He read a statement setting forth that he arrived in Cape Town on November 20 and went to Natal. On two occasions he returned to Cape Town and saw as much as possible of the working of the hospitals through both colonies. He travelled over 6,000 miles, and returned to England on March 10. His general impression was that the arrangements were admirable and would compare with any travelling campaign by any country in any part of the world. At Colenso he saw the working of three hospitals in the field, where the pressure was great but absolutely unavoidable. The surgeons were at work from 3 o'clock in the morning of the battle of Colenso till 3 o'clock the following morning. There were two operating tents on the battlefield, and the arrangements in connection with these field hospitals and six operating tables were perfect, and the work was going on continuously. All the wounded were removed from the field of battle at about 3 o'clock in the afternoon at Colenso. There were 1,500 stretcher bearers brought from the refugees in Durban, and they worked exceedingly well and exposed themselves to dangers of all kinds. Houses were filled and many were wounded, and they did this for five or six days. These men brought the wounded off the field by stretchers and with the minimum amount of suffering. The wounded were generally removed in ambulance wagons, which are terrible vehicles where there are no roads and many stones. For persons with sound bones they are exceedingly inconvenient and trying, and for persons with broken bones they are the cause of much suffering. The land carriage such as was developed on this occasion was an ideal mode of travelling, and how far the idea could be carried out on other occasions depended upon circumstances. The principal medical officer of Natal availed himself of the opportunity and organised these stretcher bearers, and this proved a great source of comfort and led to the saving of life among the wounded on that occasion. There was another feature about the battle of Colenso—namely, that on the field itself a hospital train was brought by the military officer in charge (Major Craig) on to the field, and it was under fire. Within an hour this train was filled with wounded and brought down to one of the stations along the line. Then, again, in spite of the stress and trial, all the operations in the three hospital tents were conducted with every care, with the assistance of every modern appliance, with the same precautions that would be used at home, and he thought every credit was due to those who did this duty on that day. The wounded men came into those field hospitals tickled with their numbers and names and the nature of their injuries. They were laid down on stretchers at the hospital tent door. The mild cases put on one side, and the serious cases at once dealt with. The trains were sent away rapidly down to the station hospital and to the hospitals at the base, and some of them went as far as the ships at Durban. The trains contained every luxury. He had known the men lying on the field of battle at Sedan for three or four days before they were rescued whatever. They must remember that at Colenso 800 wounded were brought in very suddenly. He thought that in a very trying emergency the medical men had met the duties imposed upon them under circumstances of extreme tension with very complete success, and he knew that the officers of the Army and the men had the greatest confidence in their medical corps. In all the field hospitals he visited there were stretchers and blankets and a bed for each man, and although after the action the patients exceeded the accommodation provided, still he could not see how that was to be altogether avoided. With regard to the question of stretchers and the ground, he thought a stretcher was about the most comfortable bed to lie upon. As to the prevalence of vermin, they were prevalent in all wooden buildings in South Africa and in all hospitals and barracks buildings in India. The medical officers did their best to exterminate them, but there was only one way of dealing with vermin in wooden buildings, and that was to do what the Chinaman did to get roach pig—to turn the building down. He remembered very well in the hospital bed that he occupied at Sedan he not only had to endure the presence of bugs, but lice as well, and the same thing in the Russo-Turkish war. At the Moller River and Naamapoort there were dense dust storms for four or five hours every day. They were obliged to breathe this; it was mixed up with the excretion of the camp and it caused a good deal of sickness, together with the water being exceedingly bad. The temperature was exceedingly hot, and he did not think an order would prevent a soldier from drinking the first water that he came across. At Jacobsdal the medical equipment was seriously reduced, and the soldiers were sent out without their coats or blankets or anything else. Of course, there was a great deal of suffering as the result of that. They all knew by experience how mobile the enemy was, and we had to imitate them in that respect. War was a cruel thing, and its object was not the case of the sick and wounded, but the winning of battles. As to the condition of the hospital at Frere, he was there on February 9 and there was everything there to lessen the sufferings of the wounded. As far as he was concerned he had nothing to withdraw or modify in the opinion he had already formed. The medical conduct of the campaign was exceedingly good.

The CHAIRMAN.—Your experience was chiefly in Natal?—I visited Natal three separate times and Cape Colony three times. I did not go further on than Jacobsdal. That was a most residential place, but

there were very few sick and wounded. There were absolutely no complaints.

SIR D. RICHMOND.—What is your experience about the trains?—I referred only to the trains in Natal. The line of communication is there very short as compared with Cape Colony, but in Natal there was everything that they wanted.

Was there any friction among the doctors?—No, they were a happy family. Greater devotion could not be shown than by the medical authorities. The doctors ran a much greater risk by sickness than the soldiers by the bullet.

Mr. Harold Macdonald, private soldier in the Royal Artillery, was in hospital on April 20 at Bloemfontein. He said the orderlies did the best they could, but there was too much work. It took three days to go down to Cape Town by rail, and they got beef tea and milk supplied by the Red Cross and other societies, but scarcely anything from the military authorities. Her boy was shot on October 20 near Dundee, and was 12 days with the Boers. He was in the Intombi Hospital, near Ladyman. He heard a serious complaint to the care of the sick and wounded.

Lieutenant Osborne went out with the Australians and then joined the 16th Lancers. Got enteric fever on May 1 at Bloemfontein, and was put in Langham Hospital. He had nothing to complain of.

Lady Chapman, Mrs. Cressy, visited the civil hospital at Kimberley, where they got everything they wanted, but outside the hospital men were lying about and they were fed on ration and had no comforts, and there was a sanatorium which could have been used for patients. She went to Bloemfontein on March 21, where her boy was wounded. The doctor ordered wine, but they could not get it unless they bought it themselves. Her boy said he would not buy it; he ought to be cured at the Government expense. In coming down from Bloemfontein to Cape Town there was not any food in the train, and there were nine wounded officers without any one to look after them. They did not get any food supplied by the authorities. She got them tea at one station and food at another. The situation of the hospital at Cape Town was terrible. She thought the doctors should have more power to get the things they ordered for the patients.

Major Brydges, of the Australian Artillery, was sick in hospital at Bloemfontein. He could not say too much for the kindness of the doctors and the orderlies. If he had been in London he could not have been better treated. The only cause of complaint he had was the amount of champagne he had to take. He never heard anything but good of the R.A.M.C.'s. He went down to Wynberg, was discharged on April 26, and came home on May 16.

The Commission adjourned till to-day.

Dr. Conan Doyle writes:—"In your report of my evidence before the South African Medical Commission you represent me as saying, 'We had not beds or utensils, and could not treat the patients properly.' This conveys an entirely false impression. We were, thanks to the liberality of Mr. Langham, splendidly equipped for our work, and it was only when we took a third more patients than our full complement that our means ran short—and that only for a very short time. I should be glad if you would allow me to make this point clear."

We are requested by Lady Georgiana Curzon, chairman of the committee of the Imperial Yeomanry Hospital, to state that, with reference to the evidence given on Monday with respect to the hospital before the Royal Commission, the whole of the glassware mentioned (as also the china) was not purchased by the committee but was presented to the hospital by Messrs. Mortlock, of London, and Messrs. Osier, of London and Birmingham.

THURSDAY, AUGUST 2, 1900. THE SOUTH AFRICAN HOSPITALS COMMISSION.

The sittings of the Commission were resumed yesterday at Burlington-gardens. Sir Robert Romer presided, and the other members present being Dr. Church and Professor Cunningham, and Major Tennant, secretary.

The CHAIRMAN, at the beginning of the proceedings, said:—"There appears to exist in some quarters the idea that this Commission is conducting its investigations in private. That is a complete misapprehension, subject to what follows. From the first the whole of the evidence has been taken in the presence of shorthand writers and made public, and this practice will be continued and the evidence taken will be printed and published. But it has been stated to us that some witnesses who could give useful evidence might be deterred by fear of consequences from coming forward and giving information. The Commissioners felt some difficulty with regard to this subject, but they were determined that information should not be withheld from them on any such ground, and, on consideration, they came to the conclusion, as the best course to adopt under the circumstances with regard to witnesses who informed the Commission that they felt apprehension as to giving evidence and desired that course to be adopted, that their names or the particulars by which they could be identified should not be printed or published; though, subject to this, their evidence should be communicated to the Press at the time it is made and be printed and published in the usual way. This course the Commissioners have hitherto adopted and intend to adopt in the future, though from their experience up to the present time they believe that there will be but very few witnesses who desire to withhold their names. I need scarcely say that the Commission will take care that witnesses shall not be permitted to use the withholding of their names as a cloak for making personal attacks on individuals."

The first witness called was Mr. R. O'Callaghan, surgeon-in-chief of the Langham Private Hospital. The complete hospital, with stores, arrived at Cape Town on March 22, but the railway being overcrowded they were sent to East London, where they experienced the greatest difficulty in getting their stores sent up, although they had a special train ready and Lord

Roberts and Colonel Stephenson were sending urgent messages for medical assistance. The consequence was that they arrived at Bloemfontein four days before their stores, and they were thus perfectly helpless. This was purely supineness and dilatoriness on the part of the transport officer; in fact, the military transport officers placed every difficulty in the way of the Army Medical Department, although they knew that the cry from Bloemfontein was almost as urgent as the cry from Peking. At Bethulie Station he positively refused to go without his three trucks of stores, which were being shunted and would have been left. The Langham Hospital took out 100 beds, and they had to take 60 more patients owing to pressure. The authorities supplied them with female nurses, but refused them utensils. Fortunately, Mr. Langham bought extra buckets and put out of his own pocket, and considering that they were in an enemy's country, and the Free States were selling these things at an enormous profit, it was more than hard. In fact, he put down the want of stores to culpable leniency towards the Free States. After the first week everything went on well in the Langham Hospital; there was no trouble and it was perfectly complete. All their ration was supplied by the authorities, but they bought milk for themselves. The St. John Ambulance Corps did very well, but they were untrained, and the patients suffered very much. There was no ground of complaint with the management of the Langham Hospital. He visited the Irish and the Portland hospitals, and their organization was perfect. The two field hospitals at Bloemfontein were perfect, and there was absolutely no complaint from the patients as they arrived very well worn out and dirty and so ill that some of them died in 48 hours. They were chiefly dysentery and typhoid cases. There were large public buildings in Bloemfontein that ought to have been utilized, and this would have been far better than eight or ten men in a bell-tent.

Lieutenant C. A. Lee said he went out with the New South Wales rifles. He got enteric fever on April 20. He had to thank the hospital people for being here now. Captain Thompson, of the 1st Australian Light, said he got dysentery and enteric between Kroonstad and Johannesburg. The advance was rapid and they were fighting occasionally, and it was never thought that there would be so many dysentery and enteric cases. He was nursed in an hotel at Kroonstad for about 30 days, where they had about 100 patients. He got every care and attention, and he never heard anybody complain. They got milk when possible, but they always had milk. They had no complaint from the patients, but other things at Kroonstad for the hospitals all round he was told. The only thing that struck him was the great amount of work the medical officers got through. Many of the regimental surgeons were out all night, especially an engagement, and the medical officers were too particular about temperature, refusing to allow men to go forward when they were anxious to do so. The care of the sick and wounded was excellent.

Mr. Rydard Kipling was the next witness. In reply to the CHAIRMAN, who asked him to tell his own story in his own way about the condition of the South African hospitals, he said:—"I landed in Cape Town about February 5. From that time to the end of the month I was generally in and out the Cape Town hospitals. My experience is confined entirely to the Cape Town hospitals. I went to No. 1, No. 2, and No. 3 hospitals—not to Woodstock at all. I took particular care to go with the official doctors in charge of the hospitals and we discussed all sorts of indifferent matters, and I asked incidentally if they had everything that they wanted. They said there was no particular strain and the hospitals were by no means full. They had everything and did not need anything at all. I went to the nurse, and I asked the nurse:—"What do you want, because I can get things out of the A.M.B. (Absent-Minded Beggar) Corps, and there may be some odds and ends you may want." The reply was:—"We want pyjamas. Don't bring them to the store issue department, but bring them to the back door." So I got 93 pairs of pyjamas and unloaded them at the back entrance and gave them quietly to the nurse. I went to another hospital and I asked the same question and received practically the same answer—namely, that I was not good taking it to the officials, but if I would quietly bring pyjamas and also slips they would feel much obliged, because the nurses said there was a difficulty in getting pillow-slips or pyjamas. I also had the same answer from the nurse of a hospital train. There were three hospitals which I visited in February before there was any strain, when the doctors gave me to understand that they needed nothing, and they were exceedingly well pleased with themselves. Later in February, about the time the Yeomanry were coming over, I visited the Maitland Hospital, a few miles out of Cape Town. In that hospital there were a large number of unsorted men coming out from England, and they had no medicine except bicarb acid and quinine pills. I sent to the druggists, after consulting a professional man, and sent over a few pounds' worth of medicine. They were willing to take things privately, and there was no acknowledgment, and none desired, of course; but the general impression was that they got them quicker than way through the store department."

In reply to PROFESSOR CUNNINGHAM, the witness said:—"If I had given those things openly to the stores, I should have got the people into trouble. I knew from the doctor of the Maitland through a friend that they wanted these drugs. The Army Service Corps and the Royal Army Medical Corps were in want of these things. It took them, as they said, for ever and ever to get them from the store department. It saved time to get them otherwise than through the stores."

The CHAIRMAN.—Had they got them?—I do not for a moment say that the stores were not there. I was told explicitly that they were there, but they could not be got at. We were sending absolutely the same thing that they had, but the things got at once to the patients, who would have wanted if we had not sent them. After that I went with a hospital train, and saw the wounded come down. There was nothing bad, and everybody was working very hard. The system at Cape Town was slow and cumbersome, and I felt it was much better to have the things sent in another way where a man's life was at stake. I went through four or five town hospitals at Bloemfontein—that was before we had any epidemic and before the waterworks were cut.

What was their condition?—Very good; but they were all under cover. I did not go to the tents. The enteric was beginning then, and there was an advertise-

Aug. 4, 1900

CENTENARY OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE BANQUET.

A BANQUET was held in the Hall of Lincoln's Inn on Thursday, July 26th. Sir William Mac Cormac presided, and there were also present the Honorary Fellows of the College, including the Prince of Wales, Lord Salisbury, and Lord Rosbery; the Duke of Cambridge, the Portuguese Minister, the Earl of Kimberley, the Lord Chancellor, the Duke of Northumberland, Earl Spencer, the Bishop of London, Lord Lister, Lord Kelvin, Lord Rothschild, Lord Strathcona, the Lord Mayor, the President of the Royal College of Physicians, Lord Davey, Lord Alverstone, the Hon. Walter Rothschild, Sir H. Roscoe, the Solicitor-General, the members of the Council of the College, a large number of the Fellows of the College, and others in such numbers that the whole company exceeded 300. The Master of the Society of Apothecaries was unavoidably prevented by illness from attending the invitation.

THE PRINCE OF WALES, who was received with loud cheers, said in reply: Mr. President, my Lords, and Gentlemen,—I rise to respond to the toast which has been so kindly and cordially put from the chair. In my own name, as well as in that of the Princesses of Wales, and also of my illustrious relative, I beg to tender to you our warmest thanks for the way in which it has been accepted by this large and distinguished company. I appear before you to-night in a totally new capacity. I have received the high honour and privilege of having been admitted into this great and distinguished society as an Honorary Fellow of the Royal College of Surgeons of England. I had already received that privilege from the Royal College of Physicians, and I am glad to think that I may now be considered as one of you all, and belonging to the two professions which give way to none in value and in the good they do to mankind; but I fear that I shall never be allowed to practise as a surgeon, as the result, I am afraid, would not be satisfactory. I might be guilty of manslaughter, if not of murder, and I do not think that even my learned friend the Lord Chancellor could help me out of the difficulty; but I appreciate the honour greatly. There is no profession in this world I admire more than that of surgery. The progress made in that profession has been enormous, and greater, perhaps, than that of the sister professions. My old and valued friend, Sir William Mac Cormac, to whom I am indebted for his great care two years ago when I met with an accident, has just returned from South Africa. I am sure all of us appreciate his having given up his duties here to go through the hardships of that great campaign, from which he has brought back much information, and in which he has given great assistance; nor can I forget the name of my friend Mr. Treves, who rendered great service. All of us have been desirous of doing our best to alleviate the sufferings out there and of those who have returned home, and no more noble work has been done than that of the surgeons, military and civil. It is not for me to criticise anything that may have been said of the great profession which did its best in this campaign, but I am sure that it did its best. It had difficulties to contend with, and the way in which the hospitals were managed out there, and have been managed since the return of the sick and wounded home, does the greatest credit and honour to the profession. I thank you for the high compliment you have paid me in inviting me to be present at the hundredth anniversary of this society, and electing me an Honorary Fellow of it.

ANNUAL MEETING.

SECTION OF NAVY, ARMY, AND AMBULANCE.

INSPECTOR-GENERAL BELGRAVE NINNES, M.D., R.A., the President, read his address, which is published at page 296. Letters of apology and regret at inability to attend were then read from Surgeon-General Sternberg, Director-General U.S. Army, Lord Knutsford, Sir John Farley, and others. Surgeon Lieutenant-Colonel J. E. Squire, V.D., commanding London Companies Volunteer Medical Staff Corps, formerly Senior Medical Officer Red Cross Society, Snakim Field Force, 1885, read a paper on the Augmentation of the Royal Army Medical Corps. He urged that an advancing army should be relieved of its sick and wounded as rapidly as possible, and that a large medical personnel was therefore requisite. He considered untrained medical officers and nurses would prove a hindrance, and that a reserve should be arranged for, whose efficiency should be provided for by their being borne as supernumerary in the Volunteer forces with a retaining fee for efficient, and with pay when voluntary training subsequently. He deprecated civilians being incorporated with military units, though they should be under military control. Mr. Frederick Treves observed that transport for field hospitals had been questioned, but that all field hospitals have their own transport, and that transport is admirable. The present campaign has shown the value of a large mobile field hospital (taking 300 to 600 beds) to immediately follow the column. This hospital should have its own transport. This was so in Natal, and it made the efficiency of the hospital perfect. That the R.A.M.C. and the civil surgeons worked in perfect harmony throughout, a fact largely due to the unselfish attitude taken by the former officers. He considered the question of orderlies a difficult one; that the present campaign showed that female nurses, keenly as their services were appreciated, could not work in field hospitals, but that in the base hospitals their number could be greatly increased with advantage. In his opinion the formation of an army medical reserve is one of importance, and such reserve could well be formed by recently qualified medical men who could agree to serve three years—one year with the colours and two with the reserve. The one year with the army would give them an acquaintance with the routine of the R.A.M.C., and would be no mean training for the members of the reserve themselves. This reserve would help the Army Medical Department to meet the emergencies of war, and at the same time give no grounds for lessening the personnel of the Royal Army Medical Corps when on its peace strength. The reserve would be called upon only in the time of war and would enable the Army Medical Department to avail themselves of a body of specially trained medical men who, from their point of view, would have the advantage of such training as the Army provides. Surgeon-Major G. A. Hutton, J.P., considered that the Army Medical Department had proved its ability to supplement the

ment in the paper I had the honour to be connected with inviting people to give beds and blankets and bedding. The hospitals were pretty clean. The Dutch had been using the before and they smelt a bit. That was before the heavy strain began. I was there 12 days. I left before the big epidemic. There was no enthusiasm about nursing enterprises—they were long and troublesome, and not as interesting as the wounded. There was not much heroism about the enterprises.

What did you do next?—I went back to the Cape, and there were more and more enterprises. The hospitals were perfectly clean, and everybody was working very hard; but there was always this quiet complaint about the excessive slowness of getting at anything in the stores. Throughout that was the note. I stopped there till the end of April. I was in South Africa from February to May.

You did not go to Woodstock?—No. The air was foul and the place was simply unworkable. The drains ran out there, and the place stank.

Colonel Mulcahy said he was in charge of the Royal Army Clothing Department, and under the Director-General of Ordnance, he was responsible for the supply of clothing to the Army. He put the statistics showing the supply of hospital clothing sent out to South Africa. They shipped 50 per cent. more than the proper equipment for every hospital, so that there might be some reserve.

The CHAIRMAN.—Was there any considerable delay in any case in answering requisitions from South Africa?—The only case where it might appear that there was a delay was the wire from the Cape received on March 26 asking for certain shirts which were not sent out till July 21. Shirts were sent out to the number of half a million, but they were not the particular pattern asked for. These shirts were practically as useful as those requisitioned.

Taking it generally, were requisitions quickly answered?—Yes. Where we could not supply the exact article we substituted other items. If we could not supply the regulation gown, we supplied a sleeveless jacket, which was more useful than the gown.

Did you send out pyjamas?—Pyjamas are not recognized in the Army. A dannel shirt and a pair of drawers were used instead of pyjamas for walking about in. There were no deficiencies in these things. The pyjamas were not approved by the medical authorities at home.

Mr. J. A. Morrison, M.P., a Lieutenant in the Grenadier Guards, said he went out to South Africa on special service connected with the raising and equipping of colonial Volunteers, and was admitted into hospital at the Modder River at the end of January. He was about five weeks in hospital, and personally he thought everything was done that could be done. With fever they had nearly every day ice and champagne, and everything that was wanted. He came home in the Cochrane, and he asked the men how they had been treated. They all said that they were well treated in the various hospitals they were in. There were complaints of loss of cups and saucers, and they were short of utensils at Wynberg.

Mr. G. F. Cheate, surgeon, said he arrived at the Modder River in January and was there for two months, attending to the surgical cases in the field hospitals and divisional hospitals, and causing the most enteric cases when there were complications. Everything worked perfectly. He saw the wounded from Paardeberg and Kimberley; 779 cases arrived in one day from Paardeberg. Some were put in tents, but most of them were sent on by rail. There were no deficiencies after the first 24 hours. He brought the necessary things and fed the men, who did not want for anything. He went to Bloemfontein and saw the Guards Brigade hospital, where there were 450 patients, and that was very much overcrowded. They were a mixed lot of dysentery and enteric, but no wounded. All the tents were stretched, and the men had mackintoshes and blankets, and in some cases red pyjamas. They did not get fresh milk. The doctors complained of the amount of work. He left Bloemfontein with General Buller's staff. Then men were wounded he stopped behind in the Boer houses until some one took his place, and he then followed on. During the advance the wounded were well attended to and got everything they wanted. They got all necessities at Kroonstad.

What is your experience from Kroonstad to Pretoria?—I cannot speak of the typhoid and dysentery cases, but the wounded had everything. There were plenty of dressings. When they left a wounded man there was a doctor and an orderly left with him. The files did not bother the wounded. I think the carbolic acid kept them away.

Lieutenant-Colonel P. Barrow said he was principal medical officer of No. 9 General Hospital at Bloemfontein. The hospital was equipped for 500 rank and file and 20 officers. They arrived at Bloemfontein about April 7. There was a delay for a few days in opening the hospital owing to a block on the railway, and they did not get all their supplies till about a fortnight after. The military authorities sent first the food, next the ammunition, and then the medical stores. This delay could not be avoided. They were equipped for 520, but they soon got 1,500, then 1,600, and 1,650 men to look after. They had a surplus of sick mild cases which were put into bell tents, and if their cases became serious they were sent to the marquee. The water supply was very inadequate owing to the breakdown at the waterworks. They were entitled to 60,000 gallons of water, but they had a difficulty in getting 6,000 gallons from two wells. They were told to boil the water, but they had no firewood and there were no trees to cut down. This state of things lasted for three weeks until they got coal and wood from the base. Naturally they ran short of the regulation Army stock, and they had to requisition persons who were not trained orderlies, who did their best and did it very well. He went round morning, noon, and night and asked for complaints, but he never heard one. One patient told General Kelly-Kenny that he had nothing to eat for eight days, and that man had had 11 pints of liquid—beef tea, milk, &c. He stopped the supply of fresh milk because it was dangerous when manipulated by the Kaffir boys. The condensed milk was much better, as it was not liable to contamination. He opened two or three thousand times a day of condensed milk. The men had frozen steaks and fresh meat, and very often they had to bury it because the ration had been overdrawn through the men not being able to get through it. Later on he issued orders not to draw the full rations as they were being replaced by milk, beef, and medical comforts generally. There was no overcrowding in No. 9 Hospital. He never saw a thing more splendidly done by the Government, and goodness knew what the bill would be—it would be a big bill. Officers

and rank and file had exactly the same treatment for medical comforts. There were lots of patients who arrived with absolutely nothing, the matter with them, and they were left with water-proof sheets and two blankets.

What do you say about the site of No. 9 Hospital?—It was built on a slope, and there was never any water in the tents.

The CHAIRMAN.—Did you ever see Mr. Burdett-Coutts there?—I did not see Mr. Burdett-Coutts there at all. If he had been there he ought to have had a pass.

Dr. CHURCH.—Could other buildings have been taken as hospitals?—These buildings were pest houses. It was far better to be treated in the open veldt with desert air than to be treated in an insanitary room. All the houses were insanitary; and the bucket system was in vogue, but it was abominable. I would not put cattle in those houses. We had a large staff of female nurses in the marquees, and the reason we had not them in the field tents was that they were not required as the cases were mild ones. The site of the hospital was chosen by the board of Army officers.

It has been suggested that the medical officers did not like to ask for things they wanted?—If I did not get what I wanted there was a row. I asked for transport of my own owing to the insanitary conditions in getting things. They said it was impossible, but I got my own transport at once.

Had you a lot of trouble about making out the returns every day?—I neglected most of the returns and the statistics too. I got many urgent telegrams from Cape Town asking, "Where are your returns?" and I took no notice of them.

The CHAIRMAN.—Were they unnecessary and cumbersome?—They were necessary, but there was great difficulty in furnishing them when working at high pressure. My returns were very often ten days late. Many of the returns could be done away with.

Were the men afraid to make complaints?—No; they are only too anxious to make complaints.

Captain Duncan Stewart, of the Royal Canadian Foot Regiment, got malarial fever at Pretoria. He could not speak too highly of the doctors and sisters.

Dr. Little said he went out to South Africa as a visitor to hospitals, and he was favourably impressed. He worked at No. 9 Hospital, where he considered many patients probably lost their lives. He thought there ought to have been fresh milk.

The CHAIRMAN.—Was it better than condensed milk, that which is not liable to contamination, as Mr. Cheate said, who has just given evidence?—Well, condensed milk has to be mixed with water, and there were millions of flies about. When he got to Port Elizabeth he was offered by a responsible person a thousand bottles of fresh sterilized milk per day. He wrote to No. 9 Hospital but no notice was taken of it.

Captain Tryon, a patient at Bloemfontein, the hospital train, and at Wynberg, said he was fairly well looked after.

Lieutenant-Colonel Cooper, of the Irish Guards, was employed as a railway staff officer. He said there were great difficulties in passing the sick and wounded along the railway line in consequence of the vast quantities of supplies sent off to the fighting troops.

Colonel Cartwright, of the Canadian Militia, had nothing to give but hearsay evidence about the hospitals.

Major Blenkinsop, of the Royal Army Medical Department, went out with the 20th Field Hospital. They had 106 enteric and dysentery cases in the hospital just outside Bloemfontein. The patients were well looked after and got their food. He held no farms, and he did not supply him with milk he would commandeer their cows and send them to prison in Bloemfontein, and he had no more difficulty about fresh milk. He suggested that there should be specially made up boxes containing medical comforts, jellies and such like for the sick convalescents, and the medical staff should have their own transport.

Mr. A. K. Burn, of the C.I.V.'s, said he fell sick and was left with Kitchener's Horse and then transferred to a field hospital where they had not much to attend from the untrained. This was at the front, and there had been an action the day before.

This concluded the evidence. MAJOR TENANT (the secretary) stated that the Commission would leave for South Africa in the Dunstar Castle on Saturday, and they would be away about two or three months. On their return there would be further evidence taken in London.

Mr. Murray Guthrie, M.P., writes:—"In your report of my evidence before the South African Hospitals Commission you represent me as saying that I had a conversation with Colonel Stevenson on the subject of the delay in removing the sick from the railway station. It was on Surgeon-General Wilson, who had only just arrived in Bloemfontein, that I called, and not on Colonel Stevenson."

BRITISH MEDICAL ASSOCIATION AT IPSWICH.

The 68th annual meeting of the British Medical Association commenced on Tuesday at Ipswich and was continued yesterday. The proceedings began with divine service at St. Mary-le-Tower Church, where the sermon was preached by the Bishop of Norwich. The first general meeting of the association was held in the central hall of the higher grade school. The report of council and reports of committees were received and other business transacted. In the afternoon the members attended a garden party given by Mr. Goddard, M.P. There was a large gathering at the Lyceum Theatre in the evening, when Dr. Elliott delivered his presidential address.

In a discussion which followed the reading of a paper by Dr. Edward Squire on "The Augmentation of the R.A.M.C. in War," Mr. Treves said there appeared to be an impression that in South Africa the medical department was deprived of transport. But each field hospital of 100 beds had its own perfect transport. The writer of the paper had said that a combination of military and civilian surgeons, orderlies, and nurses had been tried and had failed. As a matter of fact it had been tried and had succeeded admirably—a fact due, he believed, to the magnificent spirit in which the R.A.M.C. accepted the services of civilians. This campaign had shown that it was impossible to take female nurses into a field hospital, but what they would have done without the civilian nurses at Colenso he did not know, and their work of the two days and nights after the battle called for the highest possible praise.

Royal Army Medical Corps satisfactory by civilians in the present war, and feared no inquiry into the efficiency of the medical service in South Africa. Dr. John Forbes feared a Royal Army Medical Corps Reserve would starve the permanent establishment both as to numbers and pay. As a colonist he advocated the treatment of an epidemic of enteric fever in a campaign by placing the sick on recently-dug mounds of soft earth covered with a waterproof sheet as a preventative of the spread of the disease when bedding could not be efficiently disinfected. Surgeon-Captain James Cantile (Seamen's Hospital, Albert Docks) read a paper on how to link the medical services of the auxiliary forces with the Royal Army Medical Corps. He pointed out the divergence in systems of the former with that now obtaining in the latter service, which he fully described, and proposed: (1) That the Militia and Volunteer medical services be organised on the same footing as the Army Medical Service. (2) That there be a Militia medical corps and a Volunteer medical corps. (3) That in the Army List the Army Medical Service should appear thus—Division I. Royal Army Medical Corps. Division II. Militia Medical Corps affiliated with the R.A.M.C. Division III. Volunteer Medical Corps, affiliated with the R.A.M.C. (4) That all medical officers joining the auxiliary forces be gazetted to one or other of their respective corps. (5) That a medical officer of a volunteer corps be seconded or told off for special (it may be permanent) duty with the volunteer battalion in his district. (6) That in the event of war or of a national emergency that the officers and men of the auxiliary forces corps be considered the first line of medical reserve for the regular army. (7) That a cadet company of medical students be formed in every medical school of the kingdom, and the whole organised into a corps. (8) That it be urged on all surgeons and physicians in our hospitals to attach themselves officially, or to take up duty, in either the cadet corps of their university or school, or in the volunteer medical corps. (9) That the services of no civil surgeon or physician who has not attached himself for duty or professional training in either of these corps be accepted for service in the field or during national emergency. In conclusion he moved:

That the Navy, Army, and Ambulance Section requests the Council of the British Medical Association to appoint a committee to draw up a scheme to be forwarded to Government, for the reorganisation of the medical services of the auxiliary forces, on the basis of the system in the Royal Army Medical Corps, and for the purpose of bringing the medical services of the regular and auxiliary forces into unison.

Surgeon-Captain James Harper, V.M.S.C., seconded the motion, which was unanimously supported. Major Wilson, R.A.M.C., considered the questions raised by Surgeon-Captain Cantile deserving of careful consideration. Surgeon-General H. S. Meir, C.B., M.D., R.A.M.C., supported the motion, and felt sure the Director-General would welcome any matured opinion of the Council of the British Medical Association. Brigade-Surgeon-Lieutenant-Colonel G. S. Ellison, V.D., read a paper on volunteer brigade bearer companies founded on his twenty-eight years' experience of the Volunteer Medical Services which he sketched in this connection: he considered that a brigade bearer company should be a distinct unit, with its own officers, capitation grant, and other allowances, and as companies should be affiliated to their parent brigade for mobilisation, etc., that these units should not only have their own headquarters, but a paid sergeant-instructor. Major Wilson, R.A.M.C., considered a reorganisation of the present system desirable. Surgeon-General O'Dwyer (P.M.O., Aldershot) advocated a reform of the system of training for the bearer companies and in their position. Brigade-Surgeon-Lieutenant-Colonel King, V.M.S.C., expressed similar views. Brigade-Surgeon-Lieutenant-Colonel Giles, V.D., read a paper on the Volunteer Medical Organisation, dwelling on the experience of the present war, pointing to an increase of the stretcher squads and their efficiency being improved, and suggested a scheme with this view.

THE PEOPLES JOURNAL. SATURDAY AUGUST 4, 1900. ARMY MEDICAL CORPS IN SOUTH AFRICA.

DONSDIE VOLUNTEER OFFICERS' CRITICISM.

Colonel Jackson, Inverness, commanding the 4th V.B.G.H. (Donsdie Highlanders), has received a letter from Lieutenant Harry Forbes, Alford, who went to the front with the 1st Gordon Volunteer Service Company, and who, it will be recollected, was severely wounded at the battle of Florida, or Doorn Kop. The letter is written from the Rand Club, Johannesburg, and is dated 30th June. Lieutenant Forbes, after referring to the Doorn Kop fight, says:—It was supposed to be the hottest fire the Gordons have ever been under, but the bill was heavy. I am proud to say I, with my half-company, were in the front line, and at the finish of the first charge a few of the Donsdie men were in advance of every one, and I must say we were lucky to get off so cheaply—only one man killed—Meldrum, from Alford. The wounded are all doing splendidly, and I will be able for duty in about a week. It is marvellous how some of the men are improving from what would appear to be deadly wounds. I am sorry to say two men have died from fever, i.e. J. Wait and Bennett. Wait died at Bloemfontein and Bennett here. The Royal Army Medical Corps are a disgrace to Britain. I see by a paper I received last week Lord Rosebery giving great praise to Sir J. MacCormac, and exalting the R.A.M.C. for everything that was perfect. I and all that have been under their tender mercies could tell a different tale; he is simply talking of a thing he knows nothing about; and Sir William in his reply makes no mention of the R.A.M.C.; he only talks of this being a just war. We

the wounded, were all brought to the Hotel Victoria here in Florida, where we were for three days, some of us longer. The hotel is fitted up as a hospital, and there are other five places fitted up in the same way; all full, but mostly of fever patients. Johannesburg at the present time is very healthy, owing to so few people being here for the last eight months. The Gordons are now on the line of communication, with their headquarters at Blandfontein, nine miles from here.

THE TIMES, MONDAY,

AUGUST 6, 1900.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

Lord Justice Romer, Sir David Richmond, Dr. Church, Dr. Cunningham, and Mr. Harrison, the Royal Commissioners appointed to consider and report upon the treatment of the sick and wounded during the South African campaign, left Southampton in the Dunottar Castle for Cape Town on Saturday afternoon. Twenty nursing sisters are passengers by the same vessel.

AUGUST 7, 1900.

THE ARMY HOSPITALS.

(FROM OUR CORRESPONDENT.)

MELBOURNE, AUG. 3.

Sir Thomas FitzGerald, who has returned from South Africa, eulogizes the operative surgery of the Natal Army hospitals, which was sometimes brilliant. The nursing was perfect. He praises the management except in regard to the instruments, which were obsolete. The organization of the Army Medical Corps was admirable, enormous quantities of medical stores being forwarded with remarkable celerity. He feels confident that Mr. Burdett-Coutts's charges are overstated.

A large number of invalided soldiers have just returned to Melbourne, mostly typhoid cases. They speak most gratefully of the treatment in the hospitals, both in the Orange River Colony and the Transvaal. Lord Roberts visited some of them at Johannesburg, inquiring carefully into every case and exciting general enthusiasm.

A CITY IMPERIAL'S SUFFERINGS IN HOSPITAL.

A grave indictment of the hospital system at the front is contained in letters written by Private T. G. P. Humphreys, of the 14th Middlesex, who has since died from the effects of enteric fever. Speaking of his terrible experiences in hospital at Bloemfontein, he wrote that while suffering from fever he was kept on condensed milk for over a week, while the attendants in the hospital was very bad and the food supply simply shocking. He was frequently left alone from noon till 7 or 8 o'clock in the evening, during which time he did not receive a drink of the condensed milk he was ordered. After declaring, in one of his letters, that there have been "an awful lot of lies" told about Army hospitals, he asserted that for the most part the inmates are fed anyhow—indeed, it was the greatest difficulty to get anything. Continuing, he wrote:—"The other day there was an awful row between the civilian doctors attached to the military hospitals and the Army doctors. The civilian doctors sent in en masse and asked to be transferred. The principal medical officer inquired the reason, and they replied that the treatment of the patients was such that they refused to have anything more to do with it. Of course they were right, and there was a royal row. The P.M.O. dared not let the civilians go, as he could not spare them, and he was probably afraid of what would appear in the home papers if he did." Writing at a later date, Humphreys declared that he was turned out of Dames Hospital one night, though he told the doctor he was not fit to go. He then described how he walked two miles carrying his kit, weighing nearly 1000 lb., to the rest camp outside Bloemfontein, where he arrived dead beat and suffering badly from fever. Speaking of the hospital at Wynberg, he said he had had no medicine prescribed since he came—in fact, no one cared a straw whether a man was well or ill. He added:—"All the stuff that has been written about the military hospitals and the care taken of the sick and wounded is lies. It may be all right—in fact, it is no doubt a straw whether a man lives or dies." Having read in a paper sent him from some one of the charges laid against the hospital system in South Africa, Humphreys wrote:—"The experiences are quite correct. I have seen similar things and worse in the hospitals I have been in, and they are true. The reserve nursing sisters and the civil doctors are the sole redeeming features."

THE APPROPRIATION BILL. THE HOSPITALS INQUIRY.

Mr. BURDETT-COUTTS (Westminster) hoped that the personal anticipations of the hon. member who had just sat down would not be realized, but that he would long be spared to interest and amuse them. (Hear, hear.) It was to be regretted that, in regard to the inquiry which had been set on foot as to the hospital accommodation in South Africa, there had not been more adequate opportunity of discussing a subject in which the public took a greater interest than the Government seemed to be aware of. (Hear, hear.) There had been no opportunity of discussing the constitution of the committee as a whole, or its original constitution by the light of certain facts which were authoritatively denied from the front bench and sub-

sequently admitted. He should not go into that, but he proposed to show that the committee, which was now a Royal Commission, had been divested of all powers which were essential to arriving at the truth in the matter, and that the great, humane, and national interests which were involved in this inquiry would be imperilled, if not defeated, by the course that had been taken. The right hon. gentleman had stated that the change of status conferred on the Commission not only no power of taking evidence on oath, but no compulsory power of calling witnesses. The Commission, therefore, if that were so, went forth with its hands tied behind its back (hear, hear), at the mercy of one side in the inquiry, and that the side which was most largely involved in its own exculpation. What was the exact position? He had not suggested that the whole of the blame for the state of things in South Africa rested on the Army Medical Department, but no doubt it was largely involved. The watchful and far-seeing energy of that department in its own defence had become sufficiently notorious. It was not criticizing the action of the Commission to say that he could give an instructive illustration of this from the curious selection of witnesses that had been presented to the Commission here. Was it to be supposed that the efforts of the department would be relaxed as the trial went on? The Commission had gone to South Africa. There, notwithstanding the evidence was under the control of the department, or of some department of the War Office, of course, they would organize the evidence and they would choose the witnesses. There was no organization on the other side of the case. On one side there would be this powerful organization; on the other there would be nothing but the voluntary set of individuals—29 out of 100 of whom considered that they would be injured by coming forward. The right hon. gentleman referred him to a former occasion to "the very elaborate precautions which the Commission propose to take for the protection of witnesses," and he proceeded to add that he "doubted whether any statute would give a protection so absolute." What were those precautions? First, witnesses in Government offices would be freed from their obligation of secrecy with regard to official information. Surely that was an ironical precaution. What did witnesses in Government offices know about the sufferings of the sick and wounded in South Africa? And what sort of evidence were they to expect from officers which contained the very departments that were on their trial? Secondly, the evidence of those who desired it would be taken in private and their names would not appear. This was no protection at all. With the Commission holding its sittings, as it would now have to do, in localities where every one was known, and with half-a-dozen officials at its doors and half-a-dozen newspaper reporters inside, did any one suppose they would procure any man that its name would not leak through to this inner circle of "authorities" whom he feared? Take the case of the private soldier. He would have to get leave of absence to attend the Commission. The non-commissioned officers of his regiment would know of his going, and the next morning they would not have the slightest difficulty in identifying his evidence and knowing what he said.

10.0 But there was a far graver objection. Did they suppose for one moment that the Commission, which was awake on this question, was going to be satisfied to have this turned into a partly secret inquiry with any of its proceedings carried on in the dark, and any of the grounds of its conclusions wrapped in mystery? (Opposition cheers.) The First Lord of the Treasury said that if the commissioners "are substantially hindered from ascertaining the facts by the absence of compulsory powers, they will not hesitate to so report to the House of Commons, and to ask his assistance in procuring those necessary powers"; and the right hon. gentleman added that the only means of giving them those powers was by Act of Parliament. But the Commission had gone to South Africa, and this Parliament is over. What was the Government going to do? He proposed to wait till another Parliament met or another Session opened and then pass an Act of Parliament when all the most important parts of the Commission's work was done? (Opposition cheers.) He did not on a question of this kind like to indulge in generalities, and he would give to the House certain instances which would show how little chance there was of the Commission getting at the truth in this matter. There were, first, the officials engaged with them. He had a letter from a responsible and important official, written some time before his article appeared in *The Times*, giving an account, with long and exact details, of the confusion, incompetence, and mismanagement, which resulted in three general hospitals going up to the front, but with the state of two, the beds and equipment of one and the tents of another; and the red tape which prevented those three elements being combined for the use of the sick and wounded, who were dying huddled together on the ground in the field hospitals. But at the end of his letter he said:—"I trust to you not to give me away by quoting my name. You know what the result would be to me." (Opposition cheers.) Then there were the officers themselves. He would give two instances. The first was an officer who saw with his own eyes and described in detail the horrible sufferings of the wounded at Paardeberg owing to the want of everything that was necessary. He thought he would come forward and tell his story; but after a couple of months he wrote:—"I cannot give evidence. I am convinced it would prejudice my future career in the Army." The second was an officer who was able to speak to two of the most important incidents of which he gave evidence and to which he referred in the House, and who saw many other things equally bad if not worse. He took down this officer's detailed statement in South Africa, and read it over to him. He hoped he would come forward, but he had returned to this country, had gone into his club, and now wrote:—"I cannot come forward. I know what it would be. I want to get on in the Army. And then there is the regimental feeling. The fellows would say, 'What do you want to come forward for and make complaints?' and I shouldn't be able to stay in the regiment." (Opposition cheers.) Then there were the private soldiers, whose fear of "the authorities" was traditional, and who looked on any and every inquiry as a Court-martial. From them he was to expect nothing but giving him important details, but all with hardly an exception, begging that their names might not be mentioned as they knew the consequences. The Commission went down to Natal. It so happened that he had a correspondent at Natal, a relative of a respected member of that House, and in every way trustworthy and reliable, who wrote to him giving him detailed statements from several men there, and saying:—"Had I been longer at Natal I should not set about it systematically, but I have plenty more statements, but directly the soldiers think anything they say might come out nothing would induce

them to speak, as they told us they only got punished if they complain about anything. I am much afraid the Commission will do no good. If they were disgraced as orderlies and lived the life for a few days they would find out the robberies and neglect and inhumanity (in South Africa), but just going, perhaps well, loaded, will be absolutely useless. His had looked at the report of the evidence taken at Netley and he found none of the statements to which he had alluded made before the Commission. (Opposition cheers.) Then there were the doctors or officers of the Army Medical Corps and the Army nurses, who had worked so strenuously and some of whom had died under unfair and unjust and unnecessary conditions to which they ought never to have been subjected, and who would be able to point out how many of these conditions might have been avoided. Apart from the fact that by a sustained misrepresentation his statements have been taken as an attack on the corps, what was the position of the doctors? They depended for their advancement upon a private report of their superior officers. Did any one suppose they would be induced voluntarily to come forward and make complaints? (Opposition cheers.) Promotion in the commissioned ranks of the Army Medical Corps came very largely by selection. Then there were the non-commissioned officers and orderlies of the same corps. They too depended largely upon the recommendations of the officers above them and therefore they would never give evidence voluntarily. Then there were classes of civilians who had been engaged in these military hospitals, there were the so-called Army Reserve Nurses—a very important class. From these he had many letters giving him exact and startling details, but all of the writers with one single exception asked that their names might be suppressed lest they should not be chosen again for work which their bravery and devotion made them eager to obtain. (Ministerial cries of "Oh" and Opposition cheers.) Lastly, there was the most important class of all—the civilian doctors who had been engaged in military work. Most of these belonged to that large floating element of the medical profession which very often, through no fault of their own, were without fixed employment, to whom their present employment represented their daily livelihood and each of whom naturally hoped that in one form or another it might be continued as long as possible. One of these doctors in a letter to a relative, written before the articles appeared in *The Times*, and quite independently of these disclosures, said:—"I assure you that there is a great deal of nonsense being talked at home about the perfect arrangements made for the sick. The wounded do better, as there is a certain halo of romance about the thing which is not the case when a poor devil drops out on the march suffering from dysentery, pneumonia, or typhoid. People at home would not believe me if I told them that two days ago eight sick men passed south through this station in open cattle trucks with no one in charge. They had been travelling by road and train for three days and had no food for 36 hours. Two of the men were dying." The doctor's relative who sent him the letter said, "(Of course, you will not give the name of the writer.)" (Opposition cheers.) A considerable number of these civilian doctors were endeavouring to obtain permanent appointments in connection with the Army Medical Department. I would only give one case. He had a long letter from a civilian surgeon with regard to a hospital near at Bloemfontein which was one of the worst cases that had been brought to his notice. This doctor said that in his hospital there was a complete lack not only of medical comforts but of drugs; that these were easily obtainable close by and that he applied for them every day and again and again was refused. He added that men died in his hands for want of those drugs, and at the end of his letter he said that he was applying for permanent appointment under the Government out of which he would be able to make a decent living, and adds—"I mention the fact in error that you may have of my position, for I am a married man with (such and such a number of) young children. I cannot afford to let my family starve, and therefore I pray you not to disclose my name to the authorities." (Opposition cheers.) When he had put the case of these classes, or some of them, to the First Lord of the Treasury, at persons whose present livelihood and future interests would prevent their speaking out, the right hon. gentleman replied that "the suggestion was an unmerited insult" to them. To his mind the real insult to these people was to place them in a position in which they must either hold back the truth, or suffer as they believe, rightly or wrongly, they would suffer—personal loss or prejudice. He did not wish to be misunderstood. He did not say himself that these persons would be injured or would be prejudiced in their future by coming forward to give evidence. His whole point was that they believed they would be so prejudiced and that that conviction would prevent the Commission getting the whole of this valuable evidence. (Opposition cheers.) The only way in which this fatal result could be avoided was to relieve them of the responsibility of voluntarily coming forward by giving the Commission compulsory power to call them as witnesses; and the only way they could be got to tell the whole truth before the Commission was by putting them on their oath. (Opposition cheers.) How did the Government propose that the Commission should obtain the evidence of the colonial soldiers who had been invalided home and had returned to the colonies? Most of these men who went through hospital experiences at the time to which his statements referred, but would have been sent to their homes. In the *Western Mail*, an Australian paper, there appeared a letter which was addressed by Mr. McDowell, an Australian, and now a prominent resident of Cape Town, to Sir Alfred Milner. It was dated Cape Town, May 22, and was as follows:—

"Sir,—In the name of humanity, I feel obliged to bring under your notice the treatment received by about 100 sick and wounded Australians and New Zealanders, who are at present in the Maitland Camp. These men are sadly in want of warm and decent clothing, many being without overcoats and blankets, and their repeated requests for these were not attended to. The condition of these men is such that, were it known to the people of Australasia, I feel certain a big reaction would set in against volunteering for any future campaign." (Opposition cheers.) "This, I feel sure, is not the intention of the British Government." So had it the lot of these men (and no doubt other Volunteers), that a number of them have been sent back to the hospital, suffering from a relapse, besides which the men who are invalids are not fit to sleep on the ground, especially at this time of the year, much less when they are compelled to do so without blankets, waterproof sheets, and a great coat.

There are men at present in Maitland Camp whom the doctor instructed as to have milk diet, but they cannot obtain any milk. . . . I sincerely trust your Excellency will have the condition of my countrymen improved at your earliest convenience. I am, your obedient servant, HENRY McDONNELL."

The following reply to the above letter was received:—"High Commissioner's Office, May 28, 1900. Sir,—I am directed by his Excellency to acknowledge receipt of your letter, and to say that the matter to which you direct his attention, and of which he was entirely unaware, appears to be exceedingly serious, and will receive his immediate attention." (Ministerial cheers.)

"I have the honour to be, yours faithfully, O. WALBOND, Private Secretary."

The paper went on to say that the circumstances under which these men departed for Australia were:—

"Regarding as the most serious fault of the Imperial authorities. At 2 o'clock on the day the Australians left Cape Town, the Australians who lay in their beds at Woodstock Hospital were told that they would have to leave for their own country in two hours' time. Many of the men had not been out of bed for weeks, and few had a penny, though much was owing to them all in the way of arrears of wages, while their outfits were all incomplete. The case of Bottomley, the Queenslander, who is still confined to his bed, was, it is alleged, a particularly serious one, and his comrades pleaded that he might be allowed to remain in the hospital, but the officials stated that they had received their orders, and the men would have to go. It was pointed out that Bottomley could not walk, and that he was absolutely penniless, but the authorities were obdurate. At last some of the convalescent soldiers were able to obtain some money, and to hire a cab for the man, who, it is stated, was regarded as being in a dying condition." This was in the month of May, at Cape Town—the lack of supplies, the depot of the concentrated resources of the mother country. (Opposition cheers.) If these things had been done in the months before, what had not been done in the dry? What need to inquire into the doings of De Wet's army at Bloemfontein which had permitted these shameful things at Cape Town? He would ask the right hon. gentleman if it was not yet possible, by some means of which he had no knowledge himself, to confer upon this Commission powers that were necessary to its carrying out an effective inquiry. He ventured to ask the right hon. gentleman to take a more serious and a little more sympathetic view of this whole question (Opposition cheers) than it appeared to him, had characteristics. His attitude towards it, hitherto, he asked it on behalf of hundreds of the best of people in this country (Ministerial cries of "Oh" and Opposition cheers) who undoubtedly took a serious view of it. He asked it on behalf of humanity, of our national strength, of the future welfare of our soldiers, and of the popularity of our military service among these classes from whom the rank and file of the Army, who had suffered most in this matter, were drawn, and in a country which must always depend for its military strength on the voluntary spirit. He has felt bound to criticize the defects of the former of these two, and he had done so honestly and sincerely. But if the party system in this country had come to such a rigid phase that it was not permitted to a member of Parliament to take that attitude when a great national object was in view, it was a bad thing for the country. He did not believe that the party system which he had selected would so far fall from their legitimate position of representatives of the people of this country as to treat perpetually or petulantly a subject which involved great national interests.

10.30 Mr. BALFOUR.—The hon. gentleman who has just sat down ended his speech with a lecture addressed to myself in the first place and my colleagues in the second, and to the party of which he professes to be a member, for our want of sympathy with the cause which he has advocated—all but himself. (Opposition cries of "Oh," and an hon. member, "Hitting below the belt.") If the hon. gentleman accuses me or any other gentleman on this side of want of sympathy with the wounded and suffering in South Africa he has shown himself utterly unworthy (Nationalist cries of "Oh, oh") of the party to which he belongs or with which he pretends to act. (Cheers.) What does the hon. gentleman found his accusation of want of sympathy upon? Is that an accusation to be lightly buried by a member of a political party against the rest of his party without justification? What was the basis of it?

Mr. BURDETT-COUTTS.—Sir, what I stated was that, in my opinion, the attitude of the hon. gentleman towards the party—had shown want of sympathy. (Nationalist cheers.)

Mr. BALFOUR.—If the hon. gentleman confines his attack to myself, apart from my colleagues, I can afford to treat it with contempt, and I do treat it with contempt. (Cheers and counter-cheers.) There is not the slightest justification for it. He has stated no justification for it, and as a mere question between himself and me, as he has chosen to make it so, I do not think it worth while occupying the time of the House upon it. ("Oh," laughter, and cheers.) Very well, I pass from that purely personal question, in which I take no interest (a laugh), to the larger issue which the hon. gentleman has raised in the course of his observations. (Hear, hear.) I should never have gone into this had not the hon. gentleman chosen, in his concluding words, to make a most unwarrantable and outrageous attack upon myself. (Cheers and counter-cheers.) Now, Sir, the hon. gentleman, as I understand it, bases his attack upon what has occurred upon the character of the Commission which has been appointed, and what is his attack upon the Commission? As far as I understand, it is contained in the assertion that as that Commission is incapable of taking evidence compulsorily and upon oath, it cannot carry out its duty. The hon. gentleman appears to me to have utterly misunderstood both the history of previous commissions in this country and of the legal powers we could have given this Commission. There have been very few commissions which have had the powers he asks to be given to this Commission. (Mr. MacNeill.—There was the Pigott Commission.) The late Home Secretary, whom I see opposite (Mr. Asquith), appointed a Commission to look into a most critical collision which took place between the police and people connected with a strike—a collision in which lives were lost and in which passions were violently aroused. Was that a statutory commission? It was not. It was a commission precisely of the kind which this Government has appointed to look into this matter.

Mr. BURDETT-COUTTS.—Is the right hon. gentleman speaking of the Belfast riots? (Nationalist cheers.)

Mr. BALFOUR.—No, I am not. I was not speaking of the Belfast riots, because I alluded to the late Home Secretary who had nothing to do with the Belfast riots. That Commission took evidence, and took it successfully, and the question was fully investigated. There have been many other commissions equally successful. I want to put this point before the House and the hon. gentleman. He wishes a Bill to be brought in to make this a statutory commission—like the Parsell Commission, I suppose (Nationalist cheers), which appears to excite the admiration of the hon. member for Donegal.

Mr. BURDETT-COUTTS.—Will the right hon. gentleman forgive me, for I want to make the point of my former interruption clear? I understand that the Belfast Commission was turned afterwards into a statutory commission because it could not have done its work otherwise. (Hear, hear.)

Mr. BALFOUR.—I think that is possible, though the facts are not present to my mind, but I do not see how the interruption is relevant, as I never made any allusion to the Belfast riots. The Commission I was referring to was that which had to do with the Featherstone riots. But supposing we had a statutory commission. That statute could not be extended to the Cape, it could not be extended to Australia. It would have had no power to compel witnesses to come from either of these countries. (Hon. member.—"Why not?") Of course, I do not say this House has not a right to override—(Nationalist cheers and interruption.) Clearly, the hon. gentleman's allies are on that side (pointing to the Irish Nationalist benches). This House, of course, has power to suspend the constitution of every self-governing colony. Are these the powers you wish to exercise? This Legislature has the power, no doubt, to override every self-governing colony in the Empire; it has the right to pass what law it chooses, but such a thing has never been heard of in the history of this country since self-governing colonies were established, or that this Legislature should pass a statute to compel colonial witnesses to attend upon a Commission appointed by this country and to give that Commission the power to administer an oath. This is the policy which I understand the hon. gentleman has been appointed? His objections are these—that the witnesses are afraid to give evidence, that whether they be soldiers or civilians their cowardice is such (cries of "Oh, oh" from the Opposition benches) that no protection given to them by this Commission—anonymous, secrecy, anything else—is sufficient to enable the truth to be extracted from them. That is the hon. gentleman's objection. Before I comment on the character which the hon. gentleman gives to our soldiers and civilians let me ask him how that difficulty would have been got over by a statutory commission.

Mr. BURDETT-COUTTS.—If the right hon. gentleman asks me the question I will answer it. I have already answered it in my speech. I say if the Commission has compulsory powers to call witnesses it relieves the witness of all responsibility for coming forward, and if they have powers to take evidence on oath the witness must, of course, tell the whole truth.

Mr. BALFOUR.—What the hon. gentleman pointed out to an astonished House was that the fear of consequences in the minds of these witnesses was such that they could not be expected to tell the truth. (Cries of "Oh, oh" from the Nationalist benches.) I want to know how that is to be cured by the statutory commission which he desires, even if the statutory commission had, or could have, powers of calling witnesses in South Africa or the colonies, as the hon. gentleman appears to desire. I have heard in this House attacks upon the moral courage, the honesty, the probity, and the public spirit of our soldiers and civilians, but I have never heard an attack, never, from any quarter of the House, like that which the hon. gentleman has thought fit to make.

Mr. BURDETT-COUTTS.—I repudiate absolutely the suggestion. I made no attack. I gave specific instances of men who said they were afraid. (Nationalist cheers.)

Mr. BALFOUR.—We differ, I suppose, as to what an attack consists in. I call it an attack upon a man to say that he knows the truth but dare not say it. The hon. gentleman does not call that an attack. However, we need not quarrel about words. All I want to indicate to the House was that the hon. gentleman had scattered broadcast the accusation over both civilians and soldiers serving in South Africa that they were afraid to come forward, that they were afraid to tell the truth because of the consequences to themselves; and, not content with attacking them for this incredible meanness and cowardice, he accused them of having the meanness and cowardice (loud cries of "Oh, oh" from the Opposition benches), he accused their superiors of not less meanness, not less incredible meanness, in suggesting that honest evidence honestly given would destroy the chances of a man. (Nationalist cheers.)

Mr. BURDETT-COUTTS.—As the right hon. gentleman makes these accusations against me I must answer them. I particularly stated that I did not believe that these would be the results to these witnesses; the point was that they feared them. (Nationalist cheers.)

Mr. BALFOUR.—I withdraw absolutely my charge that he accused the authorities of the incredible meanness of which I thought he had accused them. I withdraw that. All he does is to accuse the subordinate, the inferior, the inferior of having the meanness and cowardice of the fully of supposing that the result would ensue. I do not know that he makes his case much better, though I am very anxious not to misrepresent him. I must say that the hon. gentleman is peculiarly unfortunate in the character of his correspondence. He has read out a certain number of letters. He tells us that they are mere specimens of hundreds or thousands. (Loud Nationalist cries of "Oh, oh.") Perhaps the hon. gentleman opposite will allow the hon. gentleman to contradict me. (Several Irish members.—He has done so.)

Mr. BURDETT-COUTTS.—I never said anything about hundreds or thousands. (Nationalist cheers.)

Mr. BALFOUR.—Innumerable. I do not exactly know the numerical valuation that is to be given to the adjective innumerable (laughter)—the adjective used by the hon. member.

Mr. BURDETT-COUTTS.—I did not say innumerable. (Cries of "Withdraw" and "Give it up" from the Nationalist benches.)

Mr. BALFOUR.—Many, but not innumerable; but, after all, why should hon. gentlemen quarrel with me on this subject, considering that the whole case depends upon the number of these letters? If the letters are not representative, what is the use of quoting them in this House? What do they come to? What is the value of them? It is only because they potentially represent hundreds or thousands that they are of any value at all. If it is merely Mr. A or Mr. B who wishes to send these communications it does not matter to me, to the inquiry, to anybody; but if the hon. gentleman wishes us to assume that the letters he has read out are mere specimens of a vast number which he might have read out, then I say he has a most unfortunate set of correspondents, and, since the time when anonymous accusations were put down in the hon. member's mouth at Venice, I don't know that any gentleman has been so favoured as the hon. gentleman. (Interruption cries of Oh, oh.) The hon. gentleman has, I believe, already been called as a witness. He has already given his evidence upon his oath: he has been cross-examined upon his oath. Is it a fair use of his privileges as a member of this House to come before us and the tribunal of the country while the inquiry is still going on (cheers), after his own establishment, when there is no opportunity of cross-examining him or criticising him, and giving this supplementary appendix to the information which he has already given? (Cheers.) Is that the way he thinks a great inquiry of this sort ought to be treated? Is that the value he puts upon his own evidence? Is that the manner in which he thinks this great tribunal, the House of Commons itself, ought to be treated? If the hon. gentleman had attempted to take the course which he has taken to-night in reference to any case being tried before one of the judicial tribunals of this country, he would have been stopped, first by the Speaker, and if not by you, Mr. Speaker, by the general public opinion of the House. I am convinced that the general public opinion of the House takes the same view of this question that I do. ("No, no," and cheers.) It is not fitting, it is not in the public interest, that at the time when an inquiry is going on we should be debating this question in circumstances in which alone debate can take place in this House, without the power of examination, without the power of cross-examination, without having any witnesses before us, and without the opportunity of so to an impartial verdict. (Cheers.) That must be left until we have the result of the inquiry before us. I confess, though I have not altogether approved of the line the hon. gentleman has taken in this matter, I have entirely agreed with him from the beginning as to the necessity of an inquiry. I have all along taken the view that there should be an impartial and thorough inquiry into the matter. (Hear, hear.) So far I agree with the hon. gentleman; but when I heard him to-night, after having asked for an inquiry, systematically depreciate the character of every witness that has come before the Commission, when I heard him complain that the truth is not to be expected from the inquiry, that the organisation of the medical department was so rigid in South Africa that nobody would come forward to give evidence, that witnesses were prepared either to abstain from giving evidence or to give false evidence because their military career was at stake—then, for the first time, I began to doubt the sincerity of the hon. gentleman himself as given in this House. ("Oh, oh," and cheers.) I am perfectly frank with the hon. gentleman. I have absolutely believed everything he has told us about the facts he has seen and about the conclusions he has drawn in South Africa, though I confess I thought the picture was probably a one-sided one; but I am sorry that the hon. gentleman, by the speech he has made to-night, has shown such evident anxiety as to the result of the inquiry. ("Oh, oh," and cheers.) I think the course he has taken is not only contrary to every sound Parliamentary tradition, but to every suggestion of common sense. (Hear, hear.) There cannot be a more important procedure than to attempt to throw these unworthy suspicions and aspersions, not only on the Commissioners themselves who are making the inquiry, but upon every witness, except himself, who is likely to be heard. (Cheers.)

SIR W. FOSTER (Derby, Ilkerton) said he would have thought that a discussion on a question of this kind would not have excited any party feeling or personal recrimination (cheers), and he regretted that throughout this business, from the day when the hon. member for Westminster made it a statement in the House, there had been exhibited on the Treasury bench an amount of temper which was not creditable to right hon. gentlemen or any one holding their positions. (Cheers.) The House had been placed in an unfortunate position in this matter. The hon. member for Westminster placed before the House certain information which he thought ought to be laid before them and the country, and a commission of inquiry had been given not very spontaneously or cheerfully. (Cheers.)

Mr. BALFOUR.—The hon. gentleman is mistaken. The Commission was decided upon before the hon. member said a word in the matter. (Cheers.)

SIR W. FOSTER said he was not in a position to know when it was decided upon. He only knew when it was announced. (Hear, hear.) When the Commission was announced, it was announced with certain powers which many members felt to be inadequate, and he thought it was unfortunate that the right hon. gentleman opposite and those who agreed with him looked upon the scope of the inquiry from far too narrow a point of view. They looked upon it as an inquiry into the Army medical administration in South Africa. The reference was to inquire into the treatment of the sick and wounded in South Africa.

Mr. BALFOUR.—The reference was to inquire into the treatment of every sick and wounded man in South Africa. You cannot go further than that.

SIR W. FOSTER said the men were all under the Army medical administration and therefore the reference was to a comparatively narrow object. (Hear, hear.) He was sure every member of the House looked upon the inquiry from a broad point of view, as an inquiry which ought to be gone into, as the public wished it to be gone into, in order to get at the whole truth as to the treatment of our soldiers. (Hear, hear.) No charge or attack was made on the Army Medical Board or on any surgeons employed in South Africa. All it was wanted to ascertain was why these unfortunate soldiers in South Africa did not have adequate treatment. When the right hon. gentleman said that the hon. member for Westminster brought a charge of meanness against persons willing to come forward as witnesses, any one who had had the conduct of a public institution knew that one of the most difficult things was to get witnesses to come forward. That difficulty was in the way of every inquiry that is held.

11.0 Still more did it dog the steps of a great organization like that with which they were dealing. There was esprit de corps in the British Army, and men did not like to come forward with complaints against their associates, but gentlemen who had been to South Africa had written to him in the same spirit that they had written to the hon. member, and no doubt hundreds of people had received similar letters. Therefore the attack by the right hon. gentleman on the hon. member for Westminster on this point ought not to be permitted by the House. He had always looked at this matter from the point of view of the humanity which belonged to his profession, and he had never desired to obtain any party advantage out of it. What he desired was to have the matter sifted to the bottom in order that they might get at the truth. (Hear, hear.) In this unfortunate campaign in South Africa the amount of disease was beyond the ordinary experience of such wars. Up to July we had lost more than 3,000 men from typhoid fever. That meant that there had been between 16,000 and 17,000 cases of this disease among our troops in South Africa up to that time. This was an enormous loss on the campaign and compared with other wars, showed that there had been something wrong in the medical administration in South Africa, and that no provision had been made against this certain outbreak of disease. In the Franco-Prussian War the Germans lost 13.7 per 1,000 of their force from disease, but up to July we had lost 20.7 per 1,000 in South Africa. His complaint was that the right hon. gentleman, in drawing the reference to this Commission, did not make it sufficiently wide to enable them to inquire into the cause of this extraordinary prevalence of preventable disease among our soldiers in order that we might avoid a similar condition of things in future campaigns. He regarded the whole business as an example of the want of foresight which the Administration had shown throughout this war. (Hear, hear.)

COLONEL BLANDILL (Lancashire, Ince) said he believed the Commission would arrive at a proper conclusion. (Mr. Balfour.—"Hear, hear," and Opposition laughter.) No soldier who had considered the matter looked at it as affecting the conduct of the medical department. It was a question whether what the hon. member for Westminster saw at Bloemfontein was caused by the medical department, or was unavoidable, or might have been avoided by different arrangements of transport. There were two parties interested in the case—the staff of the Army and the medical department—and between the two the Commission would, he was sure, decide the truth. (Hear, hear.)

AUGUST 8, 1900

MR. BALFOUR AND THE HOSPITALS INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—It appears from the debate in the House of Commons, as reported in your issue of to-day, that Mr. Balfour is either unwilling or unable to understand the reluctance which any soldier would feel about giving unfavourable evidence before the Hospitals Inquiry Commission.

Mr. Burdett-Coutts gives reasons for this reluctance which most soldiers will understand and sympathize with.

Mr. Balfour accuses Mr. Burdett-Coutts of in turn accusing unwilling witnesses of "incredible meanness and cowardice" in being afraid of the consequences of speaking the truth when it is unpleasant.

But this is evidently only Mr. Balfour's counter-attack against Mr. Burdett-Coutts's demand that, in order to obtain unfavourable evidence from unwilling witnesses, more powers should, if possible, be given to the Commission.

Mr. Balfour refers to the "moral courage, honesty, probity, and public spirit" of the soldier as qualities likely to make him speak out even if unwilling, but the possession in abundance of these good qualities would probably not overcome that other quality which is strongest of all, and to which Mr. Balfour does not refer—viz., esprit de corps.

I cannot believe that many, if any, officers or men who belong to our Regular Army with its numerous unwritten laws and traditions will volunteer to come forward, entirely of their own free will, and give unfavourable evidence or evidence of unnecessary sufferings before this Commission; it would go too much "against the grain."

They will admit cheerfully, with hardly any exceptions, that, in the abstract, the R.A.M.C. is grossly incompetent both in peace and war, but they will not "give them away" to anything in the nature of a "Court of Inquiry." Why should they? They have (or think they have, which amounts to the same thing in this case) everything to lose by volunteering information disagreeable to the authorities, and nothing to gain beyond, perhaps, a very slight easing of an elastic conscience.

Besides, they fully realise that, with the exception of a few black sheep, every British man and woman out there did his or her very best for the sick and wounded in South Africa, and the shortcomings were anyhow not due to unwillingness. It is insulting to suppose they were.

In conclusion, I may mention as a curious fact that, of the many invalided comrades I have met constantly, either in hospital or on the journey home, only those who have "nothing to complain of" have so far given evidence before the Commission. How have the witnesses been obtained, and by whom? The many others who could substantiate in different particulars Mr. Burdett-Coutts's statements in your columns have somehow not appeared. Has any one tried in any way to obtain their evidence?

I must confess to being one of those "incredibly mean and cowardly" people myself, but would sooner be judged for my sinful diffidence by my own brother officers and men than by those politicians who do not

care either for Mr. Burdett-Coutts or his views, and do not, in spite of or because of all their theory, fully understand the inner feelings of the

BRITISH SOLDIER. THE SOUTH AFRICAN HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—A few words from one who has resided for nine years in Bloemfontein may be of interest to your readers in connection with the charges recently brought forward by Mr. Burdett-Coutts. Having remained in Bloemfontein during the war, having also had military patients suffering from enteric under my care, having known several of the R.A.M. Staff and seen a good deal of their work and visited some of the improved hospitals here, I think I may be able to speak with some little knowledge of the subject. Enteric fever is a disease common in South Africa, and prevails every year in Bloemfontein during the summer months, sometimes continuing, with here and there a case, almost right through the winter. As might be expected, its victims are mainly people under 35 or 40, and especially such as have come from Europe, and, as the latter can't dist largely of the male sex, young men and children above a certain age form the majority of the patients. The type of the disease differs somewhat from that found in Europe, diarrhoea being absent from the majority of cases. When diarrhoea does occur the case is generally more liable to abdominal complications. Our mortality from enteric fever is usually low in Bloemfontein, but it is very difficult to give statistics, as no municipal record has been kept until last year, when a system of enforced registration of cases was put into force. Most of the water supply is from wells and from a fountain to the south-west of the town, but the water supplied by the new waterworks from the Modder River is being gradually made use of by the inhabitants of the town.

Until the entry of the troops into Bloemfontein on March 13 the disease was not worse than usual in town. There is no doubt, however, that for the previous six or eight weeks it had prevailed to a rather serious extent amongst the Boers at Colesberg, Modder River, Jacobsdal, and Kimberley. On the entrance of the British into Bloemfontein a considerable number of the troops were already sick from the disease, and a still larger number developed it within the next three weeks. Most of those patients had come through via Paardeberg along the Modder River, the water of which must have constituted their main water supply. That water must have been up to and including Paardeberg a more or less diluted, or in the case of Paardeberg, a more or less concentrated, vehicle of the enteric poison and of filth generally. Thereupon arose a serious problem. The troops entered the town, victorious, indeed, but jaded, footsore, very hungry, having marched and fought for days under a hot sun and on a very restricted dietary allowance. Some of their horses were mere gaunt walking skeletons, not unfit associates to their hollow-eyed, weary, unshaven human companions. What wonder that those who had already developed or were incubating enteric fever should have it severely, and those who already had not should for weeks to come, restricted as they were both for food and good drinking water, be peculiarly liable to contract the disease, and, when contracted, to have its features stamped with their previous hardships? One young officer who reached Bloemfontein on the second day of the British entry, and who came under my care as a patient, had a temperature of 105deg., and he must have been a type of many who had travelled for days with the disease upon them. The natural and inevitable result of all this was that within a very few weeks there were thousands of the brave fellows down with dysentery, enteric, and other forms of fever, and the already severely worked medical staff were called upon to provide hospital accommodation, nursing, and a suitable dietary for many thousands of troops over and above the sick and wounded duly allowed for, and that in a place like Bloemfontein, which, although the capital of the Orange Free State, is little more than a large village. If, besides this, it is remembered that we had been isolated from the outside world for five months, that our supplies in town had run short, that the two hospitals in town could not together muster 300 beds, that railway communication with the Colony was stopped, that most of the military hospitals were some distance behind and otherwise engaged, it will be seen how difficult was the task the R.A.M.C. had to cope with. As it was, the chief buildings in town, such as the Grey College Dames' Institute, Raad Zaal (Parliament House), St. Michael's Home, Ramblers' Club, &c., were converted into hospitals, and the majority of the cases placed under cover; and I have always considered it a fortunate circumstance that Bloemfontein is (for its size) so well endowed with large public buildings capable of being made use of for the above purpose, as otherwise great additional privation and misery must have been incurred by exposure of the sick to the very wet weather we had between March and May. Then there were the difficulties of feeding, mainly with liquid diet, nursing, the provision of suitable bedding, and the hundred and one details involved in the care and treatment of such a large number of medical (as contrasted with surgical) cases to be met, during which the surgeons and nurses were well and nobly assisted by many people in town, most of whom had themselves borne the hardships and inconvenience of

five months of war. I am convinced, from personal observation and general knowledge of what has been done in and about Bloemfontein since the British entry, that on the whole the R.A.M. Corps, their assistants, and the nursing staff have done their duty to their patients nobly and well, and that an awful epidemic of enteric fever with its dreadful and deplorable loss of life, which in the main could not have been foreseen or provided for, has been met with untiring resource and devotion to duty. Comparisons, we know, are odious. Faults of system, and may be minor derelictions of duty or want of attentiveness to the comfort of patients, may in some cases have occurred, but, though I have a great admiration for the British Army, and am patriotic enough to feel very sore when its shortcomings are exposed, I cannot but think that, compared with the combatant arm of the service, the work of the Medical Corps during the present campaign has been well and thoroughly done and need not fear the faintest inquiry into its efficiency.

On the question of prevention I have scarcely touched. It has always been a most question with us in Bloemfontein how far and to what extent enteric fever is water-borne. Personally I feel persuaded that the clouds of dust from every sort of traffic that we have been living in (and eating and drinking in) for the last few months are capable of accounting for many cases, and with suitable associations of temperature, individual susceptibility, &c., will, in the absence of conveyance by water or milk, continue to distribute the disease. Hence, with our present infected atmosphere, no precautions regarding water, &c., will confer complete immunity so long as the present military conditions last. In conclusion, I trust, Sir, that the British public will pause and think well before applying indiscriminate blame to those who have done their duty, and more than their duty, under most trying and difficult circumstances. I am, Sir, yours, &c.,

W. JOHNSON, Surgeon and Physician.
Bloemfontein, Orange River Colony, South Africa, July 16.

TO THE EDITOR OF THE TIMES.

Sir,—I think it but fair, in face of the agitation that has recently been got up with regard to the treatment of the sick and wounded in South Africa, that an independent observer, like the undersigned, should be allowed to express an opinion.

I may say at once that I am not biased in any way, and, further, that I have had ample opportunity of forming an independent opinion.

As Bloemfontein has been selected as an example of the shortcomings of hospital organisation and treatment, I may confine my remarks to the hospitals there. I have had charge of two officers' hospitals and of two hospitals for men at Bloemfontein, and I have visited all the other hospitals there from time to time during a period of three months. Being accustomed to hospital management in England I know what a hospital ought to be; and I may say at once I believe the military hospitals at Bloemfontein have been as well managed, and the treatment of the sick and wounded as carefully carried out, as is possible under the circumstances.

True, one has not as many kinds of drugs, and as great a variety of diet as one can get at home in England, but we had all that we required of either.

Given four or five thousand sick—mainly enterics—to deal with suddenly, in an English town, I doubt if medical men or nurses could have dealt with them more successfully than at Bloemfontein.

Taking No. 9 General Hospital as an example of all that was reprehensible was singularly unhappy, as all know who have been on the spot; but that was only a solitary instance and the remedy was quickly applied.

Officers under my care have told me over and over again how well the Royal Army Medical Corps has worked in this war, and officers would be the first to grumble if things had gone wrong, being always jealous for the health of their men.

In my opinion the number of hospitals and of medical men has been very sufficient for all requirements.

It is very unfortunate that those who have lost their nearest and dearest should have their sorrow increased by reading such exaggerated reports as have been circulated in the newspapers. Reports which in many instances, if not in all, have originated from insufficient knowledge, or, what is worse, from disappointment at not being allowed to meddle in affairs in which only the skilled, but not the unskilled or the neurotic, should be allowed to interfere.

I say this because many such instances have occurred, and many frauds have been quickly unmasked during the present war.

To prevent misconception I may say that I do not belong to the Royal Army Medical Corps.

I am, Sir, yours sincerely,

C. A. MAC MURRAY, M.D., Honorary Physician and Honorary Pathologist to the Wolverhampton General Hospital and Surgeon-Major Army Medical Reserve.

Bourke Hospital, Pretoria, July 8.

TO THE EDITOR OF THE TIMES.

Sir,—I believe this inquiry will show that notwithstanding its under-manned condition and its need of independent transport, and the great and sudden strain thrown upon it at times through a vast amount of sickness following on the exigencies of the military operations, the Royal Army Medical Corps has carried on its work nobly and, on the whole, with great efficiency.

Mr. Berdett-Combs's charges will indeed prove a blessing in disguise if, in addition to sifting the evi-

dence as to alleged hospital mismanagement, the commission will inquire into the weak points in the organization of the Army medical service, and whether its organization in the field was such as to enable it to perform its responsible and onerous duties with the maximum of efficiency. As a recent writer has well expressed it, the success of the medical service in the field means untold relief from suffering to our soldiers and the preservation of countless lives that would otherwise be lost to their friends and their country. It is to be hoped, therefore, that in addition to the alleged cases of isolated breakdown, the general efficiency of the medical service may come under review in regard to the following points—viz., in regard to insufficiency of personnel; need of complete autonomy of the establishments in the field, and authority to enable them to take the initiative in the purchase of hospital supplies in the event of such a course being necessary. The difficulties caused by want of their own transport should also come under review, and the reason for the rule recently made by which the principal medical officer has been relegated to the lines of communication instead of being with the Headquarters Staff of the Commander-in-Chief. The "common sense" which Lord Roberts says is required in these matters would surely have condemned such a change as striking at the root of all efficiency. The above points have been brought to the notice of its readers in an able article in the *British Medical Journal* of July 14, wherein the writer also speaks of the denial of local and temporary increase of rank to principal medical officers, as to officers of other branches, as tending to handicap them in regard to Army status and influence.

I am, Sir, yours, &c.,

W. STEWART, Surgeon-General, Retired.

August 3.

THE SICK IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—Is it even yet too late for the Government to act on the advice which Sir Walter Foster, with benevolent prescience, gave them in October last, and to send to South Africa a small sanitary commission to assist the Army medical officers in dealing with enteric fever and other preventable diseases and in collecting information as to their sources and diffusion, which may be useful in future campaigns? The heavy, dismal lists of deaths from enteric are still coming in and it may be long before we hear the last of it in our army of occupation, while a disquieting feeling undoubtedly exists amongst those who have relations at the front that an unnecessary sacrifice of life is still going on. The Government perhaps scarcely realize, and may not realize until the general election comes, how deeply the heart of the country has been moved by the sufferings of the sick and wounded, and by a suspicion, engendered it may be by the somewhat trivial and peevish way in which representations on the subject have been met, that everything that was possible in the way of precaution has not been done.

In answer to Mr. Wyndham Murray, Mr. Balfour stated in the House of Commons on the 22nd ult., that it is outside the scope and circumstances of the Hospital Commission, which has preceded to South Africa, to investigate the results of inoculation in protecting against enteric fever, and it must be clear that if the Commission is not equal to settle that comparatively simple question, it must be altogether inadequate to cope with the far more complicated problems, connected with the causation and spread of that malady, that press for solution. The two medical members of the Commission—eminent although they may be—are not, I understand, especially qualified by their studies or experience to undertake such inquiries, which, again, the members of the Army Medical Corps can scarcely be expected to conduct in a thoroughly satisfactory manner. We have heard for many years past loud complaints that the War Office has, by its regulations, made the Army Medical Service exceedingly unpopular, so that there has been a dearth of candidates, while those who have entered it have not been exactly the *élite* of their profession. No doubt the members of that service now in South Africa are doing excellent practical work, with much devotion, but they are over-burdened with routine duties, and have neither time nor aptitude for scientific research. The civil surgeons sent to South Africa have been mostly, I believe, young men, and they too are absorbed in hospital administration.

May it not be that some efficacious preventive measures—some hygienic safeguards—have been and are being neglected? Is it not possible that rare opportunities for the advancement of epidemiological science are being thrown away? There is no enthusiasm, Mr. Kipling tells us, in the nursing of enterics. There would, I am sure, be fruitful fervour in the study of the conditions to which they have succumbed were properly qualified sanitarians sent to the camps and towns in which they lie prostrate in such numbers. Whenever there is a trifling outbreak of typhoid fever in any village or town in this country, a specially skilled and trained medical man is despatched by the Local Government Board to trace out its origin on the spot. Is it reasonable that this widespread and disastrous explosion of the disease amongst our troops in South Africa—a singularly salubrious country—should be allowed to pass uninterrogated by an expert? How easy would it have been to have appointed an experienced sanitarian to the Hospital Commission! How reassuring it would be to hear now that a special san-

tary commission had been nominated!

Your obedient servant,

August 6.

L.L.D.

MISS KINGSLEY ON SOUTH AFRICAN HOSPITALS.

TO THE EDITOR OF THE TIMES.

Sir,—It is the most melancholy of all tasks to call up the evidence of the dead—an evidence which they cannot correct, nor place in its just proportion, nor apply to problems raised after their knowledge of earthly affairs had ceased.

The letter which Miss Flora Shaw has sent you to-day seems, however, to call for an additional extract from a letter which Miss Kingsley wrote to me from Simon's Town Hospital; for the letter to Miss Shaw closes in the middle of a sentence. "The people who have had the hardest time of it have been those who had to work those things into me. The C.M.O., Dr. Carré, when I came here first, . . ." Here the letter ends; but it is plain there was a part of the story which Miss Kingsley intended to tell, and this part is indicated in a letter written to me:—

"The plain truth was this terrific outbreak of camp fever broke out among Cronje's men, who for over a week had been living underground with dead men and horses and drinking the decoction thereof. The fever burst out just when science could have told the authorities it would; but science, as I have said before, is not attended to, so the authorities were unprepared. They did what they could, they spared no expense, they peered forth brandy, milk, eggs, champagne, &c., they wrote miles on miles on paper, they worked a few individual officials to death more so; the wretched doctor and the two only nurses they had to tackle the outbreak were nearly done for when I arrived. I have been nearly done for since; but now we have two more doctors and three more nurses, and a lot more orderlies and Army Service men on the job, and the work is getting organized; but all to-day I have had over 100 patients under my own charge—killing work from the nature of the case—delirious, fretting, strong men, every third man wanting a nurse to himself." She goes on to describe the arduous character of the nursing, and tells of the delirious men starting off to look for their wives and families. "I am regularly called in to field wanderers in the other wards. 'Oh, Sister, there's a man out!' is a phrase I shall long remember."

The details of the want of preparation for sickness were written before the present controversy as to hospitals in South Africa. It will be remembered that they were written from the very base of supplies, the centre where the whole army stores were massed together. The related work of organization was at length done at Simon's Town, at what heavy cost! Dr. Carré, who tells in what a high degree the success of the work was due to Miss Kingsley, tells, too, how that excessive labour broke her strength and led to her death.

Miss Kingsley writes at length on the sick prisoners themselves:—

"A most civil set of men" she says, "those we have are mostly of the *Reichsmann* class, men who the big Boer farmers allowed to live on their farms and cultivate an allotment in return for services when required; but they are a curiously set of people, they never take a thing from you without a 'thank you'; when they are not delirious they obey every word you say"; and of this she gives instances that had deeply touched her heart.

It would have been interesting to hear in Miss Kingsley's own words the "explanation" to which Miss Shaw refers of "how it came about that with her Imperialistic sympathies she found herself employed in the work of nursing Boer prisoners." To those who had long known and honoured her lofty view of "Imperial" obligations and her magnificent sense of the chivalry that becomes a great people, it would seem most simple and natural for her to think it the plain and obvious duty of any true Imperialist who had the opportunity to nurse the sick Boers and save their lives. There was no explanation in her simple account to me. "To make a long story short, I went to the P.M.O., General Wilson, and said I was out to help in any way I pleased. He said, 'Will you go to Simon's Town to the Boer prisoners?'—evidently expecting I wouldn't. I said, 'If that's what you want done, yes.' It was. Those prisoners were dying in a way the British authorities, properly so called, did not approve of."

Yours faithfully,

ALICE STOFFORD GREEN.

14, Kensington-square, W., Aug. 7.

AUGUST 9, 1900.

THE SOUTH AFRICAN HOSPITALS INQUIRY.

Sir W. FOSTER (Derby, Ilkerton) had given notice that he intended to ask the First Lord of the Treasury whether he could arrange for the early publication of the evidence given before Lord Justice Russell's Commission prior to the departure of the Commissioners for South Africa. He, however, said he did not propose to put the question, as he had received privately from the right hon. gentleman a satisfactory explanation why he could not accede to the request.

Mr. E. ROBERTSON (Dundee) asked whether any estimate had been formed of the date on which the report of the Commission might be expected.

Mr. BALFOUR.—No, Sir; I have no authoritative estimate, but I do not anticipate that the South African inquiry will take a great deal of time.

FRIDAY, AUGUST 10, 1900.

THE SOUTH AFRICAN HOSPITALS
INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—In your issue of to-day you publish a letter over the name "British Soldier," in which the following passage occurs:—

"They will admit cheerfully, with hardly any exceptions, that in the abstract the R.A.M.C. is grossly incompetent both in peace and war"; and then to be quite consistent in the next paragraph, he goes on to say:—"Every British man and woman out there did his or her very best for the sick and wounded in South Africa, and the shortcomings were anyhow not due to unwillingness."

Of course "British Soldier" to be consistent excepts from the latter statement the R.A.M.C.!

Sir, I ask, is it not a cowardly thing, under a pseudonym, thus to attack a body of officers and men who have done their very utmost to help the sick and wounded officer and soldier in South Africa? How many of this much abused corps have laid down their lives, both on the battlefield and in the hospitals, on their behalf?

Such attacks as these are a disgrace to the Army, and I can hardly believe that any "British soldier" could be guilty of such unworthy conduct.

That it is a gross falsehood the evidence of Lord Roberts, Sir Roberts Buller, and other general officers in high command, as well as that of the distinguished civil surgeons sent out to South Africa, fully proves, and the truth will prevail.

It is well known that there is a dearth of candidates for the R.A.M.C., but can any one wonder at this when they read such statements from the pen of a "British Soldier"?

Your obedient servant,
J. B. HAMILTON, Surgeon-General, R.P.
J.U.S. Club, Aug. 8.

DAILY EXPRESS, LONDON.
FRIDAY, AUGUST 10, 1900.
BATTLES BIOGRAPHED.EXPERT OBSERVER ON THE
HOSPITAL SCANDAL.

"EXPRESS" SPECIAL.

Mr. Kennedy-Laurie Dickson, who went out to South Africa nearly nine months ago to "biograph" the raising of the British flag in Pretoria, has returned to England, bringing a rare collection of war relics and a volume of good stories of the perils of the "biographer" on the battlefield.

With his assistant, Mr. William Cox, he took eighty-two subjects, or a total of 82,000 photos, the best of which have been and may be seen at the Palace. He was with Buller at the relief of Ladysmith, and with Roberts at the taking of Pretoria.

His Cape cart, with its white team, was shelled more than once by unappreciative Boers. When the Union Jack went up at Pretoria he was on the roof of the Mint, with his cherished machine, and made a most successful shot at the fluttering flag.

All the generals in the field were kind to the biographer. When ordinary travellers were limited to 35lb. of baggage on the up line to Bloemfontein, Mr. Dickson was allowed to take 1,000lb. of machinery and baggage, a cart, and three horses. General Kitcheners sent three personal telegrams to Capetown to ease the way.

DEVOTED NURSES.

But Mr. Dickson was not always dodging pom-pom shells and taking photos of famous generals. In his spare time he visited the hospitals, taking a keen interest in the scientific treatment of the sick and wounded. His verdict on the hospital question is directly opposed to that of Mr. Burdett-Coutts.

"Everything was done that could possibly be done," he told an "Express" representative yesterday. "I was with the doctors constantly, chatting with them and hearing all they had to say, and I never heard them blame the authorities for any lack of medical comforts. No one suggested that things would be done better another time, or might have been done better this time."

"Mr. Burdett-Coutts saw a hospital camp in a rainstorm, and so did I; and I saw also the squads turn out and remedy matters in a surprisingly short time. He gave but one side of the picture. He might have described the splendid hospitals in commandeer churches and schools, and the wonderful work of the nurses."

"Why, when I think of what those women did I could get on the highest building in London and cheer for them. Their work has not been fully appreciated."

In short, Mr. Dickson, who was for fifteen years one of Edison's right-hand men, and is, therefore, a trained observer, must be added to the big number of those who totally disagree with the member for Westminster.

EVENING NEWS, FRIDAY.

AUGUST 10, 1900.

PATIENT'S PLAINT.

Yeoman's Experiences While as
Inmate of No. 9 General Hospital.

To-day THE EVENING NEWS guinea has been awarded for a letter written by a Welsh Yeoman, who describes his experiences while a fever patient in No. 9 General Hospital at Bloemfontein. He says:—

It would be as absurd to believe implicitly all the circulated stories of hospital shortcomings and abuses during the war as to utterly discredit them. In giving dispassionate consideration to the subject, it must be borne in mind that perfection in hospital management in a great war is impossible, and that men with constitutions wrecked by disease are as liable to create a grievance where none exists as they are to give high colour to a real one.

A simple narrative of my own experiences in hospital at Bloemfontein, last month may be interesting because, as a Yeoman who had not seen the inside of a military hospital before, I could only hope for good treatment, but was prepared for anything.

When I was stricken down with fever my company was in the Vet. River district, conveying infantry to Winburg. We were without ambulances, so the sick had to do the forty miles to Vet. River riding on ox-waggons. That was an awful

FOUR DAYS' JOURNEY.

In two waggons rode twelve of us—four Yeomen and eight infantrymen—down with entire and slow continuous fever. Each morning, while the bellows were fresh, our Kaffir drivers took a keen delight in racing the teams hauled by American mule-men. Bumping along over small boulders and zig-zagging from watercourse to watercourse, one's temperature rose until your head felt like a steel with the time-fuse lit, ready to burst into fragments at any moment.

A drink of coffee at daybreak and a pint of beef tea on outspawning. We had no other nourishment, all the milk at the farmhouses having been bought up by the advance guard.

Travelling in an open truck we covered the forty odd miles between Vet. River and Bloemfontein in six hours. On arrival had to wait an hour or more for the hospital ambulances, although the night was bitterly cold.

I was drafted to No. 9 General Hospital, and handed over to an orderly. He showed me to an ordinary "bell" tent, already occupied by four enteric patients. I stumbled over one of them in the darkness, and an hour seemed to pass before a candle was brought.

Though numbers of stretchers were available the orderly would not allow me to use one without a special permit from a doctor. Neither would he give me a third blanket without an order. So I bowed to the inevitable, drank a mugful of warm tinned milk, shivered through a miserable night, and

WAITED FOR DAYLIGHT.

At 10 a.m. a doctor saw me on his rounds, and ordered my temperature to be taken, and put me on an all milk (tinned) diet. The orderly took my temperature for the first time after dark that evening. It was 102.6 deg. Fahr. I was the third in the tent to use the thermometer. Having removed it from one man's mouth the orderly would wipe the tube once on the end of his greatcoat and pass it on to the next patient.

This orderly—a dirty, indolent, unscrupulous fellow—constantly "cut" the little luxuries, such as butter, arrowroot, chicken, and port wine, allowed to men who were improving. He interpreted six ounces of port to mean the full of half a dozen dessert spoons.

The arrangements of the hospital were such that if you were ordered grilled chicken at 9 a.m. to say you would not get it until 4 p.m. to-morrow. The grilled child chicken was generally the backbone, or two wings, of a fowl, carried bare in the orderly's hand.

For several days in succession patients upon whose diet sheets the doctor had written "arrowroot" were calmly told by the orderly that there was none. This orderly always refused to fetch physic from the compounder's tent until a doctor had certified that sick men were unable to walk the distance for it.

There appeared to be no supervision over the orderlies, and you seldom saw the man told off to attend to you oftener than three or four times a day. Another fault was the custom, when the marquee tent was full, of putting new arrivals in the bell section, and leaving them there, poorly cared for, until they either grew

BETTER OR WORSE.

When, after several days of indifferent treatment in this section, a patient's temperature suddenly rose, he was immediately transferred to the marquee, there to be carefully tended.

A grave case, the result of leaving patients unattended, came under my observation. A private in an infantry regiment, whose "chum" lay ill beside him, pleaded with the doctor one morning for a few ounces of bread, but as the fever had not left him the request was very properly refused.

Had the doctor returned five minutes later he would have found the private and his "chum" devouring a loaf of bread and half a pound of butter with some golden syrup, stir purchased for them at the hospital canteen.

Two days later the temperature of the patient described as the chum flew unaccountably to 104. He was carried on a stretcher to a marquee, and the next day was snug up in the familiar brown blanket.

It shocks one not inured to the horrors of campaigning to find what small store is set upon the value of human life on active service, and as a rule regular soldiers appear quite indifferent as to whether they live or die.

If they feel hungry in hospital they argue that good food would naturally improve their condition. And that is why. With lax supervision many yield to the pangs of hunger following an attack of enteric, thus

HASTENING THEIR END.

It was through my pocket that I ultimately found a way to the orderly's heart. He would bring me a 4oz. ration of butter daily, instead of half that quantity, and he kindly suggested to the doctor that as I was weak grilled chicken would do me no harm. In other ways he helped to pull me round, but the feeling was ever present with me that the orderly's prodigality left other patients short.

Nine out of every ten regular soldiers in hospital were absolutely penniless, but some raised money to buy cigarettes and tobacco by selling their daily bottle of stout ordered them by the doctor. Others took the brass badges from their shoulder-straps of helmets, the razor from their hold-alls, the cardigan jacket from their shoulders, or the extra pair of boots from their kit-bags, and disposed of them for paltry sums.

Although vermin are the cause of camp life in or about Bloemfontein, the methods observed in the "bell" section of No. 9 Hospital did not tend to mitigate the evil. Most patients had no option but to spread their blankets down in the tent-dust—a material harbour for vermin—and no one cared whether the men changed their under-clothing or not.

My first experience of military hospital life was not pleasant; I did not expect that it would be.

THE TIMES, SATURDAY,
AUGUST 11, 1900.

THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—A great deal has been said, and written, on the reluctance of soldiers to give evidence before the Hospitals Commission, for fear of the consequences to themselves.

What consequences? Take the case of a man in a military hospital who has, or thinks he has, a grievance. If he be reluctant to make a complaint to a medical officer, he has the opportunity given him daily of formulating it to the field officer of the day, to officers of his own company or regiment (who constantly visit their men), and there are frequent occasions on which the general commanding the district visits the hospital for the express purpose of watching the interests of the patients. In fact I know of no institution, civil or military, in which the interests of a class are so carefully guarded as those of a soldier-patient in a military hospital.

Any one who knows regimental life knows that the relations existing between officers and their men are intimate, and, as a rule, cordial. Their interests are identical, and any one of another corps guilty of a sin of omission or commission would soon hear of it. The soldier would not hesitate to inform his officer; and the idea that a regimental officer, out of regard for the R.A.M.C., would endeavour to screen their faults by censuring the man, or by ignoring his complaint, is simply ridiculous. On the contrary, I am inclined to think, with regret, that there are many "combatant" officers who do not hesitate to find fault, on small provocations, with the R.A.M.C. Such has been my experience—a somewhat lengthy one—as a medical officer, old enough to have been for some years in a regiment under the old system, and I claim to have gained some knowledge of "Tommy Atkins."

What are the grounds for thinking that the soldier will not speak the whole truth in reply to the questions put to him by the Commission? There are different "types" of "Tommy Atkins." There is the man who is reported to have said lately that he did not "intend to give away the show to a Bloemfontein civilian." There is the man who, like "natives" in India, when questioned attempts to frame his answers in the way he conceives will please and satisfy the interrogator. Such witnesses will be unsatisfactory, but it may surely be left to the sagacity of the Commission, presided over

by an eminent Judge, to take their measure. But it is an insult to the whole British Army to say that the great majority of the rank and file have not the "pluck" to speak the whole truth. I feel certain it will be found that plenty of honest and fearless evidence will be forthcoming—and the only witnesses influenced by "fear" will be those who are not sure of their facts.

The writer of the letter in *The Times* of the 8th inst. who signs himself "British Soldier" is presumably an officer. He acknowledges that he would shrink from giving evidence because he has "everything to lose." It would be interesting to know—and the information would be of benefit to many—how any plain statement of fact made by him in the interests of the Army would injure his military reputation or career. Surely he does not intimate that his commanding officer and the officers of his regiment would not support him. He has evidently little opinion of the R.A.M.C.; but in what way could a medical officer, however malevolent and spiteful, damage his prospects? Unless he can give a clear explanation of his meaning I maintain that he has no right to put "his brother officers and men in the same exceptional category as himself"; and I submit that he is one of those whose evidence would not bear investigation, his reluctance to come forward in the cause of truth and justice being based on the consciousness of a weak case. (One can understand such a man being afraid of the ridicule of his brother officers should he break down in the witness-box.)

In conclusion, I think I may say on behalf of the R.A.M.C., that it is our earnest hope and desire that the inquiry may elicit the whole truth. If the report of the Commission results in exposing faults of organization, let the medical service be remodelled; if it be adverse to individuals, members of the corps (and there are black sheep in every flock—even amongst generals!), let us have reason and opportunity to punish or expel. But if shortcomings are found to have been in consequence of circumstances beyond our control it is not too much to ask that we shall be freed from the suspicion which now seems to rest upon us, notwithstanding Mr. Burdett-Contts's assertion that he did not attack the R.A.M.C. Whatever the ultimate outcome, I trust it will be for the benefit of the Army at large.

I remain, yours, &c.
August 10, 1900. **A MEDICAL OFFICER,**
TO THE EDITOR OF THE TIMES.

Sir,—I must apologize in the first place to you for trespassing again on your valuable space, and in the second place to Surgeon-General Hamilton for having disturbed his retirement and necessitated the letter which appears in your issue of to-day.

The large majority of officers and men (not belonging to the R.A.M.C.) who have had any hospital experience are of opinion that the R.A.M.C. are incompetent as a whole, but at the same time all admit that they did their very best in South Africa.

For making these statements the gallant Surgeon-General accuses me, amongst other things, of inconsistency; but surely a man may almost bubble over with good intentions and at the same time be wanting in the capability necessary to carry them out!

Every one knows that the R.A.M.C. are as ready to lay down their lives as any one else on service, and I did not even intimate an attack on their gallantry or good will, but they should surely be judged as surgical or medical practitioners, not as candidates for the V.C., and I merely drew attention in my previous letter to the general opinion in the combatant branches as to their shortcomings in these respects.

August 10, 1900. **BRITISH SOLDIER.**

THE MEDICAL ARRANGEMENTS IN BLOEMFONTEIN.

[BY AN OCCASIONAL CORRESPONDENT.]

Bloemfontein, July 7th, 1900.

Back which has recently been made on the medical arrangements in Bloemfontein has been as unexpected as it is wholly unmerited. From the telegrams which have been published here it would appear that Mr. Burdett-Contts visited the town shortly after its occupation. At this time communication with the Orange River Colony was cut off by the destruction of several bridges across the river. Every available train and every possible man was required to hurry provisions to the front. The work of the troops being of even greater importance than that of the hospitals, the military authorities decreed that it should take precedence of every other station. When Mr. Burdett-Contts visited the town, he found the hospitals inefficiently equipped, and the difficulties which beset the medical authorities unmindful of the excellent work which the R.A.M.C. had done during the campaign, he forthwith proceeded to make highly-coloured and sensational charges against them. He appears to have admitted that in framing these charges, he was comparing the condition of the hospitals in Bloemfontein with that of hospitals in London with which he was acquainted. Could anything have been more unreasonable? If we try to picture to ourselves the condition of even the best-equipped London hospital into which 300 bad accidents were admitted in a day, we may form some idea of the difficulties which the R.A.M.C. have had to face in South Africa. Yet this is what has happened many times during the campaign; whilst on occasions nearly double that number of sick and wounded have had to be accommodated in a single day, and this whilst some at least of the hospitals were in the process of equipment. That the R.A.M.C. met and successfully dealt with such emergencies as entitles them to the thanks, most certainly not to the blame, of the nation.

I venture to say that no one could have been more keenly alive to the temporary shortcomings of the hospitals in Bloemfontein than were the officers of the R.A.M.C. They were, however, powerless—tied hand and foot by the exigencies of the situation.

Were Mr. Burdett-Contts to visit the town at the present moment, however, he would give a very different account of the hospital management. As soon as the more urgent demands on the railway traffic would admit, hospital equipment was hurried up from the base. In addition to those which are housed in permanent buildings, there are now seven hospitals under canvas in the neighbourhood of the town. For many weeks past all the hospitals have been fully equipped with spring and trestle beds, and with all the other requisites which are necessary for the comfort of the sick. So far, therefore, as Bloemfontein is concerned, the sick and wounded are as well and comfortably cared for as they would be in any station hospital in England, and I have reason to believe that the same remark applies to hospitals further up the line. I have frequently visited patients who are being treated under canvas, and one and all express satisfaction with the arrangements which have been made for their comfort. Indeed, many of them state that they would prefer to be treated in tents, as these are brighter, fresher, and better ventilated than most of the public buildings in Bloemfontein. All the cases under canvas which are in any way seriously ill are accommodated in large marquees, which are provided with double roofs and flies. The tents are bright and warm, and the supply of blankets and underclothing is ample, so that not one of the patients complained of cold. Indeed, there is a general consensus of opinion amongst the medical officers that enteric fever patients do better in tents than in permanent buildings, and it is not difficult to understand why this should be so. When the weather is bright and warm, as it usually is during the day time at this season of the year, the flies of the tent can be raised and a current of pure fresh air admitted, which is both grateful and beneficial to the patients.

As for the dieting of the sick, the arrangements are all that could be desired. Each hospital is fitted up with stoves and all necessary cooking utensils. There is an abundant supply of excellent fresh meat, fowls, turkeys, fish, eggs, butter, milk, delicious bread, etc. The supply of medical comforts is as ample as could be desired, and includes champagne, brandy, wines, bovril, Liebig's extract, Brand's essence, tinned and malted milk, and many other articles. As far as I have seen—and I have had many opportunities of judging—the dieting and treatment of the sick in Bloemfontein are quite satisfactory.

A further charge has been brought against the R.A.M.C. by Mrs. Richard Chamberlain, namely, that the officers oppose the distribution of comforts to patients. This is an even more invidious attack than that of Mr. Burdett-Contts, for it is calculated to arouse the resentment of every lady in England, or at least of all those who have relatives and friends serving in South Africa, or who have contributed towards the funds of the Society. An interesting point about these attacks is that they were published almost simultaneously. Is it possible that there can have been concerted action?

It has certainly not been my experience that medical officers throw any difficulties in the way of the distribution of suitable and necessary comforts to the sick. Indeed, I have found them not only willing but anxious to avail themselves of these, and officers from each of the hospitals pay almost daily visits to the Red Cross Society. There can be no doubt, however, that articles which are entirely unobtainable are often times given to patients in hospital. I am aware of instances in which bags of biscuits have been handed by visitors to men who were in the third week of enteric fever, and this mistaken kindness has actually led to the death of the patients from perforation. Can we wonder then if medical officers throw difficulties in the way of indiscriminate distribution of articles of diet to men in hospital? Some at least of the articles which are sent to hospitals would be injurious even to men in perfect health; how much more then to men who are convalescing from, say, a dangerous attack of enteric fever?

Again, in other cases men in hospital have been found with perhaps a dozen cardigan jackets, or an even larger number of shirts; whilst in one instance that I know of a man was found in possession of 20 of these useful articles, which had been given him at different times by kind but not over-judicious visitors. Patients have even been known to exchange articles of clothing surreptitiously for liquor, in these cases generally of the worst quality. Again, is it surprising if medical officers occasionally throw difficulties in the way of visitors?

Bloemfontein is practically devoid of modern sanitary improvements. Enteric fever is endemic in the town, from 300 to 400 cases occurring annually amongst the permanent civil population. Under ordinary circumstances there is a good and abundant supply of water, derived from the town waterworks. Shortly after our occupation this was cut off by the Boers, and a considerable interval elapsed before it could be re-established. During this time the large force which was encamped round the town had perforce to fall back on shallow well and surface water. As the surrounding district is destitute of trees, or of wood of any kind, it was difficult to obtain sufficient fuel even to cook the men's rations. It was therefore quite impossible to boil the drinking water. It was even impossible to filter it, for during Lord Roberts's historic march, most of the Berkefeld filters had been accidentally broken.

THE PEOPLE, SUNDAY.

AUGUST 12, 1900.

OUR SICK SOLDIERS.

NOW THEY ARE TREATED AT BLOEMFONTEIN.

Trooper George Eighteen, of the 58th Royal Berkshire Yeomanry, writing to his parents at Reading, in a letter received on Friday evening, and dated July 18, says: "I am in the Greenhill Convalescent Asylum at Bloemfontein, suffering from enteric fever. We are treated with every consideration. Nice clean sheets and pillows. After three weeks on a milk diet I reached normal

temperature, and was afterwards ordered custards. Now I am doing like a lord. At 8 o'clock I get a plate of porridge, then an egg with fingers of bread and butter, and at 9 o'clock a glass of brandy and hot water. At 10.30 a cup of meat extract; at 11 a glass of milk. At 12 o'clock soup with bread, fowl and custard, or arrowroot pudding. At 2.30 milk, at 4 o'clock an egg with fingers of bread and butter, followed by pudding. At 7 a glass of brandy hot, and at 8 o'clock a cup of cocoa. Tea and coffee is also served out twice daily. The same writer also speaks of the excellent attendance all round."

THE TIMES, MONDAY, AUGUST 13, 1900.

THE HOSPITALS IN SOUTH AFRICA.

A resident at Edgbaston, Birmingham, has received a letter dealing with the treatment of the sick in South Africa, the writer being an officer serving with the Imperial Yeomanry. He says he is afraid the ugly rumours of gross mismanagement and callous neglect are only too true. He had heard repeated complaints of patients neglected, stores misappropriated, medicines wasted, temperature charts "cooked," and an unnecessary harshness from the orderlies. The fact is, he declares, there is a terribly wrong prejudice prevalent in the Army against the men in hospital. They are looked upon as possible loafers, and because occasionally, though very rarely, a man is found malingering, all are treated badly and are made to feel that the sooner they are at work again the better. Turning to methods of reform, the correspondent says the doctors used better treatment and better pay, and for those concessions a higher standard of efficiency should be expected of them, and, he adds, a higher social standard. The majority of military doctors in South Africa are, he says, in appearance and manners in marked contrast to the combatant officers; and then most of all the medical orderlies need to be greatly improved. At present they are drawn from the same class as the ordinary soldiers. Most of them are uneducated and quite unable to respond to the claims of authoritative trust. Many of them become hard drinkers, many become bullies, and nearly all are more or less neglectful of their work and force the convalescents to do it for them. A sergeant who was a very superior and trustworthy man told the writer that, having had two experiences of being in hospital, he would infinitely rather be in prison than enter one. The orderlies were always making him feel that he was a nuisance and in the way. Though he was lying absolutely helpless, they never washed him until the stench from his own body was so bad that he had to complain to the commanding officer. They never changed his linen, though clean linen was served out for the purpose. He was ordered fresh milk, and when it came it was little better than coloured water from the amount the orderlies had taken out of the supply for their own use. The sergeants even used to rob the fever patients of luxuries in order to supply themselves and their families, and yet the moment the patient was convalescent he was made to scrub floors and "fetch and carry like any servant." This witness assured the writer that he could bring hundreds of men to bear out what he had said, all bearing on the shortcomings of the non-commissioned officers and orderlies of the hospitals. "There can be only one cure," says the writer: "their positions should be raised, and a better class of men induced to take up the work. The only hospitals which have been free from scandals have been those where civilian doctors and nurses have prevailed." It may be possible, the correspondent suggests, to make greater use of these in the future. Hospitals like the Yeomanry Hospital at Deelfontein, or the Langham Hospital or the Portland Hospital, are models of what such institutions should be.

Trooper George Eighteen, of the 58th Royal Berkshire Yeomanry, writing to his parents at Reading in a letter received by them on Friday evening and dated July 18, says: "I am in the Greenhill Convalescent Hospital at Bloemfontein, suffering from enteric fever. We are treated with every consideration—nice clean sheets and pillows. After three weeks on a milk diet I reached normal temperature and was afterwards ordered custards. Now I am doing like a lord. At 8 o'clock I get a plate of porridge, then an egg with fingers of bread and butter; at 9 o'clock a glass of brandy and hot water; at 10.30 a cup of meat extract; at 11 o'clock a glass of milk; at 12 o'clock soup with bread, fowl, and custard or arrowroot pudding; at 2.30 milk; at 4 o'clock an egg with fingers of bread and butter, followed by pudding; at 7 a glass of brandy hot; and at 8 o'clock a cup of cocoa. Tea and coffee is also served out twice daily." The same writer also speaks of the excellent attendance all round.

THE TIMES, TUESDAY, AUGUST 14, 1900.

Sir James Blyth has received the following further letter from Mr. Alfred D. Frupp, chief surgeon of the Yeomanry Hospital at Deelfontein, in continuation of that which appeared in *The Times* of August 8. It is dated July 23:—

The London newspapers of the last week of June have now reached us, and for the first time we are in a position to know fully about the reasons for the construction which the local papers had already told us had been caused at home by the charges of inefficiency made against the Royal Army Medical Corps. We see that a committee of inquiry has, upon Lord Roberts's suggestion, been appointed by the Government, but we do not yet know all the names of that committee, nor have we been able to find the terms of reference which prescribe the field of inquiry. Whether any real and permanent good will result from the work of this committee, I think depends, to a very large extent, upon the scope of their inquiries. If they are limited to a mere investigation of the way the R.A.M.C. have done the work which it is their duty to do, I do not believe that they will succeed in discovering very much amiss, but if the committee is instructed to go further and to fully investigate some collateral questions—such as, for instance, especially, the question of whether the

FRIDAY, AUGUST 10, 1900.

THE SOUTH AFRICAN HOSPITALS
INQUIRY.

TO THE EDITOR OF THE TIMES.

Sir,—In your issue of to-day you publish a letter over the name "British Soldier," in which the following passage occurs:—

"They will admit cheerfully, with hardly any exceptions, that in the abstract the R.A.M.C. is grossly incompetent both in peace and war"; and then to be quite consistent in the next paragraph, he goes on to say:—"Every British man and woman out there did his or her very best for the sick and wounded in South Africa, and the shortcomings were anyhow not due to unwillingness."

Of course "British Soldier" to be consistent excepts from the latter statement the R.A.M.C.!

Sir, I ask, is it not a cowardly thing, under a *nom de plume*, thus to attack a body of officers and men who have done their very utmost to help the sick and wounded officer and soldier in South Africa? How many of this much abused corps have laid down their lives, both on the battlefield and in the hospitals, on their behalf?

Such attacks as these are a disgrace to the Army, and I can hardly believe that any "British soldier" could be guilty of such unworthy conduct.

That it is a gross falsehood the evidence of Lord Roberts, Sir Redvers Buller, and other general officers in high command, as well as that of the distinguished civil surgeons sent out to South Africa, fully prove, and the truth will prevail.

It is well known that there is a dearth of candidates for the R.A.M.C., but can any one wonder at this when they read such statements from the pen of a "British Soldier"?

Your obedient servant,

J. B. HAMILTON, Surgeon-General, R.F.
J.U.S. Club, Am. S.

DAILY EXPRESS, LONDON.

FRIDAY, AUGUST 10, 1900.

BATTLES BIOGRAPHED.

EXPERT OBSERVER ON THE
HOSPITAL SCANDAL.

"EXPRESS" SPECIAL.

Mr. Kennedy-Laurie Dickson, who went out to South Africa nearly nine months ago to "biograph" the raising of the British flag in Pretoria, has returned to England, bringing a rare collection of war relics and a volume of good stories of the perils of the "biographer" on the battlefield.

With his assistant, Mr. William Cox, he too: eighty-two subjects, or a total of 164,000 photos, the best of which have been and may be seen at the Palace. He was with Buller at the relief of Ladysmith, and with Roberts at the taking of Pretoria.

His Cape cart, with its white team, was shelled more than once by unappreciative Boers. When the Union Jack went up at Pretoria he was on the roof of the Mint, with his cherished machine, and made a most successful shot at the fluttering flag.

All the generals in the field were kind to the biographer. When ordinary travellers were limited to 35lb. of baggage on the up line to Bloemfontein, Mr. Dickson was allowed to take 1,000lb. of machinery and baggage, a cart, and three horses. General Kitchen sent three personal telegrams to Capetown to ease the way.

DEVOTED NURSES.

But Mr. Dickson was not always dodging pom-pom shells and taking photos of famous generals. In his spare time he visited the hospitals, taking a keen interest in the scientific treatment of the sick and wounded.

His verdict on the hospital question is directly opposed to that of Mr. Burdett-Coutts.

"Everything was done that could possibly be done," he told an "Express" representative yesterday. "I was with the doctors constantly, chatting with them and hearing all they had to say, and I never heard them blame the authorities for any lack of medical comforts. No one suggested that things would be done better another time, or might have been done better this time."

Mr. Burdett-Coutts saw a hospital camp in a rainstorm, and so did I; and I saw also the squalls turn out and remedy matters in a surprisingly short time. He gave but one side of the picture. He might have described the splendid hospitals in commandered churches and schools, and the wonderful work of the nurses.

"Why, when I think of what those women did I could get on the highest building in London and cheer for them. Their work has not been fully appreciated."

In short, Mr. Dickson, who was for fifteen years one of Edison's right-hand men, and is, therefore, a trained observer, must be added to the big number of those who totally disagree with the member for Westminster.

EVENING NEWS, FRIDAY.

AUGUST 10, 1900.

PATIENT'S PLAIN.

Yeoman's Experiences While an
Inmate of No. 9 General Hospital.

Today THE EVENING NEWS GUINEA has been awarded for a letter written by a Welsh Yeoman, who describes his experiences while a fever patient in No. 9 General Hospital at Bloemfontein. He says:—

It would be as absurd to believe implicitly all the circulated stories of hospital shortcomings and abuses during the war as to utterly discredit them. In giving dispassionate consideration to the subject, it must be borne in mind that perfection in hospital management is a great war is impossible, and that men with constitutions wrecked by disease are as liable to create a grievance where none exists as they are to give high colour to a real one.

A simple narrative of my own experiences in hospital at Bloemfontein, and which may be interesting because, as a Yeoman who had not seen the inside of a military hospital before, I could only hope for good treatment, but was prepared for anything.

When I was stricken down with fever my company was in the Vet River district, conveying infantry to Winburg. We were without ambulances, so the sick had to do the forty miles to Vet River sitting on ox-waggons. That was an awful

FOUR DAYS' JOURNEY.

In two waggons rode twelve of us—four Yeomen and eight Infantrymen—down with enteric and slow continuous fever. Each morning, while the bullocks were yoked, our Kalbar drivers took a keen delight in riding the teams handed by American mule-men. Bumping along over small boulders and zig-zagging from watercourse to watercourse, once a temperature rose until your head felt like a steel with the fine-dose hit, ready to burst into fragments at any moment.

A drink of coffee at daybreak and a pint of beef tea on outspanning. We had no other nourishment, all the milk at the farmhouses having been bought up by the advance guard.

Travelling in an open truck we covered the forty odd miles between Vet River and Bloemfontein in six hours. On arrival had to wait an hour or more for the hospital ambulances, although the night was bitterly cold.

I was drafted to No. 9 General Hospital, and handed over to an orderly. He showed me to an ordinary "bell" tent, already occupied by four enteric patients. I stumbled over one of them in the darkness, and an hour seemed to pass before a candle was brought.

Though numbers of stretchers were available the orderly would not allow me to see one without a special permit from a doctor. Neither would he give me a third blanket without an order. So I bowed to the inevitable, drank a mugful of warm tinned milk, shivered through a miserable night, and

WAITED FOR DAYLIGHT.

At 10 a.m. a doctor saw me on his rounds, and ordered my temperature to be taken, and put me on an all milk (tinned) diet. The orderly took my temperature for the first time after dark that evening. It was 102.6 deg. Fahr. I was the third in the tent to use the thermometer. Having removed it from one man's mouth the orderly would wipe the tube once on the end of his gaiter and pass it on to the next patient.

This orderly—a dirty, indolent, unscrupulous fellow—consistently "cut" the little luxuries, such as butter, arrowroot, chicken, and port wine, allowed to men who were improving. He interpreted six ounces of port to mean the full of half a dozen dessert spoons.

The arrangements of the hospital were such that if you were ordered to get up at 9 a.m. to-day you would not get it until 4 p.m. to-morrow. The grilled child chicken was generally the backbone, or two wings, of a fowl, carried bare in the orderly's hand.

For several days in succession patients upon whose diet the doctor had written "arrowroot" were calmly told by the orderly that there was none. This orderly always refused to fetch physio from the compounder's tent until a doctor had certified that sick men were unable to walk the distance for it.

There appeared to be no supervision over the orderlies, and you seldom saw the man told off to attend to you oftener than three or four times a day. I was asked for the canteen, when the marquee tent was full, of putting new arrivals in the bell section, and leaving them there, poorly cared for, until they either grew

BETTER OR WORSE.

When, after several days of indifferent treatment in this section, a patient's temperature suddenly rose, he was immediately transferred to the marquees, there to be carefully tended.

In a grave case, the result of leaving patients unattended, came under my observation. A private in an Infantry regiment, whose "chum" lay ill beside him, pleaded with the doctor one morning for a few ounces of bread, but as the fever had not left him the request was very properly refused.

Had the doctor returned five minutes later he would have found the private and his "chum" devouring a loaf of bread and half a pound of butter with some golden syrup, simply purchased for them at the hospital canteen.

Two days later the temperature of the patient described as the chum flew uncontrollably to 104. He was carried on a stretcher to a marquee, and the next day was worn up in the familiar brown blanket.

It shocks one not inured to the horrors of campaigning to find what small store is set upon the value of human life on active service, and as a rule regular soldiers appear quite indifferent as to whether they live or die.

If they feel hungry in hospital they argue that good food would naturally improve their condition. And that is why. With last supervision many yield to the pains of hunger following an attack of enteric, thus

HASTENING THEIR END.

It was through my pocket that I ultimately found a way to the orderly's heart. He would bring me a 4oz. ration of butter daily, instead of half that quantity, and he kindly suggested to the doctor that as I was weak grilled chicken would do me no harm. In other ways he helped to pull me round, but the feeling was ever present with me that the orderly's prodigality left other patients short.

Nine out of every ten regular soldiers in hospital were absolutely penniless, but some raised money to buy cigarettes and tobacco by selling their daily bottle of stout ordered them by the doctor. Others took the brass badges from their shoulder-straps of helmets, the razor from their hold-alls, the cardigan jacket from their shoulders, or the extra pair of boots from their kit-bags, and disposed of them for paltry sums.

Although vermin are the curse of camp life in or about Bloemfontein, the methods observed in the "bell" section of No. 9 Hospital did not tend to mitigate the evil. Most patients had no option but to spread their blankets down in the tent-dust—a natural harbour for vermin—and no one cared whether the men changed their under-clothing or not.

My first experience of military hospital life was not pleasurable; I did not expect that it would be.

THE TIMES, SATURDAY,

AUGUST 11, 1900.

THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—A great deal has been said, and written, on the reluctance of soldiers to give evidence before the Hospitals Commission, for fear of the consequences to themselves.

What consequences? Take the case of a man in a military hospital who has, or thinks he has, a grievance. If he be reluctant to make a complaint to a medical officer, he has the opportunity given him daily of formulating it to the field officer of the day, to officers of his own company or regiment (who constantly visit their men), and there are frequent occasions on which the general commanding the district visits the hospital for the express purpose of watching the interests of the patients. In fact I know of no institution, civil or military, in which the interests of a class are so carefully guarded as those of a soldier-patient in a military hospital.

Any one who knows regimental life knows that the relations existing between officers and their men are intimate, and, as a rule, cordial. Their interests are identical, and any one of another corps guilty of a sin of omission or commission would soon hear of it. The soldier would not hesitate to inform his officer; and the idea that a regimental officer, out of regard for the R.A.M.C., would endeavor to screen their faults by censuring the man, or by ignoring his complaint, is simply ridiculous. On the contrary, I am inclined to think, with regret, that there are many "combatant" officers who do not hesitate to find fault, on small provocation, with the R.A.M.C. Such has been my experience—a somewhat lengthy one—as a medical officer old enough to have been for some years in a regiment under the old system, and I claim to have gained some knowledge of "Tommy Atkins."

What are the grounds for thinking that the soldier will not speak the whole truth in reply to the questions put to him by the Commission? There are different "types" of "Tommy Atkins." There is the man who is reported to have said lately that he did not "tend to give away the aboriginal bloomin' civilian." There is the man who, like "natives" in India, when questioned attempts to frame his answers in the way he conceives will please and satisfy the interrogator. Such witnesses will be unsatisfactory, but it may surely be left to the sagacity of the Commission, presided over

by an eminent Judge, to take their measure. But it is an insult to the whole British Army to say that the great majority of the rank and file have not the "pluck" to speak the whole truth. I feel certain it will be found that plenty of honest and fearless evidence will be forthcoming—and the only witnesses influenced by "fear" will be those who are not sure of their facts.

The writer of the letter in *The Times* of the 8th inst. who signs himself "British Soldier" is presumably an officer. He acknowledges that he would shrink from giving evidence because he has "everything to lose." It would be interesting to know—and the information would be of benefit to many—how any plain statement of fact made by him in the interests of the Army would injure his military reputation or career. Surely he does not insinuate that his commanding officer and the officers of his regiment would not support him. He has evidently little opinion of the R.A.M.C.; but in what way could a medical officer, however malevolent and spiteful, damage his prospects? Unless he can give a clear explanation of his meaning I maintain that he has no right to put "his brother officers and men in the same exceptional category as himself"; and I submit that he is one of those whose evidence would not bear investigation, his reluctance to come forward in the cause of truth and justice being based on the consciousness of a weak case. (One can understand such a man being afraid of the ridicule of his brother officers should he break down in the witness-box.)

In conclusion, I think I may say on behalf of the R.A.M.C., that it is our earnest hope and desire that the inquiry may elicit the whole truth. If the report of the Commission results in exposing facts of organization, let the medical service be remodelled; if it be adverse to individuals, members of the corps (and there are black sheep in every flock—even amongst generals!), let us have reason and opportunity to punish or expel. But if shortcomings are found to have been in consequence of circumstances beyond our control it is not too much to ask that we shall be freed from the suspicion which now seems to rest upon us, notwithstanding Mr. Burdett-Coutts's assertion that he did not attack the R.A.M.C. Whatever the ultimate outcome, I trust it will be for the benefit of the Army at large.

I remain, yours, &c.,

August 10, *H.S. Nutt*, A MEDICAL OFFICER,
TO THE EDITOR OF THE TIMES.

Sir, I must apologise in the first place to you for trespassing again on your valuable space, and in the second place to Surgeon-General Hamilton for having disturbed his retirement and necessitated the letter which appears in your issue of to-day.

The large majority of officers and men (not belonging to the R.A.M.C.) who have had any hospital experience are of opinion that the R.A.M.C. are incompetent as a whole, but at the same time all admit that they did their very best in South Africa.

For making these statements the gallant Surgeon-General accuses me, amongst other things, of inconsistency; but surely a man may almost bubble over with good intentions and at the same time be wanting in the capability necessary to carry them out!

Every one knows that the R.A.M.C. are as ready to lay down their lives as any one else on service, and I did not even insinuate an attack on their gallantry or good will, but they should surely be judged as surgical or medical practitioners, not as candidates for the V.C., and I merely drew attention in my previous letter to the general opinion in the combatant branches as to their shortcomings in these respects.

August 10.

BRITISH SOLDIER.

THE EDITOR

AUG. 11, 1900.

THE MEDICAL ARRANGEMENTS IN BLOEMFONTEIN.

[BY AN OCCASIONAL CORRESPONDENT.]

Bloemfontein, July 7th, 1900.

THE attack which has recently been made on the medical arrangements in Bloemfontein has been as unexpected as it has been wholly unwarranted. From the telegrams which have been published here it would appear that Mr. Burdett-Coutts visited the town shortly after its occupation. At this time railway communication with the Orange River Colony was almost cut off by the destruction of several bridges across the Orange River. Every available train and every possible wagon was required to hurry provisions to the front. The rationing of the troops being of even greater importance than the equipment of the hospitals, the military authorities rightly decreed that it should take precedence of every other consideration. When Mr. Burdett-Coutts visited the town, therefore, he found the hospitals insufficiently equipped. Heedless of the difficulties which beset the medical authorities, and unmindful of the excellent work which the R.A.M.C. had already done during the campaign, he forthwith proceeded to frame highly-coloured and sensational charges against the Corps. He appears to have admitted that in framing these charges, he was comparing the condition of the hospitals in Bloemfontein with that of hospitals in London with which he was acquainted. Could anything have been more unreasonable? If we try to picture to ourselves the condition of even a fully-equipped London hospital into which 100 bad accidents had been admitted in a day, we may form some idea of the difficulties which the R.A.M.C. have had to face in South Africa. Yet this is what has happened many times during the present campaign; whilst on occasions nearly double that number of sick and wounded have had to be accommodated in a single day, and this whilst some at least of the hospitals were still in the process of equipment. That the R.A.M.C. have met and successfully dealt with such emergencies as these entitles them to the thanks, most certainly not to the censure, of the nation.

I venture to say that no one could have been more keenly alive to the temporary shortcomings of the hospitals in Bloemfontein than were the officers of the R.A.M.C. They were, however, powerless—tied hand and foot by the exigencies of the situation.

Were Mr. Burdett-Coutts to visit the town at the present moment, however, he would give a very different account of the hospital management. As soon as the more urgent demands on the railway traffic would admit, hospital equipment was hurried up from the base. In addition to those which are housed in permanent buildings there are now seven hospitals under canvas in the neighbourhood of the town. For many weeks past all the hospitals have been fully equipped with spring and trestle beds, and with all the other requisites which are necessary for the comfort of the sick. So far, therefore, as Bloemfontein is concerned, the sick and wounded are as well and comfortably cared for as they would be in any station hospital in England, and I have reason to believe that the same remark applies to hospitals further up the line. I have frequently visited patients who are being treated under canvas, and one and all express satisfaction with the arrangements which have been made for their comfort. Indeed, many of them state that they would prefer to be treated in tents, as these are brighter, fresher, and better ventilated than most of the public buildings in Bloemfontein. All the cases under canvas which are in any way seriously ill are accommodated in large marquees, which are provided with double roofs and flies. The tents are bright and warm, and the supply of blankets and underclothing is ample, so that not one of the patients complained of cold. Indeed, there is a general consensus of opinion amongst the medical officers that enteric fever patients do better in tents than in permanent buildings, and it is not difficult to understand why this should be so. When the weather is bright and warm, as it usually is during the day time at this season of the year, the flies of the tent can be raised and a current of pure fresh air admitted, which is both grateful and beneficial to the patients.

As for the dieting of the sick, the arrangements are all that could be desired. Each hospital is fitted up with stoves and all necessary cooking utensils. There is an abundant supply of excellent fresh meat, fowls, turkeys, fish, eggs, butter, milk, delicious bread, etc. The supply of medical comforts is as ample as could be desired, and includes champagne, brandy, wines, bitters, Liebig's extract, Brand's essence, tinned and malted milk, and many other articles. As far as I have seen—and I have had many opportunities of judging—the dieting and treatment of the sick in Bloemfontein are quite satisfactory.

A further charge has been brought against the R.A.M.C. by Mrs. Richard Chamberlain, namely, that the officers oppose the distribution of comforts to patients. This is an even more invidious attack than that of Mr. Burdett-Coutts, for it is calculated to arouse the resentment of every lady in England, or at least of all those who have relatives and friends serving in South Africa, or who have contributed towards the funds of the Society. An interesting point about these attacks is that they were published almost simultaneously. Is it possible that there can have been concerted action?

It has certainly not been my experience that medical officers throw any difficulties in the way of the distribution of suitable and necessary comforts to the sick. Indeed, I have found them not only willing but anxious to avail themselves of these, and officers from each of the hospitals pay almost daily visits to the Red Cross Society. There can be no doubt, however, that articles which are entirely unsuitable are often-times given to patients in hospital. I am aware of instances in which bags of biscuits have been handed by visitors to men who were in the third week of enteric fever, and this mistaken kindness has actually led to the death of the patients from perforation. Can we wonder then if medical officers throw difficulties in the way of indiscriminate distribution of articles of diet to men in hospital? Some at least of the articles which are sent to hospitals would be injurious even to men in perfect health; how much more then to men who are convalescing from, say, a dangerous attack of enteric fever?

Again, in other cases men in hospital have been found with perhaps a dozen cardigan jackets, or an even larger number of shirts; whilst in one instance that I know of a man was found in possession of 20 of these useful articles, which had been given him at different times by kind but not over-judicious visitors. Patients have even been known to exchange articles of clothing surreptitiously for liquor, in these cases generally of the worst quality. Again, is it surprising if medical officers occasionally throw difficulties in the way of visitors?

Bloemfontein is practically devoid of modern sanitary improvements. Enteric fever is endemic in the town, from 300 to 400 cases occurring annually amongst the permanent civil population. Under ordinary circumstances there is a good and abundant supply of water, derived from the town waterworks. Shortly after our occupation this was cut off by the Boers, and a considerable interval elapsed before it could be re-established. During this time the large force which was encamped round the town had perforce to fall back on shallow well and surface water. As the surrounding district is destitute of trees, or of wood of any kind, it was difficult to obtain sufficient fuel even to cook the men's rations. It was therefore quite impossible to boil the drinking water. It was even impossible to filter it, for during Lord Roberts's historic march most of the Berkefeld filters had been accidentally broken.

THE PEOPLE, SUNDAY.

AUGUST 12, 1900.

OUR SICK SOLDIERS.

HOW THEY ARE TREATED AT BLOEMFONTEIN.

Trooper George Eighteen, of the 58th Royal Berkshire Yeomanry, writing to his parents at Reading, in a letter received on Friday evening, and dated July 18, says: "I am in the Greenhill Convalescent Asylum at Bloemfontein, suffering from enteric fever. We are treated with every consideration. Nice clean sheets and pillows. After three weeks on a milk diet I reached normal

temperature, and was afterwards ordered convalescence. Now I am living like a lord. At 9 o'clock I get a plate of porridge, then an egg with fingers of bread and butter, and at 9 o'clock a glass of brandy and hot water. At 10.30 a cup of meat extract. At 11 a glass of milk. At 12 chicken soup with bread, fowl and custard, or arrowroot pudding. At 2.30 milk, at 4 o'clock an egg with fingers of bread and butter, followed by pudding. At 7 a glass of brandy hot, and at 8 o'clock a cup of cocoa. Tea and coffee is also served eight times daily. The same writer also speaks of the excellent attendance all round."

THE TIMES, MONDAY, AUGUST 13, 1900.

THE HOSPITALS IN SOUTH AFRICA.

A resident at Edgbaston, Birmingham, has received a letter dealing with the treatment of the sick in South Africa, the writer being an officer serving with the Imperial Yeomanry. He says he is afraid the ugly rumours of gross mismanagement and callous neglect are only too true. He had heard repeated complaints of patients neglected, stores misappropriated, medicines spoiled, temperature charts "cooked," and much unnecessary harshness from the officers. "The fact is," he declares, "there is a terribly wrong prejudice prevalent in the Army against the men in hospital. They are looked upon as possible loafers, and because occasionally, though very rarely, a man is found malingering, all are treated badly and are made to feel that the sooner they are at work again the better. Turning to methods of reform, the correspondent says, the doctors need better treatment and better pay, and for those concessions a higher standard of efficiency should be expected of them, and, he adds, a higher social standard. The majority of military doctors in South Africa are, he says, in appearance and manners in marked contrast to the combatant officers; and then most of all the medical orderlies need to be greatly improved. At present they are drawn from the same class as the ordinary soldiers. Most of them are uneducated and quite unable to respond to the claims of an authoritative trust. Many of them become hard drinkers, many become bullies, and nearly all are more or less ungrateful of their work and force the convalescents to do it for them. A sergeant who was a very superior and trustworthy man told the writer that, having had two experiences of being in hospital, he would infinitely rather be in prison than enter one. The orderlies were always making him feel their authority and at the same time making him feel that he was a nuisance and in the way. Though he was lying absolutely helpless, they never washed him until the stench from his own body was so bad that he had to complain to the medical inspecting officer. They never changed his linen, though clean linen was sent off to the purpose. He was ordered fresh milk, and when it came it was little better than coloured water from the amount the orderlies had taken out of the supply for their own use. The sergeants even used to rebuke the fever patients of any inquiries in order to supply themselves and their families, and yet the moment the patient was convalescent he was made to scrub floors and "fetch and carry like any servant." This witness asserted the writer that he could bring hundreds of men to bear out what he had said, all bearing on the shortcomings of the non-commissioned officers and orderlies of the hospitals. "There can be only one cure," says the writer; "their positions should be raised, and a better class of men induced to take up the work. The only hospitals which have been free from scandals have been those where the civilian doctors and nurses have prevailed." It may be possible, the correspondent suggests, to make greater use of these in the future. Hospitals like the Yeomanry Hospital at Deelfontein, or the Langham Hospital or the Portland Hospital, are models of what such institutions should be.

Trooper George Eighteen, of the 58th Royal Berkshire Yeomanry, writing to his parents at Reading in a letter received by them on Friday evening and dated July 18, says: "I am in the Greenhill Convalescent Hospital at Bloemfontein, suffering from enteric fever. We are treated with every consideration—nice clean sheets and pillows. After three weeks on a milk diet I reached normal temperature and was afterwards ordered convalescence. Now I am living like a lord. At 9 o'clock I get a plate of porridge, then an egg with fingers of bread and butter; at 9 o'clock a glass of brandy and hot water; at 10.30 a cup of meat extract; at 11 o'clock a glass of milk; at 12 o'clock soup with bread, fowl, and custard or arrowroot pudding; at 2.30 milk; at 4 o'clock an egg with fingers of bread and butter, followed by pudding; at 7 a glass of brandy hot; and at 8 o'clock a cup of cocoa. Tea or coffee is also served out twice daily." The same writer also speaks of the excellent attendance all round.

THE TIMES, TUESDAY, AUGUST 14, 1900.

Sir James Blyth has received the following further letter from Mr. Alfred D. Frapp, chief surgeon of the Yeomanry Hospital at Deelfontein, in continuation of that which appeared in *The Times* of August 8. It is dated July 23:—

The London newspapers of the last week of June have so reached us, and for the first time we are in a position to know fully about the reasons for the commotion which the local papers had already told us had been caused at home by the charges of inefficiency made against the Royal Army Medical Corps. We see that a committee of inquiry has, upon Lord Roberts's suggestion, been appointed by the Government, but we do not yet know all the names of that committee, nor have we been able to find the terms of reference which prescribe the field of inquiry. Whether any real and permanent good will result from the work of this committee, I think depends to a very large extent, upon the scope of their inquiries. If they are limited to a mere investigation of the way the R.A.M.C. have done the work which it is their duty to do, I do not believe that they will succeed in discovering very much, and, but if the committee is instructed to go further and to fully investigate some collateral questions—such as, for instance, especially the question of whether the

transport department have always given to the R.A.M.C. as great facilities as it is reasonable to suppose they might have done under the given circumstances (and, of course, everybody knows that the circumstances are often extremely difficult in such a country as this)—then I think that facts will come to light that have had a very important bearing on the welfare of the sick and wounded.

THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—Your correspondent "British Soldier" has climbed down. He commenced by stating, under a *nom de plume* and without giving a single proof, that the R.A.M.C. was "grossly incompetent." Now he only says they are "incompetent."

Well, let us look into the facts. On one side we have the reports of Lord Roberts and his generals, with the evidence of several well-known civil surgeons, in addition to which we have the results of treatment by the R.A.M.C. showing that 95 per cent. of the wounded have recovered, while the deaths from disease have not been higher than the percentage in London hospitals. On the other hand, we have an anonymous statement by a person signing himself "British Soldier," but who has not the manliness to give his name nor the ability to produce a single line of evidence in support of his untruthful assertions.

I know the class he belongs to! There are a few like him in the service—men who will accept the best service of and the utmost attention from medical officers, and then throw dirt at them when their backs are turned.

I have just attended the annual meeting of the British Medical Association at Ipswich, where I was honoured by being called on to return thanks for "The Army," and I can only say that the sentiments of a couple of hundred of the leading surgeons and physicians of the United Kingdom were totally at variance with those of "British Soldier," and that my poor remarks on the work of the R.A.M.C. in South Africa were received with tumultuous applause.

I have the honour of serving on the executive committee of the Duke of Abercorn's fund for sick and wounded officers, and have gone on board some of the incoming hospital ships, and can state as a fact that there has been nothing but the highest praise given by the sick and wounded officers and men to the skill and care of the R.A.M.C. in South Africa.

Let a "British Soldier" produce evidence *per contra*, or else for ever hold his tongue.

J. B. HAMILTON, Surgeon-General, R.P.
J.U.S. Club, Aug. 14.

THE R.A.M.C.

TO THE EDITOR OF THE TIMES.

Sir,—Among the many questions which are daily raised regarding the treatment of the sick and wounded in South Africa, one of the chief seems to have escaped notice. While we must all admit and admire the way the R.A.M.C. have struggled against the most adverse conditions for successful treatment; no one, except members of the medical profession, seems to realise that the conditions under which that body serves are such as to prevent effectually the best qualified and most efficient medical men from entering it. In the first place, the pay and pension are so extremely small that any man who has had an expensive University education extending over five or six years would not think of entering the service, and in the second the position is an invidious one, for medical men have no respect for Army doctors, and officers show their lack of confidence in them by always consulting civilian practitioners in preference whenever they have the chance. I remember some years ago when a student myself—waiting the candidates for appointment as Army surgeons to perform their operations in the practical surgery examination, and was then astounded at their ignorance of this most important branch of their work. If a student shows unusual ability and thinks of entering the R.A.M.C., he is at once dissuaded by his teachers on the ground that he would be "throwing himself away."

Again, the practice of the surgeons during peace is chiefly confined to treating venereal disease, and most of their time is spent in office work and red-tape routine.

The remedy for this state of things is obvious. The pay must be doubled or trebled and the pension also; the standard must be raised greatly so as, if possible, to attract M.D.'s and F.R.C.S.'s to compete for vacancies, the ridiculous military title should be abolished, for a highly educated and cultured physician no more wishes to be called a captain than he wishes to be thought a barber or a tailor; and lastly each officer in the service should be obliged to attend the practice of a leading hospital at home for six months every third or fourth year and pass some examination at the end of it.

In time of war the civil surgeons—except the half-dozen eminent men who are sent out, and whose names reassure to a certain extent the public—who volunteer are necessarily young men just qualified, and who have had a fair experience of wounds, but practically none of treating disease, and others whose abilities have not been sufficient to enable them to found a practice for themselves. They are therefore as little competent as the R.A.M.C.

These remarks do not apply in the same degree to the Army Nursing Reserve for whom every one has the greatest admiration, but still there are many of our

best nurses who are entirely dependent—and in some cases other members of their family also—on their profession as a means of livelihood. These ladies earn two or three guineas a week in private nursing all the year, and they cannot afford to give that up and volunteer for a year's work for £40.

When we think of the expense of the war as £70,000,000, it seems odd that the treatment and nursing of the poor fellows who have been wounded or fallen sick doing their duty should be not only hampered by transport and other difficulties, but should also be crippled for the sake of a few extra thousands in hard-earned wages. While the patriotism of those of us at home enables large funds to be spent in sending our sick officers and men to the most comfortable hotels and nursing homes, no one has as yet thought of stretching out a helping hand to those heroic nurses who will shortly be returning broken down with hard work and with empty purses.

Your obedient servant,

M.A., M.D., CANTAB.
New University Club, St. James's-street, Aug. 8.

MISS KINGSLEY AND THE SOUTH AFRICAN HOSPITALS.

TO THE EDITOR OF THE TIMES.

Sir,—I have read with no ordinary interest the letters of Miss Shaw and Mrs. Green in your issues of August 7 and 8 concerning the last days of Miss Mary Kingsley in a South African Hospital. As one who for 12 years enjoyed the great privilege of her friendship, and who was selected by herself to be one of the trustees of her property in the event of her beloved mother surviving her father for any length of time, I trust you will allow me to tell your readers something which may help them to realise what manner of woman she was.

I say manner, not type, for she belonged to the order of native-born genius, which cannot be classified. When I first knew her, in 1888, she was about 25 years of age, but she had already lost the first bloom of her youth, through her unwearied and unremitting attendance on her paralysed, helpless mother. For at least a year before Mr. Kingsley's death (in 1892) she was unable to speak or to make her wants known to any one save to Mary. This involved constant night duty, and it was to recover the faculty of sleeping during the hours of darkness that she went on her first voyage (to Madeira). Later experiences in West Africa certainly did not restore her weakened constitution; neither, I may add, did lecturing. Her letters to me during those years, whilst full of those vivid touches which made the common events of life seem wonderful and which made us prophesy for her a brilliant literary future, contain frequent allusions to headaches and other ailments. Add to this that her mind was like a finely tempered sword which was for ever wearing out its scabbard, and you cannot wonder at her succumbing so quickly, when exposed not only to the germs of enteric, but of a virulent form of typhus. The doctor who sent her to nurse the most dangerous cases of typhus possibly mistook eagerness and capability for physical strength; but I feel certain that she committed an error of judgment in not bidding her confine her attentions to the wounded. Moreover, she was the very last person to think of her own comfort.

Mary Kingsley's opinion will perhaps be cited by both sides in the controversy about the management of the South African hospitals. May I, who knew her intimately, express my conviction that she was of a nature so true, so frank, and so fearless, that had she considered any individual official to be guilty of negligence, she would not have hesitated to mention him by name to one or other of her correspondents?

We may reasonably ask that the naming of our own sick and wounded soldiers shall be carried to the highest point of efficiency; but how are we to provide for contingencies such as that of the surrender at Paardeberg?

One of the greatest of our national poets offered himself willingly on the altar of Hellenic freedom, and Greece has gratefully acknowledged the debt. Is it too much to expect that the Boers will remember how the very flower of English maidenhood gave away its too brief life in an effort to prolong the lives of those who had been misled through ignorance, into being our enemies?

Yours faithfully,
AGNES SMITH LEWIS.

Cambridge, Aug. 9.

AUGUST 16, 1900.

THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—Being still—at the end of 16 weeks—on my back, I am not able (even were I willing) to constitute myself as a commission and obtain the evidence which Surgeon-General Hamilton abuses me for not producing. Neither am I, under the circumstances, anxious to continue a discussion with him as to the professional merits of the R.A.M.C.

It is perhaps natural that he should think that the department which he used to grace is quite above suspicion. Breadth of mind is not a common failing amongst Government officials.

The Surgeon-General scoffs contemptuously at the class to which I belong. I belong to the class of regimental officers, and we are accustomed to this sort of thing. The regimental officer is useful as a machine or a target, but quite incapable of forming a correct opinion as to what goes on under his nose. The gentleman who wears a "brass hat," or, better still, a suit of dikes at the War Office, and who speaks of "when I was a lad," is the only competent authority in such cases.

I forgot this for the moment when I wrote to you concerning Mr. Balfour's views as expressed in the House of Commons. I certainly did not wish to promote this fruitless discussion as to whether the opinion of Surgeon-General Hamilton, or that of the majority of officers and men in the Army, concerning the R.A.M.C., is likely to be most unbiased and reliable.

However, I will transgress no more but endeavour to carry out silently the duties of that voiceless machine, the ordinary
BRITISH SOLDIER.

August 14.

THE R.A.M.C.

TO THE EDITOR OF THE TIMES.

Sir,—Yet another anonymous attack on this unfortunate corps, this time by an "M.A., M.D., Cantab.," who airs his ignorance from St. James's-street.

Let us look into his facts. "M.A., M.D.," states that the pay and pension are extremely small, and this prevents the best qualified and most efficient medical men from entering the R.A.M.C.

On one point I am with "M.A., M.D.": the pay was, some years ago, fairly good, and a young man who entered a service and got £300 a year to start on, with a possible rise to £1,400, considered himself fairly well off, but all this has changed. The law prohibiting the employment of "unqualified assistants" increased the demand for qualified men to such an extent that I am told on excellent authority general practitioners have to pay fully 50 per cent. higher salaries for assistants now than they had to a few years ago. On top of this is the demand for civil surgeons for the colonies, steamship companies, &c., which, coupled with the extra time and expense of qualifying, must increase the value of a medical man's services.

What do we now see? For 20 years the pay of the medical service has remained constant, while their numbers have been largely reduced and their work doubled in consequence of the increase to the strength of the Army. Forty years ago the number of executive medical officers was nearly 1,200; now it is about 850; while the Army has been increased by some 100,000 men, plus the whole troops of the old East India Company's service and 120,000 Militia, thrown on the hands of the R.A.M.C. Thus, while the Army has been doubled, the medical service has been cut down quite one-fourth.

The pay at home is now too small to attract candidates (I believe only eleven have come forward this examination); but how much worse is it in India, where over one-third of the R.A.M.C. serve. There we find Lieutenant-Colonels in charge of the great station hospitals drawing Rs.1,150 a month, against a minimum of Rs.1,450 drawn by Lieutenant-Colonels of Line regiments.

Captains R.A.M.C. of under five years' service draw but Rs.350, while the lowest pay for a captain of infantry is Rs.415, captains of cavalry and Native Regiments drawing far more.

The most remarkable point though is that a veterinary lieutenant draws a minimum of Rs.400 for the charge of the horses of a regiment, while a captain R.A.M.C., if under five years' service, draws Rs.50 less for charge of the officers, men, women, children, &c., probably twice the numerical "strength" of the horses.

Undoubtedly the pay offered both at home and abroad must be largely increased, and this is a question that will come before the next meeting of the Council of the British Medical Association.

As regards the pension, I think there is not much to complain of; £365 a year after 20 years, rising to £739 a year at the age of 60, cannot be regarded as unduly low. "M.A., M.D.," however, does not confine himself to the wants of the service, but goes on to throw anonymous dirt, reflecting on the capacities of medical officers, and making *ex parte* statements that are, to say the least, unfairly exaggerated.

Are we to believe the statements of a professional man who writes under a *nom de plume* in preference to those of Sir William MacCormac, Mr. Treves, Mr. Watson Cheyne, Sir William Stokes, and other leading English surgeons, combined with the results obtained in the treatment of disease and wounds?

When "M.A., M.D." comes to his remedies he becomes rather ludicrous. Fancy for one moment the Secretary of State standing up in the House of Commons and stating that he proposed to "double or treble the pay of the R.A.M.C.!" Why, he would be laughed at, and justly. A fair and reasonable increase is necessary, but this can be calculated on the basis of the present emoluments of the profession in civil life.

"M.A., M.D." next proceeds to tilt at what he pleased to call "the ridiculous military title," a title obtained through the influence and recommendation of the leaders of the medical profession, and which it would now be impossible to take away. As an officer of 40 years' experience I can honestly say that no step ever taken by any Secretary of State has had such good results as the granting of military titles with the status of a Royal corps to the medical service.

The points that chiefly require amendment are—(1) Increased pay both at home and abroad; (2) a large increase in the personnel of the corps, the officers to 1,000 at least, and the men in proportion; (3) a fair amount of leave both for recreation and study. There are other points which need not be gone into here, but which will be considered by the R.A.M.C. and laid before the Secretary of State for War in due course.

Above all, the service asks to be freed from the anonymous attacks of persons like "M.A., M.D.," who know nothing of the subject, but under the protection of an assumed name rush into print and throw mud at a

service, which, in the face of difficulties and discouragements, has nobly done its duty both at home and abroad.
J. B. HAMILTON, Surgeon-General, R.F.
J.U.S. Club, Aug. 14.

THE EVENING EXPRESS.

AN ABERDEEN ENGINEER AND THE R.A.M.C.

In view of the strictures which have been passed on the medical department of the British army by Mr. Burdett-Coutts, it is of interest to get the opinion of one who has been an inmate of some identical hospitals thus condemned. Mr. Burdett-Coutts spoke particularly of the military hospitals at Bloemfontein. A representative of the "Evening Express," hearing that a member of the Royal Engineers who had been in Bloemfontein, had arrived in Aberdeen on a visit to his parents, seized the opportunity of eliciting the young soldier's opinion on the military hospital question. "I entered the 30th Brigade Hospital at Bloemfontein," he began, "the first week in May, suffering from an attack of enteric fever, and there I remained for a month. During this period my sickness reached a very acute stage, so much so, that, as I afterwards learned, the War Office authorities reported to my parents in Aberdeen that I was dangerously ill. The brigade hospital consisted of five large marquees, besides a number of bell tents. In the largest of the marquees 25 men were accommodated, while in the bell tents, beds were provided for four. All the patients lay on stretchers; none on the floor as stated by Mr. Burdett-Coutts, and I had for bed clothing one waterproof sheet, two blankets, and my greatcoat, and was perfectly warm and comfortable. The orderlies of the R.A.M.C. were most attentive, and if I had not been carefully nursed I would never have pulled through. But look at me now!" This exclamation was most apt, as the young engineer was the picture of health, sturdy built and full of vigour. "Of course," the young man resumed, "you cannot expect to get exactly the same treatment in hospital at the front as you would in a military hospital at home, but, as I have said, I saw nothing to complain of. After spending four weeks in Bloemfontein I was sent with a number of other convalescents to the base hospital at Wynberg, near Cape Town. In conveying the men from the hospital to the railway station (a distance of about three miles) en route for Wynberg, ambulance waggon were not available for all, but those who were put in ordinary vehicles did not suffer the least inconvenience. The road was good, and we rather enjoyed the drive. In the convalescent train the compartments had sleeping accommodation for six men, but there were only four of us put into each, so that we had plenty of room. We were splendidly treated at Wynberg." The young engineer is now home on two months' sick furlough, but, as already indicated, he is anything but an invalid, and when the reporter called was having a bit of musical practice on a concert. He has brought home several interesting memories of his campaigning experiences, including a leaden ball from a shrapnel shell, a Boer knife picked up at Paardeberg, and a soft round bullet, which carried away the top of his helmet.

AUGUST 17, 1900
THE R.A.M.C.

TO THE EDITOR OF THE TIMES.

Sir,—A letter from Surgeon-General J. B. Hamilton in *The Times* of August 16 on the R.A.M.C. contains the following statement:—

"The most remarkable point, though, is that a veterinary lieutenant draws a minimum of Rs. 400 for the charge of the horses of a regiment, while a captain R.A.M.C., if under five years' service, draws Rs. 50 less for charge of the officers, men, women, children, &c., probably twice the numerical 'strength' of the horses."

Permit me to correct two points.

1. A veterinary lieutenant is a mounted officer and the pay of Rs. 400 per mensem includes the allowance for two horses at Rs. 20 each. The actual amount of his pay is Rs. 340 not Rs. 400.

2. In India a veterinary officer is not in charge of the horses of the regiment alone. The station veterinary hospital system is used in that country as with the R.A.M.C. and the veterinary officer's charge consists of all Government animals, horses, bullocks, camels, mules, elephants, dairy cows, and slaughter oxen and sheep in the command. A command does not consist of one station alone but several, sometimes 100 miles apart. For instance, a veterinary officer at Mian Mir has charge of the animals at Lahore, Jhelum, Amritsar, Peshawar, Multan, Dera Ghazi Khan, and Dera Ismail Khan.

JOSHUA A. NUNN, Veterinary Lt. Col. A.V.D.
Junior United Service Club, London, Aug. 16.

TO THE EDITOR OF THE TIMES.

Sir,—Permit me to endorse the excellent letter of M.A., M.D., Cantab., on the above subject, in your today's issue.

His statement is most true when he says "that the conditions under which that body serves are such as to prevent effectually the best qualified and most efficient medical men from entering it." About 23 years ago, when a student, I remember the "regimental system" was done away with, and the medical officers were responsible to depots and no longer to regiments. It was obvious what the effect would be—the Army doctors would never be in touch or harmony with the officers, but practically would be civilians, and their position a most unpleasant one: "the best qualified and most efficient medical men" would no longer enter the service. This, Sir, I believe to be the crux of the whole matter. Go back

again to the "regimental system" and I believe plenty of the best men would enter the service. They do not want "ridiculous military titles," the title of "surgeon" is all they desire.

Your obedient servant,
M.D.

London, Aug. 14.
Mr. Henry Morris, Vice-President of the Royal College of Surgeons, writes from 8, Cavendish-square:—"You doubtless get any number of letters on the subject of South African hospitals and possibly you may be glad of all the expressions you can get from the spot. The enclosed letter is from a very level-headed, capable young surgeon who has been a house surgeon at the Middlesex Hospital in London and junior and senior resident surgeon in the Gloucester Infirmary. It testifies to two points which many of us hear on all sides from those who have returned from South Africa—namely (1), that the nurses are much better than the orderlies; (2) that there are ample supplies and good supplies, if only they could be put within ready reach of the doctors." The letter quoted from was written at Zand River on July 20. It reads as follows:—"In travelling through the colony I got just a peep at the Yeomanry Hospital at Deelfontein. It is undoubtedly the best thing in South Africa and has around a good deal of jealousy in the R.A.M.C. Apropos of the row at home about the medical arrangements for the war, the supplies are splendid and are on a liberal scale, but there is no getting away from the fact that there is something wrong. I wish we could put more nurses (female) in the field. They are undoubtedly less selfish, more sympathetic, and, lastly, more skilled than the best of the Royal Army Medical Corps."

IMPRESSIONS OF A COLONIST DURING THE ANGLO-BOER CAMPAIGN, 1899-1900.

TO THE EDITOR OF THE TIMES.

Sir,—An experience of over a quarter of a century in South Africa amid many men and varied scenes leads one to look at the British Army, much as one may admire and revere it, in a way far removed from the excited chapter of "The Absent-minded Beggar" at the Tivoli or the emblematic "send-off" at Waterloo Railway Station or Southampton Docks.

Taking him all round in South Africa the poor infantry "Tommy Atkins" may be considered a failure. It is not his own particular fault, but rather the fault of circumstances—red tape, regulations, red-books, blue-books, traditions, insular prejudices, and so on. From the time he joins as a recruit he is a poor miserable machine, looking upon himself, feeling himself, as such. Let one little screw, one frail bolt go wrong, and he is done for. He must be fed; it is necessary that he should be clothed, washed, drilled at sound of bugle. The Boer careth not for these things. His clothes are not made at Pinckio, his formation is not according to the drill-book. He fights. Lather and thither, and he is never surprised and seldom beaten. I met an officer the other day who prided himself that his company was in skinning order, exactly four paces apart, when opposed to the Boer sharpshooters; and this gallant company came out of action decimated but not dismayed. *Cui bono?*

History has over and over again demonstrated that the concentration of inhabitants of a country into large cities does not increase their capacities for enduring heavy physical strains, long marches, indifferent food, insufficient clothing, exposure to weather, nor, like their forefathers, do they love fighting just purely for fighting's sake. Even in poor beleaguered South Africa in several old colonial campaigns, men who have been in every native war since 1677—and there has been one every other year or so—affirm that the colonial volunteers are not nearly so hardy, tough and ready sort of men in 1900 as they were some 20 years ago. In those days no sooner was a halt made than a fire was burning, coffee was cooking, and a good bit of meat was braising for each hungry individual. Good riders were then the rule; a perfect seat & a manager, or according to the approved style of Eton-rows, was perhaps not so evident, but they stuck on their horses, which, after all, is everything. And in Southern Africa great concentrations of men have taken place in Johannesburg, Cape Town, Durban, East London such as do not tend towards mainly vigour and healthful self-reliance. Here have we not our parallel?

Probably the average Englishman has little idea of the variegatedness and variety of the African climate. He thinks of it in the time-worn verses of Bishop Heber's hymn as "Africa's sunny clime," and knows not that many, very many, of his fellow-countrymen are now fighting and enduring 6, 8, 10 deg. of frost some four or five thousand feet above the sea-level. Poor souls, they are clad in khaki. There are fashions in the clothing of men as well as in that of the gentler sex, and khaki would now appear to be the fashionable dress for man in this Boer war. I am not saying whatever to commend it except that it is cheap, beautifully cheap, and can be washed when one has soap. (By-the-by, this is not an issue to our poor soldiers; Heaven knows why.) When the veldt is brown, as it is in the winter, khaki is invisible at a considerable range. Should, however, the grass be burned or grey, khaki affords a magnificent mark on the black ground. I am not a tailor, and unfortunately never had an ancestor who was a military tailor; but I am inclined to think a khaki serge is the best kind of clothing for soldiers in Africa, be they regulars or irregulars of sects and kinds. Our medicine men tell us khaki gives rheumatism, spasms, and chills. They ought to know something about it. Imagine a poor soldier clad in tattered khaki sleeping out with one blanket and a waterproof sheet, the thermometer standing at 26 deg. or 28 deg. Thousands of poor wretches are doing so at the time I write, whilst a tent with three, four, or five blankets is only just sufficient to keep one warm these winter nights.

A tremendous amount of praise has been lavished upon the medical service of the Army during the present war. It would appear to be "practically perfect," to use the words of a distinguished statesman. It is much to be regretted that this loud sounding of trumpets should occur before the war is ended and there has been time to hear the views of the sick and wounded, who really are the people most interested and capable of expressing reliable opinions. Those who have lavished their praises so abundantly have only seen what they were intended to see, and no more, or have never gone far beyond the buses of Cape Town or Durban. I see no reason to praise the medical department because the hospitals at Wynberg and Pietermaritzburg are replete with every comfort and the most recent surgical appliances that the devotion and means of the British nation can afford its suffering soldiers. These hospitals are only 17 or 25 days' voyage from England, whence naturally every kind of supply can be readily and most easily obtained. It would be equally futile to use "high falutin'" about the internal arrangements of some London hospital or the extraordinary nursing system of another.

From the very outset of the campaign those responsible for the administration of the medical services have, to use a vulgar phrase, given themselves away over and over again. By their own actions they have proved to the most superficial observer that their organization and equipment are utterly incapable of standing any considerable strain. If they felt any reliance in their system would they have obtained the services of leading English surgeons to smooth over the difficulty? Is the Army surgeon of the present day so imperfectly educated in his profession that he cannot perform ordinary surgical operations? If this be so, then let him be swept out of the service and a better class of man be found to succeed him in his important duties. Then we have the National Aid Society and very many other noble societies, lords, ladies of high degree, bearer companies from India, Australia, Cape Colony, private hospitals, Yeomanry hospitals, Royal hospital ships, all, every one have come to the rescue of the War Office Army Medical Service. I make no reflection whatever against any member of the Royal Army Medical Corps, from the director-general down to the latest joined sub. They have all worked manfully and gallantly against tremendous difficulties and obstacles. They have been called upon to make bricks without straw. The straw should have been provided by Parliament, by the English nation; and as regards the medical service it never has been. This is a problem I am not able to solve, nor am I able to give the reason why. "My military advisers" at the War Office perhaps can. Any one who has watched the career of the Army Medical Department for the last 20 years, its manifold struggles within and without, its annual breakdowns on Salisbury Plain during the autumn manoeuvres, cannot feel in the least bit surprised it has over and over again broken down in this present war. The dearth of candidates for the medical corps and the employment of hundreds of young civil surgeons who cannot possibly have any knowledge of the soldier's character, his ways, feelings, diseases peculiar to him, and last, but by no means least, artillery and rifle wounds. If these gentlemen are ready-made, efficient, and educated Army medical officers, what in the world is the good of wasting five or six months at the Army Medical School, Netley, and the Training School at Aldershot? I refer to the courses entailed on young surgeons after they have passed their competitive examinations.

It may be said my remarks only deal with generalities and are vague and indefinite. Let me ask whether it is true that two months after the war had broken out there were no proper beds, mattresses, or bedding at De Aar and Orange River stations on the main line between Cape Town and Modder River; that at the disastrous battle of Magersfontein a very large quantity of surgical dressings were supplied by the National Aid Society, and had it not been for such opportune assistance there would not have been sufficient dressings for the seven or eight hundred wounded. There is no excuse by quoting distance or difficulties of transport. The battle was fought five miles from the railway, the main line between Cape Town and Kimberley. The wounded were taken to a field hospital and as quickly as possible rattled along 500 miles of railway to Cape Town. What delightful visions are conjured up at the words "field hospital"! What horrors in reality! The field hospitals I have seen are composed of bell tents or marquees. If there are a few sick or wounded, they are allowed to lie on an ordinary field stretcher, a horribly uncomfortable bed even when you are in robust health. Should there be a very considerable number, they lie on grass or straw. Some colonial sick were treated in this way in one of the military field hospitals on the eastern border of the Cape Colony. The results were disastrous. The relations, poor ignorant colonials, misdirected up to imperial methods of treating sick, made a great stir. An unfortunate Army doctor was made a scapegoat and was moved to another station. It was not his fault at all; it was the system, the miserable chattering regulations, which allow neither originality, unauthorised expenditure, nor enterprise on the part of officers who should be allowed to make any arrangements, be they costly or otherwise, for the welfare of their unhappy and long-suffering patients. It is not correct, I suppose, that some field hospitals were for a time without tents even and that one or more bearer companies for two or three months had no ambulance wagons. One medical officer in charge of a considerable number of enteric patients told

me his only diet for his cases was three pints of condensed milk per diem; he had no money to buy fuel and had no means of getting cow's milk, because there was no contract. We have learnt much in this campaign in every branch of the service, and now the medical profession can gather the most recent treatment for enteric fever! Whether it will be generally adopted remains to be seen. I should not have called attention to these sad facts had I not heard so much self-laudation on the part of the British public over the tremendous success of its medical service, on its absolute perfection. Had the theatre of war been in the Crimea or the Philippines it is to be feared our sacrifices and sufferings would have been just as great as they were in 1854-5. Fortunately the South African climate has stood us in good stead and proved a faithful ally. To my mind, my State making war takes upon itself grave responsibilities, and one of the most serious is the proper care of the sick and wounded. It should not fall back on the adventurous aid of societies and generously-minded individuals. All branches of its army, combatant and non-combatant, should be properly and adequately equipped with men, material, and money. It is to be feared the medical portion is but badly provided with all these.

The length of my communication does not permit me to remark on many other subjects which strike a colonial eye, such as the reserve system, &c., but what does astonish us is the magnificent heroism of the English officer. He fears neither death nor danger. He is lion-hearted beyond compare. God bless him!

Yours truly, CAPE COLONIST.

Cape Colony, July 10.

THE HOSPITALS COMMISSION.

Sapper Simfield, late of the Royal Engineers, writes us a long letter on this subject, from which we make the following extracts:—

It is not generally known by the public that "Tommy" has 6d. per day stopped out of his regimental pay every day he is in hospital, so, therefore, he has to pay for what he cannot possibly help. For instance, I was in the last Company Royal Engineers, stationed at Torm Range Barracks, Gibraltair, when about 40 of us were stricken down with enteric fever. From the first day we were admitted to hospital to the day we came out, both dates inclusive, we were stopped 6d. per day; and, further, when we were in the hospital we were left to the tender mercies of men who were suffering from venereal disease in all its stages, for it was not very often that we saw a R.A.M.C., much more being attended by them, and this was not in war time either. Another thing; if we did not have sufficient to eat we could send one of our mates to the cookhouse and buy pudding, &c., but unfortunately, every one was not provided with money to do that, so they had to go without. Why I have mentioned this is because this system of selling in the cookhouse favoured very much like as if the ration was stolen from "Tommy"; and, then sold to him, and it is not the fault of the R.A.M.C., I should very much like to know where it is. Another case that occurred whilst I was in Gibraltair was that our own cook was sent to hospital because he was suffering from the effects of drink. The next news we heard was that he had knocked himself about so in his room that he was found in such a shocking state that he died the same day. But I never heard of any one being censured or any notice in fact taken of it. These cases I have mentioned are not isolated cases.

No much for G.D. Now let us come nearer home—Aldershot, for instance. There is a picture that is always before my eyes when I see or hear anything about the humane feeling to our soldiers. Sapper —, belonging to 37 Company Royal Engineers, the company I was transferred to from Chatham after I came from Gibraltair, was taken very ill whilst at work. He was told to come to barracks by the foreman of works, and to report himself to the doctor, which he did. He was told by one of those humane gentlemen that there was nothing whatever the matter with him, and, if he came there again, he would have him put into the hospital for examination. The next morning he was dead. At the inquest, held the same day, it was found he had caught the influenza, and pneumonia had set in, from which he died; but nothing was said about the neglect of those gentlemen who are so venial to the "Tommy".

Now to show how a soldier would be treated if they made any complaint either before a Commission or, in fact, if they only made a complaint in their barracks-rooms. Sergeant — fell out on the general parade at Chatham, when I was there. His complaint was that he had not been recommended for the long service medal. His complaint was listened to by the General Officer Commanding, who promised to see into it. All he heard about it was that, if he made complaints to the General over the heads of his C.O., after him telling him he had nothing to complain of, he would make it too hot for him to stay in Chatham, which he did, so the sergeant took his discharge. If I should like "A Medical Officer" to be a Tommy for a little time, and come and give evidence on the Hospital Commission against the service and see how he would be treated. I would not like his life for a bit. Who, as an Engineer, has not heard of Sapper J —, who used to advise his mates when they were waiting for a district Court-martial how to plead, and how he was driven from the Engineers because he knew too much for the officers even?

But I will not trespass further on your space, but, in conclusion, say that I do not think that any good will be done by this whitewash Commission appointed by the Government, as the members are supporters of the Government, and are they going to give their side away whilst the general election is in the air? Does the Government think we Tommies are fools, or what? We should be if we believed that any good will be done to Tommy by that Commission.

THE DAILY NEWS.

AUG. 15, 1900.

THE FUTURE OF THE ARMY MEDICAL SERVICE.
We do not wish to twist or turn unduly statements made in debate, but we must draw attention to those reported to have been made by Mr. Wyndham on the Supply Estimates on July 27th. In reply to criticisms, the Under-Secretary of State for War said: "The question of the Royal

Army Medical Corps demanded their most careful attention at the end of the war. He thought that instead of trying to expand the Army Medical Corps in time of peace so that it would be adequate in time of war, it would be necessary to have a highly efficient army corps as a directing body; and in time of peace to make application to the great medical bodies in this country to know what men would be ready in time of war to come forward and work for the Army Medical Corps. The Secretary of State for War in his period of office had done more than any of his predecessors."

The last statement was received with cheers, and as it doubtless refers to the granting of full army status and titles to medical officers in a Royal corps, we readily endorse it.

But we wish that the intimations of future intentions had been more explicit and displayed less tendency to deprecate augmentation of the corps and depend on some form of civil aid during war.

The Army Medical Service is, of course, needed as a great "directing body" in time of war, but it must not be forgotten that it is also the chief executive body both in peace and war: and it is just because it is notoriously unequal, in its present undermanned condition, to these latter duties, that we desire a more distinct assurance that its establishments will be adequately increased at the end of the war.

The great cause of its continued unpopularity in the medical schools is the unfair and harassing high pressure conditions under which it is constantly worked; these are felt in inequitable tours of foreign service; perpetual movements from station to station; difficulty in obtaining private or study leave; grinding orderly duty, etc. For these hard conditions of ordinary service there is not sufficient compensation, present or prospective.

All future endeavours at reorganisation must keep these facts in view. We fear too much reliance will be placed on civil reserves, which have hitherto proved somewhat illusory. We cannot speculate as to how the great medical bodies of the country can form or guarantee any such reserves; but in any case they must be more than mere paper ones.

The first thing, we maintain, is to strengthen the Royal Army Medical Corps by, say, 200 medical officers, so that it may be reasonably equal to carry on peace duties and minor wars without continued resort to the employment of retired pay officers and a large contingent of civil surgeons.

We constantly receive communications from those behind the scenes, showing the inefficiency and lack of discipline in military hospitals which a chronically "scratch" medical service inflicts on the army.

We fully recognise that it is impossible to keep up a peace establishment sufficient to meet the wants of a great war such as we have on hand; and we therefore endorse the principle of reserves enunciated by the War Secretary, while sincerely trusting that the formation of such reserves will not, as hitherto, be made an excuse for delay in strengthening the regular full pay service.

These remarks do not touch on the reforms required in autonomous reorganisation, which must also be made concurrently with increase of establishments.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of the active list of the Army Medical Service and Royal Army Medical Corps, according to the monthly Army List for August, 1900:

Distribution in the July Army List, 1900.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.
Surgeon-Generals	5	8	4	—	17	—
Colonels	7	37	25	1	110	3
Lieutenant-Colonels	18	190	172	1	381	4
Majors	44	72	93	1	210	3
Captains	117	34	34	3	188	6
Lieutenants	—	—	—	—	—	—
Total	184	431	374	5	994	19

The strength increased during the month from 889 to 911, through the gassing of 17 lieutenants and by now including 5 of the Guards' medical officers whose names do not appear in the general list. The strength at home has increased 14, in South Africa by 3 and at other foreign stations 6. But to the South African establishment should be added 4 retired pay officers, and 6 of the Militia Medical Staff Corps. Volunteer surgeons in South Africa are also not included, and there is no return of the number of civil surgeons. Altogether 117 retired pay officers are employed and 16 retired pay quarter-masters.

THE DAILY NEWS, AUGUST 21, 1900

THE HOSPITAL SCANDALS.

Sir,—I published some little time since a book entitled, "Sidelights on the War," in which I gave my experiences of South Africa as they occurred to me, during a residence of two months in that country, principally Natal, at the beginning of the war. My time was mostly spent at the Convent Hospital at Estcourt. (I was there during the Battle of Colenso, etc.) I gave what help I could to the nurses who were tending the sick and wounded. I also spent a large sum, about £500, I think, in buying absolute necessities for the injured, which it appeared to me, I may now say, the doctor in charge could, if he would have taken the trouble, easily obtained from the Government stores, of which hundreds of cases were blocking up the railway station a quarter of a mile from the hospital.

My book, which is simple and quite true, has necessarily given rise to a great deal of criticism, and medical military element as the revelations of Mr. Burdett-Coutts have done. Everything that gentleman states he saw in the large experience he had in South Africa, I saw in my small one. Had transport arrangements, manning of stores, incompetent and insufficient medical supply, untold unnecessary suffering inflicted on the men in consequence outside the hospitals (for, of course, I never got inside one of them or even tried to), I saw the same thing going on in Durban, Cape Town, and Port Elizabeth in all the military arrangements as to stores and transports. I except, however, the Naval Hospital at Simonstown, which was admirable as to comfort, and where all who were likely to be of use could go in and out, and visit the sick as they pleased. Also the Portland Hospital, but this, again, was not under military management.

It appears that a military surgeon, named Gallway, who was, I believe, in charge of Peterborough Hospital, has written to various newspapers stating "that I never visited Estcourt Hospital by his authority," intimating, of course, that I never was there, and that I never did a day's nursing while in Natal. I never saw the individual in question, and as he was an Army doctor, I should certainly not have asked a permission, which I well knew would have been refused, to be allowed to help our unhappy men. I am sure that he never pretended to be one, but it is idle to suppose that any woman of average intelligence and strong health could not be of great service when all assistance was short-handed, could not write the men's letters, cheer them with a little kindness, and provide food, clothes, tobacco, and a thousand things, of which they were in need. In one instance, I took men wounded at Colenso bread and other food in baskets, carrying it myself in the blaster run, when they had, by the carelessness of the P.M.O., been left breakfastless till two in the afternoon. I have plenty of witnesses to this fact.

It is evident that all those disinterested persons who tell the truth about the war, and who have been muddled by our military authorities in this wretched war must make up their minds to be prepared to receive a storm of hostile abuse, and to have their character, their motives, and even their morals impugned. It is most important, in the view of this Commission, which I, for one, do not consider by any means a likely one to get at the real truth, that all absolutely important evidence of civilian observers should be put before the public. As for myself, I do not care. I was quite prepared for every kind of calumny when I made up my mind to publish the book—I remain, faithfully yours, VERA BEAUFORT-JONES.

FRANCE, August 18, 1900.

THE TIMES, TUESDAY,

AUGUST 21, 1900.

SOUTH AFRICAN HOSPITALS.

Dr. Merion, of West Hartlepool, who is acting as surgeon-captain in South Africa, writing with regard to the hospitals at the front says there are few men who will be willing to speak out, or are in a position to do so. Dr. Merion says:—"If I get a chance of giving evidence before the Commission, I must certainly mean to tell all I have seen; and you may take it for granted that the public shall know my experiences through the Press when I return to England. Meantime, believe everything you hear as to mismanagement, and even incapacity and wilful neglect; you read of it. I am at present taking notes of all my experiences, which you will hardly believe. The only remedy that I can see for bettering the medical service of the Army is to do away with all rank, and having done this, the next step will be to get rid of these pseudo-military doctors, and put into their places men who value their profession above rank. Very few of these are to be met at present in the R.A.M.C., unless my experience has been specially unfortunate. Certainly, if I were ill, or had been wounded, I would not care to be left to the tender mercies of the majority of the men I have come across, and that I take it is one's test of professional ability. You would be surprised how the 'Tommy' shrinks from me, because they see the R.A.M.C. badge on my shoulder, until they know that I am what is called an irreproachable civilian, or, as I have been called by senior officers in the R.A.M.C., a 'broken-down practitioner.' This is the epithet used to men who have left good practices in England to come out and serve their country. You may think I write bitterly, but the occasion requires it."

THE SCOTSMAN, TUESDAY, AUGUST 21, 1900. PROFESSOR CHIENE IN SOUTH AFRICA.

A NEW MEDICAL CORPS PROPOSED.

ROODEVAL (Orange River Colony),
July 28, 1900.

DEAR —, —I have not forgotten your "God-speed" at Madeira, four months ago, and to-day when I am "hung up" at the above address I think of home and home friends, and write to one of the best of them.

After many wanderings, still unfinished, yesterday at 2 p.m. I "shaped" for home—leaving Johannesburg to find the choice lay between an open truck and the hospitable roof of No. 4 hospital train by Dr E. Stewart's kindly invitation. I chose the train, and after five hours' delay at Elandsfontein we continued our way south, preceded by an armoured train carrying a Maxim gun in front, and 100 soldiers in another train behind it. We left there at 7 p.m., and have been just twenty-four hours doing 110 miles, the line having been torn up ahead of us.

Whatever may be said about the medical administration generally, everyone blessed the hospital train, and when the story is told of work done and undone, Major Russell, R.A.M.C.; Major Sampson, R.A.M.C.; Captain Fleming, R.A.M.C.; D.S.O.; Dr Stewart, C.S., not forgetting the officers of similar trains in Natal, will be fondly mentioned at many a fireside in Great and Greater Britain—also the sisters and the orderlies. What a blessing to the sick and wounded! Would that all could get the comforts.

As part of our train we have six third-class carriages from Pretoria, and out of one of these issued, as I walked along, a Volunteer corporal of the Royal Fusiliers. The poor chap was very shaky, having had enteric. A dram did him good, however, and he told me he came from Lewisham, which vividly reminded me of a day exactly thirty-one years ago to-morrow of inspired only to myself and another. In the hospital train I found an old friend, Dr Menzies Gonsheer, who has been with the Seaforths and is now on his way home. A few days at the Edinburgh Hospital amongst old friends would do him good. I will try and arrange it.

I shall have much to tell you when I reach home, but one thing has been so forcibly impressed upon me that I must tell you now. The corps of civil surgeons, army reserve nurses, and orderlies of the St John's and St Andrew's Ambulance Associations must not be disbanded after the war is over. An Imperial Medical Reserve must be formed to serve Her Majesty in future wars.

Our motto must be "Sympathy," and our badge the endless trefail knot which I heard first described at the Royal Society of Edinburgh by my old master Professor Tait.

Our ribbon, a blue ground with this knot in red, with a white edging to the knot. Our watchword, "Help to the sick and wounded." I would aim at a corps of 3000 composed as follows:—

- 1000 doctors (physicians and surgeons.)
- 1000 nurses.
- 1000 orderlies.

To belong to it would be an honour as well as a duty. What a binding link between the old country and the Colonies. Look, for instance, at the staff on this hospital train:—

Dr E. Stewart, from Middlesex Hospital.
Dr Peters, a home surgeon of my old friend Professor Shepherd, of Montreal.
Sister Austin, from Australia.
Sister Perry, from England, but trained in Kimberley.

Sergeant Keats, Cape Medical Staff Corps, with five R.A.M.C. men, one Cape Medical Staff, one St John's Ambulance, and two regimental orderlies, with Charles Mitchell, the cook, complete the personnel of the train. We must join all these three elements, common to every hospital, together under a Royal Corps. If Her Gracious Majesty will only say the word, it will be done, and well done too.

A hospital train is a hospital on wheels with all appliances for the wellbeing of our soldiers. Let me describe No. 4 hospital train. They are all very much alike. A saloon carriage for the staff and nurses, with a series of carriages which have been cleared of their fittings, and in which bunks have been fitted up for the patients under Dr Stewart's personal direction and paid for by the British Red Cross Society. This train (No. 4), when complete, consists of five carriages for the patients, accommodating 108. The saloon and the kitchen carriage make seven coaches in all. Two of the carriages are at present at Springfontein, and there are only 60 men and 6 officers on board. I made the morning visit to-day with Dr Stewart and Dr Peters, and was specially

pleased with the cheery character of the Tommies, every one making the best of his troubles, and thankful for all that was done for him. Mostly convalescent enterics, with some wounded. This journey's complement. Patients doing well, and as a consequence staff happy. All goes well if we could only get on, but we have a tail of cattle trucks with Boer prisoners, and carriages with suspects and refugees in front of us. As a consequence an armoured train must precede us as Boers are on every side. The difficulty of this country is the transport, but surely the hospital train might go alone, and proceed unmolested. The line has been torn up last night at America Siding, and this also delays us. These patients with few exceptions have been on the train for a week. They started from Heilbron six days ago, and were delayed in Johannesburg for three days. When will they reach Springfontein? because, good as this train is, the men must suffer, being necessarily cramped and confined. The carriages are painted white, and large as the red crosses are, they might, in my opinion, be even larger. The meal hours for patients are as follows:—

Breakfast, 8 a.m.
Dinner, 12.30 p.m.
Tea, 5.30 p.m.

Milk and other light nourishment at intervals as necessary. Each patient on entering receives a most welcome present from the "Good Hope" and "British Red Cross" Societies for Sick and Wounded, containing:—

Bath towel, pyjamas, slippers, socks, handkerchief, flannel shirt, sponge bag with tooth brush, sponge, and soap, hair brush.

Good food, careful nursing, and kindly doctors are the characteristics of this and other hospital trains. I can only speak of these trains on this side: I hope soon to see the Natal trains. I hear the Princess Christian train was specially built for the purpose under the superintendence of Sir John Furley, Chief Commissioner of the British Red Cross Society, and I hope to inspect it next week. I am on my way to East London—ship to Durban—to see the Natal hospitals, and then back to Cape Town. I expect to sail from there about August 23d, and with Lord Roberts's kind sanction I stop at St Helena to see the Boer sick and wounded. If need be, I hope to be home in time for the autumn meeting of the "Royal and Ancient," and then to my work in Edinburgh.—Yours truly,
JOHN CHIENE.

THE TIMES, WEDNESDAY, AUGUST 22, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

CAPE TOWN, Aug. 21.

The Royal Hospitals Commission began its work instantly on landing here to-day in order to take the evidence of witnesses who are leaving for England to-morrow.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, Aug. 21.

The Hospitals Commission began its inquiry this afternoon by an examination of Major MacMahon, a Volunteer surgeon attached to the Army Medical Reserve, who did duty at Bloemfontein. Major MacMahon said that the hospitals there lacked nothing and did not run short of necessities, nor was there any overcrowding. There was a great rush at first, but things worked satisfactorily.

THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—In the very interesting correspondence you have allowed on this subject one or two points of great importance seem to be, at any rate so far, fairly established. There were, apparently, empty houses obtainable at Bloemfontein at the time of the great pressure of typhoid cases, and blankets could have been bought or "commandeered" from non-official sources.

But as in war political and military exigencies must take precedence of all other considerations, reasons may have existed which precluded the adoption of such measures; nor, owing to the limited nursing staff, was it, perhaps, feasible for the doctors to submit such a proposition to the proper authorities. We must then suspend our judgment and await further explanations.

No physician of any experience can for a moment doubt that you are perfectly sound in your conclusion that many of the evils complained of might have been, at any rate, reduced to a minimum had one or two eminent medical men, preferably members of Parliament, been appointed by that body, to proceed to South Africa and make arrangements for the organization of overflow hospitals at the bases of operations, from as far as possible civil sources, and superintend the hygiene of same; they might also have supervised the transport arrangements for sick and wounded, thus leaving the military surgeons free to move with the fighting line or in its immediate vicinity. The advice and influence of such men could not have failed to have improved the medical aspect of the campaign. Some years ago a distinguished

admiral on a certain station ordered returns to be made to him as to the capacity of the civil hospitals, public buildings, &c., at certain ports. Had an action been fought soon after, there would have been no confusion, each hospital would have at once received its proportion of casualties, and the fleet proceeded unhampered. Such foresight is not only humane but eminently practical. As a physician of some years' experience, in hospitals and elsewhere, I fear that, as several of your correspondents suggest, the brilliant triumphs of a few experts in certain branches of surgery have had the effect of unduly fixing the studies and attention of many young medical men on that branch of their profession to the neglect of the more complex problems of medicine, whether in relation to the individual or to the State. The controversy between Surgeon-General Hamilton and a "British Soldier" as to the merits of R.A.M.C. is practically a side issue.

It is obvious that a purely seniority corps, with no prizes, will never obtain the pick of any learned profession; and unfortunately the persistent struggle of the Army doctors for, in their case, perfectly unmeaning titles, which they have gained utterly against the opinions and wishes of the heads of the military profession, with which they have voluntarily associated themselves, has induced a strained relationship, which has deterred, much more than any monetary question, many of the best class of students from thinking of the service. Nevertheless, "M.A., M.D., Cantab." to the contrary, whom I should imagine is a very young man, it is most certainly true that the R.A.M.C., retrained at the London entry examination, and afterwards undergoing a further period of training and probation, is, at any rate as far as ordinary surgical science and a practical knowledge of hygiene is concerned, as a whole, above the average of the ordinary general practitioner.

I am, Sir, your obedient servant,

F. B. HILL, S.

Junior United Service Club, Anson.

THE R.A.M.C.

TO THE EDITOR OF THE TIMES.

Sir,—Veterinary Lieutenant Colonel Nunn challenges my accuracy on two points. In reply I assert that Veterinary Lieutenants draw £1,400 consolidated pay. Colonel Nunn says they are mounted officers. True, and that is one of the greatest grievances of the R.A.M.C. in India—viz., that the junior officers are not mounted but are compelled to keep horses out of their miserably low pay to do their duty. If, to-morrow, the junior medical officers agreed not to use their own horses on Government work, but to walk instead, in a week there would not be 10 per cent. of them fit for duty, at all events in the hot season.

Colonel Nunn alludes to the extra charges of outstations, &c., held by veterinary officers, instancing Mian Mir, which has eight other places attached to it. Does he not rather give his service away? If the veterinary officer can be away for days at a time, who does his duty?—answer, the frontier-sergeant. On this point let me relate a story. A good many years ago I owned a handsome young Australian horse as my charger. There was no veterinary officer in the station. The horse got sick and was "sigh to die," when one day he was seen standing with his head down, purulent matter pouring from his nostrils. I was about to shoot him when the brigade major said he would order a board on him as he must have glanders. The board, consisting of three cavalry officers, duly assembled and my horse was ordered to be shot to protect the Government animals from infection. This was duly done, and I recovered his price from Government. I held my peace, but in my opinion the cause of death was abscess of the liver bursting into the lungs. However, let me assure Lieutenant-Colonel Nunn that I never meant to intimate that veterinary officers draw too much pay, but that medical officers draw too little—Y.Y.S.

Your obedient servant,

J. B. HAMILTON, Surgeon-General, R.P.

J.U.S. Club, Aug. 17.

THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE TIMES.

Sir,—The following statements about the Army Medical Service need consideration:—

The Director-General Army Medical Service.

This officer draws a salary of £1,500 per annum. The Adjutant-General of the Army draws £2,400 per annum, and the Quartermaster-General, the Director-General of Ordnance, and the Inspector-General of Fortifications each receive £2,100 yearly. Why the D.G.A.M.S. draws £600 less yearly is not quite clear.

So far back as 1850 the D.G.A.M.S. drew £2,000 per year, although the Army was a very small affair, and although there was a separate medical Director-General for the Ordnance Department, which in those days included the Royal Artillery, the Royal Engineers, and the field train.

With enormously increased responsibilities the pay has been cut down some £600 yearly to the income of a very moderate practice, and recently a subscription list was circulated for the relief of the family of a deceased holder of the office.

The Deputy Director-General A.M.S.

This officer is the principal assistant of the Director-General A.M.S. Pay, £1,300 a year. If this officer, who is a surgeon-general, was stationed at any country garrison his pay would be £1,380 a year. As he is a highly responsible officer and has to live in London and on him fall many, far too many, important

duties, he draws £80 yearly less in London than at Aldershot or other district headquarters. This needs explanation.

The Director-General's Office Staff.

When Sidney Harbert remodelled the Army medical office at the War Office after the Crimean War his aim was to give the D.G. a consultative council to help him to deal with the many-sided work of his office. Hence senior officers were attached to the statistical side, to the sanitary side, and to the purely medical side of the office. These officers so appointed were able men of rank and standing and large military experience. To-day the highly-important sanitary and statistical divisions are grouped together in the hands of a young major R.A.M.C.

The head of the medical sub-department is also Deputy D.G., and is overwhelmed, as all the office staff are, with masses of very diverse and highly-important duties. There is everywhere overstrain, want of due allotment of work to specialized heads clearly responsible, and there seems to be no time to think in advance or even up to date as to the wants of the service. This condition has broken down the whole value of the Headquarters office opinion simply because it is too unendowed to take a lead and be a real thinking help and guide to a medical service scattered over a wide Empire and doing very anxious and responsible work, and which needs before everything a strong central executive in full touch with modern science and the opinion of the nation.

The Isolation of the Medical Office.

Nothing could equal the isolation of this medical office from the knowledge of the wants, the hopes, the wishes, and the fears of the medical service.

It knows less, feels less, helps less than any other War Office chief could ever do, and any one can read in the evidence of Sir Thomas Crawford before the Camperdown Commission that he confessed he knew little or nothing of the burning questions which greatly agitated the medical service, but of which he as the chief knew nothing.

The Director-General has constantly been a mere War Office clerk tied to his stool in his office and absolutely adrift from the wants of his service. He has been the incarnation of War Office clerkism in its most stultic form.

The Director-General's Personal Staff.

This officer, who has under his control more than 1,000 officers, has no military secretary or officer specially detailed to deal with the personal side of this large body of officers, equal at least to the officer personnel of 30 battalions of infantry. For years a civilian War Office clerk did this important work and stood, as it were, between the D.G. and his officers. To-day it is said to be done by the Deputy Director-General, who is also head of the technical medical branch of the office—a duty quite apart from the personal work of a secretary or staff officer. This want of a medical officer of standing to assist the Director-General with a personal knowledge of his younger officers is a serious blot on the means for administering the medical service. Finally, there is no doubt whatever that an intelligence officer watching the progress of military medicine, surgery, and hygiene in the various foreign services is much wanted at this office. Overwhelmed with centralization and detail work, this important office needs a larger staff if it is to be a thinking centre for the Army Medical Service. At a temporary cost of a few thousand pounds a year it could be made a real force for good in our Army. In the unending struggle for better things for the soldier, for the hospital, and for a really efficient medical service the very last place to look for a lead or for sympathetic guidance and support is from the central medical office.

Who can deny the truth of these statements?

Yours,

VERITAS.

AUGUST 23, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, AUG. 22.

The Hospitals Commission visited Woodstock this morning and took the evidence of Colonel Williamson and others, who all testified that the hospital arrangements there afforded no grounds for complaint.

In the afternoon they inspected the hospital accommodation at Green Point. Two of the Imperial Yeomanry who were with General Carrington's force which went up to Rhodesia through Beira gave evidence to the effect that no proper provision was made for the sick at the camps on the march to Umfali, but that the accommodation at that place was satisfactory.

THE MORNING POST. WAR LETTER

FROM

JOHN STUART,

OUR SPECIAL CORRESPONDENT.

ROYAL ARMY MEDICAL CORPS.

FIRST ARTICLE.

PRETORIA, JULY 21.

Some ancient writer has remarked, in the polite ancient way, that "the sense is no competent judge betwixt the owl and the nightingale for sweetness of their voices." By the same token, the layman, unless perhaps he be a member of the House of Commons, and therefore inspired by a consummate confidence in his own ignorance, will find himself in the position of—how does the absurd fellow spell his name?—writing on Mr. Rudyard Kipling, if he should attempt to decide between Sir William MacCormac and Dr. Treves of the one part, and certain lyric politicians of the other part, with respect to the charges which for one reason or another—probably another—have been brought against the Royal Army Medical Corps.

I have no intention of doing anything quite so foolish, though, if I chose, I could out-kennel Zola with descriptions of life in the field hospital, and by so doing send you to the nearest brandy bottle for very necessary medical comfort. At the best of times a field hospital, with its conflicting odours and contrasting pungenencies, is neither a bower nor a boudoir.

Far better, then, that you should imagine what I am certainly not going to describe. But remember that "layman" is a word which applies not only to the non-medical observer in the field or in the hospital, but with rather more force to the worthy citizen who, comfortably seated in the "nine fifteen up," cries "Monstrous!" when these charges, made for one reason, or more probably for another reason, are recited.

Too often he does not trouble to inquire into their obvious or mentally reserved basis, nor has he chosen to cultivate that decency of intellectual habit which would forbid him to ejaculate his spinning verdict until the Commission of Inquiry has reported on certain vivid *ex parte* statements. At least, as they have reached Pretoria, these *ex parte* statements are quite vivid, quite gaudy in their colouring, and naturally they have excited considerable interest, especially among medical men and among men who have been in hospitals.

THE CHARGES AGAINST THE HOSPITALS.

Very rightly and properly a wreath of sentiment hangs like a mist about the hospital, touching the pale heads on the pillows with romance and lying like a crown of unrequested glory on the brows of the surgeons and the orderlies. Therefore the mere suggestion that the medical men have their faults and the orderlies their delinquencies, for which the patients suffer, ticks you, who find the cash for efficiency, into anger; and when more than suggestions are made, when heavy charges are levelled against the Royal Army Medical Corps, you lash yourselves into a state of exasperation, in which careful examination of evidence becomes impossible.

For this reason I hope that no *ex parte* statements, however bright and shining their origin, will be so much as accepted until the commission has made its report. It is to be hoped, too, that that report will be freely generalised, and that its generalisations will be accepted as sufficient, because the evidence will contain details that are not for every eye.

I assure you that there is more to be said in favour of the field hospitals as managed by the Royal Army Medical Corps than can with propriety be said against them. And I go further. I declare that wherever the field hospitals have failed in ordinary circumstances the fault lies with the individual taxpayer, who, if he has the interests of the wounded soldier really at heart, will take blame to himself for not having in peace time inquired or caused inquiry into the ability of the system to meet a great emergency.

Don't blame the system, that's cowardly. Blame yourself for never having recognised your Imperial responsibility and for never having troubled your head to ask if the Royal Army Medical Corps was or was not properly equipped with material and men.

I do not suggest that every voter should pester his representative with unending queries about Army medical matters. I do argue that if each private citizen were to cultivate a quicker sense of his responsibility to the Empire the failures that we lament in one or another branch of the Service would be far less frequent.

THE ROYAL ARMY MEDICAL CORPS AT WORK.

I have seen the Royal Army Medical Corps at work under difficulties and under the sustaining

THURSDAY, AUGUST 23, 1900.

grace of sufficient transport. I have seen officers of the corps on the battlefield and in their hospitals, at the tent doors where they give advice to outpatients, and weary under the labour of a score of operations. I have seen them with shirt sleeves blooded to the shoulder and have met them at mess. And I ask you to be just to them.

They are men limited in the beneficent effect of their work by personal qualifications and by the machinery of the system that casts coils of red tape all round them. They go under fire in the same simple spirit as a soldier goes under fire, but for them there can be no cover.

One would have thought that even the Boers would have taken the trouble to calculate that obviously unarmed men in the position they must assume while dressing wounds have not gone into the firing line to harm them—and, indeed, many a Boer who otherwise would have bled to death owes the strength he is now using against us to our own surgeons. But the Boers, in their desire to notch up a mountainous score, have never spared either the surgeon or the stretcher-bearer.

There was not a medical man in Ladysmith who did not at one time or another show resolution and steadfastness under fire. And no Ladysmith man will ever forget one member of the Army Medical Corps, who wore himself into the grave by his unintermittent anxiety for the men under his care. And when I speak of one man who died, I think of others who happily did not die, but whose zeal was like his.

Now, you may put this view of the matter down to sentimentalism, to the fact that there must be a certain comradeship among the men who went through Ladysmith. On the other hand, I scarcely think that I can be described as a sentimentalist.

THE HOSPITALS IN LADYSMITH.

I know that there were grave failures in the hospital economy of Ladysmith, into which the recently-appointed commission will have to inquire. But I also know that the Royal Army Medical Corps officers and their civilian condottieri in Ladysmith gave shining instances of devotion to duty.

They were hampered—I do not speak of the civilian surgeons—by the fact that they are not the ablest surgeons in the world and by the machinery.

I have seen the Royal Army Medical Corps at its work in other places, and where it has failed the failure, I think, must be put down, in some degree at least, to incomplete medical education or to incomplete medical instinct, to a system that encourages, nay, imposes, a mechanical pursuit of the profession of surgery, to habits concerning hours, methods, and so forth, habits which are the direct result of a long course of red tape and to an absence of initiative that bespeaks a lack of professional enthusiasm, though be it understood that lack of professional enthusiasm co-exists, in war, certainly, and, I presume, in peace, with quite a sincere desire to alleviate suffering and help the patient in his struggle against death.

RIDICULOUS OFFICIALISM.

I am not an apologist for the Royal Army Medical Corps, because I do not think that they entice the best men to join the corps. But I have found that its fault is too easy compliance with a ridiculous officialism which does not encourage more than a formal pursuit of the surgical profession, and prevents the officers from insisting on medical facilities on which an ordinary house surgeon in an ordinary country hospital would insist, or resign his position.

I have, for instance, before me the case of a civil surgeon attached to the Royal Army Medical Corps who was dissatisfied with the fashion of an instrument in very frequent use. In fact, he held that the use of that particular, antiquated type of the instrument was dangerous to the patient, and applied for an instrument of a newer and fitter type.

Irritated by the delay of the authorities in providing this instrument he bought one out of his own pocket. Meanwhile the correspondence went on. After about a week's delay, and the interchange of many polite letters, he was allowed to buy for the hospital an instrument of the type he wanted, receiving with the permission a strong hint that his desire for the newer type of instrument was faddish, and would only have been accorded to a grafted civilian.

Now my point is this: in any decently equipped hospital the newer type of instrument would have superseded the old, whatever the cost, immediately on its production. And if the officers of the Royal Army Medical Corps had been men of great professional enthusiasm our field hospitals would not have been behind Guy's and Bart's in this respect. Indeed, it would have been well if the officers of the corps had made as strong a stand on matters of equipment as they did on the question of their own social status.

"CAPITAL CHAPS."

Taken as a body, the Royal Army Medical Corps is composed of "capital chaps"—I use the unclassical phrase because it defines the meaning I seek to impress with more precision than any other.

You will have observed, I think, that the "capital chap" is rarely the cleverest man. But he usually has a score of virtues that compensate for the want

of cleverness or skill, and which clever men and skilled men very often go without.

He never pontificates, he has few or no jealousies, he tries to be agreeable rather than impressive, and socially he is the better man. You find him a pleasant partner at whist, but never so masterly and masterful a player that he will throw the cards at you on a mistake.

You can play him a hundred up at billiards without any fear that he will run out at his first break. Of course, he will try to "do you down" over a horse if he gets the chance, but that is merely human. In a word, you may expect from him agreeable company, and that absence of the impulse to "talk shop" which is generally a mark of professional supremacy, or of the cabotin, who has bound himself hand and foot to his trade without gaining thereby an accompaniment of competency. This character does not imply any failure of due observance towards duty; it does imply a lack of the zeal which comes from conscious mastery in one's own sphere.

LIMITED PROFESSIONAL AMBITION.

That any medical man should have enlisted himself in the Royal Army Medical Corps is a fact which hints, if it does not declare, that man to be limited in his private, and almost devoid of professional, ambition. He is a poor sportsman. He is like the man who always plays for safety at billiards, though by facing a risk he might pile up a decent break.

What he asks, and what he gets, is a very modest income followed by an equally modest pension. He ensures himself the company of men who are not "outsiders"; of men, indeed, who may hold views about his own centrality—while he is young; and when he is old, after a career compared to which the "pottery" of our forefathers had a career of wide and various experience, he knows that he will not lack a roof to cover his grey locks.

It may be sound commerce, but on my soul I cannot away with the man of moderate desires. The man who has the pluck "to put it to the touch to win or lose it all" carries my money, if I happen to have any.

What has the Royal Army Medical Corps officer to hope for save promotion and the pay—the niggardly pay—of a full colonel or a brigadier-general, which is "no great shakes"? Harley-street very often makes as much in a month—in a week when sickness is fashionable.

Now, I contend that the young man who enters any profession without meaning to "pot-shot" at the big prizes of that profession is either a self-abnegating saint, personally, fanatically devoted to a cause, or a young man whom it is quite useless to expect to go very far in the line of country he has chosen.

HOSPITALS "FROWN ON THE CORPS."

Not many years ago, at a graduation ceremony at Edinburgh University, Sir Douglas MacLagan declined to recommend his students to enter the Royal Army Medical Corps. I am told that Guy's and other leading London hospitals frown on the Corps, and every endeavour is used to prevent promising youngsters who think of joining it from burying themselves alive in an early and an unlamented grave.

The men who officer the Royal Army Medical Corps are not the brilliant and promising students, not gold medalists and prize-winners. And I am not sure that we should ask for much more than a mediocre medical attainment from them, because in peace the soldier is a robust creature, and in war the wounds he suffers are generally simple.

It would be rather a useless sort of thing to pay for perfection, or even for the most excellent promise, where there are not needed. On the other hand, the damping of professional ambition is the veridical and all. So many Army doctors marry in an Indian station, and allow their knowledge to rust. Their remedies are chiefly rule of thumb, and Tommy very often has to thank the constitution his mother gave him for a recovery that he gratefully attributes to a black tab.

There's the rub. The men we get to medicine the Army are not quite good enough at the start. But for our inveterate habit of refusing to recognise the Army as a branch of labour we might get better men, who have done something more than just scrape on to the Medical Register. But once in the Royal Army Medical Corps, what stimulus have they to throw themselves into the work of their profession with the energy a youngster who means to storm Harley-street would show?

THE QUESTION OF PROMOTION.

Promotion is by seniority. When purchase was abolished Mr. Gladstone told a world that hung on his phrases that promotion would be by seniority tempered by selection. I have been unable to discover the tempering in the Royal Army Medical Corps. A smart operation does not help promotion. Indeed, in peace times all bad accidents, all serious surgical cases, are promptly handed over to the nearest civil hospital. So with serious cases of disease.

Further, professional ambition is rather bad form in the Royal Army Medical Corps. One's seniors dislike juvenile energy; a series of successes with the knife might lead to selection—and that leads to questions about the excellent seniors' salary and pension. Indeed, a young major I know, whose seniors see the threat of undesired brilliancy in a

series of operations he lately performed, some of them under fire, has lately been sent to cool his ardour in a rest camp.

Army doctors, as a rule, are men who want to live on the line of least resistance. They find themselves most comfortable in a placid jog-trot, bless them.

We take, now, the daily labour of an ordinary Army surgeon. It includes wounds, on which the continuous practice of the hand that alone makes expertness is decided him.

The chief diseases from which soldiers suffer may be divided into two broad classes. What addition to our knowledge of fevers and dysentery—to take but one of these classes—do we owe to the Royal Army Medical Corps? True, it was one of them who proved that mosquitoes carry malaria: an interesting fact, but not universally true, because malaria exists in districts where mosquitoes cannot be found.

ARMY TREATMENT OF MALARIA AND ENTERIC.

Moreover, the Army treatment of malaria is antiquated. I happen to know, because I have had malaria for several years in different places. Twice have I been under an Army doctor—once, indeed, under a retired Army doctor, but "plus ça change plus c'est mieux ça va." An Army doctor always means a three weeks' job.

Again, I am told that the military treatment of enteric is the treatment of five years ago. I don't think that that matters. The treatment of enteric will never vary greatly till we find some means of murdering the microbe by a subcutaneous injection of hostile microbes.

My point here is, that after an epidemic of enteric the Royal Army Medical Corps always leaves it lying about all over the country; a point which we will discuss later.

Finally, as to dysentery, the Army treatment is still in the empiric stage. It chiefly consists of local remedies borrowed from the local population. Now from some points of view dysentery is the most interesting of all diseases. It is fashionable to put it down to bad water. I am prepared to lay odds that the microbe is more often carried in badly-mourished or badly-cooked meat than in water.

"HARD TACK" AND DYSENTERY.

I will wager that "hard tack" (especially dry biscuit and tinned meats) prepares the stomach for dysentery. And while I am complaining that the Royal Army Medical Corps is particularly slack in supplying the world with information concerning the diseases which lie under its immediate observation, let me suggest that a world of instructive figures may be found on the sick and hospital ships for the prison of Ladysmith during the summers of 1897-98 and 1898-99, compared with those of the summer 1899-1900.

But in the Royal Army Medical Corps such medical effort as this, and such work as the careful recorder can produce, is not popular. An Army doctor who writes suffers under the same disabilities as the soldier who writes.

It is the absence of any impulse towards professional enthusiasm that has prevented the Corps from insisting on instruments that would not be the decision of the attached civil surgeons. You know, a thorough-going medical man is just like a smart practitioner of the art of being a woman. He is ready to hang himself if his instruments are an hour behind the fashion of the day, just as a smart woman is enraged if she finds that her frock bears one pleat too many or too few.

ARMY SURGEONS' WEAPONS.

And as far as concerns the medical practitioner, the lust of novelty is entirely praiseworthy, since each new fashion in instruments registers a step of improvement, a stride nearer perfection. I have inquired of civil surgeons (who all use their own instruments) about the weapons provided for Army surgeons: the subject raises long-tongued decision.

It was a civil surgeon who first called the smart woman into parallel. He will have it that Army clinics are dowdy, that Army doctors are medical frumps. And the reasons? Lack, on the one hand, of medical enthusiasm; on the other, the dear, inveterate "starve the Service" policy. That is to say, you, sir, the taxpayer.

On the matter of instruments you are invited to a praiseworthy lavishness, such as the hospitals to which you subscribe inflict on you whether you know it or not.

You refuse the invitation, and your representative in the House, sworn to keep down taxation, insists that the instrument must have attained a certain condition of uselessness from wear and tear before it may be superseded, heedless of the fact that a sound new invention or development wears out and tears to pieces all its predecessors. But I warrant that if the Royal Army Medical Corps had had more vigorous surgeons your bill on this count would have swelled gaily and grandly.

THE MEDICINE CHESTS.

And I hear, again from civil surgeons, that the medicine chests contain lamentably aged contents, as if the Department had bought drugs by the cart-load at wholesale prices, and had insisted on a searching economy in their distribution.

On that point experts will speak in due course. But I may mention that certain recent methods of cure are not current among Royal Army Medical Corps men, chiefly, I take it, because all their

methods are governed by rule of thumb, and very few of them trouble to keep their professional reading up to date.

Indeed, serious medical cases in times of peace are removed to the civil hospitals, just like serious surgical cases. In regard to the latter, I have instances of men recognising the need of a certain operation which they have forgotten and "swotting" it up.

There is a well-authenticated story of one surgeon performing an operation while his wife read out to him the successive steps from a rather belated authority.

This part of the subject need not be discussed at greater length. The taxpayers, or those who guard their interests, have decided the class of men who are to enter the Royal Army Medical Corps. Promotion by seniority, the absence of great personal ambition in the officers, and the lack of impetus to professional ambition have told their tale.

IS A BETTER CLASS OF MEN NEEDED?

I am not at all sure that we need a better class of men at the start. But I am sure that something should be done to prevent men from growing rusty. I am more than sure that the presence in the Service of aged formalists, who have degenerated into clerks, ought not to hinder the rapid promotion of smart youngsters. And something should be done to alter the state of affairs which prevents an Army doctor, who for one reason or another has left the Service, from gaining the confidence of a large practice.

Though some of them do gain confidence, it is the fact that the years he has spent in the Royal Army Medical Corps are against a man who wishes for private practice. The nation at large has judged the Corps by refusing to place any widespread trust in its retired members.

TREATMENT OF THE SICK AND WOUNDED.

Now, how does all this affect the treatment of sick and wounded? Considering how robust the private soldier is, and how his everlasting foolishness only renders him liable to simple diseases, I think the class of men employed as Army doctors would be quite good enough if they did not abate their studies so soon as they received their appointments, and if comparative smartness were ensured of its reward. The Royal Army Medical Corps show commendable pluck and speed in the application of first field dressings, though I am told of an instance—before Paardeberg—where thirty-one men were left for twenty-four hours under the dew of night and under a strong heating sun with no more attention than the first field dressing.

One of those men, whose thigh was broken, spent the hours in great pain because his rifle had not been used as a rough splint. The surgeon was not to blame, as he had more work to do, but no stretcher-bearers were at hand to convey the sufferers to the nearest field hospital.

I think that owing to the rapidity of the march this case must be put down to the fortune of war.

THE PRESENT DANGER.

And here let me say that in this age of pity we are in danger of demanding that our wounded should receive more careful immediate attention than is at all compatible with military requirements.

It is exceedingly difficult for the field hospitals to keep up with a rapid mover like General French; indeed, it is impossible—and the ambulances can merely give first aid: more should not be required of them. Again, as the question of Army transport must come first, it is quite out of the question that the hospitals should be as well served in the matter of mules or oxen as the fighting line.

Delays, therefore, are inevitable. It is a marvel to me that the field hospitals have not failed more frequently. Indeed, I am inclined to share the opinion of those who hold that the clamour raised against the Army hospital system is meant as a dead-set against officers who have remembered that in war the Army transport must come first if the swift blow is to be struck at the proper time, and that the hospital accommodation is a matter of secondary moment.

THE CORPS' NOBLE, FEARLESS SERVICE.

The problem might, perhaps, present less difficulty if the hospitals had their own transport and ration system, but I doubt it. The matter of chief moment to the Royal Army Medical Corps is that the first aid to wounded men in the fighting line should be prompt. On this point the Corps has done noble, fearless service.

One may doubt its medical attainments. One may never doubt its pluck and devotion. It is not when the battle is over that you see surgeons and orderlies busy with the wounded men. It is in the firing line, under a deadly storm of lead. And I have seen surgeons going on with their work after being hit.

I remember one who went on dressing a wounded man till he fainted from his own wound. I remember seeing a surgeon so dead beat that I offered him brandy; he was so far gone that I had to pour it down his throat. I remember an orderly who had a scalding scratch on his hand, which he had bound up partly himself. He got me to finish the fixing of the bandage, and then resumed his work.

WAR LETTER

FROM

JOHN STUART,

OUR SPECIAL CORRESPONDENT.

ROYAL ARMY MEDICAL CORPS.

LAST ARTICLE.

PRETORIA, JULY 21.

The fault in the field hospital is the old, old fault of red tape. When the wounded are carried off the field they must give names and regimental numbers, and so forth, though every minute is of importance. First dressings are rarely quite satisfactory, and it would be better that a man's wound should be fully taken in hand before he tells the personal details which the British public demands. Besides, there is always an identification ticket in his "death pocket."

I know that it is a difficult question: eager anxiety at home and the pressing need for attention in the field hospital. The British public badgers the War Office; the War Office badgers the General Officer Commanding to send full details of killed and wounded instantly; the general insists that the principal medical officer should get out his names and figures with the utmost possible haste.

Now, if the British public wants these details it must pay for them. The work must be taken out of the hands of the doctors and given to responsible clerks.

An eminent Irish surgeon provides the instance of a field hospital short-handed because most of its staff were in the fighting line. A major and a subaltern had to deal with 251 cases, and most of these cases waited while the major took the names and regimental numbers of 251 men.

That night, in all probability—I do not speak of certain knowledge here—he had to get out his report when he might more profitably have been attending to the restless sufferers on the bare ground.

THE TRIUMPH OF RED TAPE.

In a civil hospital, say, after a great colliery accident, there could be no such triumph of red tape. You are determined that the lot of the wounded should be alleviated as far as possible. Your pity will cost money; as it should, else is it worthless.

You must pay for hospital clerks to do hospital clerks' work, and cease to divert the medical men from their proper task in order that there may be no delay in the saving of your anxiety.

One clerk trained in time of peace, aided by one or two who could readily be found in war time, would be sufficient. Indeed, a service of clerks, apt in the use of shorthand, might spare the medical men the immense amount of secretarial work to which they are subjected.

No civil surgeon would submit to the imposition of such work. This is a point on which quite a dozen civil surgeons have spoken to me. But some Army doctors, who ought to have gone into banks or into shippers' offices, rejoice in getting out beautiful slates and arrays of cunningly-brigaded statistics.

HUMILITY OF THE ARMY MEDICAL CORPS.

Now we come to another point: the humility of the Royal Army Medical Corps. At Intombi Camp, near Ladysmith, the patients were lying on the damp earth. Complaints were made, not to the principal medical officer, but to another officer, and promptly 400 beds with mattresses were sent out from the town. I call this inexcusable: if the Army Service Corps could get the beds, why not the Royal Army Medical Corps?

When the British troops occupied Pretoria the Palace of Justice was offered to the principal medical officer as an hospital. It was refused, on the ground that the general hospitals had no beds. Consequently our sick and wounded were lying on bare ground at the recesses. The matter came to the notice of Mr. Leigh Wood, who did so much for our prisoners, and especially for our sick prisoners, before we occupied the place.

I hope, by this way, to be able to forward by this mail the report of Dr. von Gernet, the brother of the eminent Russian analytical chemist, who took charge of our men; which report shows what excellent work was done on behalf of our prisoners by the few British subjects who were compelled to remain in Pretoria.

Mr. Leigh Wood consulted with Sir William Thomson and the Hon. Rupert Guinness, of the Irish Hospital, and Mr. Murray Guthrie, for, to his mind, the condition of our own sick and wounded was little better than that of our sick and wounded prisoners under the Boers.

THE PRETORIA MEDICAL COMMISSION.

At their instance the Pretoria Medical Commission was founded, beds were bought in the town, likewise blankets, sheets, and mattresses. The stores and equipment of the Irish Hospital were

used as a nucleus, and now in the Palace of Justice there is an hospital of which we all may be proud. Four hundred and eighty out of five hundred beds are occupied, and Sir William Thomson, with nine medical men, is doing the work that usually requires twenty Royal Army Medical Corps officers. In fact, in the whole of this business the Royal Army Medical Corps has been put to shame. There was no sudden pressure here as there was at Bloemfontein.

I should like to know, by the way, how it is that the Army hospitals are so inferior in equipment to the hospitals which the nation owes to private benevolence?

The Irish Hospital, the Portland Hospital, and the Langman Hospital would do no discredit to any of our large towns. The field equipment of the Irish Hospital is infinitely superior to that of any of our field hospitals. Once more the answer is in the hands of the taxpayer.

NOT READY FOR THE WAR.

The fact is, of course, that the Royal Army Medical Corps was no readier for war than any other branch of the Service. But the Royal Army Medical Corps wants energetic men at the head of it.

When I saw the easily erected and commodious marquees of the Irish Hospital, I asked, "Why don't we have marquees like this?" I was told that two years ago the unsuitableness of our marquees for campaigning came up, and a marquee of the tortoise type, which may be set up with the wagon as a centre or independently of the wagon at will, was suggested.

The Army Ordnance Department informed the Royal Army Medical Corps that it must stick to the marquees in hand until they were used out, and I suppose that nobody has thought it his business to see that when fresh marquees were needed the cumbersome antique type was abandoned.

Emergency will go very far, as is shown by the excellence of the hospitals controlled by Colonel Galloway in Natal. Sir William MacCormac and Dr. Treves have spoken of their arrangements in terms of the highest praise, and no words of mine could add any weight to so distinguished a tribute. Also, one hears nothing but praise of the base hospitals and their arrangements. Perhaps, indeed, these two famous surgeons have done some harm to the proper discussion of the question by their tribute to excellences which they have seen. Some of the hospitals they did not see were scarcely so satisfactory.

DISCIPLINE AND CLEANLINESS.

I am convinced, again, that a more stringent supervision of the hospital orderlies is needed. They lack discipline, in some cases they lack cleanliness. I am told that the strict attention to the state of the instruments, which is an essential of civil hospital economy, is rarely, if ever, exacted in military hospitals.

In these days of antiseptic and aseptic treatment of wounds no standard of cleanliness can be too high or too rigid. The presence of military hospitals in or near towns during the enteric season is a danger to the health of the general population.

Infectious matter is not burned as it should be; though efforts, and successful efforts, to burn it in the towns have lately been made. Competent attention to the sanitation of the camps is urgently required, especially in the case of large camps. In a word, prevention is better than cure; and the average camp commandant is a dear, nice man, with praiseworthy notions about discipline, and an utter dislike of the important subject of sanitation.

I have visited many hospital trains, and find that their arrangements leave nothing to be desired, though sometimes there has been bungling in the matter of rations.

Ordinary trains carrying sick and wounded to the base hospital might well be provided with more medical comforts, and with arrangements for making, say, beef tea.

One train of invalids left Pretoria not long ago, and it was twenty-four hours before the medical man in charge was able to get tea for the men. He had no means of boiling a little water for the more serious cases, and the railway staff officers had no instructions, which means a great deal.

WHERE THE HOSPITAL SYSTEM HAS BROKEN DOWN.

I think that where our hospital system has broken down the failure must be attributed (1) to the unreadiness of the Royal Army Medical Corps, which only parallels the unreadiness of the rest of the Service; (2) to unusual circumstances; (3) to the urgent necessity of getting stores and remounts to the front in order that the re-equipment of the Army might be carried out—a matter of more moment in war than the comfort of the sick.

We do not wage war for the convenience of disabled men. Nor can we in the course of a war afford too much attention to the additional equipment or improvement of the hospitals; at any rate if such attention is to hinder the celerity of our movements in the field.

In this connection you must remember the enormous distances our Army has had to traverse. The care for insufficiency in the hospital system is adequate attention to every detail of arrangement before the war begins.

But—to return to the second reason for failure—the hospital system must have broken down at Bloemfontein.

THE SECRET.

Nobody on earth could have anticipated the unexampled energy of the enteric microbe at Paardeberg; nobody could have anticipated the subsequent epidemic at Bloemfontein. And these failures will be repeated in every great war, owing to sudden epidemics, unless we get a Kitchener or a Ward at the head of the Royal Army Medical Corps.

There is the secret. Kitchener's transport system has worked like a mechanical miracle. Ward's mastery of the details of supply is the talk and admiration of the Army, and the officers of the Army Service Corps are held in as much veneration by the troops as if they had been "speckled angels." And the reason is that by different methods both Lord Kitchener and Colonel Ward know how to get out of a man all the work that is in the man.

They have no use for unintelligent or self-estimated mediocrity. I have seen whole garrisons jump to attention and take their work with a rush at the hint of "K or K's" expected arrival.

I know scores of officers who would black Colonel Ward's boots if he wanted them blacked, and regard the task as a pleasure, as one more means of showing devotion to a chief whose trust in them is so implicit that they dare not in honour to themselves come short of it.

You don't find that sort of energy in the Royal Army Medical Corps, except in the men under Colonel Galloway.

POWERS OF ORGANISATION.

But I would never dream (I'll be slated for this) of putting a medical man at the head of the Royal Army Medical Corps, unless he had developed a talent for organisation most unusual in medical men.

The average medical man who becomes an Army doctor is not trained in organisation. In fact, he is a person of moderate ability, who is playing for social status or a safe pension. Under present conditions the fact of his being in the corps at all is against him, and he is not likely to cultivate or improve what faculty of organisation he has by pottering at clerk's work. You don't allow the consultants to run a civil hospital; though you take their advice, the executive work is done by boards and secretaries.

We cannot be troubled with boards and secretaries in the Army, therefore the work of direction and organisation should be done by military men with a leaning that way, while the doctors are confined to their proper task of looking after the sick and wounded.

MILITARY CONTROL IN EXECUTIVE MATTERS.

I suppose one may hammer on the necessity of this military control in executive matters till the seven sleepers of Ephesus awake and never induce the War Office to depart from that ancient way which is the worst and which it loves so well. But I am convinced that root and branch reorganisation, even though the hands of a non-medical organiser be heavy, is the proper cure for the Royal Army Medical Corps' failure to rise to the degree of efficiency which other branches of the Service have attained during this war.

I should like to see thoroughness in the administrative control, and I should like to see the doctors actually doctors, and not mere clerks with a dash of medical knowledge.

The cadre system is inevitable. We could not be expected to afford a full equipment and staff for field hospitals and base hospitals while the Army itself is on a peace footing. But with organisers who can be trusted to have the whole system in swing—you will need sharp, ruthless men for the job—within forty-eight hours of the receipt of the word "mobilise" that should not matter.

Again, we should always retain in the corps a full staff of medical men, who are expected to take study leave from time to time. This has been recommended by several leading medical bodies. Success in passing further examinations, especially the post graduate courses, authorised by approved civil medical authorities, should facilitate promotion. Indeed, medical ability ought to count at least equally with length of service, and the promising subaltern, after he has learned something of military habits and methods, should get his steps more speedily than the senior man who has only scraped his way along.

QUICKER STEPS AND BETTER PAY.

A few such consulting offices as have been held by Sir William MacCormac and Dr. Treves should be open to Royal Army Medical Corps officers who can pass a stiff medical examination.

A very high rate of pay should go with these offices as a bait to study and dexterity in operations. Thus we might get a very efficient staff corps, and so the tendency to rust might be overcome.

Further, more opportunities should be given to juniors to perform operations, and to study difficult cases of disease. The Army should not rely on the civil hospitals during peace time.

The non-medical branch of the corps, consulting with the medical members, should see to the im-

provement of the ambulance waggons and of the instrument cases and medicine chest. In these matters the Army should always keep pace with civil hospitals of the highest repute.

The orderlies should receive a more thorough training, and should be men of rather a higher class than those we now employ. Some of the orderlies now employed are to my knowledge ordinary Tommies without any special education in their work. The rigour of the game as played by the most thoroughgoing exponents of aseptic surgery should be imposed on them.

TRAINED ARMY NURSES.

The trained Army nurses are wonderful women. No praise can be too high for them. But when they need assistance care should be taken that the nurses called to their aid are also thoroughly trained.

Dr. Terres was quite right about "the plague of women." In enteric cases especially a well-intentioned woman is a positive danger to the patient unless her intentions be equalled by her training, skill, and lightness of touch.

I attach great importance to the last point, for I know what it is when one cannot move to be turned over from side to side by a strapping woman with fingers as thick as piano keys and as rough as sand paper.

On the other hand, the patient almost worships a nurse who can move him deftly and gently. In some surgical cases deftness of touch in the nurse is half the patient's battle. A nurse with clod-hopper fingers will often raise his temperature and put him back a day. Therefore the reserve of nursing sisters should be well paid by a retaining fee and carefully selected.

THE "CATCH-EM-ALIVE-O'S."

I should also employ a reserve of well-trained male nurses, not trusting to volunteers. One of the first bodies to be enlisted during a war, however, should be a corps of stretcher-bearers, like the "Catch-em-alive-O's" or "Pick-me-ups," who accompanied General Buller as far as Ladysmith and did capital work.

They were the roughest of the Johannesburg mob, but they did not know fear. At Spion Kop one hundred of them climbed that terrible hill and left ten of their own corps behind them.

Having carried the first batch of wounded into safety they returned for other batches, and, with a fine loyalty to the cause for which they had volunteered, left their own men to the last.

Finally, we must have a thoroughly-organised medical reserve, in which a man's professional standing should carry relative rank. Many a struggling young surgeon would be glad of, say, £50 a year, and of the added experience he would gain from a war.

All holders of teaching appointments or of posts in publicly supported hospitals should be expected or required to put their services at the Government's disposal in the event of war: bearing relative rank with regard to their professional status.

This would prevent the military doctors from opposing their medical betters, on the ground that a commission carries responsibility which a consultant does not share.

CONCLUSIONS OF THE ARGUMENT.

To resume the argument, I am not disposed to "bullyrag" the Royal Army Medical Corps for certain failures in the field hospitals. The system is wrong. Nor do I see what advantage the public can gain by the publication of details which can only be clearly discussed by doctors or in a medical journal.

What I hope for as the result of Lord Justice Romer's Commission is a pitiless reorganisation of the Royal Army Medical Corps, without regard to vested interests. Half the principal medical officers should be permanently "Stellenbosched." Given a strong military administrative element in the corps, the next step is to induce a higher professional standard among the medical members. The reserve must be organised and put on a sound footing as regards the professional standing and the immediate availabilities of its members.

And, finally, the voter incarnate must not think that the question can be solved by crying "Monstrous, monstrous!" and acquiescing with a show of cheerfulness in a penny on the income tax.

Somewhat must see to it that when the groaning citizen pays for efficient treatment of wounded and sick men he gets his money's worth.

That is a matter for the medical members of the House of Commons.

THE TIMES, AUGUST 24, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, Aug. 23.

The evidence taken by the Hospitals Commission to-day agreed that the conduct of the Woodstock, Maitland, and Green Point Hospitals was all that could be desired, there having been no deficiencies of supplies and no complaints.

Dr. Scholtz stated that he had found the Langeman Hospital at Bloemfontein in an excellent

condition. There was no overcrowding. It was true that there had been a scarcity of fresh milk, but the condensed milk supplied had answered admirably. He had visited all the hospitals and had seen nothing to complain of, nor had the patients complained to him. He had also visited three hospitals at Kroonstad, where he found everything necessary being done for the patients. At Pretoria, undoubtedly, there had been some difficulty in obtaining buildings for the accommodation of the sick and wounded, and there had also been difficulty in getting up supplies. The number of orderlies was insufficient, but he was not aware that there had been any deficiency of drugs. The difficulty experienced in remedying any scarcity of such articles as blankets was due to red-tapeism in the Medical Department, whose rules were most arbitrary and superfluous. The medical officers would have ordered such necessities direct if they had had the power. The classification of cases by the Royal Army Medical Corps could not be depended upon, and if the doctors mentioned a case which was not in their classification the scheme was returned. He expressed the opinion that enteric fever had been contracted in the field.

Colonel Trotter said great difficulty had been experienced owing to the scarcity of rolling stock, and Hospitals 9 and 10 and the Scottish Hospital had been unable for some time to do their work because an essential portion of their equipment was detained at the coast.

SATURDAY, AUGUST 25, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

CAPE TOWN, Aug. 24.

The Hospitals Commission arrived here on August 21, and at once proceeded to take evidence.

Major MacMahon, a Volunteer surgeon attached to the Army Medical Reserve, who was on duty in Bloemfontein for three months, said the sanitary and other arrangements were satisfactory and there was an efficient supply of nurses. No complaints had been made in Pretoria. Early in July, there was an abundance of food and a sufficient number of orderlies and nurses. The hospitals at Johannesburg and Kroonstad were well conducted. Beds were commandeered from the town, and medical officers were free to purchase requirements pending the arrival of supplies. The Edinburgh Hospital at Norval's Point and the Yeomanry Hospital at Deelfontein were perfect. He advocated the use of field hospitals possessing independent transports. The St. John Ambulance men and Volunteers rapidly got into their work. At the base hospitals it was advisable to have more nurses. The returns which the medical officers had to make were too numerous, and bookwork should be delegated to clerks. The sites of the general hospitals were selected by the principal medical officer in consultation with the military authorities.

Professor Dunlop, of the Glasgow Royal Infirmary, stated that he had given his services gratuitously. He was at Wynberg Hospital for six months. There were plentiful supplies, but excessive red tape. The transport arrangements at Cape Town Docks were excellent. He thought the Army Medical Department was not sufficiently advanced in modern surgery, and leave for the purposes of study should be given to Army doctors.

Van Chiené

Mr. *Walsen-Thorne*, consulting surgeon to the forces, pronounced the hospitals at Wynberg, Lichtenburg, Orange River, and Springfontein good. The hospital arrangements at Mafeking had somewhat broken down on account of the siege. He was ashamed of the condition of the Scottish Yeomanry camp at Stellenbosch. The St. Michael's Home was rather crowded. The best wards in Bloemfontein were in the convent. There was nothing wrong with No. 3 General Hospital or with the Portland Hospital. The average death-rate in Bloemfontein was 3 per cent. No complaint had been made of the arrangements in Pretoria. In Natal everything was perfect, but there were not the same difficulties to contend with. He commented favourably on the work of the European bearer regiment.

On Wednesday the Commissioners inspected the Woodstock Hospital. Colonel Williamson admitted that occasionally there were smells from the foreshore, but denied that they had ill-effects on the patients. Miss Thomas, nursing superintendent, said she considered the hospital healthy and satisfactory. The patients progressed remarkably well. Twenty soldiers were also examined, but they made practically no com-

plaints, except in regard to a lack of orderlies and doctors.

Green Point Hospital was also visited, and two sergeants who were examined complained of want of attention when sick in the neighbourhood of Beira.

On Thursday the Rev. Rice Thomas, chaplain to the troops at Cape Town and Wynberg during the last 20 years, gave evidence, and stated that at Wynberg Hospital there was no heavy work until November. The patients from Modder River and Natal seemed fairly satisfied with their treatment on the journey to the hospital. The condition of the hospital was good, though there was occasional pressure. There was no reason to complain of insufficiency of comforts or of staff. The arrangements at Woodstock Hospital were of an excellent character before the war. Smells arose from decayed seaweed, but not from drainage.

Father O'Reilly said the attacks in the newspapers on Woodstock Hospital were cruel and uncalled for. They were not made by those who knew the place. He was forcibly struck by the devotion of the orderlies.

Dr. Scholtz said he had been a resident in Cape Town for 18 years, and had found Woodstock Hospital in an admirable condition during all that time. The hospitals up country were generally excellent, but there was too much red tape.

Colonel Trotter, Chief of Staff on the line of communications, said whether or not precedence was given to hospital supplies depended upon Lord Kitchener. There had been no delay in forwarding doctors and nurses.

On Thursday afternoon the Commission inspected the hospital train.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, Aug. 24.

The Hospitals Commission to-day examined the chief railway officials, who gave an account of the railway arrangements made for the military authorities, who, they said, had a monopoly of two-thirds of the rolling-stock.

Colonel Supple, of the Royal Army Medical Corps, said that 31,305 sick had been treated in the base hospitals at Cape Town, and the mortality had only been 1.15 per cent. The principal cause of death was pneumonia.

Surgeon-Major Thacker admitted that in times of exceptional pressure there might have been a delay of a few days in forwarding supplies that had been requisitioned.

British Medical Journal.

SATURDAY, AUGUST 25TH, 1900.

ANOTHER SOUTH AFRICAN COMMISSION.

THE Government has appointed a Commission "to inquire into the nature, causation, pathology, and modes of prevention (more particularly as affecting armies in the field) of dysentery, and its connection, if any, with enteric fever. The Commissioners are Professor Notter, of Netley, Professor W. J. Simpson, of King's College, and Major Bruce, R.A.M.C. Professor Notter and Professor Simpson are recognised as authorities on hygiene, and Major Bruce, who is now in South Africa, is an expert bacteriologist, who has done good service in the investigation of horse sickness. We understand that a complete laboratory equipment is being sent out.

THE TIMES, MONDAY.

AUGUST 27, 1900.

RED CROSS WORK IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—I shall be obliged if you will give space in your columns for some extracts of letters recently received from our Red Cross Commissions in South Africa, and which throw light upon the work done by the society, and upon the difficulties encountered in pushing up stores and supplies along the lines of communication.

Sir John Furley, our Head Commissioner, writing from Cape Town on July 30, says:—

Our work has latterly consisted chiefly in forwarding as much as we can in trucks to Johannesburg, leaving the intermediate hospitals to be supplied by the hospital trains which return north without patients and can usually take cases for the society.

As a specimen of the requisitions we sometimes receive, and with which it is inexpedient to comply, I quote the following telegram from Bloemfontein:— "Urgently required 50 small reading lamps, 50 packs of cards, 72 tumblers, 36 small jugs, 50 spittoons, 100 ash trays, 48 easy chairs, all sizes, Pears' and fancy toilet soaps, 24 Beatrice stoves, 24 small saucepans, 72 tea spoons, &c."

It cannot be too strongly insisted on that the Red Cross Society only acts as a supplement to the R.A.M.C., to supply such comforts as the doctors recommend, but which do not come within the catalogue of army supplies, and that only under the stress of special circumstances can we step in and furnish what official means are unable to give.

I know that requisitions are often made to the society, because it is easier than to apply to an official source, and that delays and complicated questions of accounts are thus avoided.

I hope that a time is rapidly approaching when War Office forms will be of a more simple character, and when an item of 2s. 6d. will not cause more trouble than one of £3,000 in a well-ordered commercial house. I

have travelled about 9,000 miles in this country, and in my visits to stationary and field hospitals, including those maintained as private undertakings, I have naturally noticed considerable difference; but it is not a fair comparison to make a hospital at the base the standard for those close up to the fighting line.

I am aware that the first duty of a Commander-in-Chief is to get his forces to the front, the second to see that they are provided with food and ammunition, and that hospitals and the transport of sick and wounded must occupy the third place. I have always recognized this arrangement, and have never expected, immediately after a battle, to find hospitals ready furnished with beds and bedding for the reception of patients.

There are military hospitals now in South Africa which for luxury surpass anything that has ever before been seen in war. It is, however, unfortunate that an ideal standard has been created which cannot be maintained throughout a campaign, carried on over such a vast extent of country as in the present war, and at a distance of more than 6,000 miles from home.

It is easy to denigrate after the event, and to say that things might have been better. I acknowledge that cases can be mentioned in which things ought to have been better. But I am anxious that you should know that personally I have no sympathy with the abuse which has been an excuse, and is so generally, fostered on the medical branch of the British Army.

My intimate acquaintance with the work of the Red Cross enables me to appreciate the efforts of those who are responsible for the hospital arrangements of the Army. It has often happened that we have had truck-loads of stores ready to send forward to places where they were urgently required, but have been compelled to yield the road to the pressing exigencies of the combatant portion of the Army. I am sure that the committee will be glad to know that our supplementary aid has, on every occasion of great necessity, been as rapidly put at the disposal of the Army medical officers as circumstances would admit; and more than once the agents of the British Red Cross Committee have been the first to place hospital comforts where most needed at the front simultaneously with military stores.

Mr. Kenworthy, our acting agent at the front, writes as follows to Sir John Furley from Bloemfontein on July 18 and 19:—

On arriving here I found that for four or five days there was no railway communication between here and Johannesburg and Pretoria. When it was again open I tried to get permission to send a truckload of stores through to Pretoria, &c. The line was completely blocked. Many men and stores had been here, waiting to get up, for a fortnight. After seeing the Director of Railways and others I found it impossible to get a truck, so I wired direct to Lord Kitchener, "Can I have permission to forward one truck of Red Cross stores to Johannesburg?" The reply was, "Cannot allow truck at present." (Sunday, 15th.) But yesterday General Kelly-Kenny, the G.O.C. here, sent me to say that he had just heard from headquarters, Lord Kitchener, that we might send one truck, and wished to know what I would send, &c. Nothing goes north from here without Lord Kitchener's express permission, and, knowing exactly what it is, I am sending W. Paine with a truckload of the most urgently required stores asked for by the P.M.O. at Johannesburg and Pretoria, and am also sending a number of things to Kroonstad in another wagon which is not fully laden. He leaves to-day. The stores will be handed over at once to the P.M.O. and he will return here.

General Kelly-Kenny did not seem to hold out much likelihood of our having another wagon immediately. So I should much like to suggest that a formal application should be made to Lord Roberts to give permission in writing for us to have either one or two trucks sent north of here per week, as occasion may require, as without that the railway staff officer will forward nothing, as Lord Kitchener is stricter than ever about things he does not specifically go north, and as it is said "sick and wounded are the last thing he thinks of." I now go on to state that all communications north of Kroonstad are again interrupted. It is not generally known that De Wet has pounced down on the railways and has seized a very large trainload of supplies, carrying all off and the escort of soldiers, and done a lot of damage.

I have been in a great state of mind about our stores. I feared they were collared, too, going up in the truck with Paine, as since last Thursday I have had no wire, but I am very glad to say that this minute I have had a wire from him, and I think they are quite safe.

At present I would strongly advise you not making the attempt to get from Cape Town to Pretoria this way. The line is very unsafe, and north of here there does not often seem to be a carriage on the train, and you are very apt to be delayed many hours, or even days, at some small out-of-the-way place.

There have been rumours, too, of fighting south of this. Everything is going on satisfactorily here, and as soon as communication is resumed and W. Paine returns I shall apply for another truck, acting on your wire from Durban.

I am applying for a pass for Mr. Lane. It may take some days yet to get an answer, as there is no mail service to Pretoria since the line was cut.

I know it is with the greatest difficulty they can keep the troops supplied with food and necessities, and it is much worse than it was as there are so many more troops being fed from the line north of here. A good many small hospitals at Swakop, Pekaia, Pekaia, and other places have been applying for stores, but it is very difficult to find ways and means of getting the things sent out to them. Every convoy has to have an escort, so they only send them where absolutely necessary and then often are loaded with food supplies. It is difficult to get them to take our stores. Along the railway as far as Kroonstad there is not so much difficulty in sending things. But once north of Kroonstad it is quite another matter. I shall as soon as the line is open again go up to Pretoria and Johannesburg and see about stores there.

Mr. G. Bonham-Carter, our second commissioner, now acting in Natal, writes on July 14 from Durban:—

Among the many hospitals I have visited is the 7th Brigade Hospital at Newcastle, which is in charge of Major Cator Jones, R.A.M.C., who struck me as being a very good and efficient officer. I was much interested in this hospital, which has an Indian equipment and transport, "tonga" ambulances and "dhoolies." Everything Indian seems so much more practical than the home production.

Coming down I stopped at Mool River and went over No. 4 General Hospital most thoroughly. This is a tent hospital with huts for stores, operating theatre, &c. This

hospital is most complete, and, apart from the extreme cold at night, even luxurious. They have not boarded floors to all the tents, but where boards are wanting there are tarpaulins. The arrangements for the disposal of the hospital refuse, &c., are very well organized. The water supply from the Mool River is of fair quality and is passed through a large Pasteur-Chamberland filter before use. It is pumped up from the river and laid on to all parts of the camp. They have a plentiful supply of stores, of all sorts, which they assure me they can get without delay from Medical Store Depot, Ordnance and Army Service Corps, and they could think of nothing to ask for from the society except some things for their recreation room and some garden seats.

Speaking of water supply, which is always so important, I return to the other hospitals already mentioned. No. 1 Stationary had a well; No. 4 depended on the Newcastle Town mains; the 7th Brigade Field Hospital used river water boiled and filtered through a Pasteur-Chamberland filter. Both stationary hospitals had beds for all their men; the Field Hospital was, of course, without them, but had waterproof sheets and the ordinary mattress—a sack stuffed with grass. Every man in the field hospital had three blankets. As regards food, it was well off. Major Jones only asked me for a few books and papers.

I have gone into some detail in view of the rather hysterical talk in the newspapers as to "hospital scandals." As far as Natal is now concerned, at any rate, these complaints are not justified.

The above extracts will give some idea of the conditions under which hospital work is carried on in South Africa. They also show the manner in which departments are apt to make requisitions for articles which possibly may never be required. Necessary, however, as some of the requirements may be, it is of great importance that a man of the calibre of Lord Kitchener should have charge of the lines of communication, and should have unlimited discretionary power to say yes or no as to the contents and despatch of trucks freighted with hospital or other requirements. Therefore the criticism upon Lord Kitchener to the effect that he does not care for the sick and wounded might be more justly described by saying that he cares more and foremost for the fighting soldiers upon whose maintenance the success of the campaign depends.

As regards hospital work, when the time comes for reforms in the present system, those most urgently needed will be in the direction of greatly simplifying the administration and issue of stores, and of generally reducing "red tapism" and giving greater elasticity.

The prospectus with which aid is given and stores, &c., are obtained from the Red Cross Society and the so-called "private" hospitals contrasts favourably with the difficulties and delays too often incurred in dealing with the official departments.

However important and useful may be the work of the Commission of Inquiry just sent out, the time will come when a more comprehensive commission will have to be appointed to investigate the wider question of how to reduce the enormous amount of baggage and impedimenta which has grown to be considered necessary, but which seriously impairs the mobility and impedes the movements of our armies in the field.

I will only add some short information recently sent by Sir John Furley concerning some portions of the work now being carried on by the society:—

Hospital train (Princess Christian).—The last journeys of this train reported by Mr. Lane are as follows:—

50th journey, July 14.—Standon to Newcastle; 122 N.C.O.'s and men, 41 beds, 75 seated.

51st journey, July 16.—One officer and 84 N.C.O.'s and men, 19 on beds.

No. 4 Red Cross hospital train.—Dr. Stewart telegraphs that this train is leaving Bloemfontein to-day for Cape Town.

Hospital ship Princess of Wales.—I hope soon to see this ship; services are much needed, and she would be very useful at the present time.

The ship sailed the beginning of this week in perfect order, and with a complete staff of doctors, nurses, and orderlies, on her return to South Africa, where she will continue to carry on her mission in whatever way may be found most useful.

Your obedient servant,
Lockinge, Aug. 24. WANTAGE.

THE HOSPITALS COMMISSION. (THROUGH REUTER'S AGENCY.)

CAPE TOWN, Aug. 25.

The principal witnesses at to-day's sitting of the Hospitals Commission were Colonel Richardson, of the Army Service Corps, and Surgeon-Colonel O'Connor. They both stated that every arrangement had been made to forward medical comforts to the front and to purchase necessities. The Medical Corps was undersupplied in time of peace, but since the war broke out the deficiency had been provided for by the employment of civil surgeons. Colonel O'Connor further stated that few complaints had been received by him. He thought that more opportunities to walk the hospitals and to study the work carried on there should be afforded to army doctors.

THE DAILY NEWS, AUGUST 28, 1900.

THE SOUTH AFRICAN HOSPITALS.

INTERVIEW WITH MRS. R.
CHAMBERLAIN.

MR. BURDETT-COUTTS CORROBORATED.

STRONG INDICTMENT.

Mrs. Richard Chamberlain has returned from South Africa, where she has rendered invaluable service amongst the hospitals around Capetown, No. 1 in particular. Mrs. Chamberlain went out early in the campaign, and she has had ample opportunity of seeing how the base hospitals, at least, were conducted.

"Every word that Mr. Burdett-Coutts has said with regard to the dreadful mismanagement of the hospitals is true, and much more than he has said is true," she told a Press representative who interviewed her last night. "Base hospitals at a place like Capetown, where everything necessary for their equipment can be had on the shortest notice, ought to be in as good condition as a London hospital. In reality they were worse than the field hospitals. I can speak more particularly with respect to the No. 1 Base Hospital at Capetown, where I worked seven months. It had as beautiful a situation as any one could have desired, right on the face of a hill. No attempt had been made to clean the buildings before the men were taken in, and the result was that in a very short time the patients had to be covered with insect powder to keep off the vermin. The scandalous state of affairs was repeatedly brought under the notice of the military authorities, but they paid no attention. The nursing staff was wholly inadequate. At an average, when I went there, there was one sister to every 175 men, night and day. What made the neglect more unjustifiable was the fact that about that time there were any amount of sisters in Capetown. They had come from Johannesburg, and they would have been glad to have accepted situations; but the authorities preferred to let the men die for want of adequate nursing rather than employ these women, and I have no hesitation in saying that this was the cause of many a man's death. Then there was an absolute want of discipline. There were plenty of good orderlies, but they were not properly managed. The supply of milk was insufficient; tinned milk was substituted for fresh, and, although the milk was obtained from several sources, it was never sterilized. No proper means were used for disinfecting the linen. After being taken off a typhoid patient it was placed on a convalescent, with only a wash through cold water. The drainage was also bad. The very natural result was that typhoid cases actually originated in this beautiful No. 1 Hospital. Utensils of every kind which had been used for typhoid patients were indiscriminately given to other patients. Now there was no reason whatever why any of these disgraces should have existed. There was plenty and to spare of everything if it had been allowed to be distributed. But the Surgeon-General and the Base Commandant threw every obstacle in the way. With a few exceptions, the Army doctors were a low class of men. They neglected patients under their care, were unacquainted with the most elementary sanitary rules, and abused their authority in a way that can only be realised by those who, like myself, have had for many months a daily experience of them. The Army doctors were not supervised, and they did pretty much as they liked. It is a bad system, and when badly administered by bad doctors there is really no redress. The civilian doctors did all in their power, but they were really unable to get the necessary redress.

"Six cases of drunkenness amongst the Army doctors came under my observation. After they came in contact with the police they were sent home in charge of invalids on transports.

"An attempt has been made by the Army doctors to place the blame of insufficient stores on the Army Service Corps. The allegation is wholly untrue. In the whole of this mismanaged affair the A.S.C. has been the only well-managed thing.

"Everyone, from the trooper to the officer, has suffered alike. My youngest brother was left for ten days without having his knee set, and he is now maimed for life. Colonel Ivor Herbert, Lord Roberts's A.A.G., at Capetown,

had a narrow escape. One of the Army doctors gave him thirty times as strong a dose of poison as he ought to have had, and it almost killed him.

"At No. 2 Hospital things were better. There was no difficulty in distributing medical comforts. Woodstock Hospital was perhaps the worst of all. If the wisdom of the medical profession had sought to create the most promising focus for typhus and such filthy disease it could not have improved on Woodstock Hospital.

"I heard from trustworthy authority of a case at Bloemfontein where men were turned out of bed to make room for more serious cases, and left on the railway station for a day and a night, because it was nobody's business to order an engine.

"I went to General Forester-Walker, but he refused to interfere. I have intimated to Lord Justice Romer that I wish to give evidence before the Commission on its return. The appointment of a Commission is a step in the right direction, but the danger now is that, owing to various causes, the Commission may now become not a court of stringent inquiry, but merely the means of hushing up scandals and allaying public anxiety. It will be extremely difficult to obtain evidence from people in hospitals owing to the system of intimidation prevalent there, and apparently almost inseparable from their military character. Impartial employees, such as nurses and civilian doctors, have long known that for them to complain meant dismissal. When I left some attempt was being made at an improvement because the Commission was going out, and probably by this time many abuses will have been stopped. But why have they waited till now?"

Mrs. Chamberlain has received many letters from patients she had under her and the friends of patients thanking her for her efforts. During her stay in Cape Town she received £35,000 worth of goods from friends in England for distribution amongst the sick and wounded.

THE TIMES, TUESDAY.

AUGUST 28, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—It is only within the last week that I have had an opportunity of reading the letters addressed to *The Times* by Mr. Burdett-Coutts. These letters have stirred the sympathetic heart of England to its lowest depths: the effect amongst those cut here, who have gone through the campaign, and have seen things as they existed, has been different. We have been brought face to face with what war means. We have realized the miseries and hardships and horrors of war. We have to some extent been able to gauge how much of these are unavoidable, how much might be prevented, should other circumstances allow of it. The feelings of any man with a pretence to a humanitarian heart must over and over again have been wrung by what he has seen. But war is war, and we realize that the sufferings and anxieties of those at home are necessarily acute enough without the exaggerations and, I may say, the hysterical word-painting of these communications to *The Times*. As one of the consulting surgeons to Her Majesty's Forces in South Africa, on my arrival in Cape Town in January last I was attached to the Army Headquarters, and in consequence accompanied Lord Roberts in his famous march to Bloemfontein. With the exception of a few days in Cape Town, I was in Bloemfontein from March 13 until May 10, when I rejoined the headquarters at Kroonstad; and remained there from the 14th to the 22nd of May. I took part in the march to Johannesburg and thence to Pretoria, where I have since been fairly busy in the various hospitals. I mention these facts and dates to show that I have had good opportunities of seeing what actually took place during the period covered by Mr. Burdett-Coutts's letters. I have seen the field hospitals at Paarlberg and Driefontein, and have worked in them. I have visited most of the hospitals, field and stationary, at Bloemfontein, and have worked in many of them. I confess that I have not been able to locate the special field hospital described by Mr. Burdett-Coutts; perhaps because I never saw it; or it may be that I was not able to recognize it under the description given of it by that gentleman. I can only say that, though I have seen overcrowding, which to any unbiased mind was clearly unavoidable, though I have seen men lying on the ground because every available bed and stretcher was already in use, I have never seen in any hospital, field or otherwise, anything resembling the state of affairs described by Mr. Coutts. It must be borne in mind that there were two field hospitals camped at Bloemfontein, each approximately accommodating 300 sick and wounded. But each of these had a large building, accommodating about 100 patients each, as an annex to the hospital. One had the new St. Andrew's College, a building well suited for such a purpose; the other the old St. Andrew's College, a building out of date and not one which we should have chosen for a hospital, but the only one available and at least it afforded dry shelter and protection to those under its roof. Therefore, though 300 patients may be returned as occupying one of these field hospitals on a certain date, it must be remembered that 100 of those, and those the

worst cases, were not under bell tents, huddled against cases marked N.Y.D. or S.C.F., but were housed in the best manner which circumstances allowed. However, all these points are being and will be most thoroughly investigated, not only by the authorities here, but by the Commission appointed by the Government. When the name of the particular field hospital is given, and the date of Mr. Coutts's visit, it will be possible then to get to the exact truth in this matter. Mr. Coutts, in his speech in the House on June 29, asks why private houses in Bloemfontein, which were not occupied by their owners, should not have been taken for hospitals; and intimates that one reason might be that they were used by Staff officers and military authorities. We all know, as well as Mr. Coutts, that our supply of doctors and nurses was below what was desirable. It was imperative, therefore, so to house the sick and wounded that the greatest advantage should be taken of the limited personnel. A house which would accommodate, say, six Staff officers could hardly accommodate more than 16 or 18 patients. Each such house would require a couple of nurses and orderlies, besides a cook and servants. Where were they to come from? What an enormous amount of extra work would be thrown on the medical officers, who were already working up to the limits of their strength and capabilities. If such a method of relieving the pressure had been adopted, a whole army of nurses and a very large addition to the medical staff would have been required. Does Mr. Coutts, who appealed to the House to admit the fairness of his criticisms because he had given glowing accounts of the base hospitals at Cape Town, visit the hospital at Grey's College in Bloemfontein? If so, why did he omit it from his eulogies? In spite of the enormous difficulties with which the Royal Army Medical Corps had to deal, that college was in a very short time converted into a thoroughly well-organized hospital, where the sick and the wounded were as well nursed and looked after as if they had been at the base hospital at Cape Town or at home, albeit they may have lacked some of the grateful but not absolutely necessary luxuries. There were other hospitals there too, of whose excellence just as much might be said, and which might have received some word of praise, such as the Basildale, St. Michael's House, the Industrial School, the Convent, the Landdrost's house, and others, if Mr. Coutts wishes us to accept him as a fair and all-seeing critic.

I have ventured to describe the style of Mr. Coutts's letters as hysterical word-painting. This is how he begins his communication, dated April 14 (VIII.) :—

"A famous march must always pay its withering toll; and behind the victor's columns that move through the market-place with flying colours and banners paying their drags, like a lengthening shadow, the long trail of yellow, hollow-checked, enfeebled men, in every stage of physical suffering and depression, who disperse silently into such quarters as they may find, like moles into the ground. It is a melancholy and thankless task to follow them into their varied hiding-places."

What does that harrowing description mean? Who are these "yellow, hollow-checked, enfeebled men"? Does he refer to the stragglers who form a part of every moving army, men who have not the same powers of physical endurance as their comrades; or, as for instance, the Brigade of Guards who marched briskly into Bloemfontein, having covered 40 miles in 26 hours? If this is what he means, does he paint this picture in the darkest colours in order to mitigate some of the suffering and anxiety of those at home? Who told Mr. Burdett-Coutts that those "hollow-checked" stragglers had to "find" quarters for themselves, into which they could go for hiding, like "moles into the ground"? This is, on the face of it, a gross misrepresentation. I saw the troops come in. I saw no such sight. But if these "yellow, hollow-checked, enfeebled men" mean the sick, as the beginning of the next paragraph would lead us to suppose, then the picture Mr. Coutts draws is not a true picture. It is not exaggerated, it is false.

Mr. Coutts says:—"At present" (April 14) "there are fully 2,000 sick and 200 wounded in the hospitals of the town and the field hospitals around it. The former have come from the march, growing day by day, and borne along as best they could be in field hospitals." Now what are the facts? When the advance was made on March 11, after the battle of Driefontein, 200 patients, of whom 240 were wounded, were left behind in the field hospital of the Sixth Division, with supplies and medical stores, to be brought on later to Bloemfontein. When the Army entered Bloemfontein on March 13 it brought with it in ambulance wagons about 200 sick and wounded. Ten days later, when arrangements had been made at Bloemfontein for their reception, the 200 sick and wounded from Driefontein were brought in and housed in the hospitals. Some came in ambulances, some in bullock wagons. In referring to the bullock wagon, Mr. Coutts says:—"We can all imagine the excruciating suffering caused by such method of conveyance." His horror of the bullock wagon is not derived from personal experience. In this country, with bad roads intercepted by drifts, and studded over with boulders and anthraxes, the bullock wagon is the mode of conveyance used by the inhabitants for long distances. I have travelled for four days in bullock wagons, when on my way to rejoin the headquarters at Kroonstad. I have also made a short journey in one of our ambulance wagons, and I prefer the bullock wagon. The ambulance jolts over the inequalities of the ground; the wheels of the ox wagon, owing to the great weight of the latter, crunch through the in-

"There were no 'flying colours.' The colours are not carried on stilted poles."

equalities, even through anti-hills, and the jolting and swinging are consequently less. I am not peculiar in this experience. A civil surgeon, attached to one of the batteries, had his horse shot under him as the gun, were being wheeled into action at Zand River. As he sprang to the ground a Manner bullet passed through his right knee-joint from side to side. He limped and hopped to a place about 200 yards in the rear and sat down. During the engagement all the wounded were brought to him, and he examined and dressed them all. Then he was helped on to a horse and brought to camp. He was brought on to Kroonstad, where I saw him. The greater portion of the journey he made in an ox wagon. The last stage was made in an ambulance wagon. He had acute inflammation of the knee-joint; and he told me his sufferings in the ox wagon were nothing to be compared with his sufferings in the ambulance wagon. An officer in the Lancashire, recently wounded in the back at Ulval Nek, had a similar experience, and much preferred the ox wagon. It is beyond question that we have not yet designed a thoroughly good ambulance wagon; but I refer to the subject here, not to emphasize that fact, but to show that Mr. Coutts's imaginings of "the excruciating suffering caused by such method of conveyance" are not facts, but are calculated only to appeal to a sympathetic public at home, who do not know what an ox wagon in this country means.

To return, however, to the number of sick and wounded which were brought into Bloemfontein, I have stated that about 200 came in with the "victorious columns." I cannot give the exact numbers which came into Bloemfontein on March 13, but I can give the official return of the number of sick and wounded in the hospitals of that city on the night of March 16. There were exactly 302. Where does Mr. Coutts get his "2,000 sick and 200 wounded, of which the former have come from the march, growing day by day, and borne along as best they could be in field hospitals"? His letter is dated a month after we occupied Bloemfontein, and the number he gives of sick and wounded in the hospitals on April 14 is patently correct. But he does not say that these 2,000 sick men were made up mostly of men who took ill at Bloemfontein, which is the fact. No, "they have got here somehow, these 2,000 sick men." Nearly all the cases at present in hospital here have contracted the disease on the march, some even as far back as Paarlberg, which was a veritable post-hole.

Beneath these misrepresentations there is a small substratum of truth.

It is true that the poisonous water of the Modder at Paarlberg, infected by the scourgings of the Boer hanger above our camp, and by the hundreds of dead animals continually floating down past us, was a fruitful source for enteric germs. The soiled and muddy water in the "dams" and "vies" on our forward march added its contribution of dysenteric and enteric microbes. But everybody knows, even though Mr. Coutts may choose to ignore it, that an appreciable period, usually a fortnight, elapses between the time the poison enters into the body and the first appearance of enteric symptoms. Hence we found that very few of our men fell sick on the march, much fewer than we had reason to expect. It was not until we had been some time in Bloemfontein that the epidemic of enteric declared itself. The earlier cases were certainly due to the bad water drunk by the men on the march. The later and more numerous cases were due to Bloemfontein, where at that period of the year an outbreak of typhoid fever has been a common occurrence. That this is so is shown by the fact that after April 14, the date of Mr. Coutts's letter, the epidemic increased, so that on May 19, when I left Bloemfontein, there were over 4,000 sick in the various hospitals. This misrepresentation of the number of sick brought into Bloemfontein might seem of small importance were it not for the use Mr. Coutts makes of it. He uses it to bolster up his arguments that the supply of ambulance wagons and means of medical transport were criminally defective, and "that a lack of adequate provision for the sick and wounded in these days cannot fail to tarnish the glory of military success."

Again Mr. Coutts writes, May 29:—"From morning to night the gloomy processions followed each other across the market square, at slow march with arms reversed, bearing shapeless figures, seen up in blankets, to unknown, crowded graves in the cemetery on the southern hill." Compare this with the facts. The funerals took place between 2 and 5 p.m., and not "from morning to night." It is mere word-painting or something worse to talk of "unknown, crowded graves." I have it on the authority of the Chaplain to the Forces on the Headquarters Staff, who performed his share in these sad ceremonies, that everybody had its own grave, and every grave was numbered, and the numbers and the names registered in the Cathedral books.

From what I have seen at Cape Town, from what I have heard from those who possessed the knowledge, and as Mr. Wynham conclusively showed in his speech in the House of Commons on June 29, there was no "lack of adequate provision for the sick and wounded" sent out by the War Office to South Africa. There was a sufficiency, and more than a sufficiency. The difficulty lay entirely in getting the supplies up from the base and the difficulty of transport on rapid marches. We experienced this more perhaps at Paarlberg and on the march to Bloemfontein than at subsequent periods. The supreme importance of following up Cronje with the greatest rapidity, and of hemming

himself, demanded, in the interests of humanity, in the interests of the beleaguered garrisons in Kimberley, Mafeking, and Ladysmith, that everything which could delay or jeopardize this movement should be sacrificed, even at the cost of leaving behind four-fifths of the ambulance wagons. The army travelled light. We had no tents, excepting those belonging to the field hospitals. Almost everybody slept on the hard ground, frequently in deluges of rain; and rations were often scarce. Yet no one complained. Officers and men were always cheerful, not because it was a cheerful time, but because one and all knew that, whatever the hardships and privations, however little we could do to make the lot of the wounded more comfortable, the lives of perhaps thousands depended on that march and upon the success of the "chief's" plans. Had that march been delayed so as to provide a full complement of ambulance wagons, or, what was more difficult still, animals to draw them, who can say what the result might not have been—a prolongation of the war, which would have cost far more lives and have entailed far more suffering than this war has already cost. To determine how much transport can be taken, what provision for the sick and wounded must be made, is a question which must ever rest with the military authority on the spot, who knows what the exigencies of the moment demand; and Britain can always trust that her generals will do for the sick and wounded all that can possibly be done.

Now let us try to consider with unjaundiced eyes, and an open mind the real circumstances which attended the arrival of our army in Bloemfontein. After leaving Oosfontein, the army had to depend entirely for its supplies upon what it could carry. No more convoys could reach it from the railroad at Modder River Station. All branches of the advancing army felt the pinch of shortened rations, and looked forward with anxious hope to Bloemfontein, that some stores might be found there. We entered Bloemfontein and found, as was expected, that the Boers had carried off as much as they could, but still some remained. The position then was this. We were in possession of the enemy's capital, but cut off on all sides from our bases of supply. The railway south was, in many places, in the hands of the Boers. They held Springfontein, the junction of the lines from East London and Cape Town. They blew up the bridges at Betanille and Nerval's Pont over the Orange River, and destroyed the line wherever they could. Before supplies could be brought up, the Boers had to be driven from those places and the line repaired. Did Mr. Burdett-Coutts consider the fearful anxiety and the weight of responsibility which rested on Lord Roberts? Did he realize that to supply the troops with proper and sufficient food was the most humane precaution to prevent the spread of disease; that it was more important, from every point of view, to bring up food for the healthy than beds for the sick. It was not a question of bringing up both; it was a question, in view of the fact that so little could be brought up, of what should take precedence. Stores for the advance must be accumulated as rapidly as possible, but the difficulties of transport had to be dealt with. I went down to Cape Town on April 1 and returned on the 9th. At Springfontein, at Nerval's Pont, where a deviation of the line had just been completed whilst the bridge was being repaired, and at Naauwpoort, I found the ground piled up with stores of all sorts, some marked with the Red Cross, which simply had to stay there because there was not sufficient means to get them on. The work went on day and night: every nerve was strained to the utmost to overcome the difficulties, and with a success which astonished the foreign Attachees who were with our troops.

Mr. Burdett-Coutts asks why was the advance not delayed from May 1 to May 2 or May 3 so as to allow a day's train service for bringing up medical stores. Who is Mr. Burdett-Coutts that he should dictate the strategic movements? Of one thing we may rest assured, that to a general whose humanity and whose sympathy with the sick and wounded have made him the idol of the British soldier, the reasons for his movements were sufficient and imperative, and were justified by the crowning successes he has achieved. Surely such a general, with the anxieties and responsibilities of this long campaign still heavy upon him, should be shielded by the British public at home from unfair and carping criticism.

I remain, Sir, yours faithfully,
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[P.S. This letter, which is not dated, was received by the last South African mail.]
A communication from Surgeon-Captain MacMann, of Wolverhampton, who volunteered for service in South Africa shortly after the war broke out, states that Lord Roberts had appointed him, together with another medical officer, to go the round of all the hospitals in South Africa on a responsible mission. At the end of July he started for Johannesburg, then going on to Kroonstad, Bloemfontein, Springfontein, and so on until Cape Town was reached, afterwards working on to Pretoria and to Natal by Lange Nek.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, AUG. 27.

After receiving a report on the transport facilities offered by the railways, the Hospitals Commission to-day heard Colonel Macnamara, of the Royal Army Medical Corps. He said that, although the medical staff and hospital accommodation had been insufficient, the arrangements

were better than they had been in previous campaigns. Other evidence was heard regarding various defects in the hospitals management.

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(FROM A CORRESPONDENT.)

CAPE TOWN, AUG. 28.

On Friday last the Hospital Commissioners visited Wynberg Hospital, which is beautifully situated on the slope of a hill.

Colonel Anthonisz, who has been in charge of the hospital for ten months, denies certain statements made by Mrs. Richard Chamberlain as to alleged mismanagement, and attributes the charges to spite. Four privates who were examined testified to the good treatment they received at Wynberg.

Mr. Elliott, general manager of the Cape Government Railways, described the railway arrangements for the conveyance of stores, and said the work of the department was greatly appreciated by the military authorities, who used 400 trucks daily.

Colonel Suttle declared that there was no difficulty in obtaining medical supplies from England, and that all requisitions from the front had been met. At the base hospitals 31,365 patients had been treated and there had been 332 deaths.

Seven hundred and forty-eight officers, 17,171 men, and 560 Colonialists had been sent home in transports, of whom 69 had died during the voyage. Mr. Rudyard Kipling had never visited the Woodstock Hospital.

Colonel Richardson, Deputy Adjutant-General for Supplies and Transports, explained the arrangements for the supply of medical requirements, and said that medicines, drugs, and instruments had been brought locally when necessary. Priority of despatch was determined by the report of the medical officer as to urgency. There had never been a deficiency of medical comforts at the base. All the local nurses and doctors were interviewed before being engaged.

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A lady residing in Pietermaritzburg alleged that bugs were found in patients' spinals at the Fort Napier Hospital. She attributed the fact to want of attention on the part of the orderlies. This is one of the most serious charges yet brought before the Commission.

Sir John Furley, Chief Commissioner to the Red Cross Society, stated that nearly £50,000 had been spent in South Africa by the society to supplement the medical supplies. In addition to a large quantity of surgical appliances received from the colonies, the society had established a hospital ship and provided a hospital train. In no previous war had such care been taken of the sick and wounded.

Colonel Cooper, base commandant in Cape Town, advocated the relocation of the administrative work of hospitals from the medical officers to laymen.

The Commission have also visited Maitland Hospital and the magnificent hospital ship Simla.

The Commissioners leave Cape Town to-morrow by special train for Deelfontein, Kimberley, Nerval's Pont, Kroonstad, Bloemfontein, and Pretoria. They expect to arrive in Pretoria on September 10, and to proceed thence to Newcastle, Ladysmith, Maritzburg, and Durban. The duration of the tour will probably be shorter than was anticipated.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, AUG. 27.

At to-day's sitting of the Hospitals Commission, Colonel Macnamara, Royal Army Medical Corps, was examined. He stated that there were not sufficient trained Army medical men available at the commencement of the war, when it was only intended to put one Army Corps in the field. When Lord Wolseley notified the despatch of a second Army Corps, the Royal Army Medical Corps contended that they were unable to make the necessary medical provision. As a matter of fact they had had to provide for five corps. Colonel Macnamara maintained, however, that the arrangements were better than in previous campaigns. Owing to the insufficiency of R.A.M.C. men, discipline suffered, and he was convinced that, with a more adequately trained staff, a greater proportion of the men might have been kept in the fighting line. The wounded were in many instances deprived of their money before reaching hospital. He admitted that patients travelling in ordinary trains suffered a good deal of hardship, while, at the base, owing to the pressure, convalescents had occasionally to sleep on mattresses placed on the floor.

Colonel Herbert, another witness, reiterated the complaints against the management of the Wynberg Hospital.

AUGUST 28.

The Hospitals Commission has concluded its sittings in Cape Town. The evidence given to-day covered the ground previously traversed. Dr. Bowly stated that many sick officers and men failed to report themselves until absolutely compelled to do so, and those wounded in the field included officers and men who were already suffering from enteric fever. In this way infection was spread. Generally speaking the troops had suffered owing to the hardships they had had to endure, and comparatively few had escaped touches of fever. Dr. Bowly also declared that the epidemic which broke out after the Paardeburg affair could not possibly have been anticipated by the authorities. He controverted Mr. Burdett-Coutts's statement regarding the insufficiency of milk.

MR. BURDETT-COUTTS'S CHARGES.

Dr. A. E. Morrison, of West Hartlepool, who is at present in South Africa, writing to the editor of the *Northern Daily Mail*, from Nerval's Pont, says:—

In my two previous letters I tried to show what medical arrangements were provided for the treatment of the sick and wounded out here, and, although I hinted that I was not satisfied with these, I purposely avoided criticising them until I could be certain of my facts, and be able to substantiate any charges I might make against the Army Medical Department. In this letter, therefore, I hope to show that the charges brought against the R.A.M.C. by Mr. Burdett-Coutts are not at all exaggerated. Indeed, he has not touched upon many points that call for a very searching inquiry. There is no doubt that on the arrival of Lord Roberts in Bloemfontein an epidemic of enteric fever, appalling in its severity, broke out among the troops. That this was to a large extent inevitable there is no question, but that it should become so widespread indicates that those responsible for the health of the troops did not grasp the situation at once and take steps to prevent its dissemination. The history of its commencement at the Modder River it is not necessary to discuss at present, suffice it to say that even here I believe much of the disease might have been prevented. But once it had broken out among the men in Bloemfontein, the question to be asked and answered is, "Was everything done to prevent the disease from spreading, and were the arrangements so organized that it was possible to successfully cope with it?" The answer must most certainly be "No." The Army Medical Department was quite unprepared, as far as Bloemfontein was concerned, for the pressure put upon it. Owing to the lack of marquees, which are generally used as hospital wards, except in field hospitals, patients were huddled together in bell tents, lying on the bare ground with only their mackintosh ground-sheet and one or two blankets. There is great diversity of opinion among the men as to the treatment and attention they received while in hospital, and I think the reason for this may be in the fact that the patients in marquees received such care and attention from doctors, nurses, and orderlies as the exigencies of war would allow, whereas to those unfortunate enough to be relegated to tents a gross degree of neglect and inhumanity were meted out. None of the ordinary sanitary precautions were observed, and even nourishment so necessary in enteric fever, was not sufficiently provided. Who can wonder then, not only that the mortality among these patients was excessive, but also that the disease, limited at first in its distribution, should spread to such a disastrous extent? As soon as the railway line below Bloemfontein was opened, enteric patients were removed to other hospitals along the lines of communication, and its spread may be traced to this cause. Even in the hospital trains ordinary precautions were not taken to disinfect the excreta, by which the disease is spread, and so it became more or less general. And so an epidemic of enteric fever broke out almost everywhere, and in the villages en route among the civil population. Therefore, although in the first instance the disease may have been, as is usually the case, water-borne, it now became air-borne, and especially when we remember the severe dust storms to which we are from time to time subjected. One point as to the mortality apt to be forgotten in comparing the percentage with that in England is that the cases of men among which this epidemic occurred were strong and physically sound, whereas in England enteric fever in our hospitals occurs to a very large extent among the half-starved weaklings of the slums. It must not, however, be imagined that because Mr. Burdett-Coutts levels his charges against hospitals in one special locality that the others are as they should be. Unfortunately, this is far from being the case. From personal observation, and from facts related to me by men from various hospitals, very few in use during the war have approached a practicable ideal. One instance of this will suffice. The hospital to which I was at present attached was started on May 1, and on arrival on May 23 I found the following state of affairs to exist:—Patients lying in marquees (12 to 16 in each) on the bare ground with only their mackintosh ground-sheet and two blankets. Most of the patients were cases of enteric fever, acute dysentery, and rheumatism. There were none of the usual hospital appliances or conveniences, and the state of the patients may be described as truly deplorable. Their food consisted of either ration or milk, and the latter was very deficient in quantity. Orderlies to nurse and look after them were chosen from the convalescent patients of the adjoining convalescent camp. The convalescents were sent down to Naauwpoort as soon as possible, for, of course, we could not possibly attempt to treat them here. All these had been sent down the line as "convalescent" patients. One point which requires inquiry into is the manner in which serious cases of enteric fever, etc., were removed from one hospital to another, and I have no hesitation in saying that the frequent changing about without apparent reason therefore caused many deaths. Indeed, I know personally of two cases of enteric, one of which died from perforation of the bowels in the train en route for Cape Town, the other perforated in the train and died in hospital a few hours later. Most of the hospitals at present out here, I fear, must plead guilty in this matter of burying patients out of hospital, for even hospitals situated lower down the line than Bloemfontein at which there was no special urgency to get rid of their patients have probably been the worst offenders. I have, of course, only touched upon one point in this letter, on a future occasion I hope to refer to others as they appear to me.

THURSDAY, AUGUST 30, 1900.

MR. BURDETT-COUTTS'S CHARGES.

A correspondent sends us the following extract from a letter from his son, who is serving with the 9th General Hospital at Bloemfontein:—"A great deal of what Mr. Burdett-Coutts says is true, but he is very unfair, because he only saw the hospital, for instance, under one condition."

clothing in a parcel, two policemen of the Army Medical Corps walked into the hut and informed him that he was under arrest for being out of bounds. Mrs. Chamberlain advised him to retire along with the policemen to his division hut at once and consider himself under arrest. On the following day Mrs. Chamberlain wrote General Sir Forrester Walker explaining the circumstances, and asking for an explanation of the alleged outrage. In reply General Walker wrote to Mrs. Chamberlain:

Doctors Church and Cunningham inspected the wards.

The arrangements of the Commission have been altered; it will leave here for Bloemfontein immediately.

MONDAY, SEPTEMBER 3, 1900.

COMMISSION.

(AGENCY.)

ONTEIN, Aug. 31. held its first sitting detailed the disposals. He admitted a (and said that it was) as the opera- landed everything stal things were such d, it was sent where suit that the bearer ds got very much erts's advance the t kept up, and the duced. Enteric fever in quite exceeded all ould not say whether wounded had been

IBER 4, 1900.

MEDICAL CORPS

THE TIMES.

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SEPT. 8, 1900.]

SECTION OF NAVY, ARMY, AND AMBULANCE.

THE BRITISH MEDICAL JOURNAL 617

BRITISH MEDICAL ASSOCIATION.

Held at IPSWICH, July 31st, August 1st, 2nd, and 3rd, 1900.

PROCEEDINGS OF SECTIONS.

SECTION OF NAVY, ARMY, AND AMBULANCE.

Inspector-General BELGRAVE NENNIS, M.D., R.N., President.

THE PRESIDENT made some introductory remarks which were published in the BRITISH MEDICAL JOURNAL of August 4th, p. 296.

THE AUGMENTATION OF THE ROYAL ARMY MEDICAL CORPS IN WAR.

By J. EDWARD SQUIRE, M.D.,

Surgeon-Lieutenant-Colonel, Commanding London Companies, Volunteer Medical Staff Corps; formerly Senior Medical Officer, Red Cross Society, Sussex Field Force, 1895.

It is essential for the success of a campaign that an army should be able to move rapidly, unhampered by the sick, who must be moved to the rear as quickly as their condition will permit. The medical service of an army in the field must therefore be able to collect all sick and wounded, and be responsible for their care and removal, whilst the advancing force must also be provided with adequate medical assistance. This requires a large personnel and adequate transport both for medical stores and for the sick. A very much larger personnel is thus necessary in war than will be required for the medical care of an equal number of troops in garrison and during peace. To keep up during peace the numbers required for war would entail the expense of maintenance of many medical officers, whilst there is no means of keeping them employed in the special duties of their branch of the service. The medical men can get their professional practice in civil life, and with the exception of a necessary personnel to look after the troops there is no need to keep them on full pay in the army. So with the other ranks, it would be wasteful to keep on army service more than are required during peace. But the conditions of field service require special qualifications—medical skill alone is not sufficient. An army is an organised body, and its organisation must be preserved on active service or the force loses strength.

All who work in such a force require to understand something of the scheme of organisation and the methods by which the details are carried out, otherwise they can hardly take their place in the scheme and are weak links in the chain. To gain the necessary knowledge takes time, and as an army which has to train its units when it takes the field risks defeat at the outset, so a department unprepared risks a breakdown. Men must therefore be trained during peace, so that they may be immediately available when war breaks out. Only thus can a severe blow be given quickly and be rapidly followed up.

In the present war in South Africa for the first time the outbreak of war found us with an organisation by means of which a large addition to the medical service of the army could be quickly obtained. This organisation, however, provided for obtaining men, but not for their previous training. There has been a step in the right direction, but it has not carried us very far towards an efficient medical service for war.

Civilian medical men and nurses (male or female), however skilled, are a hindrance to the army, until they have learned something of army organisation and methods, and, above all, have come to understand the meaning of discipline. It may, however, be questioned whether, apart from any question of their military training, the civilian orderlies sent out have any knowledge or experience in the care of the sick.

The teaching of first aid, in which the St. John Ambulance Association has done such excellent service, is intended to help unskilled persons to do what is necessary until the arrival of the doctor in the somewhat rare event of an accident in civil life, and for this purpose the scheme of instruction is excellent. The scheme was never drawn up as a training for the work on a battlefield, and few, if any, of those who have taught and examined candidates for these first-aid certificates would pretend that these certificates in themselves indicated that the holders were competent to carry out the necessary duties of bearers on the field. Still less should we consider that the nursing certificate in itself indicated any practical training in nursing—it was never intended to be so understood.

The mere addition of men to the R.A.M.C. is not sufficient. We require the addition of trained men, and to ensure this the Medical Department of the War Office must not only make such arrangements during peace as will give them a claim on the men if required for service, but must have some control over their training. A true reserve is required of officers and men who can fall into their places in the army at once when called out. This reserve should be kept in touch with the army, and the military authorities should be able to satisfy themselves that each officer and man keeps up to a certain standard of efficiency in the duties he would be required to carry out in case of war.

The volunteer force could be utilised in order to keep the reserve in touch with the army, and to ensure a certain training in discipline and in the special duties. The reservists should be additional to the medical details necessary for the volunteer force itself, as otherwise there would be no medical aid for this force when embodied. Companies of the Volunteer Medical Staff Corps—which would be more correctly described as volunteer companies, R.A.M.C.—should be formed throughout the country (organised into divisions), and detailed as bearer companies or hospital companies. An establishment according to the requirements of the volunteer force would be laid down, but all officers, non-commissioned officers, and men who joined the reserve would be borne on the roll as supernumeraries, so that, without exceeding the establishment, any number of reservists could be enrolled.

The standard of efficiency of the whole corps would be regulated by the efficiency required of the reservists, so that the whole corps would be kept up to a useful standard. There is an Army Postal Reserve in the 24th Middlesex, R.V., so that there is no radical innovation in the suggestion.

To draw men into the reserve it might be advisable to give some small retaining fee yearly to every efficient member of the reserve, or to grant pay according to rank for a certain period each year (for example, 14 to 28 days), if the men spent the time in a military hospital, or with troops on manoeuvres. This annual training need not be compulsory.

A further reserve of medical officers might be ensured by allowing officers of the Volunteer Medical Staff Corps after five years' service to remain in the corps without being required to fulfil all the duties of company officers, so long as they attend the necessary drills, etc., to earn their efficiency. Such officers would, of course, be seconded in the Corps so far as regards appointments to command.

No purely civilian organisation should be incorporated with the military units, as the military discipline of the unit must suffer for a time. Any civilian organisation utilised in the field should be kept distinct, and though necessarily under the orders of the military authorities—and perhaps having a military officer attached—should be self-contained. The civilian hospitals sent out to South Africa exemplify this point.

I am of opinion that to attempt to work a hospital or bearer company with military officers and men and civilians mixed together is to risk the efficiency of the unit. With tact the officer in command will in time succeed in getting all to work in harmony, but it will generally result in a relaxation of discipline which tends to spoil the military element, or in driving the civilians to the verge of insubordination by a strict discipline which they do not understand. This is, of course, only theory on my part, but experience is being accumulated in South Africa which will show whether or not there are any grounds for my supposition.

[2071]

On the afternoon of 25th April, Mrs. Chamberlain visited the hut where Hutchinson was confined (but No. 1, R. Division), and distributed wool and needles among the sick soldiers for the purpose of knitting waist belts and socks. Hutchinson informed her that he had passed the Medical Board, and was detailed to leave for England on or about 1st May. Mrs. Chamberlain asked him to come to her hut on the following day to receive some warm underclothing sent out specially for his regiment by Mrs. Major Macdonald. Hutchinson attended at the hour appointed and while Mrs. Chamberlain was making up the

played out—owing to the long siege. The hospital arrangements were very bad. The principal medical officer was ill. Every one was exceedingly kind, but they were all exhausted. The travelling in ox-wagons was not bad. He was well attended to on the journey to Mafeking.

Lord Kesteven recommends the appointment of oculists to the Army; there was only one in South Africa.

OF WINDHOLM (LIEUT. SIESSER).

I have the honour to be, Sir, your obedient servant,
REDVERS BULLER, General.

Panakep, Transvaal, Aug. 4.

COLONIAL SOLDIERS AT WINDHOLM.

Some of the invalided colonial soldiers who have returned on furlough from South Africa paid a visit yesterday to Windhor Castle, Captain Stourton, formerly of the Seaforth Highlanders, had charge of the party, which was 43 in number, and consisted of non-commissioned officers and men of the New South Wales.

himself, demanded, in the interests of humanity, in the interests of the beleaguered garrisons in Kimberley, Mafeking, and Ladysmith, that everything which could delay or jeopardize this movement should be sacrificed, even at the cost of leaving behind four-fifths of the ambulance wagons. The army travelled light. We had no tents, excepting those belonging to the field hospitals. Almost everybody slept on the hard ground, frequently in deluges of rain; and rations were often scarce. Yet no one complained. Officers and men were always cheerful, not because it was a cheerful time, but because one and all knew that, whatever the hardships and privations, however little we could do to make the lot of the wounded more comfortable, the lives of perhaps thousands depended on that march and upon the success of the "chief's" plans. Had that march been delayed so as to provide a full complement of ambulance wagons, or, what was more difficult still, animals to draw them, who can say what the result might not have been?—a prolongation of the war, which would have cost far more lives and have entailed far more suffering than this war has already cost. To determine how much transport can be taken, what provision for the sick and wounded must be made, is a question which must ever rest with the military authority on the spot, who knows what the exigencies of the moment demand; and Britain can always trust that her generals will do for the sick and wounded all that can possibly be done.

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A lady residing in Pietermaritzburg alleged that bugs were found in patients' spits at the Fort Napier Hospital. She attributed the fact to want of attention on the part of the orderlies. This is one of the most serious charges yet brought before the Commission.

Sir John Purley, Chief Commissioner to the Red Cross Society, stated that nearly £50,000 had been spent in South Africa by the society to supplement the medical supplies. In addition to a large quantity of surgical appliances received from the colonies, the society had established a hospital ship and provided a hospital train. In no previous war had such care been taken of the sick and wounded.

Colonel Cooper, base commandant in Cape Town, advocated the relocation of the administrative work of hospitals from the medical officers to laymen.

The Commission have also visited Maitland Hospital and the magnificent hospital ship Simla.

The Commissioners leave Cape Town to-morrow by special train for Deelfontein, Kimberley, Nerval's Post, Kroonstad, Bloemfontein, and Pretoria. They expect to arrive in Pretoria on September 10, and to proceed thence to Newcastle, Ladysmith, Mafeking, and Durban. The duration of the tour will probably be shorter than was anticipated.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, Aug. 27.

At to-day's sitting of the Hospitals Commission, Colonel Macnamara, Royal Army Medical Corps, was examined. He stated that there were not sufficient trained Army medical men available at the commencement of the war, when it was only intended to put one Army Corps in the field. When Lord Wolseley notified the despatch of a second Army Corps, the Royal Army Medical Corps contended that they were unable to make the necessary medical provision. As a matter of fact they had had to provide for five corps. Colonel Macnamara maintained, however, that the arrangements were better than in previous campaigns. Owing to the insufficiency of R.A.M.C. men, discipline suffered, and he was convinced that, with a more adequately trained staff, a greater proportion of the men might have been kept in the fighting line. The wounded were in many instances deprived of their money before reaching hospital. He admitted that patients travelling in ordinary trains suffered a good deal of hardship, while, at the base, owing to the pressure, convalescents had occasionally to sleep on mattresses placed on the floor.

Colonel Herbert, another witness, reiterated the complaints against the management of the Wynberg Hospital.

AUGUST 28.

The Hospitals Commission has concluded its sittings in Cape Town. The evidence given to-day covered the ground previously traversed. Dr. Bowly stated that many sick officers and men failed to report themselves until absolutely compelled to do so, and those wounded in the field included officers and men who were already suffering from enteric fever. In this way infection was spread. Generally speaking the troops had suffered owing to the hardships they had had to endure, and comparatively few had escaped touches of fever. Dr. Bowly also declared that the epidemic which broke out after the Paardeberg affair could not possibly have been anticipated by the authorities. He controverted Mr. Burdett-Coutts's statement regarding the insufficiency of milk.

MR. BURDETT-COUTTS'S CHARGES.

Dr. A. R. Morrison, of West Hartlepool, who is at present in South Africa, writing to the editor of the *North's Daily Mail*, from Nerval's Post, says:—

In my two previous letters I tried to show what medical arrangements were provided for the treatment of the sick and wounded out here, and, although I hinted that I was not satisfied with these, I purposely avoided criticising them until I could be certain of my facts, and be able to substantiate any charges I might make against the Army Medical Department. In this letter, therefore, I hope to show that the charges brought against the R.A.M.C. by Mr. Burdett-Coutts are not at all exaggerated. Indeed, he has not touched upon many points that call for a very searching inquiry. There is no doubt that on the arrival of Lord Roberts in Bloemfontein an epidemic of enteric fever, appalling in its severity, broke out among the troops. That this was to a large extent inevitable there is no question, but that it should become so widespread indicates that those responsible for the health of the troops did not grasp the situation at once and take steps to prevent its dissemination. The history of its commencement at the Modder River is not necessary to discuss at present, suffice it to say that even here I believe much of the disease might have been prevented. But once it had broken out among the men in Bloemfontein, the question to be asked and answered is: "Was everything done to prevent the disease from spreading, and were the arrangements organized that it was possible to successfully cope with it?" The answer must most certainly be "No." The Army Medical Department was quite unprepared, as far as Bloemfontein was concerned, for the pressure put upon it. Owing to the lack of marquee, which are generally used as hospital wards, except in field hospitals, patients were huddled together in bell tents, lying on the bare ground with only their makeshift ground-sheet and one or two blankets. There is great diversity of opinion among the men as to the treatment and attention they received while in hospital, and I think the reason for this may be in the fact that the patients in marquees received such care and attention from orderlies, nurses, and orderlies as the exigencies of war would allow, whereas to those unfortunate enough to be relegated to tents a gross degree of neglect and inhumanity were meted out. None of the ordinary sanitary precautions were observed, and even nourishment, so necessary in enteric fever, was not sufficiently provided. Who can wonder then, not only that the mortality among these patients was excessive, but also that the disease, limited at first in its distribution, should spread to such a disastrous extent? As soon as the railway line below Bloemfontein was opened, enteric patients were moved to other hospitals along the lines of communication, and its spread may be traced to this cause. Even in the hospital trains ordinary precautions were not taken to disinfect the excreta, by which the disease is spread, and so it became more or less general. There is an epidemic of enteric fever broke out in almost every instance among the troops stationed as garrisons along the line and in the villages en route among the civil population. Therefore, although in the first instance the disease may have been, as is usually the case, water-borne, it now becomes, in addition, air-borne, especially when we remember the severe dust storms to which we are from time to time subjected. One point as to the mortality apt to be forgotten in comparing the percentage with that in England is that the class of men among which this epidemic occurred was strong and physically sound, whereas in England enteric fever in our hospitals occurs to a very large extent among the half-starved wretches of the slums. It must not, however, be imagined that because Mr. Burdett-Coutts levels his charges against hospitals in one special locality that the others are as they should be. Unfortunately, this is far from being the case. From personal observation, and from facts related to me by men from various hospitals, very few in use during the war have approached a practicable ideal. One instance of this will suffice. The hospital to which I am at present attached was started on May 1, and on arrival on May 23 I found the following state of affairs to exist.—Patients lying in marquees (12 to 16 in each) on the bare ground with only their makeshift ground-sheet and two blankets. Most of the patients were cases of enteric fever, acute dysentery, and rheumatism. There were none of the hospital appliances or conveniences, and the state of the patients may be described as truly deplorable. Their food consisted of either ration or milk, and the latter was very deficient in quantity. Orderlies to nurse and look after them were chosen from the convalescent patients of the adjoining convalescent camp. The enterics were sent down to Nieuport as soon as possible, for, of course, we could not possibly attempt to treat them here. All these had been sent down the line as "convalescent" patients. One point which requires inquiring into is the manner in which serious cases of enteric fever, &c., were moved from one hospital to another, and I have no hesitation in saying that the frequent changing about without apparent reason thereof caused many deaths. Indeed, I know personally of two cases of enteric, one of which died from perforation of the bowel in the train en route for Cape Town, the other perforated in the train and died in hospital a few hours later. Most of the hospitals at present in operation, I fear, must stand guilty in this matter of hurrying patients out of hospital, for even hospitals stationed lower down the line than Bloemfontein at which there was no special urgency to get rid of their patients have probably been the worst offenders. I have, of course, only touched upon one point in this letter, on a future occasion I hope to refer to others as they appear to me.

BRITISH MEDICAL ASSOCIATION.

Held at IPSWICH, July 31st, August 1st, 2nd, and 3rd, 1900.

PROCEEDINGS OF SECTIONS.

SECTION OF NAVY, ARMY, AND AMBULANCE.

Inspector-General BELGRAVE NINNIS, M.D., R.N., President.

THE PRESIDENT made some introductory remarks which were published in the BRITISH MEDICAL JOURNAL of August 4th, p. 296.

THE AUGMENTATION OF THE ROYAL ARMY MEDICAL CORPS IN WAR.

By J. EDWARD SQUIRE, M.D.,

Surgeon-Lieutenant-Colonel, Commanding London Companies, Volunteer Medical Staff Corps; formerly Senior Medical Officer, Red Cross Society, Suakin Field Force, 1885.

It is essential for the success of a campaign that an army should be able to move rapidly, unhampered by the sick, who must be moved to the rear as quickly as their condition will permit. The medical service of an army in the field must therefore be able to collect all sick and wounded, and be responsible for their care and removal, whilst the advancing force must also be provided with adequate medical assistance. This requires a large *personnel* and adequate transport both for medical stores and for the sick. A very much larger *personnel* is thus necessary in war than will be required for the medical care of an equal number of troops in garrison and during peace. To keep up during peace the numbers required for war would entail the expense of maintenance of many medical officers, whilst there is no means of keeping them employed in the special duties of their branch of the service. The medical men can get their professional practice in civil life, and with the exception of a necessary *personnel* to look after the troops there is no need to keep them on full pay in the army. So with the other ranks, it would be wasteful to keep on army service more than are required during peace. But the conditions of field service require special qualifications—medical skill alone is not sufficient. An army is an organised body, and its organisation must be preserved on active service or the force loses strength.

All who work in such a force require to understand something of the scheme of organisation and the methods by which the details are carried out, otherwise they can hardly take their places in the scheme and are weak links in the chain. To gain the necessary knowledge takes time, and as an army which has to train its units when it takes the field risks defeat at the outset, so a department unprepared risks a breakdown. Men must therefore be trained during peace, so that they may be immediately available when war breaks out. Only thus can a severe blow be given quickly and be rapidly followed up.

In the present war in South Africa for the first time the outbreak of war found us with an organisation by means of which a large addition to the medical service of the army could be quickly obtained. This organisation, however, provided for obtaining men, but not for their previous training. There has been a step in the right direction, but it has not carried us very far towards an efficient medical service for war.

Civilian medical men and nurses (male or female), however skilled, are a hindrance to the army, until they have learned something of army organisation and methods, and, above all, have come to understand the meaning of discipline. It may, however, be questioned whether, apart from any question of their military training, the civilian orderlies sent out have any knowledge or experience in the care of the sick.

The teaching of first aid, in which the St. John Ambulance Association has done such excellent service, is intended to help unskilled persons to do what is necessary until the arrival of the doctor in the somewhat rare event of an accident in civil life, and for this purpose the scheme of instruction is excellent. The scheme was never drawn up as a training for the work on a battlefield, and few, if any, of those who have taught and examined candidates for these first-aid certificates would pretend that these certificates in themselves indicated that the holders were competent to carry out the necessary duties of bearers on the field. Still less should we consider that the nursing certificate in itself indicated any practical training in nursing—it was never intended to be so understood.

The mere addition of men to the R.A.M.C. is not sufficient. We require the addition of *trained* men, and to ensure this the Medical Department of the War Office must not only make such arrangements during peace as will give them a claim on the men if required for service, but must have some control over their training. A true reserve is required of officers and men who can fall into their places in the army at once when called out. This reserve should be kept in touch with the army, and the military authorities should be able to satisfy themselves that each officer and man keeps up to a certain standard of efficiency in the duties he would be required to carry out in case of war.

The volunteer force could be utilised in order to keep the reserve in touch with the army, and to ensure a certain training in discipline and in the special duties. The reservists should be additional to the medical details necessary for the volunteer force itself, as otherwise there would be no medical aid for this force when embodied. Companies of the Volunteer Medical Staff Corps—which would be more correctly described as volunteer companies, R.A.M.C.—should be formed throughout the country (organised into divisions), and detailed as bearer companies or hospital companies. An establishment according to the requirements of the volunteer force would be laid down, but all officers, non-commissioned officers, and men who joined the reserve would be borne on the roll as supernumeraries, so that, without exceeding the establishment, any number of reservists could be enrolled.

The standard of efficiency of the whole corps would be regulated by the efficiency required of the reservists, so that the whole corps would be kept up to a useful standard. There is an Army Postal Reserve in the 24th Middlesex, R.V., so that there is no radical innovation in the suggestion.

To draw men into the reserve it might be advisable to give some small retaining fee yearly to every efficient member of the reserve, or to grant pay according to rank for a certain period each year (for example, 14 to 28 days), if the men spent the time in a military hospital, or with troops on manoeuvres. This annual training need not be compulsory.

A further reserve of medical officers might be ensured by allowing officers of the Volunteer Medical Staff Corps after five years' service to remain in the corps without being required to fulfil all the duties of company officers, so long as they attend the necessary drills, etc., to earn their efficiency. Such officers would, of course, be seconded in the Corps so far as regards appointments to command.

No purely civilian organisation should be incorporated with the military units, as the military discipline of the unit must suffer for a time. Any civilian organisation utilised in the field should be kept distinct, and though necessarily under the orders of the military authorities—and perhaps having a military officer attached—should be self-contained. The civilian hospitals sent out to South Africa exemplify this point.

I am of opinion that to attempt to work a hospital or bearer company with military officers and men and civilians mixed together is to risk the efficiency of the unit. With tact the officer in command will in time succeed in getting all to work in harmony, but it will generally result in a relaxation of discipline which tends to spoil the military element, or in driving the civilians to the verge of insubordination by a strict discipline which they do not understand. This is, of course, only theory on my part, but experience is being accumulated in South Africa which will show whether or not there are any grounds for my supposition.

Though I have in this paper advanced the opinion that the members of a civilian organisation such as the St. John Ambulance Brigade should not be incorporated into military units because of their lack of training in military methods, I think that these organisations may be usefully employed as such with an army in the field. At a meeting of the British (now Royal) Association of Public Health held in London in 1894 I read a paper advocating some scheme whereby the Red Cross Society, the St. John Ambulance, and similar civilian aid should be brought into touch with the Army Medical Service to be utilised in war, and I see no reason to alter the views I then expressed.

In criticising the inadequacy of the training of the men of the St. John Ambulance Brigade for service in hospitals or bearer companies I am anxious that I should not be thought to attempt to minimise the services of the men themselves. In common with the whole nation I honour the patriotism and self-sacrifice which has urged these men voluntarily to risk their lives in serving the country to the best of their ability. They are doing good work and doing it well, but I believe that the system which has put them, as civilians, into a military organisation is one which has serious disadvantages and is open to improvement.

VOLUNTEER MEDICAL ORGANISATION.

By Brigade Surgeon Lieutenant-Colonel PETER BROOME GILES, V.D., F.R.C.S., S.M.O., W.B.E.V.I.

The Influence of the Present War.—The campaign has taught us at least two lessons:—(1) That the ground covered by a regiment when advancing to attack is so much wider than heretofore that it is evident the stretcher squads must be more numerous and further apart, and, therefore, require more commanders; the number of squads must be increased and the squads forming a section be lessened. (2) That the stretcher squads must advance to succour the wounded with the greatest caution, taking advantage of all natural cover, working by signals. A lecture I published in September, 1899, gives all requisite detail.

The Regimental Unit.—The personnel must be increased to (1) 3 men per company instead of 2, which will give a unit of 24 divided into two sections of 12, or three squads instead of four to the section; (2) a corporal and an orderly; (3) a sergeant detailed from the brigade unit for purposes of drill, and to take command of one section while the corporal does the other. This detailed sergeant, except on field days during brigade camp, would drill, and with the unit to which he belongs. This sergeant would take the place of the regimental hospital sergeant, and not deplete the regiment of a non-commissioned officer at the time when every sergeant is most wanted in his own company; and as all these detail sergeants would belong to the brigade unit, the whole stretcher drill would be identical throughout the brigade, which under the present system it is not.

Brigade Organisation.—In order to meet the increased duties: (1) In supplying sergeants to each regimental medical unit; (2) in supplying more stretcher squads because the ground occupied by the brigade is more than formerly; (3) in supplying personnel for the administration of the field hospital the establishment of the bearer company or brigade medical unit must be increased on peace footing. For the brigade camp one more medical officer is required, and 40 rank and file, (1) will take one sergeant to each regiment in the brigade; (2) 12 stretcher squads instead of 8 divided into 4 sections of 3 squads each, every section under the command of a sergeant; (3) the field hospital will require one medical officer, one ward master, and the remainder as orderlies.

In each brigade unit there should be either a sergeant instructor detailed from the R.A.M.C., or the warrant officer of the brigade unit should receive some pay. I find after ten years' experience my sergeant-major, exclusive of drill, devotes 30 hours a week at the orderly room.

The Senior Medical Officer should be allowed to examine and pass all the men, whether regimental stretcher bearers or brigade for A. F. E596, being paid his expenses and relative rank pay when so occupied, and should report to the P.M.O. on the efficiency of the brigade unit and the regimental units in the brigade.

District.—In each district a S.M.O. should be appointed

who can appoint a Board to examine for sergeants' proficiency, and to report the results to the P.M.O.

War Office.—At the Medical Department of the War Office there should be a volunteer medical officer, with the rank of colonel, drawing the pay of his rank. His duties should be, under the Director-General, to supervise the Volunteer Medical Service, visit all brigade camps, and pay surprise visits when examining Boards were sitting.

Equipment.—All equipment should be found by the Government. Every squad, regimental or brigade, should have a stretcher, a surgical haversack (complete), and a water bottle.

Every Brigade Unit should have 1 ambulance waggon and harness, 1 hospital marquee, 1 bell tent, distinguishing flags, and lamps.

Clothing.—All uniform and equipment should be found by the Government.

Efficiency.—If it were regulation that no regiment were allowed to draw its efficiency grant unless it had its regimental medical unit, the opposition of the combatant officers would be overcome.

The Brigade Medical Unit should be raised on the establishment of one regiment in the brigade, but as supplementary and with separate finance, but all accounts should be passed through the head of the department at the War Office.

Medical Officers.—All medical officers should be regimental, but all medical officers should be detailed to the brigade unit for at least one year in order to acquire discipline, drill, and qualification to instruct the manual only.

In discussing the papers, Mr. FREDERICK TREVES said: Transport for field hospitals has been questioned. In answer, I would mention that all field hospitals have their own transport, and that transport is admirable. The present campaign has shown the value of a large mobile field hospital (taking 300 to 600 patients) to immediately follow the colours. This hospital should have its own transport. We had it in Natal, and it made the efficiency of the hospital perfect. In the advance to Ladysmith I and my colleagues followed the column with a field hospital having a capacity for 300 beds, and this hospital, after Colenso and Spion Kop, was augmented to receive 800 beds. By ordinary arrangements, this hospital would not have had its own transport, but, as a matter of fact, it did have it, and its efficiency was due largely to the liberal way in which its requirements were met, so that it was able to move anywhere at any time. At Spearman's Farm, though twenty-six miles away from any railway, the whole of this hospital moved without difficulty. The R.A.M.C. and the civil surgeons worked in perfect harmony throughout, a fact largely due to the unselfish attitude taken by the R.A.M.C. officers, a very striking figure of the South African campaign. They did not "stand on their dignity" at all, and their generosity and unselfishness has been a very striking feature of the South African campaign. Throughout the whole operations in Natal nothing could have been more amiable than the way in which the R.A.M.C. and the civilian surgeons worked together, both at the base and in the field. Another point was the almost incredible difficulty with regard to orderlies. The question of orderlies is a difficult one. The present campaign showed that nurses—keenly as their services were appreciated—could not work in field hospitals. In the base hospitals their number could be greatly increased with advantage. What they would have done without the nurses they had at Colenso he did not know, and their work on the two days and nights after the battle called for the very highest possible praise. He believed that the field hospital to which he was attached was the only one carrying nurses, and they were allowed up by special permission of General Buller. They did splendid work, and that work was rendered possible because the War Office very liberally gave him the most magnificent transport. He never left it until he left the colony. That lavish preparation for one individual one could hardly expect to find repeated, but it enabled him to take two nurses up to the front, and he believed these were the only ones in that campaign employed in a field hospital; every wounded man appreciated the services they rendered and felt that they did the work almost as well as men. But one must fall back on the orderlies, and he was almost an impossible person. It was

indeed, in fact, very difficult to know what his position was. He had to pitch tents, dig trenches, and then nurse complicated cases. It was almost an impossible position. In a district like the veld water was exceedingly scarce, and it was almost impossible for anyone to be surgically clean. It might be said why not come on the Army Service Corps and keep the hospital orderlies to their proper duties. That sounded all very well, but the question was, Where were they to be got? What encouragement was there for them (the hospital orderlies) to enter the service? Those who criticised the hospital orderly had no knowledge of the extreme difficulty of this subject. It seemed to him that there would be a very great difficulty in getting a reserve of orderlies. The formation of an Army Medical Reserve was one of importance, and such a reserve could well be formed by recently qualified medical men, who could agree to serve for three years—one year with the colours and two in the reserve. After a surgeon had qualified, two or three years generally elapsed during which he was free from the work of the medical school, though not, perhaps, quite bold enough to engage in private practice. Thus an enormous number of men took to travelling appointments, and became ship's surgeons, etc. The one year with the army would give them an acquaintance with the routine of the R.A.M.C., and would be no mean training for the members of the reserve themselves. This reserve would help the Army Medical Department to meet the emergencies of war, and at the same time give no grounds for lessening the personnel of the R.A.M.C. when on its peace strength. The reserve would be called upon only in times of war, and would enable the Army Medical Department to avail themselves of a body of specially trained medical men, who from their point of view would have the advantage of such a training as the army provided. He thought the services of such men would be more valuable than those of a number of civilian surgeons selected to a great extent at haphazard. The liberal way in which the whole matter had been done made every medical man who took an interest in the subject feel that the R.A.M.C. would be made as nearly perfect as human beings could make anything.

Surgeon-Major G. A. HUTTON, J.P., said forty-six years ago he landed in South Africa in company with that gallant officer, Sir George White. It had been stated that the system pursued in the Transvaal war was inelastic. If anything had been proved, he thought it had been that the system was most elastic. In a very short time after the outbreak of the war, the Director-General of the Army Medical Department was able to command the services of between 400 and 500 qualified civilian medical men and close upon 1,500 St. John Ambulance men to act as orderlies, etc., in the military hospitals in South Africa and on board the hospital ships, and on all sides most satisfactory accounts had been received how well all this additional staff had done its onerous work. He could himself corroborate these reports from questioning men who had returned from the war. With regard to the statements that had been made as to the hospitals, he felt strongly as an old army medical officer, but he did not fear any inquiry—some people evidently, from what had been said, wanted a superhuman institution, but he would remind these critics that they, like all other institutions, were a human institution. One thing was certain, and he was glad to follow Mr. Treves in that direction, that the spirit in which the Director-General of the Army Medical Department had entered into the subject of additional assistance in time of war augured well for the future of the R.A.M.C. and the assistance they would be able to give to the sick and wounded in war.

Dr. F. W. FORBES ROSS, at present attached to the R.A.M.C., said he found everything satisfactory in the R.A.M.C. He thought it ridiculous to propose that the War Office should call up a reserve of young medical men whose surgical knowledge was at a discount. Let them call on men like Mr. Treves, whose stretcher-bearing capacities might be at a discount, but whose surgical skill was unequalled. A half-trained man was worse than an untrained man. The Boers who abused the white flag were quite capable of having poisoned the river with enteric dejecta. As a colonist, he advocated the treatment of enteric fever cases, when epidemic in a campaign, on low mounds of recently-dug soft earth, covered with a waterproof sheet, as conducive to their comfort, and to the non-spreading of the disease by infected bedding.

HOW TO LINK THE MEDICAL SERVICE OF THE AUXILIARY FORCES WITH THE ROYAL ARMY MEDICAL CORPS.

By JAMES CANTLIE, F.R.C.S.,

Surgeon-Captain, London Scottish R.V.

THIS subject is so extensive and the time at my disposal—fifteen minutes—so short, that I will but give the outline of a scheme for blending the possible military medical resources of Great Britain into one useful and manageable whole.

At the present moment the different systems in vogue in the three great departments of our national military service are as follows:

(1) In the regular army, the Royal Army Medical Corps includes the officers, non-commissioned officers and men of the medical service doing duty with the army. There is but the one unit now, whereas up to quite recently we had a complex organisation that worked with considerable friction.

It is unnecessary to go into the past, how from being regimental surgeons the officers were placed upon a staff. When the Medical Staff Corps was created the officers were not medical men, but captains and lieutenants of orderlies, quartermasters in fact, raised from the ranks for the most part. Now the medical officers are given substantive rank in their corps, and the name Staff Corps has disappeared, and the whole are organised, on the basis of other corps troops, such as the Royal Engineers and the Royal Artillery, as a medical corps.

In the militia the regimental system has been done away with, and a Militia Medical Staff Corps has supplanted it. The officers are upon a staff without substantive rank, and the corps is divided into companies with officers told off from the staff to do duty with the companies.

In the volunteers two systems obtain, neither of which resembles the organisation followed in the regular army or in the militia. The regimental system is in vogue for the most part, the medical officers being gazetted as officers to a particular regiment, and they are dressed in the uniform of that regiment, and have no official connection with any organisation beyond it.

In addition the volunteers possess the Volunteer Medical Staff Corps, with headquarters at several towns. The officers of this corps are gazetted to the different companies as officers of the corps; they are not upon a staff, but are part and parcel of the companies they command.

It is plain that, with so wide a divergence in system, to fit in the one service with the other is an impossibility. The volunteer medical officer, if taken on for service in the army, is employed as a civilian, for the organisation permits of no relative transition grade from the one service to the other.

In regard to the training and organisation, what do we find?

A medical man appointed to a volunteer battalion is without executive power to provide for even "first aid" assistance for the men in the regiment, not to speak of further ambulance work. By the courtesy of the commanding officer he may be allowed to teach and drill regimental stretcher bearers, and to even parade them with stretchers; but as they are so many bayonets less to the effective strength, the bearers may at any moment be ordered to join the ranks.

A further step has even been taken; brigade bearer companies have been formed by several active volunteer surgeons. They, however, maintain a precarious existence dependent for the most part on the good will of the commanding officer or the personal relationship that happens to exist between the commanding officer of the moment and the surgeon. These brigade bearer companies have no official standing, they are mere paper brigades, without official recognition, and have no position in the military organisation of the country, and would disappear at once were the volunteers to be organised as an army on a war footing.

The question comes to be: Should official recognition be sought for on these brigade-bearer-company lines? If so, one basis of organisation must be allowed for the R.A.M.C. and another for the militia and volunteers. Such a scheme would lead to confusion in time of need, and there is no precedent for an organisation of the kind in any other branch of our army, or in the army of any country in the world that pos-

sesses a medical department. Why should the scheme developed after all these years of experience and hard struggles in the army be departed from? The regimental medical system in the army was got rid of owing to the bitter experience of the Crimean war; the Army Medical Corps has become a workable machine, and it is on these lines it behoves us to organise. When brought together for work in the field the volunteer medical system and the army medical system should be found to be similarly organised, so that the work of the one can dovetail into the work of the other.

In the line regiments this system, although not completely developed, is, however, on a basis which tends towards consummation. In the *Army List* the first and second battalions of a regiment are composed of the regular battalions, the third and fourth may be militia battalions, and volunteer battalions have their place on the list as part of the regimental unit. It is a great step in organisation to have introduced this into the *Army List*. It may be but partly a paper organisation, yet it is a step in the right direction, and one that familiarises the association of the militia and volunteers with the regulars, and is sure to bear fruit in time.

It should be our endeavour to carry out this idea in the volunteer medical system. To bring it about, however, some radical changes are necessary, even although we have the nucleus of such an organisation already.

The Volunteer Medical Staff Corps, although of small dimensions so far as the needs of the volunteer service go, is the basis of the system to work upon. At present it is too much a corps apart from the daily wants of the service of which it forms a part. The volunteer regimental surgeon appears with perhaps a few regimental bearers to the officer commanding a volunteer battalion as the be-all and the end-all of the necessary medical equipment. We know now, every layman knows, that an army whose medical arrangements are on purely regimental lines is a useless machine. We want an extended Medical Staff Corps. The extension of the system, therefore, means that every medical officer joining the volunteers ought to be appointed as an officer of the Medical Staff Corps, or, better still, to a volunteer medical corps, and that companies be formed in every county or in every military district, and their number increased until the needs of the auxiliary forces are satisfied.

There should be no other portal for medical men to the medical department of the auxiliary forces. I can hear remonstrances from regimental surgeons; remonstrances based on interference with their rank in the regiment, and with their social relations. There need be no such alarm. By being gazetted to the medical corps that does not imply that the officer is to be removed from his battalion. His place of residence would determine his belonging to the local corps as much then as now. He would be merely told off for duty with that corps, and become as much a part and parcel of the regiment, if he so wished, as at present.

Each battalion of the volunteers should have its regimental stretcher bearers as at present. They should be placed officially at the disposal of the medical officer when required by him, and not merely lent for service when it suited the whim of the officer commanding. In country corps, where a company, or even half a company, has an isolated existence, a minimum of four men should be trained and be officially at the disposal of the medical officer, so that a stretcher may be fully manned by trained men when required. Men so trained and employed should, at the rate of two per company, be qualified to earn the Government grant.

On no account, however, should battalion bearers be removed from their battalion. They are part and parcel of their battalion as much as the men in the ranks, whether they carry stretcher or rifle. As brigade bearers they are out of place, and no organisation can exist with so anomalous a body as just now are mustered for parade under the name of brigade bearer companies.

Behind the regimental or battalion bearers should be the volunteer medical corps. In every military district a volunteer medical corps should have its headquarters, and attached for service to each brigade there should be a complement of a company of the volunteer medical corps.

At present a large number of the men in the Volunteer Medical Staff Corps consist of medical students. It is no

doubt an excellent school for training in some ways, but in others it is unsatisfactory. It is subservient of discipline when, say, the Volunteer Medical Staff Corps proceeds to Aldershot, that these young gentlemen should be thrown into intimate association with the privates in the Army Medical Corps. It is subservient of discipline that the future officers of the R.A.M.C. should be compelled to go through such an ordeal. In no other branch of the service is such a step tolerated. The young medical men serving with the Volunteer Medical Staff Corps are as much cadets of the R.A.M.C. as the Woolwich cadets are of the corps of Royal Engineers and the corps of Royal Artillery, although they are not officially declared to be such, as it is from amongst these students that the future officers of the R.A.M.C. are recruited. My idea is—and it is one originated by Surgeon-General Evatt—that the medical students in the medical schools should be formed into cadet corps, with full organisation and Government allowance and equipment.

This is neither the time nor the place to discuss the details of such a corps; but by the formation of a cadet corps the instruction of the future medical officer of the auxiliary forces would be ensured and the position of this valuable material for the national good fully developed. It may be objected by the R.A.M.C. that for them to be linked with a militia or volunteer medical corps would lower their prestige and position; that in the *Army List* to have placed along with their corps a number of volunteer corps that have none of their traditions or records of service would be bestowing lustre upon officers and men who have done nothing to deserve it. This, however, is done in every battalion of the army.

At the head of the list of battalions, including the regulars, militia, and volunteers is an account of the battles they have fought and where they have gained honour. As a rule the 1st and 2nd battalions—the regulars, that is—have alone gained such distinction, but they do not hesitate to have the names of their battalions linked with the professedly home-dwelling battalions. How much less, therefore, is it necessary to draw a hard-and-fast line between the R.A.M.C. and a volunteer medical corps. Surgery is surgery and medicine is medicine, whether with an army on the field or in a dispensary at home, and it wants but the magic hand of the organiser to bring the enormous medical reserve of the country into line so that the volunteer surgeon may be fitted for and considered part and parcel of the available military medical personnel of the country.

Besides, in time of war, the medical student might be drafted from the Volunteer Medical Staff Corps into the R.A.M.C. as a bearer that happens to be in the ranks as a private is a waste of valuable material. The engineer and artillery cadets at Woolwich are not drafted into the ranks as privates, let the stress of war be ever so severe. The money expended upon them and the long training they undergo is not intended to fit them for only the work of a private soldier; no more should it be the case with young medical men. The nation is not getting its value out of men so trained; they are experts, and to send such men into the field as bearers is pure waste. A reserve for the army with such material in the ranks of the Volunteer Medical Staff Corps is not commercially sound, and therefore inadvisable.

The question of rank in a medical service composed of regulars and auxiliaries is an important one. When officers of the R.A.M.C. are associated with volunteer officers in the field, there ought to be, there must be, if the War Office is to hope for help in the future from officers of the auxiliary forces, a definite understanding as to rank. We must have no repetitions of what has been going on in South Africa.

A number of well trained volunteer medical officers in this country hesitate to go to the front when they know that their rank in the volunteer service avails them nothing. Senior men, well versed in the duties of medical officers in the field, held back rather than be under the orders of a newly-joined surgeon-captain of the R.A.M.C. The War Office will never get the best men—I mean men well up in army medical work and in good positions as consulting surgeons and physicians at home—to take up work on such a basis. If a military medical auxiliary force is wanted and it can be got from amongst the best men in the country, the rank they have attained in the

auxiliary forces must be made to count when called into the field. I would grade them thus: In the rank of, say, majors when, should a regular, a militia, and a volunteer medical officer be acting together irrespective of seniority, I would place the R.A.M.C. officer in command, the militia officer next, and then the volunteer, and so with captains and lieutenants, but I would not allow a captain of the R.A.M.C. to take command over a major in the auxiliary forces. It may be said it is a question of substantive rank; if so, that question must be got rid of, and promptly. It is what is best for the country we have to think of, and not the trivial details of rank between one medical man and another. A medical officer, be he militiaman or volunteer, ought to regard the medical officers of the R.A.M.C. of the same rank as his superior officers; but if R.A.M.C. officers of junior rank are placed over him, then he feels that the time and money he has devoted to perfecting himself in his military medical duties is but as naught in the eyes of the War Office. The spirit of the volunteer generally has been a long-suffering one, but the day for his suppression is past, and the country looks more closely into such matters than it did some twelve months ago. And it would be well did the medical man, both in military and civil life, take the lesson to heart.

SUGGESTIONS FOR REFORM.

My propositions, therefore, are:

1. That the militia and volunteer medical services be organised on the same footing as the Army Medical Service.
2. That there be a Militia Medical Corps and a Volunteer Medical Corps.
3. That in the *Army List* the Army Medical Service should appear thus:
Division I.—Royal Army Medical Corps.
Division II.—Militia Medical Corps, affiliated with the R.A.M.C.
Division III.—Volunteer Medical Corps, affiliated with the R.A.M.C.
4. That all medical officers joining the auxiliary forces be gazetted to one or other of their respective corps.
5. That a medical officer of volunteer corps be seconded or told off for special (it may be permanent) duty with the volunteer battalion in his district.
6. That in the event of war or of national emergency the officers and men of the auxiliary forces corps be considered the first line of medical reserve for the regular army.
7. That a cadet corps of medical students be formed from amongst the medical students of every medical school of the kingdom.
8. That it be urged upon the surgeons and physicians in our hospitals to attach themselves officially or to take up duty in, either the cadet corps of their university or school, or in the volunteer medical corps.
9. That the services of no civil surgeon or physician who has not attached himself for duty or professional training in either of these corps be accepted for service in the field or during national emergency.

RESOLUTION.

I would move as a resolution:

That the Navy, Army, and Ambulance Section request the Council of the British Medical Association to appoint a committee to draw up a scheme to be forwarded to Government for the reorganisation of the medical services of the auxiliary forces on the basis of the system in the Royal Army Medical Corps, and for the purpose of bringing the medical services of the regular and auxiliary forces into unison.

Surgeon-Captain JAMES HARPER, M.D., V.M.S.C., seconded the motion.

Surgeon-General MUIR thought they would be quite safe in passing the resolution, which was an abstract one offering assistance in reorganisation. He might say, on behalf of the Director-General, that he was grateful for suggestions of this kind. If this resolution helped the department to solve the problem of raising a reserve corps that would always work in harmony with the Royal Army Medical Corps, it would lead to great good.

The resolution was passed unanimously.

VOLUNTEER BRIGADE BEARER COMPANIES.

By Brigade-Surgeon-Lieutenant-Colonel G. S. ELLISTON, V.D., V.M.S.

THE title of this paper is a subject in which I have been much interested for upwards of twenty years, and I should like here to give a brief sketch of their origin and my early efforts to introduce ambulance work into the Volunteer Medical Service.

When I received my first commission as assistant-surgeon twenty-eight years ago, the medical officer had no recognised position in the volunteer forces; we were allowed to join the annual brigade camp, and assist in attending to the sick at the hospital tent, but beyond that we had no status; the adjutants looked upon us as in the way, and only grudgingly allowed a separate tent.

At that time the medical officers provided their own drugs and instruments; there was no hospital equipment; and although the camp contained an average of 1,800 men, there was not even an old regulation stretcher.

This was about the position of affairs in the Eastern District until the end of 1879, when by the invitation of my old ambulance friend, Major Maclure, the present President of the Volunteer Ambulance School of Instruction, I attended the inspection of the first volunteer ambulance corps in the Guildhall, London. The corps was a mixed one of members of the Victoria and London Scottish Rifle Volunteers, and was under the command of the instructor, the late Surgeon-Major Shepherd, of the Victorias. For the first time the new bearer company drill was demonstrated, and afterwards a display of bandaging and carrying wounded was carried out in the presence of a distinguished gathering, including the Lord Mayor and Surgeon-General Sir W. Mackinnon, V.C.

Shortly after this, with the assistance of the Colonel and my brother officers of the 1st Suffolk Rifles, half a dozen Maclure stretchers and a box of ambulance material were purchased, and in January, 1880, a detachment of 30 non-commissioned officers and men were instructed, drilled, and in the following May officially inspected and examined by the P.M.O. of the Eastern District. At the Brigade Camp at Lowestoft, held in July, 1880, this detachment was recognised as a separate unit, and allowed to work with the brigade in the field as well as serve the brigade hospital.

In the following July (1881) this ambulance detachment fully equipped with stretchers, haversacks and water bottles, accompanied the 1st Suffolk Battalion, and took part in the great Volunteer Review held in Windsor Park. The weather was exceptionally hot, and a heavy amount of "first aid" work fell to their share. By a special order issued by the Adjutant-General, the detachment marched past in rear of the 1st Brigade, and it is a historical fact that this was the first instance on record where a medical officer and stretcher party marched past the Queen.

The formation of this ambulance corps was doubtless the means of stimulating ambulance work amongst the volunteer battalions in the Eastern district, and within the next three or four years my colleagues, Surgeon-Lieutenant-Colonel Holden of the 2nd Suffolk Battalion, and the late Surgeon-Major Grove of the 3rd Cambridgeshire, each instructed and equipped 16 men in their respective battalions, being the complement of regimental stretcher bearers allowed, at the rate of two per company.

At the annual brigade camps which were subsequently held, we were in the habit of amalgamating these stretcher bearers, and so forming them into one complete bearer company, with three medical officers and seven sergeants, but there was always a difficulty with the sergeants, as often on field days just when they were most wanted, the adjutants sent for them for special duty. However, we managed to get through a fair amount of useful work, accompanied the brigade in field movements, formed collecting and dressing stations, and by rendering first aid to the real as well as imaginary casualties, not only justified our existence, but demonstrated to many senior regular and volunteer officers the necessity of officially recognising bearer companies in the near future.

About this period many changes took place in the constitution of the Volunteer Medical Service. A most important one was an Army Order in 1888, which gave acting surgeons the right to be recommended by their commanding officers to the

proper military authorities for promotion to surgeon with the rank of captain when they had qualified by passing the proficiency examination.

Another important departure was the appointment of brigade-surgeons to volunteer infantry brigades, and in April, 1890, an Army Order was issued, calling upon these officers to form brigade bearer companies. By an amended order the composition of the company was to be 3 medical officers, 7 sergeants, 1 bugler, and 53 rank and file. The company was not to be supernumerary to the existing regimental establishment, or in other words, no extra capitation grant would be allowed, it being clearly intended that the men should be drawn from the existing complement of regimental stretcher bearers. The great difficulty in carrying out this order was with regard to the sergeants and corporals; the Army Order distinctly stated that the bearer company was to be composed of men not supernumerary to the existing regimental establishment, and to have obtained the requisite number would have been creating supernumerary sergeants contrary to the regulations.

The company was duly formed for the Harwich Volunteer Brigade, and for the next five years the routine duties and establishment were carried out much on the same lines as the old company, the rank and file being dressed in the uniforms of their various battalions, namely, scarlet, grey, and rifle green. As to the transport or medical and surgical equipment, all that the regulations allowed was contained in an Army Order which empowered brigade-surgeons of volunteers to draw eight stretchers on requisition to the principal medical officers of the district. Transport, such as ambulance waggons, cacolets, or litters was not mentioned, neither was medical or surgical equipment.

We now pass on to June, 1894, when a letter from the Horse Guards was sent to all officers commanding volunteer brigades informing them that an Order in Council had been obtained to sanction important alterations in the existing rules with reference to volunteer brigade bearer companies.

1. Members of brigade bearer companies will in future be allowed to qualify for efficiency in a similar manner to men of the Volunteer Medical Staff Corps, instead of as ordinary rifle volunteers as at present; the drills and requirements being in all respects the same for both. They will also be allowed to wear a distinctive uniform.

2. Then follows the unsatisfactory part. Members of brigade bearer companies will continue on the establishment of the corps forming the brigade as at present, and no increase to the establishment of a corps will be allowed in consequence of some of its enrolled members belonging to a bearer company. The question of whether all the men for a bearer company shall belong to the same battalion or be spread over several is left to the discretion of the brigadier commanding the brigade.

In the case of the Harwich Volunteer Brigade the bearer company was formed half at Ipswich and half at Cambridge, the uniform of the Volunteer Medical Staff Corps being adopted. They went into camp with the brigade at Colchester in August, 1895, and during the week took part in field days and outpost work with both regulars and volunteers.

For the first time by order of the general officer commanding, ambulance waggons and field equipment were taken out of stores and, horsed by the Army Service Corps, were placed at the disposal of the bearer company.

After five years' experience of working the bearer company on these lines, during which time, thanks to the brigadier, we have had many successful camps, I feel bound to admit that the present organisation has proved unsatisfactory. I consider they require to be placed upon a different basis, and for that purpose would suggest the following as the chief points:

First and foremost brigade bearer companies should be distinct units with their own officers, capitation grant, and other allowances.

They should be converted into companies similar to the Volunteer Medical Staff Corps, but should be affiliated to their present brigade for mobilisation, camp, and other purposes.

These independent units should not only have their own headquarters, but a paid sergeant instructor, who should act as orderly room clerk and keep up the various forms.

I regret that this scheme would disestablish those com-

panies whose officers and men are drawn from two or more battalions, but I am strongly of opinion they should have only one headquarters, and that they should be raised in the most convenient or populous town in the district belonging to the brigade.

In discussing Surgeon-Captain Cantlie and Brigade-Surgeon-Lieutenant-Colonel G. S. Elliston's papers, Surgeon-Major HURTON said he regarded any return to the regimental system impossible, and that a reserve of medical officers would not stand the test of time. He favoured the employment of civilian medical men to supplement the R.A.M.C. at the time of national emergency, as was now done.

Major WILSON, R.A.M.C., C.M.G., D.S.O., suggested that the amalgamation of the R.A.M.C., the M.M.S.C., the V.M.S.C., and the V.B.E.C. had been much assisted by the war. The M.M.S.C. had been embodied, and was doing duty in the various hospitals in the United Kingdom. Nearly all the officers and 120 men were serving in South Africa. About 300 men of the Volunteer Medical Staff Corps were employed, and about the same number of the volunteer brigade bearer companies, in South Africa; also several officers of both organisations—not as many as they would like—but it was very difficult for them to leave their practices. These officers had temporary rank in the R.A.M.C., as other volunteer officers had who were serving with their line regiments. They were very glad to avail themselves of the St. John Ambulance Brigade, and they had excellent reports of them, but they did not employ them in preference to the volunteers. If they had employed the total number of both the Volunteer Medical Staff Corps and the volunteer brigade bearer companies they would not have had enough. They were employing 1,400 men of the St. John Ambulance Brigade. The present organisation of the volunteer brigade bearer companies made it excessively difficult to obtain any men for South Africa, or to train the men thoroughly at home. It would be better if these companies were organised as independent units, and he did not think they would be thoroughly effective until this was done.

Surgeon-Lieutenant-Colonel KING (Ches. Vol. In. Brigade) thought that the difficulties in the organisation of brigade bearer companies were more apparent than real. The brigadier in command would always be glad to have an efficient bearer company, and to have a good report from the principal medical officer of his district. He had been appointed in charge of the medical arrangements of the Cheshire volunteer brigade, and had formed a provisional bearer company from the ambulance classes of four of the battalions. They were carefully trained and drilled in camp, and passed a satisfactory inspection by the Principal Medical Officer of Salisbury Plain. He hoped to organise a bearer company from one (the headquarter) battalion, and to obtain recruits from those young men in Chester interested in ambulance work. They would be passed through the battalion into the bearer company, and would, although on the strength of the battalion, form a separate unit of the brigade bearer company. Next year he hoped, when the brigade went into camp, to form a separate camp (close to the Brigade Staff Camp) in which all the usual duties, guard, fatigue, etc., as well as its special duties, would be performed by the bearer company. It would be financed through its parent battalion. This would much increase its efficiency and the *esprit de corps* of the individual units. He might add that he had found that the members of his bearer company had gladly availed themselves of the opportunity for further instruction by doing duty in the stationary hospital on Salisbury Plain, to which they were detailed at the request of the principal medical officer of the district. They received also extra corps pay.

Surgeon-General O'DWYER, P.M.O., Aldershot, said:—The bearer company has a definite position according to operations, but it has not a satisfactory position and the training is not altogether satisfactory. It ought to have more hospital training. There is not much use in bringing a wounded man to a field hospital unless the bearers can assist in nursing him if required. The bearer companies who come to Aldershot for five days' training in the year are given the option of being attached to and encamped near the dépôt R.A.M.C., but they do not take up the subject with enthusiasm, as I fear because they would be detached for the

time being from their units. Volunteer majors are not commanded by captains of the R.A.M.C. It is suggested that the capitation grant to members of the hospital bearer companies should be granted for their efficiency, correct dress, etc. Militia surgeons would be a useful body but ought to be better trained in hospital administration.

Brigade-Surgeon-Lieutenant-Colonel ELLISTON, in reply, said: With regard to the remarks of Surgeon-General O'Dwyer on the nursing qualifications of members of volunteer brigade bearer companies, I should like just to say that the members of the Harwich bearer company are instructed as orderly nurses during the winter, and at the brigade camp in July or August they put this instruction into practice, as they act as hospital orderlies, nurse the sick by day and night, and attend the dressing of minor cases at the dispensary tent. My bearer company have just finished fourteen days in camp at Great Yarmouth, and on the very hot day of last week as many as 16 men were brought to hospital on stretchers suffering from heat stroke. Fortunately an orderly can be detailed to apply remedies to each patient with a very satisfactory result.

Surgeon-General HAMILTON said that the loss of the militia medical officers was a great blow to the army. From April 1st, 1873, no more militia surgeons were appointed, and they now had died out. They were country gentlemen, well trained and most useful in every way. He held that the militia surgeons ought to be reappointed, and would prove a most valuable and real reserve. He said that he viewed the Army Medical Reserve as a perfect fraud and a mere paper army. They could not be utilised outside their district, and were in no sense a real reserve. Years ago he had advocated the formation of volunteer bearer companies quite distinct from regimental bearers. He also advocated the registration of nurses willing to serve in emergencies years ago, but this was not carried out. He also held that all civilians employed on active service should have acting commissions and be dressed in a simple uniform, as this was necessary for discipline in the hospitals. In conclusion, he advocated the welding together of the R.A.M.C. and the reserves in one workable and harmonious whole.

FIRST AID AND TRANSPORT OF SICK AND WOUNDED IN CIVIL LIFE IN LARGE TOWNS.

By Surgeon-Major GEORGE A. HUTTON, J.P.,

Organising Commissioner, St. John Ambulance Association.

FIFTY years ago, how did we aid our sick and injured in the first instance, and how did we move them to their homes or to the hospital? Engaged, as I was at that time, as the pupil of a distinguished surgeon, the late Professor G. Yeoman Heath, of Newcastle-on-Tyne, and brought into contact frequently with accidents of all kinds in that great mining and manufacturing district, I have a vivid recollection of the want of all first aid assistance and ambulance service. An ordinary wheelbarrow, a springless coal cart, a shutter or a hurdle, were usually employed, and for a longer journey a street cab was considered the best conveyance without reference to the actual state of the patient. I have known a high dog-cart used to move a man with a badly broken thigh four miles. Stretchers of the most primitive construction were kept at police stations, but these were intended rather for the use of inebriated persons than for the victims of accident or disease.

It was not until 1877 that any great effort was made to establish first aid and ambulance work on a sure foundation. In that year the St. John Ambulance Association came into existence as a department of the Order of St. John of Jerusalem. It is quite true that spasmodic efforts had been made by members of the Order in this direction. In 1872 a sum of £100 was given by a member of the Order to establish an ambulance service in the mining and pottery districts, and this was followed by the purchase of two litters made in Berlin, which were placed at Burslem and Wolverhampton, and in a short time a large number of these litters were purchased for the use of the Metropolitan Police. Other efforts were made in 1874 and 1876 to extend the work of the Order, and in 1877 the St. John Ambulance Association started its humane work. The first centre was established at Woolwich, and was quickly

followed by other places taking up the work in Derbyshire, Nottingham, and elsewhere. A depot was also established at St. John's Gate, Clerkenwell, London, for the supply of stretchers and other ambulance material. Up to this time the litters and stretchers had been obtained from Germany and France, but it was felt that these should now be made in England, and to the hard work and efforts of that veteran in all ambulance work—Sir John Furley—belongs the credit for all the improvements in the design of our stretchers, wheeled litters, and horse ambulances. But as the title of this paper indicates, I must now pass on to the transport of the sick and injured in towns. As showing the importance of this subject, in the year 1890 the Prime Minister, the Marquis of Salisbury, called for reports from Her Majesty's representatives at Vienna, Copenhagen, Paris, Berlin, Stockholm, St. Petersburg, and Washington, and from the Consular officers at Baltimore, Boston, Chicago, New Orleans, New York, Philadelphia, and San Francisco, as to the means adopted in these various cities for the ambulance transport of civilian sick and injured from their homes or place of injury to the hospitals, or from the place of injury to their own homes. These reports were presented to both Houses of Parliament by command of Her Majesty in August, 1890.¹ Time will not allow me to enter into any detailed account of these instructive reports. I may, however, briefly relate the system carried out in the great city of New York, containing some two million of inhabitants. Broadly speaking, the transport of sick (non-infectious) and injured is undertaken by the city police, infectious cases being looked after by the Health Department. The city is divided into thirty-five police districts, and these are apportioned to the different hospitals, so that the nearest hospital may be called upon when necessary for an ambulance, and an expeditious response assured. The cost of the ambulances and their maintenance is defrayed by the city in the case of the public hospitals, or by the private hospitals owning them. Strict rules are laid down for the right of way and progress of the ambulances through the streets, and telephone communication is established between the different stations and the hospitals. The superintendent of police says:

The ambulance service of the City of New York is regarded as most efficient, and has been the means of saving many endangered lives. Every call upon the hospitals is promptly answered and has excited favourable comment on all sides.

I must now pass on to what has been done in this country with reference to an ambulance service for towns. In Birkenhead, as in New York, the municipal authorities have taken up the duty through the borough fire brigade and also the police. A horse ambulance is kept at the fire brigade station, and is ready at all hours for calls to cases of accident. Last year (1899) the brigade received 433 calls, all of which were responded to. The time occupied journeying was 362 hours, or an average of about 50 minutes per journey—the distance travelled 1,304 miles, or an average of three miles per journey. The superintendent reports:

The work is still increasing, owing to the public recognising the advantages of obtaining the services of the horse ambulance when accidents occur. The members of the brigade who accompany the ambulance have received instruction and passed the examination of the St. John Ambulance Association, and have proved themselves useful in rendering first aid.

In Liverpool the ambulance service has been remodelled on much the same lines as in New York, under the city police. There are five police ambulances attached to the Royal Infirmary, the Northern Hospital, Stanley Hospital, and two others at fire brigade stations, besides a private ambulance at the Southern Hospital. They are all under the police headquarters and in telephone communication with it, and under special rules adapted to the requirements of the city. The cost of these police ambulances is borne by the City Council (Watch Committee). The conveyance of private persons who are in a position to pay is not encouraged, as there is a firm in the city which has a well-equipped horse ambulance for hire. An eminent Liverpool surgeon, Mr. R. Harrison, said:

These ambulance carriages were doing a most admirable work. Patients were now brought from the docks and steamships and from the suburbs, who had been subjected to severe injuries, in a far better condition than formerly, and in consequence far less amputation took place than before.

¹ Reports from Her Majesty's Diplomatic and Consular Officers abroad on the Regulations at the places where they reside, respecting the Ambulance Transport of Civilian Sick. Commercial, No. 21 (1890). Presented to both Houses of Parliament by command of Her Majesty, August, 1890. Eyre and Spottiswoode. Price 2½d.

the ambulance movement, simply because the hospital treatment began, so to speak, at the time of the accident, and the patients were not brought doubled up in cabs, or conveyed on the backs of their comrades, causing fractured bones to take a course he should not like to describe. He was quite sure it had been the means of giving not only great comfort to these people, but had saved not only many limbs, but many lives.

If we go to smaller, and yet important, towns like Halifax, York, Wellingborough, and Northampton, we find that Halifax and York work their ambulance through the fire brigade, and, of course, under the municipalities. At Wellingborough, through the Local Board, the governing body of the town, and in Northampton it is carried on by an ambulance corps under the St. John Ambulance Association, independent of the corporation. The attendants in all these cases, however, require to have undergone the course of instruction of the St. John Ambulance Association. It may be well for me to mention the practical work done in these several places in the last year (1899). At Halifax the ambulance carriage was out 198 times and travelled 620 miles, and one of the principal surgeons says: "I don't know what we should do without it at the infirmary now." In York, the horse ambulance was used on 17 occasions. In 12 cases a fee was charged for the services, and in 5 cases no charge was made. At Wellingborough the horse ambulance was out 31 times, the distance travelled 548 miles. In addition to this the hand-wheeled litter was out 36 times, and travelled 638 miles. At Northampton the ambulance carriage undertook 64 cases of invalid transport, involving journeys amounting to 666 miles at all hours of the day and night. From the foregoing account, it seems that the proper authority to carry out an efficient ambulance service in large towns is the municipal authority, through the police force. The police are always on duty night and day, and therefore are available at all times and hours. It has been recognised now for some years, both by the Home Office and the chief constables throughout the country, that instruction in first aid and ambulance is an essential part of a policeman's education and drill, as by this means they are capable of rendering skilled assistance in case of accident. I would therefore recommend that in large towns the ambulance service should be controlled by the municipalities, the police being required to pass through the course of instruction, and hold the certificate of the St. John Ambulance Association, and also that they should be re-examined annually by a medical officer appointed by the Association. In smaller towns, where there are Local Boards, it would be well for these bodies to control the ambulance service, getting assistance, as they may require from the members of the St. John Ambulance Brigade, when such a body exists in the locality. In country villages it is advisable that a St. John stretcher should be kept for use at the village police station, and in large villages a wheeled litter with stretcher. As far as possible the St. John Ambulance instruction should be carried on by means of classes in first aid into all villages, so that ready and practical assistance may be at hand in case of accident or the removal of the sick and injured.

I remember very well at a conference in which I took part at the International Health Exhibition in London in 1884, the late eminent surgeon, Sir James Paget, said:

As surgeon to a large hospital he had constantly seen the need there was for a better transfer of patients, whether sick or wounded, into the hospital wards. They might have arranged a system of ambulance close by, but the patients in large hospitals were brought from the narrowest streets and the most distant villages, and from every part of the country, and it needed the enterprise and co-operation of the St. John Ambulance Association to be able to take in hand a work of which the design would be, to spread the system of ambulance far and wide to every village in the kingdom. The work was not one-half, nor one-tenth accomplished, when an ambulance was established in that great city, whilst they did not exist in places ten, fifteen, or hundreds of miles off.

I must not close this short paper without directing special attention to the Invalid Transport Corps, established mainly by the advice and assistance of Sir John Furley some years ago at St. John's Gate, Clerkenwell, London. This corps is prepared to move invalids, on payment, to any part of the United Kingdom and also abroad. Some years ago the late Lord Cardwell was removed by this corps all the way from the Mediterranean to Eaton Square, London, without a change, his lordship remaining during the whole journey on a bed made upon one of the stretchers of the St. John Ambulance Association. I find in the last return that in the year 1898 the number of removals by this service was 859, as

against 710 in the previous year, and these figures show how much this service is appreciated.

My desire in bringing this transport service before this meeting is to draw the attention of the members of the British Medical Association to the practical use of this ambulance service, for no people are so closely in intercourse with the sick and injured as the members of the medical profession. I feel sure also they will find this ambulance service of immense assistance, especially in difficult cases, not only in our large towns but everywhere throughout the country.

Brigade-Surgeon-Lieutenant-Colonel ELLISTON could quite endorse all Surgeon-Major Hutton said in his interesting paper. They were now only at the commencement of this movement for rendering first aid and transporting sick and injured in large towns, and he would specially draw attention to what Major Hutton said with regard to the instruction of the police force in large centres. They required more help and encouragement from the local authorities so as to keep up their ambulance knowledge from year to year, otherwise they failed to keep up their efficiency. What Major Hutton said about certain towns in Northamptonshire and the Midlands was quite correct. In Northampton, Leicester, Wellingborough, Kettering, and many townships in Northamptonshire, horse ambulance and litter stations were established, and at Wellingborough, by the help of the local authority, a headquarter building containing the ambulance had been built. Brigade-Surgeon-Lieutenant-Colonel Elliston then described the excellent work of the Wellingborough Transport and Ambulance Corps at the disastrous railway accident at the Midland station there two years ago, when the injured were attended to within twenty minutes of the accident. Local authorities ought to subsidise more liberally the police classes, and encourage their men to keep up their knowledge by repeatedly meeting together for practice.

The PRESIDENT OF THE SECTION advocated the desirability of ambulance centres in every town near hospitals where the litters could be kept, which would necessitate a house for them and attendance at a cost, he estimated, of about £100 for each installation. In the metropolis he described the magnitude of the work, and stated that on an ordinary Bank Holiday the inspecting officer of stations required to travel some 60 miles on his rounds. The efficient provision of ambulance centres was largely a question of money.

Surgeon-Captain JAMES HARPER, M.D., V.M.S.C., drew attention to a litter in the room, the invention of members of the St. John Brigade at Ipswich, which he considered a modification and improvement of the Ashford litter, the wheels were lighter and it was provided with a tin case fitted under the litter containing first aid appliances, the canvas hood was also provided with a side flap furnishing an observation aperture which enabled the patient to be supervised if desirable.

A lady interested in first aid relief at Ipswich dwelt on their financial difficulties, and extolled the working men's practical interest in the work while the police of Ipswich failed to maintain their efficiency.

FIRST AID IN CIVIL LIFE.

By JOHN J. DE ZOUCHÉ MARSHALL, L.R.C.S.I.,

Hon. Assoc. Ord. St. John of Jerusalem in England: Surgeon-Major 3rd Volunteer Battalion East Surrey Regiment and A.M.R.

DIVIDING the community into those who are very unlikely to be on the scene of an accident and those most likely to be, or to be called to such a scene, one may be pardoned for designating the former when they go in for first aid instruction and certificates as "amateur" and the latter under similar circumstances "professional" ambulancers.

The amateur ambulancers (mostly ladies) invariably pay good fees for instruction and are entitled to get the best—the fees, however, being seldom of benefit to the instructor.

Professional ambulancers are of real importance to the public, and should be carefully selected by the local authorities. Not on the existing "technical education" system, whereby scores of idlers join a class on anything just to see if they would like it and invariably drop it when they find it requires brains and pains. The same local authority should pay the fees of instructors for such men and should remunerate

the pupils for the time spent in training. Owing to the lamentable fact that, as every man thinks he can manage a farm—so every surgeon, newly fledged or otherwise, thinks he can instruct an ambulance class, it is consequently recommended so as to make sure of always securing the services of experienced instructors that the St. John Ambulance Association should call together and establish a council from the most experienced ambulance instructors and examiners, to edit a fresh edition of Shepherd's handbook as the official manual, to form a school of instruction in first aid for surgeons desirous of undertaking the instruction of classes, to examine such candidates and issue surgeon instructors' certificates of efficiency, without which no medical man could be appointed to instruct a class. Branches of the St. John Ambulance Association school of instruction should be established in large cities. I beg to offer the following suggestions:

That the St. John Ambulance Association Council consider and report on the best steps to be taken, so that the police force in every district be thoroughly trained in first aid and stretcher work. That an addition be made by the authority under which they serve to each man's pay according to the class, third, second, or first, which he maintains efficiency to be tested by regular periodical examinations. Third-class to receive in addition to pay, say, 3d. daily on passing for the St. John Ambulance Association certificate; second-class more difficult examination and to carry 6d. daily extra pay; and first-class men to pass for the army medical certificate and be entitled to 9d. a day.

Similar extra pay to be due to all public servants or professional ambulancers.

If the authorities continue to excuse the police as "having very little time" for such work, that the risk be no longer run of bringing ambulance work into discredit by hurried and imperfect teaching, and that the St. John Ambulance Brigade takes the entire ambulance protection of the people into their hands, and that they be organised and paid accordingly.

That other public servants be properly educated in ambulance work and receive proportionate pay, including the men of those splendid forces—the coastguard, fire brigade men railway men.

That all officers of the mercantile marine ships which do not carry a surgeon be also instructed, classified, and paid. That special courses of instruction for these sailors be granted by the St. John Ambulance Association so as to enable them to compete for the certificate after five lectures in one week, or while their ships are in port. That a modified course of instruction on the resuscitation of the apparently drowned be held for all lock-keepers on rivers and canals and for boatmen on the same or coasts. That intelligent men of good physique be enrolled all over the country under the banner of the St. John Ambulance Brigade, so that every village may have its squad and every town its company.

That medical students be thoroughly instructed in first aid. Several suggestions to be introduced into first aid teaching, especially in the resuscitation of the apparently drowned.

A lady lecturer for the National Health Society pleaded for the benefits of technical instruction to a more or less degree, and instanced the benefits that had been obtained in this way in rendering first-aid.

Lieutenant-Colonel JOHN INCE, M.D., I.M.S., referred to the Ambulance Association having introduced the first public ambulance in London, and noted with satisfaction the interest shown by the press in this new Section of the British Medical Association's annual meeting.

Surgeon-Major HUTTON, J.P., suggested that there should be an ambulance examination by a medical man associated with the usual inspection of the police as to their efficiency in first-aid work.

CAVALRY AMBULANCE SERVICE.

By Surgeon-Major T. F. S. CAVERHILL,

The Lothians and Berwickshire Yeomanry Cavalry.

WHEN a British Army Corps takes the field it has attached to its divisions for the care of its sick and wounded the bearer companies of the Royal Army Medical Corps. These bearers are on foot, and are supposed to keep up with the cavalry to

which they are attached. This system has been condemned by experienced cavalry commanders and army surgeons, notably by the late Major-General Sir Herbert Stewart, who, from his experience as Adjutant-General of the Cavalry in Egypt, described the system as "absolutely unsuitable." He improvised a mounted bearer company which did excellent service.

Surgeon-General Evatt, after his experience in Egypt in 1881, stated that the ambulance arrangements for cavalry were practically non-existent, and that an infantry bearer company could not keep pace with a cavalry brigade in the field.

Lord Morley's Committee (the Army Hospital Services Inquiry Committee) in 1883 unanimously recommended that in the medical organisation of cavalry brigades in the field, provision be made for mounted bearer companies.

In a review of the mounted ambulance service of New South Wales, February 18th, 1899, the BRITISH MEDICAL JOURNAL declared: "It is almost incredible that some such cavalry ambulance has never been organised for the British army, where the requirements must be infinitely greater than in a military force such as New South Wales is possessed of."

At the beginning of the South African war, 6,000 cavalry were mobilised and sent out. These, with about other 35,000 cavalry and mounted infantry have been fighting in South Africa provided with a system of ambulance against which such a heavy indictment has been laid.

In the *Times* of July 23rd, 1900, Professor Watson Cheyne, who has recently returned from South Africa, writes:

The field hospital which has done the greatest amount of good work during the campaign is the New South Wales ambulance Without this field hospital the Army Medical Department would very often have been in serious difficulties during the course of the campaign. It is not the least of the debts which we owe to the Colonies that Australia has sent us such an excellent medical equipment, which has performed invaluable services in the field, and which is an excellent object-lesson for our own field hospitals.

The Imperial Yeomanry Hospital Committee equipped and sent out to the front a flying hospital, and also a light ambulance wagon designed by Dr. Horace Manders on the ground "that under the present organisation it was impossible to render that immediate aid to the wounded now given to the infantry and the field artillery."

The objections to the present system are: (1) Tactical; (2) humanitarian; (3) surgical and medical; (4) administrative.

A cavalry general is hampered and crippled in his movements if he has no means of disposing of his sick and wounded during or after a forced march, or when fighting 60 miles from the main body. His mobility, the essence of cavalry work, is diminished or lost. Our wounded cavalry soldiers ought to have the assurance that they will not die unrelieved, and that they will as soon as possible be brought to the field hospital under the care of the surgeons of the Royal Army Medical Corps.

The antiseptic system has revolutionised civil and military surgery. Epidemics of erysipelas, blood-poisoning, and hospital gangrene, which decimated the hospitals in every campaign, are no longer seen where it can be carried out. But, as Esmarch says, "It is a necessity that the patient should have a dressing applied, and that he be brought to the dressing station to be further treated as soon as possible."

In the Bulgarian war it was found that the brilliant results of antiseptic surgery were not obtained unless it was applied within two or three hours, that in order to diminish the mortality in operation cases, especially in joint injuries and amputations, it was necessary to have operations carried out at the earliest possible moment. Fitzgerald noted that in the Franco-German war (without antiseptic treatment) there was an increasing mortality when the amputations were delayed more than two or three hours. All died if there was a delay of over eight hours.

The care of a sick man on the line of march must also be provided for. Some light ambulance is necessary to carry him along, perhaps only for a few hours, until he is able to sit on his horse.

The materiel should be divided into (1) indispensable and (2) reserve. With each squadron the indispensable articles for emergencies should be carried in saddle bags after the Russian cavalry pattern.

It is difficult to propose anything definite, for many changes

must be made in cavalry equipment and waggon *material*. Eighteen stone is a crushing weight to be carried by our troop horses. Much of that can be carried in squadron carts. Cavalry would then be more mobile; the troop horses would have greater staying power, and they would not be so quickly worn out. The cavalry troop horse is a highly-trained, expensive animal, and cannot be easily replaced.

To provide an efficient medical service for the mounted forces the following points are suggested:

1. The addition of a second surgeon to all cavalry regiments in the field. For surgical and physical reasons this is necessary.

2. That the regimental ambulance detachment of a cavalry regiment be specially trained and equipped for its duties in improvising rough dressings and means of transport, mounting and dismounting wounded, etc.

3. That a certain proportion of cacolets and litters should be carried in the regimental transport for conveying the sick and wounded either sitting or lying; that these be improved, made lighter and more comfortable, and that they be carried when required on properly-trained horses or suitable mules.

4. That each cavalry regiment should have a special pattern of light ambulance as recommended by the Commander-in-Chief after the cavalry manoeuvres last year.

5. That the regimental ambulance detachment be annually inspected by the Inspector-General of Cavalry.

6. That mounted bearer companies of the R.A.M.C. be formed to act with mounted infantry or cavalry divisions. The nature of the country will determine whether the bearers ride on horseback or are carried on special ambulance waggons.

7. That where the stretcher bearers are not present in sufficient numbers or where the wheeled transport is unsuitable or insufficient for the wounded of an infantry division after a great battle the cacolets and litters of the Mounted Bearer Company be made use of. De Preval stated that 750 men with these can do the work of 15,000 stretcher bearers.

8. That experienced operating surgeons and assistants (with suitable transport and sufficient dressings) be always close in rear of the fighting line in greater numbers to carry out at once the demands of the antiseptic system.

It has been decided that no auxiliary help is to be allowed at the front. The Red Cross Society is therefore limited in its beneficent work to the lines of communication and to the base. The cavalry soldier has to depend entirely to a rigid and inelastic official system.

Proposals for cavalry and other mounted services should be considered under two heads:

1. Regimental medical aid, that is, that given by the trained ambulance men in each regiment.

2. Non-regimental medical aid, that is, that given by a Mounted Bearer Company of the Royal Army Medical Corps attached for duty to a cavalry regiment.

Surgeon-Major Caverhill described in great detail the special training he had suggested for the regimental stretcher bearers and for the Mounted Bearer Company,¹ laying special stress on instruction for improvising rough first dressings and means of transport by horseback, country carts, waggons, etc.

Concerning *material* and equipment he advocated the use of cacolets and litters which could be made more efficient and comfortable, and instanced the Norwegian two wheeled ambulance waggon as a good model for a light ambulance cart. He stated that the horse equipment for the Russian cavalry could not be improved on for carrying emergency drugs and dressings in the field. He showed that from experience in South Africa the Army Medical Corps was undermanned and that the maximum height for our stretcher bearers was fixed at 5 feet 5 inches—much too low for the heavy and exacting nature of their duties. It was no unusual thing for cavalry troopers to be carried 12 miles by hand.

Surgeon Major Caverhill concluded by declaring that in the future we must adopt a standard for the care of the sick and wounded of our cavalry more in keeping with the sympathies of the people and with the practical philanthropy of our social and civil life.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, January 13th and 27th, 1900.

NOTE ON AMBULANCE SERVICE FOR MOUNTED TROOPS.

By Surgeon-Major VALENTINE MATTHEWS, V.M.S.C.

THE question of the mobility of troops has assumed the greatest importance of late, and attention is at once called to the necessity of providing the more mobile units such as cavalry, mounted infantry, etc., with a medical service capable of accompanying and keeping touch with them in their rapid movements.

Hitherto no special provision has been made for mounted services beyond the issue of a pair of special surgical bags for cavalry in addition to the pair of field medical panniers issued regimentally to all branches, while the next lines of medical aid, namely, bearer companies and field hospitals, are the same as those laid down for infantry.

It is hardly a matter for controversy to say that the present arrangements for the mounted services are inadequate. The only point I wish to touch upon is to what extent it is desirable to specialise in the way of medical equipment and transport for those services. If the desired end can be attained by some slight modification of the scale and arrangements laid down for all branches of the army, I think it would be more advantageous than the adoption of too special methods for the mounted services only.

Special instruments have a way of not being available when required, while the easy interchange and replacement of parts add materially to the efficiency of a machine, especially if it be one liable to sudden strains and throwing out of gear. It is mainly when mounted units are on the march or advancing that increased mobility of the medical services belonging to them is required, for as soon as patients are placed in ambulance transport they cannot well be carried either on animals or in vehicles except at a walk. The chief aim, therefore, in the increase of mobility of the medical unit is to keep pace with the mounted unit to which it is attached, and to rejoin with rapidity after the patients have been conveyed to the rear.

It has been proposed to form bearer companies of mounted bearers, the objection to which is in my mind that either the bearers have to look after their own horses, and so take up much of the time which they should devote to the patients, or else an equal number of mounted men must be attached to look after the bearers' horses—that is, each man looking after his own horse and that of one of the bearers. It would no doubt be an advantage if every bearer, whether attached to mounted or dismounted services, were able to ride, as he might, by riding behind a patient on a horse, support him and so bring him back to a place where he would be cared for; but to give a bearer the sole responsibility and charge of a horse in addition to looking after patients would mean either that the patients would not receive the undivided attention of the bearer, which is undesirable, or that the horse would be neglected and soon become non-effective from being left too long without forage and water, and the mounted bearer at once turned into a dismounted bearer. The alternative of having additional men to look after the bearers' horses would add too much to the establishment, and would hardly, I think, be entertained for a moment by the military authorities.

If, then, the bearers are not to be mounted, how are they to keep up with mounted troops?

Mounted troops are accompanied by waggons and carts containing supplies, ammunition, forage, etc. Why should they not be accompanied by ambulance waggons? The present ambulance waggon is strong, and capable of much rough work. In any future pattern these characteristics will no doubt be preserved. I would suggest that each mounted unit be accompanied by ambulance waggons (the precise number of each unit might be fixed when the experiences of the present war are collected), and in these the bearers might be carried. The present pattern, Mark V, would easily carry eight bearers in each, and if the present scale of four horses is insufficient to enable them to keep up, let them be horsed with six horses, or an equivalent of other animals. These bearers and the waggon or waggons carrying them should be regimental, but the bearers of the bearer company of a cavalry brigade could easily be carried in the same way. The unit contains 57 dismounted men who might very easily

be distributed among the 10 ambulance waggons of the company without materially increasing the load of each. In this way the bearers and bearer company could keep touch with the mounted units and arrive upon the scene of action comparatively fresh for their work.

I think that it would be an advantage if the regimental ambulance waggons at least were provided with some form of curtain, something with the nature of a light sunblind and readily detachable which might be supported by light poles, say 2 feet high, and put over the patients in the ditch or other shelter to which they have been temporarily brought, or to which they may have crawled. It has occurred to me, and I mention this at the risk of exciting some ridicule, that some temporary shelter might be obtained by the use of umbrellas—a large umbrella of suitable colour marked conspicuously with the Geneva Cross and with a flap or curtain, forming an article something between a carriage umbrella and an umbrella tent might, I believe, be employed. If one (or more) were strapped to the outside of each wagon it could be detached at the beginning of an engagement and easily carried by one bearer to be pitched at a suitable place. It should have a spike at the end of the stick to thrust into the ground and be pitched under cover, not upright but obliquely, anchorwise. I believe that shelter could thus be provided for two or three men, and by the use of a certain number of such articles some of the suffering due to prolonged exposure to the weather might be averted.

I would also suggest that a cart containing medical equipment, dressings, comforts, etc., be also attached regimentally. The effect of this would be to multiply collecting stations all over the field instead of only one per brigade. I believe that in this way assistance could more readily be given to the wounded, and that it is more in keeping with the system of collecting the wounded into groups all over the field which seems to be the present tendency.

The frontage and depth occupied by troops in action now is so great that some development in the direction indicated would appear necessary.

The only other point to which I wish specially to refer is the weight and load of the waggons of bearer companies and field hospitals attached to mounted units. The weight of the waggons and loads amount to about 36 cwt. each, which I cannot help thinking too heavy for rapid movements. I would suggest that these loads be reduced—that is, that the number of waggons be increased by at least one half, to procure greater mobility of these units, and to the field hospitals and ambulance waggons, say, four should be added for the conveyance of the bearers and to supplement those of the bearer companies. The same system of regimental ambulance wagon and medical store carts might be applied to infantry units, the only difference being a possibly different number of waggons, and that with the infantry unit it would not be necessary to carry the bearers.

I have not referred in any way to the use of cacolets, litters, or other contrivances used where wheeled transport cannot be employed. Their use is more specially directed to mountainous districts, where cavalry and mounted services are not likely to be used as such. Nor have I alluded to the possible use of cycle ambulances, which I believe will be found of great use in the future, as my object in this note was to confine myself absolutely to the point I have discussed. I have given some thought to the subject, although I have no war experience, and hope that this Section of the British Medical Association will not consider that I have occupied their valuable time without excuse.

Lieutenant-Colonel C. B. MAITLAND, F.R.C.P. Edin., I.M.S., said he would like to supplement the excellent paper of Surgeon-Major Caverhill by trying to suggest something in the way of wheeled carriage for a wounded cavalryman. It was not the man wounded in a general engagement who was so likely to be reported missing as the poor devil who fell while doing duty in the cavalry screen, say 15 miles to the front. If this man were fighting in the Sudan, Afghanistan, etc., unless he was quickly picked up when wounded, it was enough to say he would not be entire when he was found. He thought a 4-mule cart, to carry 4 slung stretchers and 1 man sitting down, ought to be attached to every squadron; 2 of the mules would be

ridden, and 2 orderlies would sit behind. This cart could go wherever horse artillery could. The stretchers in the cart should be slung by wire ropes over spring hooks, thus doing away with the necessity of springs to the cart. The cart must be rather heavy, have big wheels and a broad track, and carry water, brandy, a few bandages and splints, and hypodermic syringes. The main hospital marched with the headquarters of the cavalry screen, and must be prepared to carry wounded forward till a good opportunity occurred of sending them back. He had worked out details of this cart which would give an idea of it. It had an oblong floor with skeleton sides and top, a roll-up canvas cover over all. There were four wheels and no springs. The stretchers could be easily taken out and replaced, and were made narrower at the foot than the head, thus allowing room for an orderly to move between them and for a wounded man to sit. They were slung two on each side in double tiers, and had straps for fixing the wounded in. These carts could carry wounded at all usual paces with fair comfort.

After some remarks by Major E. M. WILSON, R.A.M.C.,

Surgeon-General O'DWYER, A.M.S. (P.M.O., Aldershot), said: I think a bearer company with mountain equipment would be better adapted for cavalry than the present bearer company with wheeled transports, although even with that in its present condition lying down sick cannot be carried. To deal with such cases a lighter kind of ambulance, somewhat on the American lines, would be better than our present vehicle. It was my duty to see that a camel bearer company with mountain equipment was got ready for the desert march to rescue Gordon. The litters were, of course, terribly uncomfortable, but they were better than nothing; and although they caused the patients terrible suffering, that was better than to leave them behind to be slaughtered by the Dervishes. I do not recommend the introduction of the litter to the exclusion of hand transport, which is the best of all for serious cases of wounds or sickness. Cacolets carried by horses were with General Drury Lowe's cavalry division sent forward to seize Cairo after the battle of Tel-el-Kebir. It would be desirable for the R.A.M.C. to have its own transport allotted to it in a campaign, and then it could not be urged that horses employed under the Geneva Cross one day were used for combatant duties the next. If the country wishes to mount bearers of cavalry bearer company on horses, it will cost money, but it could be done; but I think the utility of the bicycle for this purpose might be considered.

Surgeon-Major CAVERHILL, in reply, pointed out his desire was to direct attention to this important and difficult question, in the hope that reforms might in time be arrived at.

THE CYCLE IN THE FIELD FOR MEDICAL SERVICE.

By Surgeon-Major F. L. STEPHENSON, V.M.S.C.

I FEEL myself happy in having the affix "for medical service" added to the subject I have been asked to write about. For the larger subject, the cycle in the field, is at present occupying the keen attention of Major-General Sir F. Maurice, and his experiments at Brighton and Woolwich will doubtless tend to solve the larger and more difficult questions, such as the best number for such rapidly mobile units, the proper type of machine, and the best means of transmitting orders. I have ridden with a column of about 220 rifle cyclists under Major (now Colonel) Lloyd, of the Grenadiers, and learnt practically that the transmission of orders with such a column is not easy. I got into trouble because an order did not reach me.

From my experience of this and other rides I have determined to suggest (*vide* Appendix I, p. 629) that the medical unit should consist of 4 officers and 53 non-commissioned officers and men. Such a medical unit could act either as a bearer company or as a temporary field hospital, as you will readily see by noting the equipment and materials carried (Appendices I and II, p. 629). I would add that the whole of this equipment, etc., including the bath, has been actually carried on fairly long rides extending over from two to four days.

My view is that these medical units should be kept well in rear of the fighting line, and be stationed, and massed if necessary, in such a position that they could receive orders by flag or lamp or field wire. When fighting occurred they

could be sent to any point where medical aid was needed, and distance would be no great detriment, seeing that such a unit as I propose, with its full equipment, has been able to cover twelve miles in the hour at the end of a long day's work. Nor must we omit the fact that such a unit would not block the road with slowly-moving waggons; further, it would be able to worm its way through a block created by an ammunition or supply train.

I think that with the medical units the question of speed is of importance. For not only will they need to keep pace with the long and rapid movements of cyclist infantry, but also, having been delayed by "work" at one point, they should be able to hand over their wounded to a more stationary body, and proceed at once to rejoin the fighting line perhaps 50 miles ahead or more.

The section I have organised and equipped has been practically testing such points for the last four years, and these are some of the results, each officer and man carrying his full kit and equipment.

Against a south-west gale of wind with rain we rode from Woolwich to Aldershot, 50 odd miles, under 9 hours. This included two short halts and two long halts of an hour, one at Leatherhead for tea the other at Guildford for a guide who failed to turn up, the weather was so bad. We then lost our way in the dark on the Hog's Back, but got in all right about 10.30 p.m. ready for supper. On the other hand, with good weather, we have done the same journey in 5½ hours, including three halts for rest and tea.

In very hot weather, August 1897, we rode from Woolwich to Netley. Starting overnight at the end of our day's work, we rode 30 miles to Eflingham, where I fed the men and billeted them for the night. After breakfast next morning we started again, and, making three good halts to rest and feed the men, we reached Netley at 4 p.m., the men in good condition and fit for work if necessary.

The amateur who rides from London to Brighton and back for his pleasure may say these "data" are not much; but let me point out that to ride in a light knicker suit, with light cycling shoes on a light roadster is one thing, and to ride in uniform with full kit and equipment on a strong military machine loaded up with stretcher poles and other gear is quite another matter. Nor must we forget our axiom, that with military riding the men must always, even to the end of the journey, be fit and ready for hard work if necessary.

Now let me say a few words about my proposed medical unit. You will note that it is divided into four parts, three stretcher sections and a party of supers—for I prefer to ride my column in sections at intervals of 30 or 40 yards. This takes more room on the road, but intervals of 30 or 40 yards are not of much importance in a 12-mile run. The advantages are these. With a column riding in close order, the men in rear are often blinded and choked with dust, and are unable to see orders by signal which it is sometimes necessary to give from the head of the column. Riding in sections the dust cloud raised is comparatively slight, and it is quite easy to see from section to section, and transmit messages or orders.

Again, with a company riding in close order, an accident to a leading man will throw the whole column into confusion, and sometimes a "heap." I was once in a heap of this sort, resulting from one man coming to grief suddenly, and when we sorted ourselves out we found not only one but several machines dead lame. Riding in sections, the rear sections have plenty of time to avoid the heap. Riding in sections, too, gains time. The men ride more comfortably, and so are able to ride faster; and when the halt comes, by the time the leading section has "stacked" machines, or laid them in the hedgerow, the next section has arrived, and there is much less confusion, a matter of some importance when you have to "unload" stretchers and put them together.

A few words as to orders. I prefer when riding to issue and transmit them by signal—namely, whistle sounds, made up of longs and shorts, and certain semaphore signals made by the arm. In practice I find quite a few signals work all that is necessary while riding.

Before I quit this subject of sections, let me remind you that the sectional division of a company is a great gain in some cases. My proposed medical unit acting as a bearer company may have collected, say, some 200 wounded in a village or hamlet. Having done so, it could leave one section behind

for temporary nursing duties, while the other two sections rode on to some other point where further aid was needed.

Now let me say something about the equipment of the unit as detailed in Appendices I and II. Each man carries sufficient clothing to make him independent of the base. Of the ambulance material, the stretcher calls for most notice. It is a bamboo folding stretcher, divided into three parts—namely, two folding poles and a canvas with traverse bars. With trained men it takes just under sixty seconds to put it together. Though light, it is very strong. It has carried Mr. Bennet Burleigh, of the *Daily Telegraph*, when not campaigning—a very good test. The breaking strain is converted into a tension strain, "taken" by a thin rod of Bessemer steel, and this plan works well. We have had these stretchers in use for four years, doing rough work in camps, knocking about in baggage waggons and railway vans, and they continue sound and useful. They are easily converted into hospital beds, and they are made of a pattern to fit the service waggons. It is fair to say that this stretcher is an invention of my 1st Class Staff-Sergeant B. Hardcastle; and this man has recently designed a very portable apparatus by which as many as twelve bicycles can be stacked in one tent, leaving just room enough "on emergency" for the men to lie on the ground between the machines. We are going to test this practically on Salisbury Plain.

The rest of the ambulance equipment does not call for any special description, but I would say that we find the "frame carrier" the best means of carrying the large quantities of dressings and comforts detailed—enough for nearly 300 wounded.

There is a point in the personal equipment worth a little notice. The men complained on long rides of the water bottle and haversack carried across the chest. These articles are now slung on the waist belt, supported by hooks on the serge frock; and the men say this is much easier for riding.

At this point I may be expected to say something about the type of bicycle, but this is one of the larger questions, and cannot be dealt with only from the medical unit point of view. It is true that our equipment is more bulky and awkward to carry than that of the rifleman, but if military cycling is to come to any good, I think there must be a uniform pattern of machine suitable for all. My personal view is that the machine should have a 7-inch or 9-inch head at least. It should have as few parts as possible, but amongst them must be an efficient front wheel mud guard. It is from the front wheel the mud is thrown which clogs the chain in wet weather. I have seen this happen, and the fault remedied by a bit of leather. I would add that my experience with the folding or rotating handle bar and the folding pedal has been very satisfactory, especially in camp. I do not believe in the folding bicycle. We have had most of our machines from Coventry, but Coventry failed me when I wanted an ambulance. Here Birmingham readily stepped in. The ambulance consists of two bicycles side by side, held rigidly together by a framework between them which carries the stretcher. It has to be very strong to stand driving not only on rough roads but occasionally over rough ground. The machine as built has stood the test very well, though we have had to make some alterations of minor details. We had to design new clips or holders to take our regulation stretcher; we had to design a stronger steering gear, and we had to strengthen the driving wheels. It has one great advantage; it can be taken along ordinary roads at a fair pace—6 to 7 miles an hour—without jolting the patient, and the patient is constantly in view of the riders, one of whom can constantly attend to him while the other steers.

I think these ambulances would be of great service in running the wounded back to the field hospitals. There could be at least four of them in each medical unit ridden by the supers. We have used ours in camps to fetch supplies, food, etc., and have found it very useful and always ready. They might as well be used for fetching supplies of dressings and comforts on a campaign. I have omitted one of the alterations. We had to alter our handle bars so as to readily lift in and out—this facilitates loading and unloading the stretcher, and makes no difference to the riding or steering.

I have taken it for granted that the bicycle is now admitted to be an available adjunct in field operations as a means of transporting men and their equipment over long distances

APPENDIX I.—*Detail of a Cyclist Bearer Company.*

SECTIONS.		Each Section		Total in 3 Sections.		Total	
1	Medical Officer	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
1	Commander (Staff-Sergeant)	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
2	Guides (Sergeants)	...	...	2	Medical Officer, 13 N.C.O.'s and men.	...	...
2	Stretcher Squads, 5 in each Squad	...	...	2	Medical Officer, 13 N.C.O.'s and men.	...	...
	No. 1 pole man	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	No. 2 " " man	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	No. 3 canvas man	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	No. 4 haversack man,	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	No. 5 spare " "	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	Total in 1 Section	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	Total in 3 Sections.	...	...	3	Medical Officers, 39 N.C.O.'s and men.	...	...
Supernumeraries	1 Signaller	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	1 Repairer	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	1 Assistant Repairer	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	2 Servants	...	...	2	Medical Officer, 13 N.C.O.'s and men.	...	...
	2 Company Cooks	...	...	2	Medical Officer, 13 N.C.O.'s and men.	...	...
Runners for Supply Purpose	1 Quartermaster, 1 Sergeant, 6 men	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	2 Red Cross flags.	...	...	2	Medical Officer, 13 N.C.O.'s and men.	...	...
	Tools and materials.	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	Baths, brushes, etc.	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	Spare mess tins, tea, coffee, etc.	...	...	1	Medical Officer, 13 N.C.O.'s and men.	...	...
	Total	...	...	7	N.C.O.'s and men	...	...
	to fetch water for wounded	...	...	1	Officer	...	...
	and supplies from base	...	...	7	N.C.O.'s and men	...	...
	Total 1 Bearer Company	...	...	4	Officers	...	...
	Total	...	...	53	N.C.O.'s and men.	...	...
The Ambulance Equipment is divided as follows:							
3	Medical Officers	...	...	3	medical cases and instruments.	...	...
3	Section Commanders	...	...	3	frame carriers medical comforts.	...	...
6	Guides	...	...	6	" " surgical dressings.	...	...
12	Pole Men	...	...	12	" " stretchers.	...	...
6	Canvas Men	...	...	6	" " stretchers.	...	...
6	Nos. 4	...	...	12	haversacks with field dressings.	...	...
6	Nos. 5	...	...	12	haversacks with field dressings.	...	...
	Total	...	...	3	Medical Officers, 39 N.C.O.'s and men	...	...

N.B. - Each officer non-commissioned officer, and man carries a personal kit on his handle bar, namely, spare shirt and socks, 1 pair trousers, towel, soap, blue cloth cape, and pouch.

APPENDIX II.—*Detail of Dressings, etc., Carried by a Cyclist Bearer Company.*

—			Triangular Bandages.	Roller Bandages.	6 × 6 Wool Pads.	Sponges.	Bottles, Antiseptic Soloids.	Carbolic Vaseline.	Scissors.	Wire Splints.	Screw Tourniquets.	Army Book, 166.	1½ oz. Bot. Sal Volat.	Bottles, Thirst Tabloids.
12 Haversacks, in each	6	3	3	1	1 small	1 tin	1 pair	1 pair	1	1	1	1	1 small
Total in 12 Haversacks	...	6 doz.	3 doz.	3 doz.	12	12 small	12 tins	12 pairs	12 pairs	12	12	12	12 oz.	12 small
—			Triangular Bandages.	Roller Bandages.	Gauze Tissue.			Sponges.	Bottles, Anti-septic Soloids.			Wire Splints.		
6 Frame Carriers, in each ...	...	1 doz.	2 doz.	3 yds.	2			1 large	2 pairs.				
Total in 6 Frame Carriers	...	6 doz.	12 doz.	18 yds.	12			6 large	12 pairs.					
—			Brandy.	Brand's Essence.	Oatmeal.	Bottles, Thirst Tabloids		Tea Tabloids.	Condensed Milk.		Saxin.			
3 Frame Carriers, in each ...	...	¾ pint	4 tins	1 lb.	4 large		3 tins	4 tins	2 bots.				
Total in 3 Frame Carriers	...	2¼ pints	12 tins	3 lbs.	12 large		9 tins	12 tins	6 bots.					

Total List of Ambulance Materials Carried by a Cyclist Bearer Company.

Antiseptic Triangular Bandages	...	...	...	...	12 doz.	Stretchers	...	...	...	...	...	6.
" Roller Bandages	...	...	...	...	15 doz.	Red Cross Flags	...	...	...	...	...	2.
" Wool Pads, 6 x 6	...	...	...	...	3 doz.	Sal Volatile	...	...	...	...	...	18 ozs.
" Gauze Tissue	...	...	...	...	18 yards.	Thirst Tablets	...	...	...	...	...	12 small bottles.
Sponges	...	...	...	...	2 doz.	"	...	...	...	...	...	12 large bottles.
Antiseptic Soloids (Corros. Sublimate)	...	...	...	...	12 small bottles.	Brandy	...	...	...	...	...	21 pints.
"	...	...	...	...	6 large bottles.	Brand's Essence	...	...	...	...	...	12 tins.
Carbolic Vasoline	...	...	...	...	12 tins.	Oatmeal	...	...	...	...	...	3 lbs.
Scissors	...	...	...	...	12 pairs.	Tea Tablets	...	...	...	...	...	9 tins.
Wire Splints	...	...	...	...	24 pairs.	Condensed Milk	...	...	...	...	...	12 tins.
Screw Tourniquets	...	...	...	...	12.	Saxin	...	...	...	...	...	6 bottles.
Army Books, 166	...	...	...	...	12.							

and at great speed. I need not repeat the old thread-worn arguments in its favour—but as regards its latest competitor, the autocar, I would remind you that it needs no storage of electricity and no motor fuel in the shape of benzol, coal, etc.

The cycle can go wherever a horse and cart or waggon, often

with greater ease—and sometimes where the latter could not go. Add this consideration to the fact that up to now there is practically no provision whatever for supplying medical aid in the field to rapidly moving bodies like cyclists, infantry, and cavalry, etc., this proposed medical unit would fill this

gap, and I think our tests show it could do so with great efficiency.

There is one more point I would put forward. I have said that there should be one type of machine suitable to all; I will go further, and say that military cyclists should be selected of one type, that is, the same height, or nearly so, so that on emergency any man could ride any machine. This is particularly advisable as regards the ambulance. Cyclists must always be selected men; why should not the selection include a height of 5 ft. 5 ins. to 5 ft. 6 ins.?

In conclusion, I must thank you for giving me this opportunity of putting forward the results of our experience; these are results. Many experiments and changes had to be made before we arrived at workable ideas. I do not say these are necessarily perfect; but they are practical and workable. Time, no doubt, will suggest further improvements.

Surgeon-General O'DWYER, P.M.O., Aldershot, said: Surgeon-Major Stephenson was good enough to bring 30 or 40 of his company from Woolwich to Aldershot equipped as a cycle-bearer company, each man carrying some kit and surgical appliances for sick and wounded. I thought the unit might be useful for mounted troops, especially if accompanied by light ambulances in countries where there are roads, and I reported in that sense to the authorities, and I have no doubt it will be duly considered now that the cycle and cyclists training forms officially part of the army organisation.

THE ROYAL ARMY MEDICAL CORPS, PAST, PRESENT, AND FUTURE.

By Surgeon-General J. B. HAMILTON, M.D.

By the Warrant of 1858, promulgated as a result of the Commission presided over by the late Lord Herbert, medical officers were granted increased relative rank, better pay, a higher scale of allowances, and larger pensions, indeed this warrant was known as the Magna Charta of the service. The ink of this warrant, however, was hardly dry before the military element, supported, if not actually instigated, by the War Office, began to whittle away many of its items, and a system of attack on the medical service was carried out by the military authorities. For example medical officers were made "junior of the rank," thus depriving them of choice of quarters, precedence at mess, etc., and when their rank was restored, the Commander-in-Chief issued an order that no second place at mess was to be recognised. Field officers (surgeon-majors) were by some commanding officers ordered to appear on parade on foot. Forage was withdrawn from medical officers unless they could clearly prove their duties necessitated their being mounted. In many cases the proper salutes of rank were withheld with the knowledge and connivance of commanding officers.

As a consequence of this treatment it became almost impossible to obtain candidates, and several warrants were issued increasing the pay and pension of the service, but so disgusted had the schools become that it was most difficult to get good men to compete.

In 1873 Lord (then Mr.) Cardwell abolished the regimental system with a stroke of his pen; and though a circular had been issued just before intimating that if this change was brought out it would not affect those in regiments for at least five years, on April 1st every medical officer was removed from his corps without even the courtesy of a gazette. No compensation for change of uniform was granted, and heavy pecuniary loss was inflicted on all concerned, to be increased when medical officers were ordered to wear blue instead of scarlet. To make matters worse no medical officers were for the future appointed to militia regiments, those actually serving being allowed to die out. At the present time the Militia Medical Service has practically ceased to exist, and the care of some 120,000 militia has devolved on the depleted ranks of the R.A.M.C. So disgusted were the regimental medical officers at their treatment that they left the service in numbers, and in 1879 matters culminated in an absolute dearth of candidates. When 50 places were advertised but 5 candidates came forward and no examination was held.

The next attempt to obtain recruits was by the introduction

of the Warrant of 1879, known as the "thousand-pounder." By this arrangement medical officers were admitted up to the age of 32, married or unmarried, and after 10 years' service they were liable to discharge with a gratuity of £1,000, a selected few being retained to fill the higher ranks. At the same time the age for the retirement of surgeon-generals was reduced from 65 to 60, an extra pension of £90 a year being given to the actual incumbents of the rank only, while all others who had entered under the express condition of serving till 65 received nothing, and many never attained the higher grade in consequence of the reduction of the administrative ranks. This scheme having been found (as was generally predicted) an utter failure, another warrant was brought out going back to the old system and abolishing the "thousand-pounder."

Meanwhile, in India the establishment was reduced by 50 executive officers, thus throwing extra work on those left, beside making leave most difficult to obtain. In addition to this numerical reduction a pecuniary loss was also inflicted—charge money for regiments and for hill stations (Rs. 150 per mensem) was abolished, as also was horse allowance for medical officers of Cavalry and Horse Artillery, though at the same time it was promised that the money thus saved should be given back in the form of an allowance to officers in charge of station hospitals. Suffice it to say this promise was never carried out, and in addition to losing 50 officers, the department in India was deprived of over Rs. 40,000 a year by the above breach of faith.

The question of rank next became a burning one. In all the departmental warrants the rank held by medical officers was defined as "relative," which clearly laid down their positions and gave them their proper precedence, choice of quarters, allowances, etc. This, however, was soon to be attacked, the first commencement being the grant of "honorary" (titular) rank to the Commissariat, Pay, Ordnance, and Educational Departments, so that these purely civil officers suddenly blossomed out as Colonels, Majors, Captains, etc., while the medical and veterinary services were left as they were.

The amusing part of this new warrant was the action of these purely civil officers who, while insisting on their always being addressed by their honorary military titles, delighted in calling medical officers "doctors," and attempting to take precedence of them when members of mixed Boards, etc. The injustice was soon, however, to culminate, and on January 1st, 1887, a new Royal warrant was issued, by which but two ranks in the army were recognised, "substantive" and "honorary," and while all the departments but the medical and veterinary were granted the second—that is, "honorary"—these two were left out in the cold, and granted no rank whatever, in substitution for a clearly defined position, a position the Department had uninterruptedly enjoyed from time immemorial. Medical officers were set down as "ranking with" other officers of various grades; in fact, they were reduced to the position of civilian camp followers, without rank of any kind.

A storm of indignation burst forth from the entire medical service. From the highest to the lowest there was but one opinion—that the authorities had again broken faith with the Service, and that there must be an instant and imperative demand for a restoration of these privileges. The Secretary of State for War (Mr. Stanhope) attempted, most foolishly, to justify his action, and explained that status was substituted for rank, and that medical officers had really lost nothing.

The medical schools, headed by the powerful British Medical Association, took the matter up most warmly, and finally the Secretary of State gave way and issued the warrant, giving what are known as compound titles—that is, the word surgeon was prefixed to the various military ranks—surgeon-lieutenant, surgeon-captain, etc., and substantive army rank was granted. This important change was, however, marred by the introduction of the ridiculous title of brigade-surgeon-lieutenant-colonel, an utterly unnecessary rank, but one to which the War Office clung through thick and thin till the issue of the final warrant of 1898, when pure military titles were granted to all ranks, excepting only that of surgeon-general.

To these general officers the military advisers of the Secretary of State for War absolutely refused the title of major-general, and it became known that if the Service would not

accept the warrant without it the whole scheme would be dropped. The incongruity of the arrangement was marked by the fact that all officers of the R.A.M.C. hold substantive rank from lieutenant to colonel in the corps, while the surgeon-generals remained Army Medical Staff.

If it was right that the surgeon-generals should belong to the A.M.S., by a parity of argument the colonels should also do so, as in no other corps is there any higher rank than that of lieutenant-colonel. To further show the animus of the War Office the medical officers of volunteers were obliged to retain their old titles of surgeon-lieutenant, surgeon-captain, etc.

In the Guards, also, a similar arrangement was made, due, no doubt, to the jealousy of the combatant branch, and medical officers appointed to the Guards from the R.A.M.C. have now to drop their military titles and take up the compound ones.

In many ways the authorities both at home and in India treat the medical service differentially, especially in the matter of leave, foreign service, and allowances. It will be in the remembrance of most of those present that the period of foreign service in India was altered from five to six years, and in the unhealthy colonies—Ceylon, China, etc.—from three to five years, but after a long struggle the Indian rule of five years was reintroduced.

Leave has always been a difficulty, and as sickness is generally more prevalent among the troops in the hot season in India, the services of medical officers are more in demand, and few get anything like a fair proportion of that leave so necessary for health in such a climate.

As an example of the differential treatment meted out to medical officers, I may mention two analogous instances, one in India and one at home.

Some years ago a rule was introduced that all subalterns and captains travelling by train with troops in India were to receive a daily allowance of Rs. 3; but this was refused to medical officers. Thus a surgeon-captain taking invalids down from Peshawar to Bombay and returning with drafts from home, absent from his station for three weeks to a month, received nothing, while the captain or lieutenant in command on doing duty drew Rs. 3 per diem for his travelling expenses.

In a similar way at home a sum of 4s. daily was granted to every officer doing duty in a militia camp, with the single exception of the medical officer, and though this injustice was frequently brought before Parliament the Secretary of State would not give way, till finally Lord Lansdowne remedied the matter. I am glad to say that, after a struggle lasting for years, the Indian Government now gives the same travelling allowance to medical as to combatant officers.

The question of Indian pay has for many years been a burning one, and there is little doubt but that it largely influences the influx of suitable candidates. When station hospitals were introduced in India in 1881, the Government made an immense saving. As I before said, 50 medical officers were reduced, charge allowances and forage allowances were taken away, large savings were made by the abolition of small regimental hospitals and their consolidation into larger station hospitals, but not one rupee extra was granted to the medical officer who had all the responsibility and pecuniary risk of these larger charges. As an instance, in the station of Lucknow there had been two infantry, one cavalry, and one artillery hospital. These were consolidated and placed under the charge of a brigade-surgeon, who was solely responsible for the treatment of the sick of 3,000 men, and the whole of the equipment was at his personal debit. He was commanding officer and paymaster of the native army hospital corps, and in addition performed all the duties hitherto carried on by four surgeon-majors; yet, instead of getting any increase of pay, he actually drew Rs. 90 per mensem less than either of the surgeon-majors of the cavalry or Royal Horse Artillery, as the Government of India refused to recognise the rank of brigade-surgeon, and would not give him the extra horse allowance. Indeed, as has often been said, the Secretary of State for War enlists medical officers under certain conditions, and then hands them over to the Government of India like a flock of sheep, not protecting their interests or seeing that the contracts under which they agreed to serve are honourably carried out.

After much agitation, the Government of India did grant a small increase of pay to the R.A.M.C., but how inadequate

that increase is may be judged from the fact that lieutenant-colonels R.A.M.C. draw but Rs. 1,150 for command and charge of the largest station hospitals in India, while lieutenant-colonels of regiments draw Rs. 1,450.

Again, a captain R.A.M.C. between three and five years' service draws but Rs. 350, while the captain of a line regiment draws Rs. 415, and of a native regiment from Rs. 600 to 800.

More remarkable, again, a veterinary lieutenant in charge of the horses of a regiment draws a minimum of Rs. 400, while the medical officer in charge of the officers, men, and families only receives Rs. 350, though he may be a captain, if under five years' service. These facts become known in the medical schools, and largely influence the lately passed student in his choice of a career.

The Indian medical service is also suffering, though, perhaps, not to quite the same extent, and even the Royal Navy, I am told, is fast losing favour with the profession. There are also other causes at work to make the service unpopular.

Medical officers, even though members of the Queen's household, which all her honorary physicians and surgeons are, are never invited to State functions, and while Her Majesty's aide-de-camps are invited in turn, her honorary physicians and surgeons are invariably left out.

In a similar way medical officers are given the cold shoulder in most of the leading military clubs. In the United Service Club no medical officer under the rank of major-general can have his name put down on the list of candidates, though captains in the army and lieutenants in the navy are eligible.

In two out of the other three leading military clubs to be a medical officer is almost certain to entail rejection, and this not on personal grounds, but through what is called "class blackballing," one of the most contemptible acts a body of gentlemen can be guilty of.

In a paper of this kind it is of course impossible to go further into detail, but after an intimate knowledge of the medical department, extending over forty years, I assert that what might be a splendid public service if justly treated is being ruined by injustice and neglect.

The present strength of the R.A.M.C. is wholly inadequate, and in proof of this let me state that forty years ago there were nearly 1,200 medical officers on full pay, whereas now there are only about 880 effectives.

Since 1860 the whole of the H. E. I. Co.'s white troops, some 20,000 men, have been placed under the medical care of the R.A.M.C., and about 100,000 men have been added to the strength of the army. Thus, while the R.A.M.C. has been reduced quite one-fourth, the army has been doubled.

The appointment of medical officers to the Militia was abolished in 1873, and these officers have now practically died out, thus adding 120,000 more men to be taken charge of by the R.A.M.C. The number of administrative appointments has been largely reduced, and in the Headquarters office the staff has been cut down by nearly one half. The position of P.M.O.s on the staff of general officers is very unsatisfactory, and in South Africa at present the P.M.O. of the Army, instead of being at Lord Roberts's elbow, is under the General Officer Commanding Lines of Communication, 1,000 miles from headquarters.

In a similar way the P.M.O.s of army corps and divisions were refused local rank. In the regulations it is laid down that there shall be a surgeon-general on the staff of each Army corps, that is, with 35,000 men. In South Africa at present there are nearly quarter of a million of men, demanding at least six surgeon-generals, while there is but one (this has been just remedied by the promotion locally of four colonels to be surgeon-generals). In a similar way several of the P.M.O.s of divisions are lieutenant-colonels, each of whom should have the local rank of colonel.

Not only is the influence and authority of these officers diminished by the absence of their proper rank, but they also lose considerably in the matter of pay and allowances, and in the event of death their families are deprived of the extra pensions. I may point out that in the case of so-called combatant officers the appointment of a colonel to the command of a brigade at once carries the rank of major-general. I have heard lately from what I must regard as excellent authority that the present pay and emoluments of the R.A.M.C. do not hold out sufficient inducements for a good class of candidates to come forward.

The law by which the employment of unqualified assistants has been made illegal has naturally raised the demand for qualified medical men, and the numerous openings, official and otherwise, in the Colonies have further drained the supply. The introduction of the five years' curriculum, with the consequent increase in the expense of education, must also influence the rate of income required to attract good candidates. This is not a point on which I can speak with authority, but it is well worthy of consideration.

In conclusion, I consider the chief points necessary to place the R.A.M.C. on a proper footing and secure a good class of candidates are: (1) Increase of pay at home and in the colonies. (2) The pay in India to be brought up to the level of combatant officers at least. (3) The strength of the R.A.M.C. to be increased to at least 1,000 executive officers with the formation of an adequate reserve. (4) The reappointment of medical officers to militia regiments. (5) The extension of military titles to militia and volunteer medical officers. (6) A guarantee of a fair amount of leave for study and also for recreation. (7) Surgeon-generals should be granted the title of major-general, and be graded with the rest of the general officers of the army. (8) The proper recognition of major-generals and colonels on the staff of the army and on the staff of the general officers commanding districts. (9) A more equitable distribution of honours and rewards.

Surgeon-General O'DWYER, P.M.O., Aldershot, advocated the desirability of the P.M.O. on active service being on the staff of the General Commanding-in-Chief in order that he might be enabled to administer his department under the most favourable circumstances. He also advocated that this P.M.O. should have executive powers *re* sanitary matters, and instanced many advantages which would result if it were so; he remarked that there were not many Generals who now sanctioned this.

Surgeon-Major CAVERHILL, M.B. (Lothians and Berwickshire Yeomanry) considered that the authorities would have great difficulty in getting suitable candidates for the R.A.M.C. in the future. First, there were fewer entrants to the medical profession owing to the greater expense attending the extended curriculum of five years' study; and, secondly, the increased number of appointments in civil life caused by the abolition of the unqualified assistant conducting branch practices. The R.A.M.C. was undermanned even in peace time; in an emergency their places could not be efficiently filled by undisciplined civil practitioners. The deficiency of medical officers was the cause of great dissatisfaction as regards leave with its opportunities for study and keeping abreast of recent advances in medical science. In the German army, completely equipped bacteriological laboratories accompanied each army corps. They were also to be found in the Russian army both in the medical and veterinary departments. These were not provided for in our regulations. The time had now come for the formation of a special sanitary organisation evolved from the ranks of the R.A.M.C. This body could be reinforced, if need be, by men of special training and great practical experience such as our county medical officers. These medical officers of health as inspecting officers or as consultants would be of equal, if not greater, importance to the well-being of the army than the consulting surgeons appointed in the recent campaign.

Surgeon-Captain HARPER, M.D., V.M.S.C., said that, in consequence of the drain of medical officers of the R.A.M.C. to South Africa many civilian practitioners had been called in to assist or take charge of military hospitals or troops at home. A most important matter for consideration in this connection was the Volunteer Bill at present before the House of Commons, which, by substituting the words "sudden emergency" for the words "actual or apprehended invasion," altered the whole position of the volunteer force. "Sudden emergency" was far too elastic a term, and practically meant nothing. Sir Howard Vincent's statement in the House that the volunteers on the whole were in favour of the change was, so far as he could gather, quite incorrect. It was impossible that any large proportion of officers or men with families depending on them for support could remain in a force under the proposed new conditions. If the Bill became law, it would be followed by a very large number of resignations, and those of many of the best and keenest officers and

men. The matter was one of vital importance, both to the medical and combatant branches of the volunteer force.

Surgeon-General HAMILTON, in reply, said that the position of P.M.O.s on lines of communication was all wrong. They ought to be with the general in command and under his instructions should issue orders to the subordinate P.M.O.s. In the same way P.M.O.s should be on the immediate staff of the G.O.C., and under his instructions correspond "by order." The future supply of candidates was a most important question, which must be gone into by the British Medical Association. Volunteer medical officers would be in a very difficult position under the new Act, if passed, and men could not be expected to give up their practices to go off on a small salary to distant military stations.

MODERN SMALL-BORE RIFLE WOUNDS.

By CLINTON DENT, F.R.C.S.,

Surgeon and Joint Lecturer on Surgery, St. George's Hospital, London. So much has been written during the past few months on the subject of small-bore rifle wounds that it is well nigh impossible to break new ground. The surgeons who have been working in this campaign seem on the whole to be fairly well agreed as to the general lines for practice. It may not be unprofitable if I endeavour to summarise some of the conclusions on surgical points, so far as they appear to be justified by the evidence already collected. This campaign has given us valuable experience of the effects of small-bore bullets travelling at high velocities. Between the Mauser and the Lee-Netford rifle there does not appear to me to be really anything to choose, if we regard solely the destructive effects of the weapon. There can be little doubt, I think, that our service rifle has shown itself to be a thoroughly good weapon and one that deteriorates very slowly from hard work. My experience was almost wholly derived from wounds inflicted by the Mauser bullet, but the same views really must hold good for both weapons. One difference perhaps of importance in the Lee-Netford and Mauser bullet is the steel sheath of the latter, which breaks up worse. It may still be a question for military experts to determine whether the small-bore rifle, as at present adopted, is suitable for every sort of warfare. It is pretty clear that for the South African campaign it was eminently fitted and has proved altogether a success. At the same time I believe that the tendency in the future will not be in the direction of further diminution of bore, increase in rapidity of twist, and diminution of weight of bullet, thereby securing higher velocity and longer range. Already it would seem that the range of modern rifles is longer than is really absolutely necessary. Efforts will be made, no doubt, to increase the flatness of trajectory, and the frequency of short range wounds will increase. Much has been said as to the importance of the stopping action of bullets, and it is asserted that the small high velocity bullet does not compare favourably with the older weapon in this respect. For civilised warfare, however, the stopping action is certainly quite adequate, and as warfare with savage tribes is likely to become less frequent, and as moreover commercial enterprise tends to provide belligerents in every part of the globe with modern weapons, long-range warfare is likely to become more and more the rule. For some time to come, therefore, bullet wounds—and these still constitute the huge majority of wounds received in warfare—are likely to be of the class that we have had to deal with in the Boer war. Broadly speaking, in the South African campaign bullet wounds of all kinds have done well. Recoveries from very severe wounds have been numerous, and many of these recoveries have been most remarkable. The percentage of wounded men who have been fit to return to duty has been unusually high. Wounds causing permanent disability are less frequent than was formerly the case. Injuries of the limbs necessitating amputation are, it will be found, fewer proportionately than in any previous war. Conservative surgery has—and most properly—been carried further, and with highly successful results, than in former campaigns. These satisfactory results have been ascribed mainly to the so-called humanity of the modern small-bore bullets, and it would seem to follow from this that, from the military point of view, the modern weapons do not fulfil the prime conditions of warfare. If the victory is to rest with the

side that can most quickly kill or efficiently disable a large number of its adversaries, then wars are likely to be prolonged and the humanity of the bullet would prove to be but a curse in disguise. I think the so-called humanity of a small-bore bullet a great deal exaggerated. There are other conditions to be reckoned with. In the South African campaign I believe that the surgical healthiness of the climate and the wide adoption of the open-air method of treatment have had quite as great a share in bringing about the favourable statistics as the character of the weapons employed. The idea is far too prevalent that the injury inflicted by a small-bore bullet is almost trifling, whatever part be hit. It is largely a question of whether the wound becomes septic or not, and septic complications attacking either bullet or operation wounds have been very rare. Indeed, in South Africa operation wounds of all kinds have done exceptionally well. This possibly may be ascribed to the efficiency with which the antiseptic system has been carried out in military surgery. But truly aseptic surgery is practically impossible under the conditions of active service. It is a matter of the faithful observance of elaborate detail by all, and they are many, concerned in the operation. Surgeons have to do the best they can in base as well as field hospitals, and they have to work with orderlies: a hard working and highly septic body of men. The want of dressers in a military hospital is, to my mind, more felt than in a civil hospital. Certain views that have recently obtained with regard to bullet wounds have now, I think, been finally exploded, but these cherished traditions die rather hard, and one still sees reference to them. One of these is that the heating of the bullet sears the track of the wound, and so destroys any germs that might lodge, favouring thus the immediate union and preventing any septic complications. The bullets, as a matter of fact, fired from modern small-bore rifles, are, in the first place, usually sterile, for they have a hard smooth surface, and in the next place they are not heated; but even if white hot, the time that they occupy in passing through the body is so extremely short that no cauterising action could possibly be exerted. The arrest of movement might heat the bullet, but a bullet that can travel a couple of miles and hit hard at the end of it does not have much movement arrested, and thereby converted into heat. A bullet making a flesh wound 6 or 8 inches long, occupies at a range of 800 to 1,000 yards somewhere about $\frac{1}{2000}$ of a second. A bullet that strikes a bone and lodges has its forward movement and its rotation arrested, but no cauterising action is found in the neighbourhood of such, and the energy is really dissipated in other directions, of which the effect is very manifest; and this brings me to another theory that is now, I think, pretty generally discarded; the so-called hydrodynamic or hydraulic theory has been held to explain the extending or explosive effects of rifle bullets on animal tissues. Those who believe in this theory look upon a limb as a closed vessel containing fluid, and account for the destruction which is undoubtedly seen sometimes at short range as due to the enormous increase of pressure caused by the ingress of the bullet on the incompressible contents of the part hit. This theory, though abandoned for the most part with regard to the greater part of the body, is still considered by some to hold good for penetrating wounds of the skull. Experiments, however, do not bear out the hydraulic view, and the explosive or expanding effects are now held to be due to the energy of the bullet, which radiates out in lines from the long axis of the bullet track. The hydraulic theory is now almost as wholly discarded as the projectile air theory. This imagines that a cushion of highly compressed air is carried in front of the bullet and exercises the explosive effect. This is an old theory which has been recently revived. It may be heard of again, but it is hardly worth while at present to administer the *coup de grâce* to what is already defunct. So again wind confusions from large projectiles are no longer believed in. They disappeared when round shot ceased to be used. For round shot would strike a part and inflict the most grievous injury on the deeper tissues, though as they glanced off the skin might show no mark whatever.

As instances of cases in which military surgery is now much more conservative may be cited penetrating abdominal wounds, compound fractures, wounds of joint, and nerve injuries. There is a general consensus of agreement that the

great bulk of penetrating abdominal wounds are best left alone. The hopes that recent advance in abdominal surgery might lead to great improvement in the treatment of these serious injuries has been altogether falsified. Patients operated on, generally speaking, do not do well, or in other words, the majority die. It is impossible to make a thorough examination of the viscera and to ensure that every wound of the intestine—and the wounds may be very numerous indeed from a single shot—is dealt with without inflicting the most grievous damage on the abdominal contents. Adhesions, which form with great rapidity, are likely to be broken down, hæmorrhage set up, and extravasation of the intestinal contents brought about by manipulation. On the other hand a remarkable number of cases in which the intestines have been undoubtedly perforated, perhaps in many places, have recovered. The patients can seldom if ever be operated on early enough, or get the lengthy and undivided attention that their condition would require in the field hospitals; and even if they could secure this, their chances of recovery would probably be little increased. A large proportion of cases of wound of the large intestines do well. Patients with these injuries have their best chance if they have been long fasting, and if they abstain for a long time after from any sort of drink; even a glass of water if given too early may bring about a fatal result in a man who might otherwise recover. The shock of small-bore bullets in abdominal wounds is very much less than might be expected; indeed, former views as to shock from all kinds of bullet wounds must now be greatly modified. The ingenious view has been put forward that the wound of the intestine produces a sort of tetanus of the gut, and that the arrest of the peristaltic action allows time for lymph to be exuded while the slits in the intestine are sealed up. Wounds of joints perhaps show the most remarkable contrast of any class of injuries compared with former experience. Very few cases have gone wrong where the knee-joint has been wounded by bullets, and I can recall a number of cases of wounds of joints, such as the elbow, which have done perfectly well without any complication or operation. Primary excisions have been excessively rare. Formerly it was considered highly conservative surgery to save the limb by operating on the joint, now the joint can be left alone. Wounds of the ankle joint have on the whole done worse than any others. Of nerve injuries, which are very common indeed, it need only be said here that the expectant treatment has proved the best. Many cases were operated on at the outset in which it was imagined that the nerve had been wholly or partially divided in which it was found that the trunk was quite intact, and that the bullet track had only been near it. While the extent of recovery in these cases is very great, it is seldom in my experience altogether complete, but the main point is that it is not likely to be rendered more complete by operation, even when a mechanical lesion that can be dealt with is found.

Surgeon-General O'DWYER wanted to know how the more frequent nerve injuries with the small-bore bullet when contrasted with those caused by larger bullets could be explained. In wounds through the lungs, even though the patient might be fit to resume his duties, he always when questioned complained of a little shortness of breath. Why if the South African climate was so effective in healing wounds, was not civil surgery more successful there? He thought the prompt use of the first field dressing and instructing men how to do so had had much to do with the success mentioned. He was glad to know that it was now an established fact that abdominal wounds from small-bore bullets had better be left alone. What was the proportion of wounds from field guns? "Septic orderlies" on field service were difficult to avoid.

Surgeon-General HAMILTON said that flat trajectory was what the military authorities aimed at, and that it was a convertible term with velocity. The great object, of course, was that any mistake in judging distance was remedied by the flatness of the trajectory. He assisted Mr. John Rigby years ago in experiments with express bullets, and they found that bullets propelled by small charges penetrated into sawdust much further than when fired with large charges. This was, of course, caused by the bullet not "setting up" or mushrooming as it did when fired with

heavy charges. The larger the bullet the greater the shock, and when shooting big game in India he found that a spherical bullet from a smooth bore stopped the charge of a tiger or a bear better than smaller bore express bullets. The smaller the bullet the less the shock, and in this way the modern bullet was more merciful.

Mr. CLINTON DENT, in reply, said he knew many cases of joint wounds in which this field dressing was not employed for many hours; one especially, a wound of the knee-joint and popliteal artery, which made an excellent recovery. He considered it was now proved that nerves and tendons might be pushed aside by small-bore bullets, but thought the high velocity accounted for some nerve injuries, the nerve not being visibly injured. He considered the South African climate more favourable for wound treatment than that of this country. According to Mr. Cecil Rhodes artillery fire demoralised; "it gets on your nerves, though it may not kill much." The effect of artillery fire at Paardeberg was lessened by Lord Roberts's humanity, the fire being directed mainly on the commissariat; at Magersfontein the trenches indicated great effects from shrapnel. He was satisfied that the expectant treatment in abdominal wounds from small-bore bullets was best.

Surgeon-General HENRY SKEEY MUIR, C.B., M.D., War Office, mentioned a case of a small-bore bullet in South Africa striking the cervical spine and carrying away two teeth in its exit, the patient now being in fair health.

INFECTIOUS DISEASE ON BOARD SHIP.

By W. J. COLBORNE,
Staff-Surgeon, R.N.

THE ships of Her Majesty's Navy are now such complicated engines of war, and so filled with machinery, that the space that can be allotted to the sick is necessarily limited, but although limited, it is sufficient for all the ordinary ailments and diseases met with; yet provision cannot be made for isolation and observation wards, and so it behoves the medical officer to take such measures as he can to prevent the onset of infectious diseases, and, when they do arise, to combat them with the means at his disposal, so as to limit their spread and to safeguard the health of the patient and that of the ship's company.

Our ships now carry many men; they visit ports in all parts of the world; a large amount of leave is given to visit the shore; and the crew consists of young men; and therefore the possibility of infectious disease being contracted is very considerable. Remembering all this, one of the first duties of the medical officer on visiting a port is to make inquiries from the port authorities as to the prevalence or absence of infectious disease, its extent, and the district affected, and, should it be necessary, report the same to the proper authorities of the ship, so that they may take the necessary steps to either warn the men from visiting a particular district or restrict the leave. Circumstances alone can be a guide as to the necessity of curtailing the leave and the length of time the ship remains in the port.

The medical officer will also have to pay attention to the people who are allowed on board the ship—particularly washerwomen, bumboatmen, etc. Knowing of the existence of infectious disease on shore, particular attention must be paid to all minor ailments that may occur amongst the men, and endeavour should be made to detect the premonitory symptoms, and on the slightest doubt arising the patient should be immediately isolated from his fellows for as long as necessary, and carefully watched; a careful watch must also be kept on those who are his more immediate neighbours, both at mess and at night. To isolate the patient is not always an easy matter on board ship, and diligent search will have to be made for a spare cabin, small watertight compartment, or such other suitable place, and if none are to be found below decks, a suitable structure of canvas, if the weather will permit, will have to be built on the upper deck.

Should the case develop into one of an infectious nature, steps must be taken to isolate the patient and his nurse or attendant at once; and, having obtained a spare cabin or compartment, it should be prepared for their reception by removing all movable articles, swinging service cots and bedding, as well as utensils taken to the place, and the ventila-

tion attended to, particular care being taken that the ventilating trunk opens direct on the upper deck, so as to avoid the possibility of the infection being carried to other parts of the ship by means of these trunks; if necessary, the ventilation openings in this compartment should be closed and sealed. The patient and attendant should be kept strictly to this compartment, and neither of them allowed to leave it till opportunity occurs to send the patient to hospital. Should no cabin or compartment be available, and it be impossible to erect a temporary place on deck, part of the sick bay must be screened off, and this can be done by making a canvas screen, which can be so fitted by the carpenters with battens so as to reach from the beams above and to the deck beneath, and effectually cut off this part of the sick bay, and be used for the isolation of both patient and nurse. During the treatment of the case the screen should be kept moist or damp by spraying or other means with perchloride of mercury solution 1 in 1,000, and the deck frequently washed with the same. The food should be placed outside and taken thence by the nurse, and all excreta mixed with disinfectants before removal. The medical officer in attendance should wear a linen overall on visiting his patient, and be particular as to the disinfection of his hands and face, etc., and should go straight from the patient on deck, and remain there some time before mixing with his messmates and others. On the opportunity occurring for the patient to be sent to hospital, the patient's bed and bedding as well as the attendant and his clothes should be sent, and the boat washed with perchloride of mercury solution 1 in 1,000 afterwards. The attendant can be left to nurse the patient, or can be disinfected and kept under observation for a short period; the men who have carried the patient to hospital should also be disinfected. The bed, bedding, and clothing must be disinfected by moist heat in a disinfectant before being received on board again. The place occupied by the patient on board the ship should now be disinfected. The compartment should be sealed, the screen made wet with perchloride of mercury solution and sulphur burnt, not less than 3 lbs. of sulphur to each 1,000 cubic feet of space being used. The compartment and its contents should then be thoroughly scrubbed with perchloride solution 1 in 1,000, the screen taken down and soaked for twenty-four hours in perchloride solution, and then scrubbed and hung in the air, the wooden battens burnt, and the paint work should be repainted or limewashed.

During the presence of infectious disease on board ship, all men should be warned to report every slight ailment to the medical officer, who will watch every case, and endeavour by every means in his power to discover the onset of the disease, and by early isolation check the spread of the disease. Should a case of small pox occur every man on board the ship must be vaccinated. Should the ship be in a port where there is hospital accommodation cases should be landed immediately, and should the case be one of suspicion only, it is better that the patient should be landed for isolation and observation for a few days than run any risk of the disease occurring on board. If care is taken to isolate cases immediately on the appearance of the disease and attention be paid to details, the spread of the disease is practically limited, and the chance of an epidemic on board is reduced to a minimum. Whether any good result would accrue from the use of aerial disinfection, such as carbolic vapour or spray, which could be used during the treatment of the disease and at the same time be innocuous and pleasant to the patient, I must leave to those who have had some experience of their use.

SANITATION IN CAMPS.

By Major JAMES, R.A.M.C.

A SUBJECT which covers too much ground to be more than touched in one paper, which therefore consists of a series of suggestions, cannot pretend to be complete on any one point. But its importance cannot be exaggerated when one considers the proportion of deaths from disease in armies to those from wounds.

The conditions of camps are so various and depend upon so many circumstances that there are few points that apply to all in the matter of detail. The objects, however, to be kept in view in all cases are:

1. Protection of troops from weather and climate.

2. Feeding them, and prevention of disease communicated by food.

3. Disposal of excreta and refuse.

4. Prevention of local and endemic disease.

5. Prevention of spread of communicable diseases.

The possibility of carrying out sanitation properly must depend upon several circumstances:

1. As to choice of site of camp; whether this is governed primarily by strategic or hygienic considerations, and whether the first consideration is to make it a defensible or healthy camp.

2. Whether the camp is a standing or temporary one.

3. Whether the supplies can be obtained locally, wholly or in part, or whether the transport is sufficient to make available plenty of food, tentage, and stores.

4. Upon the climate.

In any case the art of camping is one which demands ingenuity, and the longer troops are in the field the better accustomed they become to making themselves comfortable on very slender means. The following remarks apply to camps where some stores are locally obtainable, and the class of country—China and South Africa—where our troops are now and may be shortly engaged.

NECESSITY OF GOOD POLICE AND DISCIPLINE.

The primary essentials for properly carrying out measures of sanitation in camp are:

1. Discipline and intelligence among occupants.

2. An efficient and well-instructed sanitary staff.

It is to be remembered that while troops are doing hard work under exciting circumstances they are generally fairly healthy, and that it is when they are idle or the excitement is passing that they get sick.

CHOICE OF SITE.

Therefore this has to be the time at which greater care has to be and can be taken of their health. Setting aside, then, the cases in which the choice of site of camp is governed by purely strategic considerations, the following points should be given prominence:

1. *Topographical.*—Avoid ground which is low-lying, damp, or periodically flooded, the neighbourhood of marshes, especially in malarious climates, the neighbourhood of villages (if this be unavoidable, and villages are generally near a stream, then camp above and not below the village); old graveyards, irrigated lands; if in hilly country avoid the gullies between mountain spurs, or any place where the general ventilation of the camp would be hindered. Choose a site with a slight slope which favours the drying of the ground, if in a hilly country the side and not the top or foot of the hill, the aspect to be chosen according to whether the climate be hot or cold. The surface should be fairly even and grass is the best, rank vegetation or very rocky surface objectionable.

2. *Geological.*—Clay, loose sand and loose gravel, recent alluvial soil and disintegrating rock are not good. Chalk, gravel and limestone are the best subsoils. The site should be cleared of rushes and very long grass as contributing to hide dirt and harbour noxious reptiles, etc. The camp should be carefully laid out, and, if possible, marked out by the staff officer on the advice of the medical officer before the arrival of troops.

PROTECTION OF TROOPS FROM WEATHER.

Housing.—Tents are, I think, preferable to huts, and if good can be made very comfortable; they can be shifted and the ground dried. The best tents are Indian tents. They are far preferable to the flax tents with hempen ropes used in this country. They are warmer, they do not shrink, nor do the cotton ropes shrink in rain, and they keep the sun out much better. They are made of several layers of coloured cotton, white, red, and yellow as a rule, and the poles are of bamboo. The only objection is that the large ones are less portable than the English tent; this does not apply to the mountain pattern tent, which is most portable and the best possible.

The ground over which the tent is pitched should be cleared of stones, etc., and trampled, and a trench should be dug round the tent at once. This favours drying of the floor, as well as carrying off the rain and water from the eaves. Straw or reed mats and waterproof sheets I think are better than tent floors.

For bivouacking, *tentes d'abri* are no doubt a protection. Recently blankets with eyelet holes for lacing have been issued and would be probably good with a rifle for a pole as a shelter from rain, wind, or sun.

Dug-out huts or sunken floors are, perhaps, comfortable in a cold climate, but they must be damp and liable to flooding in rain. The suitable clothing of the troops is a vital point in personal sanitation, but cannot be touched upon in this paper.

SUPERVISION OF SUPPLY OF FOOD AND WATER.

Wherever food can be obtained locally it should be done, or the rations should be supplemented by a fresh supply. Markets should be formed, and the inhabitants encouraged to come and sell. The supervision of goods offered for sale is a most important duty of the medical officer and sanitary staff, who should inspect all foodstuffs before they are taken in.

(The troops should be instructed by the medical officer in charge in the avoidance of local dangers of food and climate, and such orders should be issued on these points as the medical officer may advise. There should be a body of sanitary police in every unit to ensure the carrying out of all sanitary measures. They should have some intelligent and trustworthy non-commissioned officers, and the regimental stretcher bearers might be most usefully employed in this way. They should superintend fatigue parties in cleaning, and be posted at all places where refuse is brought—at the market and water source, etc.)

The food should be as varied and as variously cooked as possible. The effect upon health of a continuous course of bully-beef and biscuit is too well known to need mention. There is room for much ingenuity in making field-ovens, etc., and whenever it can be done the mode of cooking should be varied.

The inspection of cooking utensils and water receptacles, and the source of the water in which they are washed, must not escape attention. Should fresh milk be used, it should always be sterilised. In the case of preserved milk and soup, a common plan to get the most out of the tin is to open the tin and throw it into the boiler and stir it round till it is washed empty. This is unsafe, as dirt and septic matters on the outside are thus introduced.

Water.—Water supply is one of the most important things to supervise, and most of the commonest camp pests in the shape of enteric fever, dysentery perhaps, and cholera are waterborne. Water which may be good at its source may so easily become poisonous between that and the consumer's stomach that the distribution must be as closely watched as the origin, and this in camp is a great difficulty. When men are thirsty they will drink anything and anywhere. I believe something could be done by education to restrain a man at ordinary times, but when the weather is hot and water scarce reason has to give way to impulse. If, however, water is plentiful and good and obtained from a stream, a spot above the camp should be marked for drinking; lower down for horses, and lower for washing and washing clothes. The point of obtaining the drinking water should be policed, and the stream above put out of bounds and the area draining into it also. The water should be delivered from a spout or pump, and no dipping of vessels into it allowed. It may be dammed up so as to accumulate and allow sediment to fall, and if the camp be standing there sheltered or roofed over. In the case of water being obtained from a large river it should be rough-filtered or a Norton's tube pump sunk in the shore to stop out the grosser impurities, then boiled or filtered, or both. The use of alum to throw down suspended matters is universal among Chinese on the Peiho, and might take the place of rough filtering as a prelude to boiling, etc. For use in the men's water bottles tea should be made on a large scale where water is not above suspicion. A steriliser with a coiled tube heated at one point was, I believe, tried, but is not yet very portable. Where hawkers sell drinks to the men they should be supplied with water at the drinking-water source, and always the greatest care must be taken to have the vessels in which drinking water is carried or stored periodically scalded out and always clean. The use of aerated waters or the water obtained at the authorised source may be encouraged. Where the camp is a standing one it may be possible to dig wells. This should be done if water is near the surface, and the alternative source is a stream, liable to

pollution. Distilling on a large scale can only be done at a base.

DISPOSAL OF EXCRETA AND REFUSE.

Everything combustible should be burned, and liquid refuse (other than urine perhaps) be poured upon the ground where space permits, on a fresh spot each day, to prevent saturation of any one area. Where pits are used for this purpose they very soon become a nuisance. Latrines and urine trenches should be ready for the men if not before as soon as possible after they arrive in camp. The usual pattern, of a trench with a pole seat, is good, and in standing camps the pail system is sometimes used, but wants careful construction, so that the ground on which the pail stands does not get urine spilled upon it. The final disposal of faeces and urine should be by burial in trenches, each day's accumulation being covered with earth; any disinfectant used should be without smell—quicklime and water are the best, and it is too often the habit to use disinfectants, such as carbolic powder and chloride of lime, instead of keeping places clean, the smell caused by them masking the smell of the excreta.

The ground in front of the latrine trench should be trampled hard, and a little dry earth or straw laid there to catch any urine projected forward, and daily shovelled into the trench with the excreta. The best time to cover the accumulation is about 12 o'clock noon, and again in the evening.

At Salisbury Plain the plan was tried of laying down a good deal of straw, on which the men defecated. It was exposed to the sun, turned, used again, and finally burned. It seemed to be a good plan, but is capable of only limited application.

The French form of trench, across which the men straddle, and which ensures the urine falling into the trench instead of striking the ground in front, which is apt to happen in the ordinary pattern, is good from a utilitarian point of view.

The latrines should be near the lines, and if possible should be lighted at night, or the way and place marked by luminous painted boards and pegs, which will not draw fire, as otherwise men will not be induced to use them, and will urinate, etc., near the tents, preferring not to take a long and perhaps dangerous journey, with the possibility of falling themselves into the trench at the end of it in the dark.

Urine trenches should be prepared in the proportion to latrine trenches of three to one, or two to one at least.

The selection of site should be made with great care, and with regard to any watercourse, so as not to percolate or get washed down into it in case of rain, and should be to leeward of camp in prevailing wind. The trenches must be renewed when the deposits arrive to 2 feet 6 inches from the top, or according to the nature of the soil; and moderately dry and porous soil is best.

There should be maps made of the camp, and the position of latrine trenches, etc., noted, for the information of possible succeeding occupants; and after the site of the camp has been cleaned up—a work of great importance—the places where refuse, etc., is buried should be pegged out.

PREVENTION OF DISEASE PERTAINING TO LOCALITY OR CLIMATE.

The intercourse of the men with the inhabitants should be regulated, and the medical officer should be acquainted with the prevalence of any disease among the inhabitants of a communicable or endemic nature. Should there be native camp followers, their camp should be distinct from that occupied by the men, and should be regularly policed to ensure sanitation and the exclusion of infected persons. This applies especially to natives employed as washermen, and any hawkers of food or any who come into contact with the troops and who might be agents in communicating disease. Women should be kept away, and native villages be put out of bounds altogether.

PREVENTION OF SPREAD OF COMMUNICABLE DISEASES.

Frequent health inspections are essential, and where any complaint of an infectious nature is discovered the prompt segregation of the affected person is the first step, and the removal of him to a tent where the sterilisation of his excreta, etc., can be carried out to the last degree. Any person showing suspicious symptoms, or unaccountably sick, should be removed at once from his comrades, and put under observation. It would be well on discovery of one case to have an isolation establishment ready. Particular care should be taken in

tracing up the cause of any such case, and in at once taking measures to stop any supply or practice which may have been a cause. Should more cases crop up, the camp should be moved.

In epidemics of cholera, enteric fever, etc., change the water supply or the mode of issue or preparation; change the site of the latrines, and, better still, shift the camp; sterilise every cooking and drinking vessel, spot down every case of diarrhoea, pay rigid attention to cleanliness of the camp, march out and encourage amusements within the camp, and control the use of alcohol. If it be possible, enlarge the accommodation in the tents, and prevent any tendency to avoid overcrowding. The usual distance between the tents is three yards (peg to peg). This might be increased with advantage so as to make it possible to shift the tents completely, which might be done with advantage once a week.

Notes.—The presence of horse lines in the middle of a camp may be a source of danger, as it is quite possible that the men in charge may micturate there and so, if they should be the bearers of germs of infectious disease, deposit those germs in the camp to the dissemination of the disease. Too much attention cannot be paid to the thorough cleaning of the camp, and anything such as long grass, bushes, etc., which tend to conceal dirt should be removed. Each company should sweep up its own lines daily, and it is a convenience to have an old tin or some such receptacle near each tent into which scraps of paper and rubbish can be put and emptied daily by the pioneers. If straw bedding is used it can be, when beds are changed, utilised in helping to burn other rubbish.

Lieutenant-Colonel J. C. MARSDEN, I.M.S., said with reference to the paper on camp sanitation one point might be referred to in connection with the purification of the drinking water. Permanganate of potash was a most useful agent, particularly when cholera was prevalent. A few grains of it might be served out to each man with instructions as to its use. The method of disinfecting wells with permanganate of potash known in India as "hankinisation" had proved most useful in arresting the spread of cholera, as well as in preventing the disease. As regarded conservancy, what was known as the "Jewish system" of conservancy might be tried with advantage in temporary camps when access was easy to the adjoining open country.

THURSDAY, AUGUST 30, 1900.

MR. BURDETT-COUTTS'S CHARGES.

A correspondent sends us the following extract from a letter from his son, who is serving with the 9th General Hospital at Bloemfontein:—"A great deal of what Mr. Burdett-Coutts says is true, but he is very unfair, because he only saw the hospital, for instance, under one condition—and a very unfavourable condition—when we were underground, without proper stores, and before we had got into working order; because you must remember we are chiefly composed of Volunteers, and we all had to learn our work without any one to help us in it. He calls us a tainted city of pestilence; he did not stop to inquire the condition in which we received patients—enteric cases, some convalescent, some having just got it, travelled three or four days in ox-wagons and open railway trucks to us; imagine the state of collapse in which we received them. I know of a case where a man died on a stretcher while he was being carried from the railway. I have had several cases of men being brought into some of my marquees and only living an hour or two. Believe me, everything has been done, and is being done, to alleviate the sufferings here by all alike—doctors, Volunteers, nurses and all—and, considering the difficulties, the sanitary arrangements are very good indeed. At the start there were from ten to 15 deaths a day, now there is one death in two days."

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THE HOSPITAL SCANDALS.

MRS. R. CHAMBERLAIN'S ALLEGATIONS.

AN ABERDEEN SOLDIER'S TESTIMONY.

In view of the account published yesterday of an interview with Mrs. Richard Chamberlain regarding the alleged insufficient provision made for the treatment of the sick and wounded at the base hospitals near Cape Town, an Aberdeen soldier invalided home from the front has given some interesting information, which in many respects corroborates these allegations. The soldier in question—Bandaman Peter Hutchison, 2nd Seaforth Highlanders—contracted enteric fever immediately after the fight at Poplar Grove, and was sent down to the base hospital at Wynburg, about eight miles from Cape Town. That was on 15th April. It may be explained that there were two base hospitals at Wynburg, known respectively as No. 1 and No. 2. They were situated quite close to each other, and separated by a barbed wire fence. Bandaman Hutchison was located in No. 1 Hospital, and during the whole time he remained under treatment at Wynburg—from 15th April until he sailed for home on 1st May—Mrs. Richard Chamberlain was residing there and doing what she could in the interests of the sick and wounded.

Mrs. Chamberlain was granted by General Sir Forrester-Walker, commanding the troops at Cape Town, the use of a disused corrugated hut, situated between the hospitals and the nurses' quarters. Mrs. Chamberlain brought this building for the distribution of articles of clothing, delicacies, etc., sent out from this country for the sick and wounded soldiers, and the hut was recognised as being within the bounds of both hospitals.

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The strongest point in Hutchison's statement is that there was undoubtedly very great friction between the military and civil units of the hospital staff. This, of course, bears out Mrs. Chamberlain's allegations. The military surgeons, totally inadequate as regards numbers, were evidently jealous of the civil surgeons, who by the way were recognised by the patients as being by a long way the more able men—and the army nurses were equally jealous of the civil nurses. It was also evident from Hutchison's declaration that obstacles were placed in the way of outside assistance being utilised as it might have been, and that Mrs. Chamberlain did receive scant consideration at the hands of the military authorities at Wynburg Hospital. One rather notable instance of this is given by the invalided Seaforth. He declares that on 27th April the army nurses in No. 1 Hospital, where he was located, lodged a complaint with the principal medical officer against Mrs. Chamberlain for wearing a dress corresponding to their own, and asked that Mrs. Chamberlain's hut be declared out of bounds of No. 1 Hospital. The P.M.O. acted on the nurses' complaint, but no notification of this fact was given to the sick soldiers.

On the afternoon of 27th April, Mrs. Chamberlain visited the hut where Hutchison was confined. But No. 1, B Division, and distributed wool and needles and thread for the sick soldiers for the purpose of knitting waist belts and socks. Hutchison informed her that he had passed the Medical Board, and was detailed to leave for England on or about 1st May. Mrs. Chamberlain asked him to come to her hut on the following day to receive some warm underclothing sent out specially for his regiment by Mr. Major MacKenzie. Hutchison attended at the hour appointed, and while Mrs. Chamberlain was making up the

clothing in a parcel, two policemen of the Army Medical Corps walked into the hut and informed him that he was under arrest for being out of bounds. Mrs. Chamberlain advised him to retire along with the policemen to his division hut at once and consider himself under arrest. On the following day Mrs. Chamberlain wrote General Sir Forrester-Walker explaining the circumstances, and asking for an explanation of the alleged outrage. In reply General Walker sent to Mrs. Chamberlain a typewritten circular—which was ordered to be posted up in a conspicuous position in both hospitals—stating that Mrs. Chamberlain was not to blame for what occurred, and intimating that the incident would be inquired into.

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Bandaman Hutchison states that Mrs. Chamberlain expressed to him her intention of bringing the incident above referred to under the notice of the home authorities on her return to England, and expecting that she would probably be asked to give evidence before the Parliamentary Commission on the question of the South African Hospitals. Hutchison refrained hitherto from mentioning his experiences at Wynburg. In view of the published interview with Mrs. Chamberlain, however, Hutchison feels the time is now opportune for giving his testimony on the matter.

THE TIMES, FRIDAY,

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Captain Marples in a further letter says:—"I have no desire for publicity. At the same time, in view of the wholesale condemnation of our military hospitals, I consider that the least any convalescent can do is to bear testimony to the ceaseless devotion of the overworked medical officers and nursing sisters, to whose skill and watchful care so many owe their restoration to health and strength."

The second is from a Reservist, Private Sandford, of the 17th Royal Lancers, who writes:—

"I was admitted to the Basalard, Bloemfontein, which represents No. 5 Stationary Hospital, and was treated for enteric fever, pleurisy, and pneumonia. This hospital consisted of three wards, one of 94 beds, one of ten, and a small ward for officers. The medical officers appeared to me to well study the different cases, and did their duty well. I cannot speak too highly of the excellent work performed by the nursing sisters and the St. John Ambulance men. There were not enough orderlies, only eight and four nursing sisters in the ward containing 94 beds, which was nearly always full; some volunteer orderlies from infantry regiments lacked the experience necessary. But I must say that great kindness was shown by the whole of the hospital staff, and every one appeared to do their duty to the best of their ability under the circumstances, and I am well satisfied with the treatment I received."

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

BLOEMFONTEIN, Aug. 30.

The Hospitals Commission has left Cape Town. This morning it unexpectedly met an ambulance train on the way down from the front at Hex River, and paid it a surprise visit of inspection. Several patients were questioned, all of whom said they were satisfied with their treatment.

Bloemfontein was reached this morning. It occupies an excellent situation, 4,600ft. above the sea, in the bracing air of the Karroo. Many soldiers called aloud in praise of the hospital.

Mr. Charles Hands, war correspondent, described his experiences at the Civil Hospital in Mafeking after being wounded. The accommodation was all taken up. The number of orderlies was insufficient and the doctors and nurses were "played out" owing to the long siege. The hospital arrangements were very bad. The principal medical officer was ill. Every one was exceedingly kind, but they were all exhausted. The travelling in ox-wagons was not bad. He was well attended to on the journey to Mafeking.

Lord Kesteven recommends the appointment of oculists to the Army; there was only one in South Africa.

Doctors Church and Cunningham inspected the wards.

The arrangements of the Commission have been altered; it will leave here for Bloemfontein immediately.

MONDAY, SEPTEMBER 3, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

BLOEMFONTEIN, Aug. 31.

The Hospitals Commission held its first sitting here to-day. Major Bedford detailed the disposition of the various hospitals. He admitted a shortage of ten field hospitals and said that it was most difficult to meet requirements as the operation extended. When the Army landed everything was practically upset. In Natal things were such that, whenever a unit arrived, it was sent where it was required, with the result that the bearer companies and field hospitals got very much mixed. During Lord Roberts's advance the usual medical unit was not kept up, and the number of ambulances was reduced. Enteric fever assumed large proportions in the latter part of March and the number of cases quite exceeded all anticipation. The witness could not say whether the provision for sick and wounded had been sufficient.

TUESDAY, SEPTEMBER 4, 1900.

THE ROYAL ARMY MEDICAL CORPS IN NATAL.

TO THE EDITOR OF THE TIMES.

Sir,—The Times of the 5th of July contains a letter from Mr. Lees Knowles forwarding extracts from the letter of a correspondent, who is stated to desire his name to be private, but who, so long as he cannot be made responsible, has apparently no objection to his letter being used to give pain to others.

It is true that about six months ago the military hospitals in Maritzburg were attacked by a writer in the Times of Natal. It is also true that the author of those letters, having been induced to give particulars of his allegations, was confronted before a Court of Inquiry, presided over by Sir William Stokes, with each patient concerned, when every tangible accusation was proved to be groundless.

But this is ancient history; how can stupid assertions discredited months ago "allay the anxiety of some of us who have friends out there?"

At the moment when the attention of England is directed to the hospitals at the Cape, Mr. Lees Knowles publishes, and endorses as the utterance of a person in high position, the following words:—"I am given to understand that the senior officers Royal Army Medical Corps, with few exceptions, are so taken up with their own importance as combatant officers, and their rank as colonels and majors, that they leave much to be desired."

Was ever a more shameful accusation more shamelessly published? There were then but three colonels Royal Army Medical Corps in Natal, outside Ladysmith. Colonel Galloway, principal medical officer, has procured for the Natal Field Force the most complete hospital system ever provided for an army in the field. He is, I believe, the first P.M.O. who has ever provided nurses in the hospitals receiving wounded on the battlefield. His organizing power and untiring energy, with assistance from home, added 4,000 improvised beds to our hospital accommodation, and provided nurses, doctors, and attendants, some of them (let Mr. Knowles note) from Johannesburg. Colonel Clery was in charge of No. 4 General Hospital of 520 beds which was expanded into Mool River Hospital of 920 beds; it was justly referred to by the writer of the articles in the Times of Natal as a model of what a hospital should be. Colonel Allin was Senior Medical Officer of the Field Army, and superintended the collection and subsequent removal of the wounded and sick from the front. I believe this duty has been accomplished by him more rapidly, and with less discomfort to the sufferers, than in any previous campaign.

I could say as much for the next senior officers R.A.M.C., but colonels are mentioned, and I challenge Mr. Lees Knowles and his correspondent of high position to say which colonels they refer to, and either prove their accusations or withdraw their slander.

I have the honour to be, Sir, your obedient servant,

REDVERS BULLER, General.

Pretoria, Transvaal, Aug. 4.

COLONIAL SOLDIERS AT WINDSOR.

Some of the invalided colonial soldiers who have returned on furlough from South Africa paid a visit yesterday to Windsor Castle. Captain Stourton, formerly of the Seaforth Highlanders, had charge of the party, which was 43 in number, and consisted of non-commissioned officers and men of the New South Wales.

has in, demanded, in the interests of humanity, in the interests of the beleaguered garrisons in Kimberley, Mafeking, and Ladysmith, that everything which could delay or jeopardise this movement should be sacrificed, even at the cost of leaving behind four-fifths of the ambulance wagons. The army travelled light. We had no tents, excepting those belonging to the field hospitals. Almost everybody slept on the hard ground, rain; and rations were complained. Officers as because it was a cheerless knew that, whatever the ever little we could, it wounded more confidence thousands depended a success of the "chief been delayed so as to of ambulance wagons, still, animals to draw result might not have war, which would have entailed far more suffer cost. To determine how what provision for the made, is a question which tary authority on the exigencies of the m can always trust that he and wounded all that ca

Now let us try to cons an open mind the real the arrival of our army i Oudinsten, the army i supplies upon what it co could reach it from the n All branches of the adv shortened rations, and hope to Bloemfontein, th there. We entered Blo expected, that the Boers could, but still some rea this. We were in posses cut off on all sides from south was, in many places held Springfontein, the London and Cape Town at Bethulie and Nerv River, and destroyed could. Before supplies Boers had to be drin the line repaired. Did the fearful anxiety and which rested on Lord Rb supply the troops with ge the most humane presen disease; that it was mo of view, to bring up foot the sick. It was not a q was a question, in view of brought up, of what shou advance must be accoun the difficulties of trans went down to Cape To the 9th. At Springfont deviation of the line had bridge was being repaired, ground piled up with store the Red Cross, which sin there was not sufficient work went on day and ni to the utmost to overcom success which astonished with our troops.

Mr. Bardett-Combs ask layed from May 1 to M day's train service for h is Mr. Bardett-Combs strategic movements? O that to a general whose l with the sick and we of the British soldier were sufficient and imp by the crowding succe such a general, with bilious of this long him, should be shielded from unfair and carrying

I remain, Sir
KENDAL FEA
R.M.F.

* This letter, which the last South African m
A communication from of Wolverhampton, who South Africa shortly af that Lord Roberts had another medical officer, hospitals in South Africa the end of July he a going on to Kroonstad, and so on until Cape working on to Pretoria a

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, AUG. 27.

After receiving a report on the transport facilities offered by the railways, the Hospitals Commission to-day heard Colonel Macnamara, of the Royal Army Medical Corps. He said that, although the medical staff and hospital accommodation had been insufficient, the arrangements

were better than they had been in previous campaigns. Other evidence was heard regarding various defects in the hospitals management.

WEDN AUGUST 29, 1900. THE HOSPITALS COMMISSION.

(FROM A CORRESPONDENT.)

CAPE TOWN, AUG. 28.

636 THE HOSPITALS COMMISSION

SECTION OF LARYNGOLOGY AND OTOTOLOGY.

[SEPT. 8, 1900.

pollution. Distilling on a large scale can only be done at a base.

DISPOSAL OF EXCRETA AND REFUSE.
Everything combustible should be burned, and liquid refuse (other than urine perhaps) be poured upon the ground where space permits, on a fresh spot each day, to prevent saturation of any one area. Where pits are used for this purpose they very soon become a nuisance. Latrines and urine trenches should be ready for the men if not before as soon as possible after they arrive in camp. The usual pattern, of a trench with a pole seat, is good, and in standing camps the pail system is sometimes used, but wants careful construction, so that the ground on which the pail stands does not get urine spilled upon it. The final disposal of faeces and urine should be by burial in trenches, each day's accumulation being covered with earth; any disinfectant used should be without smell—quicklime and water are the best, and it is too often the habit to use disinfectants, such as carbolic powder and chloride of lime, instead of keeping places clean, the smell caused by them masking the smell of the excreta.

The ground in front of the latrine trench should be trampled hard, and a little dry earth or straw laid there to catch any urine projected forward, and daily shovelled into the trench with the excreta. The best time to cover the accumulation is about 12 o'clock noon, and again in the evening.

At Salisbury Plain the plan was tried of laying down a good deal of straw, on which the men defecated. It was exposed to the sun, turned, used again, and finally burned. It seemed to be a good plan, but is capable of only limited application.

The French form of trench, across which the men straddle, and which ensures the urine falling into the trench instead of striking the ground in front, which is apt to happen in the ordinary pattern, is good from a utilitarian point of view.

The latrines should be near the lines, and if possible should be lighted at night, or the way and place marked by luminous painted boards and pegs, which will not draw fire, as otherwise men will not be induced to use them, and will urinate, etc., near the tents, preferring not to take a long and perhaps dangerous journey, with the possibility of falling themselves into the trench at the end of it in the dark.

Urine trenches should be prepared in the proportion to latrine trenches of three to one, or two to one at least.

The selection of site should be made with great care, and with regard to any watercourse, so as not to percolate or get washed down into it in case of rain, and should be to leeward of camp in prevailing wind. The trenches must be renewed when the deposits arrive to a feet 6 inches from the top, or according to the nature of the soil; and moderately dry and porous soil is best.

There should be maps made of the camp, and the position of latrine trenches, etc., noted, for the information of possible succeeding occupants; and after the site of the camp has been cleaned up—a work of great importance—the places where refuse, etc., is buried should be pegged out.

PREVENTION OF DISEASE PERTAINING TO LOCALITY OR CLIMATE.

The intercourse of the men with the inhabitants should be regulated, and the medical officer should be acquainted with the prevalence of any disease among the inhabitants of a communicable or endemic nature. Should there be native camp followers, their camp should be distinct from that occupied by the men, and should be regularly policed to ensure sanitation and the exclusion of infected persons. This applies especially to natives employed as washermen, and any hawkers of food or any who come into contact with the troops and who might be agents in communicating disease. Women should be kept away, and native villages be put out of bounds altogether.

PREVENTION OF SPREAD OF COMMUNICABLE DISEASES.

Frequent health inspections are essential, and where any complaint of an infectious nature is discovered the prompt segregation of the affected person is the first step, and the removal of him to a tent where the sterilisation of his excreta, etc., can be carried out to the last degree. Any person showing suspicious symptoms, or unaccountably sick, should be removed at once from his comrades, and put under observation. It would be well on discovery of one case to have an isolation establishment ready. Particular care should be taken in

convalescent time, with a more adequately trained staff, a greater proportion of the men might have been kept in the fighting line. The wounded were in many instances deprived of their money before reaching hospital. He admitted that patients travelling in ordinary trains suffered a good deal of hardship, while, at the base, owing to the pressure, convalescents had occasionally to sleep on mattresses placed on the floor.

Colonel Herbert, another witness, reiterated the complaints against the management of the Wynberg Hospital.

AUGUST 28.

The Hospitals Commission has concluded its sittings in Cape Town. The evidence given to-day covered the ground previously traversed. Dr. Bowlby stated that many sick officers and men failed to report themselves until absolutely compelled to do so, and those wounded in the field included officers and men who were already suffering from enteric fever. In this case info

tracing up the cause of any such case, and in at once taking measures to stop any supply or practice which may have been a cause. Should more cases crop up, the camp should be moved. In epidemics of cholera, enteric fever, etc., change the water supply or the mode of issue or preparation; change the site of the latrines, and, better still, shift the camp; sterilise every cooking and drinking vessel, spot down every case of diarrhoea, pay rigid attention to cleanliness of the camp, march out and encourage amusements within the camp, and control the use of alcohol. If it be possible, enlarge the accommodation in the tents, and prevent any tendency to avoid overcrowding. The usual distance between the tents is three yards (peg to peg). This might be increased with advantage so as to make it possible to shift the tents completely, which might be done with advantage once a week.

Notes.—The presence of horse lines in the middle of a camp may be a source of danger, as it is quite possible that the men in charge may micturate there and so, if they should be the bearers of germs of infectious disease, deposit those germs in the camp to the dissemination of the disease. Too much attention cannot be paid to the thorough cleaning of the camp, and anything such as long grass, bushes, etc., which tend to conceal dirt should be removed. Each company should sweep up its own lines daily, and it is a convenience to have an old tin or some such receptacle near each tent into which scraps of paper and rubbish can be put and emptied daily by the pioneers. If straw bedding is used it can be, when beds are changed, utilised in helping to burn other rubbish.

Lieutenant-Colonel J. C. MARSDEN, I.M.S., said with reference to the paper on camp sanitation one point might be referred to in connection with the purification of the drinking water. Permanganate of potash was a most useful agent, particularly when cholera was prevalent. A few grains of it might be served out to each man with instructions as to its use. The method of disinfecting wells with permanganate of potash known in India as "hankisation" had proved most useful in arresting the spread of cholera, as well as in preventing the disease. As regarded conservancy, what was known as the "Jewish system" of conservancy might be tried with advantage in temporary camps when access was easy to the adjoining open country.

frequent changing about without apparent reason here for caused many deaths. Indeed, I know personally of two cases of enteric, one of which died from perforation of the bowel in the train en route for Cape Town, the other perforated in the train and died in hospital a few hours later. Most of the hospitals at present out here, I fear, must plead guilty in this matter of hurrying patients out of hospital, for even hospitals stationed lower down the line than Bloemfontein at which there was no special urgency to get rid of their patients have probably been the worst offenders. I have, of course, only touched upon one point in this letter, on a future occasion I hope to refer to others as they appear to me.

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Captain Marples in a further letter says:—"I have no desire for publicity. At the same time, in view of the wholesale condemnation of our military hospitals, I consider that the least any convalescent can do is to bear testimony to the ceaseless devotion of the overworked medical officers and nursing sisters, to whose skill and watchful care so many owe their restoration to health and strength."

The second is from a Reservist, Private Sandford, of the 12th Royal Lancers, who writes:—

"I was admitted to the Basadre, Bloemfontein, which represents No. 5 Stationary Hospital, and was treated for enteric fever, pleurisy, and pneumonia. This hospital consisted of three wards, one of 94 beds, one of ten, and a small ward for officers. The medical officers appeared to me to be well studied the different cases, and did their duty well. I cannot speak too highly of the excellent work performed by the nursing sisters and the St. John Ambulance men. There were not enough orderlies, only eight and four nursing sisters in the ward containing 94 beds, which was nearly always full; some volunteer orderlies from infantry regiments lacked the experience necessary. But I must say that great kindness was shown by the whole of the hospital staff, and every one appeared to do their duty to the best of their ability under the circumstances, and I am well satisfied with the treatment I received."

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

BLOEMFONTEIN, Aug. 30.

The Hospitals Commission has left Cape Town. This morning it unexpectedly met an ambulance train on the way down from the front at Hex River, and paid it a surprise visit of inspection. Several patients were questioned, all of whom said they were satisfied with their treatment.

Bloemfontein was reached this morning. It occupies an excellent situation, 4,600ft. above the sea, in the bracing air of the Karroo. Many soldiers called aloud in praise of the hospital.

Mr. Charles Hands, war correspondent, described his experiences at the Civil Hospital in Mafeking after being wounded. The accommodation was all taken up. The number of orderlies was insufficient and the doctors and nurses were "played out" owing to the long siege. The hospital arrangements were very bad. The principal medical officer was ill. Every one was exceedingly kind, but they were all exhausted. The travelling in ox-wagons was not bad. He was well attended to on the journey to Mafeking.

Lord Kesteven recommends the appointment of oculists to the Army; there was only one in South Africa.

Doctors Church and Cunningham inspected the wards.

The arrangements of the Commission have been altered; it will leave here for Bloemfontein immediately.

MONDAY, SEPTEMBER 3, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

BLOEMFONTEIN, Aug. 31.

The Hospitals Commission held its first sitting here to-day. Major Bedford detailed the disposition of the various hospitals. He admitted a shortage of ten field hospitals and said that it was most difficult to meet requirements as the operation extended. When the Army landed everything was practically upset. In Natal things were such that, whenever a unit arrived, it was sent where it was required, with the result that the bearer companies and field hospitals got very much mixed. During Lord Roberts's advance the usual medical unit was not kept up, and the number of ambulances was reduced. Enteric fever assumed large proportions in the latter part of March and the number of cases quite exceeded all anticipation. The witness could not say whether the provision for sick and wounded had been sufficient.

TUESDAY, SEPTEMBER 4, 1900.

THE ROYAL ARMY MEDICAL CORPS IN NATAL.

TO THE EDITOR OF THE TIMES.

Sir,—The Times of the 5th of July contains a letter from Mr. Lees Knowles forwarding extracts from the letter of a correspondent, who is stated to desire his name to be private, but who, so long as he cannot be made responsible, has apparently no objection to his letter being used to give pain to others.

It is true that about six months ago the military hospitals in Maritzburg were attacked by a writer in the Times of Natal. It is also true that the author of those letters, having been induced to give particulars of his allegations, was confronted before a Court of Inquiry, presided over by Sir William Stokes, with each patient concerned, when every tangible accusation was proved to be groundless.

But this is ancient history; how can stupid assertions discredited months ago "allay the anxiety of some of us who have friends out there?"

At the moment when the attention of England is directed to the hospitals at the Cape, Mr. Lees Knowles publishes, and endorses as the utterance of a person in high position, the following words:—"I am given to understand that the senior officers Royal Army Medical Corps, with few exceptions, are so taken up with their own importance as combatant officers, and their rank as colonels and majors, that they leave much to be desired."

Was over a more shameful accusation more shamelessly published? There were then but three colonels Royal Army Medical Corps in Natal, outside Ladysmith. Colonel Galloway, principal medical officer, has procured for the Natal Field Force the most complete hospital system ever provided for an army in the field. He is, I believe, the first P.M.O. who has ever provided nurses in the hospitals receiving wounded on the battlefield. His organizing power and untiring energy, with assistance from home, added 4,500 improvised beds to our hospital accommodation, and provided nurses, doctors, and attendants, some of them (let Mr. Knowles note) from Johannesburg. Colonel Clery was in charge of No. 4 General Hospital of 520 beds which was expanded into Mool River Hospital of 920 beds; it was justly referred to by the writer of the articles in the Times of Natal as a model of what a hospital should be. Colonel Allen was Senior Medical Officer of the Field Army, and superintended the collection and subsequent removal of the wounded and sick from the front. I believe this duty has been accomplished by him more rapidly, and with less discomfort to the sufferers, than in any previous campaign.

I could say as much for the next senior officers R.A.M.C., but colonels are mentioned, and I challenge Mr. Lees Knowles and his correspondent of high position to say which colonels they refer to, and either prove their accusations or withdraw their slander.

I have the honour to be, Sir, your obedient servant,

REDVERS BULLER, General.

Pietermaritzburg, Natal, Aug. 4.

COLONIAL SOLDIERS AT WINDSOR.

Some of the invalided colonial soldiers who have returned on furlough from South Africa paid a visit yesterday to Windsor Castle. Captain Stanton, formerly of the Seaforth Highlanders, had charge of the party, which was 43 in number, and consisted of non-commissioned officers and men of the New South Wales.

Queensland, South and West Australia, and New Zealand contingents, the Royal Canadian Regiment of Mounted Rifles, Roberts's Horse, and the South African Light Horse. The men travelled to Windsor by the Great Western Railway, and on marching from the station were heartily cheered by the spectators. Sir Arthur Bigge, the Queen's private secretary, who travelled to Windsor by the same train, witnessed their arrival. Mr. Alfred Barber, the mayor, and several members of the corporation, received the visitors at the Guildhall and conducted them to the council chamber, where light refreshments were provided. Mrs. Barber, the mayor's wife, and Miss Barber, Lord and Lady Edward Spencer-Churchill, Miss Percy Churchill, and the Hon. Mrs. Haslegrave-Lennox were among the company.

The mayor, addressing the men as "brothers from across the sea," offered them a hearty welcome. They had heard, he said, of the gallant manner in which they had behaved in various engagements. To those who had volunteered their services for the South African campaign England owed a deep debt of gratitude, but in the case of those who came from the colonies that debt of gratitude was greatly increased. (Cheers.) The war in which the colonies had come forward to help the mother country had been a pleasing manifestation of loyalty and a great surprise to the enemies of England. (Cheers.) He asked them to drink to the health of their good Queen and to the success of England and her magnificent colonies.

Her Majesty's health was then loyally honoured, the National Anthem being sung by the company, followed by cheers and cries of "God bless her."

Sergeant-Major Wildgust, of the Royal Canadian Mounted Rifles, thanked the mayor and corporation for their kind reception, and the mayor having responded, Captain Stourton addressed the company at some length, and intimated that some of the men wanted to speak publicly about their treatment in South African hospitals.

Trooper Martindale, of the New South Wales Mounted Rifles, said the first hospital he went into was the Glen Hospital, up beyond Bloemfontein. He was suffering from enteric fever. The conditions were hard, he would admit, but they had to be borne not only by colonials, but by British soldiers as well. So far there had not been many complaints from British soldiers, and he thought that if British soldiers could go through it colonials could go through it as well. (Cheers.) Of course the War Office never anticipated there would be such a number of casualties or that fever would take such a strong hold on the troops. Their transport arrangements were just as complete as they could be, but they could not bring everything straight to the front. No doubt some colonials had individual grievances, but when they came to think of it calmly after they had left this country and when they took into consideration the difficult conditions with regard to transport which the War Office had to deal with in order to get things to the front, they would see they had been treated as well as they could have been right through. (Loud cheers.)

Several other men bore testimony to the care and attention which the sick and wounded had received in hospital. One of them, the only representative of Natal present, observed that he had been through three Natal hospitals, and so far as treatment went, had never seen anything wrong. After the battle of Spion Kop he was in one hospital for a night, and then for over a week in Spionkop's Hospital. It was on the field, but every attention was paid to patients that could possibly be paid under the sun. There was nothing to grumble about. Next he was a week at Modder River, and received the same attention there. He was then sent to the base hospital at Pietermaritzburg, where, again, every possible attention was paid to the patients. As regarded what had been said about Bloemfontein, he thought the difficulty there was owing to the congested condition of things caused by the unexpected outbreak of enteric fever. As far as hospital treatment went he had everything to praise and nothing to speak against.

Another man, after giving his experience, said he could assure the English people that the treatment at Rondebosch, near Cape Town, was of the most complete description, while the comforts and attendances were really more than he could have expected. Another trooper declared that the treatment he had met with in hospital was superb, and much better than that at the front. (Laughter.)

The colonials, after visiting the State apartments, the Royal gardens, and the Prince Consort's farm, returned in the evening to London.

SEPTEMBER 5, 1900.

THE ROYAL ARMY MEDICAL CORPS IN NATAL.

TO THE EDITOR OF THE TIMES.

Sir,—In reply to the letter from General Sir Redvers Buller, which appears in your issue of to-day, I desire to state that the chief object of my letter to which he refers was to show that, so long ago as in January there were rumours of hospital mismanagement, which had been reported and circulated by the *Times* of Natal, that inquiry had been made, and that everything had been found to be satisfactory. Later, when about the month of June similar charges of mismanagement were made in the *Home* of Commons and in the *Press* in England, I thought that the publication of part of my correspondence on the subject might be useful as showing that, in a particular case at all events, there was no ground for some of the allegations which had been made, and that thereby anxiety might to some extent be allayed. Had it been otherwise, I might have written on the subject earlier in the year.

Unfortunately, in extracts from my correspondence, I included the sentence to which General Buller takes exception, and I wish now to withdraw it and at the same time to express my regret for its publication to those whom it may concern. I do so the more readily, because I am given to understand that it unwittingly casts reflection upon the work of the principal medical officer, whose acquaintance I made in Egypt in 1897-98 and for whose ability I had then, and I have now, the greatest admiration.

Yours faithfully,

L. E. S. KNOWLES.
Conservative Club, Manchester, Sept. 4.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

BLOEMFONTEIN, SEPT. 3.

After leaving Deelfontein the Hospitals Commission made a short stay at De Aar, where they inspected the hospital, but took little evidence.

They arrived in Bloemfontein early on Friday morning and held sittings in the room where the Bloemfontein Conference took place.

Colonel Ekxham, who gave evidence, said he became the principal medical officer here when Colonel Stevenson left on May 1, and supervised everything. The rush commenced when the advance began. On arrival at Bloemfontein he found General Hospitals Nos. 8 and 9 getting into working order and extending greatly the already ample accommodation for patients. Colonel Stevenson informed him that all the suitable buildings had been utilized for hospital purposes and therefore he did not inquire further. The Town-hall and the Cathedral were quite unsuitable. The largest number in hospital at one time was 178 officers and 4,098 men, and including all never exceeded 5,000. The maximum number of patients sent down to the base in one fortnight was 2,000. Bloemfontein never suffered from lack of medical officers or equipment. While waiting for equipment the personnel of Hospital No. 9 were distributed through the other hospitals, both field and general. Six thousand pints of milk were required per day for the patients, and it was impossible to obtain that quantity. Corridor carriages were utilized when possible to convey patients, but ordinary carriages had also to be used. There was no lack of disinfectants. The hospitals here dealt in one month with 13,000 sick, a number which would tax the resources of London. No further provision for the care of the sick than had been made was possible.

Other witnesses denied all allegations whatever against the Bloemfontein hospitals. The faults, they said, were due to the exigencies of the time. The nursing and the doctors here were highly commended. No serious case had been allowed to remain in a bell tent, but was transferred immediately to a marquee, where better attention was possible. Enteric cases were not mixed with the wounded.

Nurse Holland said she had seen veldt sores, which were very prevalent, but no bed sores arising from inattention.

The Commission have visited General Hospitals Nos. 8 and 9, St. Michael's Home, Date's Institute, Grey's College, the Radzaal Hospital, and the Convent.

The Commissioners will probably leave for Kroonstad on Wednesday. The train will travel only by day in order to avoid danger from the enemy.

(THROUGH LAFAY'S AGENCY.)

CAPE TOWN, SEPT. 4.

At a monthly meeting of the Cape of Good Hope Society last evening Sir John Furley, Chief Commissioner of the Red Cross Society, said that he had recently visited the hospitals in Pretoria, Johannesburg, and other centres, and that he found the arrangements for caring for the sick and wounded most excellent. All had abundant supplies. He spoke in glowing terms of the grand work accomplished by the London Central Committee, and hoped that it would become a permanent organization. The result of the co-operation of the civil, military, and hospital organizations had been very gratifying.

Sir John Furley added that the strain was now practically over, and he considered that there was no further need of appealing to the public for subscriptions, but he admitted that private assistance was necessary and would be welcome.

PALL MALL GAZETTE.

SEPTEMBER 5, 1900.

LESSONS OF THE WAR.—V.

[By J. EMERSON NEILLY.]

PENDING the delivery of their verdict by the Hospitals Commission, the public must in honesty withhold their judgment on the working of the R.A.M.C. in the field. But even now a few words concerning the department may be written without in the least interfering with a matter that is *sub judice*. Hard things have been said about the Army doctors individually and collectively. They have successfully fought for service titles, and during the struggle some critics sneered at them and pooh-poohed their efforts. The present Commander-in-Chief himself never attempted to conceal a feeling that might

THURSDAY, SEPTEMBER 6, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, SEPT. 5.

Further evidence taken at Bloemfontein yesterday by the Hospitals Commission was of a conflicting character. There was much divergence of opinion among the civil and military surgeons as to the alleged scarcity of appliances. It was generally agreed, however, that the supplies of food and medicine had been ample. Dr. Johnstone, who has been practising for many years at Bloemfontein, expressed the opinion that the military authorities should have commandeered local stores to a greater extent. The explanation given for their not having done so was that they were afraid of incurring expense.

Standard 6th Sept. 1900.

THE HOSPITALS INQUIRY.

Mrs. Richard Chamberlain, before her return to England from the Cape, addressed a letter to Lord Justice Romer, Chairman of the Hospitals Commission, in which she said:—

"I regret that the unavoidable necessity which compels me to go home without further delay obliges me also to ask permission to appear before the Commission on Military Hospitals on the return of the Commissioners to England. I wish to give evidence, from my own personal knowledge, of the condition of the hospitals in the Cape Peninsula, particularly No. 1 General Hospital, Wynberg, and No. 5 General Hospital, Woodstock, in the period of four months (from November, 1899, to May, 1900) during which I was actually working daily at No. 1 Hospital, Wynberg, and in the subsequent three months, when, having been excluded, in consequence of my complaints and representations, from the wards of the hospital, I continued to carry on the distribution of hospital and other comforts which I had organised at Wynberg."

"The subjects which I wish to touch upon in my evidence are:—1. The incapacity as administrators of the Army doctors. 2. The inadequacy of the nursing staff. 3. The insufficiency of necessary appliances. 4. The dirt and disorder consequent on bad administration. 5. The absence of efficient supervision of the cooking and feeding of patients, both officers and men. 6. The insufficient feeding of convalescents. 7. The neglect of ordinary sanitary precautions. 8. The determination of the Army doctors in charge of the hospital not to avail themselves of the means within their reach to remedy defects and make good deficiencies. 9. The absence of efficient inspection by the military as distinguished from the medical authorities or by any qualified sanitary inspector. 10. The reckless manner in which doctors of unsteady habits were selected to take charge of invalids returning home on transport. 11. The manner, amounting to intimidation, in which complaints were received. 12. The opposition of Army doctors to measures for the amusement and healthy occupation of convalescents and wounded men, and the bad effects of the enforced and unnecessary idleness. And 13. The want of discipline amongst the officers' servants and orderlies."

"My evidence with regard to No. 5 General Hospital Rondebosch, will be limited to the information gained in a single visit of inspection. I am of opinion that while this hospital suffered in common with the others from the faults of the Army Medical system, those were to a great extent neutralised by the greater activity and the more liberal and enlightened views of Major Keogh, Royal Army Medical Corps."

almost be called one of disdain for the doctor, and on more than one occasion he publicly "sat upon" him. His most memorable effort in this direction was once when the hospital corps were paraded with other troops in the Phoenix Park, Dublin. His lordship threw his eye along the line, and calling to a galloper he said, "Go to the left and tell those medical people to return swords. Inform them that they are only civilian attendants upon sick soldiers." The commander gave his men the order, "Return swords," and the snub soon became known to every medical man in the service, and, of course, made them more satisfied with their lot in an army that only seemed to tolerate them.

THE SORROWS OF THE DOCTOR.

His high and mightiness the combatant officer, whose professional brilliance has been brought to notice so prominently by his chief, looked down upon the doctor, but he permitted him to sit at mess, and occasionally unbent so far as to be gracious to him; but on the whole the uniformed "civilian" was bucketed about and made as miserable as the "fighting men" could make him. The commissariat and transport man needed no special professional training, being merely a butcher and baker and waggon controller, yet he was regarded as an officer fit to draw the sword with which he was ornamented; the engineer, who is merely a builder, or bridge, or balloonist, might do the same, and so on through all the departmental corps; but the medical man—he who had to pass his professional examination as well as his examination for the service—was singled out for a course of snubbing, and was shown on every possible occasion that even the lieutenant, who could scarcely handle a squad of recruits, and the captain, who could barely avoid "clubbing" his company at drill, were his superiors. What was the result of all this? No man overburdened with self-respect would join the Army Medical Service, and young fellows receiving their diplomas at college were advised to avoid army employment as they would avoid one of the plagues that they were fitted and intended to fight. When the department was boycotted, an inferior class of men offered, and matters became so serious that the Commander-in-Chief, who fostered and led the anti-doctor movement, was compelled to countenance the admission to the service of men who had not qualified for it. The public unfortunately think little of the soldier until he is fighting his country's enemies; and to the honour of the public it must be said that when thoughts of our soldiers are accompanied by visions of screaming and bursting shells and flying bullets, they rise like one and applaud their hero while they place their hands in their pockets to alleviate his sufferings and privations. But in peace times they have other matters to cogitate over, and it is little to them if a service is destroyed. To them it is nothing that the son of the man who sprang from nothing and made his money out of ginger-beer and gum or by boiling tallow should become over the superior professional officer and compel him to leave the army because he could not stand the treatment, and would only be admonished by the highest authorities if he complained. It cannot be denied by anybody who knows the service that we have in the army a large proportion of young doctors who would do with a little more training than they have received, and some whose general attainments might be more brilliant than they are; but that, I emphatically repeat, is due to the low level at which the army doctor was placed in what I may call the military social scale, with the encouragement of Lord Wolseley. The position of the doctor in the service was made untenable in the case of the sensitive man; good doctors refused to join, the standard was lowered, and the less competent class of practitioners got in. That is the whole story. Then anything that was good in many of the doctors has been strangled out of them by red-tape. Everything is done by regulation, and too often the hospital is interfered with by staff gentlemen who lack something to do and meddle and interfere with things that do not concern them so that they may get a name for being working men.

STRANGLED BY RED-TAPE.

The principal lesson learned during the war in connection with the R.A.M.C. has been the bad principle of organization and arrangement. The corps should be distinct, with its own transport. W, X, and Y hospitals are at Bloemfontein. An avalanche of enteric falls upon the army in the field there, and every available tent is crammed with patients. An important drug shows signs of running out, and a supply is indentured for. It is found that the stuff is stored at the base at Cape Town, and the usual requisition is sent down. Somebody down at the base wants to be officious and sends back some such query as "Are you sure you want it?" A correspondence ensues, and in the meantime the last of the drug in the hospitals vanishes. Before a new supply can come up, the transport people must be arranged with, and all kinds of red-tape antics gone through, and heaven knows when the fuming doctors at Bloemfontein will get what they want. This to illustrate the principle of army working. He who runs a business house in London will scarcely credit that important life-or-death orders can be left over until all the requirements of red-tape are satisfied; but, solemnly, this is the fact. Why, a week or so before we were besieged in Mafeking Captain Ryan, the commissariat officer, indentured for a large supply of rum from the base, and the reply came back, "How much can you get locally?" How much could he get in a little tinpot hamlet! The intelligent official at the other end must have thought that Mafeking was a London or a Liverpool. Probably he did. There was no store of rum in the town, and when Captain Ryan's reply to the idiotic query reached the base, it was too late for us to get the precious stuff up. The sufferings of the men in the trenches during the wet and intensely cold times could scarcely be imagined. Chills, pneumonia, sciatica, bronchitis, and rheumatism were common, and many of the attacks would have been

prevented if the precious gentleman below had acted as a man with an ounce of brains would have acted, on the order of the officer responsible for the supplies of the town.

A MODEL FIELD HOSPITAL.

The best arranged and equipped hospital in South Africa was, beyond yea or nay, the Irish Hospital under Sir William Thompson. The whole thing was planned by Dr. George Stoker, who had been at war with the Russians and Turks and others, and knew from actual experience what was required. The Irish Hospital was equipped with turtle-back tents, which are cool during the hours of blazing sunshine and warm by night, giving points to the best bell-tents in the field. No indistinguishable red-cross flag was trusted to. Dr. Stoker had a huge white umbrella with the Geneva badge broadly painted upon it, so that the cross might be seen as far as the waggon itself. He had his own mules and waggons, and did not trust to the vagaries of the transport department. Here I may fittingly remark that although this particular hospital moved about with the others, no mules were lost, whereas the regulation transport animals died in bunches, or were cut adrift on the veld when they were "done up." One morning in June Dr. Stoker got orders to move his section of the hospital up to Pretoria, where Sir William Thompson had the field portion. At breakfast time (eight o'clock) I heard the doctor tell the orderlies to pack up; at 10.30 everything was ready to move; drugs, instruments, and the thousand and one things connected with the establishment were in their proper boxes, and the stationary section of the Irish Hospital was ready to be entrained. Now, if it had been a regulation army hospital section, a start would have been made by requisitioning for fatigue men, and after hours spent by everybody getting into everybody else's way a start would have been made to pack. Then the Transport Department would have been notified, and after a time the proper officer would have been fished out from among the over-manned staff, and he would have sent for a colonel or a major to ask him what waggons he had. The colonel or major would have sent an orderly to a sergeant-major, who would have misunderstood the message and replied that there were one hundred waggons connected with the train. But next day it would have been discovered that most if not all of the waggons were away goodness knew where, and the luckless medical men would have sat down among their goods and chattels and sighed for waggons, and hoped that they would come along within a week or so. The difference between Lord Iveagh's hospital, with no red-tape, and the regulation hospital, tied up with the strangling cord, was as the difference between De Wet and Kitchener. One could move immediately; the other had to wait until the necessary pieces were got together.

RADICAL CHANGES NECESSARY.

Beyond question, a radical change in the composition and regulations of the Royal Army Medical Corps must be made, whether as a result of the Hospitals Inquiry or not. The whole department from top to bottom must be overhauled, and it will not be amiss if some rule is instituted insisting upon every doctor in the service doing his best to keep himself in touch with the latest discoveries in the sciences of surgery and medicine, and the latest methods adopted by the best civil practitioners. There is too much reason to fear that your average army doctor just gets into the service and sticks there without spending his spare time in the study of his profession up to date, as the civil doctor who wishes to preserve his practice is compelled to do. And, further, if civilian doctors are again to work in the field, it will be well if steps are taken to ensure that as far as possible the civilian and regulation man are not put to work in double harness. Where this is done, and a sick man is by turns in the hands of a civil doctor to-day and an army one to-morrow, one alters the treatment of the other, and the poor patient is made a shuttlecock of, so to speak, between two medicine bottles. I know that this occurred in some places in South Africa. When the army doctor had the patient he ordered one régime, and when the civilian took his turn a few hours afterwards the treatment was changed. It is probable that the "outsider's" treatment was the most up to date, and the army man's belonged to a bygone age.

If ever we are involved in a war like the present again, it will be well if those in authority absolutely forbid ladies to follow the troops. Dr. Treves and others have said things that made them appear to be ungallant; but if the judges of their declarations had been at the front they would have acknowledged the justice of their remarks. Fever patients depend upon quietness and good nursing for their recovery. These essentials can be secured in a private house or an ordinary hospital; but I am afraid that in the field, from what I saw about Cape Town, the sick-tent cannot be kept free of what Treves called a plague. Well-disposed ladies insisted upon going in to preach to men whose lives more or less depended upon the absence of all kinds of sermons; and when the medical attendants begged them to let their charges have peace, the ladies made a pow-wow in Cape Town, wrote to the papers, and otherwise "went for" the unfortunate medical man. Ladies of all sorts and conditions, save the trained military nurses, should be prevented from accompanying the troops or going where they are.

SUGGESTIONS FOR IMPROVEMENT.

If the authorities desire to improve their medical corps they will—(1) make the service as attractive and as comfortable as possible; (2) have every doctor examined periodically by an independent board to prove that he has kept himself up-to-date; (3) ensure that none but good and smart men are admitted to the service; (4) have civil and military divisions, independent of each other, when it is necessary for civil surgeons to be called out; (5) give the medical service its own transport, and let the hospitals be as far as possible "self-contained;" and (6) take steps to prevent the doctors, or anybody else who is in the field on duty, being tampered and interfered with by pleasure-seekers or novel sensation-hunters, whose meddling and wrangling only bring discredit upon themselves and cause no end of friction in the service.

HOSPITAL CHARGES CONFIRMED.

Dr. Kirkman, who gave evidence before the Hospitals Commission at Bloemfontein on Monday, said that every necessary was wanting in No. 8 Hospital. Dr. Fitchett declared that there were a number of cases of drunkenness among the orderlies, sometimes when they were on duty. There was no fresh milk at times of pressure, though it was always available for afternoon tea. He felt strongly the indifference of the senior officers in regard to the condition of the patients, but had seen the Principal Medical Officer inspecting the tents. Dr. Leon, in charge of the enteric division of No. 8 General Hospital, said that in six weeks the Principal Medical Officer never visited the marquees. Requisitions for more nurses, orderlies, and utensils were not complied with for a fortnight. The condition of the bell tents was awful.

THE DAILY NEWS, FRIDAY, SEPTEMBER 7, 1900.

HOSPITALS AT THE CAPE.

WHAT'S WRONG WITH THE ROYAL ARMY MEDICAL CORPS.

[BY EDGAR WALLACE.]

It is reasonable to presume that the Hospital Commission now sitting at Bloemfontein, where the horrors come from, has completed the most important phases of its investigations, and that it will lose no time in laying before an anxious public the result of its deliberations, the conclusions arrived at, and the reforms advocated. Generally speaking, a Victoria Cross is the landmark of a blunder. Generally speaking, in the history of Britain's wars, individual acts of heroism and endurance have atoned for the follies of collective administration, and so those who have watched the working of the hospitals in South Africa—and have watched with knowledge, appreciating the difficulties that beset them—are confident that when the truth about the hospitals is revealed it will show little more than the triumph of the Good Man over the Bad System. I do not propose to do anything more in this article than briefly to sketch what I saw of the hospitals on the lines of communication and with Lord Methuen in the earlier days of the war. In the first place, in no department was England's unpreparedness for war more terribly apparent than in the Medical Department at Capetown. When war appeared inevitable, and the small garrison of the Colony was sent to guard the important junctions and border towns, it was with the utmost difficulty that the P.M.O., Colonel Supple, was able to get together two complete field hospitals, which were split up between the forces holding Kimberley, De Aar, Naanpoort, Orange River, and Stormberg Junction. These were the hospital sections which were first in the field, and, although they were considerably undermanned, there was no alarming amount of sickness to contend with, nor wounded needing attention. It was not until Methuen's advance from Orange River Station that any serious fighting occurred, and not until after the battle of Modder River that the hospitals at Orange River Station began to fill. Until the army reached Modder River the field hospitals at the fighting front did very little more than act as railroad dressing stations from which the wounded were returned to the advanced base. After the battle of Magersfontein the hospital staff began to feel the pressure.

I remember the night, dusty, squally, stormy, when the long train of cattle trucks drew slowly into the dimly-lit station. We thought it was a train of "empties," but it was not. White faces appeared at the barred apertures staring strangely; grimy hands, caked and dappled with dried blood, held forth empty water-bottles for filling. Drawn faces made desperate efforts to smile. The trucks were in darkness, and the doctors who went in to sort out the dead from the dying carried lanterns. They were very silent, the poor battered heroes, who lay on the hay-covered floors. The place of the wild, mad moment of battle was seventy miles away, and it was yesterday—or was it the day before? They were very tired; they had been twelve hours coming seventy miles. They had been shunted into sidings by youthful staff officers to allow troop-trains to

pass them. Sometimes the troop-trains were an hour late, sometimes it was the mistake of the staff officer, but all day long in the heat of the African sun the improvised hospital train waited, and some of the men died. We carried them to the hospital; we civilians did our share that night—carried them across, and the lightning flickered palely behind the kopjes, and the frothy wind whirled around the half-dressed bodies of the men on the stretchers. That night the hospital held three times as many men as it is allowed by regulations, and that week the hospital staff, from doctors to orderlies, were content with four hours' sleep a night.

It was the first time that the hospitals had been overcrowded, but there was no horror, except the horror of the clean death which touched the elbow. There was no discomfort, except to the men of the Royal Army Medical Corps. There was no scandal.

About this time saw the advent of the society nurse.

I saw the working of the field hospitals at Modder River, at Orange River, at De Aar, and at Naanpoort, and everywhere it was the same—somewhat rough, very cheerful, but no horrors. Nobody expected polished floors, brass-work, or dainty. The sufferer would have preferred to have waked to the twittering of the sparrows on the trees outside in his native Hermondey, but he knew, being a soldier and uncomplaining, that a field hospital isn't Guy's, and so he endured cheerfully until the Red Cross train came along and took him down to No. 1.

Up to the date of Lord Roberts's advance into the Free State the hospitals, albeit still undermanned, were working splendidly. There were no lack of comforts for the troops, either at Orange River or Modder. Fruit arrived daily from the "Loyalists of the Colony," and both the "Absent-minded Beggar" Fund and the Red Cross Society were able to supply the sick and wounded with all the extra clothing and equipment required. The supply of fans, canvas water-bottles, easy chairs, dressing gowns, suits of pyjamas, and underclothing and literature was plentiful, and what is more important than all, the recoveries were excellent. I venture to claim that upon this I speak with knowledge, for I spent four hours daily amongst the sick. The period of chaos was apparently inaugurated at the beginning of February with the advance on Bloemfontein, and it is fair to suppose terminated as soon after the repairing of the line from the Free State capital to Norral's Post as possible.

It was caused:

(1) By a serious epidemic of enteric fever.
(2) Inefficiency of proper transport either to carry the supplies and hospital accommodation necessary to so large an army or to move the sick back to the railroad.

(3) An insufficiency of nursing staff immediately to cope with the outbreak.

There may have been, during the first dark days in Bloemfontein, sights to sicken, scenes that would burn themselves into the brain of the susceptible layman; but there are things that one may see at any London hospital daily which to the unsophisticated stomach are just as horrible. There were men huddled together in bell-tents feet to feet, but it was only because there were not sufficient tents to permit of distributing the sick. If there are ten men in one tent with enteric fever it is very unpleasant—particularly for the doctor and the nurse—for the patient does not worry much when he has reached the acute stage. Of those ten, possibly one would die who might have been saved under more favourable conditions, but without the tent they would probably all have died.

And now as to the base hospitals at Capetown and Wynberg, these being the places most generally attacked.

Wynberg's (No. 1 and 2) are by far the most important, the hospital at Capetown being much smaller. The hospital in Capetown's beautiful suburb is situated amongst the pines of Constantia, and consists of what previous to the war was known as Wynberg barracks, and the station hospital buildings, twenty or thirty large bungalow huts, and a great number of double-bedded marquees. The sanitation is as perfect as the system generally in vogue in South Africa. The hospital stands on a slope, so that there can be no accumulation of stagnant rain water, as one imaginative correspondent wrote, and it is probably one of the healthiest in South Africa. At a parade of 900 invalids just before I left Capetown, Colonel Supple took the opportunity of asking every man separately, and in the presence of General Forester-Walker, if there were any complaints they would like to make, either as to the behaviour of orderlies or medical officers, the quality or quantity of their food, offensive sanitation, etc. Of the 900 there were two complaints—one of the men being a

colonial and one a linesman. The colonial objected to the toughness of his meat, the linesman to the weakness of his tea.

The Capetown hospital is a very ancient building erected by the old Dutch Company, and stands on the seashore, from whence arises at certain seasons, and at certain hours a most objectionable effluvia. Bad smells are very unpleasant things, and it is difficult to persuade amateur nurses and susceptible M.P.'s that bad smells may not only be perfectly innocuous, but rather healthy than otherwise. The peculiar thing about the Capetown hospital is that the results of operative cases have been little short of wonderful. I think it was Dr. Cheate, when on a visit, who used that word to describe the result of an amputation of both thighs, which, in spite of the conditions solemnly denounced as septic, made a rapid recovery.

I should not like to say that the commission will not find individual cases of strict neglect. It is just as likely as it is that strict impartial inquiry would discover isolated cases of cowardice in regiments of whose deeds we cannot speak without a thrill of pride.

Now as to the training of the rank and file of the Royal Army Medical Corps. The private of the Royal Army Medical Corps seldom enlists directly into that branch of the service. If the recruit applies at the R.A.M.C. headquarters he is, or was, usually persuaded to serve a training in the Medical Staff Militia. Most of the recruits of the R.A.M.C. are drawn from the auxiliary arm, and a very large proportion is transferred from regiments of the line, either under the regulation which allows young soldiers of less than three months' service to enter one of the Departmental Corps, or else under that which allows men of over a certain service to transfer. It is the exception that men are directly admitted. Unlike other non-departmental regiments, certain educational qualifications and certificates as to character are required before the applicant is finally attested. Take the case of a man who enlists directly without entering the Militia. Once enlisted the recruit is sent off to Aldershot, which is the headquarters of the Corps. Here for a few weeks he does nothing beyond learning a little squad drill; when he is considered to be passably proficient in these exercises, and has thoroughly grasped the difference between column in line and battalion in column, he joins one of the classes of instructions which are periodically formed. For four hours daily he is instructed in the use of bandages, stretcher drill, the elements of anatomy and physiology, the names and uses of instruments and utensils, and the art of rendering first aid to the wounded.

Incidentally he learns to pitch tents, carry coal, scrub floors, march in line, go through the bayonet exercise, and shoot. All no doubt very useful accomplishments for a man whose sole duty is to be the care of the sick and wounded. After passing an oral examination conducted by a Board of Medical officers, the recruit is drafted to one of the larger military hospitals of the United Kingdom—Netley, the Cambridge Hospital, the Royal Infirmary, Dublin, Herbert Hospital, etc., etc.

Up to this time the recruit is perfectly ignorant of even a rudimentary idea of practical nursing, the three months' training at the depot having left him with little beyond a shadowy notion that the Tibia or the Fibula are bones in the leg, or is it the Femur or Humerus? and the little bump on the back of his head glories in the sonorous name of Occipital Protuberance. If there is any sort of a system at the hospital to which he is drafted, he will be placed as assistant to a first-class orderly (the orderlies are graded in three classes), and will perform the harder and more unpleasant work of the war, in the same way as would a probationer at a London hospital. If the system remains good, which it will if there is no change of commanding officer—and every fresh C.O. introduces his own interpretation of regulations—the orderly will remain in his subordinate position for three months, at the end of which time, providing his regimental character remains unblemished, he may pass another oral examination, this time the examiner being the medical officer in charge of the wards, and at that officer's instance may be recommended for advancement to the second grade, which carries with it an increase of two pence a day. Always supposing the young soldier has struck one of those ideal hospitals where regulations are carried out to the letter, he is then placed in charge of a ward, where, by dint of much hard work and keeping on the right side of the N.C.O. who is his ward master, and the nursing sister, he may in a year or so attain to the culmination of orderlyship, and be permitted to wear two bars on his arm and draw fourpence extra pay per diem. So far the system is all right, supposing it was carried out. The man commences work in a ward, and by performing the menial labours, and gradually profiting by the example of the senior orderly and the lectures of the medical officer

(he accompanies the doctor in his daily rounds), he becomes in turn an assistant, a full-blown nurse, and, on promotion, a ward master.

Speaking generally, however, these are not the lines on which the R.A.M.C. is conducted. More often than not the young recruit is pitched into a ward to sink or swim, as the fates decide. More often than not what he learns of actual nursing he is taught by the patient. Not one medical officer in twenty deigns to address any remark to his nurse, other than one upon the brightness of his buttons or the polish on his boots, and twenty-five per cent. of the Royal Army Medical Corps never see the inside of a ward after a couple of months' slipshod training, unless they happen to be on night duty, the men being employed as grooms, clerks, servants, stewards' assistants, sweepers (pioneers), all of which duties might with advantage be performed by other branches of the service. Of all the inner systems of the R.A.M.C. the night system is the most hopelessly insane. There are as a rule men on duty every night in the waiting rooms or wings of a hospital to receive admissions that come in the night, and, if necessary, render first aid. It is reasonable to expect that the men chosen for this duty would be proficient nurses, who could be depended on to effectively perform such duties. In the cases of patients at critical stages of their illnesses, three or more orderlies are "mounted" over each patient, unless a streak of intelligence, such as occasionally illuminates the gloom of hospital administration, has decreed that all serious cases shall be kept together in a special ward, in which case three orderlies will be able to attend to half-a-dozen patients.

The average man would take it for granted that the men chosen for this most important duty would be the flower of the hospital staff. Yet how are these men chosen? Alphabetically, if you please. Brown, Billings, and Bunker may be the biggest duffers in the R.A.M.C., yet, because their names follow in alphabetical succession on the hospital duty roster, they are chosen to take the places of the skilled nurse usually in charge of the ward during the day, at a time when all the skill and courage of a trained nurse are essential for the patient's very life. In a like manner is the "waiting-room orderly" chosen. If there is any preference given, it is to the duffer who would be useless in the ward. The worst thing about the night duty is that a man so employed has to perform his duty just as usual during the day, both before going on and after coming off duty, which means that men are, at least once a week, on duty for forty hours at a stretch. What is wanted here is a system—one which would provide for a regular weekly tour of night duty, the day being the nurse's own, as in the case of a London hospital. If the science of nursing was all that the orderly of the R.A.M.C. had to master, there is little doubt that, in spite of the disadvantages of the existing régime, he might reasonably hope to make headway in his profession. Nursing, however, is not the sum total of an orderly's duties, and there is not one day in the week in which he can devote himself solely to his ward. Gilbertian though it may appear, twice a week he is called from the side of his patient to draw the blunt sword he is not allowed to carry in war, or go through evolutions which are sacred to times of peace.

You cannot make a soldier with two hours' drill a week, but you can spoil a nurse. There are medical officers who object to nurses leaving their patients even for the purpose of acquiring such a valuable military training as may be imparted by the knowledge that artillery should never advance without the support of infantry.

On the other hand, there are medical officers with nice new gloves and nickel-plated swords who apparently have no other ambition in life than to be mistaken for cavalry officers, and these love to strut up and down the parade grounds with a little red drill book and shout mysterious commands and unintelligible orders.

What is wanted in the R.A.M.C. is,

1. That in times of peace it shall be a nursing corps pure and simple.
2. That in time of war it shall furnish the staffs for collecting stations, field hospitals, and base hospitals.
3. That bearer companies shall be a purely regimental institution, a trained orderly of the R.A.M.C. only being attached to each stretcher party in time of war. (This would allow the whole of the R.A.M.C. to devote themselves to the actual nursing of the sick.)
4. That the training of the R.A.M.C. recruit should be such as would allow every man to become an efficient nurse.
5. The weeding-out of non-efficient, and the abolition of the ridiculous roster system of choosing men for important duties.

During this war the men of the corps have worked splendidly. I know of cases of men

who were called up from the Reserve, and who had never had a year's war duty in their service, devoting themselves to the nursing of their helpless comrades with such zeal that in more than one case their lives have paid for their zeal. Take the percentages of deaths from enteric fever during the last few months. What corps has suffered the greatest loss from this scourge? What, but the nurses themselves, the officers and men of the Royal Army Medical Corps.

THE TIMES, FRIDAY, SEPTEMBER 7, 1900.

THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)

CAPE TOWN, SEPT. 6.

At to-day's sitting of the Hospitals Commission at Bloemfontein General Kelly-Kenny paid a tribute to the conduct of the orderlies, who behaved well, and on occasion did a great deal of work in addition to their own. They even carried a number of Boer wounded across a river up to their armpits in water. Such service, the general stated, was purely voluntary.

Surgeon-General Wilson's evidence contradicted the figures given by Mr. Burdett-Coutts and Mr. Guthrie to show that the death-rate in private hospitals was less than in the military ones. Exactly the reverse was the case. Surgeon-General Wilson also denied making any statement as to the unsatisfactory condition of the Bloemfontein Hospital.

Dr. Roberts said that the statements of the civil surgeons had been exaggerated. Other evidence showed that there had been no delay to convoys at the railway stations.

TORONTO, SEPT. 5.

Dr. Ryerson, lately Canadian Red Cross Commissioner in South Africa, in a letter in to-night's *Telegram* regarding the alleged hospital mismanagement in South Africa, says:—

"Mr. Burdett-Coutts has not added much strength to his case by the statement that he cabled his complaint from Cape Town to Lord Wolseley. Why did he run away from Bloemfontein and Lord Roberts? Why did he not make his complaint where it would have met with instant investigation? Does it not look as though he feared the results of immediate investigation?"

Dr. Ryerson further asks how Mr. Burdett-Coutts reconciles his facts with the mortality statistics as given by Mr. Wyndham, and quotes figures showing that the death-rate from enteric fever at Bloemfontein was only 21 per cent., against a much higher mortality in the Chitral and more recent campaigns. He asks how it is possible that such good results could be obtained had matters been so bad as they were represented to be by Mr. Burdett-Coutts. The Canadian Commissioner also supports his arguments by pointing to the small disproportion between deaths from disease and those from wounds, as compared with the figures in former wars, and concludes by saying, "Surely there must be something wrong with Mr. Burdett-Coutts's facts."

PALL MALL GAZETTE.

SEPTEMBER 8, 1900.

"LESSONS OF THE WAR."

To the Editor of the PALL MALL GAZETTE.

SIR,—You publish to-night the fifth article on "Lessons of the War," by Mr. J. Emerson Neilly. Mr. Neilly gives publicity to his opinion regarding the Royal Army Medical Corps. His experience seems to have been confined to the beleaguered garrison of Mafeking, where there was only one Army Medical officer on special service, and no regular garrison of the R.A.M.C. But whatever Mr. Neilly's experience may be, whatever information he may have to enable him to write so glibly on the subject, he has certainly one merit. He does not upset the whole organization without suggesting improvements. This is how he upsets the system: "A radical change in the composition and regulations of the Royal Army Medical Corps must be made, whether as a result of the Hospitals Inquiry or not. The whole department from top to bottom must be overhauled, and it will not be amiss if some rule is instituted insisting upon every doctor in the service doing his best to keep himself in touch with the latest discoveries in the sciences of surgery and medicine and the latest methods adopted by the best civil practitioners." Without considering whether or not it is for the good of the patient or the R.A.M.C. officers to adopt these latest methods, let us examine Mr. Neilly's suggestions for improvement of the service. They are six in number:—

1. "Make the service as attractive and comfortable as possible." Well, what more does he want? R.A.M.C. officers have the same privileges and comforts as other officers. Their service is infinitely more attractive and comfortable than that of the civil practitioner. Racing, hunting, polo, cricket, tennis, yachting, gymkhanas, &c., all have their garrison clubs, and there are few of them that have not been "run" by the officers of the R.A.M.C. Any one in the service will tell Mr. Neilly that, if he takes the trouble to extend his inquiries.

2. "Have every doctor examined periodically by an independent board to prove that he has kept himself up to date." Very well. Does Mr. Neilly

THE TIMES, SATURDAY, SEPTEMBER 8, 1900.

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

SIR,—I have to-day received a letter from a gentleman, an Englishman, who is serving as a trooper in one of the irregular cavalry regiments in South Africa, in which occurs the passage which I enclose, for publication if you see fit. I have quoted the words as written and the whole passage.

Yours truly,

HATHERTON.

55, Warwick-square, S.W., Sept. 3.

"Concerning the hospitals and Burdett-Coutts's statements, I have not read through all his accounts, but I can assure you, from what I have seen and experienced, the field hospitals at those and different bases are far, very far, from what they ought to be where the private or trooper is concerned."

"I do not say it is the fault of the doctors or nurses; God forbid; but it is with the orderlies and non-commissioned officers—in one word, it means tips. Tip an orderly or sergeant and it is wonderful how the machine works. Put a half-crown in the slot. I have seen it myself. I will give you many instances verbally when I see you."

"One thing I must say. Remember there are three hospitals out here that are above all that sort of thing. I mean the Scottish, the Irish, and the Imperial Yeomanry (Lord Iveagh's). The Scottish, at Kromstad, it matters not who you are or what you are, it is all the same. I cannot speak too highly of them" (?!), "as I was there for a few hours. The other two I have heard are just as good."

know that no medical service in the world except the R.A.M.C. has this very test applied to its officers? In the seventh to twelfth year of their service they have to submit to an extremely severe test of their professional up-to-date knowledge by examiners selected from the most eminent examiners of the Royal Colleges of Surgeons and Physicians. What more can Mr. Neilly want? Can he propose a better test? R.A.M.C. officers are not immaculate; but they can surely lay claim to being as a body more immaculate than the civil practitioner, who undergoes no such test and is responsible to no one but himself, and who must follow his own commercial instincts, if he has no other and higher ideal to guide him, as to the standard of professional knowledge with which he should be equipped.

3. "Ensure that none but good and smart men are admitted to the service." Men who are qualified have to pass another qualifying test for admission to the service; and a very considerable proportion of those who are qualified to practise as civil practitioners are constantly being rejected as unfit to enter the Army Medical Service. What else does Mr. Neilly propose as a means of keeping out the men who are not smart and good?

4. "Have civil and military divisions, independent of each other, when it is necessary for civil surgeons to be called out." In peace civil surgeons are not required. In war, independent divisions run by civil surgeons would invariably end in hopeless muddle and confusion. All experience of war has taught this lesson; and, if we were to adopt such a system, we would be the laughing-stock of civilized nations. Has Mr. Neilly considered this?

5. "Give the medical service its own transport, and let the hospitals be as far as possible 'self-contained.'" Hospitals are, as far as possible, "self-contained." They have more or less self-autonomy. One cannot go further. And as regards "transport," a very large question is opened out, which requires a good deal more consideration than amateurs have possibly given to the question. At any rate, it may relieve their minds to know that very few hospitals have anything to do with transport or really require more than they have got by regulation. The transport of sick and wounded is something apart altogether from hospitals, with the exception of transport from the fighting-line to the field hospitals; and this the medical department has in absolute independence.

6. "Take steps to prevent doctors," &c., "being interfered with by pleasure-seekers," &c. Has Mr. Neilly ever read the regulations on this subject? They are clear and distinct. If outside influence overrules them, can Mr. Neilly suggest a remedy?

I have written you at some length, but I have ventured to do so because I feel most strongly that the public are being educated to a knowledge of their army medical service by people who have the most superficial knowledge of all that appertains to it; because much injustice is thereby done to it; and because the information given to the newspapers regarding it has, in some instances, been inspired by those whose interest it is to decry it, or who are sufficiently ignorant of their subject to be led into misapprehension regarding it. It is time, perhaps, that something should be said on the other side; and I venture accordingly to trespass on your space, as having had some experience of the

September 5.

R.A.M.C.

THE TIMES, MONDAY, SEPTEMBER 10, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

KROONSTAD, SEPT. 7.

The Hospitals Commission visited No. 8 Hospital at Bloemfontein on Saturday afternoon last.

Dr. Kirkman complained of mismanagement of the hospital, of overcrowding of the bell tents, of a lack of utensils, and of patients suffering from want of proper attention.

These statements were supported by Dr. Whittington, who complained of delay in the serving out of food to patients.

Dr. Fitchett stated that there were only four orderlies to eight marquees and that more than once he had found them intoxicated with brandy supplied for the patients. Some of the drugs ran out and patients could not get proper medicine. He also complained of apathy on the part of senior officers, of friction between the Medical Corps and the civil surgeons, and of faulty organization.

Dr. Stott partly confirmed the evidence of the previous witnesses, as also did Dr. Leon, who considered that the state of affairs in the bell tents was at one time awful, especially on the arrival of convoys of sick.

On Monday, Colonel Exham stated that he was not aware of any friction at No. 8 Hospital.

Dr. Johnson, a doctor in Bloemfontein, said he was convinced that the Army Medical Department had met the great strain caused by typhoid in Bloemfontein nobly and well. He thought the complaints which had been made were greatly exaggerated considering the circumstances.

The evidence of the civil surgeons at No. 8 Hospital was contradicted by Colonel Beamish, Lieutenant Bradley, and others.

Civil Surgeon Crawford complained of lack of utensils at No. 9 General Hospital, and also of want of clothing, but admitted that he had never asked for the latter. He also spoke of an insufficient number of orderlies.

On Tuesday, Surgeon-General Wilson, principal medical officer in South Africa, detailed the arrangements made for the care of the sick and

wounded. When the Army was increased beyond two Army Corps the Medical Department was undermanned. Witness had inspected the base hospital in Cape Town and considered that there was no serious cause of complaint. Lord Methuen's force had a full equipment for three field hospitals and bearer companies, with accommodation for 600 patients at Orange River. In Lord Roberts's advance from Modder River the hospital matériel was considerably curtailed owing to military exigencies. Hospital trains ran to Modder River with stores, medicines, and appliances, and the sick and wounded were well looked after notwithstanding the rapidity of the advance. Generally, the medical equipment was sent up as expeditiously as possible.

General Kelly-Kenny explained that on the advance to Bloemfontein the ambulances were cut down considerably owing to military exigencies. There were only two ambulances per brigade instead of ten, and the suffering endured was owing to the necessities of the march. The orderlies behaved splendidly.

Sergeant-Major Roberts and Corporal Beach indignantly denied the truth of the civil surgeons' statements with regard to No. 8 Hospital, but an order from that hospital partly confirmed them.

At Kroonstad, on Thursday, witnesses admitted the suffering of patients, and that there had been overcrowding under field hospital management, but they could not see how it could have been altered. They agreed that the state of things improved when the general hospital and the Scottish hospital arrived. Up to the present the complaints made are chiefly in regard to matters of detail, but nearly the whole of the evidence bears testimony to the splendid work of the doctors, nurses, and orderlies.

SOUTH AFRICAN HOSPITALS.

Mr. Leedham-Green, a Birmingham medical practitioner, has lately returned home from South Africa, where he was engaged in hospital work connected with the campaign in Natal. Mr. Leedham-Green's experience centred mainly in the base hospital at Pietermaritzburg and the hospital at Chieveley, whither he proceeded to relieve Mr. Treves when the latter was stricken with dysentery. Mr. Leedham-Green arrived at Pietermaritzburg when the wounded were being brought in from Spion Kop. He gives the opinion that the hospital arrangements were not so complete as they might have been, having regard to the time there had been for preparation and the accessibility of the necessary equipment, &c., in a big town. A large part of the hospital was very dirty, and the wooden huts provided for patients were swarming with vermin. Perhaps, he adds, all that was possible was done to mitigate these conditions, but as a civilian surgeon accustomed to a modern hospital he could not help noticing what were obvious facts. The nursing was quite inadequate. More nurses and more orderlies were needed than could be obtained. In illustration of this Mr. Leedham-Green mentions that in one block he had 100 beds, the occupants of which were suffering for the most part from bullet wounds, many of them being reduced to absolute helplessness. During the day one sister and two orderlies were in attendance. During the night not a single attendant was left with the patients. If they needed anything they had to crawl about and help themselves; those who were unable to do so had to appeal for the help of their comrades around them. "The nurses," adds Mr. Leedham-Green, "worked admirably throughout the Natal campaign, taking very little rest and working in many cases almost day and night. The orderlies, too, were very attentive and were constantly working overtime without a grumble." Mr. Leedham-Green was very favourably impressed by the arrangements at Chieveley. Though the hospital was only intended originally for 100 beds, it had been expanded, under circumstances of great urgency, to a holding capacity of 500. "The head of the hospital," says Mr. Leedham-Green, "was Major Kirk Patrick, a most capable military surgeon, and the hospital was administered in a way which was a credit to all concerned. There was no trouble from red-tape, no friction between the civil and the military officials; the patients were well looked after, and the nursing was excellent. I look upon it as a model military hospital." Mr. Leedham-Green emphasizes the point that, while there were plenty of medical comforts, the supplies were reserved for the patients and the patients alone; the staff had none of them. Lying there within sound of the battle the wounded soldiers were able to enjoy iced drinks, jellies, and fresh eggs almost ad libitum. Though the hospital was taxed to its utmost during the heavier engagements, there was never anything approaching disorder or confusion. With regard to the medical arrangements generally, Mr. Leedham-Green says he saw nothing approaching a gross scandal on the Natal side, and he believes that was due to the very efficient principal medical officer, Colonel Galloway. Mr. Leedham-Green himself contracted enteric, as did six out of the staff of two officers at Chieveley Hospital. Two of their number succumbed to the disease, and this notwithstanding the observance of the most stringent precautions as to their eating and drinking.

Lord Alwyne Compton, M.P., who is still at the front, writing to a Bedfordshire friend, says:—One word about the hospital and Army medical troubles which I see are creating a good deal of stir in England. I shall have something to say about this hereafter; all I will now remark is that there has been much to be desired, and I quite approve of the truth coming out. I am not going to apportion the blame to any particular individual—indeed, it is difficult always to pin down any one gentleman and to say he must suffer for it. What is wrong is the system, a system invented by the War Office and

hemmed in by red tape. Of course exigencies of warfare require terrible sacrifices from all, and a single line of railway keeping a gigantic army fed must make transport a fearful problem when that army gets further and further from the base. Still, I have no doubt there has been grave cause for criticism, and I believe the Bloemfontein hospitals were very far from what they should have been, considering the willingness of all to help and the vast amount of money spent. Anyhow, we must take the lesson to heart without blinking the truth, and I think it will be found that it is the system which is bad, and which must be improved or, indeed, changed altogether in the future.

SEPTEMBER 12, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

PRETORIA, SEPT. 9.

The Hospitals Commission arrived in Pretoria yesterday. Surgeon-Major Kilkenny, of the Grenadier Guards, gave evidence, and stated that no complaint had been made of the Imperial Yeomanry and Portland Hospitals, although there was considerable pressure during the epidemic. He denied that patients unfit to be moved had been taken to the Portland Hospital. The latter arrived in Bloemfontein in a storm, but tents were not pitched and no patients were received.

Sir William Thomson, who has been in civil charge of the Irish Hospital since its commencement, complained that the authorities of the hospital were unaware of sick being detained at the railway station on May 23, as mentioned by Mr. Burdett-Coutts. He had left Bloemfontein then. He remembered similar incidents in April, in which notification had been given of the arrival of a train, but the train was several hours late owing to a breakdown, and the men were left without food. The arrangements for feeding patients at railway stations were not efficient until latterly.

When Lord Roberts advanced the sick had, unfortunately, to be taken on with the army from Roodeval, as it was considered unsafe to send them back. He confirmed Mr. Murray Guthrie's statement that he had said that the men could not be properly treated in bell tents, and that there were insufficient stores in Pretoria. He formed a committee in Pretoria which supplied all the hospitals with necessities purchased in Pretoria and Johannesburg. He recommended the reorganization of the medical department with a view to greater relief being given to the sick and wounded in war time, establishing the definite principle of a civil nursing system. This civil nursing system should be a distinct department, associated with the Army under special officers. Consulting physicians were more necessary than surgeons in a campaign, where only one-sixteenth of the men in hospital were wounded and the remainder were sick.

The Rev. Maurice Jones, garrison chaplain, spoke highly of the hospital arrangements, with the exception of the 12th Brigade Field Hospital, where the medical officer in charge of 290 patients was left practically without a staff for 12 days.

Captain Mould denied that men for the Irish hospital remained unattended at Bloemfontein Station for a long time.

The Rev. W. Le Grange, Roman Catholic Chaplain to the Forces, considered that the Woodstock Hospital was badly situated and difficult to keep clean, but the patients had every attention. Everything was perfect in Pretoria.

Mr. Kendall Franks, consulting surgeon, described the condition of the field hospital after Paardeberg as most distressing, but said it was unavoidable owing to the accommodation being cut down to meet the necessities of the campaign. He denied that 2,000 sick arrived in Bloemfontein after the action at Paardeberg. The total number of patients in Bloemfontein on March 10 was 302. Accommodation was always found for the sick and wounded, but there was a great deal of overcrowding. The dead were always buried in separate graves.

Major Fausse denied Mr. Guthrie's allegation that the hospitals in Pretoria were short of everything.

(THROUGH REUTER'S AGENCY.)

PRETORIA, SEPT. 9.

Lord Justice Roser was unwell to-day, and it is possible that the resumption of the proceedings will be postponed.

SEPTEMBER 13, 1900.

LORD ROBERTS AND THE HOSPITALS.

(FROM OUR CORRESPONDENT.)

PRETORIA, SEPT. 11.

Lord Roberts appeared before the Hospitals Commission to-day and gave evidence which was valuable as showing the difficulties of transport in connexion with his advance.

He said that in entering an unknown, sparsely populated, and hostile country, it was absolutely

necessary to take large food supplies, and the number of mules and horses, and the amount of forage for these were limited. Rapid movement was only possible by cutting down the equipment of the field hospital and other details, as every day's delay put more heart into the enemy. The whole question was one of the limitation of transport, and the first consideration was the supply of food and ammunition. Every care was taken of the sick and wounded, and there were no complaints from the men, who said they were more comfortable in wagons than in ambulances. During the first part of the advance the wounded were sent back to Modder River or to Kimberley in wagons which returned with supplies.

In Bloemfontein everything that was possible was done for the care of the sick, and an unlimited order was given to commandeer everything obtainable. To show the enormous difficulties which had to be overcome Lord Roberts mentioned that from March 13, when Bloemfontein was reached, to March 28 not a single truck was able to cross the Orange River, and no food was obtained from the base except a little which was commandeered at Norvalspont and was brought up by road. The first truck arrived in Bloemfontein from Cape Colony on March 29.

For 16 days, therefore, there were no supplies and but few medical comforts obtainable, although the requirements of food for the troops were 40 trucks per day, or 400 tons, for both men and animals. From March 29 until April 7 the trucks sent to Bloemfontein were 105 less than the number required for the daily supply. From April 7 to 17 503 trucks arrived, making a total of 789 trucks, or 11 trucks short of the number required to supply the food actually necessary. From March 29 to April 17 the troops were only just fed, and not one day's reserve was accumulated. Sixty-two trucks with hospital stores came in during that period. The doctors brought on a load of equipments and nurses in wagons from Norvalspont, and these reached Bloemfontein on March 22, seven days before the railway was opened. Every day's delay in Bloemfontein made matters worse, and food for a further advance had to be accumulated. From April 18 to May 3 a reserve of food for 45 days was accumulated, and this justified the advance on Pretoria from Bloemfontein. The field hospitals had ten ambulances.

At Kroonstad everything obtainable was commandeered, and ladies came crying that mattresses and beds were taken from under them. At Johannesburg requirements were obtained much more easily.

Lord Roberts thought that no blame attached to the home authorities in reference to the supply of military stores and equipment. He had considered it inadvisable to have special sanitary officers in the camps, and had only appointed one in Bloemfontein and one in Pretoria. To add to the present allowance of bearer companies and field hospitals would be to create difficulties in regard to transport. It would be advisable when the war was over that there should be a departmental inquiry into the questions which had been raised in connexion with the Royal Army Medical Corps in time of war.

With regard to Mrs. Richard Chamberlain, he had given orders forbidding her to enter the Wynberg hospital, as she had not obeyed the regulations.

At the conclusion of his evidence Lord Roberts stated that the campaign had been an extraordinarily difficult one from the hospital point of view, and gave it as his opinion that the Royal Army Medical Corps, assisted by the civilian surgeons, had met the difficulties magnificently.

Lord Stanley, private secretary to Lord Roberts, who had acted as the principal censor here, denied that criticisms on the hospitals were stifled. The correspondents had liberty to make any statement with regard to the hospitals in their letters, and every telegram on this subject would have been passed. Mr. Burdett-Coutts acted as *The Times* Correspondent in regard to hospital matters, and was given every facility. When Lord Roberts thought that Mr. Burdett-Coutts had had time enough to acquaint himself with the facts and suggested that he should return to Cape Town Mr. Burdett-Coutts expressed a wish to see the field hospital, and permission was given, but was not immediately utilized. The presence of Mr. Burdett-Coutts

gave rise to applications from other people to come up, and, an order being given to Mr. Burdett-Coutts to go back, he said that if he could not spend further time in Bloemfontein he would have to make a bad report of the hospitals.

British Medical Journal.

SATURDAY, SEPTEMBER 15TH, 1900.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service and Royal Army Medical Corps for September, 1900, according to the monthly Army List:

Distribution in the September Army List, 1900.

Ranks.	Home.	South Africa.	Other Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals	5	1	4	—	10	—
Colonels	7	5	11	—	23	3
Lieutenant-Colonels	22	41	53	1	117	4
Majors	23	132	150	—	305	3
Captains	32	74	104	—	210	6
Lieutenants	44	110	84	2	240	3
Total	116	425	366	3	910	22

The total strength is the same as for August, but the distribution has slightly varied; there are (including the Guards) 12 more medical officers at home, 5 fewer in South Africa and 5 fewer at other foreign stations, while the non-posted are 3 against 1. There are also 4 retired pay and 6 Militia Medical Staff Corps officers in South Africa. About 117 retired pay medical officers and 16 retired quartermasters are employed. There is no return of the number of Volunteer medical officers and civil surgeons serving in South Africa.

THE TIMES, MONDAY.

SEPTEMBER 17, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

JOHANNESBURG, SEPT. 14.

Lord Kitchener appeared before the Hospitals Commission to-day. He declared that the cutting down of the hospital transport under the order of January 29 was absolutely necessary in order to act quickly for the relief of Kimberley. Everything was cut down. The problem resolved itself into what could be carried with the number of mules available. The divisional transport, of which the figures were 1,000 mules and 416 oxen, was cut down to 904 mules. The idea was that up to Kimberley the field hospital and the ambulances could do the work, as, being near by, the sick and wounded might be sent to the base. General Cronje's escape to Paardeberg altered the whole matter. The personnel of the field hospital was not cut down, and it worked well. He heard no complaints in Bloemfontein. The Commander-in-Chief gave orders for everything that was necessary to be obtained.

Lord Kitchener deprecated placing the transport altogether under the charge of field hospitals and confirmed Lord Roberts's evidence with regard to the supplies brought into Bloemfontein while the force was there. One thousand six hundred and eighty tons of medical stores were brought up—all that was possible under the conditions then existing. The activity of the enemy necessitated the troops being sent out and the field hospitals had to be emptied to accompany them, causing overcrowding. On the advance from Bloemfontein the field hospitals and ambulances were brought up to their full strength. He had never heard of men having fallen out on the road with no one left to attend to them. Only two complaints were made in Bloemfontein, and both of these were about men being brought in at night and not accommodated in hospitals till the morning.

Although he saw Mr. Burdett-Coutts frequently Mr. Burdett-Coutts never made any complaints. If he had done so matters would have been investigated at once. The medical service worked hard and well during the campaign.

Surgeon-General Stevenson explained that the men had to lie in the field hospitals in their khaki uniforms as no provision was made for supplying the field hospitals with clothes. It was contemplated that the sick and wounded would be sent back to the base. In Bloemfontein every building was taken which was capable of being worked by the personnel. He admitted that there was a shortage of utensils, milk, bedding, &c., and overcrowding in the general hospitals. There was also a lack of drugs and utensils in Kroonstad and Pretoria for a short time. He had permission from Lord Roberts to purchase everything obtainable, and he spent thousands of pounds. He denied that he had refused to take the Palace of Justice in Pretoria.

He advocated an increase of the medical corps

in regard to doctors, nurses, &c., and the establishment of small stationary hospitals rather than large general hospitals.

Two civil surgeons spoke well of the hospitals in Johannesburg, but a dark picture was drawn by Miss Boyle of the state of things in the Jewish School Hospital here for the first three weeks.

(THROUGH REUTER'S AGENCY.)

JOHANNESBURG, SEPT. 15.

The Hospitals Commission concluded its sittings here to-day.

The evidence in general testified that everything was done for the comfort of the patients, and to the good equipment of the hospital, although at times there was an insufficiency of supplies owing to the difficulties of transport.

(FROM OUR CORRESPONDENT.)

CAPE TOWN, SEPT. 16.

Sir John Furley, chief commissioner of the Red Cross Society, has written a letter of farewell, in which he thanks the local Good Hope Society and the Durban Patriotic League for their assistance. He says:—

"Experience proves two things. In no army can the medical department be made equal to the exigencies of a great war without supplementary aid from volunteer societies, and no such societies can properly fulfil that duty without preparation and organization in time of peace."

Army & Navy Gazette.

LONDON, SATURDAY, SEPTEMBER 16, 1900.

THE R.A.M.C. ON SERVICE.

TO THE EDITOR OF THE "ARMY AND NAVY GAZETTE."

SIR,—I hope you will allow me space in your columns to express my annoyance, and that of all officers out here, at the insertion, by what should be regarded as respectable newspapers at home, of cruel, unfounded, and ill-mannered criticisms on the officers of the Royal Army Medical Corps in the field. No one can have been brought more directly into touch with these officers than I have, and I have no hesitation in speaking of them in the highest possible terms. From Surgeon-General Wilson downwards all have done their duty devotedly, cheerfully, and well. Their difficulties have been enormous, but whenever it has been possible for these to be surmounted they have been. What I trust you will condemn, and condemn in the strongest possible terms, is the employment of civilian practitioners. I am not going to say one word in disparagement of these gentlemen, for I believe that they have, with very few exceptions, done all in their power to fulfil their duties to the best of their ability, but, unfortunately, they have most of them been ignorant of the very rudiments of military hospital procedure, and as to the maintenance of discipline. Their want of knowledge has led to endless friction. I cannot think that it is good for an army in the field to have a whole contingent of civilian doctors sent out to it. The trials of the Army doctors have been great enough in the war, but they have been increased tremendously by the folly of those who have called upon them to be continually acting as instructors when all their energies were required to look after the sick. I have made it my business to watch this detail, and I am the more ready to condemn it, as, until I saw the arrangement carried out on service, I was one of those who favoured the idea of a reserve of civil doctors. A week or two's experience, however, of the system in practice was sufficient to convince me that it is unsuitable to the requirements of an army on service. Had all the doctors with the army corps been properly qualified army surgeons I question whether the "Hospital Scandal" would ever have been heard of.

The influx of a lot of untrained—in a military sense—civilian doctors seemed to completely throw the organisation out of gear. Some, though I am happy to say very few, of these gentlemen have been most difficult to deal with. One or two desired altogether to "boss the show," and created endless confusion when they found that they were required to submit to discipline. These are the gentlemen, doubtless, who are doing much to disparage the officers of the Royal Army Medical Corps; but, as one who can pronounce an independent judgment, I hope that no one will be led away by false evidence. Having been brought into the closest touch with the Royal Army Medical Corps officers, it is to me a pleasure and satisfaction to bear testimony to their proverbial courtesy, kindness, thoughtfulness, and consideration. Never once have I found them anything but what they ought to be, and I do think, and all who are in a position to express opinions agree with me, that it is monstrous for a few, whose personal feelings have got the better of them, to attempt to blacken the character of a body of earnest and good soldiers who have borne the burden and heat of the campaign in the

best spirit of professional zeal. There is a general feeling here among those who ought to know that the greatest injury is done to the whole Army hospital system by the action of some of the Service clubs. That, however, is a thing which will have to be mended. I have no object to serve in addressing to you this letter, but to do an act of simple justice, which in face of Mr. Burdett-Coutts' scandalous charges, and the criticisms which have followed therefrom, I think I might do.

A STAFF OFFICER WHO DOES KNOW.
South Africa, Aug. 9, 1900.

THE TIMES, THURSDAY, SEPTEMBER 20, 1900.

MR. BURDETT-COUTTS AND THE
HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—A brief absence from London has prevented my seeing the fuller report of Lord Stanley's evidence at Pretoria, which appeared in your issue of the 13th inst., until my return late last night. That evidence appears to have been confined to personal references to myself. It contains certain grave inaccuracies which I have not the slightest intention of passing over in silence; but as your columns will now necessarily be filled with more important matters I will postpone for a short time a full recital of my transactions with the Press censor in South Africa, which will carry its own clear refutation of those statements. Meanwhile I will ask your readers to suspend their judgment until they have heard the facts.

There is, however, one accusation which I must briefly deal with here, and which I deeply regret should have remained unanswered for a single hour. Lord Stanley states that I said I would speak ill of the hospitals if I was sent down from the front. "From Bloemfontein," the cabled report says; but my applications were made for the purpose of going on with the troops and seeing the treatment of the wounded in the field. Lord Stanley's statement amounts in plain English to a charge of blackmail, and it is devoid of a vestige of truth.

On the general subject of the inquiry—not on the proceedings of the Commission—I would venture to make one remark. The fact that the cabled reports have been filled with the evidence of officials, since the Commission began its sittings in Cape Town, brings only one side of the question before the British public. One would gather from these reports that there was never any ground for complaint, and nowhere any room for improvement. There is another side, to which justice still remains to be done, and of which little has been heard from South Africa. I will give but one instance. On September 3 there was some very important evidence given at Bloemfontein. The report of that day's proceedings cabled home was confined in one journal to the statements of the principal medical officer of the town, and in the rest to a brief circularized summary to the effect that the evidence showed that everything had been satisfactory. On that day seven civilian doctors gave evidence which not only confirmed to a striking degree my complaints, but went far beyond them on the same lines. They were experienced men who had been engaged in the hospitals at Bloemfontein at the time I spoke of; they were the most important and reliable, because the most independent, witnesses. Their evidence did not appear and was not mentioned, save in one London newspaper.

I have only to add that I have maintained, under many misrepresentations, an attitude of studied, if watchful, reserve since the close of the Session. Let it should be misrepresented, and in reply to many correspondents whose letters I cannot possibly answer, may I take this opportunity of stating that they may rely on it—to use the phrase common to most of them—I shall "stick to my guns." I have not burnt half my ammunition, and I shall do all that lies in my limited power to press on those reforms in our system of treating the sick and wounded in war-time which are grievously needed, and which I cannot believe the Government of to-day—and of to-morrow—will approach with a doubting mind or a halting hand.

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, W., Sept. 13.

FRIDAY, SEPTEMBER 21, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

PIETERMARITZBURG, Sept. 13.

The Hospitals Commission left Johannesburg on September 14, taking evidence and visiting hospitals throughout Natal.

At Elandsfontein, Lieutenant-Colonel Edge spoke principally of the hospital at Sterkstroom. He admitted that the staff was undermanned, but considered that the patients were well cared for.

Lieutenant-Colonel Hartley, V.C., complained that the medical work was hampered by red tape and maintained that, with a freer hand, the medical staff could do better.

At Standerton, on the next day, Lieutenant F. G. Lawrence confirmed the evidence of other witnesses with regard to patients having been kept waiting on the platform at Bloemfontein Station.

On the same day, at Charlestown, Sister Dowse, who was in Ladysmith throughout the siege, detailed the arrangements made for patients there and said she considered they were very good. There was an abundance of everything until towards the end of the siege.

A staff sergeant of the Medical Corps, who refused his name, complained that the orderlies were reduced by being taken as servants to officers. He declared that, although patients died for want of stimulants and nourishment, a large quantity of food as well as stimulants were found, after the siege, locked away by a medical officer. He also alleged that hospital milk was sold to refugees.

At Newcastle, on September 16, Colonel Galloway detailed the arrangements made for the care of patients in Natal and said very few complaints as to the working of the hospital had been received.

Ladysmith was reached on Sunday night, and on the following morning evidence was taken on board the train.

The Rev. Mr. Bruce and Archdeacon Barker paid a tribute to the admirable manner in which the sick had been cared for.

Major Daly, who had charge of the 12th Brigade Field Hospital, denied that the tents were overcrowded and also stated that there was plenty of fresh milk, brandy, and port wine. Mr. Burdett-Coutts did not complain to him. Both medicines and food were regularly supplied to the patients. He denied that the dying man referred to by Mr. Burdett-Coutts was rubbing shoulders with a convalescent man.

At Estcourt, on Tuesday, the evidence showed that the hospitals at Estcourt, Frere, Chieveley, and Colenso were well managed.

At Mooi River, the Rev. O. Mullineux confirmed the statement that patients were lying in the 12th Brigade Field Hospitals in their clothes and that they were on waterproof sheets without stretchers, but everything was being done to get them into the general hospital. In the field hospitals there were over 300 men, although they were only equipped for 100. The medical staff was deficient, and there was want of method in the working of No. 9 General Hospital, under Colonel Barrow. There was the same confusion at No. 8 General Hospital, but it was largely due to the influx of patients. The sanitary conditions of General Hospitals Nos. 8 and 9 were bad.

(THROUGH HUNTER'S AGENCY.)

PIETERMARITZBURG, Sept. 13.

The Hospitals Commission sat this morning in the Premier's office here.

The first witness was Mr. Bale, Attorney-General of Natal, and chairman of the Association for the Relief of the Sick and Wounded. He stated that he had visited almost all the hospitals and that he had noticed nothing which could form the subject of complaint. He had heard that the Fort Napier Hospital at Pietermaritzburg was an unsuitable place for the accommodation of sick and wounded, as the building was infested with bugs, which caused the patients much pain. The association directed by him supplied the military hospitals with necessities, including brandy and clothing. He admitted that there was too much red tape. Sir William Stokes had told him that too much attention was paid to organization.

Dr. Max Bliden, formerly civil surgeon in the Fort Napier College Hospitals, said that the barracks in Fort Napier were full of bugs' nests. These insects were found under the patients' splints. They tried several things to get rid of them, but only one room was cleansed, and that was by burning it down and rebuilding it. Some men suffered terribly owing to bugs. One enteric patient in delirium ran away, saying he could not stand the bugs. Dr. Bliden also declared that there was an insufficient supply of fresh milk and a chronic deficiency of clean linen. The condition of the wards was sometimes scandalous. The orderlies were too few in number and the work was so organized as to make it laborious. Orderlies stole liquor which had been ordered for patients. He gave instances of what he described as the ridiculous rot-tapeism which prevailed. The operating theatre was badly equipped.

Colonel Stoneman, chief audit officer to the Natal Field Force, who was on Sir George White's Staff during the siege of Ladysmith, mentioned complaints which had been made in the hospital there. He conducted an inquiry during December and found that there was a lack

of bedsteads, bedding, tents, and utensils. This was remedied as soon as possible. Subsequently, Sir George White did everything possible in the circumstances. The delay in obtaining stores was due to the unwieldy methods of official procedure. Owing to the faulty construction of the ditches round the tents the water entered the latter. Comforts intended for the patients were stolen, and two warrant officers were now in prison for this crime. Colonel Stoneman handed in his official reports in reference to the Intombi Hospital.

Mr. Douglas de Fenzl, clerk to the Legislative Council, and secretary of the Sick and Wounded Relief Association, described the management of the hospitals as niggardly.

Nursing Sister Whiteman and Bishop Baynes testified to the satisfactory management of the College Hospital.

Private Fernside, of Bethune's Mounted Infantry, stated that he suffered from dysentery for six weeks owing to improper treatment. He had been in seven hospitals and was attended by 14 different doctors.

Colonel Johnston, P.M.O., Pietermaritzburg, corroborated the evidence in reference to the existence of bugs in Fort Napier Hospital; but stated that no other suitable buildings were available. He admitted that the supply of milk was insufficient, but denied that the patients had to lie on dirty linen. The orderlies were overworked, and some of them, like ordinary soldiers, got drunk occasionally. He experienced no difficulty in getting necessities for the hospitals. With regard to the operating theatre, he appointed a committee of civil surgeons and told them to requisition anything which they required.

The Commission subsequently left for Durban.

SEPTEMBER 22, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

DURBAN, Sept. 20.

The Hospitals Commission arrived here yesterday evening and sat this morning.

Mr. T. W. Edmonds, hon. secretary of the Durban Government hospital, admitted that the statements contained in his letter to the Spectator were based on general allegations which could not be substantiated except by hearsay evidence. He withdrew his allegations against the medical staff and his reflection on the Commissioners.

The Rev. Mr. Hodges spoke well of the hospitals in and around Durban.

Mr. David Hunter, general manager of the Natal Government Railways, detailed the arrangements made for sending stores to the front, which appear to have been admirable.

Dr. Balfe gave the hospital authorities at Estcourt every credit for treating the patients splendidly.

Charges against individual officers of the hospital ships were made by one witness, a discharged seaman, but they were considerably discounted by the evidence of Major McCormack, the senior medical officer here.

The Commissioners return by special train to Cape Town on Saturday.

THE BRITISH MEDICAL JOURNAL.

THE ARMY HOSPITAL CONTROVERSY.

THE telegraphic reports of the evidence taken by the Hospitals Commission which have been summarised in our columns from week to week show that the picture drawn by Mr. Burdett-Coutts was at least over-charged. Until he made his charges the Army Medical Service was credited, on the most competent authority, with doing remarkably good work in South Africa, although it was seriously handicapped by undermanned establishments; in fact, it was represented as the one bright spot in an otherwise rather dark background. What Mr. Burdett-Coutts directly aimed at, whether it was failure in the medical or transport branch, was not at

(201)
Issued with Army Orders, dated 1st September, 1900.

REGULATIONS

FOR THE

ARMY NURSING SERVICE RESERVE.

I.—Constitution.

1. The Army Nursing Service Reserve is formed for the purpose of supplementing the Army Nursing Service in the event of war. In time of peace it is under the control of a specially constituted committee, of which Her Royal Highness The Princess Christian of Schleswig-Holstein is President, but in time of war those nursing sisters who are called up for duty, are entirely under the control of the Secretary of State for War.

2. Although the sisters can be called on only to replace in military hospitals at home those members of the Army Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

II.—Qualification of Candidates.

3. A candidate for the appointment of nursing sister must not be under 25 or over 35 years of age.*

4. A candidate will be required to sign a declaration of her willingness, in the event of war, to accept service, if called on to

* In exceptional cases, the Committee has power to relax at its discretion, the rule regarding the limit of age.

† The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, 18, Victoria Street, London, S.W.

administration of their hospitals as essential to success in their professional duties. Without such autonomy they could not, and indeed would not, in these days consent to serve at all. Root and branch reformers, therefore, who so easily formulate new conditions for the medical service of the army, should pause to consider whether actual or potential medical officers and men would consent to serve under conditions forced on them. It is difficult enough to get men to serve now, under autonomous conditions far in advance of any that have hitherto existed, without gratuitously creating fresh complications.

If the medical service of the army is undermanned and not properly equipped whose fault is it? The War Office has for years past been warned as to what would occur whenever any exceptional strain occurred, and appeal has been made to the public to insist that a matter of such vital concern to the efficiency of the army, and through that to the welfare and credit of the nation, should be dealt with in a large-minded and statesman-like way. But the public has paid no heed and has suffered the interests of the sick and wounded soldier to be sacrificed to bureaucratic pedantry and military caste prejudice.

[SEPT. 22, 1900.]

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

THE first number of Mr. Murray's new venture, the *Monthly Review*, which appeared on September 10th, contained an article by Mr. Bowlby, of St. Bartholomew's Hospital, who was Chief Surgeon of the Portland Hospital, which was at work at Rondebosch from January until April, and then moved to Bloemfontein. The hospital was thus at Bloemfontein during the worst of the epidemic, and Mr. Bowlby states that during May there were 4,500 occupants of hospitals in and around the town, while more than 10,000 men passed through the hospitals during that month. With regard to the cause of the epidemic, Mr. Bowlby agrees with other observers in believing that many of the men who sickened with enteric fever at Bloemfontein had contracted the disease before the march from the Modder River began or at Paardeberg, but he adds that after the cutting of the supply from the water-works most of the water which could be obtained at Bloemfontein was doubtful or bad, and that the dam water at Thaba-N'chu was probably responsible for many cases. He thinks that flies also may have been carriers of infection, "for they were always thick on the lips and faces of the worst cases of typhoid, and, of course, were attracted by food of all kinds." As to the admitted deficiency in hospital accommodation and supplies at Bloemfontein, he observes that "before blame can be attached to those in charge of the medical arrangements, it must be shown that they were not ready or able to deal with these difficulties, and that the failure to supply hospitals and their equipment was not due to military exigencies, but to neglect of the necessary and obvious preparations. Only a full knowledge of the facts can enable unbiased observers to form a just judgment." Of the Royal Army Medical Corps he says that "an immense amount of most valuable work has been performed, and that, as far as I can learn, no army has ever been so well supplied with medical comforts and surgical treatment." He then points out that the establishment of the Corps is too small, and that it is seriously below even that minimum, and asks that the question of the inability to obtain the necessary officers should be very seriously considered. Mr. Bowlby's observations on this head are so important that we venture to quote his own words: "Speaking from my own knowledge, as a surgeon attached to the largest medical school in London, I can assert without fear of contradiction that the service in the army is so unpopular with recently-qualified medical men, that hardly anyone thinks it worth his while to join it; and, as a matter of fact, competition for vacancies has long since ceased, and it is quite impossible to attract a sufficient number of men of any kind, let alone attracting the best. The reasons for this are not far to seek, and active service with an army for six or seven months has made them more clear to me than they formerly were. The pay is insufficient. The position of the army surgeon is not on a par with the position of an officer in any other department of the army. It is true that it has been recently improved by the formation of a Royal Corps, and that before that was done the position was much worse than it is now. There are still, however, plenty of grievances to rectify before justice will have been done; and as it is evident that the army must be supplied with surgeons, the sooner the matter is dealt with in a most liberal spirit the better. At the present time, when we are increasing our army, the matter is surely one of urgent necessity, for not only is it impossible to get men to join the Royal Army Medical Corps, but, in addition, men already in the corps are constantly resigning their commissions as soon as ever the chance of a pension enables them to do so. For years past the chief rulers of our army have refused to treat the army surgeons in such a way as to enable the army to obtain a sufficient number of competent men. Surely it is plain that when a corps of 800 is short of its proper numbers by no fewer than 200,

best spirit of professional zeal. There is a general feeling here among those who ought to know that the greatest injury is done to the whole Army hospital system by the action of some of the Service clubs. That, however, is a thing which will have to be mended. I have no object to serve in addressing to you this letter, but to do an act of simple justice, which in face of Mr. Bardett-Coutts' scandalous charges, and the criticisms which have followed therefrom, I think I might do.

A STAFF OFFICER WHO DOES KNOW.
South Africa, Aug. 9, 1900.

THE TIMES, THURSDAY, SEPTEMBER 20, 1900.

MR. BURDETT-COUTTS AND THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—A brief absence from London has prevented my seeing the fuller report of Lord Stanley's evidence at Pretoria, which appeared in your issue of the 13th inst., until my return late last night. That evidence appears to have been confined to personal references to myself. It contains certain grave inaccuracies which I have not the slightest intention of passing over in silence; but as your columns will now necessarily be filled with more important matters I will postpone for a short time a full recital of my transactions with the Press censor in South Africa, which will carry its own clear refutation of those statements. Meanwhile I will ask your readers to suspend their judgment until they have heard the facts.

There is, however, one accusation which I must briefly deal with here, and which I deeply regret should have remained unanswered for a single hour. Lord Stanley states that I said I would speak ill of the hospitals if I was sent down from the front. "From Bloemfontein," the cabled report says; but my applications were made for the purpose of going on with the troops and seeing the treatment of the wounded in the field. Lord Stanley's statement amounts in plain English to a charge of blackmail, and it is devoid of a vestige of truth.

On the general subject of the inquiry—not on the proceedings of the Commission—I would venture to make one remark. The fact that the cabled reports have been filled with the evidence of officials, since the Commission began its sittings in Cape Town, brings only one side of the question before the British public. One would gather from these reports that there was never any ground for complaint, and nowhere any room for improvement. There is another side, to which justice still remains to be done, and of which little has been heard from South Africa. I will give but one instance. On September 3 there was some very important evidence given at Bloemfontein. The report of that day's proceedings cabled home was confined in one journal to the statements of the principal medical officer of the town, and in the rest to a brief circularized summary to the effect that the evidence showed that everything had been satisfactory. On that day seven civilian doctors gave evidence which not only confirmed to a striking degree my complaints, but went far beyond them on the same lines. They were experienced men who had been engaged in the hospitals at Bloemfontein at the time I spoke of; they were the most important and reliable, because the most independent, witnesses. Their evidence did not appear and was not mentioned, save in one London newspaper.

I have only to add that I have maintained, under many misrepresentations, an attitude of studied, if watchful, reserve since the close of the Session. Let it should be misrepresented, and in reply to many correspondents whose letters I cannot possibly answer, may I take this opportunity of stating that they may rely on it—to use the phrase common to most of them—I shall "stick to my guns." I have not burnt half my ammunition, and I shall do all that lies in my limited power to press on those reforms in our system of treating the sick and wounded in war-time which are grievously needed, and which I cannot believe the Government of to-day—and of to-morrow—will approach with a doubting mind or a halting hand.

I am, Sir, your obedient servant,
W. BURDETT-COUTTS.
1, Stratton-street, W., Sept. 19.

FRIDAY, SEPTEMBER 21, 1900.

THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

PIETERMARITZBURG, SEPT. 19.
The Hospitals Commission left Johannesburg on September 14, taking evidence and visiting hospitals throughout Natal.

At Elandsfontein, Lieutenant-Colonel Edge spoke principally of the hospital at Sterkstroom. He admitted that the staff was undermined, but considered that the patients were well cared for.

Lieutenant-Colonel Hartley, V.C., complained that the medical work was hampered by red tape and maintained that, with a freer hand, the medical staff could do better.

At Standerton, on the next day, Lieutenant F. G. Lawrence confirmed the evidence of other witnesses with regard to patients having been kept waiting on the platform at Bloemfontein Station.

On the same day, at Charlestown, Sister Dowse, who was in Ladysmith throughout the siege, detailed the arrangements made for patients there and said she considered they were very good. There was an abundance of everything until towards the end of the siege.

A staff sergeant of the Medical Corps, who refused his name, complained that the orderlies were reduced by being taken as servants to officers. He declared that, although patients died for want of stimulants and nourishment, a large quantity of food as well as stimulants were found, after the siege, locked away by a medical officer. He also alleged that hospital milk was sold to refugees.

At Newcastle, on September 16, Colonel Galloway detailed the arrangements made for the care of patients in Natal and said very few complaints as to the working of the hospital had been received.

Ladysmith was reached on Sunday night, and on the following morning evidence was taken on board the train.

The Rev. Mr. Bruce and Archdeacon Barker paid a tribute to the admirable manner in which the sick had been cared for.

Major Daly, who had charge of the 12th Brigade Field Hospital, denied that the tents were overcrowded and also stated that there was plenty of fresh milk, brandy, and port wine. Mr. Bardett-Coutts did not complain to him. Both medicines and food were regularly supplied to the patients. He denied that the dying man referred to by Mr. Bardett-Coutts was rubbing shoulders with a convalescent man.

At Estcourt, on Tuesday, the evidence showed that the hospitals at Estcourt, Frere, Chieveley, and Colenso were well managed.

At Mool River, the Rev. O. Mullineux confirmed the statement that patients were lying in the 12th Brigade Field Hospitals in their clothes and that they were on waterproof sheets without stretchers, but everything was being done to get them into the general hospital. In the field hospitals there were over 300 men, although they were only equipped for 100. The medical staff was deficient, and there was want of method in the working of No. 9 General Hospital, under Colonel Barrow. There was the same confusion at No. 8 General Hospital, but it was largely due to the influx of patients. The sanitary conditions of General Hospitals Nos. 8 and 9 were bad.

(THROUGH BRITISH AGENCY.)

PIETERMARITZBURG, SEPT. 19.

The Hospitals Commission sat this morning in the Premier's office here.

The first witness was Mr. Bale, Attorney-General of Natal, and chairman of the Association for the Relief of the Sick and Wounded. He stated that he had visited almost all the hospitals and that he had noticed nothing which could form the subject of complaint. He had heard that the Fort Napier Hospital at Pietermaritzburg was an unsuitable place for the accommodation of sick and wounded, as the building was infested with bugs, which caused the patients much pain. The association directed by him supplied the military hospitals with necessities, including brandy and clothing. He admitted that there was too much red tape. Sir William Stokes had told him that too much attention was paid to organization.

Dr. Max Bliden, formerly civil surgeon in the Fort Napier College Hospitals, said that the barracks in Fort Napier were full of bugs' nests. These insects were found under the patients' splints. They tried several things to get rid of them, but only one room was cleansed, and that was by burning it down and rebuilding it. Some men suffered terribly owing to bugs. One enteric patient in delirium ran away, saying he could not stand the bugs. Dr. Bliden also declared that there was an inefficient supply of fresh milk and a chronic deficiency of clean linen. The condition of the wards was sometimes scandalous. The orderlies were too few in number and the work was so organized as to make it laborious. Orderlies stole liquor which had been ordered for patients. He gave instances of what he described as the ridiculous red-tapeism which prevailed. The operating theatre was badly equipped.

Colonel Stoneman, chief audit officer to the Natal Field Force, who was on Sir George White's Staff during the siege of Ladysmith, mentioned complaints which had been made in the hospital there. He conducted an inquiry during December and found that there was a lack

of bedsteads, bedding, tents, and utensils. This was remedied as soon as possible. Subsequently, Sir George White did everything possible in the circumstances. The delay in obtaining stores was due to the unwieldy methods of official procedure. Owing to the faulty construction of the ditches round the tents the water entered the latter. Comforts intended for the patients were stolen, and two warrant officers were now in prison for this crime. Colonel Stoneman handed in his official reports in reference to the Intombi Hospital.

Mr. Douglas de Fonzi, clerk to the Legislative Council, and secretary of the Sick and Wounded Relief Association, described the management of the hospitals as niggardly.

Nursing Sister Whiteman and Bishop Baynes testified to the satisfactory management of the College Hospital.

Private Fernside, of Bethune's Mounted Infantry, stated that he suffered from dysentery for six weeks owing to improper treatment. He had been in seven hospitals and was attended by 14 different doctors.

Colonel Johnston, P.M.O., Pietermaritzburg, corroborated the evidence in reference to the existence of bugs in Fort Napier Hospital; but stated that no other suitable buildings were available. He admitted that the supply of milk was insufficient, but denied that the patients had to lie on dirty linen. The orderlies were overworked, and some of them, like ordinary soldiers, got drunk occasionally. He experienced no difficulty in getting necessities for the hospitals. With regard to the operating theatre, he appointed a committee of civil surgeons and told them to requisition anything which they required.

The Commission subsequently left for Durban.

SEPTEMBER 22, 1900. THE HOSPITALS COMMISSION.

(FROM OUR CORRESPONDENT.)

DURBAN, SEPT. 20.

The Hospitals Commission arrived here yesterday evening and sat this morning.

Mr. T. W. Edmonds, hon. secretary of the Durban Government hospital, admitted that the statements contained in his letter to the *Spectator* were based on general allegations which could not be substantiated except by hearsay evidence. He withdrew his allegations against the medical staff and his reflection on the Commissioners.

The Rev. Mr. Hodges spoke well of the hospitals in and around Durban.

Mr. David Hunter, general manager of the Natal Government Railways, detailed the arrangements made for sending stores to the front, which appear to have been admirable.

Dr. Balfe gave the hospital authorities at Estcourt every credit for treating the patients splendidly.

Charges against individual officers of the hospital ships were made by one witness, a discharged masseur, but they were considerably discounted by the evidence of Major McCormack, the senior medical officer here.

The Commissioners return by special train to Cape Town on Saturday.

[Issued with Army Order, dated 1st September, 1900.]

REGULATIONS

4862

Reserve

518

FOR THE

ARMY NURSING SERVICE RESERVE.

I.—Constitution.

1. The Army Nursing Service Reserve is formed for the purpose of supplementing the Army Nursing Service in the event of war. In time of peace it is under the control of a specially constituted committee, of which Her Royal Highness The Princess Christian of Schleswig-Holstein is President, but in time of war those nursing sisters who are called up for duty, are entirely under the control of the Secretary of State for War.

2. Although the sisters can be called on only to replace in military hospitals at home those members of the Army Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

II.—Qualification of Candidates.

3. A candidate for the appointment of nursing sister must not be under 25 or over 35 years of age.*

4. A candidate will be required to sign a declaration† of her willingness, in the event of war, to accept service, if called on to

* In exceptional cases, the Committee has power to relax at its discretion, the rule regarding the limit of age.

† The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, 18, Victoria Street, London, S.W.

Regulations for Army Nursing Service Reserve.

do so, in a military hospital in the United Kingdom, and she must forward the following with the declaration form :—

- (a.) A certified copy of the entry in the register of her birth, or, if this is not obtainable, a declaration made before a magistrate by one of her parents or guardians, giving the date of her birth.
- (b.) A certificate that she has completed to the satisfaction of the hospital authorities, a course of not less than 3 years' training and service combined in a civil general hospital.*
- (c.) A recommendation from a person of social position (not a member of her own family) to the effect that by education and conduct she is, in every way, a desirable person to enter a service composed of ladies.
- (d.) Two recent testimonials of efficiency in medical and surgical nursing from registered practitioners under whom she has worked.
- (e.) A recommendation from the matron of the civil hospital at which she was trained, certifying that she considers the candidate suitable for appointment to the Army Nursing Service Reserve.
- (f.) A certificate from a registered medical practitioner that she is in good health.

III.—Dress.

5. Members, when not called up for military duty, are not bound by any rules as regards dress or uniform, but are expected to wear at all times the badge of the Army Nursing Service Reserve. The badge will be worn on the right breast. When members are called up for army service, they are supplied with a regulation uniform.

* In exceptional cases the Committee has power to accept service in a fever hospital, in lieu of part of the service required in a general hospital.

Regulations for Army Nursing Service Reserve.

IV.—Discipline and Duties.

6. Members of the Army Nursing Service Reserve on being called up for army service will be required to conform to the rules laid down for the Army Nursing Service in Section III., Regulations for Army Medical Services, in so far as they may be applicable.

V.—Retirement.

7. Nursing sisters on attaining the age of 50 will cease to belong to the Army Nursing Service Reserve.

VI.—Pay and Gratuities.

8. A nursing sister, when called up for duty, will receive pay at the rate of 40*l.* per annum.

9. The provisions of Articles 996A and 996B of the Pay Warrant as to ordinary and sick leave for nursing sisters are applicable to members of the Army Nursing Service Reserve.

10. A nursing sister, when appointed superintendent, will receive extra pay at the rate of 20*l.* per annum.

11. The pay of the female servant appointed to attend on the nursing sisters at Netley and Woolwich will be 25*l.* a year, and at other hospitals at such rates, not exceeding 18*l.* a year, as the General or other officer commanding may decide.

12. On cessation of employment, nursing sisters—including superintendents—will receive a gratuity of 20*l.* They will also receive a further gratuity of 10*l.* for each year of service beyond the first, if at home, and of 20*l.* if abroad. Fractions of a year will be calculated at the same rate. These gratuities are sanctioned subject to the following conditions :—

- (a.) The service rendered by a nursing sister must have been in all respects of a satisfactory nature, and certified to by the responsible officer.
- (b.) The cessation of employment must have been due to causes beyond the nursing sister's own control.
- (c.) Any nursing sister relinquishing her engagement for reasons within her own control will forfeit her title to a gratuity—even though her services may exceed a year.

Regulations for Army Nursing Service Reserve.

VII.—Allowances.

13. A special allowance, in lieu of board and washing, at the rate of 13s. a-week at a home station, or of 3s. a-day at a station abroad when rations in kind are not supplied, and of 3s. 6d. a-week when they are supplied, will be granted to nursing sisters of the Army Nursing Service Reserve when called up for duty.

14. A special allowance for the provision of clothing will also be granted to nursing sisters when called up for duty, at the following rates :—

	£	s.	d.
Annual clothing allowance, abroad....	4	7	0
at home	4	0	0
Triennial "winter cloak" allowance	2	0	0
" summer cloak allowance	1	5	0

15. An allowance of 10s. 6d. a-week for board, &c., will be granted to the servant appointed to attend on nursing sisters under paragraph 11.

16. The other allowances at stations abroad, including the allowances for servants, will be at such rates, not exceeding those of a departmental officer of subaltern rank, as the Secretary of State may determine.

17. In addition to the foregoing allowances, nursing sisters are supplied with public quarters and with fuel and light.

THE BRITISH MEDICAL JOURNAL.

THE ARMY HOSPITAL CONTROVERSY.

THE telegraphic reports of the evidence taken by the Hospitals Commission which have been summarised in our columns from week to week show that the picture drawn by Mr. Burdett-Coutts was at least over-charged. Until he made his charges the Army Medical Service was credited, on the most competent authority, with doing remarkably good work in South Africa, although it was seriously handicapped by undermanned establishments; in fact, it was represented as the one bright spot in an otherwise rather dark background. What Mr. Burdett-Coutts directly aimed at, whether it was failure in the medical or transport branch, was not at first apparent. The charges, however, were speedily fastened almost entirely on the medical service, and an attack made on it all along the line by persons now suspected by some shrewd observers as only waiting for a signal to begin. Whether or not there was any such pre-concerted action, the sudden and general outcry against the military hospitals, so different from the previous laudatory reports, was to say the least remarkable.

It is not only the officers but the hard-working orderlies of the Medical Corps who are abused. They have been described as negligent, ignorant, and untrained, and even thievish. Probably some of their detractors sin in ignorance by confounding the genuine orderly, who is a highly instructed man, with the untrained substitutes and assistants drawn from regiments and civil sources to supplement grievously undermanned hospital staffs.

The depreciation of the male orderly is usually associated with the exaltation of the female nurse. We think it most desirable that the latter should be largely employed in military hospitals whenever practicable; but that she can or should wholly supersede the trained hospital orderly, as some have advocated, is impossible. Military hospitals differ from civil institutions just as a soldier differs from a civilian in being under different laws and conditions. Officers, non-commissioned officers, and men must control soldiers when in hospital just as in other phases of military life. There are also wards and classes of diseases in which the employment of female nurses would be undesirable. Can women take the place of men in the fighting line, or field hospitals, or bearer companies? If not, how are men to be trained in these duties unless organised in a medical corps? How are wardmasters, stewards, and other non-commissioned officers whose presence is essential for the discipline and daily administration of military hospitals to be found unless bred up from orderlies in a medical corps? To talk of superseding and thus destroying the Medical Corps is, therefore, pure folly.

There are other critics at work, not hostile, but benevolent, towards the medical service, who, under a complete misapprehension of the situation, advocate the re-establishment of dual control in military hospitals with the object of relieving the officers from supposed hard and uncongenial administrative duties, so as to leave them free for strictly professional work. This is an old argument which dire experience in dual control refuted long ago; the terrible inefficiency in the Crimea and elsewhere was directly traced to the friction and confusion begotten of such control, which so fettered the medical officers in their strictly executive professional duties as to make their position at once impossible and intolerable.

Medical officers therefore, as military officers having a full share in the difficulties and dangers of military life, claim and require the complete disciplinary control and administration of their hospitals as essential to success in their professional duties. Without such autonomy they could not, and indeed would not, in these days consent to serve at all. Root and branch reformers, therefore, who so easily formulate new conditions for the medical service of the army, should pause to consider whether actual or potential medical officers and men would consent to serve under conditions forced on them. It is difficult enough to get men to serve now, under autonomous conditions far in advance of any that have hitherto existed, without gratuitously creating fresh complications.

If the medical service of the army is undermanned and not properly equipped whose fault is it? The War Office has for years past been warned as to what would occur whenever any exceptional strain occurred, and appeal has been made to the public to insist that a matter of such vital concern to the efficiency of the army, and through that to the welfare and credit of the nation, should be dealt with in a large-minded and statesman-like way. But the public has paid no heed and has suffered the interests of the sick and wounded soldier to be sacrificed to bureaucratic pedantry and military caste prejudice.

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[Sept. 22, 1900.]

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

THE first number of Mr. Murray's new venture, the *Monthly Review*, which appeared on September 10th, contained an article by Mr. Bowlby, of St. Bartholomew's Hospital, who was Chief Surgeon of the Portland Hospital, which was at work at Rondebosch from January until April, and then moved to Bloemfontein. The hospital was thus at Bloemfontein during the worst of the epidemic, and Mr. Bowlby states that during May there were 4,500 occupants of hospitals in and around the town, while more than 10,000 men passed through the hospitals during that month. With regard to the cause of the epidemic, Mr. Bowlby agrees with other observers in believing that many of the men who sickened with enteric fever at Bloemfontein had contracted the disease before the march from the Modder River began or at Paardeberg, but he adds that after the cutting of the supply from the water-works most of the water which could be obtained at Bloemfontein was doubtful or bad, and that the dam water at Thaba-N'chu was probably responsible for many cases. He thinks that flies also may have been carriers of infection, "for they were always thick on the lips and faces of the worst cases of typhoid, and, of course, were attracted by food of all kinds." As to the admitted deficiency in hospital accommodation and supplies at Bloemfontein, he observes that "before blame can be attached to those in charge of the medical arrangements, it must be shown that they were not ready or able to deal with these difficulties, and that the failure to supply hospitals and their equipment was not due to military exigencies, but to neglect of the necessary and obvious preparations. Only a full knowledge of the facts can enable unbiased observers to form a just judgment." Of the Royal Army Medical Corps he says that "an immense amount of most valuable work has been performed, and that, as far as I can learn, no army has ever been so well supplied with medical comforts and surgical treatment." He then points out that the establishment of the Corps is too small, and that it is seriously below even that minimum, and asks that the question of the inability to obtain the necessary officers should be very seriously considered. Mr. Bowlby's observations on this head are so important that we venture to quote his own words: "Speaking from my own knowledge, as a surgeon attached to the largest medical school in London, I can assert without fear of contradiction that the service in the army is so unpopular with recently-qualified medical men, that hardly anyone thinks it worth his while to join it; and, as a matter of fact, competition for vacancies has long since ceased, and it is quite impossible to attract a sufficient number of men of any kind, let alone attracting the best. The reasons for this are not far to seek, and active service with an army for six or seven months has made them more clear to me than they formerly were. The pay is insufficient. The position of the army surgeon is not on a par with the position of an officer in any other department of the army. It is true that it has been recently improved by the formation of a Royal Corps, and that before that was done the position was much worse than it is now. There are still, however, plenty of grievances to rectify before justice will have been done; and as it is evident that the army must be supplied with surgeons, the sooner the matter is dealt with in a most liberal spirit the better. At the present time, when we are increasing our army, the matter is surely one of urgent necessity, for not only is it impossible to get men to join the Royal Army Medical Corps, but, in addition, men already in the corps are constantly resigning their commissions as soon as ever the chance of a pension enables them to do so. For years past the chief rulers of our army have refused to treat the army surgeons in such a way as to enable the army to obtain a sufficient number of competent men. Surely it is plain that when a corps of 800 is short of its proper numbers by no fewer than 200,

