

# **Volume of reports and photographs re No.6 General Hospital, Cape Colony and Transvaal**

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REPORT  
N<sup>o</sup>. 6.  
GENERAL HOSPITAL  
SOUTH AFRICAN CAMPAIGN,  
1900 & 1901



480

R.A.M.C  
MUNIMENT  
ROOM

RAMC 480 / 2



148

Nº 6

GENERAL



HOSPITAL

NAAUWPOORT AND JOHANNESBURG

SOUTH AFRICA

MOBILIZED  
JANUARY  
1900



CLOSED  
FOR PATIENTS  
SEPTEMBER  
1901



CAPE COLONY

5TH  
AFRICAN  
CAMPAIGN  
1900-1

TRANSVAAL



TO THE

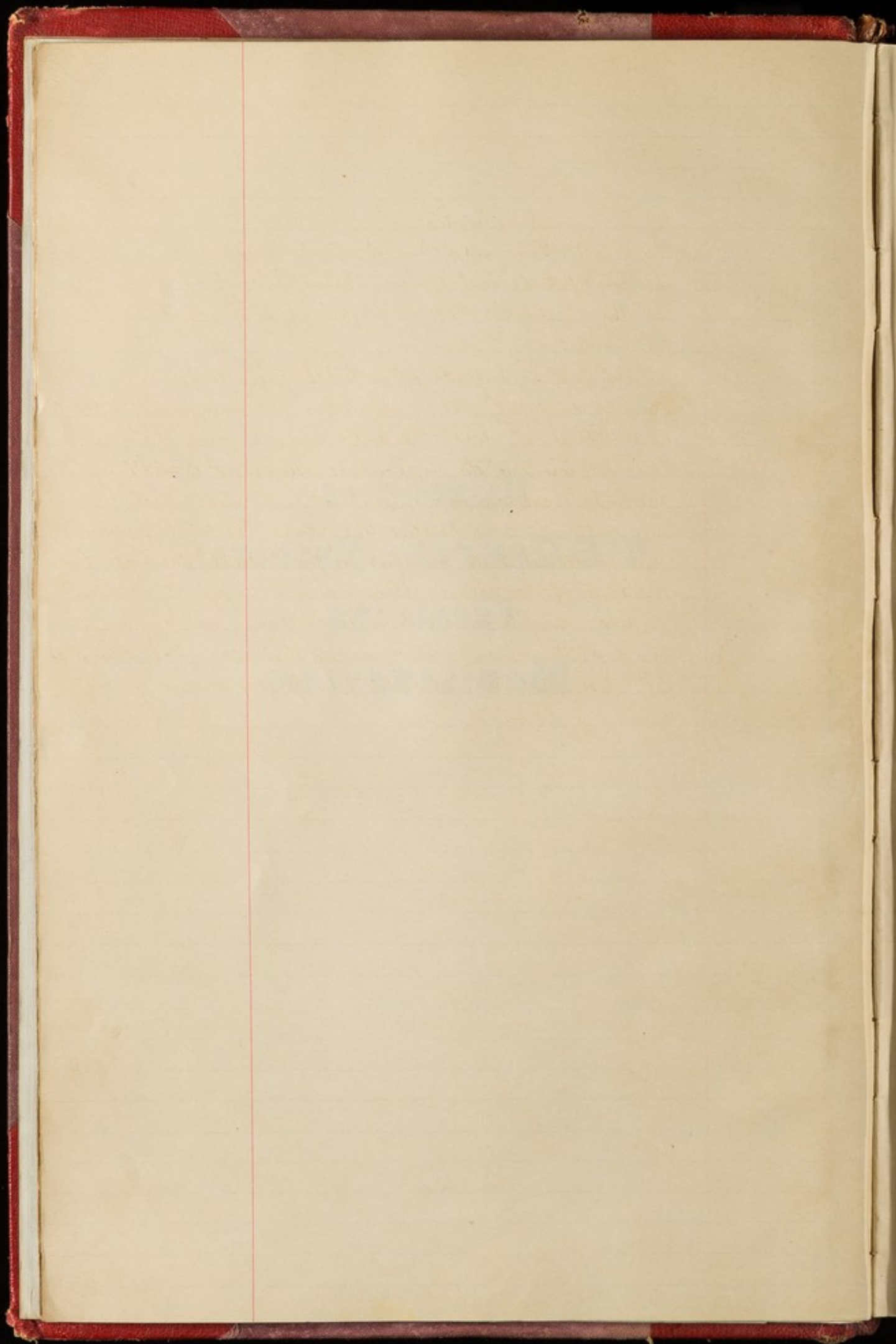
MEMBERS OF THE

BOARD OF

MANAGEMENT

**HISTORY OF  
N° 6 GENERAL HOSPITAL  
FROM ITS  
MOBILIZATION**





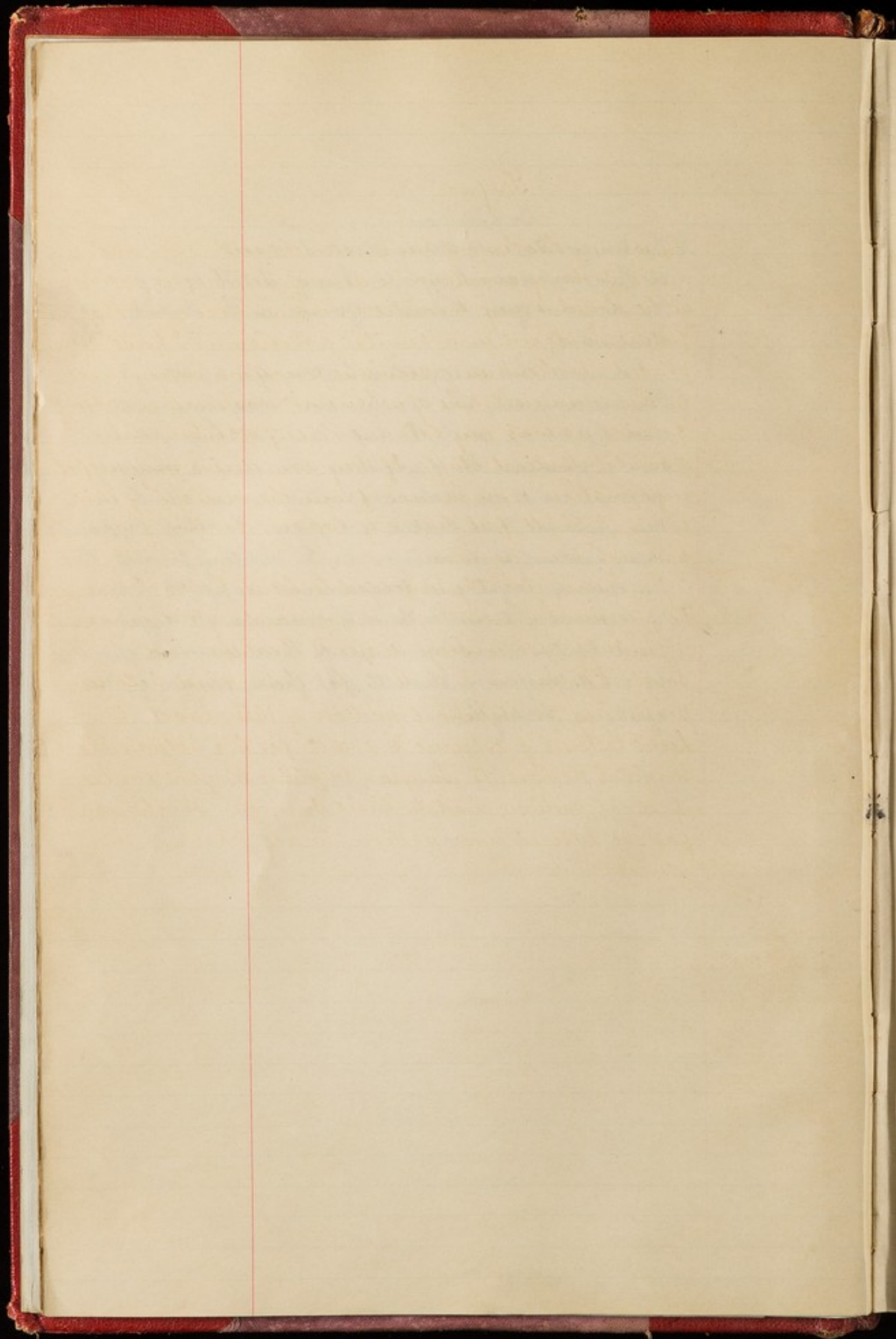
### Dedication

To The Director General Army Medical Service

- The Principal Medical Officer, Army, South Africa
- The Members of the Medical profession in The British Dominions,

I dedicate this descriptive history of a military General Hospital, the construction, arrangements, work and life in it, with the hope that as some of them have experienced the difficulties attendant to military medical work on prolonged active service, which in this instance has lasted two years. The whole profession may extend to its members in the military services, that amount of loyal and professional support which is necessary to enable them to overcome all difficulties and obstructions, and make their service one that the whole profession should feel justly proud of, as unity is strength.





## Preface.

In writing this history I am actuated with only one desire, to be of assistance to any of my brother Officers in the Royal Army Medical Corps who may in the future be placed in a similar position as I have been placed, without any previous practical experience in the administration of a General Hospital on active service as was my lot and that of No. 6 General Hospital Medical Staff; If they can derive any useful information or guidance from the perusal of this work, I shall feel that my labour for two years has not been in vain.

I am greatly indebted to Lieut. Colonel R. Jennings R.A.M.C. my Secretary & Registrar up to July 1901, to Sergt. Major D. Sheahan and Sergt. S. N. Warren R.A.M.C. for their kind help in preparing the statistical portion of this report, to Lieut. Colonel J. Osborne R.A.M.C. for his help in the surgical portion, to Surgeon Captain Rogers for the medical portion, and to Civil Surgeon Pershouse for the Enteric Fever portion, to all I return my sincerest thanks.





# INDEX

		Page	
1	opinion of Distinguished Visitors	2	
2	History of Hospital from its mobilization Notes on voyage, general remarks etc. etc.	8	
3	Tables shewing, number of admissions by months, total admissions, and mortality.	22	
4	Chief points of Construction and interest	Butchery	24
		Dairy	24
		Hair dressers establishment	24
		Kitchen A. General	28
		B. Milk	28
		Day Wardmaster's and Duty tent	25
		Enteric Excreta Sterilizer	26
		Lighting of Hospital	26
		Ordnance Store tents for treatment of fever	26
		Operating Theatre & Rouxgru Ray room	28
		Reading and recreation room	30
		Concert Hall & entertainments	30
		Dining Hall	36
		Chaplain's remarks, with photos and notice of Divine Service	38
General sanitation	52		
Ablution arrangements	52		
5	Quartermasters Departments	Stewards (photo)	53
		Clothing room (photo)	53
		Pack Rifles "	61
		Dietary with statistical tables	56
6	General view of Hospital at Naamopoort and short description	67	
7	Ground plan of Hospital at Johannesburg	71	



8 Medical Division

General view of, also marquees outside and inside (photos)

Return showing total admissions and Deaths per month, also grand total in division.

General Description of,  
Notes on Pneumonia, Dysentery, with tables of monthly admissions & mortality.

9 Surgical Division

General view of, (photos)

Return showing monthly & total admissions also mortality.

Do: do: Gunshot wounds

General description of.

Instruments

Antiseptics

Gunshot and shell wounds of,

Head

Spine

Thorax

Abdomen

Pelvis

Long bones

Joints.

Amputations

Antiseptic treatment

Other surgical diseases

Operations and interesting cases with radiographs

10 Enteric Fever and Isolation Division

Diagram plan

General view of (photo)

View of row of store tents, and inside of one (photo)

Table showing monthly and total admissions also mortality.

Chart - Do:

General description of, and remarks on, Types of Disease

Treatment

Sanitation and disinfection in connection with



Page  
 73  
 75  
 72  
 74  
 74  
 78  
 84  
 87  
 88  
 104  
 90  
 92  
 94  
 96  
 98  
 98  
 98  
 100  
 100  
 100  
 102  
 102  
 106  
 166  
 165  
 168  
 169  
 170  
 176  
 178  
 184

		Table showing monthly and total admissions, also mortality	200
11	Officers Hospital	Description of,	196
		Notes on its management and arrangements	198
		Photo of one ward	195
		Specimen of menu	196
12	Ambulance work in connection with General Hospitals		
	Descriptive photos of (eight)	Entaining wounded at Naam-poot 203 Ambulance converted from truck 205 Princess Christian train 207 wheeled stretcher with patient lying down 207 Stretcher lifted, carried by 4 men 209 Arrival of Wounded from Black Mountain 211 Two views of Riekehaw's 213	
13	Hospital Staff & Personnel		
	Medical officers (with photos of)		213
	Nursing Sisters do:		215
	Warrant & U.C. Officers -do:		217
	Orderlies do:		219
	Mortality in,		230
14	Red Cross Stores and Free Gifts		225
15	In Arduis Fidelis.		228



Entrance





Commander-in-Chiefs inspection



Arrival



Visiting sick



Going round



Going round



- 2
- 1 opinion of distinguished officers who have inspected and visited No. 6 General Hospital.

Taken from The Visitors Book re,

I. Report of the Royal Commission on the care and treatment of the sick and wounded during the South African Campaign, (page 52)

"No. 6 General Hospital appears to have been well managed, and at the date of our inspection was in a very efficient state."

2. The Commander-in-Chief.

"I visited No. 6 General Hospital today and was much pleased, everything is admirably arranged, the patients are evidently well looked after, and the whole condition of the hospital is very creditable to Colonel Somerville-Large and all serving under him"

Johannesburg  
6<sup>th</sup> November 1900.

Roberts F.M.

3. The High Commissioner, South Africa.

"I visited No. 6 General Hospital for the first time to-day, and was very glad to find the patients on the whole doing so well, and admirably cared for."

Johannesburg  
14<sup>th</sup> April 1901

A. Milner

4. The Principal Medical Officer, Army.  
"Hospital most satisfactory"

Johannesburg  
23<sup>rd</sup> January 1901

W. D. Wilson  
Surgeon General  
P.M.O. Army.















Lord Milner's Visit



Sisters presented to Lord Roberts



Officers presented to Lord Roberts



Lord Milner leaving Operating Theatre



5. "Inspected No. 6 General Hospital This day  
everything satisfactory"

21<sup>st</sup> August 1901

W. D. Wilson  
Surgeon Genl  
P.M.S. Army.

6. Lieut. Genl. J. Kelly-Kenny

"I visited No. 6 General Hospital today, everything  
therein is very satisfactory, patients comfortable,  
cleanliness very evident."

Johannesburg  
19<sup>th</sup> November 1900

J. H. Kenny  
Lt. Genl.

7. Officer Commanding Johannesburg District  
and Cavalry Brigade

"Col. Soucerville-Large took me round  
No. 6 General Hospital today. I was very much  
struck with all the arrangements, and have  
never before seen any hospital brought to  
such a condition of excellence"

Johannesburg  
26<sup>th</sup> November 1900.

J. D. P. Frensch  
Lt. Genl.  
Comdg Johannesburg Dist. &  
Cavalry Brigade.

8. The Engineer-in-Chief.

"I have been all over this hospital and have  
been greatly struck with the excellent  
arrangements, and with the general appearance  
of comfort"

Johannesburg  
2<sup>nd</sup> July 1901

Elliott Wood  
Maj. Genl. R.E.















*Col. Smith*

Lord Robert's Departure



6  
9. The General officer Commanding  
Imperial Germany.

"I have been several times in No. 6 General Hospital where many Imperial Germany patients have had the advantage of being cared for, and from whom I have always heard expressions of gratitude for the care and attention they have received."

Johannesburg  
14<sup>th</sup> June 1901

Chesterman  
Major Genl.

10. The General officer Commanding  
South African Constabulary

"I went round No. 6 General Hospital to-day with Col. Somerville-Large, and picked up many valuable hints in this model of organization and good management"

Johannesburg  
23<sup>rd</sup> November 1900

Baden Powell  
Major Genl.

11. The Military Governor Johannesburg

"I have visited No. 6 General Hospital several times during my period of office in Johannesburg, and have always been much impressed by its organization, and the great care bestowed by Col. Somerville-Large and all his Staff on the comfort and well-being of the patients"

Johannesburg  
12<sup>th</sup> May 1901

Colin Mackenzie  
Col  
Military Governor.

12. Consulting Surgeon to H.M. Forces, South Africa

"I have several times visited No. 6 General Hospital, Col. Somerville-Large has most kindly shown me over all the various departments. He deserves the greatest credit for the state of perfection to which he has brought the whole hospital, which is a model of its kind"

Johannesburg  
13<sup>th</sup> May 1901

Kendal Frank  
Consulting Surgeon to H.M. Forces South Africa







The P.M.O. (Ch. S-L)



The Registrar



The Superintending Sister



Sergeant Major Rees



Sergeant Major Sheahan



## II

## History of No. 6 General Hospital from its mobilization.

Orders for the mobilizing of this Hospital at Portsmouth were received on the 18<sup>th</sup> January 1900.

The original personnel consisted of four officers, Royal Army Medical Corps, fourteen Civil Surgeons, nine Nursing Sisters, two Warrant Officers, ninety non-commissioned officers and men R. A. M. C. and fifty A. C. D. and men St. John's Ambulance Brigade.

The preliminary preparations, as to pay and allotments to families, clothing, documents, and various inspections, being completed, a portion of the Unit, consisting of four Medical Officers, and one hundred and sixteen non-commissioned officers and men, sailed from Southampton on board Transport S. S. American on Sunday 21<sup>st</sup> January; The remaining twenty-four being detailed for transport duty with other ships. The nursing sisters and warrant officers, as well as the quartermaster, were to join the hospital in South Africa.

After a prolonged voyage of twenty-seven days, which was uneventful except for its length in point of time, for an epidemic of severe influenza, the infection of which was brought on board by, and spread from the horses, and for the small percentage of A. C. D. and men who would permit themselves to be inoculated with antitoxic enteric serum, though I personally tried to persuade the officers and men of the different drafts on board of the advisability of allowing themselves to be inoculated, also held lectures with the same object only a few responded.

A few sketches of the life on board might be instructive, we had fine weather save for the first two days which were very destructive to the peace and happiness of the



















Photo I.



Photo II



passengers both officers and men after which we soon got on our sea legs and settled down fairly comfortable as far as comfort can be on board ship, given the accommodation very poor, attendance and food very indifferent, and a cattle steamer capable of only steaming at full speed 10 knots per hour, still we were all on the same errand, and most of us had left all thoughts of comforts behind us. Our Commanding Officer Colonel Chapman R. F. Art. one of the best and most considerate of men, and who has since passed to his rest in South Africa; allowed the men to settle down to their quarters for a few days before commencing the usual routine duties of a transport, namely various daily parades, health sanitary, physical drill, etc. The only one of which I photographed was the latter, a copy of which I attach, officers and men had all to undergo this necessary exercise, it was very amusing to the young officers and men to see their more elderly comrades of advanced ranks and Section D. reservists struggling trying to accomplish these unscular contortions and grotesque positions especially when the ship rolled. Several of us insisted in kissing the main deck in varying positions much to the merriment of the onlookers.

after the duties of the day were over, the men disposed to indulge either in sleep, or lay in the sun smoking, playing cards, or other games of fortune.

The hour for Medical officers attendance at hospital was 9 am. The hospital on S. I. American was not well situated with regard to the sanitary arrangements which were on the main deck directly over it. Consequently the port holes could not be continuously opened on account of unpleasantness. The lighting was also very deficient, otherwise it was a comfortable though small sick bay.

After dinner hour when the men of the R. A. M. C., and any other volunteers, could be spared, one of the Medical officers held a class of instruction on first aid

Photo I











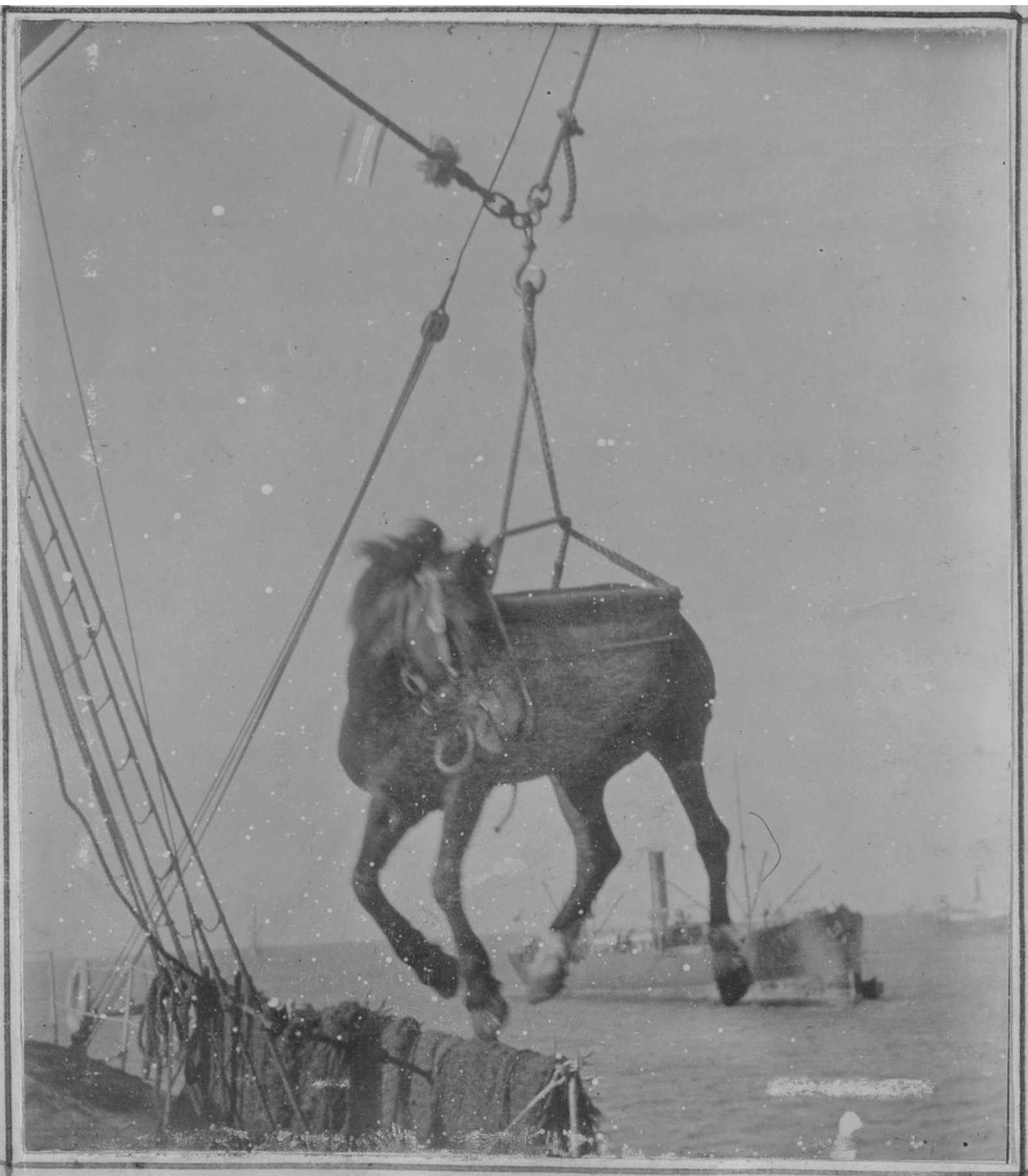




Photo III  
Watching Dolphins

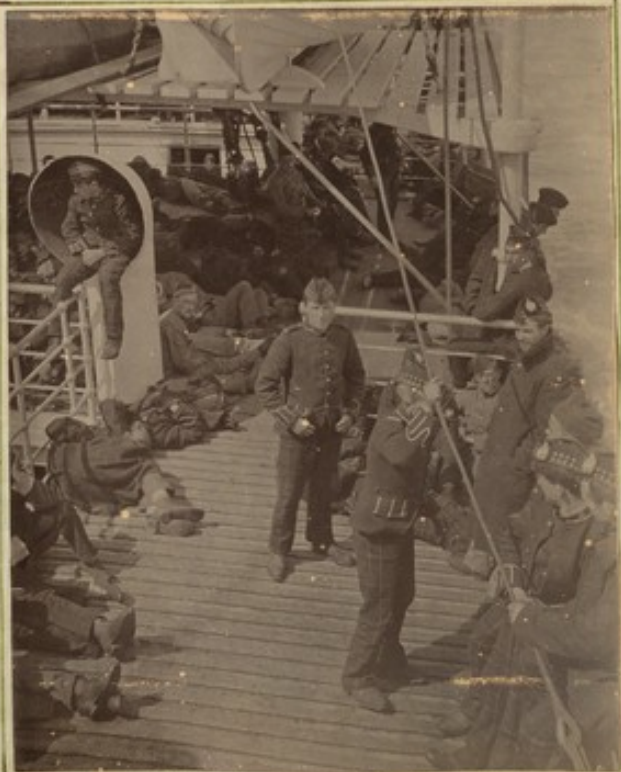


Photo IV



to sick and wounded, or on their various hospital work, bandaging, unsetting etc. These reunions were very pleasant and popular with our men, and in which they showed much interest. They were allowed to attend in any comfortable dress, and had the privilege also of smoking if they pleased, and I feel confident they derived much benefit from them, and it established a good feeling between officers and men which never died out. Several officers, A.C. officers, and men of other corps on board ship attended these classes, and before parting at Cape Town several of all ranks personally thanked us for allowing them to attend.

Photo II. gives a representation of the hopelessness of his position, that a horse must feel when being stowed on board ship. There were 350 of these noble animals as passengers, out of which number about 20 died, principally from a severe form of Influenza, the infection of which they brought on board with them: a horse's life on a sea voyage is not one of the pleasantest, all the time standing in very confined space, to prevent them being thrown about in rough weather, and little or no exercise, however the men made them as comfortable as possible, by giving them good food, and attending to their other wants.

Photo III. shows the British Tommy watching porpi. These interesting animals are very playful in their habits, tossing themselves before the ships bows, and racing her, throwing themselves out of the water with seeming happiness and sport.

Photo IV is illustrative of Tommy's life on board ship he is enjoying idleness, smoking, talking or sleeping

Photo V shows him in groups, playing games of various sorts, cards, dominoes, drafts, generally gambling in some form or other. Their principal game (of chance) is called "House" which consists of a pack of cards with 6 or 8 numbers printed on each a set of counters also with numbers on them, carried in a bag, each player draws a card which he retains











Photo V



Photo VI

Arrival at Las Palmas



The banker, holding the bag of counters draws out, the number on which he calls out, this must agree with a number on one of the cards, the player who first completes "this way" the total number on his card, wins the game, I have known a man win large sums of money by this method of gambling.

We arrived off Las Palmas on the night of January 29<sup>th</sup>, but did not enter harbour till daylight on the 30<sup>th</sup>, and were immediately met by the scene shewn on photo vi, the steam launch was from the British man-of-war in port, with despatches for the Officer Commanding Troops on board our steamer, to proceed without delay, we also heard the unpleasant news of another bad reverse to the British forces in Natal which was most depressing; of course we were not allowed to land which was a great disappointment, having been nearly 10 days at sea we naturally looked forward for a run on shore to stretch our legs, and see the beauty of this lovely island, which is a favourite winter resort for people with delicate chests who wish to avoid the severity of the northern winters, we were however able to procure fresh fruit, principally grapes from the boats shewn in the photo, and a small quantity of fresh meat which was of very poor quality, also an English paper, all of which were eagerly devoured. The disappointments received at Las Palmas lasted several days, and shewed its effect in animated discussions on tactics, artillery, field guns, and modern methods of warfare, as practised by our Generals and Commanding officers at the front" by the would be generalissimos on board, much latent heat being brought to the surface at these amusing debates.

On arrival in the tropics I had a tented hospital constructed on fore part of main deck, so that convalescent and otherwise suitable patients could enjoy the













restorative influence of the fresh sea air both by day and night, This had naturally a marked beneficial effect on the sick.

We arrived at Cape Town on Saturday 17<sup>th</sup> February 1900.



NO 6 GENERAL HOSPITAL  
NAAUWPOORT  
1900.



on reporting arrival to the Principal Medical Officer 'Army', we received orders on the 18<sup>th</sup> to proceed that evening to Naamopoort, a railway junction in Northern Cape Colony, and establish the hospital, absorbing a temporary Stationary Hospital previously established at that village. We arrived there on Wednesday 21<sup>st</sup> February, after a long and weary journey of nearly three days, prolonged on account of the engine not being powerful enough to pull the train up the inclines, as also on account of large amount of traffic on the line, and selected a site outside of village on the veldt by order of the P. M. Officer Army; but the General Officer Commanding would not sanction it as fighting was going on at about right miles distance. So we chose the only other available site, inside the lines, which, unfortunately, troops had previously encamped on for a considerable period.

on the 22<sup>nd</sup> February we commenced to establish, and on the 26<sup>th</sup> had five hundred and twenty beds fully equipped, and three hundred and fifty patients including ten officers, under treatment, mostly wounded from Paardeburg. A cottage hospital was also opened, to accommodate ten officers, in a bungalow close by, and Lady O'Hagan, who was recommended to my care by the P. M. O. Army, kindly consented to superintend its administration. The officers accommodation by this reached thirty-five beds. A convalescent camp to accommodate five hundred patients was formed close to the hospital, to which were discharged the minor wounded and other cases that could attend for dressing and treatment. On the 1<sup>st</sup> March the hospital was extended to six hundred beds. Groups of sick numbering about six hundred men, arriving from Modder River, principally wounded and enteric fever cases; also from Rensburg, Arundel, and intervening country, during this week, necessitated further expansion and so on until on April 13<sup>th</sup> we had eight hundred and twenty







Interior of Hospital Hut.



patients under treatment, with accommodation for nine hundred & twenty. Besides this number, from three to four hundred patients attended daily from the Convalescent camp for treatment; and here I wish to record my sincere Thanks to the Ordnance officer and his whole staff for their kindness and able assistance in procuring speedily for me an ample supply of marquees, beds, bedding, and all other hospital equipment at this very trying time.

Shortly after arrival steps were taken to provide a hospital railway siding, a wooden operating theatre (the tent provided proving absolutely useless and dangerous for operating in), an incinerator (which proved a failure from faulty construction), disinfecting sheds for Lister Division, and other sanitary arrangements, water supply laid on to hospital, camp &c, wash-houses, kitchens, latrines, stores &c, &c, and finally hospital huts were sent up by the P. M. V. Army.

On March 11<sup>th</sup> the Irish Hospital arrived to be stationed at Naamapoort, but they declined to open as they were awaiting orders and very <sup>anxious</sup> to proceed up country, being keen to get as much surgery as possible, which they did about April the 9<sup>th</sup>, and we managed very well without the assistance they might have given; though it was hard work.

The sick decreasing during the end of May and June, the hospital was moved up to Johannesburg and established in the Wanderers Club Grounds, which formed an excellent site. Seven temporary hospitals, which previously existed were closed shortly after our arrival, the patients being mostly transferred to No 6 General Hospital, which expanded to accommodate one thousand patients. The work of erecting the necessary house constructions in connection with it was greatly expedited by the General Officer Commanding, Major General Wavell C.B. who took a great interest in the hospital, all the work being done by civil contract.







Butchery

Dairy



Dinners ready



Serving



Hairdresser and Post Office Departments



# No 6 General Hospital Naamvpoort and Johannesburg

Table showing the admissions (including transfers from other hospitals and Stations) and deaths for all Diseases for each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February (23:2:00)	462	4
March	1265	29
April	1719	69
May	1422	42
June	338	30
July	1071	2
August	1231	12
September	1080	15
October	1268	8
November	1014	20
December	1081	20
January 1:1:01	1428	21
February	1060	26
March	1016	13
April	630	11
May	496	12
June	570	20
July	220	6
August	244	7
September	113	4

Total 17.728 371

Mortality 2.1 per cent













General  
KitchenMilk  
Kitchen

Killing Fowl



Killing Fowl



Interior of Kitchen



#### IV Chief points of Construction and Interest

The Butchery in which all carcasses were cut up into joints &c; also bones broken for making soup. This saved much dirt and messing in the cook house.

A Dairy to keep milk fresh and free from contamination. Two hundred weight of ice was kept constantly in it during hot weather.

Hairdressers Establishment where patients could get their hair cut free of charge. Hairdressers were liable for calls to bedridden patients on Medical Officers in charge or Wardmasters requisition.

A Cookhouse solely for milk.

Frequently one thousand five hundred pints of milk had to be sterilized per diem.

Interior of main Kitchen showing the specially erected hot-plate running round one end 45 feet long by  $2\frac{1}{2}$  feet wide.













Orderlies  
Duty Tent



Wardmasters  
Tent



Enteric Excreta Sterilizer



Store Tent as a Ward



The marquee for the accommodation of men on night duty, when not actually engaged in the wards, and the orderly wardmasters tent, where the morning sick are seen, and where a non-commissioned officer is always on duty both day and night.

Sterilizer for enteric excreta &c. consisting of a large Kaffir pot built into a brickwork fireplace. This proved very effective, and has been in use since July 1900.

Lighting of Hospital by electricity:

Each marquee had a light of twenty five candle power, and store tents one hundred and fifty candle power. The main paths of the hospital, between the wards were also lit with rows of 50 candle power lamps. Ordnance Store Tents for the treatment of enteric fever.

Each tent accommodated sixteen patients.

These are far preferable to the hospital marquees for the treatment of fevers. See page 182 Enteric

Division Report

Food Boxes, one in each ward to hold patients food between meals, thereby keeping the ward tidy and the food clean.

Dust bins, one placed between each two marquees. These ensured cleanliness in and around the tents. They were emptied every morning.













Interior of Operating Theatre. Macauwpoort



Gruesome but Natural



## Operating Theatre

Photo I Shows outside of operating theatre Johannesburg.

Photo II Shows interior of operating theatre Saamopoort  
Size 20 feet square

It was smaller than the one at Johannesburg, and was originally an office belonging to the Ordnance officer, who kindly, owing to the urgency of the situation, gave it for hospital use. For light by night it was fitted with two one hundred candle power petroleum lamps with powerful reflectors.

The dust storms of South Africa rendered canvas operating tents perfectly useless, besides the light, want of space in these tents in my opinion is not sufficient.

Nursing Sister Lightfoot whose photo appears in the Theatre was in charge during our stay at this station as well as portion of the time at Johannesburg. I owe her a debt of gratitude for the able way she carried out the very important duties in this appointment.

Photo III Shows interior of operating theatre Johannesburg, size 30 feet square.

Both were constructed of corrugated zinc externally, and had two large windows "fitted with roller blinds" in each side wall, which with a skylight of 12 feet square gave ample light, the lower window sashes having dulled glass, but the theatre at this station was a great improvement to the one at Saamopoort, being larger, better ventilated and wood-lined internally which helped to keep the dust out, it was fitted with three travelling electric lights of one hundred and fifty candle power for night use, glass case for instruments, and cupboard for sisters' necessaries as well as various drugs. In the glass case was kept a list of the instruments, so that











Interior of Operating Theatre Johannesburg.



The Sister under whose charge they were could check them frequently. There was also a sink fitted in one corner, from which a drain pipe opened over a cistern outside the theatre. The other equipment inside besides operating table, and seat for administrator of anaesthetics, consisted of one table for sterilizer only, one for dressings, ligatures, antiseptic sponges, drainage tubing, and gauze etc. etc. one for anaesthetic necessities only, one for instruments only.

two for dressings only.

The latter three were on castor rollers, thereby being easily moved.

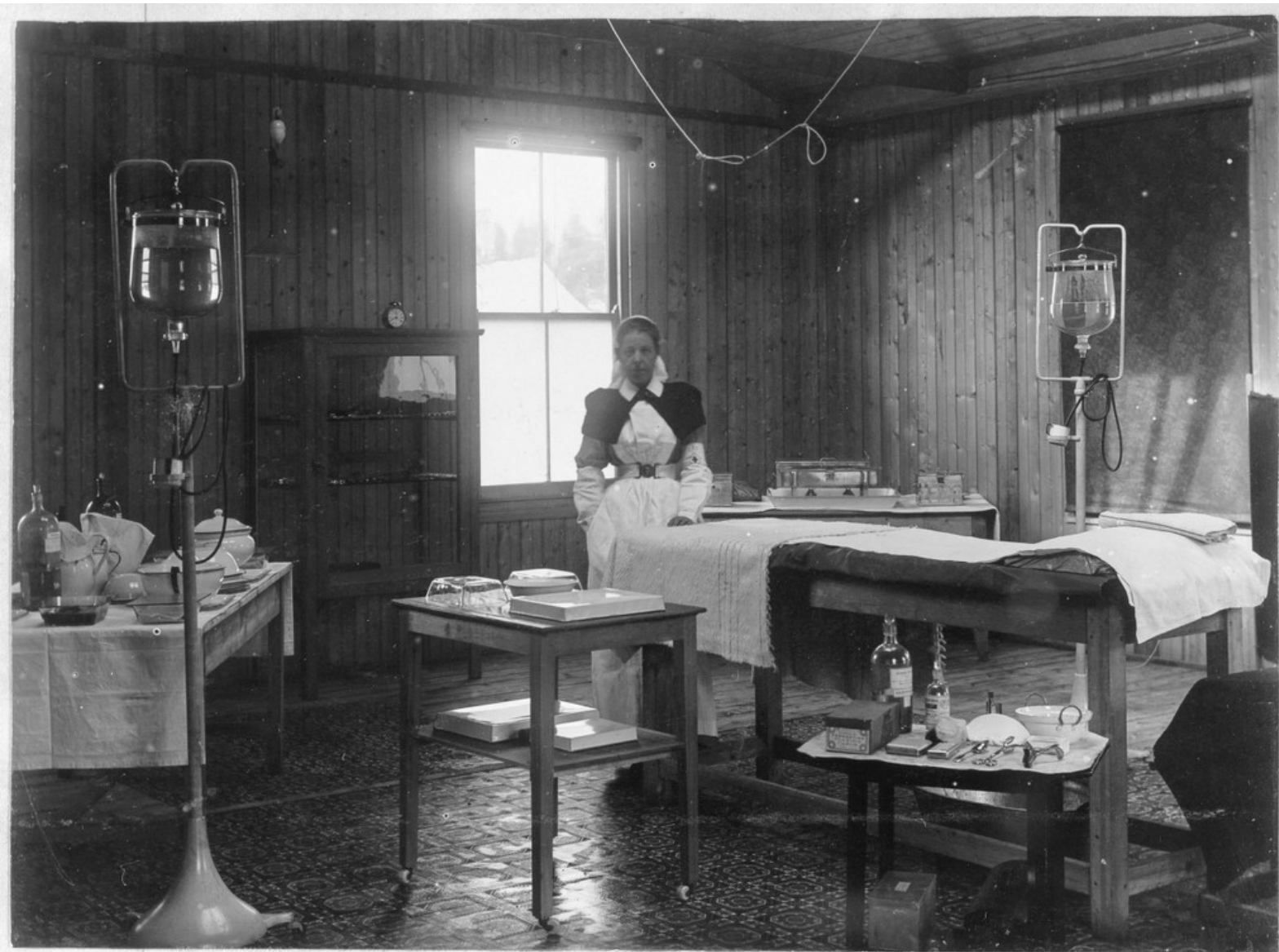
(Crisp)

Two irrigators on iron stands with rollers for easy movement

Two large earthenware tanks were also kept on brackets full of sterilized water, these had taps fitted to them. all these tables etc. were kept permanently fully stocked and ready for any emergency day or night.

At Naamopoort The Röntgen Ray room was detached from the operating theatre, but at Johannesburg it was an annex with door of entrance between. This was by far the most suitable arrangement, as patients could be brought direct from the former to the latter if operation was considered necessary after examination. The instrument supplied was by Mackenzie-Davidson worked with App's Induction Coil and Crook's Tube, and was a part of the hospital equipment sent out with it from England. It was a good and suitable instrument for a General Hospital but hardly sufficient powerful where deep observations had to be made, also the batteries required recharging so frequently, especially when a dynamo was not convenient, was a disadvantage. A few specimens of the work done with it are attached to the Surgical report on Cases.







Reading Room.



## Reading and Recreation Room.

One end of the large hall of the Wanderers Club was converted into a Reading Room and was furnished with several tables and comfortable lounge chairs and forms, a powerful electric light supply, and thick matting on the floor made this room very comfortable, it was plentifully supplied with newspapers, books and magazines, besides these, games of all sorts were provided, Chess, backgammon, Cards, dominos etc. etc, all sent by kind friends for patients use, by whom they were much appreciated, and which were constantly in demand. Two tables were set apart for writing on, and patients were amply supplied with writing materials on application to the A.C. Officer in charge all free of charge. A proportion of the periodicals and papers were circulated in the wards for use by those confined to bed. The presents of books becoming so plentiful I instituted a lending library where patients or any member of the hospital staff could obtain them on loan, they numbered at one time about 300 volumes, The Hospital Chaplain kindly undertook the management of this library for me.

At the other end of the hall was a stage where we held evening concerts and <sup>other</sup> entertainments weekly. Besides these concerts, athletic sports, bicycle races, football, hockey, cricket, and many other games and entertainments were got up for the benefit of the staff and patients which afford them much pleasure and relaxation after the monotony of hospital work, by so promoting healthy recreation and amusement for our men, the double object was obtained of keeping them in their hospital enclosure and away from the contamination and <sup>lowering</sup> temptations.





3  
Copies of ~~the~~ photos  
of op theatres  
2 on this page 1 on following  
for ECG Lee OXFORD





temptations of a town like Johannesburg. In arranging these recreations I was ably assisted by the whole hospital staff who were actuated with the same good object, and we thereby gained the gratitude of our men, and the satisfaction of having done our duty to them, which in my opinion should be the object of every commanding officer. The public were charged admission for some months until it was deemed advisable by the P.M. Officer Army and The General officer C-in-C South Africa to discontinue these evening concerts, much to the general public and patients' disappointment. By this means I raised a considerable sum of money for the benefit of the widows and orphans of the Royal Army Medical Corps, principally those of men who died during this campaign, preference being given to those belonging to No. 6 General Hospital, having sent a certain sum to each widow, I contemplated educating as many of these children (male) as the interest on the Capital will allow and with this object am in communication with some of the best English schools suitable for this purpose. The Director General A.M. Service having kindly consented to act as Co-trustee with me in the management of this fund.

In addition to concerts and out of doors recreations, the patients were entertained at alfresco teas chiefly through the generosity of kind friends of this hospital, also grateful patients who after returning to the old country had not forgotten the attention that had been accorded to them at No. 6.

I have given photos of two of these teas, fortunately the climate of South Africa is suitable for these to take place out of doors.

Photo shows a tea given to about 400 patients at Naauwpoort by Lady Henry Bentinck and Mrs Bagot wife of the Member of Parliament for Westmoreland, These ladies who came out





Photo II





for good work with the Portland Civil Hospital were very kind during their stay of six weeks at Naamopoort in visiting the patients and bringing them little delicacies and reading to them. Mr. Baga was also of more practical utility and being an experienced nurse volunteered her services for nursing duties, when the pressure of work was severe, these I gladly accepted, and she proved herself to be a capable and valuable nurse and devoted to the care and <sup>comfort</sup> ~~and~~ ~~seek~~ under her charge.

Photo II, shows a photo of a Christmas tea at Johannesburg given by money sent by relatives and friends of the Medical Staff of the hospital. Over five hundred patients sat down to this entertainment. The Colonel and Officers of the East Lancashire Regiment kindly sent their band to play. The great success of this afternoon was brought to a climax by the receipt of a copy of a telegram from our late Gracious Sovereign Queen Victoria wishing her soldiers all good Christmas wishes. This wire arrived quite unexpectedly but opportunely, you can imagine how it was received when I read it out. The happiness caused by the receipt of this message lasted many a day in No 6 General Hospital. Several other entertainments of another class viz: "Indian Camp Fire Variety Show" were kindly contributed by the members of the Remount Department, at that time principally Indian Cavalry. These consisted of Indian dances and grotesque processions and side shows, lance and sword exercises, Indian songs with native music accompaniment. The guests sat in a large circle round a large camp fire which ~~lighted~~ <sup>lit</sup> up the surroundings and performers. These took place at a short but safe distance from the hospital camp, and afforded much genuine fun and merriment. It was most amusing













Entertainers, Remount Department



Indian Cavalry in camp



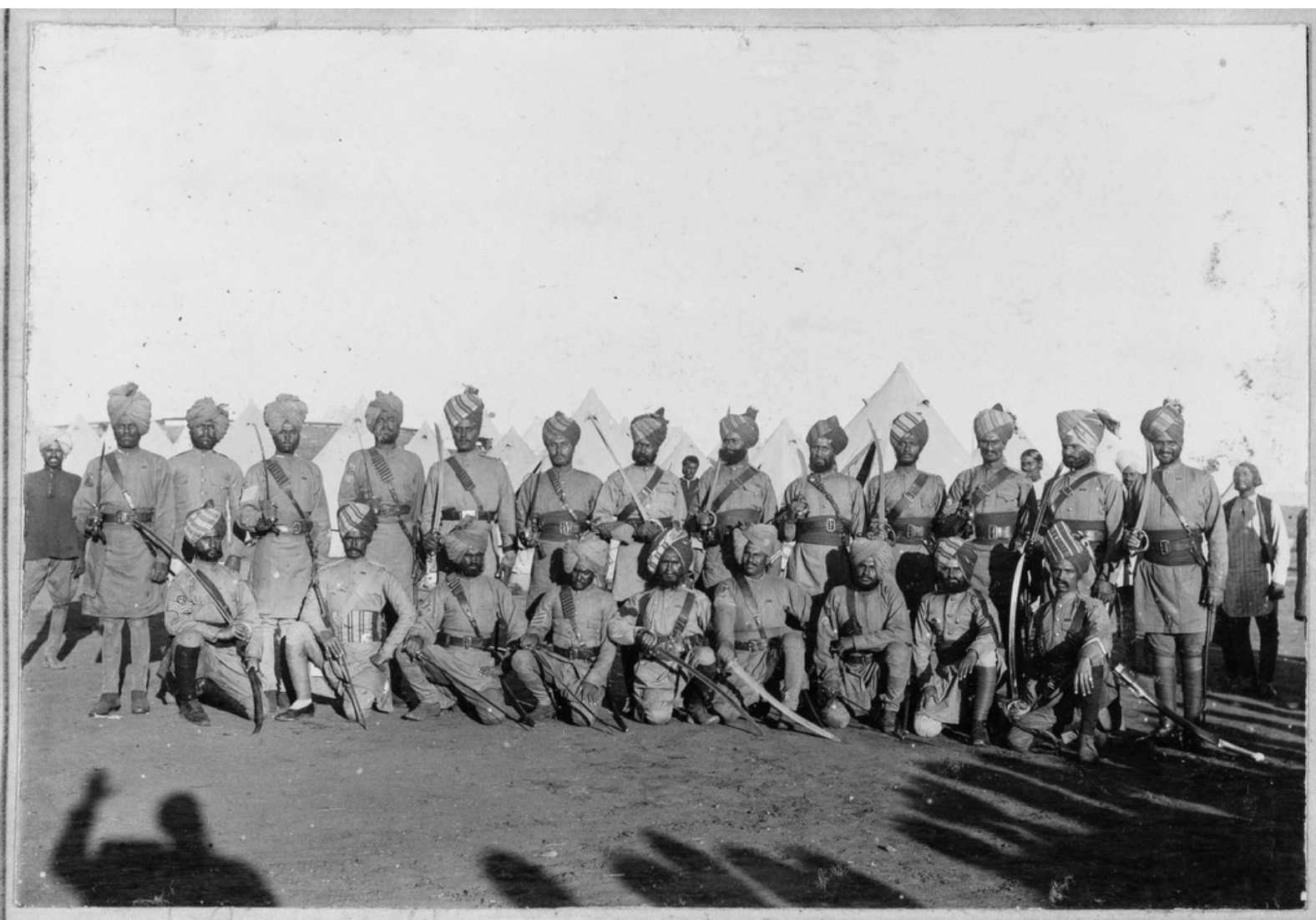
to see the interest and trouble these brave defenders of our Empire took in their own entertainments, working themselves up occasionally to almost a maniacal excitement, and how pleased and proud they were with the well earned applause which greeted their efforts. They were much interested in the hospital camp and work, and were very welcome patients and visitors when they came wandering round, which they frequently did. They were also always eager to get their photos taken by me to send home to their relatives which I often did to their great delight being very vain and proud of their appearance in their majestic uniforms.

I cannot pass from this chapter of recreations etc. without mentioning the name of Miss Violet Brook-Hunt who was sent out under the auspices of the Chaplains Department as a hospital helper not nurse, and who during her stay at Saamopoort was of much assistance in running the library, distributing books and papers amongst the patients, and writing their letters home, she became a universal favourite amongst them owing to her personality, tact and unflinching kindness to them, she was also very popular with the whole hospital staff and was of the greatest assistance to the hospital Church of England Chaplain in the Church services where she played the harmonium and helped him to get up concerts.

## Dining Halls

One side of this large hall was partitioned off as a dining room for N.C. Officers and men comprising Hospital Staff, one N.C.O. sat at each table and was responsible for discipline during meal times. The other side of hall was equipped as a dining











DINING ROOM.



CANTEEN



hall for convalescent patients, but as having to dine there caused much dissatisfaction among them the arrangement was discontinued they preferring to dine in the tents with their bedridden comrades.

Divine Service was also held in this hall, The Chaplain to the hospital kindly appends a description of his duties under this heading.

### Chaplain's Report

I have been asked by the S. M. C. No 6 General Hospital in Johannesburg to give some account of my work during the time in which I have acted as Chaplain to that institution. I much regret that I had other duties which occupied me and largely claimed my attention, so that I was unable to give to the hospital that exclusive care which was its due and which I consider very necessary for such a large institution. In my consideration of a Chaplain's work I am bound to think first and foremost of the services which have been conducted each Sunday. These have taken place in the large hall of the Wanderers Club. At the upper end of the hall is a large stage, and below this is the Altar, covered by a fitting frontal and furnished with a fine Cross, Candelsticks, and vases. Behind the Altar is an immense wooden screen which shuts it off from the stage and acts as a sort of apse. The Altar stands upon a specially constructed platform about which have been placed wooden oak stained rails constructed with taste and judgment. Below the platform stands a lectern and on each side are two beautifully made choir stalls on one end of which the S. M. C. crest stands figured in gold with the legend











Chapel at Naauwpoort



Chapel at Johannesburg



Liquist "No 6 General Hospital". In the body of the hall are the chairs and benches occupied by the congregation, the staff & patients, for the most part of the hospital. As soon as I had taken over the office of Chaplain, I saw that a choir was highly desirable if the services were to be made bright and attractive. Every help was given to me by the P.M.O. and the staff and patients, and within a short time we had a most excellent choir consisting of nursing sisters, orderlies and patients, with a choir master, and an excellent organist, who played an American organ with the highest skill. The P.M.O. provided material which by the work of the nursing sisters was made into surplices for the male members of the choir, and at the same time by an ingenious arrangement of hangings an unpropitious vestry was devised, whence the choirsters and Chaplain issued in procession at the morning and evening services. These services were, I think very bright and hearty, the parts of priest and people well intoned, and the canticles were sung to well known chants, the three hymns at each service being invariably familiar and popular. The morning service occupied usually three parts of an hour and the evening service an hour; the congregation were large and exceedingly reverent and attentive. A table of Divine Services attached, a similar copy was hung in each ward for patients' information. The Holy Communion was celebrated at 7 a.m. each Sunday. The Altar, the flowers and the sacred vessels were the peculiar care of one of the nursing sisters, and everything connected with the solemn rites though very simple were impressive and beautiful. The attendance at the Holy Communion though very far short of what it should have been, would I think compare not unfavourably with that in most churches, and it must always be









NO. 6 GENERAL HOSPITAL.

*Divine Service*



C. of E. Celebration - <sup>Hours.</sup> 7 a.m

Matins - - 11 „

Even Song - 6 p.m.

R.C. Mass - - 7.45 a.m.

Presbyterian - - 9 a.m.



be

42

remembered that sickness and infirmity must have lessened the number of communicants, and judging from the testimony of several who have been in the hospital, I could confidently say that the services have been a real blessing to many. Shortly after I became Chaplain to the hospital I was struck by the fact that I ought to do something to help the Convalescent patients who were finding the time hanging heavy upon their hands, to pass some evenings of the week in a pleasant and profitable manner, I obtained the permission of the P. M. O. to hold meetings for patients and orderlies, three times a week on Mondays, Wednesdays and Fridays, it was arranged we should assemble at 4-30 pm, that on Monday a paper should be read upon some subject of interest, followed by a discussion, that on Wednesday there should be a debate on some controversial subject, on Friday there was always to be a religious paper founded upon some text from the Bible, and such subjects were thereby discussed as drink, social purity, gambling and others both social and doctrinal, these meetings soon became very popular and were I think a great boon, specially to the Convalescent patients, we have had readers of papers, and speakers of very rare ability and I noticed a very distinct improvement in the discussions and debates, letters written to me by men who have left the hospital, indicate the same, and inspire me with thankfulness that I was able by the kindness of the authorities to institute these meetings. I come now to the third portion of my work in this hospital, and that which must ever be of prime importance if real work is to be done by the clergyman for the salvation of men, I refer to the personal visiting.







visiting of the wards and the coming into touch, if the crudity of the expression be pardoned, with men of differing minds. In such visitation the Chaplain has to be all things to all men ~~now~~ if he will gain some, with the convalescents he should be bright and cheery and at the same time impress upon them the necessity of thankfulness for recovery, with those who are very ill and weak, and whose restoration to health is uncertain he must be very tender and sympathetic, and thus lead him on gently and confidently to the shore of that river which all must eventually pass. He has to deal with men from various parts of the Empire, differing in their mode of thought, in their intellectual and spiritual capabilities, and in their birth and antecedents. To visit hospital wards and to show depression and gloom is worse than useless.

It is quite impossible <sup>to speak</sup> too highly of the pluck and patience displayed by "Tommy" when a patient in hospital. I have seen much of the behaviour of our men sick and wounded, in various Field, Stationary and General Hospitals, it is always the same tale, and in No. 6 General Hospital the experience of the Chaplain was just what it had been elsewhere. The men were invariably cheerful, patient, and thankful for any little act of kindness that might be done for them. They have been silent heroes, and have shown that the ancient spirit of our race is still living and vigorous; officers and men of all ranks have met death when it has had to come, unflinching and with splendid fortitude, while admiration has been compelled by the spectacle of such heroism, at the same time tears have often been very near, provoked by the pathos of it all, who can, unmoved see some young strong life slowly ebbing away, listening perhaps to those broken messages for the loved ones in the distant







distant home who will never see their boy again. one cannot help thinking at such times of the grief and mourning caused by such untimely death, of the father and the mother who have lost their son, of the wife whose husband is gone from her, and of the children who must henceforth be orphans and fatherless. All these things come to mind as death is laying its hands more and more surely upon the dying man, and one thinks of those whose strong protector is <sup>thus</sup> passing from earthly sight, and of their bitter woe and desolation. What might he not have accomplished had he lived, and now in the dawn of his manhood and in his prime, he is by the inscrutable decree of Providence being removed, leaving hopes and promises unfulfilled, and aching hearts.

But it is not by any means all sad. Many a hearty laugh have I had at the humor shew by Tommy in hospital. His comical air of resignation to his enforced monotony, his quaint stories, the tales of his experiences have often put me to shame, and restored me to myself when I have been tempted to depression. One could mention many instances, but I think of one special case, a man whom I used to visit every day was suffering from pain that was at times almost intolerable. in spite of this he was invariably cheerful, and had a fund of quaint humour which was inexhaustible, he had been a great traveller, and with a happy disposition and his native humour had possessed a keen power of observation, he could see the humorous side even of his present condition, and was a living example of how a man should bear pain and suffering. One may well be very thankful



Thankful for the humor which Tommy possesses, and I am sure that it has helped very materially to carry him through, not only the pain and weariness of hospital, but also the hardships, privations and dangers to which he has been exposed in the field. I have often seen instances of this when shells and bullets have been in very unpleasant proximity, Tommy watching these missiles of death with the utmost sang-froid and unable even at such times to repress foolish remarks upon the situation.

When referring to the monotony of hospital life, I must not omit to mention one means of interesting and amusing the patients which has been afforded by the Concerts, which have been periodically given in the large hall of the Wanderers Club. These have been most excellent, and as long as outsiders were admitted on payment, provided a very handsome support to the funds raised for the widows and orphans of men belonging to the R. A. M. Corps. Before I close I must not fail to express my deep gratitude to the P. M. officer and Staff of the hospital, which is now ceasing to exist, for their invariable kindness and for the support which I have always received from them. I am parting from the hospital with very real regret and shall always remember that in that institution the Chaplain was sure of assistance and sympathy in his work, and that from the P. M. O., the R. A. M. C. officers, the nursing sisters and the Warrant Officer, S. C. O. and orderlies, we could always expect kindly encouragement and sympathetic support.

Yonkersburg  
Sept. 30<sup>th</sup> 1904.

(Sgd) J. G. W. Luckey M. A.  
Chaplain to the Forces



Number 6 General Hospital is closed. When I look back to the fourteen months during which I have had the great privilege of being connected with the hospital, here in Johannesburg, I feel that the most attractive thing in the town has disappeared. When I think of the army of suffering men who have passed through those canvas wards, containing one thousand beds, I am filled with admiration at the organizing skill which was displayed in carrying out the gigantic task in all its minute details. The zeal and devotion of the Medical officers, and their subordinate staff has filled me with admiration and there are no words to describe the admirable way in which the nursing sisters have performed their never ending task, moving about quietly and unostentatiously through the numerous wards relieving and soothing the sick and suffering. However poor Tommy may be treated elsewhere, it is only the literal truth to say that in hospital he is treated like a prince. I have seen men lingering for weeks in the last stage of Enteric Fever, each time I went into the ward I was astonished to find them still alive, yet by means of brandy and iced Champagne, skilful and devoted nursing and by Medical skill continued week after week, I have seen apparently hopeless cases snatched literally from the jaws of death. It is my deliberate belief that none but the very wealthy could command in time of sickness, the Medical skill, the devoted nursing and all that money can purchase, which during fourteen months I have seen lavished on our sick and wounded soldiers in No. 6 General Hospital, and indeed they fully deserve all that can be done for them. There is one point however, which I desire to place on record in a special manner, and that is the kindness and sympathy I always received from its Principal Medical Officer and



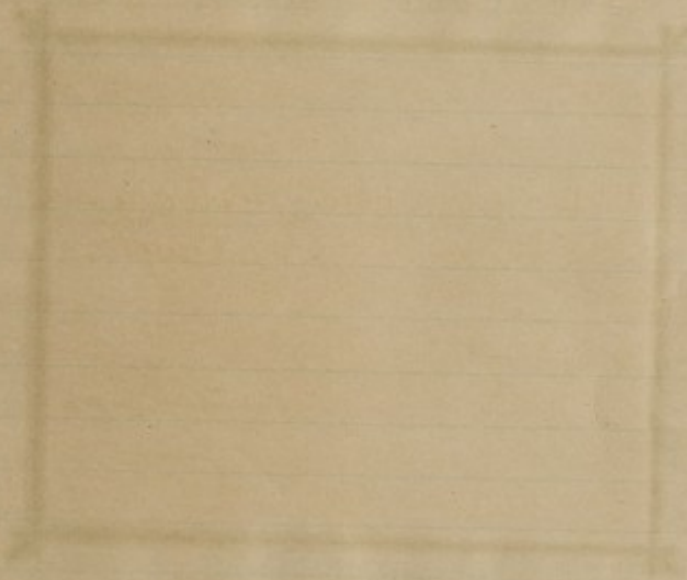
and every member of his Staff in the performance of my spiritual duties. If they had all been members of my own religion they could not have shown me greater consideration. I am glad of this opportunity to express my deep gratitude for all the help and kindness I have received during the last fourteen months.

And now the Staff of "No 6" is on the eve of departure. I wish Colonel Lango and all of them farewell, with my best wishes. The splendid work they have done here is a guarantee of what may be expected from them in the future, and the testimony of the thousands they have relieved will be a life long memory of blessings.

Johannesburg (Sgd) E. Morgan

Oct. 8<sup>th</sup> 1907.

Chaplain to the Forces (R.C.)





View of



Sanitary Cisterns



Wash house



## Sanitation

Latrines. The dry earth system is in use for latrines. The buckets are emptied nightly, disinfectants such as quicklime, carbolic powder, and izal solution, are freely used. The buckets are passed through furnace and freshly tarred every week. Boxes with dry earth are placed in every latrine. The latrines, one in each division, being situated at one side of the hospital squares, and a trap door existing in the hospital wall there is no necessity for the natives who empty the buckets, passing through the hospital grounds. The ground consisting of ashes is frequently removed and fresh ashes put down. Buckets are situated behind the latrines for emptying bedpans into, a small tank with solution of izal is kept here for disinfecting them also a large zinc tub, with water, for washing them before returning to ward.

Urinals. The urinals are situated at back of latrines, one in each division, they are connected by a three inch drain pipe, which eventually discharges into a large cistern, which is emptied every night, or oftener, if occasion demands, by buckets into sanitary tank cart.

Wash-houses and Baths. The wash-houses, one in each division, are also connected by a three-inch drain-pipe taking the water from both, this <sup>from which it is pumped into a high level reservoir</sup> discharges into a low reservoir, from whence it runs into tank carts as occasion demands.

The bath-house, consisting of six baths, is situated alongside of kitchen for convenience of heating water, is supplied with hot and cold water pipes; their discharge pipe is connected with main from wash-house. The sanitary arrangements in connection with the Exterior Floor Division are fully described under that heading.











STEWARDS' STORE



LINEN STORE



## Quarter-Masters Departments

In writing on the work done in the Quartermasters Department, I will only mention the

1. Provision <sup>Store</sup> and supply of foodstuffs
2. Linen and Clothing <sup>Store</sup>
3. Pack <sup>Store</sup> and Driveling.

I No. 6 General Hospital has conformed to the Regulations for Army Medical Services paragraph 755 and allowance Regulations para: 58 laid down for dietary of General Hospitals, Each patient has had a regulation hospital diet in accordance with scale at para: 54, and since the 24<sup>th</sup> February 1900 Army Form F. 735 has been kept daily, and Army Form F. 736 has been rendered to Army Service Corps supplies monthly. I think I am fairly right when I assert that we are the only advanced Base Hospital that has carried this out in its entirety and in accordance with the regulations, during <sup>the whole of</sup> this Campaign, we had of course some slight difficulties to contend against viz: the obtaining of fresh milk vegetables &c., but these were very soon overcome, tinned and otherwise preserved articles being the substitute and for only about one week till arrangements for fresh supplies were made, after which a plentiful supply was obtained from the farmers around Naamopoort, eventually the supply was far larger than the demand, we were hardly ever without a liberal supply of the special necessary hospital extras, such as Brands Essence, Bovril &c, &c, and I am indebted to the officer in charge of supplies both at Naamopoort and Johannesburg for the able way they met the strain and kindly carried out all my wishes relative thereto.



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## No 6 General Hospital Johannesburg

The No of Articles of Clothing issued to  
patients from July 1900 to September 1901

Month	Shirts	Drawers	Socks	Jerseys	Frock	Trowsers	St. coats	Cap	Boots	Head dress	Guthies	Shoes canvas	Cholera Belts	Civilian Clothing
July	455	381	359	121	69	170	70	69	69	.	.	.	.	.
August	768	786	758	534	534	685	164	.	401	.	.	.	.	3
September	834	890	733	572	660	735	150	529	495	.	.	.	.	7
October	872	782	698	597	563	682	173	575	566	.	.	.	.	11
November	964	859	780	577	532	593	147	566	470	.	.	.	.	15
December	955	863	733	522	634	751	225	646	620	163	263	126	.	9
January '01	973	767	695	694	638	764	196	787	461	157	438	167	.	4
February	789	862	858	769	766	866	256	743	469	186	466	168	.	2
March	864	831	684	594	528	748	94	635	476	259	449	153	.	4
April	432	257	263	102	113	351	73	93	83	276	135	164	.	9
May	324	293	185	96	98	229	93	85	62	154	90	76	.	5
June	293	254	178	185	167	230	104	74	152	128	77	69	.	4
July	282	314	276	196	186	283	84	105	158	193	150	57	.	.
August	258	216	233	91	125	148	35	73	130	182	85	65	114	.
September	290	190	245	31	75	109	25	15	66	138	46	38	438	1
Totals	9362	8545	7708	5651	5658	7344	1889	4995	4678	1836	2199	1085	552	74



Hospital, at

**DIET ACCOUNT of PROVISIONS,**

(FOR RETENTION IN THE HOSPITAL)

RECEIVED, ISSUED, AND REMAINING, FOR THE MONTH OF

190 .

**Abstract of Hospital Stoppages.**

CORPS	DIETS subject to STOPPAGE (In compiling these columns every care should be taken that the stoppages are entered under their proper headings)						FREE DIETS			TOTAL
	Officers	Warrant, N.-C.O. and Men	Boys	Men and Boys, Medical comforts	Other Cases		Officers, Men, and Boys	Family of Soldier on Married Roll	Nurses in Hospital for Women and Children	
					Number	Rate of Stoppages				
<p><i>No. 6 General Hospital</i></p> <p><i>January 1901</i></p> <p><i>Johannesburg Transvaal.</i></p>										
Totals ..										

Corresponding exactly  
with the number of  
Diets issued as shown  
by Statement on page 2

**INSTRUCTIONS AS TO THE PREPARATION OF THIS RETURN.**

- (1.) The Diets and Extras, pages 2 and 3, WILL BE COMPLETED BY THE QUARTERMASTER (OR STEWARD WHERE NO



[illegible]





The photo shew is that of the Stewards Stores at Johannesburg, which was much larger in size than the one at Naamapoort, which was only designed for a 520 bedded hospital; it had a small room attached where the N.C. Officer in-charge slept for the safe keeping of the supplies; this was very necessary owing to robberies being rampant during the early months of the Campaign at both Stations.

I attach Army Form F 435 for the month of January 1901, just to shew the strain that was thrown on this department when the sick rate was high. I also attach a return shewing the total monthly expenditure since the hospital was established, which also gives the grand totals for the whole period.

## 2. Linens & Clothing Store -

Taking into consideration the great difficulties the Ordnance Department had to contend with in transport of goods from the base, the extremely onerous work of this section was very ably and well carried out by Sergeant Owens. Since August 1900 every patient on discharge from hospital was (if the state of his clothes required it) given a complete outfit free of charge, including under clothing as well as uniform, boots, head-dress etc. These were all of good quality. This unusual and heavy work was thrown on the R.A.M.C. who were already greatly undermanned, and hard-pressed with their Medical duties. It is the first Campaign in which we have been ordered to perform this extra duty. The amount of work and responsibility it entailed can be judged from the accompanying return, which gives the total issues, by month, also the grand totals for the campaign.





PACK STORE



POST OFFICE BOX, 36.  
Telegraphic Address:  
"RAILWAYS," CAPE TOWN.



CAPE TOWN, 18<sup>th</sup> July, 1900.

No. G.29399/1934

*P.M.O. Base  
554  
C.  
1900*

Sir,

It having been brought to my notice that Lieut: Colonel Somerville, Principal Medical Officer of No. 6 General Hospital, and Dr Simpson Wells, rendered assistance to the persons injured in a collision between two up goods trains at the South end of Naauwpoort Station yard on the 15th April last, I have the honour to ask that you will be so good as to convey to the gentlemen named an expression of the Department's appreciation of the services rendered by them on that occasion.

I have the honour to be,

Sir,

Your obedient servant,

*C. M. M. D.*  
General Manager.

Colonel J. F. Supple, R.A.M.C.,  
Principal Medical Officer,  
Base of operations,  
CAPE TOWN.

*P. M. O. Log C*  
*Kindly take necessary action*  
*19th July 1900*  
*C. E. R. M. D.*

ag exactly  
amber of  
as shown  
on page 2

INSTRUCTIONS AS TO THE PREPARATION OF THIS RETURN.

- (1.) The Diets and Extras, pages 2 and 3, WILL BE COMPLETED BY THE QUARTERMASTER (OR STEWARD WHERE NO





3

Lt Colonel Souville Laige.

P.O. No. 906 General Hospital

Johannesburg.

Forwarded for your information.  
 Please communicate to Dr. Simpson with  
 & return.

By Order

R. D. Hodson

Lt Colonel Rame

See P.O. No. 210

Cape Town

20 July 1900

## STATE OF PROVISIONS

FOR THE QUARTER ENDING

ON THE 31st DAY OF

MAY 1864

AT THE

QUARTERMASTER'S OFFICE

OF THE

ARMY

OF THE UNITED STATES

OF AMERICA

BY

J. C. BARNES, Quartermaster

OF THE

ARMY

OF THE UNITED STATES

OF AMERICA

IN

COMPLIANCE WITH

THE

ACT

OF

MARCH

1862

AND

THE

ACT

OF

MAY

1862

exactly  
 as of  
 shown  
 on page 7

## INSTRUCTIONS AS TO THE PREPARATION OF THIS RETURN.

- (1.) The Diets and Extras, pages 2 and 3, WILL BE COMPLETED BY THE QUARTERMASTER (OR STEWARD WHERE NO





Hospital, at

**DIET ACCOUNT of PROVISIONS,**

(FOR RETENTION IN THE HOSPITAL)

RECEIVED, ISSUED, AND REMAINING, FOR THE MONTH OF

190

**Abstract of Hospital Stoppages.**

CORPS <small>In the case of Cavalry, the Squadron; in the case of Infantry, the Company; and in the case of Artillery, Royal Engineers, the Army Corps, Royal Army Medical Corps, and Royal Corps, the Battery or Company as ordered.</small>	DIETS subject to STOPPAGE <small>(In compiling these columns every care should be taken that the stoppages are entered under their proper headings)</small>					FREE DIETS			TOTAL	
	Officers	Warrant, N.-C.O. and Men	Boys	Men and Boys, Medical comforts	Other Cases		Officers, Men, and Boys	Family of Soldier on Married Roll		Nurses in Hospital for Women and Children
					Number	Rate of Stoppages				
<i>No. 6 General Hospital</i>										
<i>February 1900</i>										
<i>to</i>										
<i>September 1901</i>										
<i>Nauwpoort, Cape Colony</i>										
<i>and</i>										
<i>Johannesburg Transvaal.</i>										
Totals ..										

Corresponding exactly with the number of Diets issued as shown by Statement on page 2

**INSTRUCTIONS AS TO THE PREPARATION OF THIS RETURN.**

- (1.) The Diets and Extras, pages 2 and 3, WILL BE COMPLETED BY THE QUARTERMASTER (OR STEWARD WHERE NO



[illegible]







64

## ON ARMY FORMS I. 1202 AND I. 1205 DURING THE

[illegible]



OR STEWARD V

65

[illegible]

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[illegible][illegible]

\* FROM WHOM RECEIVED

[illegible]

ARTER-MAS  
IS ATTAC  
spect. and the



NO 6 GENERAL HOSPITAL  
NAAMUWPOORT



General View

Johannesburg, a patient handing in his kit, which is being counted by the attendant, another attendant is seen cleaning and oiling rifles.

Photo I shows general view of No. 6 General Hospital Naanopoot, Cape Colony with railway line running through centre of hospital dividing Surgical and Medical divisions. The Marquees in the far distance are the commencement of Enteric Fever and Isolation Division. Those at the extreme left of picture are the officers hospital; The P.M. O., and other offices, also the operating theatre, are the houses in the centre of picture. The buildings on the right of picture are the hospital cookhouse and beyond an ablution room. An engagement was going on the day we arrived and continued for a couple more, not far from the hill depicted on the extreme right, we could distinctly hear the artillery guns and see the caannous smoke, the wounded from which were brought to our hospital.





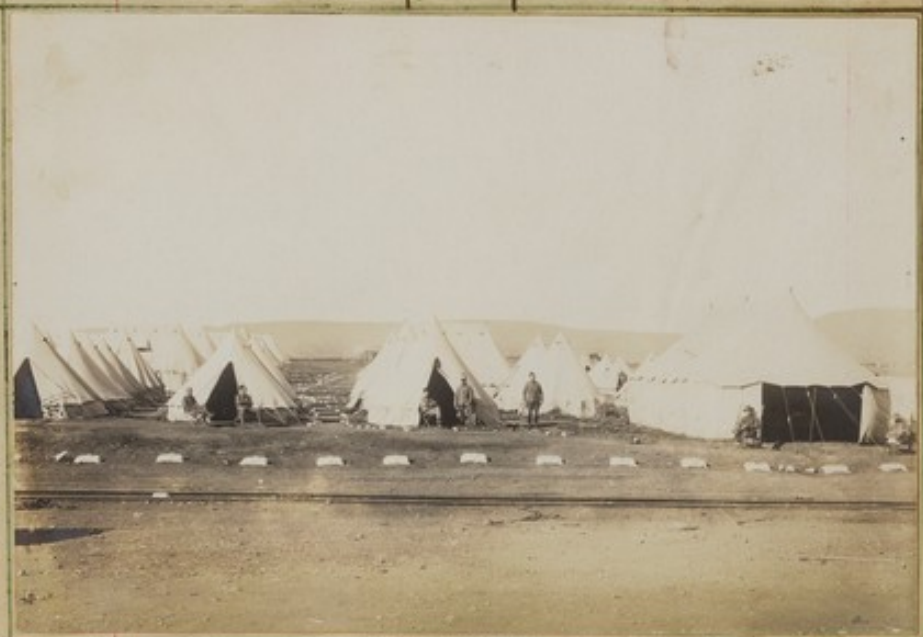
69  
PHOTO II



PHOTO III



PHOTO IV



OFFICERS CAMP  
NRAUWPOORT



Photo II shows the Medical Officers Camp at Naamopost with officers enjoying a well earned rest, after a hard morning's work.

Photo III shows the Medical Officers Camp at Johannesburg, situated under and shaded by the blue gum trees.

Photo IV shows the Medical Officers mess at Johannesburg.



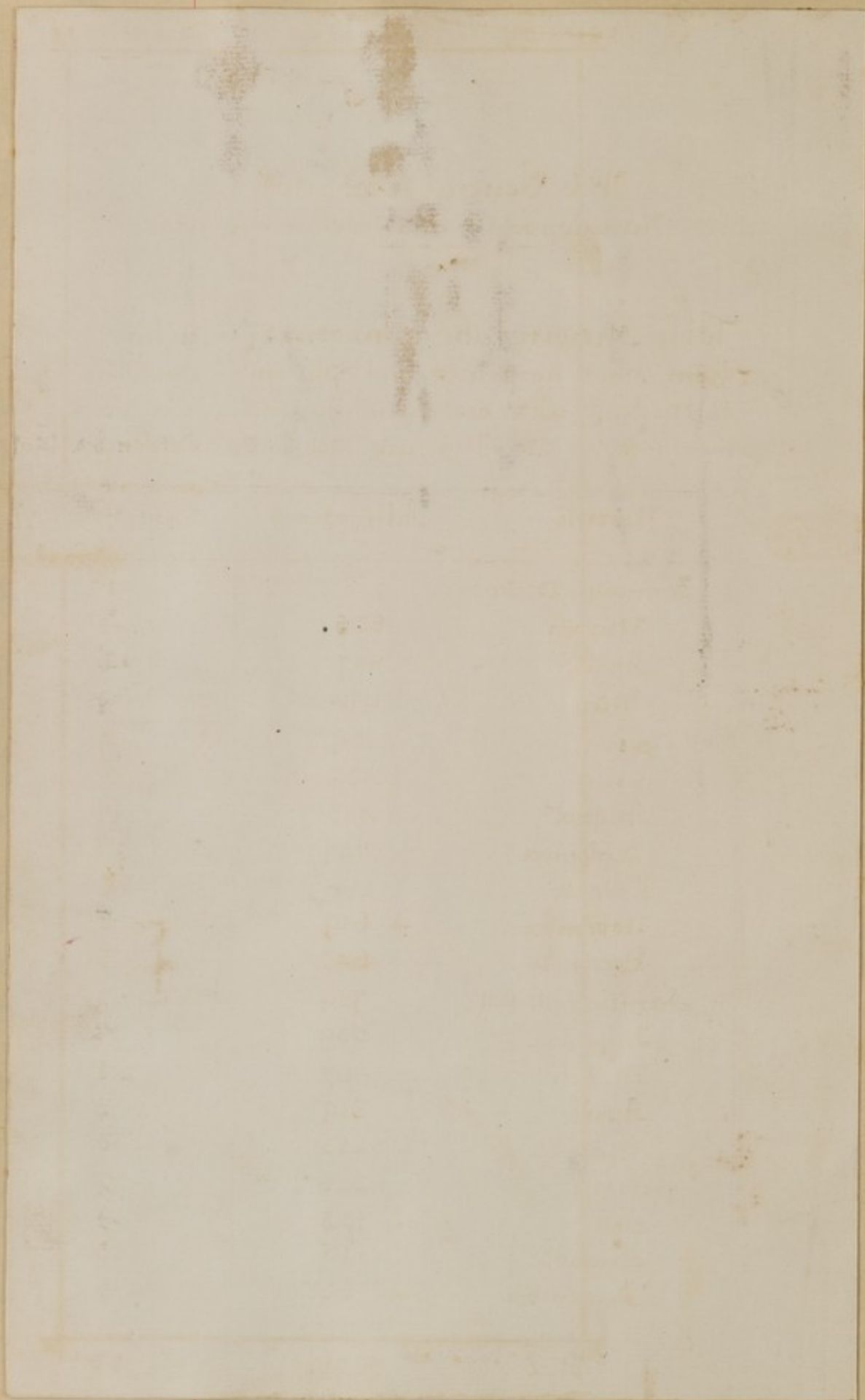












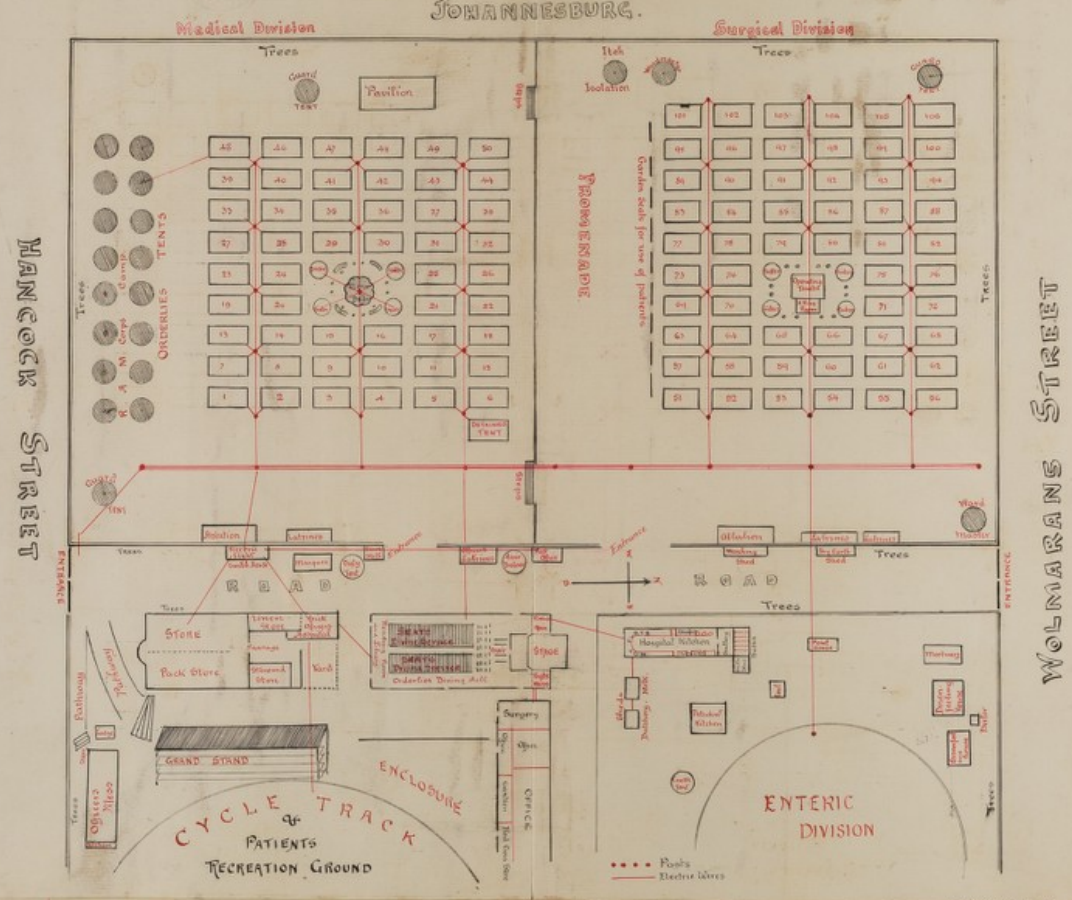


No 6 General Hospital  
Nacampoort and Johannesburg

Table showing the admissions (including transfers from other hospitals and Stations) and deaths due to Medical Diseases (excluding Enteric Fever) for each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February 23:2:00	148	1
March	625	4
April	887	12
May	674	9
June	59	3
July	436	1
August	483	4
September	447	5
October	666	2
November	619	5
December	642	3
January 1:1:01	729	4
February	539	4
March	462	1
April	319	3
May	253	3
June	326	9
July	102	4
August	115	3
September	66	3
Total	8678	83
Mortality		. 956

# DIAGRAM PLAN N°6 GENERAL HOSPITAL JOHANNESBURG.



ling transfers  
d deaths due  
n) for each  
September 1901

Deaths

- 1
- 4
- 12
- 9
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No 6 General Hospital Johannesburg



MEDICAL DIVISION



## Medical Division

The Medical Division consists of an average of fifty marquees, service pattern (both at Naamopoort and Johannesburg). They had wooden floors at the former station, and bottoms, tent, canvas at the latter. These were far more preferable on account of allowing more tent-room, being more portable, and rank grass did not grow underneath. Each marquee was equipped with seven spring beds, except in times of extreme temporary pressure of patients at Naamopoort, when up to nine beds had to be put into some of them; all other ward equipment as laid down by regulation was amply provided. Each marquee was electric lighted since August 1900, previous to which candle and oil lanterns were used. The comfort, cleanliness and saving of labour of the former was very appreciable. The marquees were arranged in parallel lines, a large space was left in the centre which was converted into flower-beds, and garden seats were amply provided for patients' use. At one side of the square all the sanitary arrangements in connection with the Division were carried out, viz: washhouse, latrines, urinals, &c (Please see heading "Sanitation"). The total number of cases treated in the Division was 8678. Brief sketches of the most important cases are attached, viz: Pneumonia, Dysentery.

### Pneumonia

The type of Pneumonia met with in No. 6 General Hospital \_\_\_\_\_

Specific infective diseases are well known to vary considerably in the type and character of their clinical and pathological features in different countries as well as at different seasons, and in no specific disease is





No. 6, GENERAL HOSPITAL



HOSPITAL MARQUEE



INTERIOR HOSPITAL MARQUEE



is this alteration in type so well illustrated as in the pneumonia of Southern Africa. During this Autumn and early winter (1901), at which time pneumonia is most prevalent here, it has commonly taken the form of a virulent blood infection, a pneumococcal septicæmia in which the local phenomena generally associated with pneumonia are either entirely absent, or do not develop until late in the course of the disease. The post-mortem appearances are quite in keeping with the clinical manifestations, and while only a small patch of consolidation or a localized pleurisy may be found in the chest, quite insufficient in themselves to account for death, the presence of numerous subserous, and at times also subcutaneous hemorrhages together with the constant existence of serous effusions, (frequently blood-stained), into the large serous cavities, and also into the cerebral ventricles, all point to the severity of the general blood infection. Bacteriological examination of these effusions, and of the blood, confirms the nature of the infective process, which it shows to be the result of a general invasion by a pneumococcus. This organism has on several occasions been demonstrated in the blood during life, further evidence of the extreme virulence of the disorder.

The following case typically illustrates the condition briefly sketched out above:-

J. L. James, a Compounder at No. 6 General Hospital, aged 31, was admitted on the 31<sup>st</sup> May with a history of having been slightly out of sorts and suffering from a cold for a few days previously. On admission his temperature was 105°F. He had a markedly anxious expression and there was general, though slight cyanosis. Careful examination showed









Centre of Medical Division



showed no physical signs either in the respiratory, circulatory, or abdominal systems, and his mind was perfectly clear. He gave one the impression that he was the subject of general and profound blood-poisoning by toxic organisms, whose specific character was not obvious, and one could only say that he was the victim of a most virulent septicæmia. Microscopic preparations showed the presence of the pneumococcus in the blood. This condition, varied by occasional, though transient, delirium, continued until June 5<sup>th</sup> when signs of a slight pleurisy developed. He died next day, having shown no further physical signs in a disease which was quite unaffected by treatment. At the post-mortem, made 12 hours after death, a small patch of pneumonic consolidation was found in one lung with an attendant pleurisy. This condition was quite insufficient to account for death, but in all the serous cavities, there was a large amount of serous fluid, and in this, as well as in the peculiarly tarry blood, there was ample evidence of the nature of the infection. The range of the temperature, though at times indicating a high degree of pyrexia, also illustrated the fact that, as one would expect in so malignant and depressing a process, the fever is commonly unduly low.

### Dysentery

Although true tropical dysentery has occasionally been observed among the cases under treatment, it is generally comparatively mild both in its symptoms and course, the variety of the disease admitted to this hospital being of the nature of an acute enteritis rather than true dysentery, and







Group of Marquees



and probably the result of infection by some form of bacillus rather than by the amœboid organism. Hepatic abscess so frequently the result of tropical dysentery, is comparatively rarely seen here, and when suppuration does occur in the liver it commonly produces a multiple and not a simple infection.

The treatment generally adopted, The most interesting fact to relate with reference to its existence here, and one attended by the most strikingly successful results may be summed up in the words "Saturated Sulphate of Magnesia".

To obtain the best results experience shows it to be of first importance to begin the course of treatment with a dose of castor oil, administered as early in the course of the disease as possible, followed every two or three hours by two teaspoonfuls of a saturated watery solution of the above salt. As a general rule, after twenty-four hours under such treatment the blood disappears from the stools; two or three days later bile generally begins to reappear in them; and finally, in from four to six days the characteristic slimy mucus is also absent, leaving a simple yellow watery motion. Apart from the speedy disappearance of blood from the evacuations the most striking result of the free administration of the salt is the diminution in the frequency of the stools, and the increase in the quantity passed in each motion, both of which conditions tend largely to relieve the distressing tenesmus so much complained of by the victims of the disease. As soon as bile begins to colour the motions the salt may be given much less frequently, and when the mucus disappears, one may simply either give a morning dose, or exhibit a mild astringent with equally good results. During the early









early part of the treatment, in order to obtain the best results the diet should be limited to either rice or barley water, and if milk is given it should be largely diluted; and it is of equal importance to be very slow to place the patient upon his ordinary diet even when the diarrhoea has ceased.

The treatment of the dysentery occurring in this hospital upon such simple lines, has not only been extremely satisfactory, but has also been very rarely attended either by the complications or the sequelae so frequently seen in acute dysenteric inflammation of the bowel.

Table of Statistics of all cases treated in the Medical Division, also those of Pneumonia and Dysentery attached

For ground plan of Medical Division see General ground plan of Hospital





# No 6 General Hospital Naauwpoort and Johannesburg

Table shewing the admissions (including transfers from other other hospitals and stations) and deaths due to Pneumonia for each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February (23:2:01)	1	nil
March	6	"
April	5	1
May	6	nil
June	nil	.
July	9	.
August	22	2
September	10	2
October	6	nil
November	3	.
December	nil	"
January (1:1:01)	2	"
February	1	"
March	3	"
April	nil	"
May	3	1
June	7	4
July	2	nil
August	9	1
September	1	nil

Total

96

11

mortality 11.458%

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# No 6 General Hospital Nacauwpoort and Johannesburg

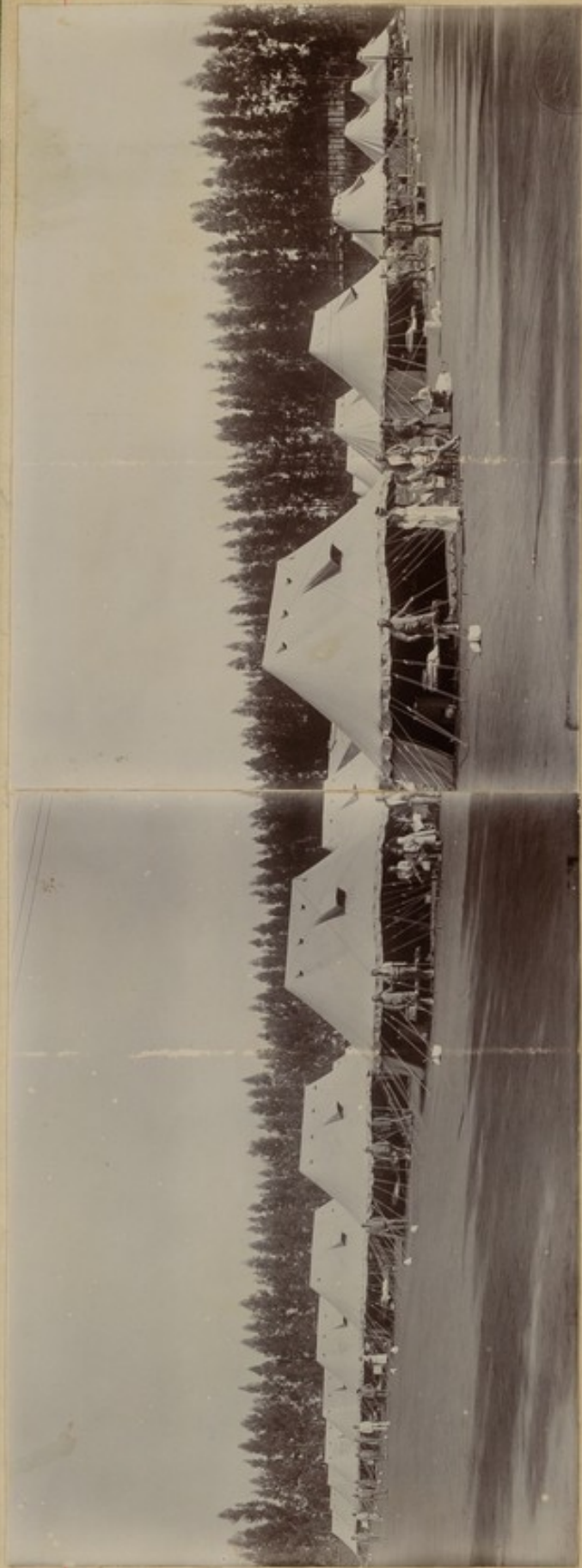
Table shewing the admissions (including transfers from other hospitals and Stations) and deaths due to Dysentery each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901.

Month	Admissions	Deaths
February (23.2.00)	35	1
March	202	9
April	272	12
May	189	8
June	8	2
July	43	1
August	34	nil
September	34	1
October	157	1
November	114	3
December	100	2
January (1.1.01)	54	2
February	44	3
March	52	1
April	58	2
May	26	2
June	11	nil
July	4	"
August	12	"
September.	5	"

Total 1454 50

Mortality 3.438%

No 6 General Hospital 2  
Johannesburg



General View  
Surgical Division



# No 6 General Hospital Naauwpoort and Johannesburg

Table showing the admissions (including transfers from other hospitals and stations) and deaths for Surgical Diseases for each month, from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February (23.2.00)	296	1
March	412	2
April	492	1
May	164	Nil
June	23	"
July	266	"
August	467	3
September	357	6
October	443	3
November	286	10
December	318	1
January (1.1.01)	483	5
February	356	4
March	238	1
April	228	1
May	169	4
June	222	8
July	105	2
August	114	2
September	47	1

Total

5532

56

Mortality

1.012%







Centre of Surgical Division



## Report on the Surgical Division

The Surgical Division, as a rule, consisted of an average of 40 marquees at Naamapoort, and 56 at Johannesburg, of the ordinary service pattern. At the former station each marquee had a wooden floor, but at the latter these were not available, and tarpaulins, (bottoms, tent, canvas,) were used instead, and are more healthy as rank grass and weeds cannot grow underneath. Each marquee was equipped with seven spring bedsteads with hair mattresses, blankets according to requirements, sheets, pillows, and bolsters. The wards were further equipped with one six-foot table and form, seven bedside tables; on each bedside table was the patients towel, knife, fork, spoon, plate, and bowl; one breadtray, one lounge chair, one ordinary chair, one table cloth, slop pail, bucket, tea-can, two night stools, commode, scrubbing brush, sweeping brush, pepper-pot, mustard pot, salt cellar, butter dish, dressing bowl, dressing tray, corkscrew, measure glass, soap dish, one basin and towel, looking glass, bass broom, and chamber pots. In the warm weather only the back curtains of the wards were left standing, the front curtains were removed every morning, and at night-time as much as possible of the marquees was left open, the result being that the wards were well ventilated and sweet. In Johannesburg the marquees were lighted by electric power which was a distinct advantage over the candle or oil lamps. The marquees were arranged in parallel lines and numbered, broad roads with white-washed stones marked the lines, which could be seen on the darkest nights, trenches were dug round each marquee and a perfect system of drainage was







Wounded Patients



Wounded Patients



Sick Patients



Seriously Wounded taking fresh air



Tea time



was maintained. No water ever found its way into a ward, even during the heaviest rainfall. The beds were arranged, five along the back wall facing to the front, and one on each side along the front face; this arrangement allowed ample room to move about. Each medical officer in the division had one marquee for his special cases, which economised nursing and reduced the roster of night duty to a minimum. In the centre of the division the operating theatre and X-ray Room stood; the theatre was 30 feet long by 30 feet broad, had six large windows and a large sky-light. For night use there were three powerful electric lights, one fixed and two moveable; the latter were invaluable, and no lamp however good could equal them for operations at night. It is recommended that when a permanent electrical current is available, as at present in this hospital, it should be used for the purpose of supplying the electric current to the X-Ray apparatus by means of a rheostat, thus avoiding the uncertain supply inseparable from the use of either accumulators or batteries.

### Instruments

The supply of instruments is inadequate. Had they not been supplemented by a series of indents and presents from various outside sources (which could not be reckoned on for future occasions,) it might have been difficult to cope with the large variety of cases which presented themselves. There was hardly any branch of surgery with which the Division had not to deal. A report on the inadequacy of the instruments was submitted some months ago.



















Surgical Division



Rue Victoria Naauwpoort.



### Anesthetics

Chloroform has proved itself to be the only practicable form of anesthetic in this dry climate. Ether was used on many occasions and proved unsatisfactory owing to rapid evaporation. A supply of nitrous oxide gas to a General Hospital would have proved to be of inestimable value in minor surgical operations, of which there were a large number; and would have avoided the inevitable risks attached to Chloroform anaesthesia. For ten months anaesthetics had been freely administered daily without any untoward effects, but in one week in November 1900 two deaths occurred during Chloroform administration. These cases have been duly reported and recorded.

### Gunshot and Shell Wounds

A few days after arrival of the hospital at Naamapoort 400 wounded were received from Paardeberg. The majority of the wounds were in an aseptic condition, which is the more remarkable considering the long period which elapsed between the engagement and their admission to this hospital, which proves a very strong testimony to the efficacy of the first field dressing, which was removed for the first time on admission. During the stay of the hospital at Naamapoort - four and a-half months - the wounds, with hardly an exception, were received in an aseptic state. Since arrival at Johannesburg the condition of the wounds, on the contrary was mostly septic. One explanation of this may be due to the fact that in the earlier stages of the war most of the wounds were received in large battles, where medical attention was always available, whereas in the latter cases a great many of the wounds were received in small skirmishes with













with isolated bodies of men, and sniping of scouts, where medical attention could not be so promptly supplied. In the second place the Boers have been using expanding and sporting ammunition for some months which caused great destruction of all tissues, with large entrance and exit wounds.

In the case of Mauser wounds there is a very small entrance and exit opening which heals rapidly, but on occasions when necessity for opening these wounds arose, it was invariably found, that there was a good deal of destruction of tissues along the track, and in fact in a few instances, long after both wounds had healed, it was necessary to reopen the wounds, owing to deep-seated abscesses.

Furthermore, in gunshot wounds of extremities, with apparently no injury to tissues, aneurisms subsequently developed. On the other hand, in many cases joints have been penetrated, the shafts of long bones drilled, and the thoracic, and abdominal cavities traversed, with apparently no after ill effects.

### Gunshot wounds of head with cerebral injury

The total number of cases admitted is not large, and the prognosis of any case was uncertain. In many instances, although the brain was completely traversed the ultimate results were satisfactory, the apparent severity of the injury affording little criterion for the prognosis. The cases of recovery were chiefly those where the frontal region of the brain was damaged. The experience gained in treating these injuries confirms the old established principle of early exploration and trephining of penetrating wounds of the skull.

In all cases examined either ante, or post mortem, extensive fracturing and splintering of the inner table was observed. The establishment of free drainage and the relief of tension, are essential, and it appears to be inexpedient in any case to







to suture closely the skin flaps.

### Gunshot Wounds of the Spinal Column

Wounds of the vertebrae were not infrequent, but in only four cases were there any symptoms of a cord lesion. In several instances portions of the vertebrae were fractured, without the integrity of the cord being impaired.

### Gunshot Wounds of the Thorax and Contents

These injuries, though at first sight apparently grave, proved on the whole to be less serious than any others. Haemorrhage into the pleural cavity in any amount was the exception. In those cases where it was great, aspiration was rarely required, as absorption and resolution rapidly took place; in those cases in which aspiration was performed, no further operative interference was usually required. A few cases of empyema, secondary to blood effusion, presented themselves, and in these resection of rib and free drainage proved invariably successful. Surgical emphysema was rare, and was not a complication of any moment.

### Gunshot Wounds of Abdomen.

Cases of the above generally arrived at hospital from three to five days after receipt of injury, and the prognosis was then of course unfavourable. There was only one case received within twentyfour hours of receipt of wound; he was in a moribund condition on admission, and died three hours afterwards, from internal haemorrhage. Among the remainder, were two cases which required surgical interference, for abscess occurring fourteen days after primary wound. Several cases of Mairer wound of the bladder have been recorded and these did extremely well, the only prominent symptoms being





being retention of urine and hæmaturia for a few days; extravasation was not a complication.

### Gunshot Wounds of Pelvic Bones.

In several cases of Mauser wounds, with clean entrance and exit openings, no crepitus was obtained on examination, but these cases subsequently showed extensive splintering and fracturing of the inner table of the ilium, resembling closely, bullet wounds of the skull.

### Gunshot Wounds of the Long Bones

The variety of injury in this class of case was great. Where the range could be accurately ascertained the injury to these bones was directly in proportion to the shortness of the range. In many instances a bone was grooved or tunnelled, more especially with regard to the femur, tibia, and humerus, without solution of continuity. Fractures the result of bullet wounds were generally comminuted, but these cases did well on the whole.

### Gunshot Wounds of Joints

A good many of these came under observation. In only one case were suppurative changes set up, and the ultimate results as regards movement were excellent. A very large number of wounds of the foot were treated, and several joints were of a necessity involved, but little permanent injury resulted.

### Amputations

Notwithstanding the many severe and compound comminuted fractures received, amputation of an extremity was only found necessary in ten cases, and in these cases traumatic gangrene had supervened and was







was the cause of the amputation.

### Result of Antiseptic Treatment.

The experience gained in this hospital showed that suppurative cases can lie side by side with aseptic cases with impunity, pointing to the efficiency of ventilation which can be so thoroughly and easily secured in a marquee. Almost all cases received into hospital in an aseptic state maintained that condition throughout their course. In major operations union by first intention was, almost without exception the rule, showing a better percentage than is exhibited in the wards of hospitals under the best conditions at home. This favourable result was probably due to the fact that the physical condition of the patients was excellent, and that the climatic conditions were equally favourable.

### Surgical Diseases.

Most of the ordinary surgical diseases met with in a civil hospital came under observation; naturally tumours, both innocent, malignant, and specific. Infective diseases, such as tubercle, were conspicuous by their absence. A very large proportion were urinary, or rectal; this was no doubt mostly due to exposure, wet and fatigue, conditions incidental to war. Varicose veins of all varieties were in the ascendant. The majority of the minor operations embraced the above diseases.

Veneral disease was never entirely absent but comparatively little was contracted in the country until the arrival of the troops at the large towns; even then its percentage was far less than might have been expected.

For ground plan of the Surgical Division see The general ground plan of the Hospital.



Table of statistics of all surgical cases given by  
month, and general total

Notes of a number of the more important  
cases are appended.

# No 6 General Hospital Naauwpoort and Johannesburg

Table showing the admissions (including transfers from other hospitals and stations) and deaths due to Gunshot Wounds each month from the 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February (23.2.00)	208	1
March	167	nil
April	169	"
May	18	"
June	nil	"
July	87	"
August	88	2
September	125	5
October	178	1
November	38	9
December	17	nil
January (1.1.01)	104	6
February	102	2
March	34	1
April	18	1
May	8	nil
June	121	8
July	12	1
August	21	1
September	1	nil

Total

1516

38

Mortality

2.502%





No 6 General Hospital  
Naamapoort and Johannesburg.

Medical Officers Reports on Operations

Gunshot Wound Right thigh Secondary Haemorrhage

2 Roy: Hds 4325 Pte Hedley, Albert, Age 28 yrs.  
Srv: 15 years.

Shot at Paardeburg 18. 2. 1900 by a ricochet from a Mauser bullet, while lying behind an ant heap right leg exposed.

Transferred by bullock waggon - a three days journey to Modder River Station, and thence to this hospital by train. Arrived 1. 3. 00. Three days since last dressing, slight oozing since journey began seven days ago.

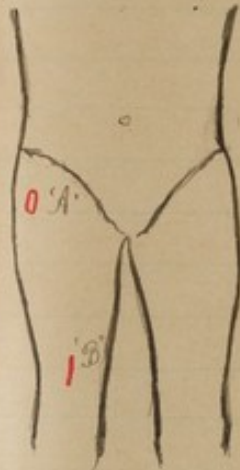
"A" 3" below ant. supr. spine of ilium indicates entrance of bullet.

"B". The extraction surgical wound 4" above the centre of upper border of patella.

On admission:- Was carried from train on stretchers, weather dark and raining in torrents. Immediately on being put to bed, wound was seen. Blood spouted in a large bright stream from "A". Compression digitally till help arrived, already  $\frac{3}{8}$  of blood was lost. Consultation held - and femoral artery tied in two places, where external circumflex artery was found injured, also the sheath of the femoral in Hunter's canal.

Convalescent 15. 3. 00.

Note:- Transferred to Base Hospital Cape Town  
7<sup>th</sup> April 1900.









### Bullet Wound of Left Chest.

No. L. Infy: 5504, Pte Payne. T. Agr 21 yrs: Ser: 2  $\frac{1}{2}$  yrs.

Admitted on March 1<sup>st</sup> 1900 from Paardeburg, was wounded Feb. 18<sup>th</sup>. Bullet entered beneath left clavicle, at junction of middle and outer thirds, and emerged between the 9<sup>th</sup> and 10<sup>th</sup> ribs posteriorly, a little to the outer side of the Erector Spinae.

on March 4<sup>th</sup> the left chest was aspirated through the exit wound posteriorly, and two and a half pints of fluid blood withdrawn with some air.

March 6<sup>th</sup> symptoms and signs still persisting, he was again aspirated in the same region, 3viij of blood and a considerable quantity of air being withdrawn. He was much relieved, and at this <sup>date</sup>

March 13<sup>th</sup> is progressing favourably.

Heart remained much displaced to right of sternum, positive pressure in left pleural cavity, much dyspnoea, and pain.

under chloroform on March 21<sup>st</sup>. 1  $\frac{1}{2}$  ins of 7<sup>th</sup> rib in posterior axillary line on left side, removed, much fibrinous clot and air in left pleural sac. Tube inserted. Blood stained serum about 3viij, much relief.

March 22<sup>nd</sup>. Heart has moved over to the left an inch and a half; Dyspnoea relieved greatly.

Note: This man was transferred to Base on the 9<sup>th</sup> May, for invaliding to England, much improved but wound still oozing.

### Bullet Wound. Right Leg Secondary Haemorrhage.

Welsh 5704 Private Lieut. Bask. T. B. Agr 20 yrs. Ser: 2 yrs: -

March 3<sup>rd</sup> 1900 Secondary Haemorrhage from bullet wound of right leg. Direction of bullet-track - obliquely, downwards, forwards, and outwards, behind tibia, at junction of upper and middle  $\frac{1}{4}$ <sup>th</sup> emerging in front between the bones, some 2 inches lower down. The femoral







femoral artery was controlled, as required by digital pressure.

Anæsthetic Chloroform,

An incision was made, having the ~~cut~~ exit wound from which the bleeding came as its centre. This was eventually prolonged to fully 4" in length. The tissues were cautiously divided to the interosseous membrane; ~~and~~ this was done with the fingers.

The tissues though aseptic, being soft and pliable.

The nerve was dissected out for a full inch, to make sure of its identity, the anæsthetic being lessened to allow of reflex movements.

The anterior tibial artery, some inches from its exit through interosseous membrane was found to be completely cut, and bleeding freely. The artery was soft and had to be tied  $\frac{1}{2}$ " from the cut end, the ligature below this, cutting through.

The distal end was ligatured also. A groove could be felt behind the tibia, as though cut by a large gouge, and the forefingers could be laid in this. No other vessel could be found bleeding so the wound was sutured and a drainage tube inserted.

Remarks: The great though local effect on the tissues caused by the bullet, and yet the absolute asepticity of the wound.

Note: Transferred to Gro: Hospital, Doulfontaine  
29<sup>th</sup> March 1900.

### Gunshot Wound of both Thighs

K. O. S. B. 3802 Private Hartley, James, age 27 Ser. 82.

Admitted on March 1<sup>st</sup> 1900 from Hodder River suffering from a gunshot wound of both thighs.

The bullet entered the left thigh, passed posteriorly to the bone, left the left thigh at a level higher than the entering wound; then entered the right







right thigh. passed anteriorly to the bone and the bullet lodged beneath the skin of the right thigh on the outer and right aspect. On examination, both entering and exit wounds were healthy, and healing, there was no apparent injury to bone, vessels, or nerves. The bullet could be felt just beneath the skin; the overlying skin was red, slightly inflamed, and on the way towards softening.

operation: March 6<sup>th</sup>

The skin was prepared the day before the operation and dressing of 1:40 Carbolic applied overnight. Anæsthetic used was local - A preparation of Cocaine, Morphine and Carbolic Acid.

The skin over the area of operation was well anæsthetised, a small incision made into the skin, (care being taken to select a healthy region of skin, near the bullet,) and the bullet shelled out. The bullet lay in a small quantity of opaque fluid; this was allowed to run out. The cavity well washed and aired, and the whole stitched up.

To eliminate the cavity a good pad was applied, the wound dressed with antiseptic dressings, and firmly bandaged. The patient was kept in bed for the next 4 days.

March 10<sup>th</sup> wound dressed - quite healed; stitches removed, and the part firmly bandaged again.

March 13<sup>th</sup> quite healed. All wounds healed.

Note: Discharged to attend from Convalescent Camp Naanopoort 18<sup>th</sup> March 1900

### Gunshot wound through Right Elbow

2 Roy: Hds 3412 Pte. Irous, Peter, Age 31 Service 12<sup>6</sup>/<sub>12</sub>

Was shot through the elbow at Paardeberg February 18<sup>th</sup> 1900. Was treated on the field, and again at Jacobsdal. In the latter place his arm was laid in a plaster splint.

Transferred to Modder River, and then to 4<sup>th</sup> 6 General Hospital on March 1<sup>st</sup>







on admission the splint was removed and the arm examined. Entrance wound on posterior aspect of arm, about 3" from the elbow joint, quite healed. Exit wound on ulnar side of forearm about 1½" from joint - exit wound elongated, dry and scabbed over.

The joint was very swollen, hot, discoloured and tender. No apparent fluctuation, swelling obscuring olecranon. Body temperature 99°

The arm and forearm were cleaned with turpentine and Carbolic 1:40, dressed with antiseptic dressing and put in plaster with the forearm at right angles to the arm; the whole suspended in a sling.

March 6<sup>th</sup>. Has much pain. Evening temperature 103°F. Plaster and dressings removed, on examination swelling much increased, tenderness, some boggiess. Exit wound now discharging thin pus-like fluid.

Diagnosis, Pus in elbow joint or about elbow joint. Decided on an immediate exploration. Patient prepared for operation March 7<sup>th</sup>. Anæsthetic, Chloroform.

Exploratory incision, over head of radius, and the capsule of the joint exposed. Tissues about healthy, joint contained fluid. A trocar thrust in, and thin blood stained serum, without smell, withdrawn. Trocar removed, wound cleaned, dried, and stitched up. Broken down exit wound now opened, and scraped to remove unhealthy granulations; some of the tissues here were necrotic, and gave off the odours of necrosing tissue; the wound well washed. The incision was carried upwards on to the arm, and the knife carried down to the bone. On introducing finger found T shaped fracture of humerus into joint; some small chips of bone which were removed; the bullet in its course tore through the capsule, and passed through the edge of the ulna; making a groove in the bone.







The wound was well irrigated, a cyanide gauze drain introduced and the wound stitched up, dressed with antiseptic dressing, and the arm bandaged to a posterior rectangular splint.

Dressed on March 8<sup>th</sup> 10<sup>th</sup> and 12<sup>th</sup>

on the 8<sup>th</sup> drain removed; little discharge; no swell, arm more comfortable; irrigated and dressed as before on the 10<sup>th</sup> and 12<sup>th</sup> dressed in same way. He feels much better, but temperature up every night, about 101°F. He has a furred tongue, and the wound seems to be progressing favourably.

Note Transferred to Gro. Hosp: Deelfontein, 29<sup>th</sup> March 1900

### Gunshot Wound - Hand

Welsh 3796 Re Hemming Joseph, Agr 28 Serv: 10 yrs

Gunshot wound, at 300 yards range 18.2.00

Bullet entered back of right hand at base of 1<sup>st</sup> metacarpal, splintered this bone and the proximal phalanx of thumb, the exit wound being very extensive, involving the thenar eminence.

It then passed through left hand splintering the 3<sup>rd</sup> metacarpal bone (distal end). Both these wounds are jagged and irregular in shape; granulations and suppuration, are abundant in all the wounds.

March 8<sup>th</sup>. He was put under an anaesthetic.

The thumb of the right hand was amputated at the carpo-metacarpal joint (a portion of the trapezium was missing, the proximal end was left).

The second finger of the left hand was amputated at the metacarpo-phalangeal joint and the splinters of the 3<sup>rd</sup> metacarpal bone removed, the usual racket incision being prolonged (on the dorsum of the hand) for that purpose.

Note: Transferred to Gro. Hosp: Deelfontein 29<sup>th</sup> March 00







## Bullet Wound - Right Arm.

Royal Canadians 7180. Re. Corley James Age 22 Serv:  $\frac{4}{12}$

14. 3. 00 Anæsthetic, Chloroform, operation for resection of ulnar nerve. The wound caused by a Mauser bullet at a range of about 300 yards, passed from the radial side of the right forearm, obliquely up to the ulnar side, emerging at junction of upper and middle 3<sup>rd</sup>. An incision was made over the line of the ulnar artery, just external to aperture of entry, a large mass of clot with scarcely a trace of decolorization, was found occupying the centre of the forearm, the disintegration of the tissues being very marked. Profuse arterial bleeding occurred at once and tourniquet was put on. The clot being cleared out, a most extensive dissection was made, as far as the state of the tissues would permit.

Not a trace of the nerve ends could be discovered though the main trunk was cut down upon, behind the inner condyle, and pulled upon by an aneurism needle, passed under it. This elicited only slight contraction of the upper part of the Ext. Carpi, Ulnaris. The bleeding was next dealt with, the ulnar artery being mainly the offending vessel. This had been partially severed by the original injury, and great difficulty was found in placing a ligature upon it; ligatures cutting through. The operation having lasted two hours, it was considered that further search under the conditions of the blood vessels, and tissues, was not justifiable. The limb was dressed, a drainage tube having been inserted, and a splint applied.

Note: Transferred to Gro. Hosp.: Deelfontein 29<sup>th</sup> March/00.

## Gunshot Wound "Shell" Left Forearm.

R. F. A. 33772 G. Trovford. S. Age 25. Service 1 yr.

Admitted on March 1<sup>st</sup> 1900 suffering from a gunshot wound "Shell" of left forearm; there was much loss of bone, the skin and muscles a good deal torn, both bones were fractured, On March 12<sup>th</sup>







March 12<sup>th</sup> incisions were made over Radius, and Ulna, and the fractured ends well exposed, about 1" of radius was found to have been shattered, and another 1" of the bone was dead. The latter was removed and 2" of the Ulna were removed, in order to bring the ends of both bones into apposition, this being done by ivory pegs, and silver wire; the arm was put in a position midway between supination and pronation, and placed in a rectangular splint with a "six" <sup>inch</sup> interruption to allow of frequent dressings and an internal splint to prevent rotation. The wound remained in the same septic condition, as on admission for some days after the operation; this improved after a fortnight, but although the ulna united, the radius never did, and when the man was transferred to Cape Town on May 10<sup>th</sup> small portions of bone were still coming away. He may have a fairly useful arm, if he is provided with a shield.

Note:- Transferred to Base Hosp<sup>l</sup>. 5<sup>th</sup> June 1900

### Stricture (Hard)

2 Foster 3310 Plt Bliss A. Age 26 years Serv. 8 years  
Patient had a hard stricture almost impermeable.

On 10<sup>th</sup> March 1900, a silver catheter was passed after great difficulty, but only a little urine came away, and it was mixed with blood. As the bladder was greatly extended, a supra-pubic operation was performed, and a large amount of blood clot removed, after which urine was able to be removed twice daily by catheter.

The man made a good recovery and was sent to England

Note:- Transferred to Base Hospital 7<sup>th</sup> April 1900.







122

## Bullet Wound (Head)

2 Bedford 3395 Pte. Tabony. E. A. Age 31 Service 10 yrs.

Admitted March 1<sup>st</sup> from Paardeberg - bullet lodged in left temporal bone, just behind auditory meatus.

Bullet extracted 4 days after being shot.

On admission here, there was a great amount of discharge from the wound and dead bone was felt below, this necessitated a 2<sup>nd</sup> operation.

March 11<sup>th</sup> he was put under Chloroform. The wound behind the ear was enlarged, a large piece of sequestrum, of mastoid process was removed, a depression was found in petrous portion of temporal bone, and from this a crack ran upwards into squamous portion, the sinus was opened and well scraped out. This man made a good recovery and was transferred to Base Hospital Cape Town on March 29<sup>th</sup> 1900

## Injuries from Railway Accident

A. O. Corps 3080 Pte. Surtees. H. Age 25 yrs. Ser: 7 yrs.

Was admitted to this hospital (suffering from injuries, the result of accident) at 10-20 pm. March 15<sup>th</sup> 1900.

On examination there was a compound comminuted fracture of the left tibia, with involvement of the knee joint, and the surrounding soft tissues. The leg being almost detached from the thigh.

A similar condition existed on the right side, the destruction of soft tissues, extending higher up the thigh.

Besides the above, there was a simple fracture of the right humerus in the middle third, and four fractured ribs, in the mid-axillary line on the right side. A lacerated wound over the right temple, and a considerable hæmorrhage from both ears. The right thigh was amputated







amputated in the middle third, the left just above the condyles. The arm was put in splints.

Brandy and coffee were given by the rectum.

Strychnia  $\frac{1}{10}$  gr. Brandy  $\frac{1}{2}$  hypodermically, but the patient gradually sank, and died at 12 midnight, from shock resulting from the above injuries.

Note:- Died from shock resulting from injuries.  
15<sup>th</sup> March 1900

### Bullet Wound - Left Forearm.

Welsh 4463 Pte. Williams J. Age 29 years, Serv. 10 yrs.  
March 28<sup>th</sup> 1900. Admitted from Bloemfontein.

Wounded at Driefontein by a mauser on March 10<sup>th</sup> on admission great swelling, and pain in left forearm. Bullet had passed obliquely through lower, and middle thirds.

March 30<sup>th</sup> Chloroform - incision made over swelling - clots turned out - great hæmorrhage for a few seconds. The whole forearm found dissected up by blood clot, incision along whole length of ploughed up tissues. Ulnar artery ligatured with silk, above and below a wound in it 3" above wrist. Ulnar nerve was inadvertently included in the ligature; but discovered and freed.

March 31<sup>st</sup> Doing well, free from pain. No symptoms from the temporary inclusion of the ulnar nerve.

Note:- Transferred to Base Hospital Cape Town  
7<sup>th</sup> April 1900

### Bullet Wound (Foot)

Essex 5041 Pte Banks C. Age 21, Serv. 2 years.

10. 4. 1900. Anaesthetic Chloroform. An incision was made some 2" in length, over the situation of the bullet, and slightly outside the line of the left Ant. Tibial at the bend of the ankle. The bullet was cautiously extracted and found to lie on the







the ant: ligament, without opening the joint.  
The bullet was a mauser intact.  
Note - Discharged 27. 4. 00. to Convalescent Depot.

### Bullet Wound

2 Gloster's 3333 Pte Dommelt A. Age 27 years Ser: 9 yrs.  
26. 4. 1900. Localization of bullet behind right femur,  
at junction of middle and upper thirds.

Anæsthetic, Chloroform & Ether. An incision 4" in  
length was made, and the Biceps Cruris, separated  
from the semimembranosus. The Sciatic nerve  
drawn to the inner side. The bullet was found close  
to the post: surface of femur, and very fixed.

It was peeled out with a retractor, and found to be  
mauser, buckled up to a right angle, the case split  
and had core protruding.

On examination showed splintering of inner edge  
of the femur, and one large splinter, an inch in  
length, was removed.

Note: Transferred to Base Hospital Cape Town  
6<sup>th</sup> May 1900 - Convalescent.

### Structure of Urethra

2 E. Yorks, 3483 Pte. Adamson C. Age 30 yrs. Ser: 9 yrs.

Patient admitted May 8<sup>th</sup> suffering from  
stricture of urethra, impermeable to catheter.

Bladder punctured above pubes, and drained for  
48 hours. Anæsthetic, Chloroform.

May 15<sup>th</sup> Peri urethral abscess, which had formed  
posterior to site of stricture, was opened in two  
places, (immediately in front of and posterior to  
scrotum) and drainage tube passed along whole  
track of cavity, emerging on both aspects of  
scrotum through the respective openings made.  
Anæsthetic, Chloroform.

There was no extra oozation of urine, either  
before or after the operation. Patient improved







improved considerably, and was transferred to Base for invaliding to England.

Note - Transferred to Base Hospital, Cape Town,  
2<sup>nd</sup> June 1900 Convalescent.

### Inflammation of Middle Ear.

R. H. A. 23924 D<sup>r</sup> Hammond. L. Age 21 yrs, Ser. 2 yrs,  
1.5. 1900. An incision was made down to the left  
mastoid. Anæsthetic, Chloroform.

The outer shell of the mastoid was found perforated  
just below its centre. This opening was enlarged,  
and the greater part of the mastoid found occupied  
by soft gelatinous tissue, resembling exactly  
tubercular granulation tissue. This was freely  
scraped away, and fragments of dead bone  
removed, till bleeding bone was arrived at. The  
posterior meatus wall, was not removed, but the  
lateral sinus was reached in one spot. Hæmorrhage  
free, but easily controlled by light plugging.

Drainage posteriorly.

Note - Transferred to Base Hospital 9<sup>th</sup> May 1900

### Gunshot Wound (Thigh)

Boer Prisoner Van de Merwe. P. W.

Admitted 7.5. 1900. Large diffuse traumatic  
aneurysm of Femoral artery, resulting from  
gunshot wound of thigh.

Anæsthetic Chloroform. An incision 6" long was  
made along the course of the femoral artery,  
from the middle of Scarpa's Triangle, downwards.  
Digital compression failing to control the hæmorrhage,  
a tourniquet was applied; on the deep fascia being  
incised, a large quantity of blood clot escaped,  
and prior to the application of the tourniquet  
considerable hæmorrhage from the part of the  
artery below the wound. All the clot having  
been cleared out a careful search was made





made for the artery, after some difficulty the artery was defined, and was found to have a wound about  $\frac{1}{4}$ " in length on its anterior surface. Silk ligatures were applied above, and below the wound, and the intervening portion removed. At this stage of the operation the patient's pulse became very weak. Two pints of normal saline solution were infused into the median basilic vein of the left arm, with considerable benefit to the patient.

The wound was then closed and dressed.

Transferred to Sec: 6 Gen: Hosp: Naamapoort 9. 7. 00

### Multiple Injuries sustained on Railway.

3 South Lanc: 6826 Pte Tucker. A. Age 35. Ser: 4 yrs.

Patient was admitted at 11 pm, 6. 6. 00 having been brought down by train from Linsburg about 4 hours after injury. Injuries sustained by being struck by an engine on line.

Not much shock on admission. Patient conscious.

Right hand crushed across metacarpals. Compound comminuted fracture, of right radius and ulna above wrist joint, and involving joint. Whole limb in a very dirty condition. Three deep scalp wounds over vertex; fracture felt in right parietal bone.

Operation - Circular amputation of forearm above wrist joint. Wound now healed by first intention.

18. 6. 00 Scalp wounds enlarged, cleaned with turpentine and carbolic lotion. No depressed bone felt. Wounds sutured with silk - healed by first intention.

Note: Transferred to Base Hospital Cape Town  
23<sup>rd</sup> June 1900







### Varicose Aneurism of Posterior Tibial Artery

Imp<sup>t</sup>. No. 10187 Sergt. Reeves. J. Age 35 Serv.  $\frac{6}{12}$

Admitted suffering from gunshot wound right leg. varicose aneurism of post. tib. artery. was diagnosed, and on August 28<sup>th</sup> 1900. he was placed under chloroform, an incision 5" long was made, junction of gastrocnemius was defined, and bellies separated; the popliteal artery was then found and traced to its bifurcation, a small aneurism was found, ligatures were with difficulty applied to both vein, and artery, above and below the aneurism. The sac of the aneurism was found to be directly continuous through the track of the bullet, with the centre of the tibia, on removing the tourniquet a considerable amount of venous hæmorrhage took place from the aneurism, apparently from a venous sinus in the bone, a gauze plug was passed through the sac of the aneurism, into the centre of the bone, and several other small plugs were applied in order to stop hæmorrhage.

The upper and lower parts of the wound, were then closed and dressings applied. Two days after the operation, the plugs were removed, and there was no further bleeding.

Case did well and patient was invalided to England. 1. 11. 00.

### Gunshot Wound Left Thigh

Boer Prisoner Uys. P. J. Age 28

Admitted suffering from gunshot wound left thigh. The bullet was shown by X rays, to be lying beneath the inner head of the gastrocnemius muscle. Patient placed under chloroform, an incision was made on inner side and below the popliteal space, and the bullet was found lying deep down, parallel and close to the artery, it was removed, and patient made a good recovery. Discharged 17.12.00. Fort J<sup>h</sup>burg









## Amputation of Thigh

Inn: Fus: 1566 Plt: M<sup>c</sup>. Grea. I. Age 24 Ser: 8 yrs

Admitted on August 28<sup>th</sup> 1900 for shell wound; a Pom Pom shell having passed through the calf muscles three days previous to admission. The leg was swollen and gangrenous, and covered with blebs, very foul odour, traumatic gangrene marked, amputation through lower third of thigh was performed, four hours after admission; posterior flap found to be oedematous, and septic, wound sloughed, but was kept with edges approximated by strapping, Dressed twice daily for three weeks, wound then healed, lower end of femur well covered by flaps.

Patient invalided to England 1. 11. 00.

## Aneurism

Imp<sup>t</sup>. Yeo: 10495 Sergt. Bibby. J. I. Age 31. Ser: 6 1/2

Admitted into hospital with large aneurism of right axillary artery. He stated he had "kick" from a horse two years before on the same spot; he never felt any inconvenience from it until coming on active service, and he attributed his present condition to the kick of his rifle.

He was placed under Chloroform and the right subclavian artery ligatured in its third stage; the artery was found perfectly healthy. The deep fascia, and skin, were united separately. The aneurism after ligature, contracted to the size of a large walnut. Collateral circulation established rapidly, but radial pulse was not felt for four weeks.

Patient sent to England recovered 6. 10. 00.





### Ununited Fracture (Left Tibia)

K. S. L. Inf: 3609 Pte: Nicholls, A. G. Age 26, Ser: 11 yrs.

Patient had a railway accident at Frederickstad, on admission left tibia was found to be badly fractured, and almost compound; much effusion of blood into the tissues, traumatic gangrene threatening. The leg was simply raised, and tied up in open pillows for eighteen days, then back splints no union resulted.

on October 16<sup>th</sup> the fracture was exposed by a longitudinal incision along the crest of the tibia overlapping of bone and little callus discerned, overlapping fragments were chiselled away, fresh medullary surfaces were approximated, edges of bone were wired (silver wire). Wound dressed twenty-four hours afterwards. Temperature remained normal since operation, position of fragments remained very good, wound healed by first intention and good bony union resulted.

Patient invalided to England with a good leg

### Aneurism of Right Femoral Artery

Imp: Yro: 1138 Sergt: Bacon, H. Age 26, Ser:  $\frac{7}{12}$

Admitted into hospital, suffering from a gunshot wound of right thigh, on examination it was found that an aneurism about the size of a tangerine, existed in the lower third of the femoral artery. Patient was treated for three weeks, and was got into a good state of health. It was then considered advisable to operate. Patient was placed under Chloroform, an incision four inches long was made over Hunter's Canal having the aneurism at the centre; the aneurism was found to have a thin, friable sac, partly formed by the femoral vein; the artery was tied above and below the aneurism. The vein was full of soft clot, and in a most rotten condition, so much so that it was of necessity tied in two places two inches apart. Patient stood







Stood operation well; collateral circulation was good in leg, three hours later.

Patient did very well, and was invalided to England cured.

### Removal of Portions of Vertebral Column.

Imp. Yrs: 8042 Pte: Ellis. W. Age 20. Serv:  $\frac{6}{12}$

Admitted to hospital suffering from gunshot wound, involving spine, a lumbar abscess formed and was opened. Pyrexia continued for five weeks, the first incision was then enlarged, large fragments of bone from transverse processes and sides of the lumbar vertebrae were removed; there was no paralysis; wound irrigated daily with perchloride lotion. Pyrexia ceased, result very good. Patient invalided to England.

### Compound Comminuted Fracture of Right Leg.

2 Rifle Brigade 9926 Serg: Gunn W. Age 30. Serv: 11 yrs.

Patient admitted with compound comminuted fracture of both bones right leg, wound very septic, and as the kneejoint was getting infected, the patient was placed under chloroform, and amputation was performed in middle third of thigh. Two days afterwards well marked pneumonia of a septic type made its appearance, and four days after the operation patient died, from septic Pneumonia.

Died 7<sup>th</sup> Sept: 1900.







## Removing Head of Humerus

17<sup>th</sup> Lancers 3435, Sgt. Clarke. H. Age 24. Serv: 8 yrs.

Admitted a long time after receipt of injury, he had a gunshot wound of right arm, with shattering of the Humerus; he was under treatment in other hospitals for a considerable time, on admission to this hospital an "X-ray photo was taken of the arm, and the bone was found to be <sup>un</sup>united, the upper fragment was cone shaped and dead. Chloroform was administered, an incision was made behind the deltoid muscle, and the whole of the upper fragment was removed, wound healed and the patient was invalided home to England.

## Abscess of Liver

2<sup>nd</sup> Cheshire 3060 Pte Fisher. A. Age 28 Serv: 10 yrs.

Admitted with dysentery on Nov. 22<sup>nd</sup>, 1900, and on Dec. 8<sup>th</sup> was transferred to Surgical Division, with abscess of liver. On Dec. 9<sup>th</sup> patient was chloroformed, and liver explored with an aspirator, and pus found; an incision about two inches long was made over the eighth rib in the axillary line, the periosteum was removed and about one inch of rib excised, about an inch from the surface of the liver, a large abscess was opened, the contents were thick and caseous, a large sized drainage tube was inserted.

The patient died very quickly, and at the post-mortem, it was discovered that his liver was literally riddled with abscesses.

## Removal of Tumour from Antrum

2<sup>nd</sup> Cheshire 6244 Pte Walls, Age 25, Serv: 1 year.

Admitted with a large swelling of the left superior maxilla, tumour of antrum was diagnosed. Patient placed under Chloroform. An incision







incision in the gum was made above the upper teeth, on the left side, and the flesh was dissected upwards, the front wall of the antrum was gouged out, and a large osteoma, which completely filled the cavity was removed.

The case did well and was invalided to England.

### Ligature of Femoral Artery

Imp! Yeo. 3120, Pte. Pearson, H, Age 22. Service 1 year.

Admitted into hospital suffering from two gunshot wounds caused by the same bullet.

The bullet entered middle third of right thigh on the outside, passed behind the femur and emerged about three inches above the inner condyle, it then entered the left leg behind the internal condyle of femur, and passed through popliteal space and emerged on its outer side, about three inches on a lower level. In the right leg the femoral artery was injured, and in the left leg the popliteal. On admission it was found that there was a very large diffuse aneurism on inner side of right thigh, below which the leg <sup>was</sup> oedematous; there was a diffuse aneurism occupying the left popliteal space.

The patient was in such a low condition it was considered advisable to postpone operation for a few days, but as his temperature remained high and he was getting worse and tension was great, operation was decided upon. He was placed under Chloroform on 8<sup>th</sup> March '01. An incision 5" long was made over the centre of the swelling in the right thigh, having the exit wound nearly in the middle, an enormous amount of organized and semi-organized blood clot was removed; the artery was now found perforated, in Hunter's canal, just above the origin of the anastomosis magna, the artery was ligatured above and below the wound and the anastomosis







anastomatica magna, about half an inch from its origin.

The operation was practically bloodless. Doing well 14.3.91

### (a) Ligature of Popliteal Artery

The same patient as before for ligature of femoral artery. The aneurism of left leg was apparently getting larger, and more tense, and as the patient had improved in health since previous operations, an operation on the left popliteal was decided on. Patient placed under Chloroform on 19<sup>th</sup> March, an incision three inches long was made over the centre of popliteal space. The blood clots were bound down to the limits of the popliteal space. They were turned out, and the artery was found to be perforated. The vein and nerve were intact. The walls of the artery for half an inch on either side of the wound were disorganized, a ligature was applied 1½" above, and a second 1" below the wound. The flesh wound was then closed except at the lower end where a drainage <sup>tube</sup> was left in. The patient is doing remarkably well, and the prognosis favourable. Still in hospital 1.4.01  
Note: Transferred to Base Hospital Natal 5<sup>th</sup> May 1901

### Gunshot Wound, Left Arm, Thigh & Buttock.

Aust. Bush: 126 Re. Kalston. G. Age 22 yrs. Serv. 1½

Struck in left arm by "Pom Pom" shell, also while lying on the ground, wounded in left thigh, and buttock by shrapnel bullets. Thigh and buttock practically healed; when brought into No. 6 General Hospital. Humerus had been operated on three or four times previously, and fragments of humerus removed 24<sup>th</sup> Nov: 1900, about three inches shortening of arm, ununited fracture of left humerus, sinews leading down to fracture discharging very fetid pus. Soft parts round injury swollen, and unhealthy looking. Chloroform administered. Cut down on fracture



Sp. Stewart J. L. H.





fracture removed about 1" of lower end of upper fragment, and  $\frac{3}{4}$ " from upper end of lower, introduced two wire sutures through ends, and brought parts into position. Angular and shoulder splints applied.

30<sup>th</sup> Nov: 1900. Profuse suppuration round shoulder, and under deltoid. Anterior soft parts covering humerus, at seat of operation, sloughed away. Warm boracic fomentations and irrigation constantly applied.

15<sup>th</sup> Jan: 01. Splints removed and arm put up in Plaster of Paris with shoulder cap. Aperture being left over seat of operation for dressings.

29<sup>th</sup> Jan: 01. Invalided home, wound healed, good bony union, useful arm resulting.

### Gunshot Wound Left Thigh Right Arm

J. L. Horse 1168. Spr. Cole W.S. Age 21, Serv:  $\frac{5}{12}$  year.

11<sup>th</sup> Jan: 01, Gunshot wound through thigh, causing compound comminuted fracture, through upper third of left femur. Chloroform. Opened up wound, washed out well with Carbolic lotion, placed fractured parts in position, closed wound with sutures. Applied long liston's splints, and extension, by pulley and weights. 20<sup>th</sup> Feb. 1901. { whole leg put up in plaster of Paris, extension by weights still kept up.

12<sup>th</sup> March 1901 Patient going sound on crutches, using the leg slightly; good result. No shortening. Shortly afterwards discharged to his depot.

### Gunshot Wound Left Leg

Impl: L. Horse, 1203. Spr. Stewart J.P. Age 26, Serv:  $\frac{7}{12}$ ,

7<sup>th</sup> Jan: 1901. Gunshot wound in left leg. Compound comminuted fracture.

Chloroform. Found Hauser bullet, struck crest of tibia, about middle of bone, bullet burst from nickel casing, and spreading caused very severe wound, completely shattering tibia, making a large ragged wound of exit, dividing ant. tibial artery





Spr. O'Hagan J.L.H.





in its course, nearly the entire middle third of tibia had to be removed. The casing of the bullet traversed the leg downwards, and was removed beside the tendo-achilles. bleeding points were ligatured, drainage tubes introduced and the whole leg swung in a Salter's cradle, with side splints. The fibula was not injured. There was profuse suppuration through tubes for four weeks, and a few small splinters became detached, and were removed.

25<sup>th</sup> March '01 the leg was put up in Plaster of Paris, and let get about on crutches.

16<sup>th</sup> April '01 Patient discharged to his depot, result good, leg quite healed, good use of ankle and knee joints and no shortening of leg.

### Gunshot Wound. (Back).

J. L. Horse, 1224 Spr O'Hagan. H. Age 26. Serv: 1 year.

Admitted to No 6 General Hospital on

4<sup>th</sup> Jan'y '01.

Gunshot wound over region of kidney, on admission he was found to have hyperaesthesia across both sides of back, in lumbar and lower dorsal regions, also he had only partial use of either leg, when put on his feet his body was bent at right angles, and he was quite unable to straighten himself.

There were five attempts made to localize the bullet by means of X-rays, and it was not until there was an exposure of over an hour given, with a 12 spark coil, that any result was produced. The bullet was seen deep down partially imbedded in the spinal column, at about the junction of the 1<sup>st</sup> and 2<sup>nd</sup> lumbar vertebrae.

Patient was put under Chloroform and bullet removed with considerable difficulty. The progress of the case was satisfactory, but quite uneventful, and he was discharged to his depot. April 16<sup>th</sup> 1901, he had good use of both legs, was able to get about with the aid of a stick, and able to hold himself fairly erect.









Abscess

14<sup>th</sup> Lanciers, 4466, Plt. Andrews. W. Age 21, Serv. 3 yrs.

Admitted from Barberton on 9<sup>th</sup> Oct. 1900, suffering from S. C. Fever.

Was admitted to the Medical wards on Oct. 9<sup>th</sup> 1900,

Transferred to the Surgical Wards on Oct 15<sup>th</sup> 1900,

operated on Oct. 16<sup>th</sup> 1900.

Introduction: no definite history of injury, strain or tuberculosis. When admitted was suffering from severe shooting pains in the left lumbar, and hypochondriac region, temperature  $103^{\circ}F$ .

On examination there was a deep swelling in the left loin, very tender, and fluctuant. An exploration was decided upon, and if necessary an operation.

Operation October 16<sup>th</sup> 1900.

Chloroform was administered.

An exploring needle was thrust into the swelling and a cavity with pus was discovered. An incision was made over the swelling, and carried into a large lumbar cavity. On introducing the finger, the cavity was found to extend upwards to the upper lumbar spines, the bodies of which were covered with granulations, and downwards into the iliac fossa. Several pints of tuberculous broken down material was let out, two drainage tubes were introduced into the cavity (one leading upwards, the other downwards), the lumbar fascia was stitched to the skin, and the wound dressed in the usual way. The patient recovered well from the operation.

October 22<sup>nd</sup>. Since the operation the wound has been irrigated daily with boracic, and the discharge has much diminished and remains sweet.

The patient's temperature has come down to normal, his appetite has improved, and looks much better since operation.

Progressing favourably.



151  
Corpl Wright J. G.



### Gunshot Wound Pelvis & Bladder.

Imp: Fro: 102 Spr: Warren. C. Age 26. Serv:  $\frac{10}{12}$ .

Gunshot injury to pelvis and bladder,  
Admitted for mauser wound, through the pelvis  
involving the bladder.

Median Perineal Section was performed, The contents  
of the pelvis was found to be rather torn, and the  
neck of the bladder ruptured. The bladder was  
drained, He improved for some days after this  
operation, and as his temperature ran up, he was  
placed under Chloroform and a few incisions  
made into a large abscess, The result of above free  
drainage, had immediate good results, That was  
succeeded by septicemia, and death.

Post-mortem showed suppuration in pelvis  
in spite of free drainage.

### Gunshot Wound (Ilium).

C. I. T. 264 Pte Thick.

Patient received gunshot injury at Fredrickstad,  
10 days before admission; bullet entered just below  
anterior superior spine right ilium, and emerged  
through right sacro-iliac articulation; a lot of  
dead bone was removed by posterior wound, and  
anterior wound was dressed with gauze inserted  
through the pelvis, The posterior wound became  
very foul, and was apparently infected, from the  
close proximity to the intestines; The patient  
developed delirium, and died, 10 days later; at  
autopsy, The whole of the inner table of the Ilium  
was found to be shattered, "no crepitus was  
obtainable through life," and a large foul retro-  
peritoneal abscess was discovered extending  
upwards to the kidney region.





Proper Hook. I. G.





Gunshot Wound (left foot)1<sup>st</sup> Derby Regt.

Cpl. Wright. I.

Wounded at "Kalkfontein" Transvaal on May 29<sup>th</sup> 1901.  
Patient was shot at about a range of 600 yards,  
whilst retiring.

Entrance wound on sole of left foot about 1" from outer side of foot and  $\frac{1}{2}$ " in front of fifth tarsometatarsal joint.

Exit wound on dorsum of foot about 1" further forward and a little further from the outer side of the foot than the entrance. Bullet probably Mauser. Dressed, 1<sup>st</sup> field dressing. Treatment, wet carbolic dressings, and syringed through with carbolic 'one lb. in forty'. A good deal of discharge, and now and again foot swells up and gets painful. Dead bone can be felt about the base of 5<sup>th</sup> metatarsal, and two or three small pieces have come away.

Gunshot Wound Left ThighCq<sup>l</sup>. Impl. Tro.

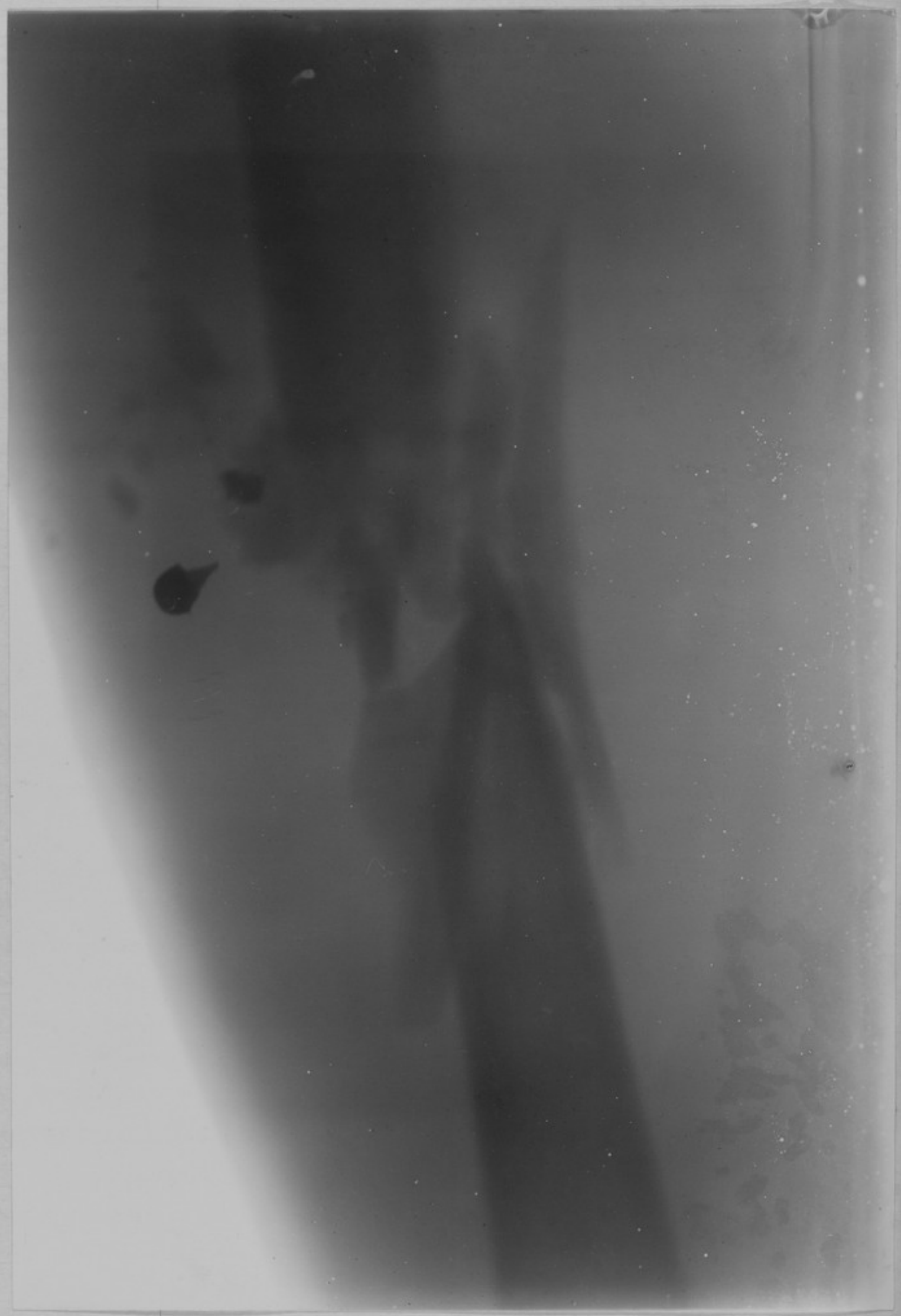
Tpr. P. W. Foot.

Wounded at Basfontein, Transvaal, on May 26<sup>th</sup> 1901, wounded whilst leading his horse, at a range of 180 yds. Bullet probably Martini Henry.

Entrance wound on inner side of left thigh, about the middle.

Exit wound about  $1\frac{1}{2}$ " above the entrance wound, on the outer side of the thigh. Dressed at first with field dressing, and rifle splint, next day a liston's long splint.

On admission on 4<sup>th</sup> June, to General Hospital, splint reapplied, and extension by sand bag of about 9 lbs put on. On examination on admission, the wounds were found to be healed well, with practically no discharge. Left thigh found to be fractured about the middle of the shaft; not much displacement of fragments. Later, on June 24<sup>th</sup> the leg was put in plaster of paris, fixing the hip and knee joints, and extension by sand-bag continued. The wounds, both healed in ten days.





155  
Pte J. Porter. 1st Derby Regt





### Gunshot Wound (Sacrum).

'Derby Regt. 4136 Pte J. Porter.

Wounded at Klakfontein on 29<sup>th</sup> May 1901.  
Transferred by convey to Krugersdorp, and by No 4  
Hospital train to No 6 General Hospital.

The bullet, a Lee Metford, entered behind, over middle of sacrum, about 2" from middle line. The track of the bullet was in an upward and inward direction. Probing failed to locate the position of the projectile. The accompanying X-ray was taken, and bullet located, where indicated in the photograph. A free incision was made on June 7<sup>th</sup> and the bullet removed. Wound dressed antiseptically. Rapid recovery ensued, and he is now walking about, but still suffers from neuralgia of the scar, and muscular rheumatism.

This was an aseptic wound from the commencement.

### Gunshot Wound (Heel)

Boer Prisoner Pieter Vermass

Wounded near Ventersdorp, on 14<sup>th</sup> January 01, was transferred to No 6 General Hospital, on 24<sup>th</sup> Apr. History; Wounded in Right Heel, through boot, on Jan 15<sup>th</sup> at unknown distance. There was a wound of entrance on outer side of foot, at a point corresponding to calcaneo-cuboid articulation. An exploration had been made at Klerksdorp, but no bullet discovered, though some pieces of metal, supposed to be fragments of spur, were removed. Two days after admission here, the heel was inflamed, and two long sinuses leading down to exposed bone, both discharging pus, existed. X-ray located the bullet apparently lying on the Os Calcis. An incision was made over the position indicated, but the bullet could not be found until clearing round the posterior aspect of the bone, when the end of the bullet was found projecting from the body of the bone. The wound was dressed antiseptically and a good recovery ensued after two months in hospital. He was discharged on June 22<sup>nd</sup>, and has since been deported.





157  
Prisoner of War 'German'.





Gunshot Wound Thigh.

Imperial Light Horse. Lieut Gordon.

Admitted 19.12.00. Two days before admission patient was explaining the working of a Mauser pistol, to his men. It went off, the bullet entering the inner surface of the lower third of the thigh, It passed backwards, downwards and outwards.

On admission the temperature was  $102^{\circ}$ , pulse 120;

Patient complained of pain in and around the wound. The foot was cold and somewhat blue, and the leg was edematous. Patient's condition was much worse this morning. pulse 120. Temp.  $103^{\circ}$ . Coldness and edematous condition of his legs has increased.

Operation: Amputation by anterior, and posterior flaps. Tissues of posterior flap in an edematous condition. Six days after amputation secondary hæmorrhage from posterior flap. Examination of the limb after removal showed occlusion of the popliteal artery, and vein, and considerable hæmorrhage round the artery. The wound was opened and small vessel in the posterior flap secured and ligatured.

Patient was discharged on February 18<sup>th</sup> 1901

Gunshot Wound Arm and Thigh

2<sup>nd</sup> Dragoon Guards. Lieut. Finlay.

Admitted, Jan: 7<sup>th</sup> 1901. Gunshot wound arm, and thigh. On admission, four days after receiving the injury, all wounds were clean, and healthy. The entrance wound was situated over the middle of the bend of the elbow; The exit wound over the posterior and outer surface of the forearm. There was a considerable collection of blood in front of the elbow-joint, but no pulsation or murmur was detected.

January 14<sup>th</sup> On examination of the arm today, a well defined pulsating swelling giving a continuous thrill could be felt.

On auscultation, a murmur audible through





159  
La Corpe / Bell. J.G.



Through the whole cardiac cycle was heard.  
 Diagnosis: Toricose aneurysm of Brachial Artery.  
 Operation: An incision three inches long was made over the swelling. The vein, median Basilic, was ligatured above and below the communication with the aneurysm. The artery was ligatured above and below.

The subsequent history of the case was uneventful, the wound healed and patient was invalided to England.

### Gunshot Wound Thigh

69<sup>th</sup> Impl: Tro: 224<sup>th</sup>, Lce: Cpl. Bell.

Wounded at Vlakfontein May 29<sup>th</sup> 1901.

Admitted to No 6 General Hospital on June 2<sup>nd</sup>.

On examination the entrance wound was situated on the outer surface of the middle third of the thigh. The bullet had passed upwards, and backwards, the exit wound situated on the inner aspect of the upper third of the thigh. There was a slight drainage of pus from the exit wound; the entrance was almost completely healed.

The bullet in its course had fractured the femur with comminution.

Patient was placed under Chloroform. An American extension, plaster of paris and a long outside splint applied.

The wounds have healed and after removing the splint, the femur was found to be united with  $\frac{3}{4}$ " shortening.

Photograph attached.

### Gunshot Wound Arm.

1<sup>st</sup> Derby Regt: Pte. Caroline,

Wounded at Vlakfontein on May 29<sup>th</sup> 1901.

Admitted June 2<sup>nd</sup>. Entrance wound posterior surface of upper part of right arm. Exit wound





161

Pt Caroline





wound inner surface of arm. Slight discharge from both wounds, plaster of paris splint applied, openings made for wounds.

July 20<sup>th</sup> Humerus quite united, and firm.

Entrance wound still discharging pus.

Attached photo: shows fracture, and extensive comminution.

### Shell Wound Leg

Boer Prisoner De Winter.

Admitted Oct. 24<sup>th</sup> 1900. Shell wound of leg received in action at Fredrickstad, two days before admission.

Extensive compound comminuted fracture of bones of right leg, after a detailed examination under Chloroform, amputation was decided upon.

Amputation through knee joint by Carden's method.

Wound healed well, and patient was discharged to The Johannesburg Fort.

### Removal of Cyst

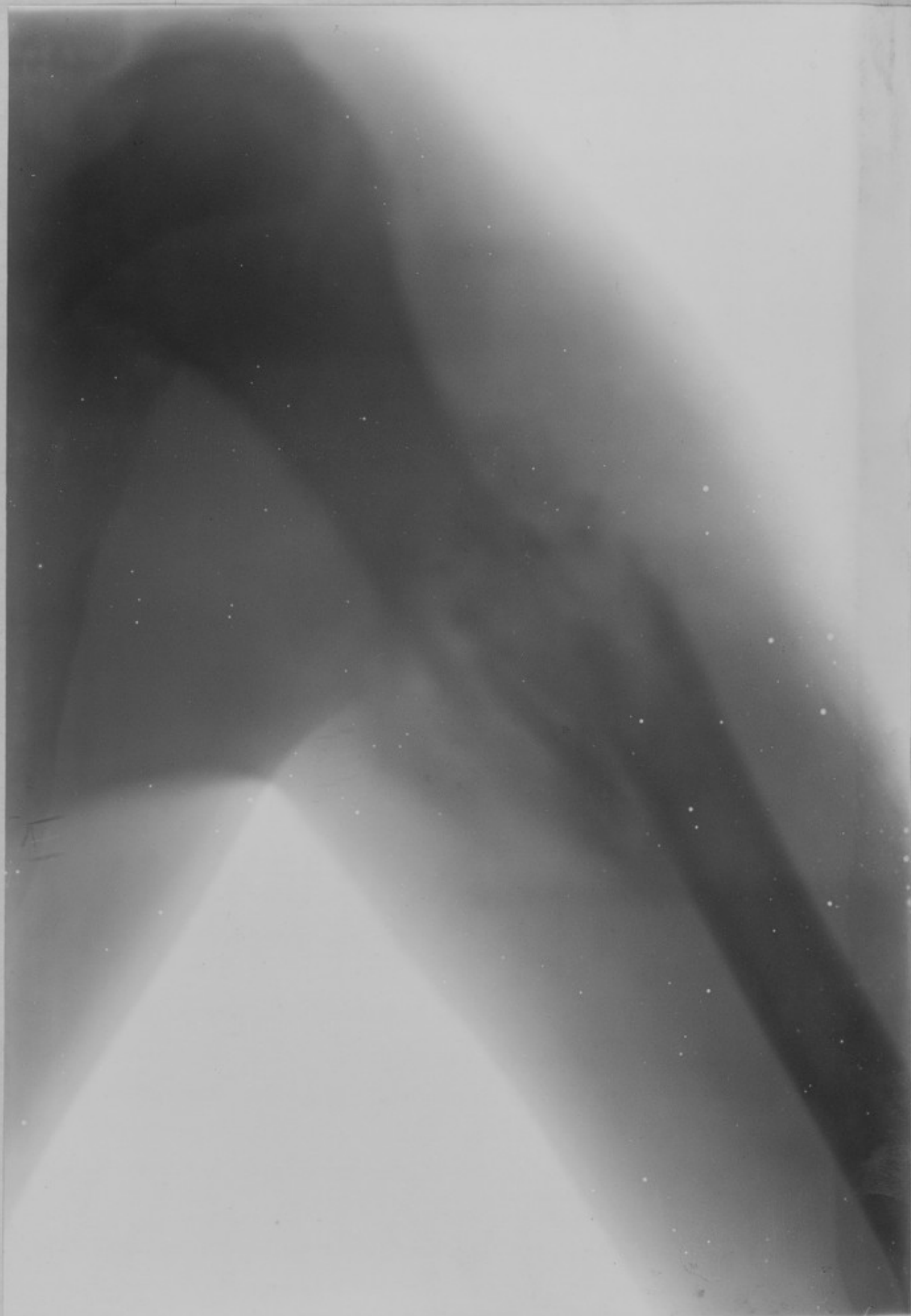
Nesbitts Horse, Tpr Ganzau.

Admitted to Medical Division suffering from Rheumatism.

Patient complained of a hard swelling in the right hand, and gave the following history.

He was doing duty on the armoured train in the Orange River Colony, one truck was derailed and he sustained considerable laceration of his right hand.

The wound healed slowly, leaving a swelling which has since increased to its present size. On examination, there was a hard tense elastic swelling beneath the thenar eminence, about the size of a tangerine orange; it was not





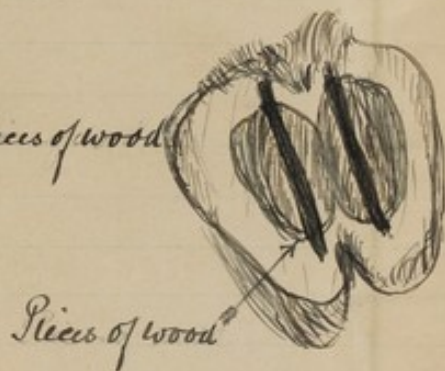


not attached to the skin, and moved freely over the deep structures except at its upper and posterior corner.

The swelling was easily removed, and was found to be a thick walled cyst, formed round a piece of wood.

The attached illustration shows the condition. The wound healed well.

Cyst opened showing pieces of wood





No 6 General Hospital  
Johannesburg -



Entéric Division









STORE TENT



INSIDE STORE TENT



STORE TENT

Groups of  
ENTERIC PATIENTS

STORE TENT



# No 6 General Hospital, Naamapoort and Johannesburg.

Table showing the admissions (including transfers from other hospitals, and stations,) and deaths for Enteric Fever, for each month, from 23<sup>rd</sup> February 1900, to 30<sup>th</sup> September 1901.

Month	Admissions	Deaths
February (23:2:00)	18	2
March	228	23
April	340	56
May	584	34
June	126	27
July	369	1
August	181	5
September	76	4
October	59	3
November	109	5
December	121	16
January (1:1:01)	216	10
February	165	18
March	116	11
April	83	7
May	58	5
June	22	3
July	13	nil
August	13	2
September	2	nil

Total 2902 232

Mortality 8 per cent









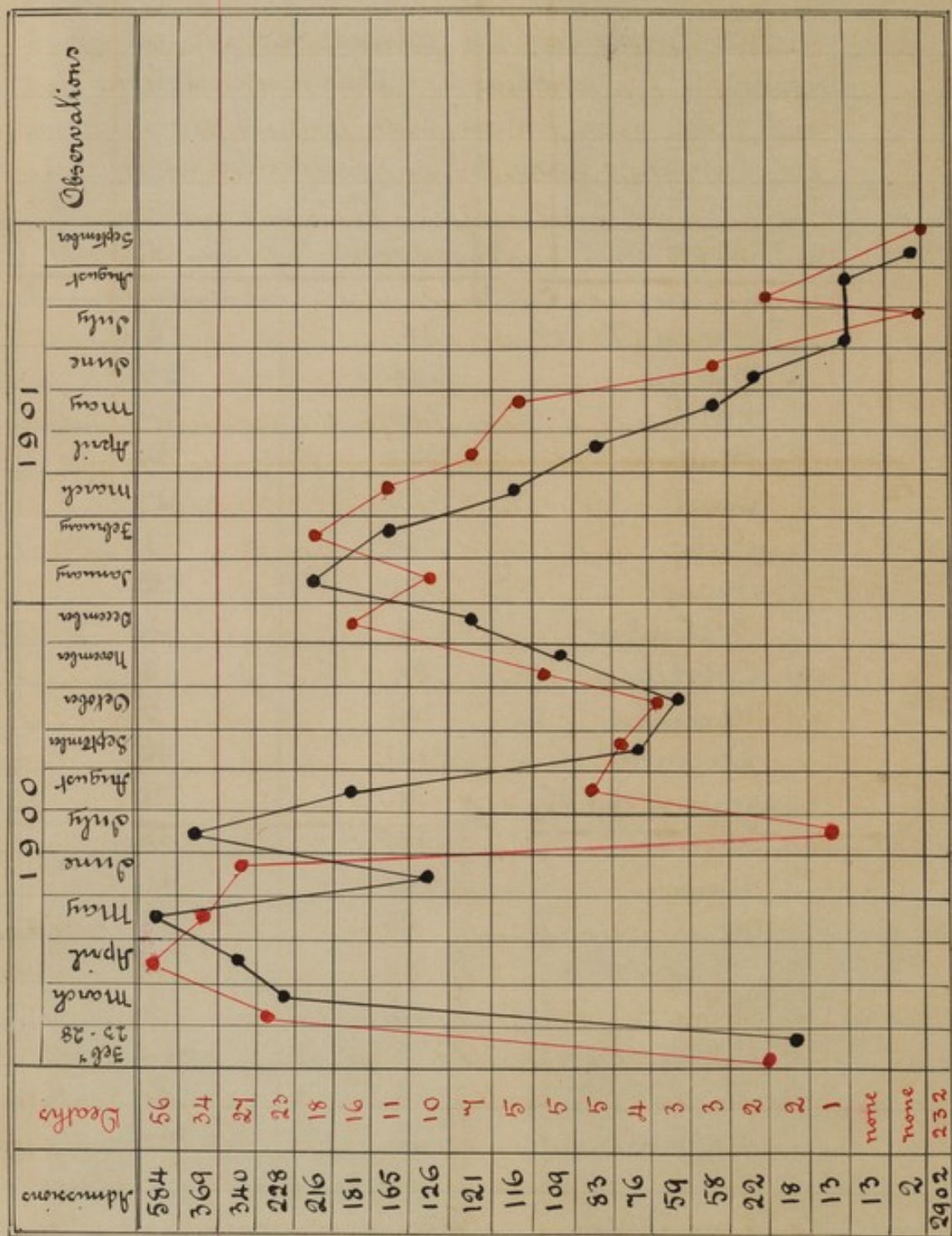






# No 6 General Hospital Nacampoor and Johannesburg

The following chart shows the admissions and deaths for Enteric Fever per month, from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901





## Enteric Fever Division

The Enteric Fever section of the hospital, was detached from the rest of the Medical Division, and becoming a distinct unit, was placed under separate administrative control, having its own special medical and nursing staff. The convalescent cases being transferred to specially erected marquees, or invalided down country, to some extent a check was thereby kept on the almost continuous arrival of fresh cases. Notwithstanding this, wards were one by one filled, until, by the first week in May the division reached its maximum size of fifty, seven-bedded wards. Thus in a space of sixteen weeks the number of beds was raised from the few primarily reserved for the isolation of enteric fever cases to 350, during the whole of which time they were kept constantly filled, fresh cases at once taking the place of those disposed of, in the various ways just mentioned.

Taking these facts into consideration, the pressure under which the whole of the nursing staff was working, can be easily imagined; and the outcome of this work, as evidenced by the statistical result, reflects most creditably upon its members, and speaks in the highest terms of their devotion to the patients.

On account of the rapidly increasing size of the division, the large percentage of serious cases, all of whom required almost constant attention; the limited number of orderlies; the old custom of posting men for night duty in relays, viz. two hours on, and four hours off, was found to be unworkable, and after a fair trial was abandoned. There were several objections to this plan. In the first place the strain consequent upon a too often broken sleep, coupled with the amount and description of work required by the





ENTERIC DIVISION



the wards, full of more or less helpless patients, was not long in seriously affecting both the health, and patience, of the men, who came on duty by no means refreshed by the rest derived from so short an interval; secondly, from a patients standpoint, a constantly repeated change of attendants, in severe cases that require careful nursing, is never desirable, and, thirdly, from the point of view of economy, with a limited supply of orderlies to draw from, the disadvantage of such an arrangement when compared with the present one, described below, is obvious. An attempt was then made to work an eight hourly shift: but after a short while, this too failed, and ultimately gave way to a system that, started early in the epidemic, has been in practice ever since, and has proved itself to be not only beneficial to patients, but satisfactory to orderlies, doing away with much dissatisfaction among them, that after all was not entirely without justification. The following is the system upon which the nursing of the wards was based:-

The orderlies were divided into day and night orderlies; the latter being off duty, and sleeping, during the day. At the end of a fortnight the duties were reversed, those working at night becoming day orderlies, and vice versa. During the daytime a sister was placed in charge of three wards, containing twenty-one beds, under whose control were the orderlies, one being told off to every two wards. A chief wardmaster was appointed as general administrator, to whom were responsible, each, for one third of the division, three assistant wardmasters. In order to avoid the necessity of orderlies leaving their wards too frequently, or for too long a period at a time, outside orderlies acting as "runners", were employed, whose duty it was to fetch medicines &c.









medicines &c. The ward-masters took turns, in supervising the nursing of the division by night.

With regard to orderlies, the hospital laboured under a double disadvantage; for not only was the number insufficient, but the majority had not the necessary experience required for exterie nursing. This latter applies particularly to the members of the St. John Ambulance Brigade, all in possession of nursing certificates, but few, according to their own confession, ever having been inside a ward, or knowing the appearance of an euena syringe. They were, however, most anxious to learn, and under the able tuition of the sisters, the more intelligent of them, were not long in being in a position to be entrusted with a ward. A large percentage of the R.A.M.C. orderlies, were reserve men, who, perhaps, had done no nursing for years; and, having chosen fresh paths in life, had gradually lost what nursing instincts they once possessed. There were, however, both among these and the St. John Ambulance Brigade, brilliant exceptions. To them, to the unremitting attention of a most able wardmaster, and, moreover, to the devotion of the sisters, is chiefly due the credit of so successful an issue from a period of time burdened with hard work and responsibilities. No wonder was it that under such a strain, many fell sick at their posts; and the names of those whose lives were thus sacrificed at the shrine of duty are worthy of a lasting tribute.

It was not until the beginning of June, that the number of admissions began to decrease, and with a view to packing the hospital equipment, preparatory to its transference to Johannesburg, that the marquees were gradually struck; leaving on the day of its departure, only eight wards containing fifty-six beds.







The type of the disease, especially at the commencement of the epidemic, was most severe, the toxic element prevailing; the cases gradually becoming less virulent as the numbers decreased. The worst cases were among those derived from Modder River and districts between Norvalspont and Naamopoort, and those sent in off the trek from stations on the Western line, Transvaal. The complications were those usually met with in this disease, hæmorrhage being by far the most common; and perforation occurring with the relative frequency that statistics usually show. Only one of the latter was operated upon and this was unsuccessful. Broncho-pneumonia was common; a fair number of instances of femoral thrombosis and laryngitis were observed; peritiditis, orchitis, and dementia were very rare; relapses were frequent.

A very fair proportion of cases gave a previous history of dysentery, but this disease was prevalent to a very large extent before enteric fever seriously broke out; and, although it is reasonable to suppose that the recent existence of dysentery may act as a strongly predisposing element in the causation of the latter disease, similar to what has been frequently noted in instances of other infective processes, it would be useless to attempt to draw conclusions that can only be revealed by a properly organized system of research.

The mortality, worked out on all cases admitted into the hospital during its sojourn at Naamopoort and Johannesburg, gave a percentage of 8.003, a result that can be shown to compare most favourably with corresponding age period mortality of cases treated in the hospitals of London and other large cities.

With regard to the evidence in favour of, or against the merits of the culture anti-typhoid inoculation as a preventive, little can be said here; for only







Table shewing admissions and mortality in the case of those inoculated and not inoculated with anti-typhoid serum.

	Admissions	Deaths	Percentage of Mortality.
Inoculated	146	9	6.16
Not inoculated	2756	223	8.01
Total	2902	232	8.00

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The treatment adopted was mainly symptomatic, but carbolic acid in four-hourly doses of five minims in an ounce of water was given to all the earlier admissions. Later, however, when the work became divided up among a large number of medical officers, a general system of treatment was not maintained. It is difficult to know, from the want of comparison cases, if any good results can be attributed to the administration of carbolic acid, but there was certainly, by reason of a severer type of disease, a larger percentage of deaths among the earlier than the later cases. If the rationale of such treatment is to kill bacteria, or even to check their growth in so low down a position in the intestine as where the Eberth-Gaffky bacillus abounds, such small doses as five minims of carbolic acid, (or its equivalent in other similar drugs) diluted with water, are obviously useless; for to give a sufficiently strong dose that could bear the ever increasing dilution that it must undergo in its passage down the bowel, would have so disastrous an effect upon the natural organism as to render its administration absolutely dangerous. The most, it appears, that one can expect from the so called antiseptic treatment, as usually applied, is to check fermentative processes in the stomach; but beyond this it is difficult to realise







only a small proportion of admissions had undergone the treatment, and the data required are insufficient for a discussion that would be out of place in these pages. Suffice it to say that on the whole the results did not appear to be encouraging. *Please see attached table*

The systematic use of the Berne anti-enterotoxic serum, in developed cases of the disease is well worth a trial; and if the results seen after similar treatment as applied to dysentery can in any way be considered a criterion of the efficacy of anti-toxic treatment in general, it has much to recommend it.

The treatment adopted was mainly symptomatic, but carbolic acid in four-hourly doses of five minims in an ounce of water was given to all the earlier admissions. Later, however, when the work became divided up among a large number of medical officers, a general system of treatment was not maintained. It is difficult to know, from the want of comparison cases, if any good results can be attributed to the administration of carbolic acid, but there was certainly, by reason of a severer type of disease, a larger percentage of deaths among the earlier than the later cases. If the rationale of such treatment is to kill bacteria, or even to check their growth in so low down a position in the intestine as where the *Eberth-Gaffky* bacillus abounds, such small doses as five minims of carbolic acid, (or its equivalent in other similar drugs) diluted with water, are obviously useless; for to give a sufficiently strong dose that could bear the ever increasing dilution that it must undergo in its passage down the bowel, would have so disastrous an effect upon the natural organism as to render its administration absolutely dangerous. The most, it appears, that one can expect from the so called antiseptic treatment, as usually applied, is to check fermentative processes in the stomach; but beyond this it is difficult to realise







realise how it can have any further action, beyond that it does no harm.

Taphthial was used in a few cases, without any marked advantage.

Hæmorrhage was successfully treated with opium, sometimes combined with turpentine, absolute rest, and careful feeding. Other complications also on the lines usually adopted. During the febrile stage all patients were kept on slop diet, no solid food being allowed until, with a clean tongue the temperature had been normal for at least ten days, a carefully graduated diet being maintained until convalescence was fully established.

At Saanwpoort patients were entirely accommodated in marquees, at first six and later seven, beds being placed in each. It was unfortunate that it became necessary to make this addition, for not only was the cubic space (considering the infectious nature of the cases, already sufficiently taxed) further encroached upon, but so great was the inconvenience, especially from a nursing point of view, caused by this additional bed, that the amount of extra work it involved was considerably out of proportion to the extent required by one case. There is no doubt from every point of view apart from that of economy, that six is the maximum number of beds that should be allowed in a marquee where enteric fever cases are treated; and even this number could with advantage be reduced.

A few bell tents were also pitched on the site occupied by the enteric fever division, which were used as sisters' sculleries, for office work, and for orderlies accommodation. About fifty yards outside the lines was a small isolation camp, consisting of bell tents, in which were treated cases of scarlet fever, diphtheria, and other disease requiring isolation.





Row of Store Tents



Interior of Store Tent



No. 6 General Hospital arrived at Johannesburg on July 19<sup>th</sup> and took possession of the grounds of the Wanderers Club, which contains several large open spaces sheltered by eucalyptus trees.

The enteric fever division occupies one of these spaces, quite apart from the rest of the hospital, with its attendant isolation camp.

Patients were more conveniently accommodated in 'store' tents, 16 beds in each, which have many advantages over the usual form of hospital marquee. They are more easily kept tidy; more conveniently ventilated; more cheerful, being devoid of the feeling of oppression induced by the heavy looking hanging of the marquee; and from a nursing point of view, the additional ease and comfort attached to the store tent make it markedly superior. Moreover, a larger number of patients can with more safety be placed under the supervision of one orderly; and when as has not infrequently happened, a delirious patient escapes from bed, there is not the same opportunity for excuse on the ground that the orderly was, at the time, absent in another tent. There is however one serious drawback to the store tent, and that is, the absence of a double covering to the roof, which offers very little resistance to either sun or rain. This has been overcome to a great extent by fixing coarse sheets between the ridge pole and the wall. If a tent could be devised that would combine the conveniences of the store tent with the protective arrangements of the marquee, an ideal form of hospital ward would be available for the treatment of patients under canvas.

Up to the time of writing (30<sup>th</sup> Sept. 1901) there have been 2902 admissions into the Enteric Fever Division and 38 into the Isolation Camp.

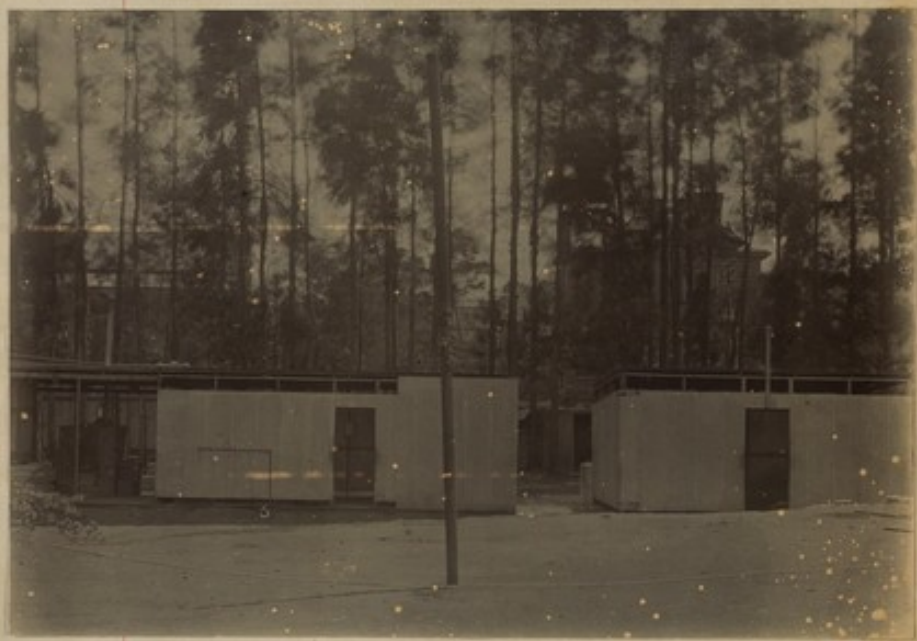








FOR CLOTHES  
and  
CLOTHES BOILER



FOR  
EXCRETA

DISINFESTING SHEDS



## Disinfection

The following are the methods employed for the disinfection of excreta and soiled linen from the enteric fever division; and although the details of procedure carried out at Naamsoort, by reason of local conditions and surroundings, differed somewhat from those adopted at Johannesburg, the principles were the same.

### 1. Method employed for dealing with excreta (urine and Feces)

#### (a) Urine

A bottle of disinfectant (containing a solution of Izal 1 in 20) is kept in each ward, and about an equal quantity of this is mixed with the urine before being emptied into the ward slop-pail; which, covered with a lid, and kept out in the open air, is used solely for the reception of urine and slop water. The urinal is then washed out with clean water and put by for further use. All urinals are, every morning, thoroughly scoured out with boiling water. (The same method is employed for the disinfection of spit-cups). The slop pails are subsequently emptied into buckets set aside for the purpose in the shed described later, where, to each pail before being emptied, as an extra precaution, about a pint of izal (1 in 10 solution) is first added. The buckets are then emptied into the sterilizer where the contents are subjected to intermittent boiling for several hours.

#### (b) Feces

While giving in detail the different steps taken for the disinfection of enteric fever stools

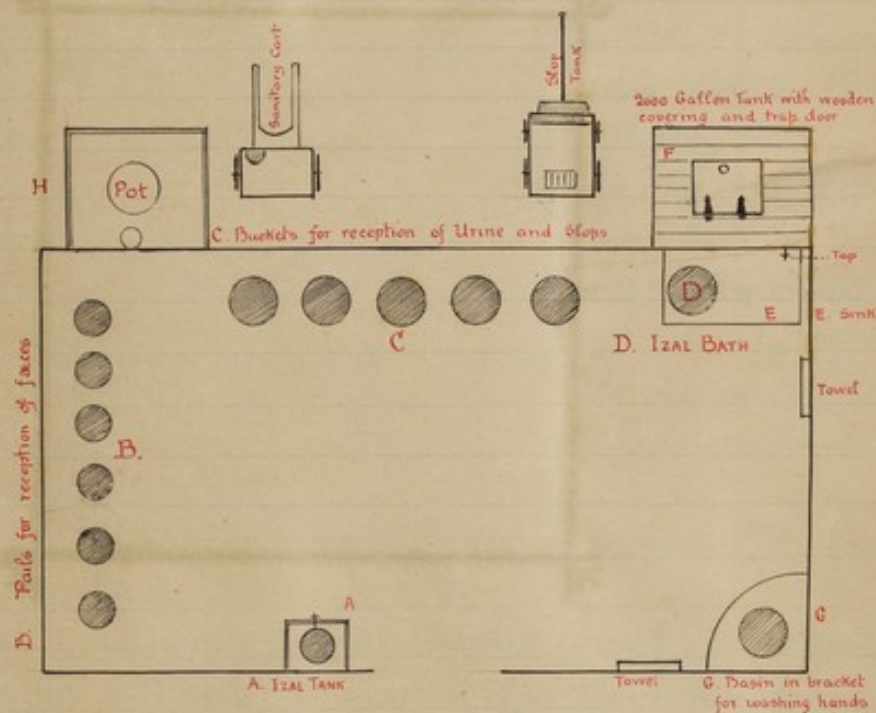








stools, and the subsequent cleansing of bed-pans, it is convenient at the same time, to describe the shed to where all excreta are removed. This consists of galvanized iron, supported on a wooden frame. It has a concrete floor, sloping roof, and is fitted with electric light. Its dimensions are 20 feet long by 12 feet wide and 10 feet high. Running completely around the building, both at the floor and near the roof, are spaces, one foot and two feet wide respectively, which admit of free ventilation. The following is a ground plan of the shed.



This plan shows:

- A. To the left of the enclosure a tank fitted with a tap, erected on a brick stand 3ft. high, and containing a 1 in 10 solution of izal
- B. Pails for the reception of faeces
- C. Buckets of a larger size for the reception of urine and slops.
- E. A sink supporting a small tank (D) which

Sanitary Cart



Enteric Sterilizer



which contains a 1 in 20 solution of Izal) with water laid on, and draining into a 2000 gallon tank (F) sink into the ground outside the shed.

G. A bracket supporting a basin containing a 1 in 40 solution of Izal.

H. The sterilizer consisting of a large Kaffir pot (50 gall) set in bricks which form a large fire place with flue and chimney complete. Upon removing a bedpaw from a patient, the orderlies are instructed to carry it without delay to the shed, and to observe the following rules:-

1. About one or two ounces of the 1 in 10 solution of Izal (A) are first added to the bedpaw. This is made to mix thoroughly with the contents and the pan is then,
2. Emptied into one of the pails (B) set aside solely for the purpose, (painted red).
3. It is then taken to the tank (D) where it is immersed for a few minutes and by means of a mop, it is thoroughly cleaned, the washings being emptied into a pail on the left.
4. The disinfectant is now washed off, under the tap, and
- 5 the bedpaw dried on the towel, suspended from a rack, provided for this purpose.
6. Finally the orderly washes his hands at (G) where besides a disinfectant, soap and towels are provided.

The pails (B) containing faeces are emptied into the sterilizer as occasion demands, where it is subjected to intermittent boiling for several hours, till it becomes a pulpy mass, Then removed every night by natives in a special sanitary cart, and buried 8 feet deep in pits dug for that purpose, and covered in quick-lime and earth. These pails are lime-washed by the hospital employees, before being used.





BOILER FOR LINEN



Barrels for disinfesting LINEN



used again. The floor of the shed is washed and brushed out every morning with a 1 in 60 solution of Izal. All necessary instructions are nailed up in the shed.

There is a separate latrine for patients convalescing from enteric fever. The contents of the pails are disinfected before being removed and subjected to the same sterilizing process as above described.

## 2. Method employed for dealing with infected clothing

The disinfectant employed is a 1 in 1000 solution of mercuric chloride contained in wooden barrels, which stand in a shed similar in construction to that previously described. Water is laid on, so that each barrel is supplied with a separate tap, and the barrels erected on a platform, are emptied when necessary by means of wooden cocks which discharge into a gully leading into a 2000 gallon tank sunk into the ground outside the shed.

Clothes used by enteric fever patients are brought from the ward to the shed in a pail, and are (unless actually soiled by feces) at once placed into one of these barrels.

They are left to soak in the solution for at least half an hour, when they are wrung out, and hung up to dry. It was found that sheets soiled by feces if treated in this manner with mercury became permanently stained. In an adjoining open shed separated from the other by a dwarf wall 3 ft. high, is erected a boiler (I) with a capacity of 200 gallons. Sheets so soiled are now placed in this boiler, where they are left to boil for at least one hour, with the result that they no longer become stained. Mattresses and other articles requiring dis-









- infection that would be spoiled by boiling and soaking, are removed every morning in a covered cart to the Lazaretto, where they are sterilized by means of superheated steam. Sheets &c: already submitted to the soaking or boiling processes are removed at the same time; and all clothing after thorough disinfection, is sent to the wash.

In the shed there is accommodation provided for orderlies bringing infected linen to wash their hands before leaving. An intelligent Non-Commissioned officer instructed in the principles of disinfection, and having natives working under him, is responsible to the wardmaster of the division, for the proper carrying out of instructions with regard to disinfection, and for the cleanliness and order of the sheds.

#### Analytical Report on contents of Sterilizer and Boiler

"I have made a bacteriological examination of the contents of the vessels I and H in which the excreta and faecal soiled clothing from the Intensive division are treated prior to their removal from the precincts of this hospital. Attempts were made to obtain cultures at different times of the day, and at intervals of several days; but in every case no growths could be obtained on the culture media employed, namely blood serum, gelatine, Agar-Agar and broth. That this should be the case is not surprising, since the fluid in the vessels is practically a 10% solution of *Szal*, impregnated with chloride of lime. Besides the employment of these chemical disinfectants, the fluids are exposed to a boiling temperature for several hours at a time, are then allowed to cool, and are boiled again before being removed. This intermittent boiling would in my opinion, probably be sufficient, without the use of chemical re-agents, to destroy most of the pathogenic organisms, and should any







194

any spores remain after the prolonged exposure to heat, the high percentage of chemical disinfectant contained in the mixture would inhibit their development into the higher stage of micro-organic life, until their final disposal by burial in the earth.

The method of sterilization employed is in my opinion a very simple one, and as efficient as it is possible to make any system devoted to the disinfection of large quantities of fluids charged with infective micro-organisms.

(sd.) W. G. Rogers

M.D. M.S. Lond.

Johannesburg  
Sept: 27<sup>th</sup> 1901

195



Ward Officers Hospital



Ward Officers Hospital



## Officers Hospital

585 Officers were treated in this Hospital during the campaign, the mortality being very low, amounting to only 2.05 per cent.

It consisted both at Vaampoor and Johannesburg of an entirely separate unit, having its own wardmaster and nursing staff, cook house, baths, laboratories, pack stores &c. It was a tented division at first named place, (with the exception of a cottage hospital of 8 beds), and at the latter station, of a portion of the new unfinished Wanderers' Club buildings which I got floored, windows and doors put in, and partitions &c erected to suit circumstances.

By this I had accommodation for 30 patients in four wards— one for special cases containing 3 beds, one for surgical, 6 beds, and one for medical, 6 beds— in these were treated the serious cases— a convalescent ward of 15 beds for mild illnesses, and patients who did not require special nurse-tending.

Besides the wards there was a large cheerful sitting room with bow windows, comfortably furnished with lounges and easy chairs, couches, pianos, &c and a dining room with accommodation for 34 at table; opening off the convalescent ward and dining room was a long, wide verandah, where officers who could not walk were able to take fresh air. Beds with patients could be brought out from the wards on to this verandah and it was much used for this purpose.

A special section of the Intoxic Division, but detached from it, was told off for







1976





for the treatment of officers suffering from Enteric fever. It was to all intents and purposes, a small division of itself, capable of accommodating 16 cases, four in each marquee. It is to be seen in the foreground of the photograph of the Enteric Division.

The officers servants were required to wait on their masters for personal requirements and attendance as to diet, emptying slops and answering calls &c, when confined to their beds; the whole nurse-tending duties being done by the nursing sisters and orderlies R.A.M.C. The servants were directly under the orders of the Wardmaster and slept in tents in the R.A.M.C. Camp. The table and cleaning of sitting and bedrooms was also performed by them, a roster for these duties being kept. I found this arrangement worked fairly well and without much discontent from the officers, but as a rule the servants were very destructive, careless, and rough in their handling of government property, and had to be constantly under observation and corrected on account of this.

I append a return shewing the admissions and mortality in this division, both by the month and for the whole period; also a separate one giving the statistics of Enteric fever.

A specimen of the Menu for Convalescent officers is attached.

On page will be found two photographs of the officers wards at Johannesburg.





# No 6 General Hospital Naauwpoort and Johannesburg

## Officers

Table showing the admissions (including transfers from other hospitals and stations) and deaths due to Enteric Fever each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> Sept: '01

Month	Admissions	Deaths
February (23:2:00)	3	2
March	8	1
April	8	1
May	6	1
June	2	nil
July	3	"
August	1	"
September	1	"
October	3	"
November	2	"
December	5	"
January (1:1:01)	11	"
February	7	"
March	8	"
April	7	"
May	7	"
June	nil	"
July	3	"
August	nil	"
September	.	"

Total

85

5

mortality

5.882





# No 6 General Hospital Naauwpoort and Johannesburg

## Officers

Table showing the admissions (including transfers from other hospitals and stations) and deaths for all Disease each month from 23<sup>rd</sup> February 1900 to 30<sup>th</sup> September 1901

Month	Admissions	Deaths
February (23:2:00)	13	2
March	38	1
April	59	2
May	12	1
June	4	nil
July	6	"
August	26	"
September	34	"
October	35	"
November	33	"
December	35	1
January	64	2
February	44	2
March	22	nil
April	38	"
May	40	"
June	38	"
July	29	"
August	14	"
September	14	1

Total

598

12

Mortality

2 per cent





Hospital Train  
No 3



Interior Hospital Train



Interior of Princess Christian Hospital Train



## Ambulances in a General Hospital

We had not much difficulty to contend against with regard to ambulances in this hospital, as both at Naamopoort and Johannesburg I had railway sidings constructed alongside the hospital grounds, which allowed patients to be entrained and detrained into and from the ambulance, and hospital trains practically in the hospital, so that horse ambulances were seldom used only in exceptional circumstances, when the train could not stop - as the mail train &c.

Photograph No. 1 shows the entraining of wounded at Naamopoort on their way to the base, Cape Town, invalided to England. This was a weekly, and occasionally bi-weekly service in the early months of 1900 when the pressure of sick was very heavy. When hospital trains were not available, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Class Saloon Carriages were supplied to take their place. The 1<sup>st</sup> and 2<sup>nd</sup> Classes held 4 patients in each compartment, and the 3<sup>rd</sup> Class 6 patients, all having lying down accommodation; a medical officer, also a senior N. Co. and sufficient staff of orderlies accompanied each train which was amply dieted with necessary nourishment to suit the various cases invalided. Oil stoves were supplied for the heating of nourishment, ~~to suit the various~~ but at many stations en route where the train was timed to stop arrangements were made by wire from the hospital to have fire and hot water ready to heat and prepare articles of diet. This answered fairly well, but

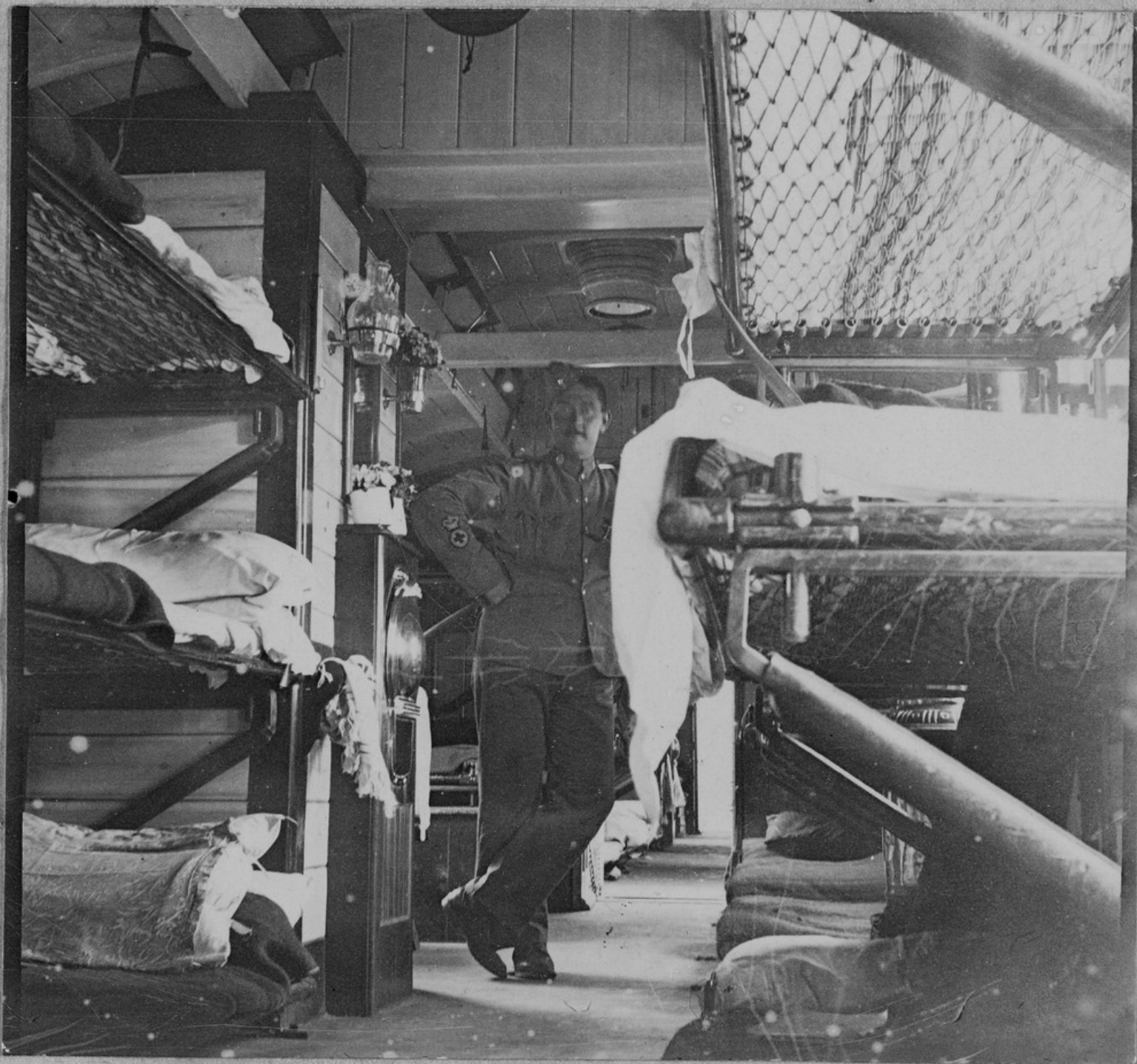












## PHOTO II.



No 6 General Hospital Ambulance Train.



but, I would (in future campaigns) strongly recommend the provision to a train kitchen, fully equipped, for each train, as being far more useful, and would meet requirements of sick much more effectually. An ordinary small bogey truck is easily converted into a suitable kitchen, by being iron sheeted internally where the range is placed, and cupboards &c fitted as requirements demanded.

Photograph No. 11 shows an ambulance of converted railway trucks and bogies, which was ordered by the P.M.S. Army and designed by me for use on the line west of Johannesburg when this hospital took the sick from the forces operating on or near ~~that~~ that line.

The trucks (marked T) were provided with brackets on which fitted stretchers, eight in each carriage, for lying down patients.

At one corner was partitioned off a water-closet, and at each end two large cupboards were constructed for medicines, equipment, and supplies; also a seat for attendant. Each stretcher had three blankets and a pillow. Three trucks with side doors on rollers were so converted.

A large bogie (marked B), covered at sides and top with canvas was fitted with seats for 40 patients able to sit up.

A kitchen, converted by a truck being partially lined with iron sheeting and fitted with a range and cupboards &c was also provided.

This made an excellent and very satisfactory ambulance train for short journeys and had accommodation for 64 sick, the personnel being one A.C.O. and four orderlies.





PHOTO III



PHOTO IV

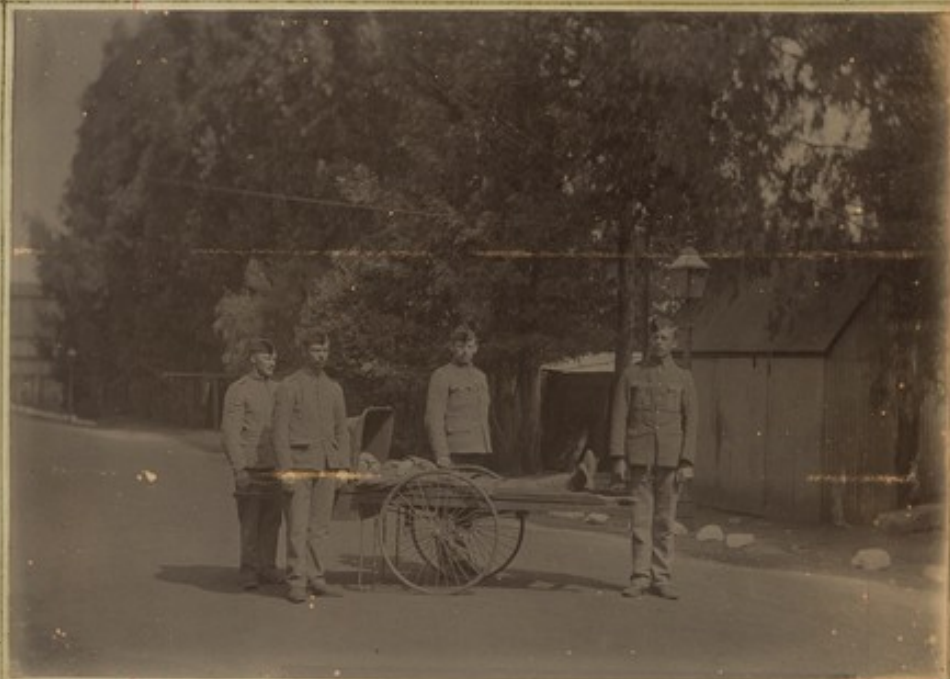


PHOTO V





Photograph III shows entraining sick on board the Princess Christian Hospital train at No. 6 General Hospital siding, Johannesburg. On the right are the medical officer of the train, and the entraining medical officer of the hospital. The patient on the stretcher is about to be placed in the hospital train. A train bed or stretcher, as in this train should be easily moveable to allow of the patient being transferred from the train to his destination without his having to be changed on to another stretcher, but in this instance they were far too heavy, requiring four orderlies to carry them when loaded, when an ordinary stretcher requires only two, thereby causing much unnecessary increase of manual labour.

## Hand Ambulances

The ordinary military pattern stretcher is useful over rough ground and was of course very much in use with us. But I obtained the use of some wheeled hand ambulances, the stretcher of which, (which was detachable) had a spring mattress, and a collapsible hood was fixed at head; also a pillow and waterproof apron to strap across patient. These were of the greatest service both in hospital work and in the loading and unloading of convoys, especially where severe cases had to be moved, both in comfort to the patients and in much saving of labour, as one man can roll them without any exertion, and the strain of heavy patients has not to be borne by the hospital attendant.

Photograph No 4 represents one of these stretchers with a patient lying down.





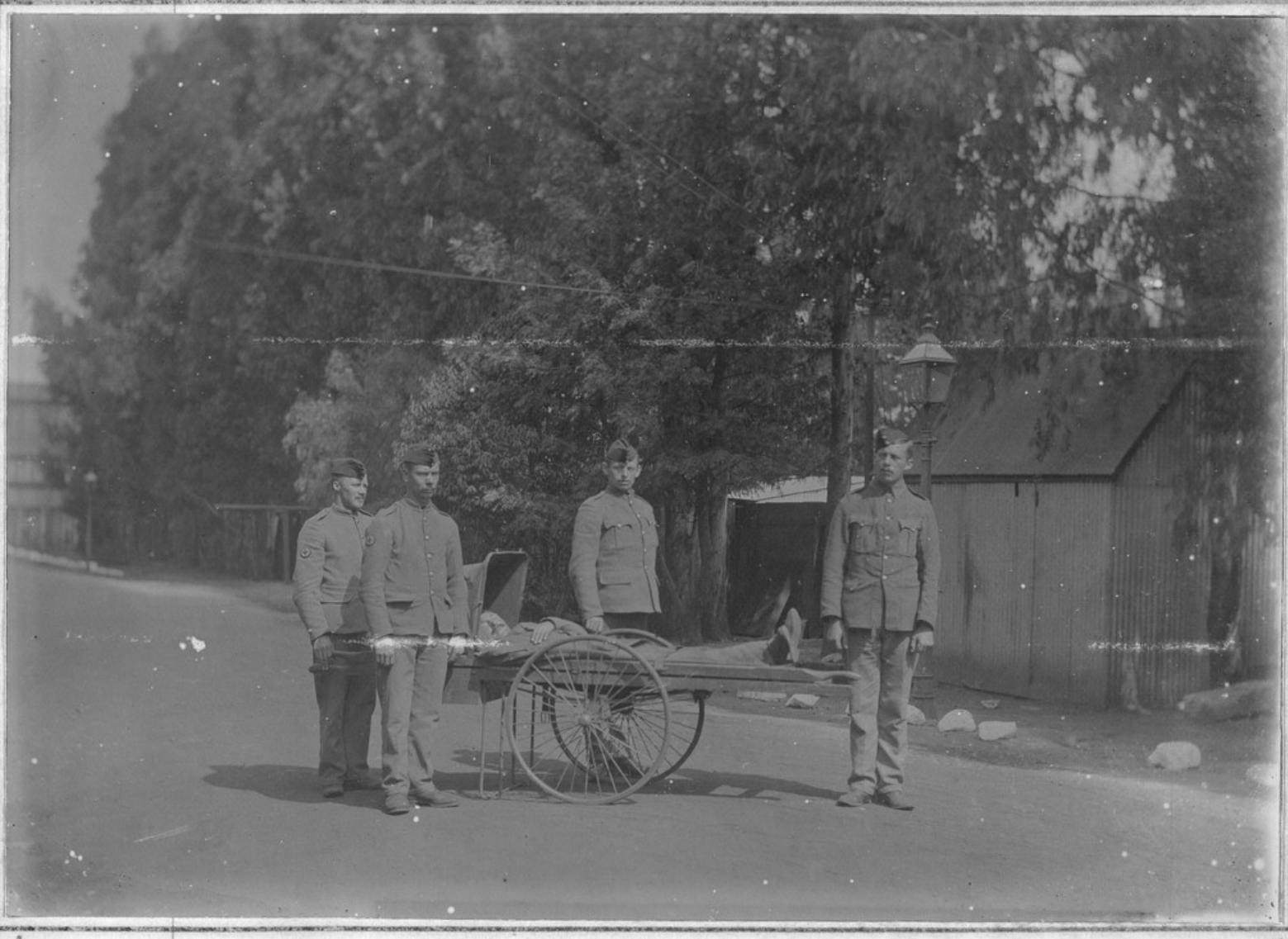








PHOTO VI



PHOTO VII



Photograph No v represents the stretcher lifted to show arrangement

Photograph No vi shows the stretch carried by four men. It can be carried easily by two.

No vii Photograph shows the arrival of the Haakfontein fight wounded numbering about 120, in which these stretchers were used for the most severe cases; also rickshas and ordinary stretchers.









PHOTO 8



PHOTO 9.



No 8 shows some rickshas which I obtained locally for convalescing patients to take their first outing in. These were also of the greatest use, enabling men to take change of air in the hospital grounds, which otherwise they would have been unable to do. They were generally pulled by willing patients or orderlies hands. The four patients represented are convalescent enterics allowed up and out for the first time

No 9 photograph gives another view of the rickshas depicted in No 8









Hospital Staff 1900



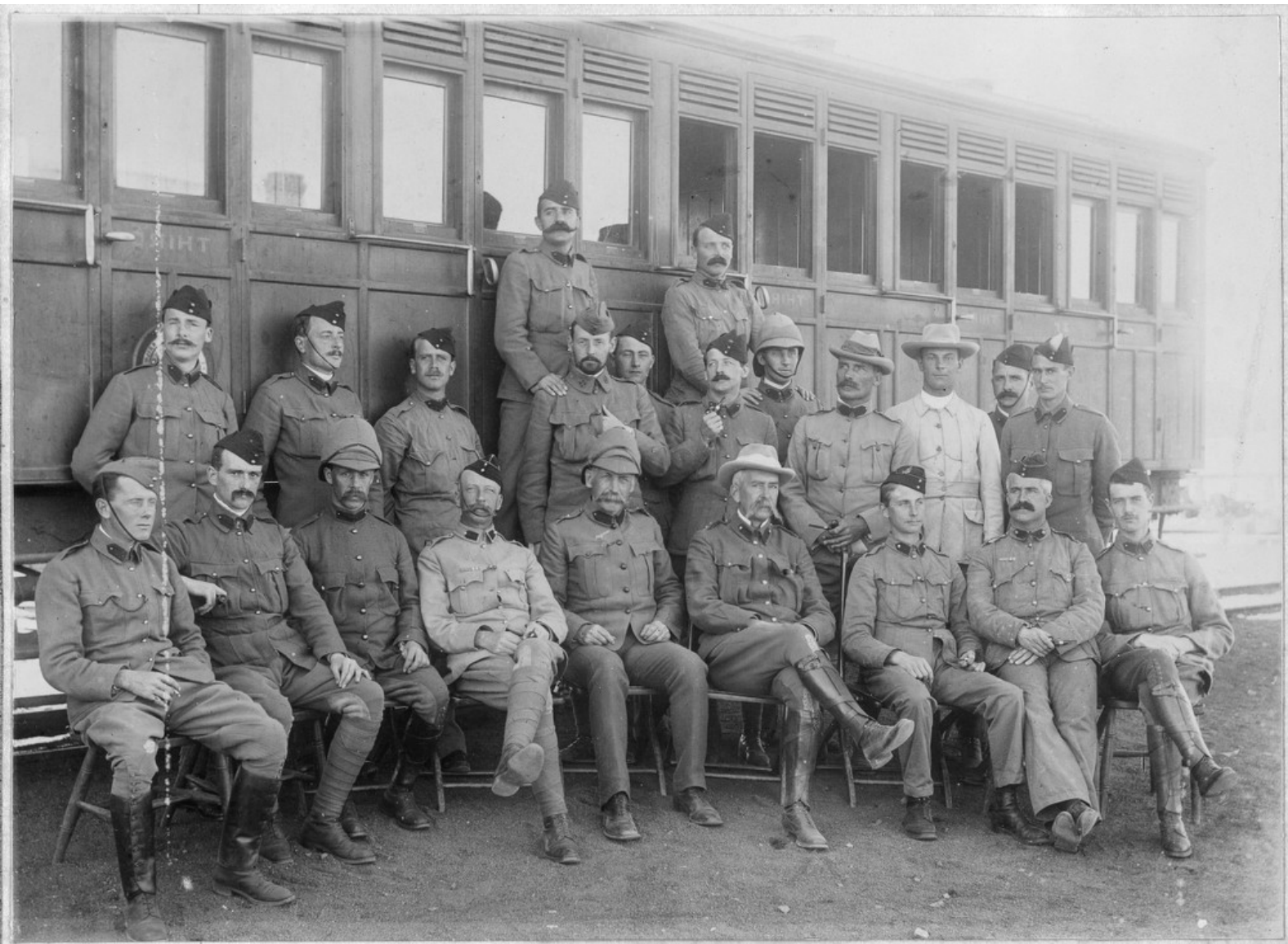
Hospital Staff 1901



## Hospital Staff

No 1 photograph shows the Staff of Medical Officers at Naanopoot in 1900, with Surgeon General Sir W. D. Wilson, K. C. M. G. Principal Medical Officer, Army, in the centre. This was the largest staff we had during the campaign and our work at that time was the hardest on account of the large and constant convoys of sick being admitted to hospital. (The admissions during march amounted to 1265, April 17/19 and May 14/22). Two of their number were invalided after Enteric Fever contracted in the performance of their duty.

No 2. is a photograph of the Staff in August 1901 at Johannesburg only three of the original Staff being left. With two or three exceptions, which undirsirables we managed to get rid of by degrees as medical officers were required at outstations, a more hard working or efficient staff of medical officers I have never had previously the privilege to be associated with. They were able for any emergency and willing for any work, and I can confidently say without fear of contradiction, that we were one of the most united both in thought and action, professional and otherwise, of any general hospital Staff in South Africa, there being absolutely no differences between us, all working with one object in view - the care of the sick and wounded and the success of our hospital - no selfish motives entering into our lives.









NURSING SISTERS 1900



NURSING SISTERS 1901



No 3 is a photograph of the Nursing Sisters who did duty in the hospital at Naampoort. Most of these ladies accompanied the hospital to Johannesburg and four of them were invalided home, three after Enteric Fever contracted in the performance of their duty, and one for debility.

No 4 is a photograph of the Nursing Sisters at Johannesburg in August 1901.

A well trained nursing sister is capable of attending 40 ordinary medical or surgical cases, with of course the assistance of a trained orderly - one for every 15 cases. In enteric fever they could not attend more than 21 cases if they did the sponging, washing and other nursing details, in severe cases themselves. They would be unable in my experience, to perform all nurse-tending duties in military hospitals without the assistance of trained orderlies.

### Amateur Lady Nurses

I am greatly opposed to such an innovation as was introduced or permitted by the authorities during this campaign. They are as a rule ignorant of ordinary nurse-tending in its most elementary branches, and interfering in matters of detail and administration. I am also greatly averse to amateurs being attached in any other capacity for hospital work. My experience has proved their futility.

Of the Superintending Sister of No 6 General Hospital I have nothing but praise.





OPERATING  
THEATRE





Warrant Officers and Non-Commissioned Officers 1900



Warrant Officers and Non-Commissioned Officers 1901



praise to write. Her clear insight into her duties, her tact in managing and arranging the duties of the rest of the nursing sisters is beyond all praise. I have never heard one unkind word spoken by them about her and there has never been the slightest friction; they are all deservedly much attached to her.

To all of the nursing sisters I and the whole hospital staff and patients owe a deep debt of gratitude; they were untiring in their work, constant in their attention, firm, though patient, in their handling of the sick, and many a weary sufferer has blessed them on his bed of sickness for a kind word and soothing touch as they passed on their duty path.

No 5 is a photograph of the Warrant and Non-Commissioned Officers at Saanispoot. These officers were well worthy of belonging to the Royal Army Medical Corps, and during many severe trials of hard work, courage and endurance, fully maintained the reputation of the corps both in discipline and trustworthiness.

No 6 is a photograph of the Warrant and N. C. Officers at Johannesburg.

The same remarks apply equally to this most efficient staff, and I am proud that they belonged to No 6 General Hospital and having commanded them. They were ever willing to perform the most arduous duties when called upon to do so.











1<sup>st</sup> and 2<sup>nd</sup> class Orderlies R.A.M.C.



No 7 represents some of the 1<sup>st</sup> and 2<sup>nd</sup> Class orderlies doing duty now at this hospital. The history of the Divisions and the statistics attached will give some estimate of the amount of work these men had to perform. This was hard and incessant from January 1900 up to present date, more especially severe during the early months of 1900 and 1901 when enteric fever was very prevalent, yet they cheerfully and willingly did the work they were called upon to perform; ay, and more than that, they of their own free will helped and taught the partially trained and untrained men of the R.A.M.C. but more so, those of the St. John Ambulance Brigade, Cape, Militia, and Volunteer Medical Staff Corps, as also the specially enlisted men R.A.M.C. who were practically ignorant of their duties as medical and surgical attendants. And, it may be asked, why did they do this? The answer is simple! they had the interest and esprit-de-corps of their Royal Corps, and especially 106 General Hospital at heart. They often told me so, and they faithfully kept their word to its fullest meaning by the way they performed their duties and by their actions at all times. This is the character and willing testimony of their worth, given by their Commanding Officer, as well as all medical officers under whom they have done duty in the hospital during this campaign.





221





## Arrangements for Distribution Red Cross Stores and Free Gifts

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Shortly after the hospital's arrival at Naamapoort I had constructed a special store, attached but distinct from the Quartermasters Stores, which was under his control, for Red Cross Stores as well as Free Gifts. As these, (principally, fruit vegetables, and fish &c) commenced to arrive from sympathising friends from all stations between Port Elizabeth, East London and here, as also from Cape Town, some addressed to "P.M.O. for use of patients others for use of troops at front, Naamapoort," but the majority without any address whatever, it having been lost on the journey, and the Railway Staff Officer always sent them up to the hospital for disposal; till the total of these perishable articles amounted to tons weekly! The difficulties of quick transport being great at that period, March to June, from various official causes, several days were often taken on the journey! Consequently the supplies frequently arrived in various stages of staleness and had to be immediately distributed or buried as the case may be. Those from the nearer places and around Naamapoort arriving fresher were, if not required, sent to the medical officers in charge at Norval's Poot or De Aar. On account of these supplies arriving in such large proportions with varying addresses and in varying condition of freshness, I ordered that some of the over supply, "after the patients who were allowed to partake of them as well as the convalescents had their daily issue," was to be distributed to the personnel, Sergeants, Nursing Sisters and







Officers messes, and this was carried out under my supervision and without waste; otherwise most part of it would have had to be buried, which frequently previous to this order, had to be done. Many members of the British Red Cross Society, from its administrators downwards, visited the hospital, to whom I always explained the method of distribution, at which they all invariably expressed satisfaction.

The system of distribution of the non-perishable articles, or those principally supplied by the Red Cross Society, was by cheques signed by either the Nursing Sisters or Medical Officers as necessary, or allowed for patients! this arrangement worked very well, issue being given out, twice weekly under my own observation.

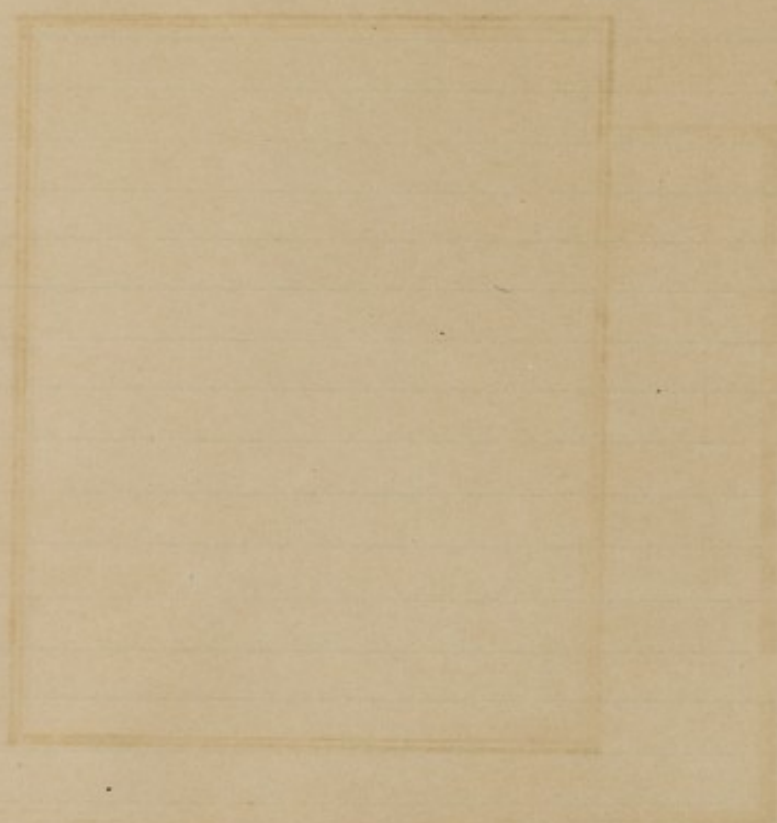
As I am of opinion that in future campaigns this heavy work should not have to be done by the P.M.O nor should he be held responsible for the distribution of free gifts from the Public, as his official duties are already very arduous and responsibilities heavy, I consequently submit a scheme, (having mentioned the matter to the present administrator of the Red Cross Society in South Africa, Mr. Fairbairn, Hon. Sec. Good Hope Society, Red Cross Depot, Cape Town) which is: that an official of that Society bearing temporary junior officers rank, be attached to every General Hospital who would be responsible for necessary gifts to it, and to any of the smaller hospitals on the lines of Communication, adjacent thereto. He could then see, himself and consult with the P.M.O, what articles were necessary for distribution, and demand the same from the headquarters of the Society - also acknowledge





acknowledges all gifts sent by private individuals for patients in hospital. I consider this would be feasible, and easily carried out, and that no friction ought to arise.







**IN ARDUIS FIDELIS**



*Inscription on Memorial Tribute depicted above*

*In memory of the nursing sister and Men Royal Army Medical Corps, No. 6 General Hospital, who died during the South African War 1900*

*Nursing Sister, Mary Boyd.*

*Compounder, A. J. Currie*

*Private, W. E. Glascock.*

*" P. H. Moore*

*" F. Marshall*

*" J. Poeschl*

*Private H. L. Clode*

*" W. E. Jackson*

*" P. Ellis*

*" P. A. Lewis*

*" J. F. Brock*

*Compounder H. L. James*

*This Monument was erected by their Officers, Nursing Sisters, and comrades as a token of their worth.*

**SIC TRANSIT GLORIA MUNDI.**







MILITARY FUNERAL

This photograph represents a Military funeral  
leaving the hospital at Johannesburg



## Mortality

The mortality of the hospital nursing staff at Naamopoort was one nursing sister, of acute Dysentery, eleven orderlies R. A. M. C. and two St. John Ambulance Brigade, of Enteric fever, amounting to nearly 11 per cent. Of these brave men who died at their post for their King and Country, without the excitement of the battle field to stimulate action and courage; doing their duty, soothing and relieving the suffering and dying, from whom they contracted their fatal illnesses in that terrible epidemic of enteric fever from March to June 1900 when the bravest hearts might easily have quailed, and one never knew who would be the next struck down. Too much praise cannot be meted out. Though their names are not tabled or recorded in the annals of this South African Campaign, their noble self-sacrificing work will live in the closest memory of their comrades, all hands, who shared the same risks but whose lives were spared by Divine Providence, and who to their memory have erected the last tribute portrayed on the preceding page.





